

## **Pharmacy Program**

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

## **Preferred Drug List**

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

## **Pharmacy Benefit Manager**

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

## **Specialty Drugs**

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

## **Dispensing Limits**

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

## **Appropriate Use and Safety Edits**

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

## **Prior Authorizations**

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

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

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

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

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

### **Quantity Limits**

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

### **Age Limits**

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

### **Non-Preferred**

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

### **Medical Necessity Requests**

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

For a MN request NH Healthy Families requires:

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

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

### **72-Hour Emergency Supply Policy**

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

### **Newly Approved Products**

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

### **Over-the-Counter Medications**

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

### **CMS Labeler Requirements**

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

### **Drug Efficacy Study and Implementation (DESI) Drugs**

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

### **Filling a Prescription**

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

### **Step Therapy**

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

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

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

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

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

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

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

## Abbreviations

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

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

## Tier Definitions

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

## Brand/Generic Drug Designation

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

## Contact Information

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

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

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate TABS PO 5 MG, 10 MG	1	AL(At least 3 yrs old); MP
dextroamphetamine sulfate TABS PO 15 MG, 20 MG, 30 MG	1	MP
DYANAVEL XR TBCR	NP	
lisdexamfetamine dimesylate CAPS PO	1	QL(1 EA daily); MP; PA
lisdexamfetamine dimesylate CHEW	1	MP; PA
methamphetamine hcl PO	1	Generic for Desoxyx; MP; PA
VYVANSE CAPS PO	2	QL(1 EA daily); MP; PA
VYVANSE CHEW	2	MP; PA
XELSTRYM	NP	
<b>Analeptics</b>		
caffeine citrate SOLN PO	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
<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		
atomoxetine hcl PO	1	Generic for Strattera; AL(At least 6 yrs old); MP
clonidine hcl (adhd) TB12 PO	1	Generic for Kapvay; MP
guanfacine hcl (adhd) PO	1	Generic for Intuniv; QL(1 EA daily); AL(At least 6 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
QELBREE	NP	MP
Stimulants - Misc.		
AZSTARYS	NP	MP
CONCERTA TBCR PO (Use methylphenidate hcl)	2	Generic for Concerta; AL(At least 6 yrs old); MP
dexmethylphenidate hcl CP24 PO	1	Generic for Focalin XR; MP; PA
dexmethylphenidate hcl TABS PO	1	Generic for Focalin; QL(2 EA daily); AL(At least 6 yrs old); MP
FOCALIN XR CP24 PO (Use dexmethylphenidate hcl)	NP	Generic for Focalin XR; MP; PA
METHYLIN SOLN PO (Use methylphenidate hcl)	2	Generic for Methylin; MP; PA
methylphenidate hcl CHEW PO	1	MP; PA
methylphenidate hcl CP24 PO 60 MG	1	MP; PA
methylphenidate hcl CP24 PO 10 MG, 20 MG, 30 MG, 40 MG	1	Generic for Ritalin LA; MP; PA
methylphenidate hcl CP24 PO	1	Generic for Aptensio XR; MP; PA
methylphenidate hcl CPCR PO	1	Generic for Metadate CD; AL(At least 6 yrs old); MP
methylphenidate hcl SOLN PO	1	Generic for Methylin; MP; PA
methylphenidate hcl TABS PO	1	Generic for Ritalin; AL(At least 3 yrs old); MP
methylphenidate hcl TB24 PO	1	AL(At least 6 yrs old); MP
methylphenidate hcl TBCR PO 45 MG, 63 MG	1	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl TBCR PO 18 MG, 27 MG, 36 MG, 54 MG	1	Generic for Concerta; AL(At least 6 yrs old); MP
methylphenidate hcl TBCR PO 10 MG, 20 MG	1	AL(At least 6 yrs old); MP
RELEXXII TBCR PO 45 MG, 63 MG (Use methylphenidate hcl)	2	AL(At least 6 yrs old)
RELEXXII TBCR PO 18 MG, 27 MG, 36 MG, 54 MG	2	Generic for Concerta; AL(At least 6 yrs old); MP
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
Allergenic Extracts		
ORALAIR SUBL	2	PA
<b>ALTERNATIVE MEDICINES</b>		
Alternative Medicine - G's		
ginger (zingiber officinalis) CAPS PO 250 MG	1	QL(4 EA daily)
Alternative Medicine - M's		
melatonin TABS PO 3 MG, 5 MG	1	QL(1 EA daily)
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
Aminoglycosides		
BETHKIS NEBU (Use tobramycin)	2	SP; PA
KITABIS PAK NEBU (Use tobramycin)	2	SP; PA
neomycin sulfate TABS PO	1	
TOBI NEBU (Use tobramycin)	NP	SP; PA
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	1	PA
tobramycin sulfate SOLR	1	PA
tobramycin NEBU	1	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin NEBU</i>	1	SP; PA	ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	NP	SP; PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>			ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	2	SP; PA
<b>Antirheumatic - Enzyme Inhibitors</b>			ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	NP	SP; PA
OLUMIANT	NP	SP; PA	ADALIMUMAB-ADB (2 PEN) AJKT	2	SP; PA
RINVOQ TB24 PO	2	SP; PA	ADALIMUMAB-ADB (2 SYRINGE) PSKT	2	SP; PA
XELJANZ SOLN	NP	SP; PA	ADALIMUMAB-ADB (CD/UC/HS STRT) AJKT	2	SP; PA
<b>Antirheumatic Antimetabolites</b>			ADALIMUMAB-ADB (PS/UV STARTER) 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 (2 PEN) AJKT	2	SP; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	2	SP; PA	ADALIMUMAB-FKJP (2 SYRINGE) PSKT	2	SP; PA
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>			ADALIMUMAB-RYVK (2 PEN) AJKT	2	SP; PA
ABRILADA (1 PEN) AJKT	NP	SP; PA	AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP; PA
ABRILADA (2 PEN) AJKT	NP	SP; PA	AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP; PA
ABRILADA (2 SYRINGE) PSKT	NP	SP; PA	AMJEVITA SOAJ	NP	SP; PA
ADALIMUMAB-AACF (2 PEN) AJKT	2	SP; PA	AMJEVITA SOSY	NP	SP; PA
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP; PA	CYLTEZO (2 PEN) AJKT	NP	SP; PA
ADALIMUMAB-AATY (1 PEN) AJKT	2	SP; PA	CYLTEZO (2 PEN) AJKT	2	SP; PA
ADALIMUMAB-AATY (2 PEN) AJKT	2	SP; PA	CYLTEZO (2 SYRINGE) PSKT	NP	SP; PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT	2	SP; PA	CYLTEZO (2 SYRINGE) PSKT 40 MG/0.4ML	2	SP; PA
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	2	SP; PA	CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP; PA
			CYLTEZO-CD/UC/HS STARTER AJKT	2	SP; PA
			CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP; PA



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CYLTEZO-PSORIASIS/UV STARTER AJKT	2	SP; PA	HYRIMOZ SOAJ	NP	SP; PA
HADLIMA PUSHTOUCH SOAJ	NP	SP; PA	HYRIMOZ SOSY	NP	SP; PA
HADLIMA SOSY	NP	SP; PA	IDACIO (2 PEN) AJKT	NP	SP; PA
HULIO (2 PEN) AJKT	NP	SP; PA	IDACIO (2 SYRINGE) PSKT	NP	SP; PA
HULIO (2 SYRINGE) PSKT	NP	SP; PA	IDACIO-CROHNS/UC STARTER AJKT	NP	SP; PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	2	SP; PA	IDACIO-PSORIASIS STARTER AJKT	NP	SP; PA
HUMIRA (2 PEN) AJKT	2	SP; PA	SIMLANDI (1 PEN) AJKT	2	SP; PA
HUMIRA (2 SYRINGE) PSKT	2	SP; PA	SIMLANDI (2 PEN) AJKT	2	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	2	SP; PA	YUFLYMA (1 PEN) AJKT	NP	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	2	SP; PA	YUFLYMA (2 PEN) AJKT	NP	SP; PA
HUMIRA-PED<40KG CROHNS STARTER PSKT	2	SP; PA	YUFLYMA (2 SYRINGE) PSKT 20 MG/0.2ML	2	SP; PA
HUMIRA-PED>=40KG CROHNS START PSKT	2	SP; PA	YUFLYMA (2 SYRINGE) PSKT 40 MG/0.4ML	NP	SP; PA
HUMIRA-PED>=40KG UC STARTER AJKT	2	SP; PA	YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP; PA
HUMIRA-PS/UV/ADOL HS STARTER AJKT	2	SP; PA	YUSIMRY	NP	SP; PA
HUMIRA-PSORIASIS/UEIT STARTER AJKT	2	SP; PA	<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP; PA	ADVIL TABS PO ( <i>Use ibuprofen</i> )	0	MP
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP; PA	<i>celecoxib PO</i>	1	QL(2 EA daily); PA
HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP; PA	CHILDRENS ADVIL SUSP PO 100 MG/5ML ( <i>Use ibuprofen</i> )	0	MP; RX/OTC
HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	SP; PA	CHILDRENS MOTRIN SUSP PO 100 MG/5ML ( <i>Use ibuprofen</i> )	0	MP; RX/OTC
HYRIMOZ-PLAQUE PSORIASIS START SOAJ	NP	SP; PA	<i>diclofenac potassium TABS PO 50 MG</i>	1	MP
			<i>diclofenac sodium TB24 PO</i>	1	MP
			<i>diclofenac sodium TBEC PO</i>	1	MP
			<i>etodolac CAPS PO</i>	1	MP
			<i>etodolac TABS PO</i>	1	MP
			<i>etodolac TB24 PO</i>	1	MP
			<i>flurbiprofen TABS PO</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen CHEW PO</i>	0	MP
<i>ibuprofen SUSP PO</i>	0	MP
<i>ibuprofen TABS PO 200 MG, 400 MG, 600 MG, 800 MG</i>	0	MP
<i>indomethacin CAPS PO 25 MG, 50 MG</i>	1	MP
<i>indomethacin CPCR PO</i>	1	MP
INFANTS ADVIL SUSP PO ( <i>Use ibuprofen</i> )	0	MP
<i>ketoprofen CAPS PO 50 MG</i>	1	MP
<i>ketoprofen CP24 PO</i>	1	MP
<i>ketorolac tromethamine TABS PO</i>	1	QL(20 EA per fill retail); AL(At least 17 yrs old); MP
<i>meloxicam TABS PO</i>	1	MP
MOTRIN CHILDRENS CHEW PO ( <i>Use ibuprofen</i> )	0	MP
MOTRIN INFANTS DROPS SUSP PO ( <i>Use ibuprofen</i> )	0	MP
<i>nabumetone PO</i>	1	MP
<i>naproxen sodium TABS PO 220 MG</i>	1	QL(2 EA daily); MP
<i>naproxen sodium TABS PO 275 MG, 550 MG</i>	1	MP
<i>naproxen-esomeprazole magnesium PO</i>	1	PA
<i>naproxen SUSP PO</i>	1	MP
<i>naproxen TABS PO</i>	1	MP
<i>naproxen TBEC PO</i>	1	QL(2 EA daily); MP
<i>oxaprozin TABS PO</i>	1	MP
<i>piroxicam CAPS PO</i>	1	MP
<i>sulindac TABS PO</i>	1	MP
TOLECTIN 600 TABS PO	2	MP
<i>tolmetin sodium CAPS PO</i>	1	MP
<i>tolmetin sodium TABS PO 600 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
Pyrimidine Synthesis Inhibitors		
<i>leflunomide PO</i>	1	QL(1 EA daily); MP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	2	SP; PA
ENBREL SURECLICK SOAJ	2	SP; PA
ENBREL SOLN	2	SP; PA
ENBREL SOSY	2	SP; PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS PO 40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)
<i>butalbital-acetaminophen-caffeine TABS PO 40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)
<i>butalbital-acetaminophen TABS PO 50 MG-325 MG</i>	1	
<i>butalbital-aspirin-caffeine CAPS PO</i>	1	QL(4 EA daily)
Analgesics Other		
<i>acetaminophen CHEW PO</i>	0	
<i>acetaminophen ELIX PO</i>	0	
<i>acetaminophen LIQD PO 160 MG/5ML</i>	0	
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	0	
<i>acetaminophen SUPP PR 120 MG, 650 MG</i>	0	QL(12 EA per fill retail)
ACETAMINOPHEN SUPP PR	0	QL(12 EA per fill retail)
<i>acetaminophen SUSP PO 160 MG/5ML, 650 MG/20.3ML</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen TABS PO 325 MG, 500 MG</i>	1		<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	PA
FEVERALL JUNIOR STRENGTH SUPP PR	0	QL(12 EA per fill retail)	<i>hydrocodone bitartrate CP12 PO</i>	1	
TYLENOL CHILDRENS CHEWABLES CHEW PO (Use <i>acetaminophen</i> )	0		HYDROMORPHONE HCL SUPP PR	2	QL(12 EA per fill retail)
<b>Analgesics-Peptide Channel Blockers</b>			<i>hydromorphone hcl TABS PO</i>	1	QL(8 EA daily)
PRIALT	2	SP; PA	<i>hydromorphone hcl TB24 PO</i>	1	PA
<b>Salicylates</b>			<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1	QL(500 ML per fill retail)
<i>aspirin buffered (cal carb-mag carb-mag oxide) PO</i>	1		<i>meperidine hcl TABS PO 50 MG</i>	1	QL(6 EA daily)
<i>aspirin CHEW PO</i>	0		<i>methadone hcl TABS PO 10 MG</i>	1	QL(10 EA daily); PA
ASPIRIN SUPP PR 300 MG	0	QL(12 EA per fill retail)	<i>methadone hcl TABS PO 5 MG</i>	1	QL(4 EA daily); PA
<i>aspirin TABS PO 325 MG</i>	0		<i>morphine sulfate beads PO</i>	1	PA
<i>aspirin TBEC PO 81 MG, 325 MG</i>	0		<i>morphine sulfate CP24 PO 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	PA
<i>diflunisal TABS PO</i>	1	MP	<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	1	QL(16.67 ML daily)
ECOTRIN ARTHRTIS PAIN TBEC PO (Use <i>aspirin</i> )	0		<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	1	QL(240 ML per fill retail)
ECOTRIN TBEC PO (Use <i>aspirin</i> )	0		<i>morphine sulfate SUPP PR</i>	1	QL(24 EA per fill retail)
<i>salsalate PO</i>	1		<i>morphine sulfate TABS PO</i>	1	QL(6 EA daily)
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>			<i>morphine sulfate TBCR PO</i>	1	QL(3 EA daily)
<b>Opioid Agonists</b>			OXAYDO TABS PO 5 MG	2	QL(6 EA daily)
<i>codeine sulfate TABS PO 30 MG</i>	1	QL(2 EA daily)	<i>oxycodone hcl CAPS PO</i>	1	QL(6 EA daily)
CODEINE SULFATE TABS PO	2	QL(2 EA daily)	<i>oxycodone hcl CONC PO 100 MG/5ML</i>	1	QL(6 ML daily)
CONZIP CP24 PO (Use <i>tramadol hcl</i> )	NP	PA	<i>oxycodone hcl SOLN PO</i>	1	
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	10 per month; QL(0.34 EA daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl T12A PO 80 MG</i>	1	PA	<i>hydrocodone-acetaminophen SOLN PO 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>oxycodone hcl T12A PO 10 MG, 20 MG, 40 MG, 80 MG</i>	1	QL(2 EA daily); PA	<i>hydrocodone-acetaminophen TABS PO 325 MG-5 MG</i>	1	QL(12 EA daily)
<i>oxycodone hcl TABS PO</i>	1	QL(6 EA daily)	<i>hydrocodone-acetaminophen TABS PO 325 MG-10 MG</i>	1	QL(6 EA daily)
<i>oxymorphone hcl TB12 PO 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1		<i>hydrocodone-acetaminophen TABS PO 325 MG-7.5 MG</i>	1	QL(8 EA daily)
<i>oxymorphone hcl TB12 PO 15 MG</i>	1	PA	<i>oxycodone w/acetaminophen TABS PO 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(6 EA daily)
<i>QDOLO SOLN (Use tramadol hcl)</i>	NP		<i>tramadol-acetaminophen PO</i>	1	QL(4 EA daily)
<i>tramadol hcl CP24 PO 100 MG, 200 MG, 300 MG</i>	2	PA	<b>Opioid Partial Agonists</b>		
<i>tramadol hcl SOLN</i>	1		<i>BRIXADI (WEEKLY) SOSY</i>	2	SP; PA
<i>TRAMADOL HCL SOLN (Use tramadol hcl)</i>	2		<i>BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML</i>	2	SP; PA
<i>tramadol hcl TABS PO 25 MG, 100 MG</i>	1		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>	1	QL(3 EA daily)
<i>tramadol hcl TABS PO 50 MG</i>	1	QL(8 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)
<i>tramadol hcl TB24 PO</i>	1	PA	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG</i>	1	QL(12 EA daily)
<b>Opioid Combinations</b>			<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>	1	QL(6 EA daily)
<i>acetaminophen w/codeine SOLN PO</i>	1	QL(30 ML daily)	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	1	QL(12 EA daily)
<i>acetaminophen w/codeine TABS PO 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	QL(6 EA daily)			
<i>butalbital-acetaminophen-caffeine w/ codeine PO 30 MG-40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)			
<i>butalbital-aspirin-caffeine w/cod PO</i>	1	QL(4 EA daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl dihydrate</i> SUBL 2 MG-8 MG	1	QL(3 EA daily)	ANDROGEL GEL TD 25 MG/2.5GM (Use testosterone)	NP	
<i>buprenorphine hcl</i> SUBL	1	PA	AVEED SOLN	2	SP; PA
<i>buprenorphine</i> PTWK	1	PA	<i>methyltestosterone</i> TABS	1	
BUTRANS PTWK (Use <i>buprenorphine</i> )	2	PA	TESTOPEL PLLT	2	SP; PA
SUBLOCADE SOSY	2	1 max fill(s) per 30 day(s) retail; SP; PA	<i>testosterone cypionate</i> SOLN IM 200 MG/ML	1	QL(4 ML per 30 day(s) retail)
SUBOXONE FILM SL 1 MG-4 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	NP	QL(6 EA daily)	<i>testosterone</i> GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	1	
SUBOXONE FILM SL 2 MG-8 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	NP	QL(3 EA daily)	<i>testosterone</i> GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %	1	PA
SUBOXONE FILM SL 3 MG-12 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	NP	QL(2 EA daily)	<i>testosterone</i> GEL TD 1 %	2	
SUBOXONE FILM SL 0.5 MG-2 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	NP	QL(12 EA daily)	<i>testosterone</i> SOLN	1	PA
ZUBSOLV SUBL 2.9 MG-11.4 MG	2	QL(1.5 EA daily)	VOGELXO PUMP GEL TD (Use testosterone)	NP	
ZUBSOLV SUBL 0.71 MG-2.9 MG	2	QL(6 EA daily)	<b>ANORECTAL AND RELATED PRODUCTS -</b>		
ZUBSOLV SUBL 0.36 MG-1.4 MG	2	QL(12 EA daily)	<b>Rectal Drugs to Treat Pain, Swelling and Itching</b>		
ZUBSOLV SUBL 1.4 MG-5.7 MG	2	QL(3 EA daily)	Intrarectal Steroids		
ZUBSOLV SUBL 2.1 MG-8.6 MG	2	QL(2 EA daily)	<i>hydrocortisone (intrarectal)</i> PR	1	QL(420 ML per fill retail)
ZUBSOLV SUBL 0.18 MG-0.7 MG	2	QL(8 EA daily)	Rectal Combinations		
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>			<i>phenylephrine-shark liver oil-cocoa butter</i> PR	1	QL(48 EA per fill retail)
Androgens			<i>phenylephrine-shark liver oil-mineral oil-petrolatum</i> PR	1	QL(12 GM per fill retail)
			Rectal Local Anesthetics		
			<i>pramoxine hcl (rectal)</i> FOAM EX	1	QL(15 GM per fill retail)
			Rectal Steroids		
			ANUSOL-HC EX (Use <i>hydrocortisone (rectal)</i> )	2	QL(30 GM per fill retail)
			<i>hydrocortisone (rectal)</i> EX 1 %	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	QL(30 GM per fill retail)
<b>ANTACIDS</b>		
Antacid Combinations		
<i>alum &amp; mag hydrox-simethicone LIQD PO</i>	1	QL(16.53 ML daily)
<i>alum &amp; mag hydrox-simethicone SUSP PO 1200 MG/30ML-1200 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-400 MG/10ML</i>	1	QL(16.53 ML daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP PO	2	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS PO 325 MG, 650 MG</i>	1	QL(16.53 EA daily)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW PO 500 MG</i>	1	
Antacids - Magnesium Salts		
<i>magnesium oxide TABS PO 400 MG</i>	1	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
Anthelmintics		
BENZNIDAZOLE	2	SP; PA
EMVERM CHEW PO	2	QL(1 EA per 14 day(s) retail)
<i>pyrantel pamoate SUSP PO</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>		

Drug Name	Drug Tier	Requirements/Limits
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	NP	
<i>ranolazine TB12 PO</i>	1	
Nitrates		
<i>isosorbide dinitrate TABS PO 5 MG, 10 MG, 20 MG, 30 MG</i>	1	MP
<i>isosorbide mononitrate TABS PO</i>	1	QL(2 EA daily); MP
ISOSORBIDE MONONITRATE TABS PO	2	QL(2 EA daily); MP
<i>isosorbide mononitrate TB24 PO</i>	1	QL(1 EA daily); MP
NITRO-BID OINT	2	MP
<i>nitroglycerin CPCR PO</i>	1	MP
<i>nitroglycerin PT24</i>	1	MP
<i>nitroglycerin SUBL</i>	1	MP
<b>ANTIANGIETY AGENTS - Drugs to Treat Anxiety</b>		
Antianxiety Agents - Misc.		
<i>buspirone hcl PO</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 PO</i>	1	
<i>hydroxyzine hcl TABS PO</i>	1	MP
<i>hydroxyzine pamoate CAPS PO 25 MG, 100 MG</i>	1	
<i>hydroxyzine pamoate CAPS PO 50 MG</i>	1	MP
<i>meprobamate PO</i>	1	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	2	
<i>alprazolam TABS PO</i>	1	QL(4 EA daily)
<i>alprazolam TB24 PO</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl TABS PO 200 MG</i>	1	MP
<i>dofetilide PO</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 (Use <i>tiotropium bromide monohydrate</i> )	2	
<i>tiotropium bromide monohydrate CAPS</i>	1	
Leukotriene Modulators		
<i>montelukast sodium CHEW PO</i>	1	QL(1 EA daily); MP
<i>montelukast sodium PACK PO</i>	1	QL(1 EA daily)
<i>montelukast sodium TABS PO</i>	1	QL(1 EA daily); MP
<i>zafirlukast PO</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>zileuton TB12 PO</i>	1		AIRDUO RESPICLICK 55/14 AEPB ( <i>Use fluticasone-salmeterol</i> )	2	
Steroid Inhalants			AIRSUPRA	NP	
ARMONAIR DIGIHALER	NP		<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.57 GM daily)
ASMANEX (120 METERED DOSES) AEPB	2		<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(1.2 GM daily)
ASMANEX (14 METERED DOSES) AEPB	2		<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.45 GM daily)
ASMANEX (30 METERED DOSES) AEPB	2		<i>albuterol sulfate NEBU</i>	1	QL(2 EA daily)
ASMANEX (60 METERED DOSES) AEPB	2		<i>albuterol sulfate NEBU 0.083 %</i>	1	QL(375 ML per 25 day(s) retail)
<i>budesonide (inhalation) SUSP</i>	1	QL(4 ML daily); AL(At least 1 yrs old - Up to 8 yrs old)	<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	1	QL(375 ML per 30 day(s) retail)
FLOVENT DISKUS AEPB ( <i>Use fluticasone propionate (inhalation)</i> )	2	QL(2 EA daily)	ALBUTEROL SULFATE NEBU	2	QL(2 ML daily)
FLOVENT DISKUS AEPB	2	QL(2 EA daily)	<i>albuterol sulfate SYRP PO</i>	1	MP
<i>fluticasone propionate (inhalation) AEPB</i>	1	QL(2 EA daily)	<i>albuterol sulfate TABS PO</i>	1	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(11 GM per 30 day(s) retail)	BEVESPI AEROSPHERE	NP	
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(12 GM per 30 day(s) retail)	BREO ELLIPTA	2	
PULMICORT FLEXHALER AEPB	NP	QL(1 EA per 25 day(s) retail)	BREZTRI AEROSPHERE	NP	
Sympathomimetics			<i>budesonide-formoterol fumarate dihydrate</i>	1	QL(11 GM per 30 day(s) retail)
ADVAIR DISKUS AEPB ( <i>Use fluticasone-salmeterol</i> )	2	QL(2 EA daily)	COMBIVENT RESPIMAT AERS	2	QL(4 GM per 30 day(s) retail)
ADVAIR HFA AERO ( <i>Use fluticasone-salmeterol</i> )	2		DULERA 50 MCG/ACT-5 MCG/ACT	2	
AIRDUO DIGIHALER	NP		DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	2	QL(13 GM per 30 day(s) retail)
AIRDUO RESPICLICK 113/14 AEPB ( <i>Use fluticasone-salmeterol</i> )	2				
AIRDUO RESPICLICK 232/14 AEPB ( <i>Use fluticasone-salmeterol</i> )	2				



Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)
<i>fluticasone-salmeterol</i> AERO	1	
<i>ipratropium-albuterol</i> SOLN	1	QL(12 ML daily)
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	
PROAIR DIGIHALER	NP	
PROAIR HFA AERS ( <i>Use albuterol sulfate</i> )	0	Limit 2 inhalers per month; QL(0.57 GM daily)
PROVENTIL HFA AERS ( <i>Use albuterol sulfate</i> )	0	Limit 2 inhalers per month; QL(0.45 GM daily)
SEREVENT DISKUS	2	QL(2 EA daily)
STIOLTO RESPIMAT	2	
SYMBICORT ( <i>Use budesonide-formoterol fumarate dihydrate</i> )	2	QL(11 GM per 30 day(s) retail)
<i>terbutaline sulfate</i> TABS PO	1	MP
VENTOLIN HFA AERS ( <i>Use albuterol sulfate</i> )	0	Limit 2 inhalers per month; QL(0.54 GM daily)
VENTOLIN HFA AERS ( <i>Use albuterol sulfate</i> )	0	Limit 2 inhalers per month; QL(1.2 GM daily)
XOPENEX HFA ( <i>Use levalbuterol tartrate</i> )	2	
<b>Xanthines</b>		
THEO-24 CP24 PO 100 MG	2	MP
THEO-24 CP24 PO 200 MG, 300 MG, 400 MG	2	
<i>theophylline</i> ELIX PO	1	

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline</i> SOLN PO	1	QL(475 ML per fill retail); MP
<i>theophylline</i> TB12 PO 100 MG, 200 MG, 300 MG	1	
<i>theophylline</i> TB12 PO 450 MG	1	
<i>theophylline</i> TB24 PO	1	MP
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
<i>warfarin sodium</i> TABS PO	1	MP
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(4 EA daily)
ELIQUIS TABS	2	QL(4 EA daily)
XARELTO STARTER PACK TBPK	2	
XARELTO SUSR	2	
XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)
XARELTO TABS 15 MG	2	QL(2 EA daily)
XARELTO TABS 2.5 MG	2	
<b>Heparins And Heparinoid-Like Agents</b>		
<i>enoxaparin sodium</i> SOLN IJ 300 MG/3ML	1	QL(180 ML per 30 day(s) retail)
<i>enoxaparin sodium</i> SOSY 30 MG/0.3ML	1	QL(18 ML per 30 day(s) retail)
<i>enoxaparin sodium</i> SOSY 40 MG/0.4ML, 60 MG/0.6ML	1	QL(36 ML per 30 day(s) retail)
<i>enoxaparin sodium</i> SOSY 100 MG/ML, 150 MG/ML	1	QL(60 ML per 30 day(s) retail)
<i>enoxaparin sodium</i> SOSY 80 MG/0.8ML, 120 MG/0.8ML	1	QL(48 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 PO 300 MG, 400 MG</i>	1	MP
<b>Thrombin Inhibitors</b>			<i>gabapentin CAPS PO 100 MG</i>	1	QL(9 EA daily); MP
<i>dabigatran etexilate mesylate CAPS PO</i>	1		<i>gabapentin SOLN PO</i>	1	MP
PRADAXA CAPS PO (Use <i>dabigatran etexilate mesylate</i> )	2		<i>gabapentin TABS PO 600 MG, 800 MG</i>	1	MP
PRADAXA PACK	2	SP	<i>lamotrigine CHEW PO</i>	1	MP
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>			<i>lamotrigine KIT PO 25 MG</i>	1	
<b>Anticonvulsants - Benzodiazepines</b>			<i>lamotrigine TABS PO</i>	1	MP
<i>clobazam SUSP</i>	1		<i>lamotrigine TB24 PO</i>	1	
<i>clobazam TABS PO</i>	1		<i>lamotrigine TBDP PO</i>	1	
<i>clonazepam TABS PO</i>	1	QL(4 EA daily)	<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1	QL(30 ML daily); MP
<i>clonazepam TBDP PO</i>	1		<i>levetiracetam TABS PO</i>	1	MP
VALTOCO 10 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)	<i>levetiracetam TB24 PO</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 PO</i>	1	MP
VALTOCO 5 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)	<i>oxcarbazepine TABS PO</i>	1	MP
<b>Anticonvulsants - Misc.</b>			<i>pregabalin CAPS PO</i>	1	PA
BRIVIACT SOLN IV 50 MG/5ML	2	SP; PA	<i>pregabalin SOLN</i>	1	PA
<i>carbamazepine CHEW PO 100 MG</i>	1	MP	<i>primidone PO 125 MG</i>	1	
<i>carbamazepine CP12 PO</i>	1	MP	<i>primidone PO 50 MG, 250 MG</i>	1	MP
<i>carbamazepine SUSP PO</i>	1	MP	<i>rufinamide SUSP</i>	1	SP
<i>carbamazepine TABS PO</i>	1	MP	TEGRETOL-XR TB12 PO (Use <i>carbamazepine</i> )	2	MP
<i>carbamazepine TB12 PO</i>	1	MP	TOPAMAX SPRINKLE CPSP PO (Use <i>topiramate</i> )	2	MP
CARBATROL CP12 PO (Use <i>carbamazepine</i> )	2	MP	<i>topiramate CPSP PO</i>	1	MP
ELEPSIA XR TB24 PO	NP		<i>topiramate TABS PO 50 MG, 100 MG, 200 MG</i>	1	MP
EPRONTIA SOLN	NP		<i>topiramate TABS PO 25 MG</i>	1	QL(6 EA daily); MP
			TRILEPTAL SUSP PO (Use <i>oxcarbazepine</i> )	2	MP
			ZONISADE SUSP	NP	
			<i>zonisamide CAPS PO</i>	1	MP
			ZTALMY	NP	

Drug Name	Drug Tier	Requirements/Limits
<b>Carbamates</b>		
<i>felbamate SUSP</i>	1	
<i>felbamate TABS PO</i>	1	
XCOPRI (250 MG DAILY DOSE) TBPk	NP	
XCOPRI TABS	NP	
<b>GABA Modulators</b>		
GABITRIL PO 2 MG, 4 MG (Use <i>tiagabine hcl</i> )	2	MP
GABITRIL PO 12 MG, 16 MG (Use <i>tiagabine hcl</i> )	2	
SABRIL PACK (Use <i>vigabatrin</i> )	2	SP; PA
SABRIL TABS (Use <i>vigabatrin</i> )	2	SP; PA
<i>tiagabine hcl PO 2 MG, 4 MG</i>	1	MP
<i>tiagabine hcl PO 12 MG, 16 MG</i>	1	
<i>vigabatrin PACK</i>	1	SP; PA
<i>vigabatrin TABS</i>	1	SP; PA
<b>Hydantoins</b>		
DILANTIN PO (Use <i>phenytoin sodium extended</i> )	NP	MP
DILANTIN INFATABS CHEW PO (Use <i>phenytoin</i> )	2	MP
<i>phenytoin sodium extended PO 200 MG, 300 MG</i>	NP	MP
<i>phenytoin sodium extended PO 100 MG, 200 MG, 300 MG</i>	1	MP
<i>phenytoin CHEW PO</i>	1	MP
<i>phenytoin SUSP PO</i>	1	MP
<b>Succinimides</b>		
CELONTIN (Use <i>methsuximide</i> )	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl CAPS PO 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	1	MP
<i>doxepin hcl CAPS PO 150 MG</i>	1	
<i>doxepin hcl CONC PO</i>	1	
<i>imipramine hcl TABS PO</i>	1	
<i>imipramine pamoate PO</i>	1	
<i>nortriptyline hcl CAPS PO</i>	1	
<i>nortriptyline hcl SOLN PO</i>	1	
<i>protriptyline hcl PO</i>	1	
<i>trimipramine maleate CAPS PO</i>	1	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose PO</i>	1	
<i>miglitol PO</i>	1	
<b>Antidiabetic Combinations</b>		
<i>alogliptin-metformin hcl</i>	1	QL(2 EA daily); MP
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-12.5 MG, 45 MG-25 MG</i>	1	QL(1 EA daily); MP
<i>glipizide-metformin hcl PO</i>	1	MP
<i>glyburide-metformin PO</i>	1	MP
GLYXAMBI PO	2	
JANUMET XR TB24 PO	2	
JANUMET TABS PO	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 PO ( <i>Use saxagliptin-metformin hcl</i> )	2	
OSENI ( <i>Use alogliptin-pioglitazone</i> )	2	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl TABS PO</i>	1	QL(2 EA daily); MP
<i>saxagliptin-metformin hcl PO</i>	1	
<b>Biguanides</b>		
<i>metformin hcl SOLN PO</i>	1	
<i>metformin hcl TABS PO 500 MG, 850 MG, 1000 MG</i>	1	MP
<i>metformin hcl TABS PO 625 MG</i>	1	
<i>metformin hcl TB24 PO 500 MG, 1000 MG</i>	1	
<i>metformin hcl TB24 PO 500 MG, 750 MG</i>	1	MP
<b>Diabetic Other</b>		
BAQSIMI ONE PACK POWD	2	QL(0.069 EA daily)
BAQSIMI TWO PACK POWD	2	QL(0.069 EA daily)
BD GLUCOSE CHEW PO	2	QL(1.67 EA daily); MP
CVS GLUCOSE CHEW PO	2	QL(1.67 EA daily); MP
CVS SOFT GLUCOSE CHEW PO	2	QL(1.67 EA daily); MP
DEX4 QUICK DISSOLVE GLUCOSE CHEW PO	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 ( <i>Use glucagon (rdna)</i> )	2	QL(1 EA per fill retail); MP
GLUCO TO GO CHEW PO	2	QL(1.67 EA daily); MP
GLUCOSE CHEW PO	2	QL(1.67 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GNP GLUCOSE CHEW PO	2	QL(1.67 EA daily); MP	BYETTA 5 MCG PEN SOPN	2	QL(1 ML per 30 day(s) retail); AL(At least 18 yrs old)
GNP QUICK DISSOLVE GLUCOSE CHEW PO	2	QL(1.67 EA daily); MP	<i>liraglutide</i>	1	QL(0.3 ML daily)
GVOKE KIT SOLN	NP		MOUNJARO	NP	PA
LEADER QUICK DISSOLVE GLUCOSE CHEW PO	2	QL(1.67 EA daily); MP	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	PA
<i>mifepristone (hyperglycemia)</i>	1	SP; PA	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	PA
PROGLYCEM ( <i>Use diazoxide</i> )	2		OZEMPIC (2 MG/DOSE) SOPN	2	PA
SM GLUCOSE CHEW PO	2	QL(1.67 EA daily); MP	RYBELSUS TABS PO	NP	
TRUEPLUS GLUCOSE ON THE GO CHEW PO	2	QL(1.67 EA daily); MP	TRULICITY	2	PA
TRUEPLUS GLUCOSE CHEW PO	2	QL(1.67 EA daily); MP	<b>Insulin</b>		
WALGREENS GLUCOSE CHEW PO	2	QL(1.67 EA daily); MP	HUMALOG JUNIOR KWIKPEN SOPN	2	
ZEGALOGUE SOAJ	2		HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP	QL(30 ML per 30 day(s) retail)
ZEGALOGUE SOSY	2		HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	QL(30 ML per 30 day(s) retail)
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>			HUMALOG MIX 50/50 KWIKPEN SUPN	2	QL(30 ML per 30 day(s) retail)
<i>alogliptin benzoate</i>	1	QL(1 EA daily); MP	HUMALOG MIX 50/50 SUSP	2	QL(40 ML per 30 day(s) retail)
JANUVIA PO	2		HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(30 ML per 30 day(s) retail)
NESINA ( <i>Use alogliptin benzoate</i> )	2	QL(1 EA daily); MP	HUMALOG MIX 75/25 SUSP	2	QL(40 ML per 30 day(s) retail)
ONGLYZA PO ( <i>Use saxagliptin hcl</i> )	2		HUMALOG TEMPO PEN SOPN	2	
<i>saxagliptin hcl PO</i>	1		HUMALOG SOLN IJ	2	QL(40 ML per 30 day(s) retail)
SITAGLIPTIN	NP		HUMULIN 70/30 SUSP	2	QL(40 ML per 30 day(s) retail)
TRADJENTA	2	QL(1 EA daily); AL(At least 18 yrs old); MP	HUMULIN N SUSP	2	QL(40 ML per 30 day(s) retail)
ZITUVIO	NP		HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	
<b>Incretin Mimetic Agents</b>			HUMULIN R U-500 KWIKPEN SOPN SC	2	
ADLYXIN SOPN	NP				
BYETTA 10 MCG PEN SOPN	2	QL(2 ML per 30 day(s) retail); AL(At least 18 yrs old)			

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

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DERMACINRX PROBITRAN CAPS PO	2	RX/OTC	FLORASTOR SELECT IMMUNITY BOOS CAPS PO	2	RX/OTC
DIFF-STAT CAPS PO	2	RX/OTC	FLORRAXIS CAPS PO	2	RX/OTC
DIGESTIVE ADV DIGESTIVE/IMMUNE CAPS PO	2	RX/OTC	FORTIFY 30 BILLION PROBIOT 50+ CPDR	2	
DIGESTIVE ADV LACTOSE SUPPORT CAPS PO	2	RX/OTC	FORTIFY 50 BILLION PROBIOT 50+ CPDR	2	
DIGESTIVE ADV MULTI- STRAIN CAPS PO	2	RX/OTC	FORTIFY DAILY PROBIOTIC EX ST CPDR	2	
DIGESTIVE ADV+BOWEL SUPPORT CAPS PO	2	RX/OTC	FORTIFY DAILY PROBIOTIC CAPS PO	2	RX/OTC
DIGESTIVE ADV+GAS DEFENSE CAPS PO	2	RX/OTC	FORTIFY OPTIMA PROBIOTIC CPDR	2	
DIGESTIVE ADV+LACTOSE SUPPORT CAPS PO	2	RX/OTC	FORTIFY OPTIMA WOMENS ADV CARE CPDR	2	
DIGESTIVE ADVANTAGE CAPS PO	2	RX/OTC	FORTIFY PROBIOTIC WOMENS EX ST CPDR	2	
ENVIVE CAPS PO	2	RX/OTC	FORTIFY PROBIOTIC WOMENS CPDR	2	
EQ PROBIOTIC CAPS PO	2	RX/OTC	FT ACIDOPHILUS PROBIOTIC BLEND CAPS PO	2	RX/OTC
EQ PROBIOTIC CPDR	2		GENORAVANCE CAPS PO	2	RX/OTC
EQL DAILY PROBIOTIC CAPS PO	2	RX/OTC	GNP ACIDOPHILUS HIGH POTENCY CAPS PO	2	RX/OTC
EQL PROBIOTIC COLON SUPPORT CAPS PO	2	RX/OTC	GNP ADVANCED PROBIOTIC CAPS PO	2	RX/OTC
ESTROVEN SLIMBIOTICS CAPS PO	2	RX/OTC	GNP PROBIOTIC COLON SUPPORT CAPS PO	2	RX/OTC
FEM-DOPHILUS WOMENS CAPS PO	2	RX/OTC	HIGH POTENCY PROBIOTIC CAPS PO	2	RX/OTC
FLORA VANCE CAPS PO	2	RX/OTC	JARRO-DOPHILUS EPS PROBIOTIC CPDR	2	
FLORAJEN DIGESTION CAPS PO	2	RX/OTC	JARRO-DOPHILUS EPS CPDR	2	
FLORAJEN3 CAPS PO	2	RX/OTC	JARRO-DOPHILUS HYPOALLERGENIC CAPS PO	2	RX/OTC
FLORAJEN4KIDS CAPS PO	2	RX/OTC			
FLORASAVE CPDR	2				
FLORASTOR ADVANCED CAPS PO	2	RX/OTC			
FLORASTOR SELECT GUT BOOST CAPS PO	2	RX/OTC			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROBIOTIC-10 ULTIMATE CAPS PO	2	RX/OTC	ULTRAFLOA IMMUNE HEALTH CAPS PO	2	RX/OTC
PROBITROL CAPS PO	2	RX/OTC	UP4 PROBIOTICS ADULT CAPS PO	2	RX/OTC
PROBIZEN CAPS PO	2	RX/OTC	UP4 PROBIOTICS MENS CAPS PO	2	RX/OTC
PRO-FLORA IMMUNE CAPS PO	2	RX/OTC	UP4 PROBIOTICS ULTRA CAPS PO	2	RX/OTC
PROMELLA IN PREBIOTIC CAPS PO	2	RX/OTC	UP4 PROBIOTICS WOMENS CAPS PO	2	RX/OTC
PROMEROL CAPS PO	2	RX/OTC	VH ESSENTIALS OPTIBALANCE CAPS PO	2	RX/OTC
QUAD-PROBIOTIC CAPS PO	2	RX/OTC	VISBIOME HIGH POTENCY CAPS PO	2	RX/OTC
RA PROBIOTIC COLON CARE CAPS PO	2	RX/OTC	VSL#3 CAPS PO	2	RX/OTC
RA PROBIOTIC COMPLEX CAPS PO	2	RX/OTC	WELLPRO 31 CAPS PO	2	RX/OTC
RA PROBIOTIC DIGESTIVE SUPPORT CAPS PO	2	RX/OTC	WOMENS 50 BILLION CAPS PO	2	RX/OTC
RA PROBIOTIC MAX STRENGTH CAPS PO	2	RX/OTC	XYBIOTIC CAPS PO	2	RX/OTC
RESTORA CAPS PO	2	RX/OTC	ZELAC CAPS PO	2	RX/OTC
RISAQUAD-2 CAPS PO	2	RX/OTC	<b>Antidiarrheal/Probiotic Combinations</b>		
RISAQUAD CAPS PO	2	RX/OTC	CULTURELLE ADULT ULT BALANCE CAPS	2	
SD PROBIOTIC-10 COMPLEX ULTRA CAPS PO	2	RX/OTC	CULTURELLE DIGESTIVE DAILY PRO CAPS	2	
SM ACIDOPHILUS CAPS PO	2	RX/OTC	CULTURELLE DIGESTIVE DAILY CAPS	2	
SM ADVANCED PROBIOTIC CAPS PO	2	RX/OTC	CULTURELLE DIGESTIVE HEALTH CAPS	2	
SUPER PROBIOTIC DIGESTIVE CAPS PO	2	RX/OTC	CULTURELLE DIGESTIVE HEALTH CHEW	2	
SUPER PROBIOTIC CAPS PO	2	RX/OTC	CULTURELLE HEALTH (INULIN) CAPS	2	
SUPERIOR PROBIOTIC CAPS PO	2	RX/OTC	CULTURELLE ULTIMATE STRENGTH CAPS	2	
SUREBIOTIC PROBIOTIC SUPPORT CAPS PO	2	RX/OTC	GNP PROBIOTIC EXTRA STRENGTH CAPS	2	
TRUBIOTICS DIGEST + IMM HEALTH CAPS PO	2	RX/OTC	PROBIOTIC DIGESTIVE SUPPORT CAPS	2	
TRUBIOTICS CAPS PO	2	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
VIACTIV DIGESTIVE HEALTH CHEW	2	
<b>Antiperistaltic Agents</b>		
ANTI-DIARRHEAL LIQD PO	2	QL(40 ML daily)
<i>diphenoxylate w/ atropine LIQD PO</i>	1	
<i>diphenoxylate w/ atropine TABS PO</i>	1	
<i>loperamide hcl CAPS PO</i>	1	QL(8 EA daily); RX/OTC
<i>loperamide hcl TABS PO</i>	1	QL(8 EA daily)
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET PO	2	
<i>deferasirox PACK</i>	1	SP; PA
<i>deferasirox TABS PO</i>	1	SP; PA
<i>deferasirox TBSO</i>	1	SP; PA
<i>deferiprone TABS</i>	1	SP; PA
FERRIPROX SOLN	2	SP; PA
<b>Antidotes and Specific Antagonists</b>		
ANDEXXA 200 MG	2	SP; PA
BRIDION SOLN	2	PA
<i>deferoxamine mesylate</i>	1	SP; PA
SM IPECAC SYRUP PO	2	
VISTOGARD	2	
<b>Opioid Antagonists</b>		
KLOXXADO LIQD	0	QL(18 EA per 90 day(s) retail); MP
<i>naloxone hcl LIQD</i>	0	QL(18 EA per 90 day(s) retail); MP; RX/OTC
<i>naloxone hcl SOCT</i>	0	QL(18 ML per 90 day(s) retail); MP
<i>naloxone hcl SOLN 4 MG/10ML</i>	0	QL(180 ML per 90 day(s) retail); MP

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl SOLN 0.4 MG/ML</i>	0	QL(18 ML per 90 day(s) retail); MP
<i>naloxone hcl SOSY 2 MG/2ML</i>	0	QL(18 ML per 90 day(s) retail); MP
<i>naltrexone hcl PO</i>	0	MP
NARCAN LIQD (Use <i>naloxone hcl</i> )	0	QL(18 EA per 90 day(s) retail); MP; RX/OTC
OPVEE NA	0	QL(6 EA per 30 day(s) retail); MP
REXTOVY LIQD	2	
VIVITROL	0	SP; MP
ZIMHI SOSY	0	QL(9 ML per 90 day(s) retail); MP
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
<i>granisetron hcl TABS PO</i>	1	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	QL(50 ML per fill retail)
<i>ondansetron hcl TABS PO 4 MG, 8 MG</i>	1	QL(2 EA daily)
<i>ondansetron TBDP PO 4 MG, 8 MG</i>	1	QL(2 EA daily)
<b>Antiemetics - Anticholinergic</b>		
<i>meclizine hcl CHEW PO</i>	1	RX/OTC
<i>meclizine hcl TABS PO 12.5 MG, 25 MG</i>	1	RX/OTC
<b>Antiemetics - Miscellaneous</b>		
BONJESTA TBCR	2	
<i>doxylamine-pyridoxine TBEC PO</i>	1	
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
APONVIE EMUL	NP	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl SOLN PO 6.25 MG/5ML</i>	1	QL(240 ML per fill retail); AL(At least 2 yrs old)	<i>fenofibrate TABS PO 40 MG, 120 MG</i>	1	
<i>promethazine hcl SUPP PR</i>	1	QL(12 EA per fill retail); AL(At least 2 yrs old)	<i>fenofibrate TABS PO 54 MG</i>	1	QL(3 EA daily); MP
<i>promethazine hcl TABS PO</i>	1	AL(At least 2 yrs old)	<i>fenofibric acid PO</i>	1	
<b>Antihistamines - Piperidines</b>			FIBRICOR PO (Use <i>fenofibric acid</i> )	NP	
<i>cyproheptadine hcl SYRP PO</i>	1		<i>gemfibrozil TABS PO</i>	1	QL(2 EA daily); MP
<i>cyproheptadine hcl TABS PO</i>	1		LIPOFEN CAPS PO (Use <i>fenofibrate</i> )	NP	MP
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>			<b>HMG CoA Reductase Inhibitors</b>		
<b>Antihyperlipidemics - Combinations</b>			ATORVALIQ SUSP	NP	
<i>ezetimibe-simvastatin PO</i>	1		<i>atorvastatin calcium TABS PO</i>	1	QL(1 EA daily); MP
<b>Antihyperlipidemics - Misc.</b>			<i>fluvastatin sodium CAPS PO</i>	1	
<i>omega-3-acid ethyl esters PO</i>	1		<i>fluvastatin sodium TB24 PO</i>	1	
<b>Bile Acid Sequestrants</b>			<i>lovastatin TABS PO 40 MG</i>	1	QL(2 EA daily); MP
<i>cholestyramine light PACK PO</i>	1	MP	<i>lovastatin TABS PO 10 MG, 20 MG</i>	1	QL(1 EA daily); MP
<i>cholestyramine light POWD PO</i>	1	MP	<i>pravastatin sodium PO</i>	1	QL(1 EA daily); MP
<i>cholestyramine PACK PO</i>	1	MP	<i>rosuvastatin calcium TABS PO</i>	1	QL(1 EA daily); MP
<i>cholestyramine POWD PO</i>	1	MP	<i>simvastatin TABS PO 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(1 EA daily); MP
<i>colestipol hcl GRAN PO</i>	1	MP	<i>simvastatin TABS PO 80 MG</i>	1	MP
<i>colestipol hcl TABS PO</i>	1	MP	<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<b>Fibric Acid Derivatives</b>			<i>ezetimibe PO</i>	1	
<i>fenofibrate micronized PO 134 MG, 200 MG</i>	1	QL(1 EA daily); MP	<b>Microsomal Triglyceride Transfer Protein (MTP) Inhibitors</b>		
<i>fenofibrate micronized PO 67 MG</i>	1	QL(2 EA daily); MP	JUXTAPID PO 5 MG, 10 MG, 20 MG, 30 MG	2	SP; PA
<i>fenofibrate micronized PO 30 MG, 43 MG, 90 MG, 130 MG</i>	1		<b>Nicotinic Acid Derivatives</b>		
<i>fenofibrate CAPS PO</i>	2	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>niacin (antihyperlipidemic) TBCR PO</i>	1	MP	<i>losartan potassium PO</i>	1	QL(1 EA daily); MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			<i>olmesartan medoxomil PO</i>	1	
PRALUENT SOAJ	2	SP; PA	<i>telmisartan PO</i>	1	
REPATHA SURECLICK SOAJ	2	SP; PA	<i>valsartan SOLN</i>	1	
REPATHA SOSY	2	SP; PA	<i>valsartan TABS PO</i>	1	QL(1 EA daily); MP
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>			Antiadrenergic Antihypertensives		
ACE Inhibitors			<i>clonidine hcl TABS PO</i>	1	MP
<i>benazepril hcl PO 40 MG</i>	1	QL(2 EA daily); MP	<i>doxazosin mesylate PO</i>	1	MP
<i>benazepril hcl PO 5 MG, 10 MG, 20 MG</i>	1	QL(1 EA daily); MP	<i>guanfacine hcl PO</i>	1	MP
<i>captopril PO</i>	1	QL(3 EA daily); MP	<i>methyldopa TABS PO</i>	1	MP
<i>enalapril maleate TABS PO</i>	1	QL(2 EA daily); MP	<i>prazosin hcl CAPS PO</i>	1	MP
<i>fosinopril sodium PO</i>	1	QL(1 EA daily); MP	<i>terazosin hcl PO</i>	1	MP
<i>lisinopril TABS PO 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	MP	Antihypertensive Combinations		
<i>moexipril hcl PO</i>	1		ACCURETIC PO 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	NP	QL(3 EA daily)
<i>perindopril erbumine PO</i>	1		<i>amlodipine besylate-benazepril hcl PO</i>	1	QL(1 EA daily); MP
<i>quinapril hcl PO</i>	1	QL(1 EA daily); MP	<i>amlodipine besylate-olmesartan medoxomil PO</i>	1	
<i>ramipril CAPS PO</i>	1	QL(2 EA daily); MP	<i>amlodipine besylate-valsartan PO</i>	1	
<i>trandolapril PO 1 MG, 2 MG</i>	1	QL(1 EA daily); MP	<i>amlodipine-valsartan-hydrochlorothiazide PO</i>	1	
<i>trandolapril PO 4 MG</i>	1	QL(2 EA daily); MP	<i>atenolol &amp; chlorthalidone PO</i>	1	QL(1 EA daily); MP
Agents for Pheochromocytoma			<i>benazepril &amp; hydrochlorothiazide PO</i>	1	QL(1 EA daily); MP
<i>metirosine PO</i>	1	SP; PA	<i>bisoprolol &amp; hydrochlorothiazide PO</i>	1	QL(1 EA daily); MP
Angiotensin II Receptor Antagonists			<i>candesartan cilexetil-hydrochlorothiazide PO</i>	1	
<i>candesartan cilexetil PO</i>	1		<i>captopril &amp; hydrochlorothiazide PO</i>	1	QL(2 EA daily); MP
<i>irbesartan PO</i>	1	QL(1 EA daily); MP	<i>enalapril maleate &amp; hydrochlorothiazide PO</i>	1	QL(2 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits
EXFORGE HCT PO ( <i>Use amlodipine-valsartan-hydrochlorothiazide</i> )	NP	
<i>fosinopril sodium &amp; hydrochlorothiazide PO</i>	1	QL(1 EA daily); MP
<i>irbesartan-hydrochlorothiazide PO</i>	1	QL(1 EA daily); MP
<i>lisinopril &amp; hydrochlorothiazide PO</i>	1	MP
<i>losartan potassium &amp; hydrochlorothiazide PO</i>	1	QL(1 EA daily); MP
<i>metoprolol &amp; hydrochlorothiazide TABS PO</i>	1	QL(2 EA daily); MP
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide PO</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide PO</i>	1	
<i>quinapril-hydrochlorothiazide PO 12.5 MG-10 MG</i>	1	QL(3 EA daily)
<i>quinapril-hydrochlorothiazide PO 25 MG-20 MG</i>	1	QL(2 EA daily)
<i>quinapril-hydrochlorothiazide PO 12.5 MG-20 MG</i>	1	QL(4 EA daily)
<i>telmisartan-amlodipine PO</i>	1	
<i>telmisartan-hydrochlorothiazide PO</i>	1	QL(1 EA daily)
<i>trandolapril-verapamil hcl PO</i>	1	
<i>valsartan-hydrochlorothiazide PO</i>	1	QL(1 EA daily); MP
Antihypertensives - Misc.		
VECAMYL PO	2	SP; PA
Vasodilators		
<i>hydralazine hcl TABS PO</i>	1	MP
<i>minoxidil PO 2.5 MG, 10 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
Anti-infective Agents - Misc.		
<i>metronidazole TABS PO</i>	1	
<i>trimethoprim TABS PO</i>	1	
Anti-infective Misc. - Combinations		
<i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS PO 81.6 MG</i>	1	
<i>sulfamethoxazole-trimethoprim SUSP PO</i>	1	
<i>sulfamethoxazole-trimethoprim TABS PO</i>	1	
Carbapenems		
<i>ertapenem sodium IJ</i>	1	SP; PA
Glycopeptides		
<i>vancomycin hcl CAPS PO 125 MG</i>	1	QL(4 EA daily)
<i>vancomycin hcl CAPS PO 250 MG</i>	1	QL(8 EA daily)
<i>vancomycin hcl SOLR IV 1 GM</i>	1	QL(14 EA per fill retail)
<i>vancomycin hcl SOLR IV 500 MG</i>	1	QL(0.467 EA daily)
<i>vancomycin hcl SOLR PO 25 MG/ML</i>	1	QL(300 ML per fill retail)
VANCOMYCIN HCL SOLR IV 500 MG	2	QL(0.467 EA daily)
VANCOMYCIN HCL SOLR IV 1 GM	2	QL(14 EA per fill retail)
Leprostatics		
<i>dapsone PO</i>	1	
Lincosamides		
<i>clindamycin hcl PO 150 MG, 300 MG</i>	1	
<i>clindamycin palmitate hydrochloride PO</i>	1	QL(100 ML per fill retail)



Drug Name	Drug Tier	Requirements/Limits
<b>Monobactams</b>		
CAYSTON	NP	SP; PA
<b>Oxazolidinones</b>		
SIVEXTRO TABS	2	QL(6 EA per fill retail); PA
<b>Urinary Anti-infectives</b>		
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin PO</i>	1	QL(40 ML daily)
<i>nitrofurantoin macrocrystal PO 50 MG, 100 MG</i>	1	
<i>nitrofurantoin monohyd macro PO</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 PO 250 MG</i>	0	QL(2 EA daily); MP
<i>chloroquine phosphate TABS PO 500 MG</i>	0	QL(8 EA per 56 day(s) retail)
DARAPRIM PO ( <i>Use pyrimethamine</i> )	NP	SP; PA
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl PO</i>	1	
<i>pyrimethamine PO</i>	1	SP; PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
FIRDAPSE	2	SP; PA
<i>pyridostigmine bromide TABS PO 60 MG</i>	1	
<i>pyridostigmine bromide TBCR PO</i>	1	
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat</b>		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
YONDELIS	2	SP; PA	LENVIMA (14 MG DAILY DOSE)	2	SP; PA
<b>Antimetabolites</b>			LENVIMA (18 MG DAILY DOSE)	2	SP; PA
<i>azacitidine SUSR</i>	1	SP; PA	LENVIMA (20 MG DAILY DOSE)	2	SP; PA
<i>capecitabine PO</i>	1	SP; PA	LENVIMA (24 MG DAILY DOSE)	2	SP; PA
<i>cladribine 10 MG/10ML</i>	1	SP; PA	LENVIMA (4 MG DAILY DOSE)	2	SP; PA
<i>cytarabine SOLN</i>	1	SP; PA	LENVIMA (8 MG DAILY DOSE)	2	SP; PA
<i>decitabine</i>	1	SP; PA	MVASI	2	SP; PA
<i>fludarabine phosphate SOLN</i>	1	SP; PA	ZALTRAP	2	SP; PA
FLUDARABINE PHOSPHATE SOLN	2	SP; PA	<b>Antineoplastic - Antibodies</b>		
<i>fludarabine phosphate SOLR</i>	1	SP; PA	ADCETRIS	2	SP; PA
FOLOTYN	2	SP; PA	ARZERRA	2	SP; PA
<i>mercaptopurine TABS PO</i>	1		BLINCYTO	2	SP; PA
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1		DARZALEX	2	SP; PA
METHOTREXATE SODIUM SOLN 50 MG/2ML	2		EMPLICITI	2	SP; PA
<i>methotrexate sodium TABS PO 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 PO	2	SP; PA	LUMOXITI	2	SP; PA
TREXALL TABS PO 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 (12 MG DAILY DOSE)	2	SP; PA	YERVOY	2	SP; PA
			ZEVALIN Y-90	2	SP; PA
			<b>Antineoplastic - Anti-HER2 Agents</b>		
			KANJINTI 420 MG	2	SP; PA
			PERJETA	2	SP; PA
			<b>Antineoplastic - BCL-2 Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK TBPK	2	SP; PA	<i>flutamide PO</i>	1	
VENCLEXTA TABS	2	SP; PA	<i>hydroxyprogesterone caproate (antineoplastic)</i>	1	QL(41.67 ML daily); AL(At least 16 yrs old); SP; PA
Antineoplastic - Cellular Immunotherapy			<i>letrozole PO</i>	1	QL(1 EA daily); MP
KYMRIAH	2	SP; PA	LEUPROLIDE ACETATE (3 MONTH) INJ	2	
PROVENGE	2	SP; PA	LEUPROLIDE ACETATE-BUPIVACAINE	2	SP; PA
YESCARTA	2	SP; PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	SP; PA
Antineoplastic - EGFR Inhibitors			LUPRON DEPOT (1-MONTH) KIT IM	2	SP; PA
ERBITUX	2	SP; PA	LUPRON DEPOT (3-MONTH) KIT IM	2	SP; PA
<i>erlotinib hcl</i>	1	SP; PA	LUPRON DEPOT (4-MONTH) IM	2	SP; PA
<i>gefitinib</i>	1	SP; PA	LUPRON DEPOT (6-MONTH) IM	2	SP; PA
GILOTRIF	2	SP; PA	LYSODREN PO	2	SP; PA
PORTRAZZA	2	SP; PA	<i>megestrol acetate SUSP PO</i>	1	
TAGRISO	2	SP; PA	<i>megestrol acetate TABS PO</i>	1	
VECTIBIX 100 MG/5ML, 400 MG/20ML	2	SP; PA	<i>tamoxifen citrate TABS PO</i>	1	MP
VIZIMPRO	2	SP; PA	<i>toremifene citrate PO</i>	1	PA
Antineoplastic - Hedgehog Pathway Inhibitors			TRELSTAR MIXJECT 11.25 MG, 22.5 MG	2	SP; PA
DAURISMO	2	SP; PA	TRELSTAR MIXJECT 3.75 MG	2	SP; PA
ERIVEDGE	2	SP; PA	XTANDI CAPS	2	SP; PA
ODOMZO PO	2	SP; PA	ZOLADEX 10.8 MG	2	SP; PA
Antineoplastic - Hormonal and Related Agents			ZOLADEX 3.6 MG	2	SP; PA
<i>abiraterone acetate</i>	1	SP; PA	Antineoplastic - Immunomodulators		
<i>anastrozole PO</i>	1	MP	POMALYST	2	SP; PA
<i>bicalutamide PO</i>	1	QL(1 EA daily)	Antineoplastic Antibiotics		
CAMCEVI	2	SP	<i>daunorubicin hcl SOLN 50 MG/10ML</i>	1	SP; PA
ELIGARD SC 22.5 MG, 30 MG, 45 MG	2	SP; PA			
ELIGARD KIT SC 7.5 MG	2	SP; PA			
EMCYT PO	2	SP; PA			
ERLEADA 60 MG	2	SP; PA			
EULEXIN PO	2				
<i>exemestane PO</i>	1				
FIRMAGON 80 MG	2	SP; PA			
FIRMAGON (240 MG DOSE)	2	SP; PA			

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

Drug Name	Drug Tier	Requirements/Limits
ACTIMMUNE 100 MCG/0.5ML	2	SP; PA
ALFERON N	2	SP; PA
arsenic trioxide 12 MG/6ML	1	SP; PA
bexarotene PO	1	SP; PA
hydroxyurea PO	1	MP
MATULANE PO	2	SP; PA
PHOTOFRIN	2	SP; PA
PROLEUKIN	2	SP; PA
SYNRIBO	2	SP; PA
tretinoin (chemotherapy) PO	1	SP; PA
Chemotherapy Adjuncts		
KEPIVANCE 6.25 MG	2	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
dexrazoxane hcl	1	SP; PA
KHAPZORY	2	SP; PA
leucovorin calcium TABS PO 5 MG, 25 MG	1	
levoleucovorin calcium SOLN	1	SP; PA
levoleucovorin calcium SOLR	1	SP; PA
mesna SOLN	1	SP; PA
mesna TABS PO 400 MG	1	SP; PA
MESNEX TABS PO	2	SP; PA
VORAXAZE	2	SP; PA
Mitotic Inhibitors		
docetaxel CONC 160 MG/8ML	1	SP; PA
DOCETAXEL CONC 160 MG/8ML	2	SP; PA
docetaxel SOLN	1	SP; PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	SP; PA
DOCIVYX SOLN	2	SP; PA

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate TABS PO</i>	1	
<i>thioridazine hcl PO</i>	1	
<i>trifluoperazine hcl TABS PO</i>	1	
<b>Quinolinone Derivatives</b>		
ABILIFY ASIMTUFII PRSY	2	AL(At least 18 yrs old); SP
ABILIFY MAINTENA PRSY	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MAINTENA SRER	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MYCITE MAINTENANCE KIT	NP	SP
ABILIFY MYCITE STARTER KIT	NP	SP
<i>aripiprazole SOLN PO</i>	1	QL(30 ML daily)
<i>aripiprazole TABS PO</i>	1	QL(1 EA daily)
<i>aripiprazole TBDP PO</i>	1	QL(2 EA daily)
ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	2	QL(1 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
<b>Thioxanthenes</b>		
<i>thiothixene PO</i>	1	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate-lamivudine PO</i>	0	QL(1 EA daily)
<i>abacavir sulfate SOLN PO</i>	0	QL(30 ML daily)
<i>abacavir sulfate TABS PO</i>	0	QL(2 EA daily)
APTIVUS CAPS	0	QL(4 EA daily)
<i>atazanavir sulfate CAPS PO</i>	0	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ATRIPLA PO ( <i>Use efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> )	0	QL(1 EA daily)	EPIVIR TABS PO 300 MG ( <i>Use lamivudine</i> )	0	QL(1 EA daily)
BIKTARVY 120 MG-30 MG-15 MG	2		EPZICOM PO ( <i>Use abacavir sulfate-lamivudine</i> )	0	QL(1 EA daily)
BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 EA daily)	<i>etravirine PO 100 MG</i>	0	QL(4 EA daily)
COMBIVIR PO ( <i>Use lamivudine-zidovudine</i> )	0	QL(2 EA daily)	<i>etravirine PO 200 MG</i>	0	QL(2 EA daily)
COMPLERA	0	QL(1 EA daily)	EVOTAZ	0	QL(1 EA daily)
<i>darunavir TABS</i>	0	QL(2 EA daily)	<i>fosamprenavir calcium TABS PO</i>	0	QL(4 EA daily)
DELSTRIGO	0	QL(1 EA daily)	GENVOYA	0	QL(1 EA daily)
DESCOVY 200 MG-25 MG	0	QL(1 EA daily)	INTELENCE PO 200 MG ( <i>Use etravirine</i> )	0	QL(2 EA daily)
DESCOVY 120 MG-15 MG	2		INTELENCE PO	0	QL(4 EA daily)
DOVATO	0		INTELENCE PO ( <i>Use etravirine</i> )	0	QL(4 EA daily)
EDURANT	0	QL(1 EA daily)	ISENTRESS CHEW 100 MG	0	QL(6 EA daily)
<i>efavirenz CAPS PO 50 MG</i>	0	QL(2 EA daily)	ISENTRESS CHEW 25 MG	0	QL(12 EA daily)
<i>efavirenz CAPS PO 200 MG</i>	0	QL(1 EA daily)	ISENTRESS PACK PO	0	QL(2 EA daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate PO</i>	0	QL(1 EA daily)	ISENTRESS TABS PO	0	QL(2 EA daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)	KALETRA SOLN PO ( <i>Use lopinavir-ritonavir</i> )	0	QL(160 ML per fill retail)
<i>efavirenz TABS PO</i>	0	QL(1 EA daily)	KALETRA TABS PO 50 MG-200 MG ( <i>Use lopinavir-ritonavir</i> )	0	QL(6 EA daily)
<i>emtricitabine CAPS PO</i>	0	QL(1 EA daily)	KALETRA TABS PO 25 MG-100 MG ( <i>Use lopinavir-ritonavir</i> )	0	QL(4 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate PO</i>	0	QL(1 EA daily)	<i>lamivudine SOLN PO</i>	0	QL(30 ML daily)
EMTRIVA CAPS PO ( <i>Use emtricitabine</i> )	0	QL(1 EA daily)	<i>lamivudine TABS PO 300 MG</i>	0	QL(1 EA daily)
EMTRIVA SOLN	0	QL(24 ML daily)	<i>lamivudine TABS PO 150 MG</i>	0	QL(2 EA daily)
EPIVIR SOLN PO ( <i>Use lamivudine</i> )	0	QL(30 ML daily)	<i>lamivudine-zidovudine PO</i>	0	QL(2 EA daily)
EPIVIR TABS PO 150 MG ( <i>Use lamivudine</i> )	0	QL(2 EA daily)	LEXIVA SUSP PO	0	QL(56 ML daily)
			LEXIVA TABS PO ( <i>Use fosamprenavir calcium</i> )	0	QL(4 EA daily)



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir SOLN PO</i>	0	QL(160 ML per fill retail)	<i>ritonavir TABS PO</i>	0	QL(12 EA daily)
<i>lopinavir-ritonavir TABS PO 50 MG-200 MG</i>	0	QL(6 EA daily)	RUKOBIA	0	
<i>lopinavir-ritonavir TABS PO 25 MG-100 MG</i>	0	QL(4 EA daily)	SELZENTRY SOLN	0	QL(35 ML daily)
<i>maraviroc TABS PO 150 MG</i>	0	QL(2 EA daily)	SELZENTRY TABS PO 25 MG, 75 MG	NP	
<i>maraviroc TABS PO 300 MG</i>	0	QL(4 EA daily)	<i>stavudine CAPS PO</i>	0	QL(2 EA daily)
<i>nevirapine SUSP PO</i>	0	QL(40 ML daily)	STRIBILD	0	
<i>nevirapine TABS PO</i>	0	QL(2 EA daily)	SUNLENCA TBP 300 MG	2	SP
<i>nevirapine TB24 PO 400 MG</i>	0	QL(1 EA daily)	SUSTIVA CAPS PO 50 MG (Use efavirenz)	0	QL(2 EA daily)
<i>nevirapine TB24 PO 100 MG</i>	0	QL(3 EA daily)	SUSTIVA CAPS PO 200 MG (Use efavirenz)	0	QL(1 EA daily)
NORVIR CAPS PO	0	QL(12 EA daily)	SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	0	QL(1 EA daily)
NORVIR PACK	0		SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	0	QL(1 EA daily)
NORVIR SOLN	0	QL(15 ML daily)	SYMTUZA	0	QL(1 EA daily)
NORVIR TABS PO (Use ritonavir)	0	QL(12 EA daily)	<i>tenofovir disoproxil fumarate TABS PO</i>	0	QL(1 EA daily)
ODEFSEY	0		TIVICAY PD TBSO	0	
PIFELTRO	0	QL(1 EA daily)	TIVICAY TABS	0	
PREZCOBIX	0	QL(1 EA daily)	TRIUMEQ PD TBSO	0	
PREZISTA SUSP	0	QL(12 ML daily)	TRIUMEQ TABS	0	
PREZISTA TABS (Use darunavir)	0	QL(2 EA daily)	TRIZIVIR PO	0	QL(2 EA daily)
PREZISTA TABS 150 MG	0	QL(3 EA daily)	TRUVADA PO (Use emtricitabine-tenofovir disoproxil fumarate)	0	QL(1 EA daily)
PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 EA daily)	TYBOST	0	QL(1 EA daily)
RETROVIR CAPS PO (Use zidovudine)	0	QL(6 EA daily)	VIRACEPT TABS PO 250 MG	0	QL(9 EA daily)
RETROVIR SYRP PO (Use zidovudine)	0	QL(60 ML daily)	VIRACEPT TABS PO 625 MG	0	QL(4 EA daily)
REYATAZ CAPS PO 200 MG, 300 MG (Use atazanavir sulfate)	0	QL(2 EA daily)	VIREAD POWD	0	
REYATAZ PACK	0	QL(6 EA daily)	VIREAD TABS PO (Use tenofovir disoproxil fumarate)	0	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
VIREAD TABS PO	0	QL(1 EA daily)
ZIAGEN SOLN PO ( <i>Use abacavir sulfate</i> )	0	QL(30 ML daily)
ZIAGEN TABS PO ( <i>Use abacavir sulfate</i> )	0	QL(2 EA daily)
<i>zidovudine CAPS PO</i>	0	QL(6 EA daily)
<i>zidovudine SYRP PO</i>	0	QL(60 ML daily)
<i>zidovudine TABS PO</i>	0	QL(2 EA daily)
<b>Antiviral Combinations</b>		
PAXLOVID (150/100)	0	
PAXLOVID (300/100)	0	
<b>CMV Agents</b>		
PREVYMIS SOLN	2	SP; PA
PREVYMIS TABS	2	SP; PA
<i>valganciclovir hcl TABS PO</i>	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 PO	2	SP
PEGASYS SOLN	2	SP; PA
PEGASYS SOSY	2	SP; PA
<i>ribavirin (hepatitis c) CAPS PO</i>	1	SP; PA
<i>ribavirin (hepatitis c) TABS PO 200 MG</i>	1	SP; PA
SOFOSBUVIR-VELPATASVIR TABS	2	SP
SOVALDI PACK	NP	SP; PA
SOVALDI TABS	NP	SP; PA
VIEKIRA PAK TBPK	NP	SP; PA
VOSEVI	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ZEPATIER	NP	SP; PA
<b>Herpes Agents</b>		
<i>acyclovir CAPS PO</i>	1	QL(50 EA per 30 day(s) retail)
<i>acyclovir SUSP PO</i>	1	QL(400 ML per 30 day(s) retail)
<i>acyclovir TABS PO 400 MG</i>	1	QL(3 EA daily)
<i>acyclovir TABS PO 800 MG</i>	1	QL(50 EA per 30 day(s) retail)
<i>famciclovir PO</i>	1	
<i>valacyclovir hcl PO 500 MG</i>	1	QL(2 EA daily)
<i>valacyclovir hcl PO 1 GM</i>	1	QL(42 EA per 21 day(s) retail)
<b>Influenza Agents</b>		
<i>oseltamivir phosphate CAPS PO 30 MG</i>	1	QL(20 EA per fill retail)
<i>oseltamivir phosphate CAPS PO 45 MG, 75 MG</i>	1	QL(10 EA per fill retail)
<i>oseltamivir phosphate SUSR PO</i>	1	QL(120 ML per fill retail)
<i>rimantadine hydrochloride TABS PO</i>	1	PA
XOFLUZA (40 MG DOSE) PO 40 MG	NP	
XOFLUZA (80 MG DOSE) PO 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 PO 25 MG</i>	1	QL(4 EA daily); MP
<i>carvedilol PO 3.125 MG, 6.25 MG, 12.5 MG</i>	1	QL(3 EA daily); MP
<i>carvedilol phosphate PO</i>	1	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl TABS PO 100 MG</i>	1	QL(3 EA daily); MP
<i>labetalol hcl TABS PO 200 MG</i>	1	QL(6 EA daily); MP
<i>labetalol hcl TABS PO 300 MG</i>	1	QL(8 EA daily); MP
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl CAPS PO</i>	1	MP
<i>atenolol TABS PO</i>	1	QL(2 EA daily); MP
<i>betaxolol hcl PO</i>	1	
<i>bisoprolol fumarate PO</i>	1	QL(1 EA daily); MP
<i>metoprolol succinate TB24 PO 25 MG, 50 MG, 100 MG</i>	1	QL(4 EA daily); MP
<i>metoprolol succinate TB24 PO 200 MG</i>	1	QL(2 EA daily); MP
<i>metoprolol tartrate TABS PO 100 MG</i>	1	QL(4.5 EA daily); MP
<i>metoprolol tartrate TABS PO 37.5 MG, 75 MG</i>	1	
<i>metoprolol tartrate TABS PO 25 MG, 50 MG</i>	1	QL(4 EA daily); MP
<b>Beta Blockers Non-Selective</b>		
<i>nadolol TABS PO 20 MG, 40 MG, 80 MG</i>	1	MP
<i>pindolol TABS PO</i>	1	MP
<i>propranolol hcl CP24 PO</i>	1	QL(2 EA daily); MP
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	MP
<i>propranolol hcl TABS PO</i>	1	MP
<i>sotalol hcl (afib/af) PO</i>	1	QL(2 EA daily); MP
<i>sotalol hcl TABS PO 240 MG</i>	1	MP
<i>sotalol hcl TABS PO 80 MG, 120 MG, 160 MG</i>	1	QL(2 EA daily); MP
<i>timolol maleate TABS PO</i>	1	MP

**CALCIUM CHANNEL BLOCKERS - Drugs to Treat**

Drug Name	Drug Tier	Requirements/Limits
<b>High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
<i>amlodipine besylate TABS PO</i>	1	QL(1 EA daily); MP
CONJUPRI (Use <i>levamlodipine maleate</i> )	2	
<i>diltiazem hcl coated beads CP24 PO 360 MG</i>	1	MP
<i>diltiazem hcl coated beads CP24 PO 120 MG, 180 MG, 300 MG</i>	1	QL(1 EA daily); MP
<i>diltiazem hcl coated beads CP24 PO 240 MG</i>	1	QL(2 EA daily); MP
<i>diltiazem hcl extended release beads PO</i>	1	QL(1 EA daily); MP
<i>diltiazem hcl CP12 PO</i>	1	QL(2 EA daily); MP
<i>diltiazem hcl CP24 PO 180 MG</i>	1	MP
<i>diltiazem hcl CP24 PO 120 MG, 240 MG</i>	1	QL(1 EA daily); MP
<i>diltiazem hcl TABS PO</i>	1	QL(3 EA daily); MP
<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	1	MP
<i>felodipine PO</i>	1	QL(1 EA daily); MP
<i>isradipine CAPS PO</i>	1	
<i>levamlodipine maleate</i>	1	
<i>nicardipine hcl CAPS PO</i>	1	MP
<i>nifedipine CAPS PO</i>	1	QL(4 EA daily); MP
<i>nifedipine TB24 PO 30 MG, 90 MG</i>	1	QL(1 EA daily); MP
<i>nifedipine TB24 PO 60 MG</i>	1	QL(2 EA daily); MP
<i>nimodipine CAPS PO</i>	1	
<i>nisoldipine PO</i>	1	
NORLIQVA SOLN	NP	

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

### CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm

#### Cardiac Glycosides

digoxin SOLN PO 0.05 MG/ML	1	MP
digoxin TABS PO 125 MCG, 250 MCG	1	MP
LANOXIN TABS PO 125 MCG, 250 MCG (Use digoxin)	2	MP

### CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions

#### Cardiovascular Agents Misc. - Combinations

amlodipine besylate-atorvastatin calcium PO	1	
ENTRESTO TABS PO	2	

#### Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors

INPEFA	NP	
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#### Prostaglandin Vasodilators

Drug Name	Drug Tier	Requirements/Limits
epoprostenol sodium	1	SP; PA
ORENITRAM MONTH 1 TEPK	NP	SP
ORENITRAM MONTH 2 TEPK	NP	SP
ORENITRAM MONTH 3 TEPK	NP	SP
REMODULIN SOLN IJ	NP	SP; PA
treprostinil SOLN IJ	1	SP; PA

### Pulmonary Hypertension - Endothelin Receptor Antagonists

ambrisentan PO	1	SP
bosentan TABS	1	SP
LETAIRIS PO (Use ambrisentan)	NP	SP
TRACLEER TABS (Use bosentan)	NP	SP

### Pulmonary Hypertension - Phosphodiesterase Inhibitors

LIQREV SUSP	NP	SP
sildenafil citrate (pulmonary hypertension) SOLN	1	SP; PA
sildenafil citrate (pulmonary hypertension) SUSR	1	SP; PA
sildenafil citrate (pulmonary hypertension) TABS PO	1	SP; PA
tadalafil (pulmonary hypertension) TABS PO	1	SP; PA
TADLIQ SUSP	NP	SP; PA

### Transthyretin Stabilizers

VYNDAMAX	2	QL(1 EA daily); SP; PA
VYNDAQEL	2	QL(4 EA daily); SP; PA

### CEPHALOSPORINS - Drugs to Treat Bacterial Infections

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>norgestrel &amp; ethinyl estradiol PO 30 MCG-0.3 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
SAFYRAL PO 0.03 MG-3 MG-0.451 MG	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
TYBLUME CHEW	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol</i>	0	PV
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Emergency Contraceptives		
ELLA PO	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel (emergency oc) PO 1.5 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Progestin Contraceptives - Implants		
NEXPLANON	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSY SC	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV
<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
Progestin Contraceptives - IUD		
KYLEENA	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
LILETTA (52 MG)	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 (52 MG)	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	<i>dexamethasone ELIX PO</i>	1	
SKYLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	<i>dexamethasone SOLN PO</i>	1	
			<i>dexamethasone TABS PO 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG</i>	1	
Progestin Contraceptives - Oral			<i>hydrocortisone TABS PO</i>	1	
<i>norethindrone (contraceptive) PO</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>methylprednisolone TABS PO 4 MG, 8 MG</i>	1	
			<i>methylprednisolone TBPk PO</i>	1	
			<i>prednisolone sodium phosphate SOLN PO</i>	1	
			<i>prednisolone sodium phosphate SOLN PO 20 MG/5ML</i>	1	QL(150 ML per fill retail)
			<i>prednisolone sodium phosphate SOLN PO 15 MG/5ML</i>	1	QL(240 ML per fill retail)
			<i>prednisolone SOLN</i>	1	
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>			PREDNISONE INTENSOL CONC	2	
Glucocorticosteroids			<i>prednisone SOLN PO</i>	1	
<i>budesonide TB24 PO</i>	1		<i>prednisone TABS PO</i>	1	
CORTISONE ACETATE TABS PO	2		<i>prednisone TBPk PO</i>	1	
<i>deflazacort SUSP PO</i>	1	SP; PA	ZILRETTA SRER	2	SP; PA
<i>deflazacort TABS PO</i>	1	SP; PA	Mineralocorticoids		
DEXAMETHASONE INTENSOL CONC	2		<i>fludrocortisone acetate TABS PO</i>	1	
<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)	<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	2	QL(150 ML per 30 day(s) retail)	Antitussives		
			<i>benzonatate PO 200 MG</i>	1	QL(1 EA daily); 1 max fill(s) per 30 day(s) retail; AL(At least 10 yrs old)



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

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

Drug Name	Drug Tier	Requirements/Limits
<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 GM per fill retail)
<b>Antihistamines-Topical</b>		
ITCH RELIEF CREA	2	
<b>Anti-inflammatory Agents - Topical</b>		
<i>diclofenac sodium (topical) GEL EX</i>	1	QL(6.68 GM daily); RX/OTC
<b>Antineoplastic or Premalignant Lesion Agents - Topical</b>		
<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
<b>Antipruritics - Topical</b>		
<i>camphor &amp; menthol LOTN</i>	1	QL(59 ML per fill retail)
<b>Antipsoriatics</b>		

Drug Name	Drug Tier	Requirements/Limits
BIMZELX SOAJ 160 MG/ML	NP	SP; PA
BIMZELX SOSY 160 MG/ML	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 (300 MG DOSE) SOSY	NP	SP; PA
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP; PA
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA
COSENTYX UNOREADY SOAJ	NP	SP; PA
COSENTYX SOLN	NP	SP; PA
COSENTYX SOSY	NP	SP; PA
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	
<b>Antiseborrheic Products</b>		
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>selenium sulfide SHAM 1 %</i>	1	QL(240 ML per fill retail)
<i>sulfacetamide sodium LIQD</i>	1	QL(480 ML per fill retail)
Antivirals - Topical		
<i>acyclovir topical CREA</i>	1	QL(1 GM daily)
<i>acyclovir topical OINT</i>	1	
<i>DENAVIR (Use penciclovir)</i>	2	
<i>penciclovir</i>	1	
<i>ZOVIRAX CREA (Use acyclovir topical)</i>	2	QL(1 GM daily)
<i>ZOVIRAX OINT (Use acyclovir topical)</i>	2	
Burn Products		
<i>silver sulfadiazine</i>	1	QL(85 GM per fill retail)
Corticosteroids - Topical		
<i>alclometasone dipropionate CREA</i>	1	
<i>alclometasone dipropionate OINT</i>	1	
<i>amcinonide CREA</i>	1	
<i>amcinonide LOTN</i>	1	
<i>amcinonide OINT</i>	1	
<i>betamethasone dipropionate (topical) CREA</i>	1	1 package(s) per 30 day(s) retail
<i>betamethasone dipropionate (topical) LOTN</i>	1	
<i>betamethasone dipropionate (topical) OINT</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1	QL(50 GM per fill retail)
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented LOTN</i>	1	
<i>betamethasone dipropionate augmented OINT</i>	1	
<i>betamethasone valerate CREA</i>	1	QL(45 GM per fill retail)
<i>betamethasone valerate FOAM</i>	1	
<i>betamethasone valerate LOTN</i>	1	QL(60 ML per fill retail)
<i>betamethasone valerate OINT</i>	1	QL(45 GM per fill retail)
<i>calcipotriene-betamethasone dipropionate OINT</i>	1	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	
<i>clobetasol propionate emollient base 0.05 %</i>	1	QL(60 GM per fill retail)
<i>clobetasol propionate emulsion</i>	1	
<i>clobetasol propionate CREA 0.05 %</i>	1	QL(60 GM per fill retail)
<i>clobetasol propionate FOAM</i>	1	
<i>clobetasol propionate GEL 0.05 %</i>	1	QL(60 GM per fill retail)
<i>clobetasol propionate LIQD</i>	1	
<i>clobetasol propionate LOTN</i>	1	
<i>clobetasol propionate OINT 0.05 %</i>	1	QL(60 GM per fill retail)
<i>clobetasol propionate SHAM</i>	1	
<i>clobetasol propionate SOLN 0.05 %</i>	1	QL(50 ML per fill retail)
<i>clocortolone pivalate</i>	1	
<i>CLODERM (Use clocortolone pivalate)</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>desonide CREA</i>	1	1 package(s) per fill retail
<i>desonide LOTN</i>	1	
<i>desonide OINT</i>	1	1 package(s) per fill retail
<i>desoximetasone CREA 0.05 %</i>	1	QL(60 GM per fill retail)
<i>desoximetasone CREA 0.25 %</i>	1	
<i>desoximetasone GEL</i>	1	
<i>desoximetasone LIQD</i>	1	
<i>desoximetasone OINT</i>	1	
<i>diflorasone diacetate CREA</i>	1	QL(60 GM per fill retail)
<i>diflorasone diacetate OINT</i>	1	QL(60 GM per fill retail)
EPIFOAM FOAM	2	
<i>fluocinolone acetonide CREA</i>	1	
<i>fluocinolone acetonide OIL</i>	1	
<i>fluocinolone acetonide OINT</i>	1	
<i>fluocinolone acetonide SOLN</i>	1	
<i>fluocinonide emulsified base</i>	1	QL(60 GM per fill retail)
<i>fluocinonide CREA 0.05 %</i>	1	QL(60 GM per fill retail)
<i>fluocinonide CREA 0.1 %</i>	1	
<i>fluocinonide GEL</i>	1	QL(60 GM per fill retail)
<i>fluocinonide OINT</i>	1	QL(60 GM per fill retail)
<i>fluocinonide SOLN</i>	1	QL(60 ML per fill retail)
<i>flurandrenolide CREA</i>	1	
<i>flurandrenolide LOTN</i>	1	
<i>flurandrenolide OINT</i>	1	
<i>fluticasone propionate CREA 0.05 %</i>	1	QL(60 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate LOTN</i>	1	
<i>fluticasone propionate OINT</i>	1	QL(60 GM per fill retail)
<i>halcinonide CREA</i>	1	
<i>halobetasol propionate CREA</i>	1	
<i>halobetasol propionate FOAM</i>	2	
<i>halobetasol propionate FOAM</i>	1	
<i>halobetasol propionate OINT</i>	1	
<i>hydrocortisone (topical) CREA 2.5 %</i>	1	QL(453.6 GM per fill retail)
<i>hydrocortisone (topical) CREA 0.5 %</i>	1	QL(30 GM per fill retail)
<i>hydrocortisone (topical) CREA 1 %</i>	1	QL(85.2 GM per fill retail); RX/OTC
<i>hydrocortisone (topical) LOTN 1 %</i>	1	QL(99 GM per fill retail)
<i>hydrocortisone (topical) LOTN 2.5 %</i>	1	QL(59 ML per fill retail)
<i>hydrocortisone (topical) OINT 1 %</i>	1	QL(2 GM daily; 56 GM per fill retail); RX/OTC
<i>hydrocortisone (topical) OINT 2.5 %</i>	1	QL(454 GM per fill retail)
<i>hydrocortisone (topical) OINT 0.5 %</i>	1	
<i>hydrocortisone (topical) SOLN 1 %</i>	1	
<i>hydrocortisone acetate (topical) CREA 1 %</i>	1	
<i>hydrocortisone acetate (topical) OINT</i>	1	
HYDROCORTISONE ACETATE CREA	2	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	
<i>hydrocortisone butyrate CREA</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate</i> LOTN	1	
<i>hydrocortisone butyrate</i> OINT	1	
<i>hydrocortisone butyrate</i> SOLN	1	QL(60 ML per fill retail)
<i>hydrocortisone valerate</i> CREA	1	
<i>hydrocortisone valerate</i> OINT	1	
HYDROXATE GEL	NP	
HYDROXYM GEL	NP	
IMPEKLO LOTN	NP	
LOCOID LIPOCREAM	NP	
<i>mometasone furoate</i> CREA	1	QL(50 GM per fill retail)
<i>mometasone furoate</i> OINT	1	QL(45 GM per fill retail)
<i>mometasone furoate</i> SOLN	1	QL(60 ML per fill retail)
<i>prednicarbate</i> OINT	1	QL(60 GM per fill retail)
TACLONEX SUSP ( <i>Use calcipotriene-betamethasone dipropionate</i> )	NP	
<i>triamcinolone acetonide (topical)</i> AERS	1	
<i>triamcinolone acetonide (topical)</i> CREA 0.025 %	1	QL(160 GM per fill retail)
<i>triamcinolone acetonide (topical)</i> CREA 0.5 %	1	QL(15 GM per fill retail)
<i>triamcinolone acetonide (topical)</i> CREA 0.1 %	1	QL(85.2 GM per fill retail)
<i>triamcinolone acetonide (topical)</i> LOTN	1	QL(60 ML per fill retail)
<i>triamcinolone acetonide (topical)</i> OINT 0.05 %	1	
<i>triamcinolone acetonide (topical)</i> OINT 0.025 %, 0.1 %	1	QL(80 GM per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical)</i> OINT 0.5 %	1	QL(15 GM per fill retail)
<i>triamcinolone acetonide-dimethicone-silicone</i>	1	
Eczema Agents		
ADBRY SOSY	2	SP; PA
CIBINQO	NP	SP; PA
DUPIXENT SOAJ	2	SP; PA
DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML	2	SP; PA
OPZELURA	NP	PA
Emollient/Keratolytic Agents		
<i>urea</i> CREA 40 %	1	QL(85.05 GM per fill retail); RX/OTC
<i>urea</i> LOTN 40 %	1	QL(325 GM per fill retail)
Emollients		
<i>lactic acid (ammonium lactate)</i> CREA	1	QL(385 GM per fill retail); RX/OTC
<i>lactic acid (ammonium lactate)</i> LOTN 12 %	1	QL(57 GM per fill retail); RX/OTC
Hair Growth Agents		
LITFULO	NP	SP; PA
Immunomodulating Agents - Topical		
<i>imiquimod</i> 5 %	1	QL(48 EA per 180 day(s) retail)
Immunosuppressive Agents - Topical		
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

Drug Name	Drug Tier	Requirements/Limits
PROTOPIC OINT 0.03 % (Use tacrolimus (topical))	2	QL(1 GM daily); AL(At least 2 yrs old); PA
PROTOPIC OINT 0.1 % (Use tacrolimus (topical))	2	PA
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(1 GM daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT 0.1 %</i>	1	PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox SOLN</i>	1	QL(4 ML per fill retail)
<i>salicylic acid GEL 6 %</i>	1	QL(40 GM per fill retail)
Local Anesthetics - Topical		
<i>capsaicin CREA 0.025 %, 0.075 %</i>	1	QL(60 GM per fill retail)
<i>capsaicin CREA 0.1 %</i>	1	QL(56.6 GM per fill retail)
CAPZASIN-P CREA	2	QL(42.5 GM per fill retail)
CASTIVA WARMING LOTN	2	QL(113 GM per fill retail)
<i>dibucaine</i>	1	QL(56.7 GM per fill retail)
<i>lidocaine hcl CREA 3 %</i>	1	QL(85 GM per fill retail)
<i>lidocaine hcl CREA 4 %</i>	1	QL(63 GM per fill retail)
<i>lidocaine hcl GEL 2 %</i>	1	QL(85 ML per fill retail); RX/OTC
<i>lidocaine hcl PRSY</i>	1	QL(85 ML per fill retail)
<i>lidocaine CREA 4 %</i>	1	QL(76.5 GM per fill retail)
LIDOCAINE CREA	2	QL(85 GM per fill retail)
<i>lidocaine-prilocaine CREA</i>	1	QL(5800 GM per fill retail)
Misc. Topical		
CVS LANOLIN CREA	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lanolin (topical) CREA</i>	1	
LANOLOR CREA	2	
<i>zinc oxide (topical) OINT 20 %</i>	1	QL(60 GM per fill retail)
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	
LICEMD GEL	2	
<i>lindane SHAM</i>	1	
<i>malathion</i>	1	QL(59 ML per fill retail); 2 max fill(s) per 30 day(s) retail
NATROBA (Use <i>spinosad</i> )	2	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)
NIX LICE KILLING SPRAY LIQD XX	2	
<i>permethrin AERO</i>	1	
<i>permethrin CREA</i>	1	QL(60 GM per fill retail)
<i>permethrin LIQD EX</i>	1	
<i>pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %</i>	1	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	1	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	1	
SCHOOLTIME SHAMPOO SHAM	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SKLICE (Use ivermectin (pediculicide))	NP		COVID-19 AT-HOME TEST KIT	0	
spinosad	1	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)	COVID-19 OTC ANTIGEN 1-PACK KIT	0	
Tar Products			COVID-19 OTC ANTIGEN 2-PACK KIT	0	
coal tar extract SHAM 0.5 %	1		CVS COVID-19 AT HOME TEST KIT KIT	0	
Wound Care Products			DIATRUST COVID-19 HOME TEST KIT	0	
APLIGRAF DISK	2	PA	ELLUME COVID-19 HOME TEST KIT	0	
<b>DIAGNOSTIC PRODUCTS</b>			FASTEP COVID-19 ANTIGEN TEST KIT	0	
Diagnostic Drugs			FLOWFLEX COVID-19 AG HOME TEST KIT	0	
cosyntropin SOLR	1	SP; PA	GENABIO COVID-19 RAPID TEST KIT	0	
THYROGEN 0.9 MG	2	SP; PA	GOTOKNOW COVID-19 ANTIGEN RAPI KIT	0	
Diagnostic Tests			ID NOW COVID-19	0	
ACCUA SARS-COV-2	0		ID NOW COVID-19 2.0 CONTROL	0	RX/OTC
ADVIN COVID-19 ANTIGEN TEST KIT	0		ID NOW COVID-19 2.0 TEST	0	
BD VERITOR SYSTEM SARS-COV-2	0		ID NOW COVID-19 CONTROL	0	RX/OTC
BINAXNOW COVID-19 AG CARD	0		IHEALTH COVID-19 RAPID TEST KIT	0	
BINAXNOW COVID-19 AG HOME TEST KIT	0		INDICAID COVID-19 RAPID TEST KIT	0	
CARESTART COVID-19 HOME TEST KIT	0		INTELISWAB COVID-19 RAPID TEST KIT	0	
CHEMSTRIP K STRP	2		KETONE TEST STRP	2	
CLEARDETECT COVID-19 AG HOME KIT	0		KETOSTIX STRP	2	
CLINITEST RAPID COVID-19 TEST KIT	0		LUCIRA CHECK IT COVID-19 TEST KIT	0	RX/OTC
COBAS LIAT SARS-COV-2 ASSAY	0		LUCIRA COVID-19 ALL-IN-ONE KIT	0	RX/OTC
COBAS LIAT SARS-COV-2 CONTROL	0	RX/OTC	LYRA DIRECT SARS-COV-2 ASSAY	0	
COVID-19 AT HOME ANTIGEN TEST KIT	0				



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LYRA SARS-COV-2 ASSAY	0		ONETOUCH VERIO STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
OHC COVID-19 ANTIGEN SELF TEST KIT	0		ONETOUCH VERIO STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
ON/GO COVID-19 ANTIGEN TEST KIT	0		PILOT COVID-19 AT-HOME TEST KIT	0	
ON/GO ONE COVID-19 HOME TEST KIT	0		QUICKVUE AT-HOME COVID-19 TEST KIT	0	
ONETOUCH ULTRA BLUE TEST STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC	QUICKVUE SARS ANTIGEN TEST	0	
ONETOUCH ULTRA TEST STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC	RAPID RESPONSE COVID-19	0	
ONETOUCH ULTRA STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC	RELION KETONE TEST STRP	2	
			SOFIA SARS ANTIGEN FIA	0	
			SOFIA2 SARS ANTIGEN FIA	0	
			SPEEDY SWAB COVID-19 ANTIGEN KIT	0	
			XPRT XPRESS SARS-COV-2	0	
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>					
Digestive Enzymes					
			CREON CPEP PO	2	

Drug Name	Drug Tier	Requirements/Limits
SUCRAID PO	2	SP; PA
ZENPEP CPEP PO 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT- 126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT- 5000 UNIT, 252600 UNIT- 189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT- 47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT- 20000 UNIT	2	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12 PO</i>	1	MP
<i>acetazolamide TABS PO</i>	1	MP
<i>methazolamide TABS PO</i>	1	MP
Diuretic Combinations		
<i>amiloride &amp; hydrochlorothiazide PO</i>	1	QL(1 EA daily)
<i>spironolactone &amp; hydrochlorothiazide PO</i>	1	MP
<i>triamterene &amp; hydrochlorothiazide CAPS PO 25 MG-37.5 MG</i>	1	QL(1 EA daily); MP
<i>triamterene &amp; hydrochlorothiazide TABS PO</i>	1	QL(1 EA daily); MP
Loop Diuretics		
<i>bumetanide TABS PO</i>	1	MP
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	MP
<i>furosemide TABS PO</i>	1	MP
SOAANZ TABS PO 20 MG	2	MP
<i>torseamide TABS PO 20 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>torseamide TABS PO 5 MG, 10 MG, 100 MG</i>	1	QL(1 EA daily); MP
Potassium Sparing Diuretics		
<i>amiloride hcl TABS PO</i>	1	QL(4 EA daily)
<i>spironolactone TABS PO</i>	1	MP
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone PO 25 MG, 50 MG</i>	1	MP
<i>hydrochlorothiazide CAPS PO</i>	1	MP
<i>hydrochlorothiazide TABS PO 25 MG, 50 MG</i>	1	MP
<i>indapamide TABS PO 1.25 MG, 2.5 MG</i>	1	MP
<i>metolazone PO</i>	1	MP
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
Bone Density Regulators		
<i>alendronate sodium SOLN PO</i>	1	QL(10.8 ML daily); MP
<i>alendronate sodium TABS PO 35 MG, 70 MG</i>	1	QL(0.15 EA daily); MP
<i>alendronate sodium TABS PO 5 MG, 10 MG</i>	1	QL(1 EA daily); MP
<i>calcitonin (salmon) NA</i>	1	QL(4 ML per 30 day(s) retail)
<i>calcitonin (salmon) IJ</i>	1	QL(2 ML per 30 day(s) retail)
EVENITY	2	SP; PA
<i>ibandronate sodium SOLN</i>	1	SP; PA
<i>ibandronate sodium TABS PO</i>	1	PA
NATPARA	2	SP; PA
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	1	SP; PA
PAMIDRONATE DISODIUM SOLN	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROLIA SOSY	2	SP; PA	OMNITROPE SOCT	NP	SP; PA
<i>risedronate sodium TABS PO 5 MG, 30 MG</i>	1	QL(1 EA daily)	SKYTROFA	NP	SP; PA
<i>risedronate sodium TABS PO 35 MG</i>	1	4 per 28 days; QL(4 EA per 28 day(s) retail)	SOGROYA	2	SP; PA
<i>risedronate sodium TABS PO 150 MG</i>	1		Hormone Receptor Modulators		
<i>risedronate sodium TBEC PO</i>	1		<i>raloxifene hcl PO</i>	1	QL(1 EA daily)
<i>teriparatide SOPN</i>	1	SP; PA	Insulin-Like Growth Factors (Somatomedins)		
XGEVA SOLN	2	SP; PA	INCRELEX	2	SP; PA
<i>zoledronic acid CONC</i>	1	SP; PA	LHRH/GnRH Agonist Analog Pituitary Suppressants		
<i>zoledronic acid SOLN 4 MG/100ML</i>	1	SP; PA	FENSOLVI (6 MONTH) SC	2	SP; PA
<i>zoledronic acid SOLN 5 MG/100ML</i>	1	SP; PA	LUPRON DEPOT-PED (1-MONTH)	2	SP; PA
ZOLEDRONIC ACID SOLN	2	SP; PA	LUPRON DEPOT-PED (3-MONTH)	2	SP; PA
Corticotropin			LUPRON DEPOT-PED (6-MONTH) IM	2	SP; PA
ACTHAR GEL	2	SP; PA	SUPPRELIN LA	NP	SP; PA
CORTROPHIN GEL	2	SP; PA	SYNAREL	2	SP; PA
Fertility Regulators			Metabolic Modifiers		
CHORIONIC GONADOTROPIN IM	2	PA	ALDURAZYME	2	SP; PA
NOVAREL IM	2	PA	<i>betaine PO</i>	1	SP; PA
PREGNYL IM	2	PA	BUPHENYL POWD PO (Use sodium phenylbutyrate)	2	SP; PA
GnRH/LHRH Antagonists			BUPHENYL TABS PO (Use sodium phenylbutyrate)	2	SP; PA
ORLISSA	2	SP; PA	<i>calcitriol CAPS PO</i>	1	
Growth Hormone Receptor Antagonists			CARBAGLU (Use carglumic acid)	2	SP; PA
SOMAVERT	2	SP; PA	<i>carglumic acid</i>	1	SP; PA
Growth Hormones			<i>cinacalcet hcl PO</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

Drug Name	Drug Tier	Requirements/Limits
KANUMA	2	SP; PA
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	QL(30 ML daily)
<i>levocarnitine (metabolic modifiers) TABS PO</i>	1	QL(3 EA daily)
LUMIZYME	2	SP; PA
MYALEPT	2	SP; PA
NAGLAZYME	2	SP; PA
<i>nitisinone CAPS PO</i>	1	SP; PA
OLPRUVA (2 GM DOSE) THPK	NP	SP
OLPRUVA (3 GM DOSE) THPK	NP	SP
OLPRUVA (4 GM DOSE) THPK	NP	SP
OLPRUVA (5 GM DOSE) THPK	NP	SP
OLPRUVA (6 GM DOSE) THPK	NP	SP
OLPRUVA (6.67 GM DOSE) THPK	NP	SP
ORFADIN SUSP	2	SP; PA
PALYNZIQ	2	SP; PA
<i>paricalcitol SOLN</i>	1	SP; PA
PARSABIV	2	SP; PA
PHEBURANE PLLT	2	PA
RAVICTI PO	2	SP; PA
REVCIVI	2	SP; PA
<i>sapropterin dihydrochloride PACK</i>	1	SP; PA
<i>sapropterin dihydrochloride TABS</i>	1	SP; PA
<i>sodium phenylbutyrate POWD PO</i>	1	SP; PA
<i>sodium phenylbutyrate TABS PO</i>	1	SP; PA
STRENSIQ	2	SP; PA
VIMIZIM	2	SP; PA
XPHOZAH	NP	SP

Drug Name	Drug Tier	Requirements/Limits
<b>Posterior Pituitary Hormones</b>		
<i>desmopressin acetate spray</i>	1	QL(5 ML per fill retail)
<i>desmopressin acetate spray refrigerated 0.01 %</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 PO</i>	1	QL(6 EA daily)
<b>Somatostatic Agents</b>		
<i>lanreotide acetate</i>	1	SP; PA
LANREOTIDE ACETATE	2	SP; PA
<i>octreotide acetate KIT</i>	1	SP; PA
<i>octreotide acetate SOLN</i>	1	SP; PA
<i>octreotide acetate SOSY</i>	1	SP; PA
SANDOSTATIN LAR DEPOT KIT 10 MG	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 TBPK	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 PO</i>	1	
MYFEMBREE	2	
<i>norethindrone acetate-ethinyl estradiol PO</i>	0	
ORIAHNN	2	PA
PREMPHASE PO	2	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
PREMPRO PO	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 PO</i>	1	MP
PREMARIN TABS PO	2	QL(1 EA daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
<i>ciprofloxacin hcl TABS PO 100 MG</i>	1	QL(6 EA per fill retail)
<i>ciprofloxacin hcl TABS PO 250 MG, 500 MG, 750 MG</i>	1	
<i>ciprofloxacin SUSR PO</i>	1	
CIPRO SUSR PO	2	
<i>levofloxacin SOLN PO</i>	1	
<i>levofloxacin TABS PO</i>	1	QL(1 EA daily; 14 EA per fill retail)
<i>moxifloxacin hcl TABS PO</i>	1	
<i>ofloxacin PO 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 PO 80 MG</i>	1	
<i>simethicone LIQD PO</i>	1	QL(30 ML per fill retail)
<i>simethicone SUSP PO</i>	1	QL(45 ML per fill retail)
<b>Bile Acid Synthesis Disorder Agents</b>		
CHOLBAM	2	QL(5 EA daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits
<b>Farnesoid X Receptor (FXR) Agonists</b>		
OCALIVA	2	SP; PA
<b>Gallstone Solubilizing Agents</b>		
CHENODAL PO	2	SP; PA
<i>ursodiol CAPS PO</i>	1	QL(3 EA daily); MP
<i>ursodiol TABS PO 250 MG</i>	1	QL(7 EA daily); MP
<b>Gastrointestinal Stimulants</b>		
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1	
<i>metoclopramide hcl TABS PO 10 MG</i>	1	
<i>metoclopramide hcl TABS PO 5 MG</i>	1	MP
<b>Inflammatory Bowel Agents</b>		
ASACOL HD TBEC PO (Use mesalamine)	NP	QL(3 EA daily)
<i>balsalazide disodium CAPS PO</i>	1	QL(9 EA daily)
CANASA SUPP PR (Use mesalamine)	2	
ENTYVIO PEN SOAJ	NP	SP; PA
LIALDA TBEC PO (Use mesalamine)	2	
<i>mesalamine w/ cleanser PR</i>	1	
<i>mesalamine ENEM PR</i>	1	QL(60 ML daily)
<i>mesalamine SUPP PR</i>	1	
<i>mesalamine TBEC PO 1.2 GM</i>	1	
<i>mesalamine TBEC PO 800 MG</i>	1	QL(3 EA daily)
OMVOH SOAJ	NP	SP; PA
OMVOH SOLN	NP	SP; PA
OMVOH SOSY	NP	SP; PA
SKYRIZI SOCT	NP	SP; PA

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Gout Agent Combinations			HEMGENIX	2	SP; PA
<i>colchicine w/ probenecid PO</i>	1	MP	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	2	SP; PA
Gout Agents			HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	2	SP; PA
<i>allopurinol PO 100 MG, 300 MG</i>	1	MP	HUMATE-P SOLR	2	SP; PA
<i>colchicine TABS PO</i>	1	1 fill per 30 days; QL(6 EA per fill retail); 1 max fill(s) per 30 day(s) retail	IDELVION	2	SP; PA
KRYSTEXXA	2	SP; PA	IXINITY SOLR	2	SP; PA
Uricosurics			JIVI	2	SP; PA
<i>probenecid PO</i>	1	MP	KCENTRA	2	SP; PA
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>			KOATE-DVI SOLR 500 UNIT, 1000 UNIT	2	SP; PA
Antihemophilic Products			KOATE SOLR	2	SP; PA
ADVATE	2	SP; PA	KOGENATE FS KIT	2	SP; PA
ADYNOVATE	2	SP; PA	KOVALTRY	2	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	2	SP; PA	NOVOEIGHT	2	SP; PA
ALPHANATE SOLR	2	SP; PA	NOVOSEVEN RT	2	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	2	SP; PA	NUWIQ KIT	2	SP; PA
ALPROLIX	2	SP; PA	NUWIQ SOLR	2	SP; PA
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	2	SP; PA	OBIZUR	2	SP; PA
BENEFIX KIT	2	SP; PA	PROFILNINE	2	SP; PA
COAGADDEX	2	SP; PA	REBINYN	2	SP; PA
CORIFACT	2	SP; PA	RECOMBINATE SOLR	2	SP; PA
ELOCTATE	2	SP; PA	RIASTAP	2	SP; PA
ESPEROCT	2	SP; PA	RIXUBIS SOLR	2	SP; PA
FEIBA	2	SP; PA	ROCTAVIAN	2	SP; PA
FIBRYGA	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 SOSY</i>	1	SP; PA
			<b>Complement Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
BERINERT KIT	2	SP; PA
CINRYZE SOLR IV	2	SP; PA
RUCONEST	2	SP; PA
SOLIRIS	2	SP; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	2	SP; PA
Hematorheologic Agents		
<i>pentoxifylline PO</i>	1	MP
Human Protein C		
CEPROTIN	2	SP; PA
Plasma Kallikrein Inhibitors		
KALBITOR	2	SP; PA
TAKHZYRO SOLN	2	SP; PA
Plasma Proteins		
THROMBATE III	2	SP; PA
Platelet Aggregation Inhibitors		
<i>aspirin-dipyridamole PO</i>	1	
BRILINTA PO	2	QL(2 EA daily)
<i>cilostazol PO</i>	1	QL(2 EA daily); MP
<i>clopidogrel bisulfate PO 300 MG</i>	1	
<i>clopidogrel bisulfate PO 75 MG</i>	1	QL(1 EA daily); MP
<i>dipyridamole PO</i>	1	MP
<i>prasugrel hcl PO</i>	1	QL(1 EA daily)
YOSPRALA PO 81 MG-40 MG	2	
Thrombolytic Agent - Misc		
DEFITELIO	2	SP; PA
<b>HEMATOPOIETIC AGENTS - Drugs to Treat</b>		
<b>Blood Disorders</b>		
Agents for Gaucher Disease		
CERDELGA	2	SP; PA
CEREZYME 400 UNIT	2	SP; PA

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



Drug Name	Drug Tier	Requirements/Limits
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 PO	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 PO</i>	1	QL(1 EA daily)
HEMATINIC PLUS VIT/MINERALS TABS PO	2	QL(1 EA daily)
<b>Iron</b>		
FERRETTTS TABS PO	2	QL(2 EA daily)
<i>ferrous fumarate TABS PO</i>	1	QL(2 EA daily)
<i>ferrous gluconate TABS PO</i>	1	
FERROUS GLUCONATE TABS PO 324 MG	2	
<i>ferrous sulfate dried TBCR PO</i>	1	
<i>ferrous sulfate SOLN PO 15 MG/ML, 15 MG/ML</i>	1	QL(3.4 ML daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate SOLN PO 220 MG/5ML, 300 MG/6.8ML</i>	1	QL(16 ML daily)
<i>ferrous sulfate TABS PO 325 MG, 65 MG, 325 MG</i>	1	MP
<i>ferrous sulfate TBEC PO 324 MG</i>	1	
<i>ferrous sulfate TBEC PO 325 MG</i>	1	MP
IRON CHEWS PEDIATRIC CHEW PO	2	
IRON TABS PO 28 MG	2	
<i>polysaccharide iron complex CAPS PO</i>	1	QL(1 EA daily)
<b>Stem Cell Mobilizers</b>		
<i>plerixafor</i>	1	SP; PA
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	1	SP; PA
<i>aminocaproic acid TABS PO 1000 MG</i>	1	SP; PA
<i>aminocaproic acid TABS PO 500 MG</i>	1	QL(24 EA per fill retail); SP; PA
<i>tranexamic acid TABS PO</i>	1	QL(30 EA per 5 day(s) retail); 1 max fill(s) per 30 day(s) retail; AL(At least 12 yrs old)
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Antihistamine Hypnotics</b>		
<i>diphenhydramine hcl (sleep) CAPS PO</i>	1	
<i>diphenhydramine hcl (sleep) LIQD PO</i>	1	
<i>diphenhydramine hcl (sleep) TABS PO 50 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine hcl (sleep) TABS PO 25 MG</i>	1	QL(4 EA daily)	ZOLPIDEM TARTRATE CAPS	2	
<i>diphenhydramine hcl (sleep) TBDP</i>	1		<i>zolpidem tartrate SUBL</i>	1	
<i>diphenhydramine-acetaminophen (sleep) TABS PO 500 MG-25 MG, 500 MG-38 MG</i>	1		<i>zolpidem tartrate TABS PO</i>	1	QL(1 EA daily)
<i>doxylamine succinate (sleep) PO</i>	1		<i>zolpidem tartrate TBCR PO</i>	1	
<i>ibuprofen-diphenhydramine citrate PO</i>	1		<b>Orexin Receptor Antagonists</b>		
<i>ibuprofen-diphenhydramine hcl PO</i>	1		QUVIVIQ	NP	
<i>naproxen sodium-diphenhydramine hcl</i>	1		<b>Selective Melatonin Receptor Agonists</b>		
<b>Barbiturate Hypnotics</b>			<i>ramelteon PO</i>	1	
<i>phenobarbital ELIX PO</i>	1		<i>tasimelteon CAPS</i>	1	SP; PA
<i>phenobarbital TABS PO</i>	1		<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Hypnotics - Tricyclic Agents</b>			<b>Bulk Laxatives</b>		
<i>doxepin hcl (sleep) PO</i>	1		<i>calcium polycarbophil TABS PO</i>	1	QL(10 EA daily)
<b>Non-Barbiturate Hypnotics</b>			NATURAL FIBER LAXATIVE POWD PO	2	
<i>dexmedetomidine hcl in sodium chloride SOLN</i>	1		<i>psyllium CAPS PO 0.52 GM</i>	1	
<i>dexmedetomidine hcl SOLN 200 MCG/2ML</i>	1		<i>psyllium POWD PO 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %</i>	1	
<i>estazolam PO</i>	1		<b>Laxative Combinations</b>		
<i>eszopiclone PO</i>	1		<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR PO</i>	1	QL(4000 ML per fill retail)
<i>flurazepam hcl PO</i>	1	QL(1 EA daily)	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride PO</i>	1	QL(4000 ML per fill retail)
IGALMI FILM	NP		<i>sennosides-docusate sodium TABS PO</i>	1	QL(4 EA daily)
<i>midazolam hcl SOLN IJ</i>	1		<b>Laxatives - Miscellaneous</b>		
<i>temazepam PO 15 MG, 30 MG</i>	1	QL(1 EA daily); AL(At least 18 yrs old)	<i>glycerin (laxative) SUPP PR 2 GM</i>	1	
<i>temazepam PO 7.5 MG, 22.5 MG</i>	1		<i>lactulose SOLN PO</i>	1	
<i>triazolam PO</i>	1	QL(1 EA daily)	<i>polyethylene glycol 3350 PACK PO</i>	1	QL(34 EA daily)
<i>zaleplon PO</i>	1	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/Limits
<i>polyethylene glycol 3350 POWD PO</i>	1	QL(34 GM daily)
SORBITOL PO 70 %	2	
<b>Saline Laxatives</b>		
<i>magnesium citrate PO 1.745 GM/30ML</i>	1	
<i>magnesium hydroxide SUSP PO 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	1	QL(33 ML daily)
<i>sodium phosphates ENEM PR</i>	1	
<b>Stimulant Laxatives</b>		
<i>bisacodyl SUPP PR</i>	1	QL(12 EA per fill retail)
<i>bisacodyl TBEC PO</i>	1	QL(1 EA daily)
<i>sennosides TABS PO 8.6 MG</i>	1	
<b>Surfactant Laxatives</b>		
<i>docusate sodium CAPS PO 50 MG</i>	1	
<i>docusate sodium CAPS PO 100 MG, 250 MG</i>	1	QL(3 EA daily)
<i>docusate sodium LIQD PO 50 MG/5ML, 100 MG/10ML</i>	1	
DOCUSATE SODIUM SYRP PO	2	
<i>docusate sodium TABS PO</i>	1	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
<i>azithromycin SUSR PO 100 MG/5ML</i>	0	QL(15 ML per fill retail)
<i>azithromycin SUSR PO 200 MG/5ML</i>	0	QL(30 ML per fill retail)
<i>azithromycin TABS PO 500 MG</i>	0	QL(4 EA daily)
<i>azithromycin TABS PO 600 MG</i>	0	QL(8 EA per 28 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin TABS PO 250 MG</i>	0	QL(6 EA per fill retail)
<b>Clarithromycin</b>		
<i>clarithromycin SUSR PO</i>	1	QL(200 ML per fill retail)
<i>clarithromycin TABS PO</i>	1	QL(28 EA per fill retail)
<i>clarithromycin TB24 PO</i>	1	QL(14 EA per fill retail)
<b>Erythromycins</b>		
E.E.S. GRANULES SUSR PO (Use erythromycin ethylsuccinate)	2	
ERYPED 200 SUSR PO (Use erythromycin ethylsuccinate)	2	
<i>erythromycin base CPEP PO</i>	1	
<i>erythromycin base TABS PO</i>	1	
<i>erythromycin ethylsuccinate SUSR PO</i>	1	
<i>erythromycin ethylsuccinate TABS PO</i>	1	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Bandages-Dressings-Tape</b>		
ALCOHOL PREP PADS-MISC	2	OTC
<b>Contraceptives</b>		
CONDOMS-MISC	2	QL(36 ea per fill retail)
<b>Diabetic Supplies</b>		
1ST TIER UNILET COMFORTOUCH	2	200 / month; QL(6.67 EA daily); RX/OTC
ACCUTREND PLUS	2	
ADVANCED MOBILE LANCET	2	200 per month; QL(6.67 EA daily); RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AIMSCO TWIST LANCETS 32G	2	200 / month; QL(6.67 EA daily); RX/OTC	CVS LANCETS ORIGINAL	2	200 / month; QL(6.67 EA daily); RX/OTC
AIMSCO TWIST LANCETS 33G	2	200 / month; QL(6.67 EA daily); RX/OTC	CVS LANCETS THIN 26G	2	200 / month; QL(6.67 EA daily); RX/OTC
AURORA LANCET SUPER THIN 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	CVS LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 EA daily); RX/OTC
AURORA LANCET THIN 23G	2	200 / month; QL(6.67 EA daily); RX/OTC	CVS LANCETS ULTRA-THIN 30G	2	200 / month; QL(6.67 EA daily); RX/OTC
BD LANCET ULTRAFINE 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	CVS ULTRA THIN LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
CAREONE LANCET SUPER THIN 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	DIATHRIVE LANCET ULTRA THIN 30	2	200 / month; QL(6.67 EA daily); RX/OTC
CAREONE LANCET THIN 23G	2	200 / month; QL(6.67 EA daily); RX/OTC	DIATHRIVE LANCET ULTRA THIN 30	2	QL(6.67 EA daily); RX/OTC
CARESENS LANCETS	2	QL(6.67 EA daily); RX/OTC	DIATHRIVE LANCETS	2	QL(6.67 EA daily); RX/OTC
CARESENS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	DROPLET LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 28G	2	200 / month; QL(6.67 EA daily); RX/OTC	DRUG MART LANCETS THIN 26G	2	200 / month; QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 28G	2	200 / month; QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST MC LANCETS 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 30G	2	200 / month; QL(6.67 EA daily); RX/OTC
CLEANLET LANCETS 28G	2	200 / month; QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 33G	2	200 per month; QL(6.67 EA daily); RX/OTC
COMFORT ASSURED LANCETS 28G	2	200 / month; QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 26G	2	200 / month; QL(6.67 EA daily); RX/OTC
COMFORT LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 28G	2	200 / month; QL(6.67 EA daily); RX/OTC
CVS LANCETS 21G	2	200 / month; QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 28G/TWIST	2	200 / month; QL(6.67 EA daily); RX/OTC
CVS LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 30G	2	200 / month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 30G/TWIST	2	200 / month; QL(6.67 EA daily); RX/OTC	FORA LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 32G	2	200 / month; QL(6.67 EA daily); RX/OTC	FREDS PHARMACY UNILET LANC 28G	2	200 / month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 32G/TWIST	2	200 / month; QL(6.67 EA daily); RX/OTC	FREDS PHARMACY UNILET LANC 30G	2	200 / month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 33G/TWIST	2	200 / month; QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 14 DAY READER	2	QL(1 EA per 365 day(s) retail); PA
EQL COLOR LANCETS 21G	2	200 / month; QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 14 DAY SENSOR	2	QL(2 EA per 28 day(s) retail); PA
EQL COLOR LANCETS MICRO 33G	2	200 / month; QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 2 PLUS SENSOR	2	QL(2 EA per 28 day(s) retail); PA
EQL SUPER THIN LANCETS 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 2 READER	2	QL(1 EA per 365 day(s) retail); PA
EQL THIN LANCETS 26G	2	200 / month; QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 2 SENSOR	2	QL(2 EA per 28 day(s) retail); PA
E-Z JECT LANCET MICRO-THIN 33G	2	200 / month; QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 3 PLUS SENSOR	2	QL(2 EA per 28 day(s) retail); PA
E-Z JECT LANCET SUPER THIN 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 3 READER	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
E-Z JECT LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 3 SENSOR	2	QL(2 EA per 28 day(s) retail); PA
E-Z JECT LANCETS 21G	2	200 / month; QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE READER	2	QL(1 EA per 365 day(s) retail); PA
E-Z JECT LANCETS THIN 26G	2	200 / month; QL(6.67 EA daily); RX/OTC	GAUZE SPONGES	2	RX/OTC
EZ-LETS LANCETS 26G	2	200 / month; QL(6.67 EA daily); RX/OTC	GENTLE-LET GP LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
EZ-LETS LANCETS 28G	2	200 / month; QL(6.67 EA daily); RX/OTC	GENTLE-LET LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
EZ-LETS LANCETS 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	GNP LANCETS 21G	2	200 / month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP LANCETS THIN 26G	2	200 / month; QL(6.67 EA daily); RX/OTC	KINNEY THIN LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 28G	2	200 / month; QL(6.67 EA daily); RX/OTC	KROGER HEALTHPRO LANCET 26G	2	200 / month; QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	KROGER LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 33G	2	200 / month; QL(6.67 EA daily); RX/OTC	KROGER LANCETS 21G	2	200 / month; QL(6.67 EA daily); RX/OTC
GOJJI STERILE LANCETS	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 EA daily); RX/OTC
GOODSENSE COLOR LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS SUPER THIN	2	200 / month; QL(6.67 EA daily); RX/OTC
GOODSENSE LANCETS 26G UNIV	2	200 per month; QL(6.67 EA daily); RX/OTC	KROGER LANCETS THIN	2	200 / month; QL(6.67 EA daily); RX/OTC
GOODSENSE LANCETS 30G UNIV	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS THIN 26G	2	200 / month; QL(6.67 EA daily); RX/OTC
GOODSENSE LANCETS 33G UNIV	2	200 per month; QL(6.67 EA daily); RX/OTC	KROGER LANCETS ULTRATHIN 30G	2	200 / month; QL(6.67 EA daily); RX/OTC
GOODSENSE LANCETS 33G UNIV	2	QL(6.67 EA daily); RX/OTC	LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
HEALTHY ACCENTS UNILET LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	LANCETS 28G THIN	2	200 / month; QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 28G	2	200 / month; QL(6.67 EA daily); RX/OTC	LANCETS 30G	2	200 / month; QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 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 33G	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	LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 EA daily); RX/OTC
KINNEY LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LIVE BETTER LANCET SUPER THIN	2	200 / month; QL(6.67 EA daily); RX/OTC	ONETOUCH DELICA PLUS LANCET30G	2	200 / month; QL(6.67 EA daily); RX/OTC
LIVE BETTER LANCET ULTRA THIN	2	200 / month; QL(6.67 EA daily); RX/OTC	ONETOUCH DELICA PLUS LANCET33G	2	200 / month; QL(6.67 EA daily); RX/OTC
LONGS LANCETS STANDARD	2	200 / month; QL(6.67 EA daily); RX/OTC	ONETOUCH FINEPOINT LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
LONGS LANCETS THIN	2	200 / month; QL(6.67 EA daily); RX/OTC	ONETOUCH ULTRA 2 KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC
MEIJER LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	ONETOUCH ULTRA MINI KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC
MEIJER LANCETS THIN	2	200 / month; QL(6.67 EA daily); RX/OTC	ONETOUCH ULTRASOFT LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 21G	2	200 / month; QL(6.67 EA daily); RX/OTC	ONETOUCH VERIO FLEX SYSTEM KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC
MEIJER LANCETS UNIVERSAL 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	ONETOUCH VERIO REFLECT KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC
MEIJER LANCETS UNIVERSAL 33G	2	200 / month; QL(6.67 EA daily); RX/OTC	ONETOUCH VERIO KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC
MEIJER SUPER THIN LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	ONETOUCH VERIO LIQD	2	
MONOLET LANCETS	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
MONOLET OPD LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	PERFECT LANCETS 30G	2	200 / month; QL(6.67 EA daily); RX/OTC
NOVA SUREFLEX LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	PHARMACY COUNTER LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
ONETOUCH CLUB LANCETS FINE PT	2	200 / month; QL(6.67 EA daily); RX/OTC	PRECISION THINS GP LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA LANCETS 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	PREFERRED PLUS LANCETS COLORED	2	200 / month; QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA LANCETS 33G	2	200 / month; QL(6.67 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREFERRED PLUS LANCETS THIN	2	200 / month; QL(6.67 EA daily); RX/OTC	RELION LANCETS THIN 26G	2	200 / month; QL(6.67 EA daily); RX/OTC
PRODIGY TWIST TOP LANCETS 28G	2	200 / month; QL(6.67 EA daily); RX/OTC	RELION LANCETS ULTRA-THIN 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	RELION ULTRA THIN LANCETS 30G	2	200 / month; QL(6.67 EA daily); RX/OTC
PSS SELECT SAFETY LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	RELION ULTRA THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
PX LANCETS MICROTHIN 33G	2	200 / month; QL(6.67 EA daily); RX/OTC	RELION ULTRA THIN PLUS LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
PX LANCETS ULTRA THIN	2	200 / month; QL(6.67 EA daily); RX/OTC	REXALL LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 EA daily); RX/OTC
QC LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	RIGHTEST GL300 LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
QC LANCETS ULTRA THIN	2	200 / month; QL(6.67 EA daily); RX/OTC	SB LANCETS THIN	2	200 / month; QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS 28G	2	200 / month; QL(6.67 EA daily); RX/OTC	SB LANCETS ULTRA THIN	2	200 / month; QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS MICRO THIN	2	200 / month; QL(6.67 EA daily); RX/OTC	SHOPKO UNILET LANCETS 28G	2	200 / month; QL(6.67 EA daily); RX/OTC
RA E-ZJECT LANCETS 28G	2	200 / month; QL(6.67 EA daily); RX/OTC	SHOPKO UNILET LANCETS 30G	2	200 / month; QL(6.67 EA daily); RX/OTC
RA E-ZJECT LANCETS THIN 26G	2	200 / month; QL(6.67 EA daily); RX/OTC	SM LANCETS 33G	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	SMART SENSE COLOR LANCETS 33G	2	200 / month; QL(6.67 EA daily); RX/OTC
RA E-ZJECT LANCETS ULTRA THIN	2	200 / month; QL(6.67 EA daily); RX/OTC	SMART SENSE STANDARD LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
REALITY LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	SMART SENSE SUPER THIN LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
RELION LANCETS MICRO-THIN 33G	2	200 / month; QL(6.67 EA daily); RX/OTC	SMART SENSE THIN LANCETS 26G	2	200 / month; QL(6.67 EA daily); RX/OTC



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STERILANCE TL	2	200 / month; QL(6.67 EA daily); RX/OTC	ULILET CLASSIC LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
SUPER THIN LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	UNILET COMFORTOUCH LANCET	2	200 / month; QL(6.67 EA daily); RX/OTC
SURELITE LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	UNILET EXCELITE	2	200 / month; QL(6.67 EA daily); RX/OTC
TECHLITE AST LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	UNILET EXCELITE II	2	200 / month; QL(6.67 EA daily); RX/OTC
TECHLITE LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	UNILET G.P. LANCET	2	200 / month; QL(6.67 EA daily); RX/OTC
TECHLITE LANCETS 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
TGT LANCET MICRO THIN 33G	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
TGT LANCET THIN 26G	2	200 / month; QL(6.67 EA daily); RX/OTC	UNILET LANCET	2	200 / month; QL(6.67 EA daily); RX/OTC
TGT LANCET ULTRA THIN 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	UNILET MICRO-THIN 33G	2	200 / month; QL(6.67 EA daily); RX/OTC
THINLETS GP LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	UNILET SUPERLITE LANCET	2	200 / month; QL(6.67 EA daily); RX/OTC
TODAYS HEALTH THIN LANCETS 28G	2	200 / month; QL(6.67 EA daily); RX/OTC	UNILET SUPER-THIN 30G	2	200 / month; QL(6.67 EA daily); RX/OTC
TODAYS HEALTH THIN LANCETS 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	UNILET ULTRA-THIN 28G	2	200 / month; QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 26G	2	200 / month; QL(6.67 EA daily); RX/OTC	UNIVERSAL 1 LANCETS THIN 26G	2	200 / month; QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 28G	2	200 / month; QL(6.67 EA daily); RX/OTC	UNIVERSAL 1 LANCETS THIN 33G	2	200 / month; QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	UNIVERSAL 1 LANCETS ULTRA THIN	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 LANCET STANDARD 21G	2	200 / month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VALUE PLUS LANCETS SUPER THIN	2	200 / month; QL(6.67 EA daily); RX/OTC	HM STERILE ALCOHOL PREP	2	RX/OTC
VALUE PLUS LANCETS THIN 26G	2	200 / month; QL(6.67 EA daily); RX/OTC	MEIJER ALCOHOL SWABS	2	RX/OTC
VALUMARK LANCET SUPER THIN 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	PRO COMFORT ALCOHOL	2	RX/OTC
VALUMARK LANCET ULTRA THIN 28G	2	200 / month; QL(6.67 EA daily); RX/OTC	QC ALCOHOL SWABS	2	RX/OTC
VIDA MIA UNILET LANCETS 28G	2	200 / month; QL(6.67 EA daily); RX/OTC	RA ALCOHOL SWABS	2	RX/OTC
VIDA MIA UNILET LANCETS 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	REALITY SWABS	2	RX/OTC
WALGREENS LANCETS MICRO THIN	2	200 / month; QL(6.67 EA daily); RX/OTC	RELION ALCOHOL SWABS	2	RX/OTC
WALGREENS LANCETS SUPER THIN	2	200 / month; QL(6.67 EA daily); RX/OTC	SB ALCOHOL PREP	2	RX/OTC
WALGREENS THIN LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	SM ALCOHOL PREP	2	RX/OTC
<b>Misc. Devices</b>			WEBCOL ALCOHOL PREP LARGE	2	RX/OTC
ALCOHOL PREP	2	RX/OTC	WEBCOL ALCOHOL PREP MEDIUM	2	RX/OTC
ALCOHOL PREP PADS	2	RX/OTC	<b>Parenteral Therapy Supplies</b>		
ALCOHOL SWABS	2	RX/OTC	BD AUTOSHIELD	2	QL(5 EA daily)
BD SWAB SINGLE USE REGULAR	2	RX/OTC	BD AUTOSHIELD	2	QL(5 EA daily)
CURITY ALCOHOL PREPS	2	RX/OTC	BD AUTOSHIELD DUO	2	QL(5 EA daily); RX/OTC
CVS ALCOHOL PREP PADS	2	RX/OTC	BD PEN NEEDLE MICRO U/F	2	QL(5 EA daily)
CVS PREP	2	RX/OTC	BD PEN NEEDLE MINI U/F	2	QL(5 EA daily); RX/OTC
DROPSAFE ALCOHOL PREP	2	RX/OTC	BD PEN NEEDLE NANO 2ND GEN	2	QL(5 EA daily); RX/OTC
EASY TOUCH ALCOHOL PREP MEDIUM	2	RX/OTC	BD PEN NEEDLE NANO U/F	2	QL(5 EA daily); RX/OTC
FIFTY50 ALCOHOL PREP	2	RX/OTC	BD PEN NEEDLE NANO U/F	2	QL(5 EA daily); RX/OTC
GNP ALCOHOL SWABS	2	RX/OTC	BD PEN NEEDLE ORIGINAL U/F	2	QL(5 EA daily)
			BD PEN NEEDLE SHORT U/F	2	QL(5 EA daily); RX/OTC
			BD PEN NEEDLES	2	QL (5 ea daily); RX/OTC
			INSULIN SYRINGES	2	QL (5 ea daily); RX/OTC
			<b>Respiratory Therapy Supplies</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACE AEROSOL CLOUD ENHANCER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLO-VU MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
ACTIVITY POUCH MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
ADULT AEROSOL MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER W/FLOWSIGNAL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
ADULT MASK LARGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER MV MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROTRACH PLUS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROVENT PLUS DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	ALL FLOW 1000 PFT FILTER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE COMFORT CHAMBER/CHILD DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE LARGE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE MEDIUM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ZAVZPRET	NP	PA
Migraine Combinations		
<i>ergotamine w/ caffeine TABS PO</i>	1	
<i>sumatriptan-naproxen sodium PO</i>	1	
Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	
Serotonin Agonists		
<i>almotriptan malate PO</i>	1	
<i>eletriptan hydrobromide PO</i>	1	QL(0.2 EA daily)
<i>frovatriptan succinate PO</i>	1	
<i>naratriptan hcl PO</i>	1	QL(0.3 EA daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate TABS PO</i>	1	QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP PO</i>	1	
<i>sumatriptan</i>	1	QL(6 EA per 30 day(s) retail)
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	1	QL(0.67 ML daily)
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	1	
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	1	
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	1	QL(0.67 ML daily)
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate TABS PO</i>	1	QL(9 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan SOLN 2.5 MG</i>	2	
<i>zolmitriptan TABS PO</i>	1	QL(6 EA per 30 day(s) retail)
<i>zolmitriptan TBDP PO</i>	1	QL(6 EA per 30 day(s) retail)
ZOMIG SOLN 2.5 MG (Use <i>zolmitriptan</i> )	NP	
<b>MINERALS &amp; ELECTROLYTES</b>		
Calcium		
<i>calcium carbonate-cholecalciferol TABS PO 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG</i>	1	QL(2 EA daily)
<i>oyster shell PO</i>	1	
Fluoride		
<i>sodium fluoride CHEW PO</i>	1	
<i>sodium fluoride SOLN PO 0.125 MG/DROP</i>	1	
<i>sodium fluoride SOLN PO 0.5 MG/ML, 0.5 MG/ML</i>	1	RX/OTC
SOLUVITA SOLN PO	2	RX/OTC
Magnesium		
<i>magnesium oxide (mg supplement) TABS PO</i>	1	
Phosphate		
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic PO</i>	1	QL(8 EA daily)
Potassium		
<i>potassium bicarbonate TBEF PO</i>	1	
<i>potassium chloride microencapsulated crystals er PO</i>	1	MP
<i>potassium chloride CPCR PO 10 MEQ</i>	1	MP
<i>potassium chloride CPCR PO 8 MEQ</i>	1	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride PACK PO 20 MEQ</i>	1	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	MP
<i>potassium chloride TBCR PO 8 MEQ, 10 MEQ</i>	1	MP
<b>Zinc</b>		
<i>zinc sulfate CAPS PO</i>	1	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
<i>penicillamine TABS PO</i>	1	
<i>trientine hcl PO 250 MG</i>	1	SP; PA
<b>Enzymes</b>		
XIAFLEX	2	SP; PA
<b>Fecal Incontinence Bulking Agents</b>		
SOLESTA	2	SP; PA
<b>Immunomodulators</b>		
<i>lenalidomide PO</i>	1	SP; PA
REVLIMID PO	2	SP; PA
THALOMID PO	2	SP; PA
<b>Immunosuppressive Agents</b>		
ASTAGRAF XL CP24	2	PA
ATGAM	2	SP; PA
<i>azathioprine TABS PO 50 MG</i>	1	MP
<i>azathioprine TABS PO 75 MG, 100 MG</i>	1	
<i>cyclosporine modified (for microemulsion) CAPS PO</i>	1	PA
<i>cyclosporine modified (for microemulsion) SOLN PO</i>	1	PA
<i>cyclosporine CAPS PO</i>	1	PA
<i>cyclosporine SOLN IV 50 MG/ML</i>	1	PA
<i>everolimus (immunosuppressant)</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
GAMIFANT 10 MG/2ML, 50 MG/10ML	2	SP; PA
<i>mycophenolate mofetil hcl</i>	1	PA
<i>mycophenolate mofetil CAPS PO</i>	1	PA
<i>mycophenolate mofetil SUSR</i>	1	PA
<i>mycophenolate mofetil TABS PO</i>	1	PA
<i>mycophenolate sodium PO</i>	1	PA
NULOJIX	2	SP; PA
PROGRAF PACK	2	PA
PROGRAF SOLN	2	PA
SANDIMMUNE CAPS PO (Use cyclosporine)	2	PA
SANDIMMUNE SOLN IV 50 MG/ML	2	PA
<i>sirolimus SOLN</i>	1	PA
<i>sirolimus TABS PO</i>	1	PA
<i>tacrolimus CAPS PO</i>	1	PA
THYMOGLOBULIN	2	SP; PA
<b>Lymphatic Agents</b>		
SYLVANT	2	SP; PA
<b>PIK3CA-Related Overgrowth Spectrum (PROS) Agents</b>		
VIJOICE TBPk	2	SP; PA
<b>Potassium Removing Agents</b>		
LOKELMA	2	
<i>sodium polystyrene sulfonate POWD PO</i>	1	QL(454 GM per fill retail)
<b>Systemic Lupus Erythematosus Agents</b>		
BENLYSTA SOLR	2	SP; PA
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	QL(100 ML per fill retail)



Drug Name	Drug Tier	Requirements/Limits
Anti-infectives - Throat		
<i>nystatin (mouth-throat)</i>	1	QL(100 ML per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
Dental Products		
<i>sodium fluoride (dental) CREA</i>	1	QL(57 GM per fill retail)
<i>sodium fluoride (dental) GEL</i>	1	QL(60 GM per fill retail)
<i>sodium fluoride (dental) SOLN 0.2 %</i>	1	
<i>stannous fluoride CONC</i>	1	RX/OTC
Periodontal Products		
ARESTIN	2	SP; PA
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	1	QL(5 GM per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	2	QL(900 ML per fill retail); RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SOLN	2	QL(900 ML per fill retail); RX/OTC
CAPHOSOL SOLN	2	QL(900 ML per fill retail); RX/OTC
CVS DRY MOUTH SOLN	2	QL(900 ML per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	2	QL(900 ML per fill retail); RX/OTC
MOI-STIR SOLN	2	QL(900 ML per fill retail); RX/OTC
MOUTH KOTE REMINT SOLN	2	QL(900 ML per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MOUTH KOTE SOLN	2	QL(900 ML per fill retail); RX/OTC
NUMOISYN LIQD	2	QL(900 ML per fill retail); RX/OTC
ORAL RELIEF SPRAY SOLN	2	QL(900 ML per fill retail); RX/OTC
<i>pilocarpine hcl (oral) PO 5 MG</i>	1	QL(6 EA daily)
RA DRY MOUTH SOLN	2	QL(900 ML per fill retail); RX/OTC
<b>MULTIVITAMINS</b>		
B-Complex Vitamins		
<i>b-complex vitamins CAPS PO</i>	1	QL(1 EA daily)
<i>b-complex vitamins TABS PO</i>	1	QL(1 EA daily)
B-Complex w/ C		
<i>b complex w/ c CAPS PO</i>	1	QL(1 EA daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c &amp; folic acid CAPS PO</i>	1	QL(1 EA daily); RX/OTC
<i>b-complex w/ c &amp; folic acid TABS PO</i>	1	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron TABS PO</i>	1	QL(1 EA daily)
TAB-A-VITE/IRON/BETA CAROTENE TABS PO	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		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	1	SP; PA
<i>baclofen SOLN PO 5 MG/5ML</i>	1	
<i>baclofen SUSP</i>	1	
<i>baclofen TABS PO 5 MG</i>	1	PA
<i>baclofen TABS PO 10 MG, 20 MG</i>	1	MP
<i>baclofen TABS PO 15 MG</i>	1	
<i>carisoprodol TABS PO 350 MG</i>	1	MP; PA
<i>carisoprodol TABS PO 250 MG</i>	1	PA
<i>chlorzoxazone TABS PO 250 MG, 375 MG, 750 MG</i>	1	
<i>chlorzoxazone TABS PO 500 MG</i>	1	MP
<i>cyclobenzaprine hcl CP24 PO</i>	1	
<i>cyclobenzaprine hcl TABS PO 7.5 MG</i>	1	QL(4 EA daily)
<i>cyclobenzaprine hcl TABS PO 5 MG, 10 MG</i>	1	QL(3 EA daily); MP
<i>cyclobenzaprine hcl TABS PO 7.5 MG</i>	NP	QL(4 EA daily)
<i>GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML</i>	2	SP; PA
<i>LIORESAL SOLN IT</i>	2	SP; PA
<i>LYVISPAH PACK</i>	NP	
<i>metaxalone PO</i>	1	
<i>methocarbamol TABS PO 500 MG</i>	1	MP
<i>methocarbamol TABS PO 750 MG</i>	1	
<i>orphenadrine citrate TB12 PO</i>	1	
<i>OZOBAX DS SOLN PO (Use baclofen)</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>OZOBAX SOLN PO (Use baclofen)</i>	2	
<i>tizanidine hcl CAPS PO</i>	1	
<i>tizanidine hcl TABS PO</i>	1	
<b>Direct Muscle Relaxants</b>		
<i>dantrolene sodium CAPS PO</i>	1	
<b>Muscle Relaxant Combinations</b>		
<i>orphenadrine w/ aspirin &amp; caff PO 385 MG-30 MG-25 MG</i>	NP	
<i>orphenadrine w/ aspirin &amp; caff PO</i>	1	
<b>Viscosupplements</b>		
<i>EUFLEXXA SOSY</i>	2	SP; PA
<i>GEL-ONE</i>	2	SP; PA
<i>GELSYN-3 SOSY</i>	2	SP; PA
<i>GENVISC 850 SOSY</i>	2	SP; PA
<i>HYALGAN SOLN</i>	2	SP; PA
<i>HYALGAN SOSY</i>	2	SP; PA
<i>HYMOVIS</i>	2	SP; PA
<i>MONOVISC</i>	2	SP; PA
<i>ORTHOVISC</i>	2	SP; PA
<i>SUPARTZ FX SOSY</i>	2	SP; PA
<i>SYNOJOYNT SOSY</i>	2	SP; PA
<i>SYNVISC ONE SOSY</i>	2	SP; PA
<i>SYNVISC SOSY</i>	2	SP; PA
<i>TRILURON SOSY</i>	2	SP; PA
<i>TRIVISC SOSY</i>	2	SP; PA
<i>VISCO-3 SOSY</i>	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	
<i>RYALTRIS</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
Nasal Agents - Misc.		
FT SALINE NASAL SPRAY SOLN	2	QL(90 ML per fill retail)
LITTLE REMEDIES SALINE SOLN	2	QL(90 ML per fill retail)
saline SOLN 0.65 %	1	QL(90 ML per fill retail)
Nasal Antiallergy		
azelastine hcl	1	QL(30 ML per fill retail); RX/OTC
cromolyn sodium (nasal) 5.2 MG/ACT	1	QL(26 ML per fill retail)
olopatadine hcl (nasal)	1	
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.06 %	1	QL(15 ML per 30 day(s) retail)
ipratropium bromide (nasal) 0.03 %	1	QL(30 ML per 30 day(s) retail)
Nasal Steroids		
flunisolide (nasal)	1	QL(25 ML per fill retail)
fluticasone propionate (nasal) SUSP	1	QL(16 ML per fill retail); RX/OTC
mometasone furoate (nasal) SUSP	1	QL(17 GM per fill retail); AL(At least 2 yrs old); RX/OTC
Sympathomimetic Decongestants		
epinephrine hcl (nasal)	1	
phenylephrine hcl (oral) TABS PO	1	QL(24 EA per fill retail)
pseudoephedrine hcl TABS PO	1	
pseudoephedrine hcl TB12 PO	1	QL(2 EA daily)
SUDAFED CHILDRENS LIQD PO	2	
SUDAFED PE CHILDRENS SOLN PO	2	QL(120 ML per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
ALS Agents		
riluzole TABS PO	1	PA
TEGLUTIK SUSP	2	SP; PA
TIGLUTIK SUSP	2	SP; PA
Muscular Dystrophy Agents		
AMONDYS 45	2	SP; PA
ELEVIDYS 10.0-10.4 KG	2	SP; PA
ELEVIDYS 10.5-11.4 KG	2	SP; PA
ELEVIDYS 11.5-12.4 KG	2	SP; PA
ELEVIDYS 12.5-13.4 KG	2	SP; PA
ELEVIDYS 13.5-14.4 KG	2	SP; PA
ELEVIDYS 14.5-15.4 KG	2	SP; PA
ELEVIDYS 15.5-16.4 KG	2	SP; PA
ELEVIDYS 16.5-17.4 KG	2	SP; PA
ELEVIDYS 17.5-18.4 KG	2	SP; PA
ELEVIDYS 18.5-19.4 KG	2	SP; PA
ELEVIDYS 19.5-20.4 KG	2	SP; PA
ELEVIDYS 20.5-21.4 KG	2	SP; PA
ELEVIDYS 21.5-22.4 KG	2	SP; PA
ELEVIDYS 22.5-23.4 KG	2	SP; PA
ELEVIDYS 23.5-24.4 KG	2	SP; PA
ELEVIDYS 24.5-25.4 KG	2	SP; PA
ELEVIDYS 25.5-26.4 KG	2	SP; PA
ELEVIDYS 26.5-27.4 KG	2	SP; PA
ELEVIDYS 27.5-28.4 KG	2	SP; PA
ELEVIDYS 28.5-29.4 KG	2	SP; PA
ELEVIDYS 29.5-30.4 KG	2	SP; PA
ELEVIDYS 30.5-31.4 KG	2	SP; PA
ELEVIDYS 31.5-32.4 KG	2	SP; PA
ELEVIDYS 32.5-33.4 KG	2	SP; PA
ELEVIDYS 33.5-34.4 KG	2	SP; PA
ELEVIDYS 34.5-35.4 KG	2	SP; PA
ELEVIDYS 35.5-36.4 KG	2	SP; PA
ELEVIDYS 36.5-37.4 KG	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 37.5-38.4 KG	2	SP; PA	Neuromuscular Blocking Agent - Neurotoxins		
ELEVIDYS 38.5-39.4 KG	2	SP; PA	BOTOX IJ	2	SP; PA
ELEVIDYS 39.5-40.4 KG	2	SP; PA	DYSPORE	2	SP; PA
ELEVIDYS 40.5-41.4 KG	2	SP; PA	MYOBLOC	2	SP; PA
ELEVIDYS 41.5-42.4 KG	2	SP; PA	XEOMIN	2	SP; PA
ELEVIDYS 42.5-43.4 KG	2	SP; PA	Spinal Muscular Atrophy Agents (SMA)		
ELEVIDYS 43.5-44.4 KG	2	SP; PA	EVRYSDI	2	SP
ELEVIDYS 44.5-45.4 KG	2	SP; PA	SPINRAZA	2	SP; PA
ELEVIDYS 45.5-46.4 KG	2	SP; PA	ZOLGENSMA 20.6-21.0 KG	2	SP; PA
ELEVIDYS 46.5-47.4 KG	2	SP; PA	ZOLGENSMA 10.1-10.5 KG	2	SP; PA
ELEVIDYS 47.5-48.4 KG	2	SP; PA	ZOLGENSMA 10.6-11.0 KG	2	SP; PA
ELEVIDYS 48.5-49.4 KG	2	SP; PA	ZOLGENSMA 11.1-11.5 KG	2	SP; PA
ELEVIDYS 49.5-50.4 KG	2	SP; PA	ZOLGENSMA 11.6-12.0 KG	2	SP; PA
ELEVIDYS 50.5-51.4 KG	2	SP; PA	ZOLGENSMA 12.1-12.5 KG	2	SP; PA
ELEVIDYS 51.5-52.4 KG	2	SP; PA	ZOLGENSMA 12.6-13.0 KG	2	SP; PA
ELEVIDYS 52.5-53.4 KG	2	SP; PA	ZOLGENSMA 13.1-13.5 KG	2	SP; PA
ELEVIDYS 53.5-54.4 KG	2	SP; PA	ZOLGENSMA 13.6-14.0 KG	2	SP; PA
ELEVIDYS 54.5-55.4 KG	2	SP; PA	ZOLGENSMA 14.1-14.5 KG	2	SP; PA
ELEVIDYS 55.5-56.4 KG	2	SP; PA	ZOLGENSMA 14.6-15.0 KG	2	SP; PA
ELEVIDYS 56.5-57.4 KG	2	SP; PA	ZOLGENSMA 15.1-15.5 KG	2	SP; PA
ELEVIDYS 57.5-58.4 KG	2	SP; PA	ZOLGENSMA 15.6-16.0 KG	2	SP; PA
ELEVIDYS 58.5-59.4 KG	2	SP; PA	ZOLGENSMA 16.1-16.5 KG	2	SP; PA
ELEVIDYS 59.5-60.4 KG	2	SP; PA	ZOLGENSMA 16.6-17.0 KG	2	SP; PA
ELEVIDYS 60.5-61.4 KG	2	SP; PA	ZOLGENSMA 17.1-17.5 KG	2	SP; PA
ELEVIDYS 61.5-62.4 KG	2	SP; PA			
ELEVIDYS 62.5-63.4 KG	2	SP; PA			
ELEVIDYS 63.5-64.4 KG	2	SP; PA			
ELEVIDYS 64.5-65.4 KG	2	SP; PA			
ELEVIDYS 65.5-66.4 KG	2	SP; PA			
ELEVIDYS 66.5-67.4 KG	2	SP; PA			
ELEVIDYS 67.5-68.4 KG	2	SP; PA			
ELEVIDYS 68.5-69.4 KG	2	SP; PA			
ELEVIDYS 69.5 KG PLUS	2	SP; PA			
EXONDYS 51	2	SP; PA			
VILTEPSO	2	SP; PA			
VYONDYS 53	2	SP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 17.6-18.0 KG	2	SP; PA	<i>carteolol hcl (ophth)</i>	1	1 max fill(s) per 30 day(s) retail
ZOLGENSMA 18.1-18.5 KG	2	SP; PA	COMBIGAN ( <i>Use brimonidine tartrate-timolol maleate</i> )	2	
ZOLGENSMA 18.6-19.0 KG	2	SP; PA	DORZOLAMIDE HCL-TIMOLOL MAL	2	QL(10 ML per fill retail)
ZOLGENSMA 19.1-19.5 KG	2	SP; PA	<i>dorzolamide hcl-timolol maleate</i>	1	QL(10 ML per fill retail)
ZOLGENSMA 19.6-20.0 KG	2	SP; PA	<i>dorzolamide hcl-timolol maleate</i>	1	
ZOLGENSMA 2.6-3.0 KG	2	SP; PA	<i>levobunolol hcl 0.5 %</i>	1	
ZOLGENSMA 20.1-20.5 KG	2	SP; PA	<i>timolol maleate (ophth)</i> SOLG 0.25 %	1	
ZOLGENSMA 3.1-3.5 KG	2	SP; PA	<i>timolol maleate (ophth)</i> SOLN 0.5 %	1	
ZOLGENSMA 3.6-4.0 KG	2	SP; PA	<i>timolol maleate (ophth)</i> SOLN	1	QL(5 ML per fill retail)
ZOLGENSMA 4.1-4.5 KG	2	SP; PA	TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 %	2	
ZOLGENSMA 4.6-5.0 KG	2	SP; PA	TIMOPTIC-XE SOLG 0.25 % ( <i>Use timolol maleate (ophth)</i> )	NP	
ZOLGENSMA 5.1-5.5 KG	2	SP; PA	<b>Cycloplegic Mydriatics</b>		
ZOLGENSMA 5.6-6.0 KG	2	SP; PA	<i>atropine sulfate (ophthalmic) OINT</i>	1	QL(4 GM per fill retail)
ZOLGENSMA 6.1-6.5 KG	2	SP; PA	<i>atropine sulfate (ophthalmic) SOLN</i>	1	QL(5 ML per fill retail)
ZOLGENSMA 6.6-7.0 KG	2	SP; PA	ATROPINE SULFATE SOLN 1 %	2	QL(5 EA per fill retail)
ZOLGENSMA 7.1-7.5 KG	2	SP; PA	CYCLOGYL 0.5 %	2	QL(15 ML per fill retail)
ZOLGENSMA 7.6-8.0 KG	2	SP; PA	<i>cyclopentolate hcl 1 %</i>	1	QL(5 ML per fill retail)
ZOLGENSMA 8.1-8.5 KG	2	SP; PA	<i>cyclopentolate hcl 0.5 %</i>	1	QL(15 ML per fill retail)
ZOLGENSMA 8.6-9.0 KG	2	SP; PA	ISOPTO ATROPINE SOLN	2	QL(5 ML per fill retail)
ZOLGENSMA 9.1-9.5 KG	2	SP; PA	<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	QL(5 ML per fill retail)
ZOLGENSMA 9.6-10.0 KG	2	SP; PA	<i>tropicamide SOLN 1 %</i>	1	QL(3 ML per fill retail)
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>					
<b>Artificial Tears and Lubricants</b>					
<i>polyvinyl alcohol 1.4 %</i>	1	QL(15 ML per fill retail)			
<i>white petrolatum-mineral oil</i>	1	QL(5 GM per fill retail)			
<b>Beta-blockers - Ophthalmic</b>					
<i>betaxolol hcl (ophth) SOLN</i>	1	QL(5 ML per fill retail)			
<i>brimonidine tartrate-timolol maleate</i>	1				

Drug Name	Drug Tier	Requirements/Limits
<i>tropicamide SOLN 0.5 %</i>	1	QL(15 ML per fill retail)
<b>Miotics</b>		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	
<b>Ophthalmic - Angiogenesis Inhibitors</b>		
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	2	SP; PA
BEVACIZUMAB IO 2.75 MG/0.11ML, 3.75 MG/0.15ML	2	PA
EYLEA SOLN	2	SP; PA
LUCENTIS SOSY	2	SP; PA
<b>Ophthalmic Adrenergic Agents</b>		
ALPHAGAN P ( <i>Use brimonidine tartrate</i> )	2	
<i>apraclonidine hcl</i>	1	
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	1	
<i>brimonidine tartrate 0.2 %</i>	1	QL(5 ML per fill retail)
SIMBRINZA	2	
<b>Ophthalmic Anti-infectives</b>		
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitracin zn-polymyxin</i>	1	QL(4 GM per fill retail)
<i>neomycin-polymyxin-gramicidin</i>	1	QL(10 ML per fill retail)
<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail)
<i>polymyxin b-trimethoprim</i>	1	QL(10 ML per fill retail)
<i>sulfacetamide sodium (ophth) SOLN</i>	1	QL(15 ML per fill retail)
<i>tobramycin (ophth) SOLN</i>	1	QL(5 ML per fill retail)
TOBREX OINT	2	QL(4 GM per fill retail)
<b>Ophthalmic Decongestants</b>		
<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	1	1 max fill(s) per 30 day(s) retail
<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	1	QL(0.5 ML daily)
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	1	QL(30 ML per fill retail)
<b>Ophthalmic Immunomodulators</b>		
CEQUA SOLN	NP	
<i>cyclosporine (ophth) EMUL</i>	1	
RESTASIS MULTIDOSE EMUL	2	
RESTASIS EMUL ( <i>Use cyclosporine (ophth)</i> )	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>		

Drug Name	Drug Tier	Requirements/Limits
OXERVATE	2	SP; PA
Ophthalmic Photodynamic Therapy Agents		
VISUDYNE	2	SP; PA
Ophthalmic Steroids		
<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)
ILUVIEN	2	SP; PA
<i>neomycin-polymyx-dexameth OINT</i>	1	QL(4 GM per fill retail)
<i>neomycin-polymyx-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)
<i>prednisolone acetate (ophth)</i>	1	QL(5 ML per fill retail)
PREDNISOLONE ACETATE P-F	2	QL(5 ML per fill retail)
PREDNISOLONE SODIUM PHOSPHATE	2	QL(10 ML per fill retail)
RETISERT	2	SP; PA
<i>sulfacetamide sod-prednisolone SOLN</i>	1	QL(5 ML per fill retail)
TOBRADEX OINT	2	QL(4 GM per fill retail)
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)
YUTIQ	2	SP
Ophthalmics - Misc.		
<i>azelastine hcl (ophth)</i>	1	QL(6 ML per fill retail)
<i>bromfenac sodium (ophth)</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	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	GAMMAGARD S/D LESS IGA SOLR	2	SP; PA
<i>ciprofloxacin-dexamethasone</i>	1	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	2	SP; PA
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	QL(10 ML per fill retail)	GAMMAPLEX SOLN	2	SP; PA
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	QL(10 ML per fill retail)	GAMMAPLEX SOLN 5 GM/50ML	2	PA
<i>pramoxine-hc-chloroxylenol</i>	1	QL(15 ML per fill retail)	GAMUNEX-C	2	SP; PA
<b>Otic Steroids</b>			HEPAGAM B SOLN IJ	2	SP; PA
<i>fluocinolone acetonide (otic)</i>	1	QL(20 ML per fill retail)	HIZENTRA SOLN	2	SP; PA
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ML per fill retail)	HIZENTRA SOSY 10 GM/50ML	2	SP; PA
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>			HYPERHEP B SOLN IM	2	SP; PA
<b>Oxytocics</b>			HYPERHEP B SOSY	2	SP; PA
<i>methylergonovine maleate TABS PO</i>	1		HYPERRHO S/D SOSY IM 1500 UNIT	2	SP; PA
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>			HYPERRHO S/D SOSY IM 250 UNIT	2	SP; PA
<b>Immune Serums</b>			MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
BIVIGAM SOLN 10 GM/100ML	2	SP; PA	NABI-HB SOLN IM	2	SP; PA
BIVIGAM SOLN 5 GM/50ML	2	PA	OCTAGAM SOLN	2	SP; PA
CUVITRU SOLN	2	SP; PA	OCTAGAM SOLN 5 GM/50ML	2	PA
CYTOGAM SOLN	2	SP; PA	PANZYGA	2	SP; PA
FLEBOGAMMA DIF SOLN 5 GM/50ML	2	PA	PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	2	SP; PA
FLEBOGAMMA DIF SOLN	2	SP; PA	PRIVIGEN SOLN 5 GM/50ML	2	PA
GAMASTAN	2	SP; PA	RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
GAMMAGARD	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>		

Drug Name	Drug Tier	Requirements/Limits
BEYFORTUS	0	AL(At least 19 yrs old); SP
SYNAGIS SOLN	2	SP; PA
ZINPLAVA	2	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	2	SP; PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
Aminopenicillins		
<i>amoxicillin CAPS PO</i>	1	
<i>amoxicillin CHEW PO 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR PO</i>	1	
<i>amoxicillin TABS PO 875 MG</i>	1	
<i>ampicillin CAPS PO 500 MG</i>	1	
Natural Penicillins		
<i>penicillin v potassium SOLR PO</i>	1	
<i>penicillin v potassium TABS PO</i>	1	
Penicillin Combinations		
<i>amoxicillin &amp; pot clavulanate CHEW PO</i>	1	QL(20 EA per fill retail)
<i>amoxicillin &amp; pot clavulanate SUSR PO</i>	1	
<i>amoxicillin &amp; pot clavulanate TABS PO 125 MG-500 MG, 125 MG-875 MG</i>	1	QL(20 EA per fill retail)
<i>amoxicillin &amp; pot clavulanate TABS PO 125 MG-250 MG</i>	1	QL(30 EA per fill retail)
<i>amoxicillin &amp; pot clavulanate TB12 PO</i>	1	QL(1.34 EA daily)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium PO</i>	1	
<b>PHARMACEUTICAL ADJUVANTS</b>		

Drug Name	Drug Tier	Requirements/Limits
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK PO	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASY MIX PO	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
Liquid Vehicles		
<i>glycine diluent</i>	1	SP; PA
STERILE DILUENT FLOLAN PH 12	2	SP; PA
Semi Solid Vehicles		
<i>lanolin XX</i>	1	
LANOLIN XX	2	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
Progestins		
<i>hydroxyprogesterone caproate OIL</i>	1	SP; PA
MAKENA SOAJ	NP	SP; PA
<i>medroxyprogesterone acetate PO 2.5 MG, 5 MG, 10 MG</i>	1	MP
<i>norethindrone acetate TABS PO</i>	1	MP
<i>progesterone CAPS PO 100 MG</i>	1	QL(1 EA daily)
<i>progesterone CAPS PO 200 MG</i>	1	QL(20 EA per 30 day(s) retail)
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
Agents for Chemical Dependency		
<i>acamprosate calcium PO</i>	1	
<i>disulfiram PO 250 MG</i>	1	
Anti-Cataplectic Agents		

Drug Name	Drug Tier	Requirements/Limits
SODIUM OXYBATE SOLN PO	2	SP; PA
XYREM SOLN PO	2	SP; PA
<b>Antidementia Agents</b>		
ADLARITY PTWK	NP	
<i>donepezil hydrochloride TABS PO 23 MG</i>	1	
<i>donepezil hydrochloride TABS PO 5 MG, 10 MG</i>	1	QL(1 EA daily); MP
<i>donepezil hydrochloride TBDP PO</i>	1	
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use <i>rivastigmine</i> )	2	QL(1 EA daily)
EXELON 13.3 MG/24HR (Use <i>rivastigmine</i> )	2	
<i>galantamine hydrobromide CP24 PO</i>	1	QL(1 EA daily)
<i>galantamine hydrobromide SOLN PO</i>	1	QL(6 ML daily)
<i>galantamine hydrobromide TABS PO</i>	1	QL(2 EA daily)
<i>memantine hcl CP24 PO</i>	1	
<i>memantine hcl SOLN PO 2 MG/ML</i>	1	QL(10 ML daily)
<i>memantine hcl TABS PO</i>	2	QL(1 EA per 28 day(s) retail)
<i>memantine hcl TABS PO</i>	1	QL(2 EA daily); MP
NAMENDA TITRATION PAK TABS PO (Use <i>memantine hcl</i> )	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 PO</i>	1	QL(2 EA daily)
<b>Cerebral Adrenoleukodystrophy (CALD) Agents</b>		
SKYSONA	2	SP; PA
<b>Combination Psychotherapeutics</b>		

Drug Name	Drug Tier	Requirements/Limits
LYBALVI	NP	
<i>perphenazine-amitriptyline PO</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 PO	2	QL(2 EA daily); PA
<b>Movement Disorder Drug Therapy</b>		
AUSTEDO XR PATIENT TITRATION 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 PO</i>	1	SP; PA
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN AJKT	2	SP; PA
AVONEX PREFILLED PSKT	2	SP; PA
BAFIERTAM	NP	SP
BRIUMVI	NP	SP
COPAXONE SOSY (Use <i>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 PO</i>	1	SP; PA
GILENYA PO (Use <i> fingolimod hcl</i> )	NP	SP; PA
GILENYA PO	NP	SP; PA
<i>glatiramer acetate SOSY</i>	1	SP; PA
KESIMPTA	2	SP; PA
MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
MAYZENT TABS PO	NP	SP

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SOSY IM	NP	SP
PONVORY STARTER PACK TBPK	NP	SP
PONVORY TABS	NP	SP
TASCENSO ODT	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS PO 20 MG</i>	1	QL(4 EA daily); AL(At least 7 yrs old)
<i>fluoxetine hcl (pmdd) TABS PO 10 MG</i>	1	AL(At least 7 yrs old)
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS PO</i>	1	
Smoking Deterrents		
APO-VARENICLINE TABS PO	0	QL(2 EA daily); AL(At least 13 yrs old)
<i>bupropion hcl (smoking deterrent) PO</i>	0	AL(At least 13 yrs old)
CHANTIX STARTING MONTH PAK TBPK ( <i>Use varenicline tartrate</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 KIT	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 NS SOLN	NP	AL(At least 13 yrs old); PA
NICOTROL INHA	NP	AL(At least 13 yrs old); PA
<i>varenicline tartrate TABS PO</i>	0	QL(2 EA daily); AL(At least 13 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate TBPK</i>	0	AL(At least 13 yrs old)
Transthyretin Amyloidosis Agents		
ONPATTRO	2	SP; PA
TEGSEDI	2	SP; PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor) PO</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
PROLASTIN-C SOLR	2	SP; PA
ZEMAIRA SOLR 1000 MG	2	SP; PA
Cystic Fibrosis Agents		
KALYDECO PACK 50 MG, 75 MG	2	SP; PA
KALYDECO TABS	2	SP; PA
ORKAMBI PACK	2	SP; PA
ORKAMBI TABS	2	SP; PA
PULMOZYME	2	SP; PA
SYMDEKO	2	SP; PA
TRIKAFTA TBPK 100 MG-50 MG	2	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	2	SP; PA
<i>pirfenidone CAPS</i>	1	SP; PA
<i>pirfenidone TABS PO 534 MG</i>	1	SP
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
Tetracyclines		

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) CAPS PO 50 MG, 100 MG</i>	1	
<i>doxycycline (monohydrate) TABS PO 50 MG, 100 MG</i>	1	
<i>doxycycline hyclate CAPS PO</i>	1	
<i>doxycycline hyclate TABS PO 100 MG</i>	1	
<i>minocycline hcl CAPS PO</i>	1	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole TABS PO</i>	1	MP
<i>propylthiouracil PO</i>	1	MP
<b>Thyroid Hormones</b>		
ADTHYZA TABS PO 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	2	MP
ARMOUR THYROID TABS PO	2	MP
<i>levothyroxine sodium CAPS PO 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 PO</i>	1	MP
<i>liothyronine sodium TABS PO</i>	1	MP
NIVA THYROID TABS PO	2	MP
NP THYROID TABS PO	2	MP
SYNTHROID TABS PO (Use <i>levothyroxine sodium</i> )	2	MP
THYROID TABS PO 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP

Drug Name	Drug Tier	Requirements/Limits
TIROSINT CAPS PO 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (Use <i>levothyroxine sodium</i> )	2	
<b>TOXOIDS</b>		
<b>Toxoid Combinations</b>		
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 DT 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 TD 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>		
<b>Antispasmodics</b>		
<i>dicyclomine hcl CAPS PO</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl SOLN PO</i>	1	QL(40 ML daily)	NEXIUM 24HR CLEAR MINIS CPDR PO ( <i>Use esomeprazole magnesium</i> )	NP	RX/OTC
<i>dicyclomine hcl TABS PO</i>	1		NEXIUM 24HR CPDR PO ( <i>Use esomeprazole magnesium</i> )	NP	RX/OTC
<i>glycopyrrolate TABS PO 1 MG, 2 MG</i>	1	QL(4 EA daily)	NEXIUM CPDR PO 20 MG ( <i>Use esomeprazole magnesium</i> )	NP	RX/OTC
<i>hyoscyamine sulfate ELIX PO</i>	1		NEXIUM PACK 10 MG, 20 MG, 40 MG ( <i>Use esomeprazole magnesium</i> )	2	
<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	1		<i>omeprazole CPDR PO</i>	1	QL(2 EA daily)
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1		<i>omeprazole TBEC PO</i>	1	QL(1 EA daily)
<i>hyoscyamine sulfate TABS PO 0.125 MG</i>	1		<i>pantoprazole sodium PACK</i>	1	
<i>hyoscyamine sulfate TB12 PO 0.375 MG</i>	1		<i>pantoprazole sodium TBEC PO 20 MG</i>	1	QL(1 EA daily)
<i>hyoscyamine sulfate TBDP PO 0.125 MG</i>	1		<i>pantoprazole sodium TBEC PO 40 MG</i>	1	QL(2 EA daily)
<b>H-2 Antagonists</b>			PROTONIX PACK ( <i>Use pantoprazole sodium</i> )	2	
<i>cimetidine TABS PO 200 MG</i>	1	MP; RX/OTC	<i>rabeprazole sodium TBEC PO</i>	1	
<i>cimetidine TABS PO 300 MG, 400 MG</i>	1		<b>Ulcer Drugs - Prostaglandins</b>		
<i>cimetidine TABS PO 800 MG</i>	1	QL(500 EA per fill retail)	<i>misoprostol PO</i>	1	
<i>famotidine TABS PO 20 MG, 40 MG</i>	1	MP; RX/OTC	<b>Ulcer Therapy Combinations</b>		
<i>famotidine TABS PO 10 MG</i>	1		KONVOMEK SUSR	NP	
<b>Misc. Anti-Ulcer</b>			<i>omeprazole-sodium bicarbonate CAPS PO</i>	1	RX/OTC
<i>sucralfate SUSP PO</i>	1	QL(420 ML per fill retail)	<i>omeprazole-sodium bicarbonate PACK PO</i>	1	
<i>sucralfate TABS PO</i>	1	QL(4 EA daily); MP	<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Proton Pump Inhibitors</b>			<b>Urinary Antispasmodic - Antimuscarinics (Anticholinergic)</b>		
<i>esomeprazole magnesium CPDR PO</i>	1	RX/OTC	<i>darifenacin hydrobromide PO</i>	1	
<i>esomeprazole magnesium PACK</i>	1				
<i>lansoprazole CPDR PO</i>	1	RX/OTC			
<i>lansoprazole TBDD</i>	1	PA; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fesoterodine fumarate</i>	1		BIOTHRAX	0	AL(At least 19 yrs old)
<i>oxybutynin chloride SOLN</i>	1		HIBERIX SOLR IJ	0	AL(At least 19 yrs old)
<i>oxybutynin chloride TABS PO 2.5 MG</i>	1		MENACTRA	0	AL(At least 19 yrs old)
<i>oxybutynin chloride TABS PO 5 MG</i>	1	QL(3 EA daily); MP	MENQUADFI	0	AL(At least 19 yrs old)
<i>oxybutynin chloride TB24 PO</i>	1	QL(2 EA daily); MP	MENVEO SOLN	0	AL(At least 19 yrs old)
<i>solifenacin succinate TABS PO</i>	1		MENVEO SOLR	0	AL(At least 19 yrs old)
<i>tolterodine tartrate CP24 PO</i>	1	QL(1 EA daily)	PEDVAX HIB SUSP	0	AL(At least 19 yrs old)
<i>tolterodine tartrate TABS PO</i>	1	QL(2 EA daily)	PENBRAYA	0	AL(At least 19 yrs old)
TOVIAZ ( <i>Use fesoterodine fumarate</i> )	NP		PNEUMOVAX 23 SOLN	0	AL(At least 19 yrs old)
<i>trospium chloride CP24 PO</i>	1		PNEUMOVAX 23 SOSY	0	AL(At least 19 yrs old)
<i>trospium chloride TABS PO</i>	1	QL(2 EA daily)	PREVNAR 13	0	AL(At least 19 yrs old)
VESICARE LS SUSP	NP		PREVNAR 20	0	AL(At least 19 yrs old)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists			TRUMENBA	0	AL(At least 19 yrs old)
GEMTESA	NP		TYPHIM VI SOLN	0	AL(At least 19 yrs old)
<i>mirabegron TB24 PO</i>	1		TYPHIM VI SOSY	0	AL(At least 19 yrs old)
MYRBETRIQ TB24 PO ( <i>Use mirabegron</i> )	2		VAXCHORA	0	AL(At least 19 yrs old)
Urinary Antispasmodics - Cholinergic Agonists			VAXNEUVANCE	0	AL(At least 19 yrs old)
<i>bethanechol chloride PO</i>	1	MP	VIVOTIF PO	0	AL(At least 19 yrs old)
Urinary Antispasmodics - Direct Muscle Relaxants			Viral Vaccines		
<i>flavoxate hcl PO</i>	1		ABRYSVO	0	QL(1 EA per fill retail); AL(At least 60 yrs old)
<b>VACCINES</b>			ACAM2000	0	AL(At least 19 yrs old)
Bacterial Vaccines			AFLURIA PRESERVATIVE FREE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
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)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AFLURIA QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUARIX SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA QUADRIVALENT SUSY 0.5 ML	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUBLOK QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUBLOK SOSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AREXVY	0	QL(1 EA per fill retail); AL(At least 19 yrs old)	FLUCELVAX QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
COMIRNATY SUSP	0		FLUCELVAX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
COMIRNATY SUSY	0		FLUCELVAX SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
DENGVAXIA	0	AL(At least 19 yrs old)	FLUCELVAX SUSY	0	1 max fill(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)	FLULAVAL QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
ENGERIX-B SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	FLULAVAL SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUAD	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUMIST	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUAD QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)			
FLUARIX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)			



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUMIST QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; 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)
FLUZONE HIGH-DOSE QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IMOVAX RABIES SUSR	0	AL(At least 19 yrs old)
FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IPOL	0	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IXCHIQ	0	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IXIARO	0	AL(At least 19 yrs old)
FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	JANSSEN COVID-19 VACCINE	0	
FLUZONE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	JYNNEOS	0	AL(At least 19 yrs old)
GARDASIL 9 SUSP	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)	M-M-R II SOLR	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 BIVAL 6M-5Y	0	
HAVRIX	0	AL(At least 19 yrs old)	MODERNA COVID-19 BIVALENT	0	
			MODERNA COVID-19 VAC (BOOSTER) SUSP	0	
			MODERNA COVID-19 VAC 6M-11Y SUSP	0	
			MODERNA COVID-19 VAC 6M-11Y SUSY	0	
			MODERNA COVID-19 VACC 6M-5Y SUSP	0	
			MODERNA COVID-19 VACCINE SUSP	0	
			NOVAVAX COVID-19 VACCINE SUSP	0	
			NOVAVAX COVID-19 VACCINE SUSY	0	
			PFIZER COVID-19 BIVAL 6MO-4YR	0	
			PFIZER COVID-19 VAC BIVAL 5-11	0	
			PFIZER COVID-19 VAC BIVALENT	0	
			PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	

Drug Name	Drug Tier	Requirements/Limits
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0	
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	0	
PFIZER-BIONTECH COVID-19 VACC SUSP	0	
PREHEVBRIO	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
PRIORIX SUSR	0	AL(At least 19 yrs old)
PROQUAD SUSR	0	AL(At least 19 yrs old)
RABAVERT	0	AL(At least 19 yrs old)
RECOMBIVAX HB SUSP	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
RECOMBIVAX HB SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
ROTARIX SUSP	0	AL(At least 19 yrs old)
ROTARIX SUSR PO	0	AL(At least 19 yrs old)
ROTATEQ SOLN PO	0	AL(At least 19 yrs old)
SHINGRIX	0	Limit 2 dose per lifetime; 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
SPIKEVAX COVID-19 VACCINE SUSP	0	
SPIKEVAX SUSP	0	
SPIKEVAX SUSY	0	
STAMARIL SUSR	0	AL(At least 19 yrs old)
TICOVAC	0	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
TWINRIX SUSY	0	AL(At least 19 yrs old)
VAQTA	0	AL(At least 19 yrs old)
VARIVAX SUSR	0	2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
YF-VAX INJ	0	AL(At least 19 yrs old)

### VAGINAL AND RELATED PRODUCTS

#### Spermicides

ENCARE SUPP 100 MG	2	QL(12 EA per fill retail)
OPTIONS GYNOL II CONTRACEPTIVE GEL	2	QL(86 GM per fill retail)
SHUR-SEAL CONTRACEPTIVE GEL	2	QL(24 EA per fill retail)
VCF VAGINAL CONTRACEPTIVE FILM	2	QL(9 EA per fill retail)
VCF VAGINAL CONTRACEPTIVE GEL	2	

#### Vaginal Anti-infectives

<i>clindamycin phosphate vaginal CREA</i>	1	QL(40 GM per fill retail)
CLINDESSE	2	
<i>clotrimazole vaginal CREA 1 %</i>	1	QL(45 GM per fill retail)
<i>clotrimazole vaginal CREA 2 %</i>	1	QL(21 GM per fill retail)
GYNAZOLE-1	2	
<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 KIT</i>	1	QL(24 EA per fill retail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	QL(3 EA per fill retail)
<i>miconazole nitrate vaginal SUPP 100 MG</i>	1	QL(7 EA per fill retail)

Drug Name	Drug Tier	Requirements/Limits
MONISTAT 3 CREA 4 %	2	QL(15 GM daily)
NUVESSA	2	
<i>terconazole vaginal CREA 0.8 %</i>	1	QL(20 GM per fill retail)
<i>terconazole vaginal CREA 0.4 %</i>	1	QL(45 GM per fill retail)
<i>terconazole vaginal SUPP</i>	1	QL(3 EA per fill retail)
<i>tioconazole vaginal 6.5 %</i>	1	QL(5 GM per fill retail)
VANDAZOLE	NP	QL(70 GM per fill retail)
XACIATO GEL	NP	
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone vaginal</i>	1	QL(85.2 GM per fill retail)
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	1	QL(43 GM per 30 day(s) retail)
<i>estradiol vaginal TABS</i>	1	
PREMARIN	2	QL(43 GM per 30 day(s) retail)
Vaginal Progestins		
CRINONE GEL	2	AL(At least 15 yrs old)
FIRST-PROGESTERONE VGS SUPP	2	AL(At least 15 yrs old)
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(6 EA per 180 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	2	QL(6 EA per 180 day(s) retail; 6 EA per 180 days mail)
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )	2	QL(6 EA per 180 day(s) retail)
EPIPEN JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )	2	QL(6 EA per 180 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	1	SP; PA
Vasopressors		
<i>midodrine hcl PO</i>	1	
<b>VITAMINS</b>		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS PO 1.25 MG, 50000 UNIT</i>	1	QL(0.267 EA daily)
<i>cholecalciferol CAPS PO</i>	1	
<i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i>	1	
<i>ergocalciferol CAPS PO</i>	1	
KEY-E CHEW PO	2	QL(2 EA daily)
<i>phytonadione TABS PO 5 MG</i>	1	
VITAMIN D3 LIQD PO 125 MCG/ML	2	
<i>vitamin e CAPS PO</i>	1	QL(2 EA daily)
VITAMIN E CAPS PO	2	QL(2 EA daily)
VITAMIN E CHEW PO	2	QL(2 EA daily)
Water Soluble Vitamins		
<i>ascorbic acid TABS PO</i>	1	QL(100 EA per 34 day(s) retail)
B-1 TABS PO	2	QL(2.94 EA daily)
NIACIN ER CPCR PO	2	
NIACIN ER TBCR PO	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>niacin CPCR PO 250 MG, 500 MG</i>	1	
<i>niacin TABS PO 500 MG</i>	1	
<i>niacin TBCR PO</i>	1	
<i>pyridoxine hcl TABS PO 25 MG, 50 MG, 100 MG</i>	1	
<i>riboflavin TABS PO</i>	1	QL(2.94 EA daily)
<i>thiamine hcl TABS PO</i>	1	QL(2.94 EA daily)
<i>thiamine mononitrate TABS PO 100 MG</i>	1	QL(2.94 EA daily)

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ACAM2000 ..... 90	ACIDOPHILUS SUPER PROBIOTIC CAPS PO ..... 19	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML ..... 3
acamprosate calcium PO ..... 85	ACIDOPHILUS/GOAT MILK CAPS PO ..... 19	ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML ..... 3
acarbose PO ..... 16	ACNE MEDICATION 10 LOTN ..... 44	ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML ..... 3
ACCULA SARS-COV-2 ..... 51	ACNE MEDICATION 5 LOTN ..... 44	ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML ..... 3
ACCURETIC PO 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide) 26	ACTHAR GEL ..... 54	ADALIMUMAB-ADB (2 PEN) AJKT 3
ACCUTREND PLUS ..... 62	ACTHIB SOLR IM ..... 90	ADALIMUMAB-ADB (2 SYRINGE) PSKT ..... 3
ACE AEROSOL CLOUD ENHANCER MISC ..... 70		ADALIMUMAB-ADB (CD/UC/HS STRT) AJKT ..... 3
acebutolol hcl CAPS PO ..... 38		
acetaminophen CHEW PO ..... 5		
acetaminophen ELIX PO ..... 5		
acetaminophen LIQD PO 160		

ADALIMUMAB-ADBM(PS/UV STARTER) AJKT .....	3	ADVATE .....	58	CHAMBR MISC .....	70
ADALIMUMAB-FKJP (2 PEN) AJKT .	3	ADVIL TABS PO (Use ibuprofen) ...	4	AEROCHAMBER Z-STAT PLUS MISC .....	70
ADALIMUMAB-FKJP (2 SYRINGE) PSKT .....	3	ADVIN COVID-19 ANTIGEN TEST KIT .....	51	AEROCHAMBER Z-STAT PLUS/LARGE MISC .....	70
ADALIMUMAB-RYVK (2 PEN) AJKT .	3	ADYNOVATE .....	58	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC .....	70
adapalene CREA .....	44	AEROCHAMBER HOLDING CHAMBER DEVI .....	70	AEROCHAMBER Z-STAT PLUS/SMALL MISC .....	70
adapalene GEL .....	44	AEROCHAMBER MINI CHAMBER DEVI .....	70	AEROTRACH PLUS MISC .....	70
ADAPALENE SOLN .....	44	AEROCHAMBER MV MISC .....	70	AEROVENT PLUS DEVI .....	70
adapalene-benzoyl peroxide GEL .	44	AEROCHAMBER PLS FLOVU MTHPIECE DEVI .....	70	AFLURIA PRESERVATIVE FREE SUSY .....	90
ADBRY SOSY .....	49	AEROCHAMBER PLUS FLO-VU INTERM DEVI .....	70	AFLURIA QUADRIVALENT SUSP 91	
ADCETRIS .....	29	AEROCHAMBER PLUS FLO-VU LARGE DEVI .....	70	AFLURIA QUADRIVALENT SUSY 0.5 ML .....	91
ADDERALL TABS PO (Use amphetamine-dextroamphetamine) .	1	AEROCHAMBER PLUS FLO-VU LARGE MISC .....	70	AFLURIA SUSP .....	91
ADDERALL XR CP24 PO (Use amphetamine-dextroamphetamine) .	1	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI .....	70	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT .....	58
ADLARITY PTWK .....	86	AEROCHAMBER PLUS FLO-VU MEDIUM MISC .....	70	AGAMATRIX ULTRA-THIN LANCETS .....	62
ADLYXIN SOPN .....	17	AEROCHAMBER PLUS FLO-VU MISC .....	70	AIMSCO TWIST LANCETS 32G ..	63
ADTHYZA TABS PO 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG .....	88	AEROCHAMBER PLUS FLO-VU SMALL DEVI .....	70	AIMSCO TWIST LANCETS 33G ..	63
ADULT AEROSOL MASK MISC ...	70	AEROCHAMBER PLUS FLO-VU SMALL MISC .....	70	AIRDUO DIGIHALER .....	11
ADULT MASK LARGE MISC .....	70	AEROCHAMBER PLUS FLO-VU W/MASK MISC .....	70	AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol) .....	11
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol) .....	11	AEROCHAMBER PLUS FLOW VU MISC .....	70	AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol) .....	11
ADVAIR HFA AERO (Use fluticasone-salmeterol) .....	11	AEROCHAMBER W/FLOWSIGNAL MISC .....	70	AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol) .....	11
ADVANCED MOBILE LANCET ...	62	AEROCHAMBER Z-STAT PLUS		AIRS PEDIATRIC AEROSOL MASK MISC .....	70
ADVANCED PROBIOTIC CAPS PO .	19			AIRSUPRA .....	11
ADVANCED PROBIOTIC-14 CAPS PO .....	19				

AJOVY SOAJ .....	73	ALOE 10000 & PROBIOTICS CAPS PO .....	19	amantadine hcl TABS PO .....	32
AJOVY SOSY .....	73	alogliptin benzoate .....	17	ambrisentan PO .....	39
albuterol sulfate AERS .....	11	alogliptin-metformin hcl .....	16	amcinonide CREA .....	47
albuterol sulfate NEBU 0.083 % ...	11	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-12.5 MG, 45 MG-25 MG .....	16	amcinonide LOTN .....	47
albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML .....	11	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	56	amcinonide OINT .....	47
albuterol sulfate NEBU .....	11	ALOSETRON HCL PO .....	57	amiloride & hydrochlorothiazide PO 53	
ALBUTEROL SULFATE NEBU ...	11	ALPHAGAN P (Use brimonidine tartrate) .....	82	amiloride hcl TABS PO .....	53
albuterol sulfate SYRP PO .....	11	ALPHANATE SOLR .....	58	aminocaproic acid SOLN PO 0.25 GM/ML .....	60
albuterol sulfate TABS PO .....	11	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT .....	58	aminocaproic acid TABS PO 1000 MG .....	60
alclometasone dipropionate CREA	47	ALPRAZOLAM INTENSOL CONC .	9	aminocaproic acid TABS PO 500 MG .....	60
alclometasone dipropionate OINT	47	alprazolam TABS PO .....	9	amiodarone hcl TABS PO 200 MG 10	
ALCOHOL PREP .....	69	alprazolam TB24 PO .....	9	amitriptyline hcl TABS PO .....	15
ALCOHOL PREP PADS .....	69	alprazolam TBDP PO .....	10	AMJEVITA SOAJ .....	3
ALCOHOL PREP PADS-MISC ...	62	ALPROLIX .....	58	AMJEVITA SOSY .....	3
ALCOHOL SWABS .....	69	ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT .....	58	AMJEVITA-PED 10KG TO <15KG SOSY .....	3
ALDURAZYME .....	54	alum & mag hydrox-simethicone LIQD PO .....	9	AMJEVITA-PED 15KG TO <30KG SOSY .....	3
ALECENSA .....	31	alum & mag hydrox-simethicone SUSP PO 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML .....	9	amlodipine besylate TABS PO ....	38
alendronate sodium SOLN PO ....	53	ALUMINUM HYDROXIDE GEL SUSP PO .....	9	amlodipine besylate-atorvastatin calcium PO .....	39
alendronate sodium TABS PO 35 MG, 70 MG .....	53	amantadine hcl CAPS PO .....	32	amlodipine besylate-benazepril hcl PO .....	26
alendronate sodium TABS PO 5 MG, 10 MG .....	53	amantadine hcl SOLN .....	32	amlodipine besylate-olmesartan medoxomil PO .....	26
ALFERON N .....	32			amlodipine besylate-valsartan PO .	26
alfuzosin hcl PO .....	57			amlodipine-valsartan- hydrochlorothiazide PO .....	26
ALIGN CAPS PO .....	19			AMONDYS 45 .....	79
ALIGN EXTRA STRENGTH CAPS PO .....	19				
ALL FLOW 1000 PFT FILTER MISC . 70					
allopurinol PO 100 MG, 300 MG ...	58				
almotriptan malate PO .....	74				

amoxapine PO .....	15	APOKYN SOCT .....	32	ASMANEX (60 METERED DOSES) AEPB .....	11
amoxicillin & pot clavulanate CHEW PO .....	85	apomorphine hydrochloride SOCT	33	aspirin buffered (cal carb-mag carb- mag oxide) PO .....	6
amoxicillin & pot clavulanate SUSR PO .....	85	APONVIE EMUL .....	23	aspirin CHEW PO .....	6
amoxicillin & pot clavulanate TABS PO 125 MG-250 MG .....	85	APO-VARENICLINE TABS PO ...	87	ASPIRIN SUPP PR 300 MG .....	6
amoxicillin & pot clavulanate TABS PO 125 MG-500 MG, 125 MG-875 MG .....	85	apraclonidine hcl .....	82	aspirin TABS PO 325 MG .....	6
amoxicillin & pot clavulanate TB12 PO .....	85	aprepitant CAPS PO .....	24	aspirin TBEC PO 81 MG, 325 MG ..	6
amoxicillin CAPS PO .....	85	aprepitant MISC PO .....	24	aspirin-dipyridamole PO .....	59
amoxicillin CHEW PO 125 MG, 250 MG .....	85	APTIVUS CAPS .....	34	ASPRUZYO SPRINKLE PACK .....	9
amoxicillin SUSR PO .....	85	AQUADEKS SOLN PO .....	77	ASTAGRAF XL CP24 .....	75
amoxicillin TABS PO 875 MG .....	85	AQUORAL SOLN .....	76	atazanavir sulfate CAPS PO .....	34
amphetamine sulfate TABS PO .....	1	ARALAST NP SOLR 500 MG, 1000 MG .....	87	atenolol & chlorthalidone PO .....	26
amphetamine-dextroamphetamine CP24 PO 12.5 MG, 25 MG, 37.5 MG, 50 MG .....	1	ARESTIN .....	76	atenolol TABS PO .....	38
amphetamine-dextroamphetamine CP24 PO 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG .....	1	AREXVY .....	91	ATGAM .....	75
amphetamine-dextroamphetamine TABS PO .....	1	aripiprazole SOLN PO .....	34	atomoxetine hcl PO .....	1
ampicillin CAPS PO 500 MG .....	85	aripiprazole TABS PO .....	34	ATORVALIQ SUSP .....	25
anastrozole PO .....	30	aripiprazole TBDP PO .....	34	atorvastatin calcium TABS PO ....	25
ANDEXXA 200 MG .....	23	ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML .....	34	ATRIPLA PO (Use efavirenz- emtricitabine-tenofovir disoproxil fumarate) .....	35
ANDROGEL GEL TD 25 MG/2.5GM (Use testosterone) .....	8	ARMONAIR DIGIHALER .....	11	atropine sulfate (ophthalmic) OINT	81
ANTI-DIARRHEAL LIQD PO .....	23	ARMOUR THYROID TABS PO ...	88	atropine sulfate (ophthalmic) SOLN	81
ANUSOL-HC EX (Use hydrocortisone (rectal)) .....	8	arsenic trioxide 12 MG/6ML .....	32	ATROPINE SULFATE SOLN 1 %	81
APLIGRAF DISK .....	51	ARZERRA .....	29	ATROVENT HFA .....	10
		ASACOL HD TBEC PO (Use mesalamine) .....	56	AURORA LANCET SUPER THIN 30G .....	63
		ascorbic acid TABS PO .....	94	AURORA LANCET THIN 23G ....	63
		ASMANEX (120 METERED DOSES) AEPB .....	11	AUSTEDO TABS .....	86
		ASMANEX (14 METERED DOSES) AEPB .....	11	AUSTEDO XR PATIENT TITRATION TEPK .....	86
		ASMANEX (30 METERED DOSES) AEPB .....	11		



AUSTEDO XR TB24 6 MG, 12 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG .....	86	bacitracin zinc OINT .....	45	BD PEN NEEDLE SHORT U/F ...	69
AUVELITY .....	14	bacitracin-polymyxin b (ophth) .....	82	BD PEN NEEDLES .....	69
AUVI-Q SOAJ 0.3 MG/0.3ML .....	94	baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML .....	78	BD SWAB SINGLE USE REGULAR	69
AVASTIN .....	29	baclofen SOLN PO 10 MG/5ML ...	77	BD VERITOR SYSTEM SARS-COV-2 .....	51
AVEED SOLN .....	8	baclofen SOLN PO 5 MG/5ML .....	78	BELEODAQ .....	31
AVONEX PEN AJKT .....	86	baclofen SUSP .....	78	BELRAPZO SOLN .....	28
AVONEX PREFILLED PSKT .....	86	baclofen TABS PO 10 MG, 20 MG	78	BENADRYL ALLERGY EXTRA STR	
azacitidine SUSR .....	29	baclofen TABS PO 15 MG .....	78	TABS PO .....	24
azathioprine TABS PO 50 MG .....	75	baclofen TABS PO 5 MG .....	78	benazepril & hydrochlorothiazide PO	26
azathioprine TABS PO 75 MG, 100 MG .....	75	BAFIERTAM .....	86	benazepril hcl PO 40 MG .....	26
AZEDRA DOSIMETRIC .....	31	balsalazide disodium CAPS PO ...	56	benazepril hcl PO 5 MG, 10 MG, 20 MG .....	26
AZEDRA THERAPEUTIC .....	31	BAQSIMI ONE PACK POWD .....	16	BENDAMUSTINE HCL SOLN .....	28
azelastine hcl (ophth) .....	83	BAQSIMI TWO PACK POWD .....	16	bendamustine hcl SOLR .....	28
azelastine hcl .....	79	BCG VACCINE .....	90	BENDEKA SOLN .....	28
azelastine hcl-fluticasone propionate SUSP .....	78	b-complex vitamins CAPS PO .....	76	BENEFIX KIT .....	58
azithromycin SUSR PO 100 MG/5ML .....	62	b-complex vitamins TABS PO .....	76	BENLYSTA SOLR .....	75
azithromycin SUSR PO 200 MG/5ML .....	62	b-complex w/ c & folic acid CAPS PO .....	76	BENZNIDAZOLE .....	9
azithromycin TABS PO 250 MG ...	62	b-complex w/ c & folic acid TABS PO	76	benzonatate PO 100 MG .....	44
azithromycin TABS PO 500 MG ...	62	BD AUTOSHIELD .....	69	benzonatate PO 200 MG .....	43
azithromycin TABS PO 600 MG ...	62	BD AUTOSHIELD DUO .....	69	benzoyl peroxide GEL 2.5 %, 5 %, 10 % .....	44
AZSTARYS .....	2	BD GLUCOSE CHEW PO .....	16	benzoyl peroxide LIQD 5 %, 10 %	44
b complex w/ c CAPS PO .....	76	BD LANCET ULTRAFINE 30G ...	63	benztropine mesylate TABS PO ...	32
B-1 TABS PO .....	94	BD PEN NEEDLE MICRO U/F ...	69	BERINERT KIT .....	59
BACICAP CAPS PO .....	19	BD PEN NEEDLE MINI U/F .....	69	betaine PO .....	54
BACID CAPS PO .....	19	BD PEN NEEDLE NANO 2ND GEN .	69	betamethasone dipropionate (topical) CREA .....	47
bacitracin (topical) OINT .....	45	BD PEN NEEDLE NANO U/F .....	69	betamethasone dipropionate (topical) LOTN .....	47
		BD PEN NEEDLE ORIGINAL U/F	69		

betamethasone dipropionate (topical) OINT .....	47	BILAC CAPS PO .....	19	bortezomib SOLR IJ .....	31
betamethasone dipropionate augmented CREA .....	47	bimatoprost SOLN .....	83	BORTEZOMIB SOLR IV 3.5 MG ..	31
betamethasone dipropionate augmented GEL 0.05 % .....	47	BIMZELX SOAJ 160 MG/ML .....	46	bosentan TABS .....	39
betamethasone dipropionate augmented LOTN .....	47	BIMZELX SOSY 160 MG/ML .....	46	BOSULIF TABS 100 MG, 500 MG	31
betamethasone dipropionate augmented OINT .....	47	BINAXNOW COVID-19 AG CARD		BOTOX IJ .....	80
betamethasone valerate CREA ...	47	51		BPROTECTED PEDIA POLY-VITE	
betamethasone valerate FOAM ...	47	BINAXNOW COVID-19 AG HOME		SOLN PO .....	77
betamethasone valerate LOTN ...	47	TEST KIT .....	51	BPROTECTED PEDIA POLY-	
betamethasone valerate OINT ...	47	BIOHM PROBIOTIC SUPPLEMENT		VITE/FE SOLN PO .....	77
betaxolol hcl (ophth) SOLN .....	81	CAPS PO .....	19	BRAFTOVI PO 75 MG .....	31
betaxolol hcl PO .....	38	BIOHM PROBIOTIC/VITAMIN C		BREATHE COMFORT	
bethanechol chloride PO .....	90	CAPS PO .....	19	CHAMBER/ADULT DEVI .....	70
BETHKIS NEBU (Use tobramycin) .	2	BIO-KULT CAPS PO .....	19	BREATHE COMFORT	
BEVACIZUMAB IO 2.75 MG/0.11ML,		BIOTENE DRY MOUTH		CHAMBER/CHILD DEVI .....	70
3.75 MG/0.15ML .....	82	MOISTURIZING SOLN .....	76	BREATHE EASE LARGE DEVI ...	70
BEVACIZUMAB IZ 2.5 MG/0.1ML,		BIOTHRAX .....	90	BREATHE EASE MEDIUM DEVI .	70
3.25 MG/0.13ML, 3.75 MG/0.15ML		bisacodyl SUPP PR .....	62	BREATHE EASE NEB MASK/CHILD	
82		bisacodyl TBEC PO .....	62	MISC .....	71
BEVESPI AEROSPHERE .....	11	bismuth subsalicylate CHEW PO	262	BREATHE EASE NEB	
bexarotene (topical) .....	46	MG .....	19	MASK/INFANT MISC .....	71
bexarotene PO .....	32	bismuth subsalicylate SUSP PO	262	BREATHE EASE SMALL DEVI ...	71
BEXSERO .....	90	MG/15ML, 525 MG/15ML, 525		BREATHERITE VALVED MDI	
BEYFORTUS .....	85	MG/30ML, 527 MG/30ML, 1050		CHAMBER DEVI .....	71
bicalutamide PO .....	30	MG/30ML .....	19	BREO ELLIPTA .....	11
BIKTARVY 120 MG-30 MG-15 MG		bisoprolol & hydrochlorothiazide PO .		BREZTRI AEROSPHERE .....	11
35		26		BRIDION SOLN .....	23
BIKTARVY 200 MG-50 MG-25 MG		bisoprolol fumarate PO .....	38	BRILINTA PO .....	59
35		BIVIGAM SOLN 10 GM/100ML ...	84	brimonidine tartrate 0.1 %, 0.15 %	82
		BIVIGAM SOLN 5 GM/50ML .....	84	brimonidine tartrate 0.2 % .....	82
		BLINCYTO .....	29	brimonidine tartrate-timolol maleate .	
		BONJESTA TBCR .....	23	81	
		BOOSTRIX SUSP .....	88	BRIUMVI .....	86
		BOOSTRIX SUSY .....	88	BRIVIACT SOLN IV 50 MG/5ML ..	13

BRIXADI (WEEKLY) SOSY .....	7	buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG .....	8	calcipotriene OINT .....	46
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML .....	7	buprenorphine PTWK .....	8	calcipotriene SOLN .....	46
bromfenac sodium (ophth) .....	83	bupropion hcl (smoking deterrent) PO .....	87	calcipotriene-betamethasone dipropionate OINT .....	47
bromocriptine mesylate CAPS PO .....	33	bupropion hcl TABS PO .....	14	calcipotriene-betamethasone dipropionate SUSP .....	47
bromocriptine mesylate TABS PO 2.5 MG .....	33	bupropion hcl TB12 PO 100 MG ...	14	calcitonin (salmon) IJ .....	53
brompheniramine & phenyleph ELIX PO .....	44	bupropion hcl TB12 PO 150 MG ...	14	calcitonin (salmon) NA .....	53
brompheniramine & pseudoeph ELIX PO .....	44	bupropion hcl TB12 PO 200 MG ...	14	calcitriol CAPS PO .....	54
brompheniramine & pseudoeph LIQD PO 15 MG/5ML-1 MG/5ML .....	44	bupropion hcl TB24 PO 150 MG ...	14	calcium acetate (phosphate binder) CAPS PO .....	57
BUBBLES THE FISH II PEDI MASK MISC .....	71	bupropion hcl TB24 PO 300 MG ...	14	calcium acetate (phosphate binder) TABS PO .....	57
budesonide (inhalation) SUSP .....	11	bupropion hcl TB24 PO 450 MG ...	14	calcium carbonate (antacid) CHEW PO 500 MG .....	9
budesonide TB24 PO .....	43	buspirone hcl PO .....	9	calcium carbonate-cholecalciferol TABS PO 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG .....	74
budesonide-formoterol fumarate dihydrate .....	11	butalbital-acetaminophen TABS PO 50 MG-325 MG .....	5	calcium polycarbophil TABS PO ...	61
bumetanide TABS PO .....	53	butalbital-acetaminophen-caffeine CAPS PO 40 MG-50 MG-325 MG ..	5	CAMCEVI .....	30
BUPHENYL POWD PO (Use sodium phenylbutyrate) .....	54	butalbital-acetaminophen-caffeine TABS PO 40 MG-50 MG-325 MG ..	5	camphor & menthol LOTN .....	46
BUPHENYL TABS PO (Use sodium phenylbutyrate) .....	54	butalbital-acetaminophen-caffeine w/ codeine PO 30 MG-40 MG-50 MG-325 MG .....	7	CANASA SUPP PR (Use mesalamine) .....	56
buprenorphine hcl SUBL .....	8	butalbital-aspirin-caffeine CAPS PO 5	5	candesartan cilexetil PO .....	26
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG ...	7	butalbital-aspirin-caffeine w/cod PO 7	7	candesartan cilexetil-hydrochlorothiazide PO .....	26
buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG .....	7	BUTRANS PTWK (Use buprenorphine) .....	8	capecitabine PO .....	29
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG .....	7	BYETTA 10 MCG PEN SOPN .....	17	CAPHOSOL SOLN .....	76
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...	7	BYETTA 5 MCG PEN SOPN .....	17	CAPLYTA .....	33
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG .....	7	CABOMETYX TABS PO .....	31	CAPRELSA PO .....	31
		caffeine citrate SOLN PO .....	1	capsaicin CREA 0.025 %, 0.075 % 50	
		calcipotriene CREA .....	46	capsaicin CREA 0.1 % .....	50
		calcipotriene FOAM .....	46		
		CALCIPOTRIENE FOAM .....	46		

captopril & hydrochlorothiazide PO 26	30G	63	CELONTIN (Use methsuximide)	14
captopril PO	26		CENTANY OINT	45
CAPZASIN-P CREA	50		cephalexin CAPS PO 250 MG, 500 MG	40
CARAC CREA	46		cephalexin SUSR PO	40
CARBAGLU (Use carglumic acid)	54		CEPROTIN	59
carbamazepine CHEW PO 100 MG 13			CEQUA SOLN	82
carbamazepine CP12 PO	13		CERDELGA	59
carbamazepine SUSP PO	13		CEREZYME 400 UNIT	59
carbamazepine TABS PO	13		cetirizine hcl CAPS PO	24
carbamazepine TB12 PO	13		cetirizine hcl CHEW PO	24
carbamide peroxide (otic) 6.5 %	83		cetirizine hcl SOLN PO	24
CARBATROL CP12 PO (Use carbamazepine)	13		cetirizine hcl SYRP PO	24
carbidopa PO	32		cetirizine hcl TABS PO	24
carbidopa-levodopa TABS PO	33		CETRAXAL (Use ciprofloxacin hcl (otic))	83
carbidopa-levodopa TBCR PO	33		CHANTIX STARTING MONTH PAK TBP (Use varenicline tartrate)	87
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML	28		CHEMET PO	23
CAREONE LANCET SUPER THIN 30G	63		CHEMSTRIP K STRP	51
CAREONE LANCET THIN 23G	63		CHENODAL PO	56
CARESENS LANCETS	63		CHILDRENS ADVIL SUSP PO 100 MG/5ML (Use ibuprofen)	4
CARESENS LANCETS 30G	63		CHILDRENS MOTRIN SUSP PO 100 MG/5ML (Use ibuprofen)	4
CARESTART COVID-19 HOME TEST KIT	51		chlordiazepoxide hcl CAPS PO	10
CARETOUCH TWIST LANCETS 28G	63		chlorhexidine gluconate (mouth- throat)	76
CARETOUCH TWIST LANCETS 30G	63		chloroquine phosphate TABS PO 250 MG	28
CARETOUCH TWIST MC LANCETS			chloroquine phosphate TABS PO 500 MG	28
carglumic acid	54		chlorpheniramine maleate SYRP PO	
carisoprodol TABS PO 250 MG	78			
carisoprodol TABS PO 350 MG	78			
carteolol hcl (ophth)	81			
carvedilol phosphate PO	37			
carvedilol PO 25 MG	37			
carvedilol PO 3.125 MG, 6.25 MG, 12.5 MG	37			
CASGEVY	59			
CASTIVA WARMING LOTN	50			
CAYSTON	28			
cefaclor CAPS PO	40			
CEFACLOR ER TB12 PO	40			
cefaclor SUSR PO 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	40			
cefadroxil CAPS PO	40			
cefadroxil SUSR PO	40			
cefadroxil TABS PO	40			
cefdinir CAPS PO	40			
cefdinir SUSR PO	40			
cefixime CAPS PO	40			
cefixime SUSR PO	40			
cefpodoxime proxetil SUSR PO	40			
cefpodoxime proxetil TABS PO	40			
cefprozil SUSR PO	40			
cefprozil TABS PO	40			
ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	40			
cefuroxime axetil TABS PO	40			
celecoxib PO	4			

24	CIPRODEX (Use ciprofloxacin-dexamethasone) .....	84	clindamycin phosphate (topical) GEL	44
chlorpheniramine maleate TABS PO			clindamycin phosphate (topical)	
24	ciprofloxacin hcl (ophth) SOLN ....	82	LOTN .....	44
chlorpromazine hcl TABS PO .....	ciprofloxacin hcl (otic) .....	83	clindamycin phosphate (topical)	
chlorthalidone PO 25 MG, 50 MG .	ciprofloxacin hcl TABS PO 100 MG	56	SOLN .....	45
chlorzoxazone TABS PO 250 MG,	ciprofloxacin hcl TABS PO 250 MG,		clindamycin phosphate vaginal CREA	
375 MG, 750 MG .....	500 MG, 750 MG .....	56	.....	93
chlorzoxazone TABS PO 500 MG .	ciprofloxacin SUSR PO .....	56	clindamycin phosphate-benzoyl	
CHOLBAM .....	ciprofloxacin-dexamethasone ....	84	peroxide (refrigerate) .....	45
cholecalciferol CAPS PO 1.25 MG,	cisplatin SOLN 50 MG/50ML, 100		clindamycin phosphate-benzoyl	
50000 UNIT .....	MG/100ML, 200 MG/200ML .....	28	peroxide GEL .....	45
cholecalciferol CAPS PO .....	CISPLATIN SOLR .....	28	clindamycin phosphate-tretinoin ..	45
cholecalciferol LIQD PO 400	CITALOPRAM HYDROBROMIDE		CLINDESSE .....	93
UT/0.028ML, 10 MCG/ML, 400	CAPS .....	15	CLINITEST RAPID COVID-19 TEST	
UNIT/ML .....	citalopram hydrobromide SOLN PO	15	KIT .....	51
cholestyramine light PACK PO ....	25		clobazam SUSP .....	13
cholestyramine light POWD PO ...	citalopram hydrobromide TABS PO	15	clobazam TABS PO .....	13
cholestyramine PACK PO .....	25		clobetasol propionate CREA 0.05 % .	47
cholestyramine POWD PO .....	25		47	
CHORIONIC GONADOTROPIN IM	cladribine 10 MG/10ML .....	29	clobetasol propionate emollient base	
54	clarithromycin SUSR PO .....	62	0.05 % .....	47
CIBINQO .....	62		clobetasol propionate emulsion ...	47
ciclopirox SOLN .....	clarithromycin TABS PO .....	62	clobetasol propionate FOAM .....	47
cilostazol PO .....	clarithromycin TB24 PO .....	62	clobetasol propionate GEL 0.05 %	47
cimetidine TABS PO 200 MG .....	CLEANLET LANCETS 28G .....	63	47	
89	CLEARDETECT COVID-19 AG		clobetasol propionate LIQD .....	47
cimetidine TABS PO 300 MG, 400	HOME KIT .....	51	clobetasol propionate LOTN .....	47
MG .....	clemastine fumarate TABS PO 1.34	24	clobetasol propionate OINT 0.05 %	47
89	MG .....	24	47	
cimetidine TABS PO 800 MG .....	CLEVER CHOICE HOLDING		clobetasol propionate SHAM .....	47
89	CHAMBER DEVI .....	71	clobetasol propionate SOLN 0.05 % .	47
cinacalcet hcl PO .....	clindamycin hcl PO 150 MG, 300 MG		47	
54	.....	27		
CINQAIR .....	clindamycin palmitate hydrochloride		clocortolone pivalate .....	47
10	PO .....	27	CLODERM (Use clocortolone	
CINRYZE SOLR IV .....				
59				
CIPRO SUSR PO .....				
56				

pivalate) .....	47	colchicine w/ probenecid PO .....	58	CONZIP CP24 PO (Use tramadol hcl) .....	6
clomipramine hcl PO .....	15	colestipol hcl GRAN PO .....	25	COPAXONE SOSY (Use glatiramer acetate) .....	86
clonazepam TABS PO .....	13	colestipol hcl TABS PO .....	25	CORIFACT .....	58
clonazepam TBDP PO .....	13	COMBIGAN (Use brimonidine tartrate-timolol maleate) .....	81	CORTISONE ACETATE TABS PO 43	
clonidine hcl (adhd) TB12 PO .....	1	COMBIPATCH PTTW .....	55	CORTROPHIN GEL .....	54
clonidine hcl TABS PO .....	26	COMBIVENT RESPIMAT AERS ..	11	COSENTYX (300 MG DOSE) SOSY .	46
clopidogrel bisulfate PO 300 MG ..	59	COMBIVIR PO (Use lamivudine-zidovudine) .....	35	COSENTYX SENSOREADY (300 MG) SOAJ .....	46
clopidogrel bisulfate PO 75 MG ...	59	COMETRIQ (100 MG DAILY DOSE) KIT .....	31	COSENTYX SENSOREADY PEN SOAJ .....	46
clorazepate dipotassium TABS PO 10		COMETRIQ (140 MG DAILY DOSE) KIT .....	31	COSENTYX SOLN .....	46
clotrimazole (topical) CREA .....	45	COMETRIQ (60 MG DAILY DOSE) KIT .....	31	COSENTYX SOSY .....	46
clotrimazole (topical) SOLN .....	45	COMFORT ASSURED LANCETS 28G .....	63	COSENTYX UNOREADY SOAJ ..	46
clotrimazole vaginal CREA 1 % ...	93	COMFORT LANCETS .....	63	cosyntropin SOLR .....	51
clotrimazole vaginal CREA 2 % ...	93	COMIRNATY SUSP .....	91	COTELLIC .....	31
clotrimazole w/ betamethasone CREA .....	45	COMIRNATY SUSY .....	91	COVID-19 AT HOME ANTIGEN TEST KIT .....	51
clotrimazole w/ betamethasone LOTN .....	45	COMPACT SPACE CHAMBER DEVI .....	71	COVID-19 AT-HOME TEST KIT ...	51
clozapine TABS PO .....	34	COMPACT SPACE CHAMBER/LG MASK DEVI .....	71	COVID-19 OTC ANTIGEN 1-PACK KIT .....	51
clozapine TBDP PO .....	34	COMPACT SPACE CHAMBER/MED MASK DEVI .....	71	COVID-19 OTC ANTIGEN 2-PACK KIT .....	51
CO MONITOR REPLACEMENT PIECES MISC .....	71	COMPACT SPACE CHAMBER/SM MASK DEVI .....	71	CREON CPEP PO .....	52
COAGADDEX .....	58	COMPLERA .....	35	CRINONE GEL .....	94
coal tar extract SHAM 0.5 % .....	51	CONCERTA TBCR PO (Use methylphenidate hcl) .....	2	cromolyn sodium (nasal) 5.2 MG/ACT .....	79
COARTEM .....	28	CONDOMS-MISC .....	62	cromolyn sodium (ophth) .....	83
COBAS LIAT SARS-COV-2 ASSAY .	51	CONJUPRI (Use levamlodipine maleate) .....	38	cromolyn sodium NEBU .....	10
COBAS LIAT SARS-COV-2 CONTROL .....	51			CRYSVITA .....	54
codeine sulfate TABS PO 30 MG ...	6				
CODEINE SULFATE TABS PO .....	6				
colchicine TABS PO .....	58				

CULTURELLE ADULT ULT BALANCE CAPS .....	22	PO .....	19	CVS PROBIOTIC PEARLS EX ST CAPS PO .....	19
CULTURELLE BLOATING & GAS DEF CAPS PO .....	19	CVS ADULT PROBIOTIC CAPS PO . 19		CVS SENIOR PROBIOTIC CAPS PO .....	19
CULTURELLE DIGESTIVE DAILY CAPS .....	22	CVS ALCOHOL PREP PADS .....	69	CVS SOFT GLUCOSE CHEW PO	16
CULTURELLE DIGESTIVE DAILY PRO CAPS .....	22	CVS COVID-19 AT HOME TEST KIT KIT .....	51	CVS ULTRA THIN LANCETS .....	63
CULTURELLE DIGESTIVE HEALTH CAPS .....	22	CVS DAILY PROBIOTIC CAPS PO 19		cyanocobalamin SOLN IJ 1000 MCG/ML .....	59
CULTURELLE DIGESTIVE HEALTH CHEW .....	22	CVS DAILY PROBIOTIC CHILDRENS PACK .....	19	cyclobenzaprine hcl CP24 PO .....	78
CULTURELLE HEALTH (INULIN) CAPS .....	22	CVS DIGESTIVE PROBIOTIC CAPS PO .....	19	cyclobenzaprine hcl TABS PO 5 MG, 10 MG .....	78
CULTURELLE IMMUNE DEFENSE CAPS PO .....	19	CVS DRY MOUTH SOLN .....	76	cyclobenzaprine hcl TABS PO 7.5 MG .....	78
CULTURELLE KID PROBIOTIC+FIBER PACK .....	19	CVS EVERYDAY CARE PROBIOTIC CAPS PO .....	19	CYCLOGYL 0.5 % .....	81
CULTURELLE KIDS CHEW .....	19	CVS GLUCOSE CHEW PO .....	16	cyclopentolate hcl 0.5 % .....	81
CULTURELLE KIDS PACK .....	19	CVS LANCETS 21G .....	63	cyclopentolate hcl 1 % .....	81
CULTURELLE KIDS PURELY CHEW .....	19	CVS LANCETS MICRO THIN 33G 63		cyclophosphamide CAPS 50 MG .	28
CULTURELLE KIDS PURELY PACK 19		CVS LANCETS ORIGINAL .....	63	CYCLOPHOSPHAMIDE TABS PO 28	
CULTURELLE METABOLISM- WEIGHT CAPS PO .....	19	CVS LANCETS THIN 26G .....	63	cyclosporine (ophth) EMUL .....	82
CULTURELLE PROBIOTICS KIDS PACK .....	19	CVS LANCETS ULTRA THIN 30G 63		cyclosporine CAPS PO .....	75
CULTURELLE PRO-WELL CAPS PO .....	19	CVS LANCETS ULTRA-THIN 30G 63		cyclosporine modified (for microemulsion) CAPS PO .....	75
CULTURELLE ULTIMATE STRENGTH CAPS .....	22	CVS LANOLIN CREA .....	50	cyclosporine modified (for microemulsion) SOLN PO .....	75
CURITY ALCOHOL PREPS .....	69	CVS MOOD SUPPORT PROBIOTIC CAPS PO .....	19	cyclosporine SOLN IV 50 MG/ML .	75
CUVITRU SOLN .....	84	CVS PREP .....	69	CYLTEZO (2 PEN) AJKT .....	3
CVS ADULT 50+ PROBIOTIC CAPS		CVS PROBIOTIC ADULT 50+ CAPS PO .....	19	CYLTEZO (2 SYRINGE) PSKT 40 MG/0.4ML .....	3
		CVS PROBIOTIC CAPS PO .....	19	CYLTEZO (2 SYRINGE) PSKT .....	3
		CVS PROBIOTIC MAXIMUM STRENGTH CAPS PO .....	19	CYLTEZO-CD/UC/HS STARTER AJKT .....	3
				CYLTEZO-PSORIASIS/UV STARTER AJKT .....	3

CYLTEZO-PSORIASIS/UV STARTER AJKT .....	4	DAYHIST ALLERGY 12 HOUR RELIEF TABS PO .....	24	refrigerated 0.01 % .....	55
CYMBALTA CPEP PO 20 MG, 30 MG (Use duloxetine hcl) .....	15	decitabine .....	29	desmopressin acetate TABS PO ..	55
CYMBALTA CPEP PO 60 MG (Use duloxetine hcl) .....	15	deferasirox PACK .....	23	desogestrel & ethinyl estradiol PO	40
cyproheptadine hcl SYRP PO .....	25	deferasirox TABS PO .....	23	desogestrel-ethinyl estradiol (biphasic) PO .....	40
cyproheptadine hcl TABS PO .....	25	deferasirox TBSO .....	23	desogestrel-ethinyl estradiol (triphasic) PO .....	40
CYRAMZA .....	29	deferiprone TABS .....	23	desonide CREA .....	48
CYSTAGON CAPS PO .....	57	deferoxamine mesylate .....	23	desonide LOTN .....	48
CYSTARAN .....	83	DEFITELIO .....	59	desonide OINT .....	48
cytarabine SOLN .....	29	deflazacort SUSP PO .....	43	desoximetasone CREA 0.05 % .....	48
CYTOGAM SOLN .....	84	deflazacort TABS PO .....	43	desoximetasone CREA 0.25 % .....	48
dabigatran etexilate mesylate CAPS PO .....	13	DEFLUX .....	57	desoximetasone GEL .....	48
DAILY DIGESTIVE PROBIOTIC CAPS PO .....	19	DELSTRIGO .....	35	desoximetasone LIQD .....	48
DAILY PROBIOTIC CAPS PO .....	19	DENAVIR (Use penciclovir) .....	47	desoximetasone OINT .....	48
dalfampridine .....	86	DENGAXIA .....	91	DESVENLAFAXINE ER PO .....	15
dantrolene sodium CAPS PO .....	78	DEPAKOTE SPRINKLES CSDR PO (Use divalproex sodium) .....	14	desvenlafaxine succinate PO 100 MG .....	15
dapagliflozin propanediol PO .....	18	DEPO-SUBQ PROVERA 104 SUSY SC .....	42	desvenlafaxine succinate PO 25 MG, 50 MG .....	15
dapsone PO .....	27	DERMACINRX PROBISOL CAPS PO .....	19	DEX4 QUICK DISSOLVE GLUCOSE CHEW PO .....	16
DAPTACEL .....	88	DERMACINRX PROBITRAN CAPS PO .....	20	dexamethasone ELIX PO .....	43
DARAPRIM PO (Use pyrimethamine) .....	28	DESCOVY 120 MG-15 MG .....	35	DEXAMETHASONE INTENSOL CONC .....	43
darifenacin hydrobromide PO .....	89	DESCOVY 200 MG-25 MG .....	35	dexamethasone sodium phosphate (ophth) .....	83
darunavir TABS .....	35	desipramine hcl TABS PO .....	15	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML .....	43
DARZALEX .....	29	desloratadine TBDP PO .....	24	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..	43
dasatinib .....	31	desmopressin acetate SOLN IJ ...	55	dexamethasone sodium phosphate SOSY IJ 4 MG/ML .....	43
daunorubicin hcl SOLN 50 MG/10ML 30		DESMOPRESSIN ACETATE SOLN NA .....	55		
DAURISMO .....	30	desmopressin acetate spray .....	55		
		desmopressin acetate spray			



dexamethasone SOLN PO .....	43	DIATRUST COVID-19 HOME TEST KIT .....	51	CAPS PO .....	20
dexamethasone TABS PO 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG .....	43	diazepam CONC .....	10	DIGESTIVE ADV+BOWEL SUPPORT CAPS PO .....	20
dexchlorpheniramine maleate SOLN . 24		DIAZEPAM SOAJ .....	10	DIGESTIVE ADV+GAS DEFENSE CAPS PO .....	20
dexmedetomidine hcl in sodium chloride SOLN .....	61	diazepam SOLN IJ 5 MG/ML, 10 MG/2ML .....	10	DIGESTIVE ADV+LACTOSE SUPPORT CAPS PO .....	20
dexmedetomidine hcl SOLN 200 MCG/2ML .....	61	DIAZEPAM SOLN IJ 5 MG/ML .....	10	DIGESTIVE ADVANTAGE CAPS PO .....	20
dexmethylphenidate hcl CP24 PO ..	2	diazepam SOLN PO 5 MG/5ML .....	10	digoxin SOLN PO 0.05 MG/ML .....	39
dexmethylphenidate hcl TABS PO ..	2	diazepam TABS PO .....	10	digoxin TABS PO 125 MCG, 250 MCG .....	39
dexrazoxane hcl .....	32	diazoxide .....	16	dihydroergotamine mesylate SOLN NA 4 MG/ML .....	74
DEXTENZA INST .....	83	dibucaine .....	50	DILANTIN INFATABS CHEW PO (Use phenytoin) .....	14
dextroamphetamine sulfate CP24 PO 10 MG, 15 MG .....	1	diclofenac potassium TABS PO 50 MG .....	4	DILANTIN PO (Use phenytoin sodium extended) .....	14
dextroamphetamine sulfate CP24 PO 5 MG .....	1	diclofenac sodium (ophth) .....	83	diltiazem hcl coated beads CP24 PO 120 MG, 180 MG, 300 MG .....	38
dextroamphetamine sulfate SOLN PO .....	1	diclofenac sodium (topical) GEL EX 46		diltiazem hcl coated beads CP24 PO 240 MG .....	38
dextroamphetamine sulfate TABS PO 15 MG, 20 MG, 30 MG .....	1	diclofenac sodium TB24 PO .....	4	diltiazem hcl CP12 PO .....	38
dextroamphetamine sulfate TABS PO 5 MG, 10 MG .....	1	diclofenac sodium TBEC PO .....	4	diltiazem hcl CP24 PO 120 MG, 240 MG .....	38
dextromethorphan-guaifenesin LIQD PO 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML .....	44	dicloxacillin sodium PO .....	85	diltiazem hcl CP24 PO 180 MG ...	38
dextromethorphan-guaifenesin SYRP PO 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML .....	44	dicyclomine hcl CAPS PO .....	88	diltiazem hcl extended release beads PO .....	38
DHIVY TABS PO .....	33	dicyclomine hcl SOLN PO .....	89	diltiazem hcl TABS PO .....	38
DIATHRIVE LANCET ULTRA THIN 30 .....	63	dicyclomine hcl TABS PO .....	89	diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG .....	38
DIATHRIVE LANCETS .....	63	DIFFERIN LOTN .....	45	dimethyl fumarate CDPK .....	86
		DIFF-STAT CAPS PO .....	20	dimethyl fumarate CPDR .....	86
		diflorasone diacetate CREA .....	48		
		diflorasone diacetate OINT .....	48		
		diflunisal TABS PO .....	6		
		DIGESTIVE ADV			
		DIGESTIVE/IMMUNE CAPS PO ..	20		
		DIGESTIVE ADV LACTOSE SUPPORT CAPS PO .....	20		
		DIGESTIVE ADV MULTI-STRAIN			

diphenhydramine hcl (sleep) CAPS PO .....60	DOCETAXEL CONC 160 MG/8ML 32	doxycycline (monohydrate) CAPS PO 50 MG, 100 MG .....88
diphenhydramine hcl (sleep) LIQD PO .....60	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML ..... 32	doxycycline (monohydrate) TABS PO 50 MG, 100 MG .....88
diphenhydramine hcl (sleep) TABS PO 25 MG .....61	docetaxel SOLN .....32	doxycycline hyclate CAPS PO ....88
diphenhydramine hcl (sleep) TABS PO 50 MG .....60	DOCIVYX SOLN .....32	doxycycline hyclate TABS PO 100 MG ..... 88
diphenhydramine hcl (sleep) TBDP 61	docusate sodium CAPS PO 100 MG, 250 MG .....62	doxylamine succinate (sleep) PO .61
diphenhydramine hcl CAPS PO ...24	docusate sodium CAPS PO 50 MG 62	doxylamine-pyridoxine TBEC PO .23
diphenhydramine hcl ELIX PO 12.5 MG/5ML .....24	docusate sodium LIQD PO 50 MG/5ML, 100 MG/10ML .....62	droperidol SOLN 2.5 MG/ML .....9
diphenhydramine hcl LIQD PO 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML .....24	DOCUSATE SODIUM SYRP PO .62	DROPLET LANCETS ULTRA THIN 30G .....63
diphenhydramine hcl TABS PO 25 MG .....24	docusate sodium TABS PO .....62	DROPSAFE ALCOHOL PREP ...69
diphenhydramine-acetaminophen (sleep) TABS PO 500 MG-25 MG, 500 MG-38 MG .....61	dofetilide PO ..... 10	drosiprenone-ethinyl estradiol PO .40
diphenoxylate w/ atropine LIQD PO 23	donepezil hydrochloride TABS PO 23 MG ..... 86	drosiprenone-ethinyl estradiol- levomefolate calcium PO ..... 40
diphenoxylate w/ atropine TABS PO . 23	donepezil hydrochloride TBDP PO 86	DROXIA CAPS .....59
DIPHThERIA-TETANUS TOXOIDS DT SUSP .....88	DOPTELET .....59	droxidopa .....94
dipyridamole PO .....59	dorzolamide hcl .....83	DRUG MART LANCETS THIN 26G . 63
disopyramide phosphate CAPS PO 10	DORZOLAMIDE HCL .....83	DRUG MART UNILET LANCETS 28G .....63
disulfiram PO 250 MG ..... 85	DORZOLAMIDE HCL-TIMOLOL MAL .....81	DRUG MART UNILET LANCETS 30G .....63
divalproex sodium CSDR PO .....14	dorzolamide hcl-timolol maleate ..81	DRUG MART UNILET LANCETS 33G .....63
divalproex sodium TB24 PO .....14	DOVATO .....35	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT .....11
divalproex sodium TBEC PO .....14	doxazosin mesylate PO .....26	DULERA 50 MCG/ACT-5 MCG/ACT . 11
docetaxel CONC 160 MG/8ML ....32	doxepin hcl (sleep) PO .....61	duloxetine hcl CPEP PO 20 MG, 30 MG, 40 MG .....15
	doxepin hcl CAPS PO 10 MG, 25 MG, 50 MG, 75 MG, 100 MG .....16	duloxetine hcl CPEP PO 60 MG ...15
	doxepin hcl CAPS PO 150 MG ....16	
	doxepin hcl CONC PO .....16	

DUPIXENT SOAJ .....	49	efavirenz CAPS PO 200 MG .....	35	ELEVIDYS 29.5-30.4 KG .....	79
DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML .....	49	efavirenz CAPS PO 50 MG .....	35	ELEVIDYS 30.5-31.4 KG .....	79
dutasteride PO .....	57	efavirenz TABS PO .....	35	ELEVIDYS 31.5-32.4 KG .....	79
dutasteride-tamsulosin hcl PO .....	57	efavirenz-emtricitabine-tenofovir disoproxil fumarate PO .....	35	ELEVIDYS 32.5-33.4 KG .....	79
DYANAVEL XR TBCR .....	1	efavirenz-emtricitabine-tenofovir disoproxil fumarate .....	35	ELEVIDYS 33.5-34.4 KG .....	79
DYSPORT .....	80	efavirenz-lamivudine-tenofovir disoproxil fumarate .....	35	ELEVIDYS 34.5-35.4 KG .....	79
E.E.S. GRANULES SUSR PO (Use erythromycin ethylsuccinate) .....	62	ELAPRASE .....	54	ELEVIDYS 35.5-36.4 KG .....	79
EASIVENT MASK LARGE MISC ..	71	ELELYSO .....	59	ELEVIDYS 36.5-37.4 KG .....	79
EASIVENT MASK MEDIUM MISC	71	ELEPSIA XR TB24 PO .....	13	ELEVIDYS 37.5-38.4 KG .....	80
EASIVENT MASK SMALL MISC ..	71	eletriptan hydrobromide PO .....	74	ELEVIDYS 38.5-39.4 KG .....	80
EASIVENT MISC .....	71	ELEVIDYS 10.0-10.4 KG .....	79	ELEVIDYS 39.5-40.4 KG .....	80
EASY TOUCH ALCOHOL PREP MEDIUM .....	69	ELEVIDYS 10.5-11.4 KG .....	79	ELEVIDYS 40.5-41.4 KG .....	80
EASY TOUCH LANCETS 26G ...	63	ELEVIDYS 11.5-12.4 KG .....	79	ELEVIDYS 41.5-42.4 KG .....	80
EASY TOUCH LANCETS 28G ...	63	ELEVIDYS 12.5-13.4 KG .....	79	ELEVIDYS 42.5-43.4 KG .....	80
EASY TOUCH LANCETS 28G/TWIST .....	63	ELEVIDYS 13.5-14.4 KG .....	79	ELEVIDYS 43.5-44.4 KG .....	80
EASY TOUCH LANCETS 30G ...	63	ELEVIDYS 14.5-15.4 KG .....	79	ELEVIDYS 44.5-45.4 KG .....	80
EASY TOUCH LANCETS 30G/TWIST .....	64	ELEVIDYS 15.5-16.4 KG .....	79	ELEVIDYS 45.5-46.4 KG .....	80
EASY TOUCH LANCETS 30G/TWIST .....	64	ELEVIDYS 16.5-17.4 KG .....	79	ELEVIDYS 46.5-47.4 KG .....	80
EASY TOUCH LANCETS 32G/TWIST .....	64	ELEVIDYS 17.5-18.4 KG .....	79	ELEVIDYS 47.5-48.4 KG .....	80
EASY TOUCH LANCETS 32G/TWIST .....	64	ELEVIDYS 18.5-19.4 KG .....	79	ELEVIDYS 48.5-49.4 KG .....	80
EASY TOUCH LANCETS 33G/TWIST .....	64	ELEVIDYS 19.5-20.4 KG .....	79	ELEVIDYS 49.5-50.4 KG .....	80
EASY TOUCH LANCETS 33G/TWIST .....	64	ELEVIDYS 20.5-21.4 KG .....	79	ELEVIDYS 50.5-51.4 KG .....	80
EASY TOUCH LANCETS 33G/TWIST .....	64	ELEVIDYS 21.5-22.4 KG .....	79	ELEVIDYS 51.5-52.4 KG .....	80
EASY TOUCH LANCETS 33G/TWIST .....	64	ELEVIDYS 22.5-23.4 KG .....	79	ELEVIDYS 52.5-53.4 KG .....	80
EASY TOUCH LANCETS 33G/TWIST .....	64	ELEVIDYS 23.5-24.4 KG .....	79	ELEVIDYS 53.5-54.4 KG .....	80
EASY TOUCH LANCETS 33G/TWIST .....	64	ELEVIDYS 24.5-25.4 KG .....	79	ELEVIDYS 54.5-55.4 KG .....	80
EASY TOUCH LANCETS 33G/TWIST .....	64	ELEVIDYS 25.5-26.4 KG .....	79	ELEVIDYS 55.5-56.4 KG .....	80
EASY TOUCH LANCETS 33G/TWIST .....	64	ELEVIDYS 26.5-27.4 KG .....	79	ELEVIDYS 56.5-57.4 KG .....	80
EASY TOUCH LANCETS 33G/TWIST .....	64	ELEVIDYS 27.5-28.4 KG .....	79	ELEVIDYS 57.5-58.4 KG .....	80
EASY TOUCH LANCETS 33G/TWIST .....	64	ELEVIDYS 28.5-29.4 KG .....	79	ELEVIDYS 58.5-59.4 KG .....	80
EASIVENT MASK MEDIUM MISC	71				
econazole nitrate CREA .....	45				
ECOTRIN ARTHRTIS PAIN TBEC PO (Use aspirin) .....	6				
ECOTRIN TBEC PO (Use aspirin) ..	6				
EDURANT .....	35				

ELEVIDYS 59.5-60.4 KG .....	80	emtricitabine-tenofovir disoproxil fumarate PO .....	35	epinastine hcl (ophth) .....	83
ELEVIDYS 60.5-61.4 KG .....	80	EMTRIVA CAPS PO (Use emtricitabine) .....	35	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML .....	94
ELEVIDYS 61.5-62.4 KG .....	80	EMTRIVA SOLN .....	35	epinephrine (anaphylaxis) SOAJ ..	94
ELEVIDYS 62.5-63.4 KG .....	80	EMVERM CHEW PO .....	9	epinephrine hcl (nasal) .....	79
ELEVIDYS 63.5-64.4 KG .....	80	enalapril maleate & hydrochlorothiazide PO .....	26	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....	94
ELEVIDYS 64.5-65.4 KG .....	80	enalapril maleate TABS PO .....	26	EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....	94
ELEVIDYS 65.5-66.4 KG .....	80	ENBREL MINI SOCT .....	5	EPIVIR SOLN PO (Use lamivudine) 35	
ELEVIDYS 66.5-67.4 KG .....	80	ENBREL SOLN .....	5	EPIVIR TABS PO 150 MG (Use lamivudine) .....	35
ELEVIDYS 67.5-68.4 KG .....	80	ENBREL SOSY .....	5	EPIVIR TABS PO 300 MG (Use lamivudine) .....	35
ELEVIDYS 68.5-69.4 KG .....	80	ENBREL SURECLICK SOAJ .....	5	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	59
ELEVIDYS 69.5 KG PLUS .....	80	ENCARE SUPP 100 MG .....	93	epoprostenol sodium .....	39
ELIDEL (Use pimecrolimus) .....	49	ENGERIX-B SUSP 20 MCG/ML ..	91	EPRONTIA SOLN .....	13
ELIGARD KIT SC 7.5 MG .....	30	ENGERIX-B SUSY .....	91	EPZICOM PO (Use abacavir sulfate-lamivudine) .....	35
ELIGARD SC 22.5 MG, 30 MG, 45 MG .....	30	enoxaparin sodium SOLN IJ 300 MG/3ML .....	12	EQ PROBIOTIC CAPS PO .....	20
ELIQUIS DVT/PE STARTER PACK TBPK .....	12	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....	12	EQ PROBIOTIC CPDR .....	20
ELIQUIS TABS .....	12	enoxaparin sodium SOSY 30 MG/0.3ML .....	12	EQ SPACE CHAMBER ANTI-STATIC DEVI .....	71
ELLA PO .....	42	enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML .....	12	EQ SPACE CHAMBER ANTI-STATIC L DEVI .....	71
ELLEENCE SOLN .....	31	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML .....	12	EQ SPACE CHAMBER ANTI-STATIC M DEVI .....	71
ELLUME COVID-19 HOME TEST KIT .....	51	ENTADFI .....	57	EQ SPACE CHAMBER ANTI-STATIC S DEVI .....	71
ELMIRON CAPS PO .....	57	ENTRESTO TABS PO .....	39	EQL COLOR LANCETS 21G .....	64
ELOCTATE .....	58	ENTYVIO PEN SOAJ .....	56	EQL COLOR LANCETS MICRO 33G .....	64
EMCYT PO .....	30	ENVIVE CAPS PO .....	20		
EMGALITY (300 MG DOSE) SOSY 73		EPCLUSA PACK .....	37		
EMGALITY SOAJ .....	73	EPCLUSA TABS .....	37		
EMGALITY SOSY .....	73	EPIFOAM FOAM .....	48		
EMPLICITI .....	29				
emtricitabine CAPS PO .....	35				

EQL DAILY PROBIOTIC CAPS PO 20	escitalopram oxalate SOLN PO ... 15	EULEXIN PO ..... 30
EQL DRY MOUTH ORAL RINSE SOLN ..... 76	escitalopram oxalate TABS PO .... 15	EVENTITY ..... 53
EQL PROBIOTIC COLON SUPPORT CAPS PO ..... 20	esomeprazole magnesium CPDR PO ..... 89	everolimus (immunosuppressant) .75
EQL SUPER THIN LANCETS 30G 64	esomeprazole magnesium PACK . 89	everolimus TABS ..... 31
EQL THIN LANCETS 26G ..... 64	ESPEROCT ..... 58	everolimus TBSO ..... 31
ERBITUX ..... 30	estazolam PO ..... 61	EVOMELA IV ..... 28
ergocalciferol CAPS PO ..... 94	estradiol & norethindrone acetate TABS PO ..... 55	EVOTAZ ..... 35
ergoloid mesylates TABS PO ..... 87	estradiol PTTW ..... 56	EVRYSDI ..... 80
ergotamine w/ caffeine TABS PO .74	estradiol PTWK ..... 56	EXELON 13.3 MG/24HR (Use rivastigmine) ..... 86
eribulin mesylate ..... 32	estradiol TABS PO ..... 56	EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine) ..... 86
ERIVEDGE ..... 30	estradiol vaginal CREA ..... 94	exemestane PO ..... 30
ERLEADA 60 MG ..... 30	estradiol vaginal TABS ..... 94	EXFORGE HCT PO (Use amlodipine-valsartan- hydrochlorothiazide) ..... 27
erlotinib hcl ..... 30	ESTROVEN SLIMBIOTICS CAPS PO ..... 20	EXONDYS 51 ..... 80
ertapenem sodium IJ ..... 27	eszopiclone PO ..... 61	EYLEA SOLN ..... 82
ERYPED 200 SUSR PO (Use erythromycin ethylsuccinate) ..... 62	ethambutol hcl TABS PO ..... 28	EYSUVIS SUSP ..... 83
erythromycin (acne aid) GEL ..... 45	ethosuximide CAPS PO ..... 14	E-Z JECT LANCET MICRO-THIN 33G ..... 64
erythromycin (acne aid) SOLN .... 45	ethosuximide SOLN PO ..... 14	E-Z JECT LANCET SUPER THIN 30G ..... 64
erythromycin (ophth) ..... 82	ethynodiol diacet & eth estrad PO .40	E-Z JECT LANCETS ..... 64
ERYTHROMYCIN ..... 82	etodolac CAPS PO ..... 4	E-Z JECT LANCETS 21G ..... 64
erythromycin base CPEP PO ..... 62	etodolac TABS PO ..... 4	E-Z JECT LANCETS THIN 26G .. 64
erythromycin base TABS PO ..... 62	etodolac TB24 PO ..... 4	ezetimibe PO ..... 25
erythromycin ethylsuccinate SUSR PO ..... 62	etonogestrel-ethinyl estradiol ..... 42	ezetimibe-simvastatin PO ..... 25
erythromycin ethylsuccinate TABS PO ..... 62	etoposide CAPS PO ..... 32	EZ-LETS LANCETS 26G ..... 64
ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML ..... 33	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML ..... 32	EZ-LETS LANCETS 28G ..... 64
	etravirine PO 100 MG ..... 35	EZ-LETS LANCETS 30G ..... 64
	etravirine PO 200 MG ..... 35	FABRAZYME ..... 54
	EUFLEXXA SOSY ..... 78	

famciclovir PO .....	37	ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS PO .....	60	flavoxate hcl PO .....	90
famotidine TABS PO 10 MG .....	89	FERROUS GLUCONATE TABS PO 324 MG .....	60	FLEBOGAMMA DIF SOLN 5 GM/50ML .....	84
famotidine TABS PO 20 MG, 40 MG . 89		ferrous gluconate TABS PO .....	60	FLEBOGAMMA DIF SOLN .....	84
FASENRA PEN SOAJ .....	10	ferrous sulfate dried TBCR PO ....	60	flecainide acetate PO .....	10
FASENRA SOSY 10 MG/0.5ML ...	10	ferrous sulfate SOLN PO 15 MG/ML, 15 MG/ML .....	60	FLEXICHAMBER DEVI .....	71
FASTEP COVID-19 ANTIGEN TEST KIT .....	51	ferrous sulfate SOLN PO 220 MG/5ML, 300 MG/6.8ML .....	60	FLORA VANCE CAPS PO .....	20
FEIBA .....	58	ferrous sulfate TABS PO 325 MG, 65 MG, 325 MG .....	60	FLORAJEN DIGESTION CAPS PO 20	
felbamate SUSP .....	14	ferrous sulfate TBEC PO 324 MG .	60	FLORAJEN3 CAPS PO .....	20
felbamate TABS PO .....	14	ferrous sulfate TBEC PO 325 MG .	60	FLORAJEN4KIDS CAPS PO .....	20
felodipine PO .....	38	fesoterodine fumarate .....	90	FLORASAVE CPDR .....	20
FEM-DOPHILUS WOMENS CAPS PO .....	20	FEVERALL JUNIOR STRENGTH SUPP PR .....	6	FLORASTOR ADVANCED CAPS PO .....	20
fenofibrate CAPS PO .....	25	fexofenadine hcl SUSP PO .....	24	FLORASTOR SELECT GUT BOOST CAPS PO .....	20
fenofibrate micronized PO 134 MG, 200 MG .....	25	fexofenadine hcl TABS PO 180 MG 24		FLORASTOR SELECT IMMUNITY BOOS CAPS PO .....	20
fenofibrate micronized PO 30 MG, 43 MG, 90 MG, 130 MG .....	25	fexofenadine hcl TABS PO 60 MG	24	FLORRAXIS CAPS PO .....	20
fenofibrate micronized PO 67 MG .	25	FIBRICOR PO (Use fenofibric acid) 25		FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation)) 11	
fenofibrate TABS PO 40 MG, 120 MG .....	25	FIBRYGA .....	58	FLOVENT DISKUS AEPB .....	11
fenofibrate TABS PO 54 MG .....	25	FIFTY50 ALCOHOL PREP .....	69	FLOWFLEX COVID-19 AG HOME TEST KIT .....	51
fenofibric acid PO .....	25	FILTER AIR PP MISC .....	71	FLUAD .....	91
FENSOLVI (6 MONTH) SC .....	54	finasteride PO .....	57	FLUAD QUADRIVALENT .....	91
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....	6	fingolimod hcl PO .....	86	FLUARIX QUADRIVALENT SUSY	91
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR .....	6	FIRDAPSE .....	28	FLUARIX SUSY .....	91
FERRETT'S TABS PO .....	60	FIRMAGON (240 MG DOSE) ....	30	FLUBLOK QUADRIVALENT .....	91
FERRIPROX SOLN .....	23	FIRMAGON 80 MG .....	30	FLUBLOK SOSY .....	91
ferrous fumarate TABS PO .....	60	FIRST-PROGESTERONE VGS SUPP .....	94	FLUCELVAX QUADRIVALENT SUSP .....	91

FLUCELVAX QUADRIVALENT SUSY .....	91	fluorometholone (ophth) SUSP ....	83	MCG/ACT, 220 MCG/ACT .....	11
FLUCELVAX SUSP .....	91	fluorouracil (topical) CREA 0.5 % ..	46	fluticasone propionate hfa 44 MCG/ACT .....	11
FLUCELVAX SUSY .....	91	fluorouracil (topical) CREA 5 % ...	46	fluticasone propionate LOTN .....	48
fluconazole SUSR PO .....	24	fluorouracil (topical) SOLN .....	46	fluticasone propionate OINT .....	48
fluconazole TABS PO 100 MG ....	24	fluoxetine hcl (pmdd) TABS PO 10 MG .....	87	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....	12
fluconazole TABS PO 150 MG ....	24	fluoxetine hcl (pmdd) TABS PO 20 MG .....	87	fluticasone-salmeterol AERO .....	12
fluconazole TABS PO 200 MG ....	24	fluoxetine hcl CAPS PO .....	15	fluvastatin sodium CAPS PO .....	25
fluconazole TABS PO 50 MG .....	24	fluoxetine hcl CPDR PO .....	15	fluvastatin sodium TB24 PO .....	25
fludarabine phosphate SOLN .....	29	fluoxetine hcl SOLN PO .....	15	fluvoxamine maleate CP24 PO ....	15
FLUDARABINE PHOSPHATE SOLN .....	29	FLUOXETINE HCL TABS PO (Use fluoxetine hcl) .....	15	fluvoxamine maleate TABS PO ....	15
fludarabine phosphate SOLR .....	29	fluoxetine hcl TABS PO 10 MG ....	15	FLUZONE HIGH-DOSE QUADRIVALENT .....	92
fludrocortisone acetate TABS PO .	43	fluoxetine hcl TABS PO 20 MG ....	15	FLUZONE HIGH-DOSE SUSY .....	92
FLULAVAL QUADRIVALENT SUSY .	91	fluoxetine hcl TABS PO 60 MG ....	15	FLUZONE QUADRIVALENT SUSP	92
FLULAVAL SUSY .....	91	fluphenazine decanoate .....	34	FLUZONE QUADRIVALENT SUSY	92
FLUMIST .....	91	fluphenazine hcl TABS PO .....	34	FLUZONE SUSP .....	92
FLUMIST QUADRIVALENT .....	92	flurandrenolide CREA .....	48	FLUZONE SUSY .....	92
flunisolide (nasal) .....	79	flurandrenolide LOTN .....	48	FLYP HYPERSONIQ CARTRIDGE MISC .....	71
fluocinolone acetonide (otic) .....	84	flurandrenolide OINT .....	48	FOCALIN XR CP24 PO (Use dexmethylphenidate hcl) .....	2
fluocinolone acetonide CREA .....	48	flurazepam hcl PO .....	61	folic acid TABS PO 1 MG .....	59
fluocinolone acetonide OIL .....	48	flurbiprofen sodium .....	83	folic acid TABS PO 400 MCG, 800 MCG .....	59
fluocinolone acetonide OINT .....	48	flurbiprofen TABS PO .....	4	FOLOTYN .....	29
fluocinolone acetonide SOLN .....	48	flutamide PO .....	30	fondaparinux sodium .....	12
fluocinonide CREA 0.05 % .....	48	fluticasone propionate (inhalation) AEPB .....	11	FORA LANCETS .....	64
fluocinonide CREA 0.1 % .....	48	fluticasone propionate (nasal) SUSP .	79		
fluocinonide emulsified base .....	48	fluticasone propionate CREA 0.05 %	48		
fluocinonide GEL .....	48	fluticasone propionate hfa 110			
fluocinonide OINT .....	48				
fluocinonide SOLN .....	48				

FORFIVO XL TB24 PO (Use bupropion hcl) .....	14	FREESTYLE LIBRE 2 SENSOR ..64	galantamine hydrobromide TABS PO .....	86	
FORTIFY 30 BILLION PROBIOT 50+ CPDR .....	20	FREESTYLE LIBRE 3 PLUS SENSOR .....	64	GAMASTAN .....	84
FORTIFY 50 BILLION PROBIOT 50+ CPDR .....	20	FREESTYLE LIBRE 3 READER ..64	GAMIFANT 10 MG/2ML, 50 MG/10ML .....	75	
FORTIFY DAILY PROBIOTIC CAPS PO .....	20	FREESTYLE LIBRE 3 SENSOR ..64	GAMMAGARD .....	84	
FORTIFY DAILY PROBIOTIC EX ST CPDR .....	20	FREESTYLE LIBRE READER ...64	GAMMAGARD S/D LESS IGA SOLR .....	84	
FORTIFY OPTIMA PROBIOTIC CPDR .....	20	frovatriptan succinate PO .....	74	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....	84
FORTIFY OPTIMA WOMENS ADV CARE CPDR .....	20	FT ACIDOPHILUS PROBIOTIC BLEND CAPS PO .....	20	GAMMAPLEX SOLN 5 GM/50ML ..84	84
FORTIFY PROBIOTIC WOMENS CPDR .....	20	FT SALINE NASAL SPRAY SOLN	79	GAMMAPLEX SOLN .....	84
FORTIFY PROBIOTIC WOMENS EX ST CPDR .....	20	FULL KIT NEBULIZER SET MISC	71	GAMUNEX-C .....	84
fosamprenavir calcium TABS PO ..35		FULPHILA .....	59	GARDASIL 9 SUSP .....	92
fosinopril sodium & hydrochlorothiazide PO .....	27	furosemide SOLN PO 8 MG/ML, 10 MG/ML .....	53	GARDASIL 9 SUSY .....	92
fosinopril sodium PO .....	26	furosemide TABS PO .....	53	gatifloxacin (ophth) .....	82
FRAGMIN SOLN 10000 UNIT/4ML 12		FYLNETRA .....	59	GATTEX .....	57
FREDS PHARMACY UNILET LANC 28G .....	64	gabapentin CAPS PO 100 MG ....	13	GAUZE SPONGES .....	64
FREDS PHARMACY UNILET LANC 30G .....	64	gabapentin CAPS PO 300 MG, 400 MG .....	13	GAZYVA .....	29
FREESTYLE LIBRE 14 DAY READER .....	64	gabapentin SOLN PO .....	13	gefitinib .....	30
FREESTYLE LIBRE 14 DAY SENSOR .....	64	gabapentin TABS PO 600 MG, 800 MG .....	13	GEL-ONE .....	78
FREESTYLE LIBRE 2 PLUS SENSOR .....	64	GABITRIL PO 12 MG, 16 MG (Use tiagabine hcl) .....	14	GELSYN-3 SOSY .....	78
FREESTYLE LIBRE 2 READER ..64		GABITRIL PO 2 MG, 4 MG (Use tiagabine hcl) .....	14	gemfibrozil TABS PO .....	25
		GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ....	78	GEMTESA .....	90
		GALAFOLD .....	54	GENABIO COVID-19 RAPID TEST KIT .....	51
		galantamine hydrobromide CP24 PO 86		GENORAVANCE CAPS PO .....	20
		galantamine hydrobromide SOLN PO .....	86	GENOTROPIN CART SC .....	54
				GENOTROPIN MINIQUICK PRSY	54
				gentamicin sulfate (ophth) OINT ...	82
				gentamicin sulfate (ophth) SOLN ..	82



gentamicin sulfate (topical) CREA .45	glycopyrrolate TABS PO 1 MG, 2 MG .....	griseofulvin microsize SUSP PO ..	24
gentamicin sulfate (topical) OINT ..45	.....89	griseofulvin microsize TABS PO ...	24
GENTLE-LET GP LANCETS .....64	GLYXAMBI PO .....16	griseofulvin ultramicrosize PO .....	24
GENTLE-LET LANCETS .....64	GNP ACIDOPHILUS HIGH POTENCY CAPS PO .....	guaifenesin-codeine SOLN PO ....	44
GENVISC 850 SOSY .....78	.....20	guaifenesin-codeine SYRP PO ....	44
GENVOYA .....35	GNP ADVANCED PROBIOTIC CAPS PO .....	guanfacine hcl (adhd) PO .....	1
GILENYA PO (Use fingolimod hcl) 86	.....20	guanfacine hcl PO .....	26
GILENYA PO .....86	GNP ALCOHOL SWABS .....69	GVOKE KIT SOLN .....	17
GILOTRIF .....30	GNP GLUCOSE CHEW PO .....17	GYNAZOLE-1 .....	93
ginger (zingiber officinalis) CAPS PO 250 MG .....	GNP LANCETS 21G .....64	HADLIMA PUSH TOUCH SOAJ ....	4
.....2	GNP LANCETS THIN 26G .....65	HADLIMA SOSY .....	4
GLASSIA SOLN .....87	GNP PROBIOTIC COLON SUPPORT CAPS PO .....	halcinonide CREA .....	48
glatiramer acetate SOSY .....86	.....20	halobetasol propionate CREA .....	48
glimepiride PO 1 MG, 2 MG .....18	GNP PROBIOTIC EXTRA STRENGTH CAPS .....	halobetasol propionate FOAM .....	48
.....18	.....22	halobetasol propionate OINT .....	48
glimepiride PO 4 MG .....18	GNP QUICK DISSOLVE GLUCOSE CHEW PO .....	haloperidol decanoate .....	34
.....18	.....17	haloperidol lactate CONC PO .....	34
glipizide TABS PO 2.5 MG .....18	GNP STERILE LANCETS 28G ...	haloperidol lactate SOLN .....	34
.....18	.....65	haloperidol TABS PO .....	34
glipizide TABS PO 5 MG, 10 MG ..	GNP STERILE LANCETS 30G ...	HARVONI PACK .....	37
.....18	.....65	HARVONI TABS .....	37
glipizide TB24 PO .....18	GNP STERILE LANCETS 33G ...	HAVRIX .....	92
.....16	.....65	HEALTHY ACCENTS UNILET LANCETS .....	65
GLUCAGEN HYPOKIT .....16	GOJJI STERILE LANCETS .....65	H-E-B INCONTROL LANCETS 28G .	65
glucagon (rdna) .....16	GOODSENSE COLOR LANCETS 33G .....	.....65	65
GLUCAGON EMERGENCY (Use glucagon (rdna)) .....	.....65	H-E-B INCONTROL LANCETS 30G .	65
.....16	GOODSENSE LANCETS 26G UNIV .....	.....65	65
GLUCO TO GO CHEW PO .....16	.....65	H-E-B INCONTROL LANCETS 33G .	65
GLUCOSE CHEW PO .....16	GOODSENSE LANCETS 30G UNIV .....	.....65	65
glyburide micronized PO 1.5 MG, 3 MG, 6 MG .....	.....65	HEMATINIC PLUS VIT/MINERALS TABS PO .....	60
.....18	GOODSENSE LANCETS 33G UNIV .....		
glyburide TABS PO .....18	.....65		
glyburide-metformin PO .....	GOTOKNOW COVID-19 ANTIGEN RAPI KIT .....		
.....16	.....51		
glycerin (laxative) SUPP PR 2 GM 61	granisetron hcl TABS PO .....		
glycine diluent .....85	.....23		
	GRANIX SOLN .....		
	.....59		
	GRANIX SOSY .....		
	.....59		

HEMGENIX .....	58	HUMALOG TEMPO PEN SOPN ..	17	hydrocodone bitartrate CP12 PO ...	6
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML .....	58	HUMATE-P SOLR .....	58	hydrocodone bitartrate-homatropine methylbromide SOLN PO .....	44
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT .....	58	HUMIRA (2 PEN) AJKT 40 MG/0.8ML .....	4	hydrocodone-acetaminophen SOLN PO 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....	7
HEPAGAM B SOLN IJ .....	84	HUMIRA (2 PEN) AJKT .....	4	hydrocodone-acetaminophen TABS PO 325 MG-10 MG .....	7
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	13	HUMIRA (2 SYRINGE) PSKT .....	4	hydrocodone-acetaminophen TABS PO 325 MG-5 MG .....	7
HEPLISAV-B SOSY .....	92	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML .....	4	hydrocodone-acetaminophen TABS PO 325 MG-5 MG .....	7
HERCEPTIN HYLECTA .....	31	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML .....	4	hydrocodone-acetaminophen TABS PO 325 MG-7.5 MG .....	7
HIBERIX SOLR IJ .....	90	HUMIRA-PED<40KG CROHNS STARTER PSKT .....	4	hydrocodone-acetaminophen TABS PO 325 MG-7.5 MG .....	7
HIGH POTENCY PROBIOTIC CAPS PO .....	20	HUMIRA-PED>/=40KG CROHNS START PSKT .....	4	hydrocortisone (intrarectal) PR .....	8
HIZENTRA SOLN .....	84	HUMIRA-PED>/=40KG UC STARTER AJKT .....	4	hydrocortisone (rectal) EX 1 % .....	8
HIZENTRA SOSY 10 GM/50ML ...	84	HUMIRA-PS/UV/ADOL HS STARTER AJKT .....	4	hydrocortisone (rectal) EX 2.5 % ...	9
HM STERILE ALCOHOL PREP ..	69	HUMIRA-PS/UV/ADOL HS STARTER AJKT .....	4	hydrocortisone (topical) CREA 0.5 % 48	
HUDSON RCI AEROSOL MASK ADULT MISC .....	71	HUMIRA-PSORIASIS/UEVEIT STARTER AJKT .....	4	hydrocortisone (topical) CREA 1 % 48	
HULIO (2 PEN) AJKT .....	4	HUMULIN 70/30 SUSP .....	17	hydrocortisone (topical) CREA 2.5 % 48	
HULIO (2 SYRINGE) PSKT .....	4	HUMULIN N SUSP .....	17	hydrocortisone (topical) LONTN 1 % 48	
HUMALOG JUNIOR KWIKPEN SOPN .....	17	HUMULIN R SOLN IJ .....	18	hydrocortisone (topical) LONTN 2.5 % . 48	
HUMALOG KWIKPEN SOPN 100 UNIT/ML .....	17	HUMULIN R U-500 (CONCENTRATED) SOLN SC ....	17	hydrocortisone (topical) LONTN 2.5 % . 48	
HUMALOG MIX 50/50 KWIKPEN SUPN .....	17	HUMULIN R U-500 KWIKPEN SOPN SC .....	17	hydrocortisone (topical) OINT 0.5 % . 48	
HUMALOG MIX 50/50 SUSP .....	17	HYALGAN SOLN .....	78	hydrocortisone (topical) OINT 1 % .48	
HUMALOG MIX 75/25 KWIKPEN SUPN .....	17	HYALGAN SOSY .....	78	hydrocortisone (topical) OINT 2.5 % . 48	
HUMALOG MIX 75/25 SUSP .....	17	HYCANTIN CAPS PO .....	32	hydrocortisone (topical) OINT 2.5 % . 48	
HUMALOG SOLN IJ .....	17	hydralazine hcl TABS PO .....	27	hydrocortisone (topical) SOLN 1 % 48	
		hydrochlorothiazide CAPS PO ....	53	hydrocortisone acetate (topical) CREA 1 % .....	48
		hydrochlorothiazide TABS PO 25 MG, 50 MG .....	53		

hydrocortisone acetate (topical) OINT	MG	.....9	ibandronate sodium SOLN	..... 53
.....48			ibandronate sodium TABS PO	..... 53
HYDROCORTISONE ACETATE			IBRANCE CAPS	..... 31
CREA		.....48	IBSRELA	..... 57
hydrocortisone butyrate CREA		..... 48	ibuprofen CHEW PO	..... 5
hydrocortisone butyrate hydrophilic			ibuprofen SUSP PO	..... 5
lipo base		.....48	ibuprofen TABS PO 200 MG, 400	
hydrocortisone butyrate LOTN		..... 49	MG, 600 MG, 800 MG	..... 5
hydrocortisone butyrate OINT		..... 49	ibuprofen-diphenhydramine citrate	
hydrocortisone butyrate SOLN		..... 49	PO	..... 61
hydrocortisone TABS PO		..... 43	ibuprofen-diphenhydramine hcl PO	
hydrocortisone vaginal		..... 94	61	
hydrocortisone valerate CREA		..... 49	icatibant acetate SOSY	..... 58
hydrocortisone valerate OINT		..... 49	ICLUSIG PO 15 MG, 45 MG	..... 31
hydrocortisone w/acetic acid		..... 84	ID NOW COVID-19	..... 51
HYDROMORPHONE HCL SUPP PR		..... 6	ID NOW COVID-19 2.0 CONTROL	
..... 6			51	
hydromorphone hcl TABS PO		..... 6	ID NOW COVID-19 2.0 TEST	..... 51
hydromorphone hcl TB24 PO		..... 6	ID NOW COVID-19 CONTROL	..... 51
HYDROXATE GEL		..... 49	IDACIO (2 PEN) AJKT	..... 4
HYDROXYM GEL		..... 49	IDACIO (2 SYRINGE) PSKT	..... 4
hydroxyprogesterone caproate			IDACIO-CROHNS/UC STARTER	
(antineoplastic)		..... 30	AJKT	..... 4
hydroxyprogesterone caproate OIL		85	IDACIO-PSORIASIS STARTER	
			AJKT	..... 4
hydroxyurea PO		..... 32	IDELVION	..... 58
hydroxyzine hcl SOLN 25 MG/ML, 50			IGALMI FILM	..... 61
MG/ML		..... 9	IHEALTH COVID-19 RAPID TEST	
hydroxyzine hcl SYRP PO		..... 9	KIT	..... 51
hydroxyzine hcl TABS PO		..... 9	ILEVRO	..... 83
hydroxyzine pamoate CAPS PO 25			ILUVIEN	..... 83
MG, 100 MG		..... 9	imatinib mesylate TABS PO	..... 31
hydroxyzine pamoate CAPS PO 50				

IMBRUVICA CAPS 140 MG .....	31	INSPIREASE MISC .....	71	79
IMBRUVICA CAPS 70 MG .....	31	INSPIREASE RESERVOIR BAGS		ipratropium bromide (nasal) 0.06 %
IMBRUVICA TABS .....	31	71		79
IMCIVREE .....	1	INSULIN ASP PROT & ASP		ipratropium bromide SOLN 0.02 % 10
imipramine hcl TABS PO .....	16	FLEXPEN SUPN .....	18	ipratropium-albuterol SOLN .....
imipramine pamoate PO .....	16	INSULIN ASPART PROT & ASPART		12
imiquimod 5 % .....	49	SUSP .....	18	irbesartan PO .....
IMLYGIC .....	32	INSULIN GLARGINE SOLN .....	18	26
IMOVAX RABIES SUSR .....	92	INSULIN GLARGINE SOLOSTAR		irbesartan-hydrochlorothiazide PO 27
IMPEKLO LOTN .....	49	SOPN 100 UNIT/ML .....	18	irinotecan hcl .....
INCRELEX .....	54	INSULIN GLARGINE-YFGN SOLN		32
indapamide TABS PO 1.25 MG, 2.5		18		IRON CHEWS PEDIATRIC CHEW
MG .....	53	INSULIN GLARGINE-YFGN SOPN		PO .....
INDICAID COVID-19 RAPID TEST		18		IRON TABS PO 28 MG .....
KIT .....	51	INSULIN LISPRO (1 UNIT DIAL)		60
indomethacin CAPS PO 25 MG, 50		SOPN .....	18	ISENTRESS CHEW 100 MG .....
MG .....	5	INSULIN LISPRO JUNIOR		35
indomethacin CPCR PO .....	5	KWIKPEN SOPN .....	18	ISENTRESS CHEW 25 MG .....
INFANRIX .....	88	INSULIN LISPRO PROT & LISPRO		35
INFANTS ADVIL SUSP PO (Use		SUPN .....	18	ISENTRESS PACK PO .....
ibuprofen) .....	5	INSULIN LISPRO SOLN IJ .....	18	35
INGREZZA CAPS .....	86	INSULIN SYRINGES .....	69	ISENTRESS TABS PO .....
INLYTA .....	29	INTELENCE PO (Use etravirine) ..	35	35
INNOSPIRE REPLACEMENT		INTELENCE PO 200 MG (Use		isoniazid SYRP PO .....
FILTER MISC .....	71	etravirine) .....	35	28
INPEFA .....	39	INTELENCE PO .....	35	isoniazid TABS PO .....
INSPIRACHAMBER/LARGE DEVI		INTELISWAB COVID-19 RAPID		28
71		TEST KIT .....	51	ISOPTO ATROPINE SOLN .....
INSPIRACHAMBER/MEDIUM DEVI		INVEGA HAFYERA .....	33	.81
71		INVEGA SUSTENNA .....	33	isosorbide dinitrate TABS PO 5 MG,
INSPIRACHAMBER/MOUTHPIECE		INVEGA TRINZA .....	33	10 MG, 20 MG, 30 MG .....
DEVI .....	71	INVOKANA .....	18	9
INSPIRACHAMBER/SMALL DEVI		IPOL .....	92	isosorbide mononitrate TABS PO ...
71		ipratropium bromide (nasal) 0.03 %		9
				ISOSORBIDE MONONITRATE
				TABS PO .....
				9
				isosorbide mononitrate TB24 PO ...
				9
				isotretinoin PO 10 MG, 20 MG, 40
				MG .....
				45
				isradipine CAPS PO .....
				38
				ITCH RELIEF CREA .....
				46
				itraconazole CAPS PO .....
				24
				itraconazole SOLN .....
				24
				ivermectin (pediculicide) .....
				50
				IXCHIQ .....
				92

IXEMPRA KIT .....	32	(Use lopinavir-ritonavir) .....	35	KITABIS PAK NEBU (Use tobramycin) .....	2
IXIARO .....	92	KALETRA TABS PO 50 MG-200 MG (Use lopinavir-ritonavir) .....	35	KLOXXADO LIQD .....	23
IXINITY SOLR .....	58	KALYDECO PACK 50 MG, 75 MG	87	KOATE SOLR .....	58
IYUZEH SOLN .....	83	KALYDECO TABS .....	87	KOATE-DVI SOLR 500 UNIT, 1000 UNIT .....	58
JAKAFI .....	31	KANJINTI 420 MG .....	29	KOGENATE FS KIT .....	58
JANSSEN COVID-19 VACCINE ..	92	KANUMA .....	55	KOMBIGLYZE XR PO (Use saxagliptin-metformin hcl) .....	16
JANUMET TABS PO .....	16	KAZANO (Use alogliptin-metformin hcl) .....	16	KONVOMEK SUSR .....	89
JANUMET XR TB24 PO .....	16	KCENTRA .....	58	KOVALTRY .....	58
JANUVIA PO .....	17	KEMOPLAT SOLN .....	28	KRINTAFEL .....	28
JARDIANCE PO .....	18	KEMOPLAT SOLN .....	28	KROGER HEALTHPRO LANCET 26G .....	65
JARRO-DOPHILUS EPS CPDR ..	20	KEPIVANCE 6.25 MG .....	32	KROGER LANCETS .....	65
JARRO-DOPHILUS EPS PROBIOTIC CPDR .....	20	KESIMPTA .....	86	KROGER LANCETS 21G .....	65
JARRO-DOPHILUS HYPOALLERGENIC CAPS PO ...	20	ketoconazole (topical) CREA .....	45	KROGER LANCETS MICRO THIN 33G .....	65
JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS PO ..	21	ketoconazole (topical) SHAM 2 %	45	KROGER LANCETS SUPER THIN 65	
JARRO-DOPHILUS VAGINAL PROBIOT CPDR .....	21	KETONE TEST STRP .....	51	KROGER LANCETS THIN .....	65
JENTADUETO TABS .....	16	ketoprofen CAPS PO 50 MG .....	5	KROGER LANCETS THIN 26G ..	65
JEVTANA .....	32	ketoprofen CP24 PO .....	5	KROGER LANCETS ULTRATHIN 30G .....	65
JIVI .....	58	ketorolac tromethamine (ophth) 0.4 % .....	83	KRYSTEXXA .....	58
JUXTAPID PO 5 MG, 10 MG, 20 MG, 30 MG .....	25	ketorolac tromethamine (ophth) 0.5 % .....	83	KYLEENA .....	42
JYNARQUE TABS .....	55	ketorolac tromethamine TABS PO ..	5	KYMRIAH .....	30
JYNARQUE TBPK .....	55	KETOSTIX STRP .....	51	KYPROLIS .....	31
JYNNEOS .....	92	ketotifen fumarate (ophth) 0.035 %	83	labetalol hcl TABS PO 100 MG ...	38
KADCYLA .....	29	KEY-E CHEW PO .....	94	labetalol hcl TABS PO 200 MG ...	38
KALBITOR .....	59	KEYTRUDA .....	29	labetalol hcl TABS PO 300 MG ...	38
KALETRA SOLN PO (Use lopinavir-ritonavir) .....	35	KHAPZORY .....	32	LACTEROL CAPS PO .....	21
KALETRA TABS PO 25 MG-100 MG		KINNEY LANCETS .....	65		
		KINNEY THIN LANCETS .....	65		
		KINRIX SUSY .....	88		

lactic acid (ammonium lactate) CREA .....49	lansoprazole CPDR PO .....89	levalbuterol tartrate .....12
lactic acid (ammonium lactate) LOTN 12 % .....49	lansoprazole TBDD ..... 89	levamlodipine maleate ..... 38
lactulose (encephalopathy) PO ....57	lanthanum carbonate CHEW PO ..57	LEVEMIR FLEXPEN SOPN ..... 18
lactulose SOLN PO .....61	LANTUS SOLOSTAR SOPN ..... 18	LEVEMIR FLEXTOUCH SOPN ...18
LAGEVRIO .....37	lapatinib ditosylate .....31	LEVEMIR SOLN ..... 18
lamivudine SOLN PO .....35	LEADER QUICK DISSOLVE GLUCOSE CHEW PO ..... 17	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML ..... 13
lamivudine TABS PO 150 MG .....35	LEDIPASVIR-SOFOSBUVIR TABS 37	levetiracetam TABS PO .....13
lamivudine TABS PO 300 MG .....35	leflunomide PO .....5	levetiracetam TB24 PO ..... 13
lamivudine-zidovudine PO .....35	lenalidomide PO ..... 75	levobunolol hcl 0.5 % ..... 81
lamotrigine CHEW PO ..... 13	LENVIMA (10 MG DAILY DOSE) .29	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML .....55
lamotrigine KIT PO 25 MG .....13	LENVIMA (12 MG DAILY DOSE) .29	levocarnitine (metabolic modifiers) TABS PO .....55
lamotrigine TABS PO ..... 13	LENVIMA (14 MG DAILY DOSE) .29	levocetirizine dihydrochloride SOLN PO .....24
lamotrigine TB24 PO .....13	LENVIMA (18 MG DAILY DOSE) .29	levofloxacin (ophth) 0.5 % ..... 82
lamotrigine TBDP PO ..... 13	LENVIMA (20 MG DAILY DOSE) .29	levofloxacin SOLN PO .....56
LANCETS ..... 65	LENVIMA (24 MG DAILY DOSE) .29	levofloxacin TABS PO ..... 56
LANCETS 28G THIN .....65	LENVIMA (4 MG DAILY DOSE) ..29	levoleucovorin calcium SOLN ..... 32
LANCETS 30G .....65	LENVIMA (8 MG DAILY DOSE) ..29	levoleucovorin calcium SOLR ..... 32
LANCETS SUPER THIN 28G ....65	LETAIRIS PO (Use ambrisentan) .39	levonorgestrel & eth estradiol TABS PO .....40
LANCETS THIN .....65	letrozole PO .....30	levonorgestrel (emergency oc) PO 1.5 MG ..... 42
LANCETS ULTRA THIN ..... 65	leucovorin calcium TABS PO 5 MG, 25 MG .....32	levonorgestrel-eth estradiol (triphasic) PO ..... 40
LANCETS ULTRA THIN 30G .....65	LEUKERAN PO .....28	levonorgestrel-ethinyl estradiol (91- day) PO 0.03 MG-0.15 MG ..... 41
lanolin (topical) CREA ..... 50	LEUKINE SOLR IJ .....59	levonorgestrel-ethinyl estradiol (continuous) PO ..... 41
lanolin XX ..... 85	LEUPROLIDE ACETATE (3 MONTH) INJ .....30	levothyroxine sodium CAPS PO 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125
LANOLIN XX .....85	leuprolide acetate KIT IJ 1 MG/0.2ML .....30	
LANOLOR CREA .....50	LEUPROLIDE ACETATE- BUPIVACAINE ..... 30	
LANOXIN TABS PO 125 MCG, 250 MCG (Use digoxin) .....39	levalbuterol hcl ..... 12	
lanreotide acetate ..... 55		
LANREOTIDE ACETATE ..... 55		

MCG, 137 MCG, 150 MCG	88	lisinopril TABS PO 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	26	loratadine CHEW PO	24
levothyroxine sodium TABS PO	88	LITETOUCH MASK LARGE MISC	72	loratadine SOLN PO	24
LEVULAN KERASTICK SOLR	46	LITETOUCH MASK MEDIUM MISC	72	loratadine TABS PO	24
LEXIVA SUSP PO	35	LITETOUCH MASK SMALL MISC	72	loratadine TBDP PO 10 MG	24
LEXIVA TABS PO (Use fosamprenavir calcium)	35	LITFULO	49	lorazepam CONC PO	10
LIALDA TBEC PO (Use mesalamine)	56	lithium carbonate CAPS PO	33	lorazepam TABS PO 0.5 MG, 2 MG 10	
LIBTAYO	29	lithium carbonate TABS PO	33	lorazepam TABS PO 1 MG	10
LICEMD GEL	50	lithium carbonate TBCR PO	33	LORBRENA	31
lidocaine CREA 4 %	50	lithium PO	33	LOREEV XR CS24	10
LIDOCAINE CREA	50	LITHOBID TBCR PO (Use lithium carbonate)	33	losartan potassium & hydrochlorothiazide PO	27
lidocaine hcl (mouth-throat) 2 %	75	LITTLE REMEDIES SALINE SOLN	79	losartan potassium PO	26
lidocaine hcl CREA 3 %	50	LIVE BETTER LANCET SUPER THIN	66	lovastatin TABS PO 10 MG, 20 MG 25	
lidocaine hcl CREA 4 %	50	LIVE BETTER LANCET ULTRA THIN	66	lovastatin TABS PO 40 MG	25
lidocaine hcl GEL 2 %	50	LO LOESTRIN FE TABS	41	loxapine succinate PO	34
lidocaine hcl PRSY	50	LOCOID LIPOCREAM	49	LUCENTIS SOSY	82
lidocaine-prilocaine CREA	50	LOKELMA	75	LUCIRA CHECK IT COVID-19 TEST KIT	51
LILETTA (52 MG)	43	LONGS LANCETS STANDARD	66	LUCIRA COVID-19 ALL-IN-ONE KIT 51	
lindane SHAM	50	LONGS LANCETS THIN	66	luliconazole	45
LINZESS	57	LONSURF	31	LUMIZYME	55
LIORESAL SOLN IT	78	loperamide hcl CAPS PO	23	LUMOXITI	29
liothyronine sodium TABS PO	88	loperamide hcl TABS PO	23	LUPRON DEPOT (1-MONTH) KIT IM	30
LIPOFEN CAPS PO (Use fenofibrate)	25	lopinavir-ritonavir SOLN PO	36	LUPRON DEPOT (3-MONTH) KIT IM	30
LIQREV SUSP	39	lopinavir-ritonavir TABS PO 25 MG-100 MG	36	LUPRON DEPOT (4-MONTH) IM	30
liraglutide	17	lopinavir-ritonavir TABS PO 50 MG-200 MG	36	LUPRON DEPOT (6-MONTH) IM	30
lisdexamfetamine dimesylate CAPS PO	1	loratadine CAPS PO	24	LUPRON DEPOT-PED (1-MONTH)	54
lisdexamfetamine dimesylate CHEW	1				
lisinopril & hydrochlorothiazide PO	27				

LUPRON DEPOT-PED (3-MONTH) . 54	MAXI-TUSS PE LIQD PO ..... 44	memantine hcl CP24 PO ..... 86
LUPRON DEPOT-PED (6-MONTH) IM .....54	MAYZENT STARTER PACK TBPK 0.25 MG .....86	memantine hcl SOLN PO 2 MG/ML 86
lurasidone hcl PO .....33	MAYZENT TABS PO ..... 86	memantine hcl TABS PO ..... 86
LUTATHERA .....31	meclizine hcl CHEW PO ..... 23	MENACTRA .....90
LUZU (Use luliconazole) .....45	meclizine hcl TABS PO 12.5 MG, 25 MG ..... 23	MENQUADFI .....90
LYBALVI .....86	medroxyprogesterone acetate (contraceptive) SUSP IM ..... 42	MENVEO SOLN ..... 90
LYFGENIA .....59	medroxyprogesterone acetate (contraceptive) SUSY IM ..... 42	MENVEO SOLR ..... 90
LYRA DIRECT SARS-COV-2 ASSAY .....51	medroxyprogesterone acetate PO 2.5 MG, 5 MG, 10 MG ..... 85	meperidine hcl SOLN PO 50 MG/5ML ..... 6
LYRA SARS-COV-2 ASSAY .....52	mefloquine hcl PO ..... 28	meperidine hcl TABS PO 50 MG ... 6
LYSODREN PO .....30	MEGA PROBIOTIC CAPS PO .... 21	meprobamate PO ..... 9
LYUMJEV TEMPO PEN SOPN ... 18	megestrol acetate SUSP PO ..... 30	mercaptopurine TABS PO .....29
LYVISPAH PACK .....78	megestrol acetate TABS PO .....30	mesalamine ENEM PR ..... 56
MACI .....77	MEIJER ALCOHOL SWABS .....69	mesalamine SUPP PR .....56
MAGE CPDR .....21	MEIJER LANCETS .....66	mesalamine TBEC PO 1.2 GM .... 56
magnesium citrate PO 1.745 GM/30ML .....62	MEIJER LANCETS THIN ..... 66	mesalamine TBEC PO 800 MG ... 56
magnesium hydroxide SUSP PO 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML ..... 62	MEIJER LANCETS UNIVERSAL 21G .....66	mesalamine w/ cleanser PR .....56
magnesium oxide (mg supplement) TABS PO .....74	MEIJER LANCETS UNIVERSAL 30G .....66	mesna SOLN .....32
magnesium oxide TABS PO 400 MG 9	MEIJER LANCETS UNIVERSAL 33G .....66	mesna TABS PO 400 MG ..... 32
MAKENA SOAJ .....85	MEIJER SUPER THIN LANCETS 66	MESNEX TABS PO .....32
malathion .....50	MEKINIST TABS PO .....31	META BIOTIC/BIO-ACTIVE 12 CAPS PO ..... 21
maraviroc TABS PO 150 MG .....36	MEKTOVI .....31	metaxalone PO .....78
maraviroc TABS PO 300 MG .....36	melatonin TABS PO 3 MG, 5 MG ... 2	metformin hcl SOLN PO ..... 16
MATULANE PO .....32	meloxicam TABS PO .....5	metformin hcl TABS PO 500 MG, 850 MG, 1000 MG ..... 16
MAVYRET PACK .....37	melphalan hcl IV ..... 28	metformin hcl TABS PO 625 MG .. 16
MAVYRET TABS PO ..... 37	melphalan PO .....28	metformin hcl TB24 PO 500 MG, 1000 MG ..... 16
		metformin hcl TB24 PO 500 MG, 750 MG ..... 16



methadone hcl TABS PO 10 MG ... 6	methylphenidate hcl TABS PO .....2	metronidazole TABS PO .....27
methadone hcl TABS PO 5 MG .....6	methylphenidate hcl TB24 PO ..... 2	metronidazole vaginal .....93
methamphetamine hcl PO .....1	methylphenidate hcl TBCR PO 10 MG, 20 MG .....2	metyrosine PO ..... 26
methazolamide TABS PO .....53	methylphenidate hcl TBCR PO 18 MG, 27 MG, 36 MG, 54 MG .....2	miconazole nitrate (topical) CREA .46
methenamine mandelate .....28	methylphenidate hcl TBCR PO 45 MG, 63 MG .....2	miconazole nitrate vaginal CREA 2 % .....93
methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS PO 81.6 MG ..... 27	methylprednisolone TABS PO 4 MG, 8 MG ..... 43	miconazole nitrate vaginal KIT .... 93
methimazole TABS PO ..... 88	methylprednisolone TBPK PO ....43	miconazole nitrate vaginal SUPP 100 MG ..... 93
methocarbamol TABS PO 500 MG 78	methyltestosterone TABS .....8	miconazole nitrate vaginal SUPP 200 MG ..... 93
methocarbamol TABS PO 750 MG 78	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML .....56	MICRHOGAM ULTRA-FILTERED PLUS SOSY IM .....84
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML ..... 29	metoclopramide hcl TABS PO 10 MG .....56	MICROCHAMBER DEVI .....72
METHOTREXATE SODIUM SOLN 50 MG/2ML .....29	metoclopramide hcl TABS PO 5 MG . 56	MICROCHAMBER MISC ..... 72
methotrexate sodium TABS PO 2.5 MG .....29	metolazone PO .....53	MICROFLOR 33 CAPS PO .....21
methsuximide .....14	metoprolol & hydrochlorothiazide TABS PO .....27	MICROFLOR CAPS PO .....21
methylidopa TABS PO ..... 26	metoprolol succinate TB24 PO 200 MG .....38	MICROSPACER MISC ..... 72
methylergonovine maleate TABS PO 84	metoprolol succinate TB24 PO 25 MG, 50 MG, 100 MG .....38	midazolam hcl SOLN IJ .....61
METHYLIN SOLN PO (Use methylphenidate hcl) .....2	metoprolol tartrate TABS PO 100 MG .....38	midodrine hcl PO .....94
methylphenidate hcl CHEW PO .... 2	metoprolol tartrate TABS PO 25 MG, 50 MG .....38	MIEBO .....83
methylphenidate hcl CP24 PO 10 MG, 20 MG, 30 MG, 40 MG .....2	metoprolol tartrate TABS PO 37.5 MG, 75 MG .....38	mifepristone (hyperglycemia) ..... 17
methylphenidate hcl CP24 PO 60 MG .....2	metronidazole (topical) CREA ..... 50	miglitol PO .....16
methylphenidate hcl CP24 PO .....2	metronidazole (topical) GEL 0.75 % 50	miglustat .....59
methylphenidate hcl CPCR PO .....2	metronidazole (topical) LOTN ..... 50	MINIELITE FILTER REPLACEMENTS MISC .....72
methylphenidate hcl SOLN PO ..... 2		minocycline hcl CAPS PO ..... 88

mirtazapine TBDP PO .....	14	montelukast sodium PACK PO ....	10	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC .....	76
misoprostol PO .....	89	montelukast sodium TABS PO ....	10	MULTIVITAMIN DROPS/IRON SOLN PO .....	77
mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML .....	31	morphine sulfate beads PO .....	6	MULTIVITAMIN INFANT & TODDLER SOLN PO .....	77
M-M-R II SOLR .....	92	morphine sulfate CP24 PO 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG .....	6	mupirocin calcium (topical) .....	45
MODERNA COVID-19 BIVAL 6M-5Y .....	92	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML .....	6	mupirocin OINT .....	45
MODERNA COVID-19 BIVALENT 92		morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML .....	6	MVASI .....	29
MODERNA COVID-19 VAC (BOOSTER) SUSP .....	92	morphine sulfate SUPP PR .....	6	MVW COMPL FORM PROBIOTIC- KIDS CPDR .....	21
MODERNA COVID-19 VAC 6M-11Y SUSP .....	92	morphine sulfate TABS PO .....	6	MVW COMPLETE FORMULATION SOLN PO .....	77
MODERNA COVID-19 VAC 6M-11Y SUSY .....	92	morphine sulfate TBCR PO .....	6	MVW COMPLETE PROBIOTIC CPDR .....	21
MODERNA COVID-19 VACC 6M-5Y SUSP .....	92	MOTPOLY XR CP24 .....	13	MYALEPT .....	55
MODERNA COVID-19 VACCINE SUSP .....	92	MOTRIN CHILDRENS CHEW PO (Use ibuprofen) .....	5	mycophenolate mofetil CAPS PO .	75
moexipril hcl PO .....	26	MOTRIN INFANTS DROPS SUSP PO (Use ibuprofen) .....	5	mycophenolate mofetil hcl .....	75
MOI-STIR SOLN .....	76	MOUNJARO .....	17	mycophenolate mofetil SUSR .....	75
mometasone furoate (nasal) SUSP 79		MOUTH KOTE REMINT SOLN ....	76	mycophenolate mofetil TABS PO .	75
mometasone furoate CREA .....	49	MOUTH KOTE SOLN .....	76	mycophenolate sodium PO .....	75
mometasone furoate OINT .....	49	MOVANTIK PO .....	57	MYFEMBREE .....	55
mometasone furoate SOLN .....	49	moxifloxacin hcl (ophth) SOLN OP	82	MYLERAN TABS PO .....	28
MOMMY'S BLISS PROBIOTIC PACK .....	21	moxifloxacin hcl TABS PO .....	56	MYOBLOC .....	80
MONISTAT 3 CREA 4 % .....	94	MULPLETA .....	59	MYRBETRIQ TB24 PO (Use mirabegron) .....	90
MONOLET LANCETS .....	66	MULTIPLE VITAMINS TABS- ASSORTED BRAND .....	77	NABI-HB SOLN IM .....	84
MONOLET OPD LANCETS .....	66	MULTIPLE VITAMINS TABS- ASSORTED GENERIC .....	77	nabumetone PO .....	5
MONOVISC .....	78	multiple vitamins w/ iron TABS PO	76	nadolol TABS PO 20 MG, 40 MG, 80 MG .....	38
montelukast sodium CHEW PO ...	10	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND .....	76	NAGLAZYME .....	55
				naloxone hcl LIQD .....	23

naloxone hcl SOCT .....	23	MISC .....	72	NEXIUM CPDR PO 20 MG (Use esomeprazole magnesium) .....	89
naloxone hcl SOLN 0.4 MG/ML ...	23	nefazodone hcl PO .....	15	NEXIUM PACK 10 MG, 20 MG, 40 MG (Use esomeprazole magnesium)	89
naloxone hcl SOLN 4 MG/10ML ...	23	neomycin sulfate TABS PO .....	2		
naloxone hcl SOSY 2 MG/2ML ....	23	neomycin-bacitracin zn-polymyxin	82		
naltrexone hcl PO .....	23	neomycin-bacitracin-polymyxin OINT	45	NEXPLANON .....	42
NAMENDA TITRATION PAK TABS PO (Use memantine hcl) .....	86	neomycin-polymy-dexameth OINT	83	NGENLA .....	54
naphazoline w/ pheniramine 0.3 %- 0.025 % .....	82	neomycin-polymy-dexameth SUSP	83	niacin (antihyperlipidemic) TBCR PO	26
naphazoline w/ pheniramine 0.315 %-0.027 % .....	82	neomycin-polymyxin w/ pramoxine	45	niacin CPCR PO 250 MG, 500 MG	95
naproxen sodium TABS PO 220 MG . 5		neomycin-polymyxin-gramicidin ..	82	NIACIN ER CPCR PO .....	94
naproxen sodium TABS PO 275 MG, 550 MG .....	5	neomycin-polymyxin-hc (ophth) ..	83	NIACIN ER TBCR PO .....	94
naproxen sodium-diphenhydramine hcl .....	61	neomycin-polymyxin-hc (otic) SOLN .	84	niacin TABS PO 500 MG .....	95
naproxen SUSP PO .....	5	neomycin-polymyxin-hc (otic) SUSP .	84	niacin TBCR PO .....	95
naproxen TABS PO .....	5	NESINA (Use alogliptin benzoate)	17	nicardipine hcl CAPS PO .....	38
naproxen TBEC PO .....	5	NEULASTA ONPRO PSKT .....	59	NICOTINE KIT .....	87
naproxen-esomeprazole magnesium PO .....	5	NEULASTA SOSY .....	59	nicotine polacrilex GUM .....	87
naratriptan hcl PO .....	74	NEUPOGEN SOLN .....	59	nicotine polacrilex LOZG .....	87
NARCAN LIQD (Use naloxone hcl)	23	NEUPOGEN SOSY .....	59	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....	87
NATAZIA .....	41	nevirapine SUSP PO .....	36	NICOTROL INHA .....	87
nateglinide PO .....	18	nevirapine TABS PO .....	36	NICOTROL NS SOLN .....	87
NATPARA .....	53	nevirapine TB24 PO 100 MG .....	36	nifedipine CAPS PO .....	38
NATROBA (Use spinosad) .....	50	nevirapine TB24 PO 400 MG .....	36	nifedipine TB24 PO 30 MG, 90 MG 38	
NATRUL PROBIOTIC CAPS PO ..	21	NEXABIOTIC CPDR .....	21	nifedipine TB24 PO 60 MG .....	38
NATURAL FIBER LAXATIVE POWD PO .....	61	NEXIUM 24HR CLEAR MINIS CPDR PO (Use esomeprazole magnesium) .	89	nimodipine CAPS PO .....	38
NEBULIZER AIR TUBE/PLUGS		NEXIUM 24HR CPDR PO (Use esomeprazole magnesium) .....	89	NINLARO .....	31
				nisoldipine PO .....	38
				nitisinone CAPS PO .....	55
				NITRO-BID OINT .....	9

nitrofurantoin macrocrystal PO 50 MG, 100 MG .....	28	norethindrone acetate-ethinyl estradiol PO .....	55	NOVOLOG MIX 70/30 SUSP .....	18
nitrofurantoin monohyd macro PO .28		norethindrone acetate-ethinyl estradiol-fe PO .....	41	NOVOSEVEN RT .....	58
nitrofurantoin PO .....	28	norethindrone-eth estradiol (triphasic) PO .....	41	NP THYROID TABS PO .....	88
nitroglycerin CPCR PO .....	9	norgestimate-ethinyl estradiol (triphasic) PO .....	41	NPLATE 250 MCG, 500 MCG .....	60
nitroglycerin PT24 .....	9	norgestimate-ethinyl estradiol (triphasic) PO .....	41	NUCALA SOAJ .....	10
nitroglycerin SUBL .....	9	norgestimate-ethinyl estradiol PO .41		NUCALA SOLR .....	10
NIVA THYROID TABS PO .....	88	norgestrel & ethinyl estradiol PO 30 MCG-0.3 MG .....	42	NUCALA SOSY .....	10
NIVESTYM SOLN .....	59	NORLIQVA SOLN .....	38	NULOJIX .....	75
NIVESTYM SOSY .....	60	NORPACE CAPS PO (Use disopyramide phosphate) .....	10	NUMOISYN LIQD .....	76
NIX LICE KILLING SPRAY LIQD XX . 50		nortriptyline hcl CAPS PO .....	16	NUPLAZID CAPS .....	33
NIZORAL SHAM .....	46	nortriptyline hcl SOLN PO .....	16	NUPLAZID TABS PO 10 MG .....	33
NORDITROPIN FLEXPPO SOPN .54		NORVIR CAPS PO .....	36	NURTEC .....	73
norelgestromin-ethinyl estradiol ...42		NORVIR PACK .....	36	NUVESSA .....	94
norethin acet & estrad-fe CAPS ...41		NORVIR SOLN .....	36	NUWIQ KIT .....	58
norethin acet & estrad-fe CHEW PO . 41		NORVIR TABS PO (Use ritonavir) .36		NUWIQ SOLR .....	58
norethin acet & estrad-fe TABS PO 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	41	NOSE CLIP MISC .....	72	nystatin (mouth-throat) .....	76
norethin acet & estrad-fe TABS PO 1 MG-20 MCG-75 MG .....	41	NOVA SUREFLEX LANCETS ....66		nystatin (topical) CREA .....	46
norethindrone & eth estradiol PO 35 MCG-0.4 MG, 35 MCG-0.5 MG ...41		NOVAREL IM .....	54	nystatin (topical) OINT .....	46
norethindrone & eth estradiol PO 35 MCG-1 MG .....	41	NOVAVAX COVID-19 VACCINE SUSP .....	92	nystatin (topical) POWD EX .....	46
norethindrone & ethinyl estradiol-fe PO .....	41	NOVAVAX COVID-19 VACCINE SUSY .....	92	nystatin TABS PO .....	24
norethindrone (contraceptive) PO .43		NOVOEIGHT .....	58	nystatin-triamcinolone CREA .....	46
norethindrone acet & eth estra TABS PO .....	41	NOVOLOG 70/30 FLEXPEN RELION SUPN .....	18	nystatin-triamcinolone OINT .....	46
norethindrone acetate TABS PO ..85		NOVOLOG MIX 70/30 FLEXPEN SUPN .....	18	NYVEPRIA .....	60
		NOVOLOG MIX 70/30 RELION SUSP .....	18	OBIZUR .....	58
				OCALIVA .....	56
				OCTAGAM SOLN 5 GM/50ML ....84	
				OCTAGAM SOLN .....	84
				octreotide acetate KIT .....	55
				octreotide acetate SOLN .....	55
				octreotide acetate SOSY .....	55

ODEFSEY .....	36	PACK PO .....	89	ONETOUCH ULTRASOFT LANCETS .....	66
ODOMZO PO .....	30	OMNITROPE SOCT .....	54	ONETOUCH VERIO FLEX SYSTEM KIT .....	66
OFEV .....	87	OMVOH SOAJ .....	56	ONETOUCH VERIO KIT .....	66
ofloxacin (ophth) .....	82	OMVOH SOLN .....	56	ONETOUCH VERIO LIQD .....	66
ofloxacin (otic) .....	83	OMVOH SOSY .....	56	ONETOUCH VERIO REFLECT KIT 66	
ofloxacin PO 300 MG, 400 MG ....	56	ON/GO COVID-19 ANTIGEN TEST KIT .....	52	ONETOUCH VERIO STRP .....	52
OHC COVID-19 ANTIGEN SELF TEST KIT .....	52	ON/GO ONE COVID-19 HOME TEST KIT .....	52	ONGLYZA PO (Use saxagliptin hcl) 17	
olanzapine SOLR .....	34	ONCASPAR .....	31	ONPATTRO .....	87
olanzapine TABS PO .....	34	ondansetron hcl SOLN PO 4 MG/5ML .....	23	OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML .....	29
olanzapine TBDP PO .....	34	ondansetron hcl TABS PO 4 MG, 8 MG .....	23	OPTICHAMBER DIAMOND DEVI .	72
olmesartan medoxomil PO .....	26	ondansetron TBDP PO 4 MG, 8 MG . 23		OPTICHAMBER DIAMOND MISC .	72
olmesartan medoxomil-amlodipine- hydrochlorothiazide PO .....	27	ONETOUCH CLUB LANCETS FINE PT .....	66	OPTICHAMBER DIAMOND-LG MASK DEVI .....	72
olmesartan medoxomil- hydrochlorothiazide PO .....	27	ONETOUCH DELICA LANCETS 30G .....	66	OPTICHAMBER DIAMOND-MD MASK MISC .....	72
olopatadine hcl (nasal) .....	79	ONETOUCH DELICA LANCETS 33G .....	66	OPTICHAMBER DIAMOND-SM MASK MISC .....	72
olopatadine hcl .....	83	ONETOUCH DELICA PLUS LANCET30G .....	66	OPTIONS GYNOL II CONTRACEPTIVE GEL .....	93
OLPRUVA (2 GM DOSE) THPK ...	55	ONETOUCH DELICA PLUS LANCET33G .....	66	OPVEE NA .....	23
OLPRUVA (3 GM DOSE) THPK ...	55	ONETOUCH FINEPOINT LANCETS .....	66	OPZELURA .....	49
OLPRUVA (4 GM DOSE) THPK ...	55	ONETOUCH ULTRA 2 KIT .....	66	ORAL RELIEF SPRAY SOLN .....	76
OLPRUVA (5 GM DOSE) THPK ...	55	ONETOUCH ULTRA BLUE TEST STRP .....	52	ORALAIR SUBL .....	2
OLPRUVA (6 GM DOSE) THPK ...	55	ONETOUCH ULTRA MINI KIT ....	66	ORENITRAM MONTH 1 TEPK ....	39
OLPRUVA (6.67 GM DOSE) THPK 55		ONETOUCH ULTRA STRP .....	52	ORENITRAM MONTH 2 TEPK ....	39
OLUMIANT .....	3	ONETOUCH ULTRA TEST STRP .	52	ORENITRAM MONTH 3 TEPK ....	39
omega-3-acid ethyl esters PO ....	25			ORFADIN SUSP .....	55
omeprazole CPDR PO .....	89			ORIAHNN .....	55
omeprazole TBEC PO .....	89				
omeprazole-sodium bicarbonate CAPS PO .....	89				
omeprazole-sodium bicarbonate					

ORILISSA .....	54	oxycodone hcl CONC PO 100 MG/5ML .....	6	pantoprazole sodium TBEC PO 20 MG .....	89
ORKAMBI PACK .....	87	oxycodone hcl SOLN PO .....	6	pantoprazole sodium TBEC PO 40 MG .....	89
ORKAMBI TABS .....	87	oxycodone hcl T12A PO 10 MG, 20 MG, 40 MG, 80 MG .....	7	PANZYGA .....	84
orphenadrine citrate TB12 PO .....	78	oxycodone hcl T12A PO 80 MG ....	7	PARAGARD INTRAUTERINE COPPER .....	42
orphenadrine w/ aspirin & caff PO 385 MG-30 MG-25 MG .....	78	oxycodone hcl TABS PO .....	7	PARI ALTERA NEBULIZER HANDSET MISC .....	72
orphenadrine w/ aspirin & caff PO .	78	oxycodone w/ acetaminophen TABS PO 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	7	PARI BABY CONVERSION KIT MISC .....	72
ORTHOVISC .....	78	oxymorphone hcl TB12 PO 15 MG .	7	PARI ERAPID NEBULIZER HANDSET MISC .....	72
oseltamivir phosphate CAPS PO 30 MG .....	37	oxymorphone hcl TB12 PO 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG 7		PARI EXPIRATORY FILTER SET DEVI .....	72
oseltamivir phosphate CAPS PO 45 MG, 75 MG .....	37	oyster shell PO .....	74	PARI MASK SET MISC .....	72
oseltamivir phosphate SUSR PO ..	37	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN .....	17	PARI SOFT PLASTIC ADULT MASK MISC .....	72
OSENI (Use alogliptin-pioglitazone) . 16		OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML .....	17	PARI SOFT PLASTIC PED MASK MISC .....	72
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	OZEMPIC (2 MG/DOSE) SOPN ...	17	PARI VORTEX ADULT MASK ....	72
oxaprozin TABS PO .....	5	OZOBAX DS SOLN PO (Use baclofen) .....	78	paricalcitol SOLN .....	55
OXAYDO TABS PO 5 MG .....	6	OZOBAX SOLN PO (Use baclofen) 78		paroxetine hcl TABS PO .....	15
oxazepam CAPS PO .....	10	OZURDEX IMPL .....	83	paroxetine hcl TB24 PO .....	15
oxcarbazepine SUSP PO .....	13	PACLITAXEL PROTEIN-BOUND PART .....	32	paroxetine mesylate (vasomotor) PO 87	
oxcarbazepine TABS PO .....	13	paclitaxel protein-bound particles .	32	PARSABIV .....	55
OXERVATE .....	83	paliperidone PO .....	33	PAXLOVID (150/100) .....	37
oxiconazole nitrate CREA .....	46	PALYNZIQ .....	55	PAXLOVID (300/100) .....	37
oxybutynin chloride SOLN .....	90	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML .....	53	pazopanib hcl .....	31
oxybutynin chloride TABS PO 2.5 MG .....	90	PAMIDRONATE DISODIUM SOLN 53		PC LANCETS SUPER THIN 30G .	66
oxybutynin chloride TABS PO 5 MG . 90		pantoprazole sodium PACK .....	89	PC PEDIATRIC POLY-VITA/FE DROP SOLN PO .....	77
oxybutynin chloride TB24 PO .....	90			PC PEDIATRIC POLY-VITAMIN	

DROP SOLN PO .....	77	perindopril erbumine PO .....	26	phenylephrine hcl (oral) TABS PO	.79
PEARLS IC CAPS PO .....	21	PERJETA .....	29	phenylephrine-dm LIQD PO 2.5	
ped multivitamins w/fl & iron SOLN		permethrin AERO .....	50	MG/5ML-5 MG/5ML .....	44
PO .....	77	permethrin CREA .....	50	phenylephrine-dm SOLN PO .....	44
PEDIARIX SUSY .....	88	permethrin LIQD EX .....	50	phenylephrine-shark liver oil-cocoa	
PEDIATRIC MOUTHPIECE MISC	.72	perphenazine TABS PO .....	34	butter PR .....	8
PEDIATRIC MULTIVITAMINS W/FL		perphenazine-amitriptyline PO	.86	phenylephrine-shark liver oil-mineral	
CHEW-ASSORTED BRAND .....	77	PFIZER COVID-19 BIVAL 6MO-4YR		oil-petrolatum PR .....	8
PEDIATRIC MULTIVITAMINS W/FL		.....	92	phenytoin CHEW PO .....	14
CHEW-ASSORTED GENERIC ...	77	PFIZER COVID-19 VAC BIVAL 5-11		phenytoin sodium extended PO 100	
PEDIATRIC MULTIVITAMINS W/FL		.....	92	MG, 200 MG, 300 MG .....	14
SOLN-ASSORTED BRAND .....	77	PFIZER COVID-19 VAC BIVALENT		phenytoin sodium extended PO 200	
PEDIATRIC MULTIVITAMINS W/FL		92		MG, 300 MG .....	14
SOLN-ASSORTED GENERIC .....	77	PFIZER COVID-19 VAC-TRIS 5-11Y		phenytoin SUSP PO .....	14
pediatric vitamins acd w/ fluoride		SUSP .....	92	PHILLIPS COLON HEALTH CAPS	
SOLN PO .....	77	PFIZER COVID-19 VAC-TRIS 6M-4Y		PO .....	21
PEDVAX HIB SUSP .....	90	SUSP .....	93	PHOTOFRIN .....	32
peg 3350-kcl-sod bicarb-sod		PFIZER-BIONT COVID-19 VAC-		phytonadione TABS PO 5 MG .....	94
chloride-sod sulfate SOLR PO	61	TRIS SUSP .....	93	PIFELTRO .....	36
peg 3350-potassium chloride-sod		PFIZER-BIONTECH COVID-19		PILLOW MASK/ADULT MISC .....	72
bicarbonate-sod chloride PO	61	VACC SUSP .....	93	PILLOW MASK/CHILD MISC .....	72
PEGASYS SOLN .....	37	PFLEX MISC .....	72	PILLOW MASK/PEDIATRIC MISC	72
PEGASYS SOSY .....	37	PHARMACIST CHOICE MASK		pilocarpine hcl (oral) PO 5 MG	.76
pemetrexed disodium SOLR 100 MG,		WIPES MISC .....	72	pilocarpine hcl SOLN 1 %, 2 %, 4 %	.82
500 MG .....	29	PHARMACY COUNTER LANCETS			
PENBRAYA .....	90	66		PILOT COVID-19 AT-HOME TEST	
penciclovir .....	47	PHEBURANE PLLT .....	55	KIT .....	52
penicillamine TABS PO .....	75	phenazopyridine hcl TABS PO 100		pimecrolimus .....	49
penicillin v potassium SOLR PO	.85	MG, 200 MG .....	57	pindolol TABS PO .....	38
penicillin v potassium TABS PO	.85	phenelzine sulfate PO .....	15	pioglitazone hcl PO .....	18
PENTACEL .....	88	phenobarbital ELIX PO .....	61	pioglitazone hcl-glimepiride	16
pentoxifylline PO .....	59	phenobarbital TABS PO .....	61	pioglitazone hcl-metformin hcl TABS	
PERFECT LANCETS 30G .....	66	phenylephrine hcl (mydriatic) SOLN		PO .....	16
		2.5 % .....	81		

pirfenidone CAPS .....	87	74	prazosin hcl CAPS PO .....	26
pirfenidone TABS PO 534 MG .....	87	potassium bicarbonate TBEF PO ..	PRECISION THINS GP LANCETS	66
piroxicam CAPS PO .....	5	potassium chloride CPCR PO 10	PRED MILD .....	83
PLEGRIDY SOSY IM .....	87	MEQ .....	prednicarbate OINT .....	49
plerixafor .....	60	potassium chloride CPCR PO 8 MEQ	prednisolone acetate (ophth) .....	83
PNEUMOVAX 23 SOLN .....	90	.....	PREDNISOLONE ACETATE P-F ..	83
PNEUMOVAX 23 SOSY .....	90	potassium chloride	PREDNISOLONE SODIUM	
POCKET CHAMBER DEVI .....	72	microencapsulated crystals er PO ..	PHOSPHATE .....	83
POCKET SPACER DEVI .....	72	potassium chloride PACK PO 20	prednisolone sodium phosphate	
podofilox SOLN .....	50	MEQ .....	SOLN PO 15 MG/5ML .....	43
POLIVY 140 MG .....	29	potassium chloride SOLN PO 10 %,	prednisolone sodium phosphate	
polyethylene glycol 3350 PACK PO	61	20 %, 10 % .....	SOLN PO 20 MG/5ML .....	43
polyethylene glycol 3350 POWD PO .	62	potassium chloride TBCR PO 8	prednisolone sodium phosphate	
polymyxin b-trimethoprim .....	82	MEQ, 10 MEQ .....	SOLN PO .....	43
polysaccharide iron complex CAPS		potassium citrate (alkalinizer) TBCR	prednisolone SOLN .....	43
PO .....	60	PO .....	PREDNISONE INTENSOL CONC	43
polyvinyl alcohol 1.4 % .....	81	potassium citrate-citric acid PACK	prednisone SOLN PO .....	43
POLY-VI-SOL SOLN PO .....	77	PO .....	prednisone TABS PO .....	43
POLY-VITA SOLN PO .....	77	potassium iodide (expectorant) SOLN	prednisone TBPK PO .....	43
POLY-VITA/IRON SOLN PO .....	77	PO .....	PREFERRED PLUS LANCETS	
POLY-VITE PEDIATRIC SOLN PO	77	POTELIGEO .....	COLORED .....	66
77		PRADAXA CAPS PO (Use	PREFERRED PLUS LANCETS THIN	
POLY-VITE/IRON SOLN PO .....	77	dabigatran etexilate mesylate) .....	.....	67
POMALYST .....	30	PRADAXA PACK .....	pregabalin CAPS PO .....	13
PONVORY STARTER PACK TBPK	87	pralatrexate .....	pregabalin SOLN .....	13
87		PRALUENT SOAJ .....	PREGNYL IM .....	54
PONVORY TABS .....	87	26	PREHEVBRIO .....	93
PORTRAZZA .....	30	pramipexole dihydrochloride TABS	PREMARIN .....	94
pot phosphate monobasic w/ sod		PO .....	PREMARIN TABS PO .....	56
phosphate dibasic & monobasic PO		pramipexole dihydrochloride TB24	PREMPHASE PO .....	55
		PO .....	PREMPRO PO .....	56
		pramoxine hcl (rectal) FOAM EX ...		
		8		
		pramoxine-hc-chloroxylenol .....		
		84		
		prasugrel hcl PO .....		
		59		
		pravastatin sodium PO .....		
		25		



PRENATAL VITAMINS-ASSORTED BRAND .....	77	PROAIR HFA AERS (Use albuterol sulfate) .....	12	PROBIOTIC MATURE ADULT CAPS PO .....	21
PRENATAL VITAMINS-ASSORTED GENERIC .....	77	probenecid PO .....	58	PROBIOTIC PEARLS ADVANTAGE CAPS PO .....	21
PREORBOTIC CAPS PO .....	21	PROBINATE CAPS PO .....	21	PROBIOTIC PEARLS CAPS PO ..	21
PREVNAR 13 .....	90	PROBIO DEFENSE CAPS PO ...	21	PROBIOTIC PEARLS MAX POTENCY CAPS PO .....	21
PREVNAR 20 .....	90	PROBIOFLEXX CAPS PO .....	21	PROBIOTIC PEARLS WOMENS CAPS PO .....	21
PREVYMIS SOLN .....	37	PROBIOMAX COMPLETE DF CAPS PO .....	21	PROBIOTIC PRODUCT CAPS PO	21
PREVYMIS TABS .....	37	PROBIOMAX DAILY DF CAPS PO	21	PROBIOTIC/PREBIOTIC/CRANBERRY CAPS PO .....	21
PREZCOBIX .....	36	PROBIOMAX IG 26 DF CAPS PO	21	PROBIOTIC-10 ULTIMATE CAPS PO .....	22
PREZISTA SUSP .....	36	PROBIOMAX LEAN DF CAPS PO	21	PROBITROL CAPS PO .....	22
PREZISTA TABS (Use darunavir) .	36	PROBIOMAX SB DF CAPS PO ...	21	PROBIZEN CAPS PO .....	22
PREZISTA TABS 150 MG .....	36	PROBIOMAX SB DF CAPS PO ...	21	PROCARE SPACER/ADULT MASK DEVI .....	73
PREZISTA TABS 75 MG, 600 MG, 800 MG .....	36	PROBIONEXX CAPS PO .....	21	PROCARE SPACER/CHILD MASK DEVI .....	73
PRIALT .....	6	PROBIOTIC & ACIDOPHILUS EX ST CAPS PO .....	21	PROCHAMBER VHC DEVI .....	73
PRIMADOPHILUS BIFIDUS CPDR	21	PROBIOTIC + OMEGA-3 CAPS PO .	21	prochlorperazine edisylate 10 MG/2ML .....	34
PRIMIDAR CAPS PO .....	21	PROBIOTIC + TURMERIC EXTRACT CAPS PO .....	21	prochlorperazine maleate TABS PO .	34
primidone PO 125 MG .....	13	PROBIOTIC 10 ULTRA STRENGTH CAPS PO .....	21	prochlorperazine PR .....	34
primidone PO 50 MG, 250 MG ....	13	PROBIOTIC ACIDOPHILUS BIOBEADS CAPS PO .....	21	PROCRIT .....	60
PRIORIX SUSR .....	93	PROBIOTIC BLEND CAPS PO ...	21	PROCYSBI CPDR PO .....	57
PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML .....	84	PROBIOTIC COLON SUPPORT CAPS PO .....	21	PROCYSBI PACK .....	57
PRIVIGEN SOLN 5 GM/50ML ....	84	PROBIOTIC DAILY CAPS PO ....	21	PRODIGY TWIST TOP LANCETS 28G .....	67
PRO COMFORT ALCOHOL .....	69	PROBIOTIC DIGESTIVE SUP-INULIN CAPS PO .....	21	PROFILNINE .....	58
PRO COMFORT SPACER ADULT MISC .....	72	PROBIOTIC DIGESTIVE SUPP CAPS PO .....	21	PRO-FLORA IMMUNE CAPS PO .	22
PRO COMFORT SPACER CHILD MISC .....	72	PROBIOTIC DIGESTIVE SUPPORT CAPS .....	22		
PRO COMFORT SPACER INFANT DEVI .....	73				
PROAIR DIGIHALER .....	12				

progesterone CAPS PO 100 MG ..85	PROTONIX PACK (Use pantoprazole sodium) .....89	pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 % .....50
progesterone CAPS PO 200 MG ..85	PROTOPIC OINT 0.03 % (Use tacrolimus (topical)) ..... 50	pyridostigmine bromide TABS PO 60 MG ..... 28
PROGLYCEM (Use diazoxide) ... 17	PROTOPIC OINT 0.1 % (Use tacrolimus (topical)) ..... 50	pyridostigmine bromide TBCR PO .28
PROGRAF PACK .....75	protriptyline hcl PO .....16	pyridoxine hcl TABS PO 25 MG, 50 MG, 100 MG ..... 95
PROGRAF SOLN .....75	PROVENGE .....30	pyrimethamine PO .....28
PROLASTIN-C SOLR .....87	PROVENTIL HFA AERS (Use albuterol sulfate) ..... 12	QC ALCOHOL SWABS .....69
PROLEUKIN .....32	pseudoephedrine hcl TABS PO ... 79	QC LANCETS SUPER THIN 30G 67
PROLIA SOSY .....54	pseudoephedrine hcl TB12 PO ....79	QC LANCETS ULTRA THIN .....67
PROMACTA PACK 12.5 MG .....60	pseudoephedrine-ibuprofen TABS PO .....44	QC UNILET LANCETS 28G ..... 67
PROMACTA TABS PO .....60	PSS SELECT GP LANCETS .....67	QC UNILET LANCETS MICRO THIN .....67
PROMELLA IN PREBIOTIC CAPS PO .....22	PSS SELECT SAFETY LANCETS 67	QDOLO SOLN (Use tramadol hcl) ..7
PROMEROL CAPS PO .....22	psyllium CAPS PO 0.52 GM .....61	QELBREE ..... 2
promethazine & phenylephrine SYRP PO .....44	psyllium POWD PO 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 % .61	QUAD-PROBIOTIC CAPS PO .... 22
promethazine hcl SOLN PO 6.25 MG/5ML .....25	PULMICORT FLEXHALER AEPB .11	QUADRACEL SUSP .....88
promethazine hcl SUPP PR ..... 25	PULMOZYME .....87	QUADRACEL SUSY .....88
promethazine hcl TABS PO .....25	PURE COMFORT SPACER CHAMBER DEVI .....73	quetiapine fumarate TABS PO .... 34
promethazine w/codeine SOLN PO 44	PURIXAN SUSP .....29	quetiapine fumarate TB24 PO .....34
promethazine w/codeine SYRP PO 44	PX LANCETS MICROTHIN 33G ..67	QUICKVUE AT-HOME COVID-19 TEST KIT .....52
PRONEB ULTRA FILTER SET MISC .....73	PX LANCETS ULTRA THIN ..... 67	QUICKVUE SARS ANTIGEN TEST . 52
propafenone hcl TABS PO .....10	pyrantel pamoate SUSP PO ..... 9	quinapril hcl PO .....26
propranolol hcl CP24 PO ..... 38	pyrazinamide PO .....28	quinapril-hydrochlorothiazide PO 12.5 MG-10 MG .....27
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML .....38	pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 % ..... 50	quinapril-hydrochlorothiazide PO 12.5 MG-20 MG .....27
propranolol hcl TABS PO .....38	pyrethrins-piperonyl butoxide SHAM 4 %-0.33 % .....50	quinapril-hydrochlorothiazide PO 25 MG-20 MG ..... 27
propylthiouracil PO .....88		
PROQUAD SUSR .....93		

quinidine gluconate TBCR PO	10	MG/0.5ML, 30 MG/0.6ML	3	REPLACEMENT AIR FILTER MISC	73
quinidine sulfate TABS PO	10	RAVICTI PO	55	REPLACEMENT FILTERS MISC	73
QULIPTA	73	REALITY LANCETS	67	RESTASIS EMUL (Use cyclosporine (ophth))	82
QUVIVIQ	61	REALITY SWABS	69	RESTASIS MULTIDOSE EMUL	82
RA ALCOHOL SWABS	69	REBINYN	58	RESTORA CAPS PO	22
RA DRY MOUTH SOLN	76	RECOMBINATE SOLR	58	RETACRIT	60
RA E-ZJECT LANCETS 28G	67	RECOMBIVAX HB SUSP	93	RETIN-A CREA (Use tretinoin)	45
RA E-ZJECT LANCETS THIN 26G	67	RECOMBIVAX HB SUSY	93	RETIN-A GEL (Use tretinoin)	45
RA E-ZJECT LANCETS THIN 28G	67	RELEUKO SOLN	60	RETISERT	83
RA E-ZJECT LANCETS THIN 28G	67	RELEUKO SOSY	60	RETROVIR CAPS PO (Use zidovudine)	36
RA E-ZJECT LANCETS ULTRA THIN	67	RELEXXII TBCR PO 18 MG, 27 MG, 36 MG, 54 MG	2	RETROVIR SYRP PO (Use zidovudine)	36
RA PROBIOTIC COLON CARE CAPS PO	22	RELEXXII TBCR PO 45 MG, 63 MG (Use methylphenidate hcl)	2	REVCOSI	55
RA PROBIOTIC COMPLEX CAPS PO	22	RELION ALCOHOL SWABS	69	REVLIMID PO	75
RA PROBIOTIC DIGESTIVE SUPPORT CAPS PO	22	RELION KETONE TEST STRP	52	REXALL LANCETS ULTRA THIN 30G	67
RA PROBIOTIC MAX STRENGTH CAPS PO	22	RELION LANCETS MICRO-THIN 33G	67	REXTOVY LIQD	23
RABAVERT	93	RELION LANCETS THIN 26G	67	REYATAZ CAPS PO 200 MG, 300 MG (Use atazanavir sulfate)	36
rabeprazole sodium TBEC PO	89	RELION LANCETS ULTRA-THIN 30G	67	REYATAZ PACK	36
raloxifene hcl PO	54	RELION ULTRA THIN LANCETS 30G	67	REZVOGLAR KWIKPEN	18
ramelteon PO	61	RELION ULTRA THIN PLUS LANCETS	67	RHOGAM ULTRA-FILTERED PLUS SOSY IM	84
ramipril CAPS PO	26	REMODULIN SOLN IJ	39	RHOPHYLAC SOSY IJ	84
ranolazine TB12 PO	9	RENAGEL PO (Use sevelamer hcl)	57	RIASTAP	58
RAPAFLO PO 4 MG (Use silodosin)	57	REVELA TABS PO (Use sevelamer carbonate)	57	ribavirin (hepatitis c) CAPS PO	37
RAPID RESPONSE COVID-19	52	repaglinide PO	18	ribavirin (hepatitis c) TABS PO 200 MG	37
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		REPATHA SOSY	26	riboflavin TABS PO	95
		REPATHA SURECLICK SOAJ	26	rifampin CAPS PO	28

RIGHTEST GL300 LANCETS	67	ROLVEDON	60	sapropterin dihydrochloride PACK	.55
riluzole TABS PO	79	romidepsin SOLR	31	sapropterin dihydrochloride TABS	.55
rimantadine hydrochloride TABS PO	37	ropinirole hydrochloride TABS PO	0.25 MG, 3 MG, 4 MG	SAVELLA TABS PO	86
RINVOQ TB24 PO	3	ropinirole hydrochloride TABS PO	0.5 MG, 1 MG, 2 MG, 5 MG	SAVELLA TITRATION PACK MISC	86
RISAQUAD CAPS PO	22	ropinirole hydrochloride TB24 PO	.33	saxagliptin hcl PO	17
RISAQUAD-2 CAPS PO	22	rosuvastatin calcium TABS PO	...25	saxagliptin-metformin hcl PO	16
risedronate sodium TABS PO 150 MG	54	ROTARIX SUSP	93	SAXENDA	1
risedronate sodium TABS PO 35 MG	54	ROTARIX SUSR PO	93	SB ALCOHOL PREP	.69
risedronate sodium TABS PO 5 MG, 30 MG	54	ROTATEQ SOLN PO	93	SB LANCETS THIN	.67
risedronate sodium TBEC PO	54	RUBRACA	31	SB LANCETS ULTRA THIN	.67
RISPERDAL CONSTA (Use risperidone microspheres)	33	RUCONEST	59	SCHOOLTIME SHAMPOO SHAM	50
risperidone microspheres	33	rufinamide SUSP	13	SD PROBIOTIC-10 COMPLEX	
risperidone SOLN PO	33	RUKOBIA	36	ULTRA CAPS PO	22
risperidone TABS PO	33	RYALTRIS	78	selegiline hcl CAPS PO	33
risperidone TBEP PO	33	RYBELSUS TABS PO	17	selegiline hcl TABS PO	33
RITEFLO DEVI	73	RYKINDO SRER	34	selenium sulfide LOTN 1 %	46
ritonavir TABS PO	36	SABRIL PACK (Use vigabatrin)	14	selenium sulfide LOTN 2.5 %	46
RITUXAN	29	SABRIL TABS (Use vigabatrin)	14	selenium sulfide SHAM 1 %	47
rivastigmine 13.3 MG/24HR	86	SAFYRAL PO 0.03 MG-3 MG-0.451 MG	42	SELZENTRY SOLN	36
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	86	salicylic acid GEL 6 %	50	SELZENTRY TABS PO 25 MG, 75 MG	36
rivastigmine tartrate CAPS PO	86	saline SOLN 0.65 %	79	SEMGLEE (YFGN) SOLN	18
RIXUBIS SOLR	58	salsalate PO	6	SEMGLEE (YFGN) SOPN	18
rizatriptan benzoate TABS PO	74	SAMI THE SEAL FILTERS MISC	73	SEMGLEE SOPN	18
rizatriptan benzoate TBEP PO	74	SANDIMMUNE CAPS PO (Use cyclosporine)	75	sennosides TABS PO 8.6 MG	62
ROCKLATAN	82	SANDIMMUNE SOLN IV 50 MG/ML	75	sennosides-docusate sodium TABS PO	61
ROCTAVIAN	58	SANDOSTATIN LAR DEPOT KIT 10 MG	55	SEREVENT DISKUS	12
				SERTRALINE HCL CAPS	15
				sertraline hcl CONC PO	15

sertraline hcl TABS PO .....	15	SIMBRINZA .....	82	SMART SENSE COLOR LANCETS 33G .....	67
sevelamer carbonate PACK .....	57	simethicone CHEW PO 80 MG ...	56	SMART SENSE STANDARD LANCETS .....	67
sevelamer carbonate TABS PO ...	57	simethicone LIQD PO .....	56	SMART SENSE SUPER THIN LANCETS .....	67
sevelamer hcl PO .....	57	simethicone SUSP PO .....	56	SMART SENSE THIN LANCETS 26G .....	67
SEVENFACT .....	58	SIMLANDI (1 PEN) AJKT .....	4	SMART SENSE THIN LANCETS 26G .....	67
SHINGRIX .....	93	SIMLANDI (2 PEN) AJKT .....	4	SOAANZ TABS PO 20 MG .....	53
SHOPKO UNILET LANCETS 28G 67		SIMPLYTHICK EASY MIX PO ....	85	sodium bicarbonate (antacid) TABS PO 325 MG, 650 MG .....	9
SHOPKO UNILET LANCETS 30G 67		SIMPLYTHICK PO .....	85	sodium chloride (gu irrigant) 0.9 %	57
SHUR-SEAL CONTRACEPTIVE GEL .....	93	simvastatin TABS PO 5 MG, 10 MG, 20 MG, 40 MG .....	25	sodium chloride (inhalant) AERS ..	44
SIDESTREAM ADULT FACE MASK MISC .....	73	simvastatin TABS PO 80 MG .....	25	sodium chloride (inhalant) NEBU 0.9 %, 7 % .....	44
SIDESTREAM PEDIATRIC FACE MASK MISC .....	73	sirolimus SOLN .....	75	sodium citrate & citric acid PO ....	57
SIDESTREAM PLS ADULT FACE MASK MISC .....	73	sirolimus TABS PO .....	75	sodium fluoride (dental) CREA ....	76
SIGNIFOR .....	55	SITAGLIPTIN .....	17	sodium fluoride (dental) GEL .....	76
SIGNIFOR LAR .....	55	SIVEXTRO TABS .....	28	sodium fluoride (dental) SOLN 0.2 % 76	
SIKLOS TABS .....	59	SKLICE (Use ivermectin (pediculicide)) .....	51	sodium fluoride CHEW PO .....	74
sildenafil citrate (pulmonary hypertension) SOLN .....	39	SKYLA .....	43	sodium fluoride SOLN PO 0.125 MG/DROP .....	74
sildenafil citrate (pulmonary hypertension) SUSR .....	39	SKYRIZI PEN SOAJ .....	46	sodium fluoride SOLN PO 0.5 MG/ML, 0.5 MG/ML .....	74
sildenafil citrate (pulmonary hypertension) TABS PO .....	39	SKYRIZI SOCT .....	56	SODIUM OXYBATE SOLN PO ....	86
SILICONE MASK/ADULT MISC ...	73	SKYRIZI SOLN .....	57	sodium phenylbutyrate POWD PO	55
SILICONE MASK/INFANT MISC ..	73	SKYRIZI SOSY .....	46	sodium phenylbutyrate TABS PO .	55
SILICONE MASK/PEDIATRIC MISC .	73	SKYSONA .....	86	sodium phosphates ENEM PR ....	62
silodosin PO .....	57	SKYTROFA .....	54	sodium polystyrene sulfonate POWD PO .....	75
silver sulfadiazine .....	47	SM ACIDOPHILUS CAPS PO ....	22	SOFIA SARS ANTIGEN FIA .....	52
		SM ADVANCED PROBIOTIC CAPS PO .....	22	SOFIA2 SARS ANTIGEN FIA .....	52
		SM ALCOHOL PREP .....	69		
		SM GLUCOSE CHEW PO .....	17		
		SM IPECAC SYRUP PO .....	23		
		SM LANCETS 33G .....	67		

SOFOSBUVIR-VELPATASVIR TABS	SPIKEVAX COVID-19 VACCINE	dihydrate) .....	8
.....37	SUSP .....	SUCRAID PO .....	53
SOGROYA .....	SPIKEVAX SUSP .....	sucrafate SUSP PO .....	89
54	93	sucrafate TABS PO .....	89
SOLESTA .....	SPIKEVAX SUSY .....	SUDAFED CHILDRENS LIQD PO	79
75	93	SUDAFED PE CHILDRENS SOLN	
solifenacin succinate TABS PO	spinosad .....	PO .....	79
...90	51		
SOLIRIS .....	SPINRAZA .....	sulfacetamide sodium (acne) .....	45
59	80	sulfacetamide sodium (ophth) SOLN .	82
SOLUVITA ACD WITH FLUORIDE	SPIRIVA HANDIHALER CAPS (Use	sulfacetamide sodium LIQD .....	47
SOLN PO .....	tiotropium bromide monohydrate) .	sulfacetamide sodium w/ sulfur LOTN	
77	10	10 %-5 % .....	45
SOLUVITA SOLN PO .....	spironolactone & hydrochlorothiazide	sulfacetamide sodium w/ sulfur SUSP	
74	PO .....	10 %-5 % .....	45
SOMATULINE DEPOT .....	53	sulfacetamide sod-prednisolone	
55	spironolactone TABS PO .....	SOLN .....	83
SOMAVERT .....	53	sulfamethoxazole-trimethoprim SUSP	
54	STAMARIL SUSR .....	PO .....	27
SOOTHENEB NBL 100 ADULT	93	sulfamethoxazole-trimethoprim TABS	
MASK MISC .....	stannous fluoride CONC .....	PO .....	27
73	76	sulfasalazine TABS PO .....	57
SOOTHENEB NBL 100 CHILD	stavudine CAPS PO .....	sulfasalazine TBEC PO .....	57
MASK MISC .....	36	sulindac TABS PO .....	5
73	STERILANCE TL .....	sumatriptan .....	74
SOOTHENEB NBL 100 MED CUP	68	sumatriptan succinate SOAJ 4	
MISC .....	STERILE DILUENT FLOLAN PH 12	MG/0.5ML .....	74
73	85	sumatriptan succinate SOAJ 6	
SOOTHENEB NBL 100 MESH CAP	STIMUFEND .....	MG/0.5ML .....	74
MISC .....	60	sumatriptan succinate SOCT 4	
73	STIOLTO RESPIMAT .....	MG/0.5ML .....	74
SOOTHENEB NBL 100 MESH CAP	12	sumatriptan succinate SOCT 6	
MISC .....	STIVARGA .....	MG/0.5ML .....	74
73	31	sumatriptan succinate SOLN 6	
sorafenib tosylate PO .....	STRENSIQ .....		
31	55		
SORBITOL PO 70 % .....	STRIBILD .....		
62	36		
SORILUX FOAM .....	SUBLOCADE SOSY .....		
46	8		
sotalol hcl (afib/af) PO .....	SUBOXONE FILM SL 0.5 MG-2 MG		
38	(Use buprenorphine hcl-naloxone hcl		
sotalol hcl TABS PO 240 MG .....	dihydrate) .....		
38	8		
sotalol hcl TABS PO 80 MG, 120	SUBOXONE FILM SL 1 MG-4 MG		
MG, 160 MG .....	(Use buprenorphine hcl-naloxone hcl		
38	dihydrate) .....		
SOTYKTU .....	8		
46	SUBOXONE FILM SL 2 MG-8 MG		
SOVALDI PACK .....	(Use buprenorphine hcl-naloxone hcl		
37	dihydrate) .....		
SOVALDI TABS .....	8		
37	SUBOXONE FILM SL 3 MG-12 MG		
SPEEDY SWAB COVID-19	(Use buprenorphine hcl-naloxone hcl		
ANTIGEN KIT .....	dihydrate) .....		
52	8		
SPEVIGO SOLN .....	SUBOXONE FILM SL 3 MG-12 MG		
46	(Use buprenorphine hcl-naloxone hcl		
SPEVIGO SOSY .....	8		
46			

MG/0.5ML .....	74	SYNRIBO .....	32	TECHLITE LANCETS 30G .....	68
sumatriptan succinate TABS PO ..	74	SYNTHROID TABS PO (Use		TEGLUTIK SUSP .....	79
sumatriptan-naproxen sodium PO	.74	levothyroxine sodium) .....	88	TEGRETOL-XR TB12 PO (Use	
sunitinib malate PO .....	31	SYNVISC ONE SOSY .....	78	carbamazepine) .....	13
SUNLENCA TBPK 300 MG .....	36	SYNVISC SOSY .....	78	TEGSEDI .....	87
SUPARTZ FX SOSY .....	78	TAB-A-VITE/IRON/BETA		telmisartan PO .....	26
SUPER PROBIOTIC CAPS PO ...	22	CAROTENE TABS PO .....	76	telmisartan-amlodipine PO .....	27
SUPER PROBIOTIC DIGESTIVE		TABLOID PO .....	29	telmisartan-hydrochlorothiazide PO	
CAPS PO .....	22	TACLONEX SUSP (Use		27	
SUPER THIN LANCETS .....	68	calcipotriene-betamethasone		temazepam PO 15 MG, 30 MG ...	61
SUPERIOR PROBIOTIC CAPS PO		dipropionate) .....	49	temazepam PO 7.5 MG, 22.5 MG	.61
22		tacrolimus (topical) OINT 0.03 %	.. 50	TEMODAR SOLR .....	28
SUPPRELIN LA .....	54	tacrolimus (topical) OINT 0.1 %	... 50	temozolomide CAPS PO .....	28
SUREBIOTIC PROBIOTIC		tacrolimus CAPS PO .....	75	temsirolimus .....	31
SUPPORT CAPS PO .....	22	tadalafil (pulmonary hypertension)		TENIVAC INJ .....	88
SURELITE LANCETS .....	68	TABS PO .....	39	tenofovir disoproxil fumarate TABS	
SUSTIVA CAPS PO 200 MG (Use		TADLIQ SUSP .....	39	PO .....	36
efavirenz) .....	36	TAFINLAR CAPS PO .....	31	terazosin hcl PO .....	26
SUSTIVA CAPS PO 50 MG (Use		TAGRISSO .....	30	terbinafine hcl (topical) CREA .....	46
efavirenz) .....	36	TAKHZYRO SOLN .....	59	terbinafine hcl TABS PO .....	24
SYLVANT .....	75	TALZENNA 0.25 MG, 1 MG .....	31	terbutaline sulfate TABS PO .....	12
SYMBICORT (Use budesonide-		tamoxifen citrate TABS PO .....	30	terconazole vaginal CREA 0.4 %	..94
formoterol fumarate dihydrate) .....	12	tamsulosin hcl PO .....	57	terconazole vaginal CREA 0.8 %	..94
SYMDEKO .....	87	TASCENSO ODT .....	87	terconazole vaginal SUPP .....	94
SYMFI (Use efavirenz-lamivudine-		TASIGNA .....	31	teriparatide SOPN .....	54
tenofovir disoproxil fumarate) .....	36	tasimelteon CAPS .....	61	TESTOPEL PLLT .....	8
SYMFI LO (Use efavirenz-		TAVALISSE .....	59	testosterone cypionate SOLN IM 200	
lamivudine-tenofovir disoproxil		tazarotene CREA 0.1 % .....	46	MG/ML .....	8
fumarate) .....	36	TDVAX SUSP .....	88	testosterone GEL TD 1 %, 25	
SYMTUZA .....	36	TECENTRIQ .....	29	MG/2.5GM, 50 MG/5GM .....	8
SYNAGIS SOLN .....	85	TECHLITE AST LANCETS .....	68	testosterone GEL TD 1 % .....	8
SYNAREL .....	54	TECHLITE LANCETS .....	68	testosterone GEL TD 1.62 %, 10	
SYNOJOYNT SOSY .....	78				

MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 % .....	8	THYMOGLOBULIN .....	75	TOBRADEX OINT .....	83
testosterone SOLN .....	8	THYROGEN 0.9 MG .....	51	tobramycin (ophth) SOLN .....	82
TETANUS-DIPHThERIA TOXOIDS TD SUSP .....	88	THYROID TABS PO 15 MG, 30 MG, 60 MG, 90 MG, 120 MG .....	88	tobramycin NEBU .....	2
tetrabenazine PO .....	86	tiagabine hcl PO 12 MG, 16 MG ...	14	tobramycin NEBU .....	3
tetracaine hcl (ophth) .....	82	tiagabine hcl PO 2 MG, 4 MG .....	14	tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML .....	2
tetrahydrozoline hcl (ophth) 0.05 % 82		TIBSOVO .....	31	tobramycin sulfate SOLR .....	2
TEZSPIRE SOAJ .....	10	TICOVAC .....	93	tobramycin-dexamethasone SUSP 83	
TEZSPIRE SOSY .....	10	TIGLUTIK SUSP .....	79	TOBREX OINT .....	82
TGT LANCET MICRO THIN 33G .	68	timolol maleate (ophth) SOLG 0.25 % .....	81	TODAYS HEALTH THIN LANCETS 28G .....	68
TGT LANCET THIN 26G .....	68	timolol maleate (ophth) SOLN 0.5 % . 81		TODAYS HEALTH THIN LANCETS 30G .....	68
TGT LANCET ULTRA THIN 30G .	68	timolol maleate (ophth) SOLN .....	81	TOLECTIN 600 TABS PO .....	5
THALOMID PO .....	75	timolol maleate TABS PO .....	38	tolmetin sodium CAPS PO .....	5
THEO-24 CP24 PO 100 MG .....	12	TIMOLOL-BRIMONIDINE- DORZOLAMID 0.5 %-0.15 %-2 % .	81	tolmetin sodium TABS PO 600 MG .	5
THEO-24 CP24 PO 200 MG, 300 MG, 400 MG .....	12	TIMOPTIC-XE SOLG 0.25 % (Use timolol maleate (ophth)) .....	81	tolnaftate CREA .....	46
theophylline ELIX PO .....	12	tioconazole vaginal 6.5 % .....	94	tolterodine tartrate CP24 PO .....	90
theophylline SOLN PO .....	12	tiopronin TABS .....	57	tolterodine tartrate TABS PO .....	90
theophylline TB12 PO 100 MG, 200 MG, 300 MG .....	12	tiotropium bromide monohydrate CAPS .....	10	tolvaptan TABS .....	55
theophylline TB12 PO 450 MG ....	12	TIROSINT CAPS PO 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (Use levothyroxine sodium) .....	88	TOPAMAX SPRINKLE CPSP PO (Use topiramate) .....	13
theophylline TB24 PO .....	12	TIVICAY PD TBSO .....	36	topiramate CPSP PO .....	13
thiamine hcl TABS PO .....	95	TIVICAY TABS .....	36	topiramate TABS PO 25 MG .....	13
thiamine mononitrate TABS PO 100 MG .....	95	tizanidine hcl CAPS PO .....	78	topiramate TABS PO 50 MG, 100 MG, 200 MG .....	13
THINLETS GP LANCETS .....	68	tizanidine hcl TABS PO .....	78	topotecan hcl SOLN .....	32
thioridazine hcl PO .....	34	TOBI NEBU (Use tobramycin) .....	2	TOPOTECAN HCL SOLN .....	32
thiothixene PO .....	34			topotecan hcl SOLR .....	32
THRESHOLD IMT MISC .....	73			toremifene citrate PO .....	30
THROMBATE III .....	59				



torsemide TABS PO 20 MG .....	53	TRELSTAR MIXJECT 3.75 MG ...	30	triazolam PO .....	61
torsemide TABS PO 5 MG, 10 MG, 100 MG .....	53	treprostinil SOLN IJ .....	39	trientine hcl PO 250 MG .....	75
TOVIAZ (Use fesoterodine fumarate) .....	90	tretinoin (chemotherapy) PO .....	32	trifluoperazine hcl TABS PO .....	34
TPOXX CAPS .....	37	tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....	45	trihexyphenidyl hcl SOLN .....	32
TRACLEER TABS (Use bosentan) 39		tretinoin CREA 0.025 % .....	45	trihexyphenidyl hcl TABS PO .....	32
TRADJENTA .....	17	tretinoin GEL 0.01 %, 0.025 %, 0.05 % .....	45	TRIKAFTA TBPK 100 MG-50 MG .87	
tramadol hcl CP24 PO 100 MG, 200 MG, 300 MG .....	7	tretinoin microsphere .....	45	TRILEPTAL SUSP PO (Use oxcarbazepine) .....	13
TRAMADOL HCL SOLN (Use tramadol hcl) .....	7	TRETTEN .....	58	TRILURON SOSY .....	78
tramadol hcl SOLN .....	7	TREXALL TABS PO 5 MG, 7.5 MG, 10 MG, 15 MG .....	29	trimethoprim TABS PO .....	27
tramadol hcl TABS PO 25 MG, 100 MG .....	7	triamcinolone acetonide (mouth) ..76		trimipramine maleate CAPS PO ...	16
tramadol hcl TABS PO 50 MG .....	7	triamcinolone acetonide (topical) AERS .....	49	TRIUMEQ PD TBSO .....	36
tramadol hcl TB24 PO .....	7	triamcinolone acetonide (topical) CREA 0.025 % .....	49	TRIUMEQ TABS .....	36
tramadol-acetaminophen PO .....	7	triamcinolone acetonide (topical) CREA 0.1 % .....	49	TRIVISC SOSY .....	78
trandolapril PO 1 MG, 2 MG .....	26	triamcinolone acetonide (topical) CREA 0.5 % .....	49	TRIZIVIR PO .....	36
trandolapril PO 4 MG .....	26	triamcinolone acetonide (topical) LOTN .....	49	tropicamide SOLN 0.5 % .....	82
trandolapril-verapamil hcl PO .....	27	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % .....	49	tropicamide SOLN 1 % .....	81
tranexamic acid TABS PO .....	60	triamcinolone acetonide (topical) OINT 0.05 % .....	49	tropium chloride CP24 PO .....	90
TRANILCYPRROMINE SULFATE PO .....	15	triamcinolone acetonide (topical) OINT 0.5 % .....	49	tropium chloride TABS PO .....	90
TRAVATAN Z SOLN (Use travoprost) .....	83	triamcinolone acetonide-dimethicone- silicone .....	49	TRUBIOTICS CAPS PO .....	22
travoprost SOLN .....	83	triamterene & hydrochlorothiazide CAPS PO 25 MG-37.5 MG .....	53	TRUBIOTICS DIGEST + IMM HEALTH CAPS PO .....	22
trazodone hcl TABS PO 300 MG ..	15	triamterene & hydrochlorothiazide TABS PO .....	53	TRUEPLUS GLUCOSE CHEW PO 17	
trazodone hcl TABS PO 50 MG, 100 MG, 150 MG .....	15			TRUEPLUS GLUCOSE ON THE GO CHEW PO .....	17
TRECATOR PO .....	28			TRUEPLUS LANCETS 26G .....	68
TRELSTAR MIXJECT 11.25 MG, 22.5 MG .....	30			TRUEPLUS LANCETS 28G .....	68
				TRUEPLUS LANCETS 30G .....	68
				TRUEPLUS LANCETS 33G .....	68
				TRULICITY .....	17

TRUMENBA .....	90	UNITUXIN .....	29	VALTOCO 10 MG DOSE LIQD ....	13
TRUVADA PO (Use emtricitabine- tenofovir disoproxil fumarate) .....	36	UNIVERSAL 1 LANCETS THIN 26G .....	68	VALTOCO 15 MG DOSE LQPK ...	13
TUBING/WING TIP MISC .....	73	UNIVERSAL 1 LANCETS THIN 33G .....	68	VALTOCO 20 MG DOSE LQPK ...	13
TWINRIX SUSY .....	93	UNIVERSAL 1 LANCETS ULTRA THIN .....	68	VALTOCO 5 MG DOSE LIQD .....	13
TYBLUME CHEW .....	42	UP4 PROBIOTICS ADULT CAPS PO .....	22	VALUE PLUS LANCET STANDARD 21G .....	68
TYBOST .....	36	UP4 PROBIOTICS MENS CAPS PO 22		VALUE PLUS LANCETS SUPER THIN .....	69
TYLENOL CHILDRENS CHEWABLES CHEW PO (Use acetaminophen) .....	6	UP4 PROBIOTICS ULTRA CAPS PO .....	22	VALUE PLUS LANCETS THIN 26G . 69	
TYPHIM VI SOLN .....	90	UP4 PROBIOTICS WOMENS CAPS PO .....	22	VALUMARK LANCET SUPER THIN 30G .....	69
TYPHIM VI SOSY .....	90	urea CREA 40 % .....	49	VALUMARK LANCET ULTRA THIN 28G .....	69
UBRELVY PO .....	73	urea LOTN 40 % .....	49	vancomycin hcl CAPS PO 125 MG 27	
UDENYCA ONBODY SOSY .....	60	ursodiol CAPS PO .....	56	vancomycin hcl CAPS PO 250 MG 27	
UDENYCA SOAJ .....	60	ursodiol TABS PO 250 MG .....	56	vancomycin hcl SOLR IV 1 GM ...	27
UDENYCA SOSY .....	60	UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML .....	34	VANCOMYCIN HCL SOLR IV 1 GM . 27	
ULTILET CLASSIC LANCETS ....	68	UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML .....	34	vancomycin hcl SOLR IV 500 MG .	27
ULTRAFLOA IMMUNE HEALTH CAPS PO .....	22	valacyclovir hcl PO 1 GM .....	37	VANCOMYCIN HCL SOLR IV 500 MG .....	27
UNILET COMFORTOUCH LANCET 68		valacyclovir hcl PO 500 MG .....	37	vancomycin hcl SOLR PO 25 MG/ML .....	27
UNILET EXCELITE .....	68	valganciclovir hcl TABS PO .....	37	VANDAZOLE .....	94
UNILET EXCELITE II .....	68	valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML .....	14	VAQTA .....	93
UNILET G.P. LANCET .....	68	valproic acid CAPS PO .....	14	varenicline tartrate TABS PO .....	87
UNILET G.P. SUPERLITE LANCET . 68		valrubicin .....	31	varenicline tartrate TBPK .....	87
UNILET GP 28 ULTRA THIN .....	68	valsartan SOLN .....	26	VARIVAX SUSR .....	93
UNILET LANCET .....	68	valsartan TABS PO .....	26	VAXCHORA .....	90
UNILET MICRO-THIN 33G .....	68	valsartan-hydrochlorothiazide PO .	27	VAXELIS SUSP .....	88
UNILET SUPERLITE LANCET ...	68				
UNILET SUPER-THIN 30G .....	68				
UNILET ULTRA-THIN 28G .....	68				

VAXELIS SUSY .....	88	VESICARE LS SUSP .....	90	VITAMIN E CHEW PO .....	94
VAXNEUVANCE .....	90	VEVYE SOLN .....	82	VITAMINS ACD-FLUORIDE SOLN PO .....	77
VCF VAGINAL CONTRACEPTIVE FILM .....	93	VH ESSENTIALS OPTIBALANCE CAPS PO .....	22	vitamins w/ lipotropics CAPS PO ..	77
VCF VAGINAL CONTRACEPTIVE GEL .....	93	VIACTIV DIGESTIVE HEALTH CHEW .....	23	VITRAKVI CAPS PO .....	31
VECAMYL PO .....	27	VIDA MIA UNILET LANCETS 28G 69		VITRAKVI SOLN .....	31
VECTIBIX 100 MG/5ML, 400 MG/20ML .....	30	VIDA MIA UNILET LANCETS 30G 69		VIVIMUSTA SOLN .....	28
VELSIPITY .....	57	VIEKIRA PAK TBPB .....	37	VIVITROL .....	23
VENCLEXTA STARTING PACK TBPB .....	30	vigabatrin PACK .....	14	VIVOTIF PO .....	90
VENCLEXTA TABS .....	30	vigabatrin TABS .....	14	VIZIMPRO .....	30
VENLAFAXINE BESYLATE ER ...	15	VIJOICE TBPB .....	75	VOGELXO PUMP GEL TD (Use testosterone) .....	8
venlafaxine hcl CP24 PO 150 MG .	15	VILTEPSO .....	80	VONVENDI .....	58
venlafaxine hcl CP24 PO 37.5 MG	15	VIMIZIM .....	55	VORAXAZE .....	32
venlafaxine hcl CP24 PO 75 MG ..	15	vincristine sulfate .....	32	VORTEX HOLD CHMBR/MASK/CHILD DEVI .....	73
venlafaxine hcl TABS PO .....	15	VIRACEPT TABS PO 250 MG ....	36	VORTEX HOLD CHMBR/MASK/TODDLER DEVI ..	73
venlafaxine hcl TB24 PO .....	15	VIRACEPT TABS PO 625 MG ....	36	VORTEX VALVED HOLDING CHAMBER DEVI .....	73
VENTOLIN HFA AERS (Use albuterol sulfate) .....	12	VIREAD POWD .....	36	VOSEVI .....	37
verapamil hcl CP24 PO 100 MG, 120 MG, 180 MG, 200 MG, 240 MG ...	39	VIREAD TABS PO (Use tenofovir disoproxil fumarate) .....	36	VOTRIENT .....	31
verapamil hcl CP24 PO 300 MG ...	39	VIREAD TABS PO .....	37	VPRIV .....	59
verapamil hcl CP24 PO 360 MG ...	39	VISBIOME HIGH POTENCY CAPS PO .....	22	VSL#3 CAPS PO .....	22
VERAPAMIL HCL ER CP24 PO (Use verapamil hcl) .....	39	VISCO-3 SOSY .....	78	VTAMA .....	46
verapamil hcl TABS PO .....	39	VISTOGARD .....	23	VYNDAMAX .....	39
verapamil hcl TBCR PO .....	39	VISUDYNE .....	83	VYNDAQEL .....	39
VERELAN PM CP24 PO 100 MG, 200 MG (Use verapamil hcl) .....	39	VITAMIN D3 LIQD PO 125 MCG/ML . 94		VYONDYS 53 .....	80
VERELAN PM CP24 PO 300 MG (Use verapamil hcl) .....	39	vitamin e CAPS PO .....	94	VYVANSE CAPS PO .....	1
		VITAMIN E CAPS PO .....	94	VYVANSE CHEW .....	1
				WALGREENS GLUCOSE CHEW PO .....	17

WALGREENS LANCETS MICRO THIN .....	69	XGEVA SOLN .....	54	AJKT .....	4
WALGREENS LANCETS SUPER THIN .....	69	XIAFLEX .....	75	YUSIMRY .....	4
WALGREENS THIN LANCETS .....	69	XIIDRA .....	82	YUTIQ .....	83
warfarin sodium TABS PO .....	12	XOFLUZA (40 MG DOSE) PO 40 MG .....	37	zafirlukast PO .....	10
WEBCOL ALCOHOL PREP LARGE 69		XOFLUZA (80 MG DOSE) PO 80 MG .....	37	zaleplon PO .....	61
WEBCOL ALCOHOL PREP MEDIUM .....	69	XOLAIR SOAJ .....	10	ZALTRAP .....	29
WEGOVY .....	1	XOLAIR SOLR .....	10	ZARXIO .....	60
WELLPRO 31 CAPS PO .....	22	XOLAIR SOSY .....	10	ZAVZPRET .....	74
white petrolatum-mineral oil .....	81	XOPENEX HFA (Use levalbuterol tartrate) .....	12	ZEGALOGUE SOAJ .....	17
WILATE KIT .....	58	XOSPATA .....	31	ZEGALOGUE SOSY .....	17
WINDMILL TRAINER MISC .....	73	XPERT XPRESS SARS-COV-2 .....	52	ZELAC CAPS PO .....	22
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML .....	84	XPHOZAH .....	55	ZELBORAF PO .....	31
WOMENS 50 BILLION CAPS PO .....	22	XTANDI CAPS .....	30	ZEMAIRA SOLR 1000 MG .....	87
XACIATO GEL .....	94	XYBIOTIC CAPS PO .....	22	ZENPEP CPEP PO 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT .....	53
XALKORI CAPS .....	31	XYNTHA .....	58	ZEPATIER .....	37
XARELTO STARTER PACK TBPK 12		XYNTHA SOLOFUSE .....	58	ZEPBOUND SOAJ .....	1
XARELTO SUSR .....	12	XYREM SOLN PO .....	86	ZEPOSIA STARTER KIT CPPK .....	87
XARELTO TABS 10 MG, 20 MG .....	12	YERVOY .....	29	ZEVALIN Y-90 .....	29
XARELTO TABS 15 MG .....	12	YESCARTA .....	30	ZIAGEN SOLN PO (Use abacavir sulfate) .....	37
XARELTO TABS 2.5 MG .....	12	YF-VAX INJ .....	93	ZIAGEN TABS PO (Use abacavir sulfate) .....	37
XCOPRI (250 MG DAILY DOSE) TBPK .....	14	YONDELIS .....	29	zidovudine CAPS PO .....	37
XCOPRI TABS .....	14	YOSPRALA PO 81 MG-40 MG .....	59	zidovudine SYRP PO .....	37
XELJANZ SOLN .....	3	YUFLYMA (1 PEN) AJKT .....	4	zidovudine TABS PO .....	37
XELSTRYM .....	1	YUFLYMA (2 PEN) AJKT .....	4		
XEOMIN .....	80	YUFLYMA (2 SYRINGE) PSKT 20 MG/0.2ML .....	4		
		YUFLYMA (2 SYRINGE) PSKT 40 MG/0.4ML .....	4		
		YUFLYMA-CD/UC/HS STARTER			

ZIEXTENZO .....	60	ZOLGENSMA 16.1-16.5 KG .....	80	zolpidem tartrate TABS PO .....	61
zileuton TB12 PO .....	11	ZOLGENSMA 16.6-17.0 KG .....	80	zolpidem tartrate TBCR PO .....	61
ZILRETTA SRER .....	43	ZOLGENSMA 17.1-17.5 KG .....	80	ZOMIG SOLN 2.5 MG (Use zolmitriptan) .....	74
ZIMHI SOSY .....	23	ZOLGENSMA 17.6-18.0 KG .....	81	ZONISADE SUSP .....	13
zinc oxide (topical) OINT 20 % .....	50	ZOLGENSMA 18.1-18.5 KG .....	81	zonisamide CAPS PO .....	13
zinc sulfate CAPS PO .....	75	ZOLGENSMA 18.6-19.0 KG .....	81	ZORYVE 0.3 % .....	46
ZINPLAVA .....	85	ZOLGENSMA 19.1-19.5 KG .....	81	ZOVIRAX CREA (Use acyclovir topical) .....	47
ziprasidone hcl PO .....	33	ZOLGENSMA 19.6-20.0 KG .....	81	ZOVIRAX OINT (Use acyclovir topical) .....	47
ziprasidone mesylate .....	33	ZOLGENSMA 2.6-3.0 KG .....	81	ZTALMY .....	13
ZITUVIO .....	17	ZOLGENSMA 20.1-20.5 KG .....	81	ZUBSOLV SUBL 0.18 MG-0.7 MG .	8
ZOLADEX 10.8 MG .....	30	ZOLGENSMA 3.1-3.5 KG .....	81	ZUBSOLV SUBL 0.36 MG-1.4 MG .	8
ZOLADEX 3.6 MG .....	30	ZOLGENSMA 3.6-4.0 KG .....	81	ZUBSOLV SUBL 0.71 MG-2.9 MG .	8
zoledronic acid CONC .....	54	ZOLGENSMA 4.1-4.5 KG .....	81	ZUBSOLV SUBL 1.4 MG-5.7 MG ..	8
zoledronic acid SOLN 4 MG/100ML 54		ZOLGENSMA 4.6-5.0 KG .....	81	ZUBSOLV SUBL 2.1 MG-8.6 MG ..	8
zoledronic acid SOLN 5 MG/100ML 54		ZOLGENSMA 5.1-5.5 KG .....	81	ZUBSOLV SUBL 2.9 MG-11.4 MG .	8
ZOLEDRONIC ACID SOLN .....	54	ZOLGENSMA 5.6-6.0 KG .....	81	ZULRESSO .....	15
ZOLGENSMA 20.6-21.0 KG .....	80	ZOLGENSMA 6.1-6.5 KG .....	81	ZURZUVAE .....	15
ZOLGENSMA 10.1-10.5 KG .....	80	ZOLGENSMA 6.6-7.0 KG .....	81	ZYDELIG .....	31
ZOLGENSMA 10.6-11.0 KG .....	80	ZOLGENSMA 7.1-7.5 KG .....	81	ZYKADIA TABS .....	31
ZOLGENSMA 10.6-11.0 KG .....	80	ZOLGENSMA 7.6-8.0 KG .....	81	ZYNTEGLO .....	59
ZOLGENSMA 11.1-11.5 KG .....	80	ZOLGENSMA 8.1-8.5 KG .....	81	ZYPREXA RELPREVV .....	34
ZOLGENSMA 11.6-12.0 KG .....	80	ZOLGENSMA 8.6-9.0 KG .....	81		
ZOLGENSMA 12.1-12.5 KG .....	80	ZOLGENSMA 9.1-9.5 KG .....	81		
ZOLGENSMA 12.6-13.0 KG .....	80	ZOLGENSMA 9.6-10.0 KG .....	81		
ZOLGENSMA 13.1-13.5 KG .....	80	ZOLINZA .....	31		
ZOLGENSMA 13.6-14.0 KG .....	80	zolmitriptan SOLN 2.5 MG .....	74		
ZOLGENSMA 14.1-14.5 KG .....	80	zolmitriptan TABS PO .....	74		
ZOLGENSMA 14.6-15.0 KG .....	80	zolmitriptan TBCR PO .....	74		
ZOLGENSMA 15.1-15.5 KG .....	80	ZOLPIDEM TARTRATE CAPS ...	61		
ZOLGENSMA 15.6-16.0 KG .....	80	zolpidem tartrate SUBL .....	61		