

Pharmacy Program

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

Preferred Drug List

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

Pharmacy Benefit Manager

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

Specialty Drugs

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

Dispensing Limits

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

Appropriate Use and Safety Edits

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

Prior Authorizations

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

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

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

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

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

Quantity Limits

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

Age Limits

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

Non-Preferred

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

Medical Necessity Requests

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

For a MN request NH Healthy Families requires:

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

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

72-Hour Emergency Supply Policy

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

Newly Approved Products

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

Over-the-Counter Medications

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

CMS Labeler Requirements

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

Drug Efficacy Study and Implementation (DESI) Drugs

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

Filling a Prescription

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

Step Therapy

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

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

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

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

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

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

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

Abbreviations

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

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

Tier Definitions

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

Brand/Generic Drug Designation

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

Contact Information

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	1	PA	ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	2	SP; PA
<i>tobramycin sulfate SOLR</i>	1	PA	ADALIMUMAB-AACF(PS/UV STARTER) AJKT	2	SP; PA
<i>tobramycin NEBU</i>	1	SP; PA	ADALIMUMAB-AATY (1 PEN) AJKT	2	SP; PA
<i>tobramycin NEBU</i>	1	SP; PA	ADALIMUMAB-AATY (2 PEN) AJKT	2	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			ADALIMUMAB-AATY (2 SYRINGE) PSKT	2	SP; PA
Antirheumatic - Enzyme Inhibitors			ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	2	SP; PA
OLUMIANT	NP	SP; PA	ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	NP	SP; PA
RINVOQ LQ SOLN	2	SP	ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	NP	SP; PA
RINVOQ TB24	2	SP; PA	ADALIMUMAB-ADAZ SOSY	2	SP; PA
XELJANZ SOLN	NP	SP; PA	ADALIMUMAB-ADBM (2 PEN) AJKT	2	SP; PA
Antirheumatic Antimetabolites			ADALIMUMAB-ADBM (2 SYRINGE) PSKT	2	SP; PA
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	2	SP; PA	ADALIMUMAB-ADBM(CD/UC/HS STRT) 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-ADBM(PS/UV STARTER) AJKT	2	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies			ADALIMUMAB-FKJP (2 PEN) AJKT	2	SP; PA
ABRILADA (1 PEN) AJKT	NP	SP; PA	ADALIMUMAB-FKJP (2 SYRINGE) PSKT	2	SP; PA
ABRILADA (2 PEN) AJKT	NP	SP; PA	ADALIMUMAB-RYVK (2 PEN) AJKT	2	SP; PA
ABRILADA (2 SYRINGE) PSKT	NP	SP; PA	ADALIMUMAB-RYVK (2 SYRINGE) PSKT	2	SP; PA
ADALIMUMAB-AACF (2 PEN) AJKT	2	SP; PA	AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP; PA
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP; PA	AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP; PA
			AMJEVITA SOAJ	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AMJEVITA SOSY	NP	SP; PA	HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP; PA
CYLTEZO (2 PEN) AJKT	NP	SP; PA	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	SP; PA
CYLTEZO (2 SYRINGE) PSKT	NP	SP; PA	HYRIMOZ-PLAQUE PSORIASIS START SOAJ	NP	SP; PA
CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP; PA	HYRIMOZ SOAJ	NP	SP; PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP; PA	HYRIMOZ SOSY	NP	SP; PA
HADLIMA PUSH TOUCH SOAJ	NP	SP; PA	IDACIO (2 PEN) AJKT	NP	SP; PA
HADLIMA SOSY	NP	SP; PA	IDACIO (2 SYRINGE) PSKT	NP	SP; PA
HULIO (2 PEN) AJKT	NP	SP; PA	IDACIO-CROHNS/UC STARTER AJKT	NP	SP; PA
HULIO (2 SYRINGE) PSKT	NP	SP; PA	IDACIO-PSORIASIS STARTER AJKT	NP	SP; PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	2	SP; PA	SIMLANDI (1 PEN) AJKT	NP	SP; PA
HUMIRA (2 PEN) AJKT	2	SP; PA	SIMLANDI (2 PEN) AJKT	NP	SP; PA
HUMIRA (2 SYRINGE) PSKT	2	SP; PA	SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML	NP	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	2	SP; PA	YUFLYMA (1 PEN) AJKT	NP	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 80 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	NP	SP; PA
HUMIRA-PED>=40KG CROHNS START PSKT	2	SP; PA	YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP; PA
HUMIRA-PED>=40KG UC STARTER AJKT	2	SP; PA	YUSIMRY	NP	SP; PA
HUMIRA-PS/UV/ADOL HS STARTER AJKT	2	SP; PA	Interleukin-6 Receptor Inhibitors		
HUMIRA-PSORIASIS/UEIT STARTER AJKT	2	SP; PA	TOFIDENCE	NP	SP; PA
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP; PA	TYENNE SOAJ	NP	SP; PA
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP; PA	TYENNE SOLN	NP	SP; PA
			TYENNE SOSY	NP	SP; PA
			Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
			ADVIL TABS (<i>Use ibuprofen</i>)	0	MP
			<i>celecoxib</i>	1	QL(2 EA daily); PA
			CHILDRENS ADVIL SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	0	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	0	MP; RX/OTC
diclofenac potassium TABS 50 MG	1	MP
diclofenac sodium TB24	1	MP
diclofenac sodium TBEC	1	MP
etodolac CAPS	1	MP
etodolac TABS	1	MP
etodolac TB24	1	MP
flurbiprofen TABS	1	MP
ibuprofen CHEW	0	MP
ibuprofen SUSP	0	MP; RX/OTC
ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	0	MP
indomethacin CAPS 25 MG, 50 MG	1	MP
indomethacin CPR	1	MP
INFANTS ADVIL SUSP (Use ibuprofen)	0	MP
ketoprofen CAPS 50 MG	1	MP
ketoprofen CP24	1	MP
ketorolac tromethamine TABS	1	QL(20 EA per fill retail); AL(At least 17 yrs old); MP
meloxicam TABS	1	MP
MOTRIN CHILDRENS CHEW (Use ibuprofen)	0	MP
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	0	MP
nabumetone	1	MP
naproxen sodium TABS 220 MG	1	QL(2 EA daily); MP
naproxen sodium TABS 275 MG, 550 MG	1	MP
naproxen-esomeprazole magnesium	1	PA
naproxen SUSP	1	MP

Drug Name	Drug Tier	Requirements/Limits
naproxen TABS	1	MP
naproxen TBEC	1	QL(2 EA daily); MP
oxaprozin TABS	1	MP
piroxicam CAPS	1	MP
sulindac TABS	1	MP
TOLECTIN 600 TABS	2	MP
tolmetin sodium CAPS	1	MP
tolmetin sodium TABS 600 MG	1	MP
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	2	SP; PA
OTEZLA TBPK	2	SP; PA
Pyrimidine Synthesis Inhibitors		
leflunomide	1	QL(1 EA daily); MP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	2	SP; PA
ENBREL SURECLICK SOAJ	2	SP; PA
ENBREL SOLN	2	SP; PA
ENBREL SOSY	2	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	1	QL(4 EA daily)
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	1	QL(4 EA daily)
butalbital-acetaminophen TABS 50 MG-325 MG	1	
butalbital-aspirin-caffeine CAPS	1	QL(4 EA daily)
Analgesics Other		
acetaminophen CHEW	0	
acetaminophen ELIX	0	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen LIQD 160 MG/5ML</i>	0		<i>codeine sulfate TABS 30 MG</i>	1	QL(2 EA daily)
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	0		CODEINE SULFATE TABS	2	QL(2 EA daily)
<i>acetaminophen SUPP 120 MG, 650 MG</i>	0	QL(12 EA per fill retail)	CONZIP CP24 (<i>Use tramadol hcl</i>)	NP	PA
ACETAMINOPHEN SUPP	0	QL(12 EA per fill retail)	<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	10 per month; QL(0.34 EA daily)
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	1		<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	PA
<i>acetaminophen TABS 325 MG, 500 MG</i>	1		<i>hydrocodone bitartrate CP12</i>	1	
FEVERALL JUNIOR STRENGTH SUPP	0	QL(12 EA per fill retail)	HYDROMORPHONE HCL SUPP	2	QL(12 EA per fill retail)
TYLENOL CHILDRENS CHEWABLES CHEW (<i>Use acetaminophen</i>)	0		<i>hydromorphone hcl TABS</i>	1	QL(8 EA daily)
Analgesics-Peptide Channel Blockers			<i>hydromorphone hcl TB24</i>	1	PA
PRIALT	2	SP; PA	<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1	QL(500 ML per fill retail)
Salicylates			<i>meperidine hcl TABS 50 MG</i>	1	QL(6 EA daily)
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	1		<i>methadone hcl TABS 10 MG</i>	1	QL(10 EA daily); PA
<i>aspirin CHEW</i>	0		<i>methadone hcl TABS 5 MG</i>	1	QL(4 EA daily); PA
ASPIRIN SUPP 300 MG	0	QL(12 EA per fill retail)	<i>morphine sulfate beads</i>	1	PA
<i>aspirin TABS 325 MG</i>	0		<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	PA
<i>aspirin TBEC 81 MG, 325 MG</i>	0		<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	1	QL(240 ML per fill retail)
<i>diflunisal TABS</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 (<i>Use aspirin</i>)	0		<i>morphine sulfate SUPP</i>	1	QL(24 EA per fill retail)
ECOTRIN TBEC (<i>Use aspirin</i>)	0		<i>morphine sulfate TABS</i>	1	QL(6 EA daily)
<i>salsalate</i>	1		<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			OXAYDO TABS 5 MG	2	QL(6 EA daily)
Opioid Agonists					

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

Drug Name	Drug Tier	Requirements/Limits
SUBLOCADE SOSY	2	1 max fill(s) per 30 day(s) retail; SP; PA
SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	NP	QL(2 EA daily)
SUBOXONE FILM SL 0.5 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	NP	QL(12 EA daily)
SUBOXONE FILM SL 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	NP	QL(6 EA daily)
SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	NP	QL(3 EA daily)
ZUBSOLV SUBL 1.4 MG-5.7 MG	2	QL(3 EA daily)
ZUBSOLV SUBL 0.71 MG-2.9 MG	2	QL(6 EA daily)
ZUBSOLV SUBL 0.18 MG-0.7 MG	2	QL(8 EA daily)
ZUBSOLV SUBL 2.9 MG-11.4 MG	2	QL(1.5 EA daily)
ZUBSOLV SUBL 0.36 MG-1.4 MG	2	QL(12 EA daily)
ZUBSOLV SUBL 2.1 MG-8.6 MG	2	QL(2 EA daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL GEL TD 25 MG/2.5GM (Use testosterone)	NP	
AVEED SOLN	2	SP; PA
methyltestosterone TABS	1	
TESTOPEL PLLT	2	SP; PA
testosterone cypionate SOLN IM 200 MG/ML	1	QL(4 ML per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	1	
testosterone GEL TD 1 %	2	
testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %	1	PA
testosterone SOLN	1	PA
VOGELXO PUMP GEL TD (Use testosterone)	NP	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
hydrocortisone (intrarectal)	1	QL(420 ML per fill retail)
Rectal Combinations		
phenylephrine-shark liver oil-cocoa butter	1	QL(48 EA per fill retail)
phenylephrine-shark liver oil-mineral oil-petrolatum	1	QL(12 GM per fill retail)
Rectal Local Anesthetics		
pramoxine hcl (rectal) FOAM EX	1	QL(15 GM per fill retail)
Rectal Steroids		
ANUSOL-HC EX (Use hydrocortisone (rectal))	2	QL(30 GM per fill retail)
hydrocortisone (rectal) EX 2.5 %	1	QL(30 GM per fill retail)
hydrocortisone (rectal) EX 1 %	1	RX/OTC
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone LIQD	1	QL(16.53 ML daily)

Drug Name	Drug Tier	Requirements/Limits
<i>alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML</i>	1	QL(16.53 ML daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	2	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	1	QL(16.53 EA daily)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	1	
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	1	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BENZNIDAZOLE	2	SP; PA
EMVERM CHEW	2	QL(1 EA per 14 day(s) retail)
PIN RID CHEW	2	QL(4 EA per fill retail)
<i>pyrantel pamoate SUSP</i>	1	QL(60 ML per fill retail); 1 max fill(s) per 30 day(s) retail
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	NP	
<i>ranolazine TB12</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	MP
<i>isosorbide mononitrate TABS</i>	1	QL(2 EA daily); MP
ISOSORBIDE MONONITRATE TABS	2	QL(2 EA daily); MP
<i>isosorbide mononitrate TB24</i>	1	QL(1 EA daily); MP
NITRO-BID OINT	2	MP
<i>nitroglycerin CPCPR</i>	1	MP
<i>nitroglycerin PT24</i>	1	MP
<i>nitroglycerin SUBL</i>	1	MP
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl</i>	1	MP
<i>droperidol SOLN 2.5 MG/ML</i>	1	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	MP
<i>hydroxyzine pamoate CAPS 25 MG, 100 MG</i>	1	
<i>hydroxyzine pamoate CAPS 50 MG</i>	1	MP
<i>meprobamate</i>	1	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	2	
<i>alprazolam TABS</i>	1	QL(4 EA daily)
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	1	
<i>chlordiazepoxide hcl CAPS</i>	1	QL(4 EA daily)
<i>clorazepate dipotassium TABS</i>	1	QL(3 EA daily)
<i>diazepam CONC</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DIAZEPAM SOAJ	2	
<i>diazepam SOLN PO 5 MG/5ML</i>	1	QL(500 ML per fill retail)
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	1	
DIAZEPAM SOLN IJ 5 MG/ML	2	
<i>diazepam TABS</i>	1	QL(4 EA daily)
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1	QL(3 EA daily)
<i>lorazepam TABS 1 MG</i>	1	QL(4 EA daily)
LOREEV XR CS24	NP	
<i>oxazepam CAPS</i>	1	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	MP
NORPACE CAPS (<i>Use disopyramide phosphate</i>)	2	MP
<i>quinidine gluconate TBCR</i>	1	MP
<i>quinidine sulfate TABS</i>	1	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	MP
<i>propafenone hcl TABS</i>	1	MP
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG</i>	1	MP
<i>dofetilide</i>	1	MP; PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	SP; PA
FASENRA PEN SOAJ	2	SP; PA
FASENRA SOSY 10 MG/0.5ML	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
NUCALA SOAJ	2	SP; PA
NUCALA SOLR	2	SP; PA
NUCALA SOSY	2	SP; PA
TEZSPIRE SOAJ	NP	SP; PA
TEZSPIRE SOSY	NP	SP; PA
XOLAIR SOAJ	2	SP; PA
XOLAIR SOLR	2	SP; PA
XOLAIR SOSY	2	SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	QL(0.867 GM daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	QL(15 ML daily)
SPIRIVA HANDIHALER CAPS (<i>Use tiotropium bromide monohydrate</i>)	2	
<i>tiotropium bromide monohydrate CAPS</i>	1	
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily); MP
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)
<i>montelukast sodium TABS</i>	1	QL(1 EA daily); MP
<i>zafirlukast</i>	1	
<i>zileuton TB12</i>	1	
Steroid Inhalants		
ARMONAIR DIGIHALER	NP	
ASMANEX (120 METERED DOSES) AEPB	2	
ASMANEX (14 METERED DOSES) AEPB	2	
ASMANEX (30 METERED DOSES) AEPB	2	
ASMANEX (60 METERED DOSES) AEPB	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (inhalation) SUSP</i>	1	QL(4 ML daily); AL(At least 1 yrs old - Up to 8 yrs old)	<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.45 GM daily)
FLOVENT DISKUS AEPB (Use <i>fluticasone propionate (inhalation)</i>)	2	QL(2 EA daily)	<i>albuterol sulfate NEBU</i>	1	QL(2 EA daily)
FLOVENT DISKUS AEPB	2	QL(2 EA daily)	<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	1	QL(375 ML per 30 day(s) retail)
<i>fluticasone propionate (inhalation) AEPB</i>	1	QL(2 EA daily)	<i>albuterol sulfate NEBU 0.083 %</i>	1	QL(375 ML per 25 day(s) retail)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(11 GM per 30 day(s) retail)	ALBUTEROL SULFATE NEBU	2	QL(2 ML daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(12 GM per 30 day(s) retail)	<i>albuterol sulfate SYRP</i>	1	MP
PULMICORT FLEXHALER AEPB	NP	QL(1 EA per 25 day(s) retail)	<i>albuterol sulfate TABS</i>	1	
Sympathomimetics			BEVESPI AEROSPHERE	NP	
ADVAIR DISKUS AEPB (Use <i>fluticasone-salmeterol</i>)	2	QL(2 EA daily)	BREO ELLIPTA	2	
ADVAIR HFA AERO (Use <i>fluticasone-salmeterol</i>)	2		BREZTRI AEROSPHERE	NP	
AIRDUO DIGIHALER	NP		<i>budesonide-formoterol fumarate dihydrate</i>	1	QL(11 GM per 30 day(s) retail)
AIRDUO RESPICLICK 113/14 AEPB (Use <i>fluticasone-salmeterol</i>)	2		COMBIVENT RESPIMAT AERS	2	QL(4 GM per 30 day(s) retail)
AIRDUO RESPICLICK 232/14 AEPB (Use <i>fluticasone-salmeterol</i>)	2		DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	2	QL(13 GM per 30 day(s) retail)
AIRDUO RESPICLICK 55/14 AEPB (Use <i>fluticasone-salmeterol</i>)	2		DULERA 50 MCG/ACT-5 MCG/ACT	2	
AIRSUPRA	NP		<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 EA daily)
<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(1.2 GM daily)	<i>fluticasone-salmeterol AERO</i>	1	
<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.57 GM daily)	<i>ipratropium-albuterol SOLN</i>	1	QL(12 ML daily)
			<i>levalbuterol hcl</i>	1	
			<i>levalbuterol tartrate</i>	1	
			PROAIR DIGIHALER	NP	
			PROVENTIL HFA AERS (Use <i>albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(0.45 GM daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS	2	QL(2 EA daily)	XARELTO TABS 2.5 MG	2	
STIOLTO RESPIMAT	2		XARELTO TABS 15 MG	2	QL(2 EA daily)
SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	2	QL(11 GM per 30 day(s) retail)	Heparins And Heparinoid-Like Agents		
terbutaline sulfate TABS	1	MP	enoxaparin sodium SOLN IJ 300 MG/3ML	1	QL(180 ML per 30 day(s) retail)
VENTOLIN HFA AERS (Use albuterol sulfate)	0	Limit 2 inhalers per month; QL(1.2 GM daily)	enoxaparin sodium SOSY 30 MG/0.3ML	1	QL(18 ML per 30 day(s) retail)
VENTOLIN HFA AERS (Use albuterol sulfate)	0	Limit 2 inhalers per month; QL(0.54 GM daily)	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	1	QL(48 ML per 30 day(s) retail)
XOPENEX HFA (Use levalbuterol tartrate)	2		enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML	1	QL(36 ML per 30 day(s) retail)
Xanthines			enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	1	QL(60 ML per 30 day(s) retail)
THEO-24 CP24 100 MG	2	MP	fondaparinux sodium	1	PA
THEO-24 CP24 200 MG, 300 MG, 400 MG	2		FRAGMIN SOLN 10000 UNIT/4ML	NP	SP
theophylline ELIX	1		heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	
theophylline SOLN	1	QL(475 ML per fill retail); MP	Thrombin Inhibitors		
theophylline TB12 100 MG, 200 MG, 300 MG	1		dabigatran etexilate mesylate CAPS	1	
theophylline TB12 450 MG	1		PRADAXA CAPS (Use dabigatran etexilate mesylate)	2	
theophylline TB24	1	MP	PRADAXA PACK	2	SP
ANTICOAGULANTS - Blood Thinners			ANTICONVULSANTS - Drugs to Treat Seizures		
Coumarin Anticoagulants			Anticonvulsants - Benzodiazepines		
warfarin sodium TABS	1	MP	clobazam SUSP	1	
Direct Factor Xa Inhibitors			clobazam TABS	1	
ELIQUIS DVT/PE STARTER PACK TBPB	2	QL(4 EA daily)	clonazepam TABS	1	QL(4 EA daily)
ELIQUIS TABS	2	QL(4 EA daily)	clonazepam TBDP	1	
XARELTO STARTER PACK TBPB	2		LIBERVANT FILM	NP	
XARELTO SUSR	2		VALTOCO 10 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)
XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 15 MG DOSE LQPK	2	QL(10 EA per 30 day(s) retail)
VALTOCO 20 MG DOSE LQPK	2	QL(10 EA per 30 day(s) retail)
VALTOCO 5 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)
Anticonvulsants - Misc.		
BRIVIACT SOLN IV 50 MG/5ML	2	SP; PA
<i>carbamazepine CHEW 100 MG</i>	1	MP
<i>carbamazepine CHEW 200 MG</i>	1	
<i>carbamazepine CP12</i>	1	MP
<i>carbamazepine SUSP</i>	1	MP
<i>carbamazepine TABS</i>	1	MP
<i>carbamazepine TB12</i>	1	MP
CARBATROL CP12 (Use <i>carbamazepine</i>)	2	MP
ELEPSIA XR TB24	NP	
EPRONTIA SOLN	NP	
<i>gabapentin CAPS 300 MG, 400 MG</i>	1	MP
<i>gabapentin CAPS 100 MG</i>	1	QL(9 EA daily); MP
<i>gabapentin SOLN</i>	1	MP
<i>gabapentin TABS 600 MG, 800 MG</i>	1	MP
<i>lamotrigine CHEW</i>	1	MP
<i>lamotrigine KIT 25 MG</i>	1	
<i>lamotrigine TABS</i>	1	MP
<i>lamotrigine TB24</i>	1	
<i>lamotrigine TBDP</i>	1	
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1	QL(30 ML daily); MP
<i>levetiracetam TABS</i>	1	MP
<i>levetiracetam TB24</i>	1	MP
MOTPOLY XR CP24	NP	
<i>oxcarbazepine SUSP</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine TABS</i>	1	MP
<i>pregabalin CAPS</i>	1	PA
<i>pregabalin SOLN</i>	1	PA
<i>primidone 125 MG</i>	1	
<i>primidone 50 MG, 250 MG</i>	1	MP
<i>rufinamide SUSP</i>	1	SP
TEGRETOL-XR TB12 (Use <i>carbamazepine</i>)	2	MP
TOPAMAX SPRINKLE CPSP (Use <i>topiramate</i>)	2	MP
<i>topiramate CPSP 15 MG, 25 MG</i>	1	MP
<i>topiramate TABS 50 MG, 100 MG, 200 MG</i>	1	MP
<i>topiramate TABS 25 MG</i>	1	QL(6 EA daily); MP
TRILEPTAL SUSP (Use <i>oxcarbazepine</i>)	2	MP
ZONISADE SUSP	NP	
<i>zonisamide CAPS</i>	1	MP
ZTALMY	NP	
Carbamates		
<i>felbamate SUSP</i>	1	
<i>felbamate TABS</i>	1	
XCOPRI (250 MG DAILY DOSE) TBPK	NP	
XCOPRI TABS	NP	
GABA Modulators		
GABITRIL 2 MG, 4 MG (Use <i>tiagabine hcl</i>)	2	MP
GABITRIL 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 12 MG, 16 MG</i>	1	
<i>tiagabine hcl 2 MG, 4 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin PACK</i>	1	SP; PA
<i>vigabatrin TABS</i>	1	SP; PA
Hydantoins		
DILANTIN (Use <i>phenytoin sodium extended</i>)	NP	MP
DILANTIN INFATABS CHEW (Use <i>phenytoin</i>)	2	MP
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	MP
<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP	MP
<i>phenytoin CHEW</i>	1	MP
<i>phenytoin SUSP</i>	1	MP
Succinimides		
CELONTIN (Use <i>methsuximide</i>)	2	
<i>ethosuximide CAPS</i>	1	MP
<i>ethosuximide SOLN</i>	1	MP
<i>methsuximide</i>	1	
Valproic Acid		
DEPAKOTE SPRINKLES CSDR (Use <i>divalproex sodium</i>)	2	MP
<i>divalproex sodium CSDR</i>	1	MP
<i>divalproex sodium TB24</i>	1	MP
<i>divalproex sodium TBEC</i>	1	MP
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	MP
<i>valproic acid CAPS</i>	1	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	MP
<i>mirtazapine TBDP</i>	1	
Antidepressant Combinations		

Drug Name	Drug Tier	Requirements/Limits
AUVELITY	NP	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1	MP
<i>bupropion hcl TB12 150 MG</i>	1	QL(3 EA daily); MP
<i>bupropion hcl TB12 100 MG</i>	1	QL(4 EA daily); MP
<i>bupropion hcl TB12 200 MG</i>	1	QL(2 EA daily); MP
<i>bupropion hcl TB24 300 MG</i>	1	QL(1 EA daily); MP
<i>bupropion hcl TB24 150 MG</i>	1	QL(3 EA daily); MP
<i>bupropion hcl TB24 450 MG</i>	2	
FORFIVO XL TB24 (Use <i>bupropion hcl</i>)	NP	
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO	2	SP; PA
ZURZUVAE	NP	SP
Monoamine Oxidase Inhibitors (MAOIs)		
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CITALOPRAM HYDROBROMIDE CAPS	2	
<i>citalopram hydrobromide SOLN</i>	1	
<i>citalopram hydrobromide TABS</i>	1	MP
<i>escitalopram oxalate SOLN</i>	1	
<i>escitalopram oxalate TABS</i>	1	MP
<i>fluoxetine hcl CAPS</i>	1	MP
<i>fluoxetine hcl CPDR</i>	1	
<i>fluoxetine hcl SOLN</i>	1	
<i>fluoxetine hcl TABS 60 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl TABS 20 MG</i>	1	QL(4 EA daily); AL(At least 7 yrs old)
<i>fluoxetine hcl TABS 10 MG</i>	1	AL(At least 7 yrs old); MP
FLUOXETINE HCL TABS (Use <i>fluoxetine hcl</i>)	2	
<i>fluvoxamine maleate CP24</i>	1	
<i>fluvoxamine maleate TABS</i>	1	
<i>paroxetine hcl TABS</i>	1	MP
<i>paroxetine hcl TB24</i>	1	
SERTRALINE HCL CAPS	2	PA
<i>sertraline hcl CONC</i>	1	
<i>sertraline hcl TABS</i>	1	MP
Serotonin Modulators		
<i>nefazodone hcl</i>	1	
<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	1	MP
<i>trazodone hcl TABS 300 MG</i>	1	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP 60 MG (Use <i>duloxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old); MP
CYMBALTA CPEP 20 MG, 30 MG (Use <i>duloxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old); MP
DESVENLAFAXINE ER	2	
<i>desvenlafaxine succinate 100 MG</i>	1	QL(4 EA daily); MP
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1	QL(1 EA daily); MP
<i>duloxetine hcl CPEP 60 MG</i>	1	QL(2 EA daily); AL(At least 7 yrs old); MP
<i>duloxetine hcl CPEP 20 MG, 30 MG, 40 MG</i>	1	QL(1 EA daily); AL(At least 7 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
VENLAFAXINE BESYLATE ER	NP	
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 EA daily); MP
<i>venlafaxine hcl CP24 37.5 MG</i>	1	QL(4 EA daily); MP
<i>venlafaxine hcl CP24 75 MG</i>	1	QL(5 EA daily); MP
<i>venlafaxine hcl TABS</i>	1	MP
<i>venlafaxine hcl TB24</i>	1	QL(1 EA daily)
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	1	MP
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl TABS</i>	1	
<i>doxepin hcl CAPS 150 MG</i>	1	
<i>doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	1	MP
<i>doxepin hcl CONC</i>	1	
<i>imipramine hcl TABS</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl CAPS</i>	1	
<i>nortriptyline hcl SOLN</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate CAPS</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	
<i>miglitol</i>	1	
Antidiabetic Combinations		
<i>alogliptin-metformin hcl</i>	1	QL(2 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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	BAQSIMI ONE PACK POWD	2	QL(0.069 EA daily)
<i>glipizide-metformin hcl</i>	1	MP	BAQSIMI TWO PACK POWD	2	QL(0.069 EA daily)
<i>glyburide-metformin</i>	1	MP	BD GLUCOSE CHEW	2	QL(1.67 EA daily); MP
GLYXAMBI	2		CVS GLUCOSE CHEW	2	QL(1.67 EA daily); MP
JANUMET XR TB24	2		CVS SOFT GLUCOSE CHEW	2	QL(1.67 EA daily); MP
JANUMET TABS	2		DEX4 QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 EA daily); MP
JENTADUETO TABS	2	QL(2 EA daily); AL(At least 18 yrs old); MP	<i>diazoxide</i>	1	
KAZANO (<i>Use alogliptin-metformin hcl</i>)	2	QL(2 EA daily); MP	GLUCAGEN HYPOKIT	2	MP
KOMBIGLYZE XR (<i>Use saxagliptin-metformin hcl</i>)	2		<i>glucagon (rdna)</i>	1	QL(1 EA per fill retail); MP
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (<i>Use alogliptin-pioglitazone</i>)	2	QL(1 EA daily); MP	GLUCAGON EMERGENCY (<i>Use glucagon (rdna)</i>)	2	QL(1 EA per fill retail); MP
<i>pioglitazone hcl-glimepiride</i>	1		GLUCO TO GO CHEW	2	QL(1.67 EA daily); MP
<i>pioglitazone hcl-metformin hcl TABS</i>	1	QL(2 EA daily); MP	GLUCOSE CHEW	2	QL(1.67 EA daily); MP
<i>saxagliptin-metformin hcl</i>	1		GNP GLUCOSE CHEW	2	QL(1.67 EA daily); MP
SITAGLIPTIN BASE-METFORMIN HCL TABS	2		GNP QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 EA daily); MP
ZITUVIMET TABS	NP		GVOKE KIT SOLN	NP	
Biguanides			LEADER QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 EA daily); MP
<i>metformin hcl SOLN</i>	1		<i>mifepristone (hyperglycemia)</i>	1	SP; PA
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	MP	PROGLYCEM (<i>Use diazoxide</i>)	2	
<i>metformin hcl TABS 625 MG</i>	1		SM GLUCOSE CHEW	2	QL(1.67 EA daily); MP
<i>metformin hcl TB24 500 MG, 1000 MG</i>	1		TRUEPLUS GLUCOSE ON THE GO CHEW	2	QL(1.67 EA daily); MP
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	MP	TRUEPLUS GLUCOSE CHEW	2	QL(1.67 EA daily); MP
Diabetic Other			WALGREENS GLUCOSE CHEW	2	QL(1.67 EA daily); MP
			ZEGALOGUE SOAJ	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZEGALOGUE SOSY	2		HUMALOG MIX 50/50 KWIKPEN SUPN	2	QL(30 ML per 30 day(s) retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			HUMALOG MIX 50/50 SUSP	2	QL(40 ML per 30 day(s) retail)
<i>alogliptin benzoate</i>	1	QL(1 EA daily); MP	HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(30 ML per 30 day(s) retail)
JANUVIA	2		HUMALOG MIX 75/25 SUSP	2	QL(40 ML per 30 day(s) retail)
NESINA (Use <i>alogliptin benzoate</i>)	2	QL(1 EA daily); MP	HUMALOG TEMPO PEN SOPN	2	
ONGLYZA (Use <i>saxagliptin hcl</i>)	2		HUMALOG SOLN IJ	2	QL(40 ML per 30 day(s) retail)
<i>saxagliptin hcl</i>	1		HUMULIN 70/30 SUSP	2	QL(40 ML per 30 day(s) retail)
SITAGLIPTIN	2		HUMULIN N SUSP	2	QL(40 ML per 30 day(s) retail)
TRADJENTA	2	QL(1 EA daily); AL(At least 18 yrs old); MP	HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	
ZITUVIO	NP		HUMULIN R U-500 KWIKPEN SOPN SC	2	
Incretin Mimetic Agents			HUMULIN R SOLN IJ	2	QL(40 ML per 30 day(s) retail)
BYETTA 10 MCG PEN SOPN	2	QL(2 ML per 30 day(s) retail); AL(At least 18 yrs old)	INSULIN ASP PROT & ASP FLEXPEN SUPN	2	QL(30 ML per 30 day(s) retail)
BYETTA 5 MCG PEN SOPN	2	QL(1 ML per 30 day(s) retail); AL(At least 18 yrs old)	INSULIN ASPART PROT & ASPART SUSP	2	QL(40 ML per 30 day(s) retail)
<i>liraglutide</i>	1	QL(0.3 ML daily)	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	2	QL(30 ML per 30 day(s) retail)
MOUNJARO	NP	PA	INSULIN GLARGINE SOLN	2	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	PA	INSULIN GLARGINE-YFGN SOLN	2	Generic for Semglee
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	PA	INSULIN GLARGINE-YFGN SOPN	2	Generic for Semglee
OZEMPIC (2 MG/DOSE) SOPN	2	PA	INSULIN LISPRO (1 UNIT DIAL) SOPN	2	QL(30 ML per 30 day(s) retail)
RYBELSUS TABS	NP		INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	
TRULICITY	2	PA	INSULIN LISPRO PROT & LISPRO SUPN	2	QL(30 ML per 30 day(s) retail)
Insulin			INSULIN LISPRO SOLN IJ	2	QL(40 ML per 30 day(s) retail)
HUMALOG JUNIOR KWIKPEN SOPN	2				
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	QL(30 ML per 30 day(s) retail)			
HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP	QL(30 ML per 30 day(s) retail)			

Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR SOPN	2	QL(30 ML per 30 day(s) retail)
LEVEMIR FLEXPEN SOPN	2	
LEVEMIR SOLN	2	
LYUMJEV TEMPO PEN SOPN	NP	
NOVOLOG 70/30 FLEXPEN RELION SUPN	2	QL(30 ML per 30 day(s) retail)
NOVOLOG MIX 70/30 FLEXPEN SUPN	2	QL(30 ML per 30 day(s) retail)
NOVOLOG MIX 70/30 RELION SUSP	2	QL(40 ML per 30 day(s) retail)
NOVOLOG MIX 70/30 SUSP	2	QL(40 ML per 30 day(s) retail)
REZVOGLAR KWIKPEN	NP	
SEMGLEE (YFGN) SOLN	NP	
SEMGLEE (YFGN) SOPN	NP	
SEMGLEE SOPN	NP	QL(30 ML per 30 day(s) retail)
Insulin Sensitizing Agents		
<i>pioglitazone hcl</i>	1	QL(1 EA daily); MP
Meglitinide Analogues		
<i>nateglinide</i>	1	QL(3 EA daily); MP
<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	1	
INVOKANA	NP	MP
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
<i>glimepiride 3 MG</i>	1	
<i>glimepiride 1 MG, 2 MG</i>	1	QL(4 EA daily); MP
<i>glimepiride 4 MG</i>	1	QL(2 EA daily); MP
<i>glipizide TABS 5 MG, 10 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide TABS 2.5 MG</i>	1	
<i>glipizide TB24</i>	1	MP
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	MP
<i>glyburide TABS</i>	1	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
ACIDOPHILUS HIGH-POTENCY CAPS	2	RX/OTC
ACIDOPHILUS PEARLS CAPS	2	RX/OTC
ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC
ACIDOPHILUS SUPER PROBIOTIC CAPS	2	RX/OTC
ACIDOPHILUS/GOAT MILK CAPS	2	RX/OTC
ACTIPHORA CAPS	2	RX/OTC
ADVANCED PROBIOTIC-14 CAPS	2	RX/OTC
ADVANCED PROBIOTIC CAPS	2	RX/OTC
ALIGN EXTRA STRENGTH CAPS	2	RX/OTC
ALIGN CAPS 10 MG	2	RX/OTC
ALOE 10000 & PROBIOTICS CAPS	2	RX/OTC
BACICAP CAPS	2	RX/OTC
BACID CAPS	2	RX/OTC
BILAC CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT CAPS	2	RX/OTC
BIOHM PROBIOTIC/VITAMIN C CAPS	2	RX/OTC
BIO-KULT CAPS	2	RX/OTC
BIOZEN CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bismuth subsalicylate</i> CHEW 262 MG	1		CVS PROBIOTIC ADULT 50+ CAPS	2	RX/OTC
<i>bismuth subsalicylate</i> SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	1		CVS PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC
CULTURELLE BLOATING & GAS DEF CAPS	2	RX/OTC	CVS PROBIOTIC PEARLS EX ST CAPS	2	RX/OTC
CULTURELLE IMMUNE DEFENSE CAPS	2	RX/OTC	CVS PROBIOTIC CAPS	2	RX/OTC
CULTURELLE KID PROBIOTIC+FIBER PACK	2		CVS SENIOR PROBIOTIC CAPS	2	RX/OTC
CULTURELLE KIDS PURELY CHEW	2		DAILY DIGESTIVE PROBIOTIC CAPS	2	RX/OTC
CULTURELLE KIDS PURELY PACK	2		DAILY PROBIOTIC CAPS	2	RX/OTC
CULTURELLE KIDS CHEW	2		DAILY ULTIMATE PROBIOTIC-14 CAPS	2	RX/OTC
CULTURELLE KIDS PACK	2		DERMACINRX PROBISOL CAPS	2	RX/OTC
CULTURELLE METABOLISM-WEIGHT CAPS	2	RX/OTC	DERMACINRX PROBITRAN CAPS	2	RX/OTC
CULTURELLE PROBIOTICS KIDS PACK	2		DIFF-STAT CAPS	2	RX/OTC
CULTURELLE PRO-WELL CAPS	2	RX/OTC	DIGESTIVE ADV DIGESTIVE/IMMUNE CAPS	2	RX/OTC
CVS ADULT 50+ PROBIOTIC CAPS	2	RX/OTC	DIGESTIVE ADV LACTOSE SUPPORT CAPS	2	RX/OTC
CVS ADULT PROBIOTIC CAPS	2	RX/OTC	DIGESTIVE ADV MULTI-STRAIN CAPS	2	RX/OTC
CVS DAILY PROBIOTIC CHILDRENS PACK	2		DIGESTIVE ADV+BOWEL SUPPORT CAPS	2	RX/OTC
CVS DAILY PROBIOTIC CAPS	2	RX/OTC	DIGESTIVE ADV+GAS DEFENSE CAPS	2	RX/OTC
CVS DIGESTIVE PROBIOTIC CAPS	2	RX/OTC	DIGESTIVE ADV+LACTOSE SUPPORT CAPS	2	RX/OTC
CVS EVERYDAY CARE PROBIOTIC CAPS	2	RX/OTC	DIGESTIVE ADVANTAGE CAPS	2	RX/OTC
CVS MOOD SUPPORT PROBIOTIC CAPS	2	RX/OTC	ENVIVE CAPS	2	RX/OTC
			EQ PROBIOTIC CAPS	2	RX/OTC
			EQ PROBIOTIC CPDR	2	
			EQL DAILY PROBIOTIC CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EQL PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC	GNP ADVANCED PROBIOTIC CAPS	2	RX/OTC
ESTROVEN SLIMBIOTICS CAPS	2	RX/OTC	GNP PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
FEM-DOPHILUS WOMENS CAPS	2	RX/OTC	HIGH POTENCY PROBIOTIC CAPS	2	RX/OTC
FLORA VANCE CAPS	2	RX/OTC	JARRO-DOPHILUS EPS PROBIOTIC CPDR	2	
FLORAJEN DIGESTION CAPS	2	RX/OTC	JARRO-DOPHILUS EPS CPDR	2	
FLORAJEN3 CAPS	2	RX/OTC	JARRO-DOPHILUS HYPOALLERGENIC CAPS	2	RX/OTC
FLORAJEN4KIDS CAPS	2	RX/OTC	JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS	2	RX/OTC
FLORASAVE CPDR	2		JARRO-DOPHILUS VAGINAL PROBIOT CPDR	2	
FLORASTOR ADVANCED CAPS	2	RX/OTC	LACTEROL CAPS	2	RX/OTC
FLORASTOR SELECT GUT BOOST CAPS	2	RX/OTC	MAGE CPDR	2	
FLORASTOR SELECT IMMUNITY BOOS CAPS	2	RX/OTC	MEGA PROBIOTIC CAPS	2	RX/OTC
FLORRAXIS CAPS	2	RX/OTC	META BIOTIC/BIO-ACTIVE 12 CAPS	2	RX/OTC
FORTIFY 30 BILLION PROBIOT 50+ CPDR	2		MICROFLOR 33 CAPS	2	RX/OTC
FORTIFY 50 BILLION PROBIOT 50+ CPDR	2		MICROFLOR CAPS	2	RX/OTC
FORTIFY DAILY PROBIOTIC EX ST CPDR	2		MOMMY'S BLISS PROBIOTIC PACK	2	
FORTIFY DAILY PROBIOTIC CAPS	2	RX/OTC	MVW COMPL FORM PROBIOTIC-KIDS CPDR	2	
FORTIFY OPTIMA PROBIOTIC CPDR	2		MVW COMPLETE PROBIOTIC CPDR	2	
FORTIFY OPTIMA WOMENS ADV CARE CPDR	2		NATRUL PROBIOTIC CAPS	2	RX/OTC
FORTIFY PROBIOTIC WOMENS EX ST CPDR	2		NEXABIOTIC CPDR	2	
FORTIFY PROBIOTIC WOMENS CPDR	2		PEARLS IC CAPS	2	RX/OTC
FT ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC	PHILLIPS COLON HEALTH CAPS	2	RX/OTC
GENORAVANCE CAPS	2	RX/OTC	PREORBOTIC CAPS	2	RX/OTC
GNP ACIDOPHILUS HIGH POTENCY CAPS	2	RX/OTC	PRIMADOPHILUS BIFIDUS CPDR	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRIMIDAR CAPS	2	RX/OTC	PROBIOTIC PEARLS WOMENS CAPS	2	RX/OTC
PROBINATE CAPS	2	RX/OTC	PROBIOTIC PEARLS CAPS	2	RX/OTC
PROBIO DEFENSE CAPS	2	RX/OTC	PROBIOTIC PRODUCT CAPS	2	RX/OTC
PROBIOFLEXX CAPS	2	RX/OTC	PROBIOTIC/PREBIOTIC/CRANBERRY CAPS	2	RX/OTC
PROBIOMAX COMPLETE DF CAPS	2	RX/OTC	PROBITROL CAPS	2	RX/OTC
PROBIOMAX DAILY DF CAPS	2	RX/OTC	PROBIZEN CAPS	2	RX/OTC
PROBIOMAX IG 26 DF CAPS	2	RX/OTC	PRO-FLORA IMMUNE CAPS	2	RX/OTC
PROBIOMAX LEAN DF CAPS	2	RX/OTC	PROMELLA IN PREBIOTIC CAPS	2	RX/OTC
PROBIOMAX SB DF CAPS	2	RX/OTC	PROMEROL CAPS	2	RX/OTC
PROBIONEXX CAPS	2	RX/OTC	QUAD-PROBIOTIC CAPS	2	RX/OTC
PROBIOTIC & ACIDOPHILUS EX ST CAPS	2	RX/OTC	RA PROBIOTIC COLON CARE CAPS	2	RX/OTC
PROBIOTIC + OMEGA-3 CAPS	2	RX/OTC	RA PROBIOTIC COMPLEX CAPS	2	RX/OTC
PROBIOTIC + TURMERIC EXTRACT CAPS	2	RX/OTC	RA PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC
PROBIOTIC 10 ULTRA STRENGTH CAPS	2	RX/OTC	RA PROBIOTIC MAX STRENGTH CAPS	2	RX/OTC
PROBIOTIC ACIDOPHILUS BIOBEADS CAPS	2	RX/OTC	RESTORA CAPS	2	RX/OTC
PROBIOTIC BLEND CAPS	2	RX/OTC	RISAQUAD-2 CAPS	2	RX/OTC
PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC	RISAQUAD CAPS	2	RX/OTC
PROBIOTIC DAILY CAPS	2	RX/OTC	SD PROBIOTIC-10 COMPLEX ULTRA CAPS	2	RX/OTC
PROBIOTIC DIGESTIVE SUP-INULIN CAPS	2	RX/OTC	SM ACIDOPHILUS CAPS	2	RX/OTC
PROBIOTIC DIGESTIVE SUPP CAPS	2	RX/OTC	SM ADVANCED PROBIOTIC CAPS	2	RX/OTC
PROBIOTIC MATURE ADULT CAPS	2	RX/OTC	SUPER PROBIOTIC DIGESTIVE CAPS	2	RX/OTC
PROBIOTIC PEARLS ADVANTAGE CAPS	2	RX/OTC	SUPER PROBIOTIC CAPS	2	RX/OTC
PROBIOTIC PEARLS MAX POTENCY CAPS	2	RX/OTC	SUPERIOR PROBIOTIC CAPS	2	RX/OTC
			SUREBIOTIC PROBIOTIC SUPPORT CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SV PROBIOTIC EXTRA STRENGTH CAPS	2	RX/OTC	CULTURELLE ULTIMATE STRENGTH CAPS	2	
TRUBIOTICS DIGEST + IMM HEALTH CAPS	2	RX/OTC	GNP PROBIOTIC EXTRA STRENGTH CAPS	2	
TRUBIOTICS CAPS	2	RX/OTC	PROBIOTIC DIGESTIVE SUPPORT CAPS	2	
ULTRAFLOA IMMUNE HEALTH CAPS	2	RX/OTC	VIACTIV DIGESTIVE HEALTH CHEW	2	
UP4 PROBIOTICS ADULT CAPS	2	RX/OTC	Antiperistaltic Agents		
UP4 PROBIOTICS MENS CAPS	2	RX/OTC	ANTI-DIARRHEAL LIQD	2	QL(40 ML daily)
UP4 PROBIOTICS ULTRA CAPS	2	RX/OTC	<i>diphenoxylate w/ atropine LIQD</i>	1	
UP4 PROBIOTICS WOMENS CAPS	2	RX/OTC	<i>diphenoxylate w/ atropine TABS</i>	1	
VH ESSENTIALS OPTIBALANCE CAPS	2	RX/OTC	<i>loperamide hcl CAPS</i>	1	QL(8 EA daily); RX/OTC
VISBIOME HIGH POTENCY CAPS	2	RX/OTC	<i>loperamide hcl TABS</i>	1	QL(8 EA daily)
VSL#3 CAPS	2	RX/OTC	ANTIDOTES AND SPECIFIC ANTAGONISTS		
WELLPRO 31 CAPS	2	RX/OTC	Antidotes - Chelating Agents		
WOMENS 50 BILLION CAPS	2	RX/OTC	CHEMET	2	
XYBIOTIC CAPS	2	RX/OTC	<i>deferasirox PACK</i>	1	SP; PA
ZELAC CAPS	2	RX/OTC	<i>deferasirox TABS</i>	1	SP; PA
Antidiarrheal/Probiotic Combinations			<i>deferasirox TBSO</i>	1	SP; PA
CULTURELLE ADULT ULT BALANCE CAPS	2		<i>deferiprone TABS</i>	1	SP; PA
CULTURELLE DIGESTIVE DAILY PRO CAPS	2		FERRIPROX SOLN	2	SP; PA
CULTURELLE DIGESTIVE DAILY CAPS	2		Antidotes and Specific Antagonists		
CULTURELLE DIGESTIVE HEALTH CAPS	2		ANDEXXA 200 MG	2	SP; PA
CULTURELLE DIGESTIVE HEALTH CHEW	2		BRIDION SOLN	2	PA
CULTURELLE HEALTH (INULIN) CAPS	2		<i>deferoxamine mesylate</i>	1	SP; PA
			SM IPECAC SYRUP	2	
			VISTOGARD	2	
			Opioid Antagonists		
			KLOXXADO LIQD	0	QL(18 EA per 90 day(s) retail); MP

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl LIQD</i>	0	QL(18 EA per 90 day(s) retail); MP; RX/OTC
<i>naloxone hcl SOCT</i>	0	QL(18 ML per 90 day(s) retail); MP
<i>naloxone hcl SOLN 0.4 MG/ML</i>	0	QL(18 ML per 90 day(s) retail); MP
<i>naloxone hcl SOLN 4 MG/10ML</i>	0	QL(180 ML per 90 day(s) retail); MP
<i>naloxone hcl SOSY 0.4 MG/ML</i>	1	
<i>naloxone hcl SOSY 2 MG/2ML</i>	0	QL(18 ML per 90 day(s) retail); MP
<i>naltrexone hcl</i>	0	MP
NARCAN LIQD (<i>Use naloxone hcl</i>)	0	QL(18 EA per 90 day(s) retail); MP; RX/OTC
OPVEE NA	0	QL(6 EA per 30 day(s) retail); MP
REXTOVY LIQD	2	
VIVITROL	0	SP; MP
ZIMHI SOSY	0	QL(9 ML per 90 day(s) retail); MP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl TABS</i>	1	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	QL(50 ML per fill retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(2 EA daily)
<i>ondansetron TBDP 16 MG</i>	1	
<i>ondansetron TBDP 4 MG, 8 MG</i>	1	QL(2 EA daily)
Antiemetics - Anticholinergic		

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>loratadine CHEW</i>	1	
<i>loratadine SOLN</i>	1	QL(240 ML per fill retail)
<i>loratadine TABS</i>	1	
<i>loratadine TBDP 10 MG</i>	1	
Antihistamines - Phenothiazines		
<i>promethazine hcl SOLN PO 6.25 MG/5ML</i>	1	QL(240 ML per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl SUPP</i>	1	QL(12 EA per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl TABS</i>	1	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1	
<i>cyproheptadine hcl TABS</i>	1	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	
Antihyperlipidemics - Misc.		
<i>omega-3-acid ethyl esters</i>	1	
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1	MP
<i>cholestyramine light POWD</i>	1	MP
<i>cholestyramine PACK</i>	1	MP
<i>cholestyramine POWD</i>	1	MP
<i>colestipol hcl GRAN</i>	1	MP
<i>colestipol hcl TABS</i>	1	MP
Fibric Acid Derivatives		
<i>fenofibrate micronized 134 MG, 200 MG</i>	1	QL(1 EA daily); MP
<i>fenofibrate micronized 67 MG</i>	1	QL(2 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG</i>	1	
<i>fenofibrate CAPS</i>	2	MP
<i>fenofibrate TABS 40 MG, 120 MG</i>	1	
<i>fenofibrate TABS 54 MG</i>	1	QL(3 EA daily); MP
<i>fenofibric acid</i>	1	
FIBRICOR (Use <i>fenofibric acid</i>)	NP	
<i>gemfibrozil TABS</i>	1	QL(2 EA daily); MP
LIPOFEN CAPS (Use <i>fenofibrate</i>)	NP	MP
HMG CoA Reductase Inhibitors		
ATORVALIQ SUSP	NP	
<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily); MP
<i>fluvastatin sodium CAPS</i>	1	
<i>fluvastatin sodium TB24</i>	1	
<i>lovastatin TABS 40 MG</i>	1	QL(2 EA daily); MP
<i>lovastatin TABS 10 MG, 20 MG</i>	1	QL(1 EA daily); MP
<i>pravastatin sodium</i>	1	QL(1 EA daily); MP
<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily); MP
<i>simvastatin TABS 80 MG</i>	1	MP
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(1 EA daily); MP
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	2	SP; PA
Nicotinic Acid Derivatives		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium</i>	1	QL(1 EA daily); MP	<i>fosinopril sodium & hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>olmesartan medoxomil</i>	1		<i>irbesartan-hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>telmisartan</i>	1		<i>lisinopril & hydrochlorothiazide</i>	1	MP
<i>valsartan SOLN</i>	1		<i>losartan potassium & hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>valsartan TABS</i>	1	QL(1 EA daily); MP	<i>metoprolol & hydrochlorothiazide TABS</i>	1	QL(2 EA daily); MP
Antiadrenergic Antihypertensives			<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>clonidine hcl TABS</i>	1	MP	<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>doxazosin mesylate</i>	1	MP	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)
<i>guanfacine hcl</i>	1	MP	<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1	QL(4 EA daily)
<i>methyldopa TABS</i>	1	MP	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1	QL(3 EA daily)
<i>prazosin hcl CAPS</i>	1	MP	<i>telmisartan-amlodipine</i>	1	
<i>terazosin hcl</i>	1	MP	<i>telmisartan-hydrochlorothiazide</i>	1	QL(1 EA daily)
Antihypertensive Combinations			<i>trandolapril-verapamil hcl</i>	1	
ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	NP	QL(3 EA daily)	<i>valsartan-hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>amlodipine besylate-benazepril hcl</i>	1	QL(1 EA daily); MP	Antihypertensives - Misc.		
<i>amlodipine besylate-olmesartan medoxomil</i>	1		VECAMYL	2	SP; PA
<i>amlodipine besylate-valsartan</i>	1		Vasodilators		
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1		<i>hydralazine hcl TABS</i>	1	MP
<i>atenolol & chlorthalidone</i>	1	QL(1 EA daily); MP	<i>minoxidil 2.5 MG, 10 MG</i>	1	MP
<i>benazepril & hydrochlorothiazide</i>	1	QL(1 EA daily); MP	ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
<i>bisoprolol & hydrochlorothiazide</i>	1	QL(1 EA daily); MP	Anti-infective Agents - Misc.		
<i>candesartan cilexetil-hydrochlorothiazide</i>	1		<i>metronidazole TABS 250 MG, 500 MG</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	QL(2 EA daily); MP			
<i>enalapril maleate & hydrochlorothiazide</i>	1	QL(2 EA daily); MP			
EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	NP				

Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim TABS</i>	1	
Anti-infective Misc. - Combinations		
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal TABS 81.6 MG</i>	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Carbapenems		
<i>ertapenem sodium IJ</i>	1	SP; PA
Glycopeptides		
<i>vancomycin hcl CAPS 125 MG</i>	1	QL(4 EA daily)
<i>vancomycin hcl CAPS 250 MG</i>	1	QL(8 EA daily)
<i>vancomycin hcl SOLR IV 1 GM</i>	1	QL(14 EA per fill retail)
<i>vancomycin hcl SOLR PO 25 MG/ML</i>	1	QL(300 ML per fill retail)
<i>vancomycin hcl SOLR IV 500 MG</i>	1	QL(0.467 EA daily)
VANCOMYCIN HCL SOLR IV 1 GM	2	QL(14 EA per fill retail)
VANCOMYCIN HCL SOLR IV 500 MG	2	QL(0.467 EA daily)
Leprostatics		
<i>dapsone</i>	1	
Lincosamides		
<i>clindamycin hcl 150 MG, 300 MG</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	QL(100 ML per fill retail)
Monobactams		
CAYSTON	NP	SP; PA
Oxazolidinones		
SIVEXTRO TABS	2	QL(6 EA per fill retail); PA

Drug Name	Drug Tier	Requirements/Limits
Urinary Anti-infectives		
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	QL(40 ML daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	2	QL(24 EA per fill retail)
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	0	QL(2 EA daily); MP
<i>chloroquine phosphate TABS 500 MG</i>	0	QL(8 EA per 56 day(s) retail)
DARAPRIM (Use pyrimethamine)	NP	SP; PA
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl</i>	1	
<i>pyrimethamine</i>	1	SP; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	2	SP; PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	1	MP
<i>isoniazid SYRP</i>	1	MP
<i>isoniazid TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide</i>	1		<i>cytarabine SOLN</i>	1	SP; PA
<i>rifampin CAPS</i>	1		<i>decitabine</i>	1	SP; PA
TRECTOR	2		<i>fludarabine phosphate SOLN</i>	1	SP; PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			FLUDARABINE PHOSPHATE SOLN	2	SP; PA
Alkylating Agents			<i>fludarabine phosphate SOLR</i>	1	SP; PA
BELRAPZO SOLN	2	SP; PA	FOLOTYN	2	SP; PA
BENDAMUSTINE HCL SOLN	2	SP; PA	<i>mercaptopurine TABS</i>	1	
<i>bendamustine hcl SOLR</i>	1	SP; PA	<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	
BENDEKA SOLN	2	SP; PA	<i>methotrexate sodium TABS 2.5 MG</i>	1	MP
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i>	1	SP; PA	<i>pemetrexed disodium SOLR 100 MG, 500 MG</i>	1	SP; PA
<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	1	SP; PA	<i>pralatrexate</i>	1	SP; PA
CISPLATIN SOLR	2	SP; PA	PURIXAN SUSP	2	
<i>cyclophosphamide CAPS 50 MG</i>	1		TABLOID	2	SP; PA
CYCLOPHOSPHAMIDE TABS	2		TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2	
EVOMELA IV	2	SP; PA	Antineoplastic - Angiogenesis Inhibitors		
KEMOPLAT SOLN	2	SP; PA	AVASTIN	2	SP; PA
LEUKERAN	2		CYRAMZA	2	SP; PA
<i>melphalan</i>	1		INLYTA	2	SP; PA
<i>melphalan hcl IV</i>	1	SP; PA	LENVIMA (10 MG DAILY DOSE)	2	SP; PA
MYLERAN TABS	2		LENVIMA (12 MG DAILY DOSE)	2	SP; PA
TEMODAR SOLR	2	SP; PA	LENVIMA (14 MG DAILY DOSE)	2	SP; PA
<i>temozolomide CAPS</i>	1	SP; PA	LENVIMA (18 MG DAILY DOSE)	2	SP; PA
VIVIMUSTA SOLN	2	SP; PA	LENVIMA (20 MG DAILY DOSE)	2	SP; PA
YONDELIS	2	SP; PA	LENVIMA (24 MG DAILY DOSE)	2	SP; PA
Antimetabolites			LENVIMA (4 MG DAILY DOSE)	2	SP; PA
<i>azacitidine SUSR</i>	1	SP; PA			
<i>capecitabine</i>	1	SP; PA			
<i>cladribine 10 MG/10ML</i>	1	SP; PA			

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (8 MG DAILY DOSE)	2	SP; PA
MVASI	2	SP; PA
ZALTRAP	2	SP; PA
Antineoplastic - Antibodies		
ADCETRIS	2	SP; PA
ARZERRA	2	SP; PA
BLINCYTO	2	SP; PA
DARZALEX	2	SP; PA
EMPLICITI	2	SP; PA
GAZYVA	2	SP; PA
KADCYLA	2	SP; PA
KEYTRUDA	2	SP; PA
LIBTAYO	2	SP; PA
LUMOXITI	2	SP; PA
OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	2	SP; PA
POLIVY 140 MG	2	SP; PA
POTELIGEO	2	SP; PA
RITUXAN	2	SP; PA
TECENTRIQ	2	SP; PA
UNITUXIN	2	SP; PA
YERVOY	2	SP; PA
ZEVALIN Y-90	2	SP; PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI 420 MG	2	SP; PA
PERJETA	2	SP; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPB	2	SP; PA
VENCLEXTA TABS	2	SP; PA
Antineoplastic - Cellular Immunotherapy		
KYMRIAH	2	SP; PA
PROVENGE	2	SP; PA
YESCARTA	2	SP; PA
Antineoplastic - EGFR Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
ERBITUX	2	SP; PA
<i>erlotinib hcl</i>	1	SP; PA
<i>gefitinib</i>	1	SP; PA
GILOTRIF	2	SP; PA
PORTRAZZA	2	SP; PA
TAGRISSE	2	SP; PA
VECTIBIX 100 MG/5ML, 400 MG/20ML	2	SP; PA
VIZIMPRO	2	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	2	SP; PA
ERIVEDGE	2	SP; PA
ODOMZO	2	SP; PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	1	SP; PA
<i>anastrozole</i>	1	MP
<i>bicalutamide</i>	1	QL(1 EA daily)
CAMCEVI	2	SP
ELIGARD SC 22.5 MG, 30 MG, 45 MG	2	SP; PA
ELIGARD KIT SC 7.5 MG	2	SP; PA
EMCYT	2	SP; PA
ERLEADA 60 MG	2	SP; PA
EULEXIN	2	
<i>exemestane</i>	1	
FIRMAGON 80 MG	2	SP; PA
FIRMAGON (240 MG DOSE)	2	SP; PA
<i>hydroxyprogesterone caproate (antineoplastic)</i>	1	QL(41.67 ML daily); AL(At least 16 yrs old); SP; PA
<i>letrozole</i>	1	QL(1 EA daily); MP
LEUPROLIDE ACETATE (3 MONTH) INJ	2	
LEUPROLIDE ACETATE-BUPIVACAINE	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	SP; PA	<i>bortezomib SOLR IJ</i>	1	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	2	SP; PA	BOREZOMIB SOLR IV 3.5 MG	2	SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	2	SP; PA	BOSULIF TABS 100 MG, 500 MG	2	SP; PA
LUPRON DEPOT (4-MONTH) IM	2	SP; PA	BRAFTOVI 75 MG	2	SP; PA
LUPRON DEPOT (6-MONTH) IM	2	SP; PA	CABOMETYX TABS	2	SP; PA
LYSODREN	2	SP; PA	CAPRELSA	2	SP; PA
<i>megestrol acetate SUSP</i>	1		COMETRIQ (100 MG DAILY DOSE) KIT	2	SP; PA
<i>megestrol acetate TABS</i>	1		COMETRIQ (140 MG DAILY DOSE) KIT	2	SP; PA
<i>tamoxifen citrate TABS</i>	1	MP	COMETRIQ (60 MG DAILY DOSE) KIT	2	SP; PA
<i>toremifene citrate</i>	1	PA	COTELLIC	2	SP; PA
TRELSTAR MIXJECT 11.25 MG, 22.5 MG	2	SP; PA	<i>dasatinib</i>	1	SP; PA
TRELSTAR MIXJECT 3.75 MG	2	SP; PA	<i>everolimus TABS</i>	1	SP; PA
XTANDI CAPS	2	SP; PA	<i>everolimus TBSO</i>	1	SP; PA
ZOLADEX 3.6 MG	2	SP; PA	IBRANCE CAPS	2	SP; PA
ZOLADEX 10.8 MG	2	SP; PA	ICLUSIG 15 MG, 45 MG	2	SP; PA
Antineoplastic - Immunomodulators			<i>imatinib mesylate TABS</i>	1	SP; PA
POMALYST	2	SP; PA	IMBRUVICA CAPS 140 MG	2	SP; PA
Antineoplastic Antibiotics			IMBRUVICA CAPS 70 MG	2	QL(1 EA daily); SP; PA
<i>daunorubicin hcl SOLN 50 MG/10ML</i>	1	SP; PA	IMBRUVICA TABS	2	QL(1 EA daily); SP; PA
ELLECE 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	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
			RUBRACA	2	SP; PA
			<i>sorafenib tosylate</i>	1	SP; PA
			STIVARGA	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate</i>	1	SP; PA
TAFINLAR CAPS	2	SP; PA
TALZENNA 0.25 MG, 1 MG	2	SP; PA
TASIGNA	2	SP; PA
<i>temsirolimus</i>	1	SP; PA
TIBSOVO	2	SP; PA
VITRAKVI CAPS	2	SP; PA
VITRAKVI SOLN	2	SP; PA
VOTRIENT	2	SP; PA
XALKORI CAPS	2	SP; PA
XOSPATA	2	SP; PA
ZELBORAF	2	SP; PA
ZOLINZA	2	SP; PA
ZYDELIG	2	SP; PA
ZYKADIA TABS	2	SP; PA
Antineoplastic Enzymes		
ONCASPAR	2	SP; PA
Antineoplastic Radiopharmaceuticals		
AZEDRA DOSIMETRIC	2	SP; PA
AZEDRA THERAPEUTIC	2	SP; PA
LUTATHERA	2	SP; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	2	SP; PA
ALFERON N	2	SP; PA
<i>arsenic trioxide 12 MG/6ML</i>	1	SP; PA
<i>bexarotene</i>	1	SP; PA
<i>hydroxyurea</i>	1	MP
MATULANE	2	SP; PA
PHOTOFRIN	2	SP; PA
PROLEUKIN	2	SP; PA
SYNRIBO	2	SP; PA
<i>tretinoin (chemotherapy)</i>	1	SP; PA
Chemotherapy Adjuncts		

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

Drug Name	Drug Tier	Requirements/Limits
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	2	SP; PA
<i>irinotecan hcl</i>	1	SP; PA
<i>topotecan hcl SOLN</i>	1	SP; PA
TOPOTECAN HCL SOLN	2	SP; PA
<i>topotecan hcl SOLR</i>	1	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	MP
<i>trihexyphenidyl hcl SOLN</i>	1	MP
<i>trihexyphenidyl hcl TABS</i>	1	MP
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	MP
<i>amantadine hcl SOLN</i>	1	MP
<i>amantadine hcl TABS</i>	1	MP
APOKYN SOCT	2	SP; PA
<i>apomorphine hydrochloride SOCT</i>	1	SP; PA
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa TABS</i>	1	MP
<i>carbidopa-levodopa TBCR</i>	1	MP
DHIVY TABS	2	MP
<i>pramipexole dihydrochloride TABS</i>	1	QL(3 EA daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride TB24</i>	1	
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	1	QL(6 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	1	QL(3 EA daily); MP
<i>ropinirole hydrochloride TB24</i>	1	
Antiparkinson Monoamine Oxidase Inhibitors		
<i>selegiline hcl CAPS</i>	1	MP
<i>selegiline hcl TABS</i>	1	MP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS</i>	1	
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
LITHOBID TBCR (Use <i>lithium carbonate</i>)	2	
Antipsychotics - Misc.		
CAPLYTA	NP	
<i>lurasidone hcl</i>	1	
NUPLAZID CAPS	2	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	2	QL(1 EA daily); PA
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	1	
Benzisoxazoles		
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
INVEGA HAFYERA	2	1 package(s) per 180 day(s) retail; AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA	2	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP	<i>clozapine TBDP</i>	0	
INVEGA TRINZA	2	1 package(s) per 84 day(s) retail; AL(At least 18 yrs old); SP	<i>loxapine succinate</i>	1	
			<i>olanzapine SOLR</i>	1	
<i>paliperidone</i>	1		<i>olanzapine TABS</i>	1	AL(At least 10 yrs old)
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>olanzapine TBDP</i>	1	
			<i>quetiapine fumarate TABS</i>	1	
<i>risperidone microspheres</i>	1	QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP	<i>quetiapine fumarate TB24</i>	1	
<i>risperidone SOLN</i>	1		ZYPREXA RELPREVV	NP	SP
<i>risperidone TABS</i>	1		Phenothiazines		
<i>risperidone TBDP</i>	1		<i>chlorpromazine hcl TABS</i>	1	
RYKINDO SRER	NP	AL(At least 18 yrs old); SP	<i>fluphenazine decanoate</i>	1	
UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	2	SP	<i>fluphenazine hcl TABS</i>	1	
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	2	SP	<i>perphenazine TABS</i>	1	
Butyrophenones			<i>prochlorperazine</i>	1	
<i>haloperidol decanoate</i>	1		<i>prochlorperazine edisylate 10 MG/2ML</i>	1	
<i>haloperidol lactate CONC</i>	1		<i>prochlorperazine maleate TABS</i>	1	
<i>haloperidol lactate SOLN</i>	1		<i>thioridazine hcl</i>	1	
<i>haloperidol TABS</i>	1		<i>trifluoperazine hcl TABS</i>	1	
Dibenzapines			Quinolinone Derivatives		
<i>clozapine TABS</i>	0		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</i>	1	QL(1 EA daily)
			<i>aripiprazole TBDP</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	2	QL(1 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	<i>emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
Thioxanthenes			EMTRIVA CAPS (<i>Use emtricitabine</i>)	0	QL(1 EA daily)
<i>thiothixene</i>	1		EMTRIVA SOLN	0	QL(24 ML daily)
ANTIVIRALS - Drugs to Treat Viral Infections			EPIVIR SOLN (<i>Use lamivudine</i>)	0	QL(30 ML daily)
Antiretrovirals			EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	0	QL(2 EA daily)
<i>abacavir sulfate-lamivudine</i>	0	QL(1 EA daily)	EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	0	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	0	QL(30 ML daily)	EPZICOM (<i>Use abacavir sulfate-lamivudine</i>)	0	QL(1 EA daily)
<i>abacavir sulfate TABS</i>	0	QL(2 EA daily)	<i>etravirine 200 MG</i>	0	QL(2 EA daily)
APTIVUS CAPS	0	QL(4 EA daily)	<i>etravirine 100 MG</i>	0	QL(4 EA daily)
<i>atazanavir sulfate CAPS</i>	0	QL(2 EA daily)	EVOTAZ	0	QL(1 EA daily)
BIKTARVY 120 MG-30 MG-15 MG	2		<i>fosamprenavir calcium TABS</i>	0	QL(4 EA daily)
BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 EA daily)	GENVOYA	0	QL(1 EA daily)
COMBIVIR (<i>Use lamivudine-zidovudine</i>)	0	QL(2 EA daily)	INTELENCE 200 MG (<i>Use etravirine</i>)	0	QL(2 EA daily)
COMPLERA	0	QL(1 EA daily)	INTELENCE (<i>Use etravirine</i>)	0	QL(4 EA daily)
<i>darunavir TABS</i>	0	QL(2 EA daily)	INTELENCE	0	QL(4 EA daily)
DELSTRIGO	0	QL(1 EA daily)	ISENTRESS CHEW 25 MG	0	QL(12 EA daily)
DESCOVY 120 MG-15 MG	2		ISENTRESS CHEW 100 MG	0	QL(6 EA daily)
DESCOVY 200 MG-25 MG	0	QL(1 EA daily)	ISENTRESS PACK	0	QL(2 EA daily)
DOVATO	0		ISENTRESS TABS	0	QL(2 EA daily)
EDURANT	0	QL(1 EA daily)	KALETRA SOLN (<i>Use lopinavir-ritonavir</i>)	0	QL(160 ML per fill retail)
<i>efavirenz CAPS 50 MG</i>	0	QL(2 EA daily)	KALETRA TABS 50 MG-200 MG (<i>Use lopinavir-ritonavir</i>)	0	QL(6 EA daily)
<i>efavirenz CAPS 200 MG</i>	0	QL(1 EA daily)	KALETRA TABS 25 MG-100 MG (<i>Use lopinavir-ritonavir</i>)	0	QL(4 EA daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)	<i>lamivudine SOLN</i>	0	QL(30 ML daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)	<i>lamivudine TABS 150 MG</i>	0	QL(2 EA daily)
<i>efavirenz TABS</i>	0	QL(1 EA daily)			
<i>emtricitabine CAPS</i>	0	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine TABS 300 MG</i>	0	QL(1 EA daily)	<i>ritonavir TABS</i>	0	QL(12 EA daily)
<i>lamivudine-zidovudine</i>	0	QL(2 EA daily)	RUKOBIA	0	
LEXIVA SUSP	0	QL(56 ML daily)	SELZENTRY SOLN	0	QL(35 ML daily)
LEXIVA TABS (<i>Use fosamprenavir calcium</i>)	0	QL(4 EA daily)	SELZENTRY TABS 25 MG, 75 MG	NP	
<i>lopinavir-ritonavir SOLN</i>	0	QL(160 ML per fill retail)	<i>stavudine CAPS</i>	0	QL(2 EA daily)
<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	0	QL(4 EA daily)	STRIBILD	0	
<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	0	QL(6 EA daily)	SUNLENCA TBPk 300 MG	2	SP
<i>maraviroc TABS 150 MG</i>	0	QL(2 EA daily)	SUSTIVA CAPS 200 MG (<i>Use efavirenz</i>)	0	QL(1 EA daily)
<i>maraviroc TABS 300 MG</i>	0	QL(4 EA daily)	SUSTIVA CAPS 50 MG (<i>Use efavirenz</i>)	0	QL(2 EA daily)
<i>nevirapine SUSP</i>	0	QL(40 ML daily)	SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
<i>nevirapine TABS</i>	0	QL(2 EA daily)	SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
<i>nevirapine TB24 400 MG</i>	0	QL(1 EA daily)	SYMTUZA	0	QL(1 EA daily)
<i>nevirapine TB24 100 MG</i>	0	QL(3 EA daily)	<i>tenofovir disoproxil fumarate TABS</i>	0	QL(1 EA daily)
NORVIR CAPS	0	QL(12 EA daily)	TIVICAY PD TBSO	0	
NORVIR PACK	0		TIVICAY TABS	0	
NORVIR TABS (<i>Use ritonavir</i>)	0	QL(12 EA daily)	TRIUMEQ PD TBSO	0	
ODEFSEY	0		TRIUMEQ TABS	0	
PIFELTRO	0	QL(1 EA daily)	TRIZIVIR	0	QL(2 EA daily)
PREZCOBIX	0	QL(1 EA daily)	TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
PREZISTA SUSP	0	QL(12 ML daily)	TYBOST	0	QL(1 EA daily)
PREZISTA TABS (<i>Use darunavir</i>)	0	QL(2 EA daily)	VIRACEPT TABS 625 MG	0	QL(4 EA daily)
PREZISTA TABS 150 MG	0	QL(3 EA daily)	VIRACEPT TABS 250 MG	0	QL(9 EA daily)
PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 EA daily)	VIREAD POWD	0	
RETROVIR CAPS (<i>Use zidovudine</i>)	0	QL(6 EA daily)	VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
RETROVIR SYRP (<i>Use zidovudine</i>)	0	QL(60 ML daily)	VIREAD TABS	0	QL(1 EA daily)
REYATAZ CAPS 200 MG, 300 MG (<i>Use atazanavir sulfate</i>)	0	QL(2 EA daily)			
REYATAZ PACK	0	QL(6 EA daily)			

Drug Name	Drug Tier	Requirements/Limits
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	0	QL(30 ML daily)
ZIAGEN TABS (<i>Use abacavir sulfate</i>)	0	QL(2 EA daily)
<i>zidovudine CAPS</i>	0	QL(6 EA daily)
<i>zidovudine SYRP</i>	0	QL(60 ML daily)
<i>zidovudine TABS</i>	0	QL(2 EA daily)
Antiviral Combinations		
PAXLOVID (150/100)	0	
PAXLOVID (300/100)	0	
CMV Agents		
PREVYMIS SOLN	2	SP; PA
PREVYMIS TABS	2	SP; PA
<i>valganciclovir hcl TABS</i>	1	QL(2 EA daily)
Hepatitis Agents		
EPCLUSA PACK	NP	SP; PA
EPCLUSA TABS	NP	SP; PA
HARVONI PACK	NP	SP; PA
HARVONI TABS	NP	SP; PA
LEDIPASVIR-SOFOSBUVIR TABS	2	SP
MAVYRET PACK	2	SP
MAVYRET TABS	2	SP
PEGASYS SOLN	2	SP; PA
PEGASYS SOSY	2	SP; PA
<i>ribavirin (hepatitis c) CAPS</i>	1	SP; PA
<i>ribavirin (hepatitis c) TABS 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
ZEPATIER	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Herpes Agents		
<i>acyclovir CAPS</i>	1	QL(50 EA per 30 day(s) retail)
<i>acyclovir SUSP</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</i>	1	
<i>valacyclovir hcl 1 GM</i>	1	QL(42 EA per 21 day(s) retail)
<i>valacyclovir hcl 500 MG</i>	1	QL(2 EA daily)
Influenza Agents		
<i>oseltamivir phosphate CAPS 30 MG</i>	1	QL(20 EA per fill retail)
<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	1	QL(10 EA per fill retail)
<i>oseltamivir phosphate SUSR</i>	1	QL(120 ML per fill retail)
<i>rimantadine hydrochloride TABS</i>	1	PA
XOFLUZA (40 MG DOSE) 40 MG	NP	
XOFLUZA (80 MG DOSE) 80 MG	NP	
Misc. Antivirals		
LAGEVRIO	0	
TPOXX CAPS	2	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	1	QL(3 EA daily); MP
<i>carvedilol 25 MG</i>	1	QL(4 EA daily); MP
<i>carvedilol phosphate</i>	1	QL(1 EA daily); MP
<i>labetalol hcl TABS 100 MG</i>	1	QL(3 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>labetalol hcl TABS 200 MG</i>	1	QL(6 EA daily); MP	<i>amlodipine besylate TABS</i>	1	QL(1 EA daily); MP
<i>labetalol hcl TABS 300 MG</i>	1	QL(8 EA daily); MP	CONJUPRI (Use <i>levamlodipine maleate</i>)	2	
Beta Blockers Cardio-Selective			<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	1	QL(1 EA daily); MP
<i>acebutolol hcl CAPS</i>	1	MP	<i>diltiazem hcl coated beads CP24 240 MG</i>	1	QL(2 EA daily); MP
<i>atenolol TABS</i>	1	QL(2 EA daily); MP	<i>diltiazem hcl coated beads CP24 360 MG</i>	1	MP
<i>betaxolol hcl</i>	1		<i>diltiazem hcl extended release beads</i>	1	QL(1 EA daily); MP
<i>bisoprolol fumarate</i>	1	QL(1 EA daily); MP	<i>diltiazem hcl CP12</i>	1	QL(2 EA daily); MP
<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 EA daily); MP	<i>diltiazem hcl CP24 120 MG, 240 MG</i>	1	QL(1 EA daily); MP
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1	QL(4 EA daily); MP	<i>diltiazem hcl CP24 180 MG</i>	1	MP
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	1	QL(4 EA daily); MP	<i>diltiazem hcl TABS</i>	1	QL(3 EA daily); MP
<i>metoprolol tartrate TABS 100 MG</i>	1	QL(4.5 EA daily); MP	<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	1	MP
<i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	1		<i>felodipine</i>	1	QL(1 EA daily); MP
Beta Blockers Non-Selective			<i>isradipine CAPS</i>	1	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	MP	<i>levamlodipine maleate</i>	1	
<i>pindolol TABS</i>	1	MP	<i>nicardipine hcl CAPS</i>	1	MP
<i>propranolol hcl CP24</i>	1	QL(2 EA daily); MP	<i>nifedipine CAPS</i>	1	QL(4 EA daily); MP
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	MP	<i>nifedipine TB24 60 MG</i>	1	QL(2 EA daily); MP
<i>propranolol hcl TABS</i>	1	MP	<i>nifedipine TB24 30 MG, 90 MG</i>	1	QL(1 EA daily); MP
<i>sotalol hcl (afib/af)</i>	1	QL(2 EA daily); MP	<i>nimodipine CAPS</i>	1	
<i>sotalol hcl TABS 240 MG</i>	1	MP	<i>nisoldipine</i>	1	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 EA daily); MP	NORLIQVA SOLN	NP	
<i>timolol maleate TABS</i>	1	MP	VERAPAMIL HCL ER CP24 (Use <i>verapamil hcl</i>)	2	QL(2 EA daily); MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>verapamil hcl CP24 300 MG</i>	1	MP
Calcium Channel Blockers					

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	1	QL(2 EA daily); MP
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 EA daily); MP
<i>verapamil hcl TABS</i>	1	QL(3 EA daily); MP
<i>verapamil hcl TBCR</i>	1	QL(2 EA daily); MP
VERELAN PM CP24 300 MG (<i>Use verapamil hcl</i>)	NP	MP
VERELAN PM CP24 100 MG, 200 MG (<i>Use verapamil hcl</i>)	NP	QL(2 EA daily); MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1	MP
<i>digoxin TABS 125 MCG, 250 MCG</i>	1	MP
LANOXIN TABS 125 MCG, 250 MCG (<i>Use digoxin</i>)	2	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1	
ENTRESTO CPSP	NP	
ENTRESTO TABS	2	
OPSYNVI	NP	SP
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	1	SP; PA
ORENITRAM MONTH 1 TEPK	NP	SP

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM MONTH 2 TEPK	NP	SP
ORENITRAM MONTH 3 TEPK	NP	SP
REMODULIN SOLN IJ	NP	SP; PA
<i>treprostinil SOLN IJ</i>	1	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	SP
<i>bosentan TABS</i>	1	SP
LETAIRIS (<i>Use ambrisentan</i>)	NP	SP
TRACLEER TABS (<i>Use bosentan</i>)	NP	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
LIQREV SUSP	NP	SP
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	SP; PA
TADLIQ SUSP	NP	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	2	QL(1 EA daily); SP; PA
VYNDAQEL	2	QL(4 EA daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cefadroxil TABS</i>	1		<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cephalexin CAPS 250 MG, 500 MG</i>	1				
<i>cephalexin SUSR</i>	1		<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Cephalosporins - 2nd Generation					
CEFACTOR ER TB12	2		<i>drospirenone-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cefaclor CAPS</i>	1				
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1		<i>drospirenone-ethinyl estradiol levomefolate calcium</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cefprozil SUSR</i>	1	QL(75 ML per fill retail); AL(Up to 12 yrs old)			
<i>cefprozil TABS</i>	1	QL(20 EA per fill retail)	<i>ethynodiol diacet & eth estrad</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cefuroxime axetil TABS</i>	1	QL(20 EA per fill retail)			
Cephalosporins - 3rd Generation			FALESSA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cefdinir CAPS</i>	1	QL(20 EA per fill retail)	<i>levonorgestrel & eth estradiol TABS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cefdinir SUSR</i>	1	QL(60 ML per fill retail)			
<i>cefixime CAPS</i>	1		<i>levonorgestrel-eth estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cefixime SUSR</i>	1				
<i>cefpodoxime proxetil SUSR</i>	1				
<i>cefpodoxime proxetil TABS</i>	1				
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	1	QL(3 EA per fill retail); 1 max fill(s) per 30 day(s) retail			
CONTRACEPTIVES - Drugs to Prevent Pregnancy					
Combination Contraceptives - Oral					
<i>desogestrel & ethinyl estradiol</i>	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) 0.03 MG-0.15 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone & ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
LO LOESTRIN FE TABS	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone acet & eth estra TABS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
NATAZIA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet & estrad-fe CAPS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone-eth estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet & estrad-fe CHEW</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norgestimate-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG</i>	0		<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone & eth estradiol 35 MCG-1 MG</i>	0				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TYBLUME CHEW	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	DEPO-SUBQ PROVERA 104 SUSY SC	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV
Combination Contraceptives - Transdermal					
<i>norelgestromin-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV
Combination Contraceptives - Vaginal					
<i>etonogestrel-ethinyl estradiol</i>	0	PV	<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV
Copper Contraceptives - IUD					
PARAGARD INTRAUTERINE COPPER	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV			
Emergency Contraceptives			Progestin Contraceptives - IUD		
ELLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	KYLEENA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	LILETTA (52 MG)	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Progestin Contraceptives - Implants			MIRENA (52 MG)	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
NEXPLANON	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	SKYLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Progestin Contraceptives - Injectable					

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	1	QL(150 ML per fill retail)
<i>prednisolone SOLN</i>	1	
PREDNISONE INTENSOL CONC	2	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TBPK</i>	1	
ZILRETTA SRER	2	SP; PA
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 100 MG</i>	1	AL(At least 10 yrs old)
<i>benzonatate 200 MG</i>	1	QL(1 EA daily); 1 max fill(s) per 30 day(s) retail; AL(At least 10 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
Cough/Cold/Allergy Combinations		
<i>brompheniramine & phenyleph ELIX</i>	1	QL(120 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>brompheniramine & pseudoeph ELIX</i>	1	QL(120 ML per fill retail)
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	1	QL(120 ML per fill retail)
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ML per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ML per fill retail)	ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin)	NP	QL(2 EA daily); AL(At least 12 yrs old)
<i>guaifenesin-codeine SOLN</i>	1	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail	ACNE MEDICATION 10 LOTN	2	
<i>guaifenesin-codeine SYRP</i>	1	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail	ACNE MEDICATION 5 LOTN	2	
MAXI-TUSS PE LIQD	2		<i>adapalene-benzoyl peroxide GEL</i>	1	
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	1	QL(240 ML per fill retail)	<i>adapalene CREA</i>	1	
<i>phenylephrine-dm SOLN</i>	1	QL(240 ML per fill retail)	<i>adapalene GEL</i>	1	RX/OTC
<i>promethazine & phenylephrine SYRP</i>	1	QL(240 ML per fill retail); AL(At least 2 yrs old)	<i>adapalene GEL</i>	1	
<i>promethazine w/codeine SOLN</i>	1	QL(240 ML per fill retail); AL(At least 6 yrs old)	ADAPALENE SOLN	2	
<i>promethazine w/codeine SYRP</i>	1	QL(240 ML per fill retail); AL(At least 6 yrs old)	AKLIEF	NP	
<i>pseudoephedrine-ibuprofen TABS</i>	1		<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	1	
Expectorants			<i>benzoyl peroxide LIQD 5 %, 10 %</i>	1	
<i>potassium iodide (expectorant) SOLN</i>	1		<i>clindamycin phosphate (topical) GEL</i>	1	QL(75 ML per fill retail)
Misc. Respiratory Inhalants			<i>clindamycin phosphate (topical) LOTN</i>	1	QL(60 ML per fill retail)
<i>sodium chloride (inhalant) AERS</i>	1	QL(240 ML per fill retail)	<i>clindamycin phosphate (topical) SOLN</i>	1	
<i>sodium chloride (inhalant) NEBU 0.9 %, 7 %</i>	1		<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
Mucolytics			<i>clindamycin phosphate-benzoyl peroxide GEL</i>	1	
<i>acetylcysteine SOLN</i>	1		<i>clindamycin phosphate-tretinoin</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions			DIFFERIN CREA (Use adapalene)	2	
Acne Products			DIFFERIN GEL 0.3 % (Use adapalene)	2	
			DIFFERIN LOTN	2	
			<i>erythromycin (acne aid) GEL</i>	1	QL(60 GM per fill retail)
			<i>erythromycin (acne aid) SOLN</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	1	QL(2 EA daily); AL(At least 12 yrs old)	<i>mupirocin OINT</i>	1	QL(30 GM per fill retail)
RETIN-A CREA (Use <i>tretinoin</i>)	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)
RETIN-A GEL (Use <i>tretinoin</i>)	2	1 package(s) per fill retail; AL(Up to 35 yrs old)	<i>neomycin-polymyxin w/ pramoxine</i>	1	QL(28.3 GM per fill retail)
<i>sulfacetamide sodium (acne)</i>	1	QL(120 ML per fill retail)	Antifungals - Topical		
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(60 GM per fill retail)	<i>ciclopirox SOLN</i>	1	PA
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	1	QL(30 GM per fill retail)	<i>clotrimazole (topical) CREA</i>	1	QL(60 GM per fill retail); RX/OTC
<i>tretinoin microsphere</i>	1	1 package(s) 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>tretinoin CREA 0.025 %</i>	1	QL(20 GM per fill retail); AL(Up to 35 yrs old)	<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(30 ML per fill retail)
<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)	<i>econazole nitrate CREA</i>	1	QL(85 GM per fill retail)
Antibiotics - Topical			<i>ketoconazole (topical) CREA</i>	1	QL(60 GM per fill retail)
<i>bacitracin (topical) OINT</i>	1	QL(453.9 EA per fill retail)	<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(120 ML per fill retail)
<i>bacitracin zinc OINT</i>	1	QL(453.6 GM per fill retail)	<i>luliconazole</i>	2	PA
CENTANY OINT	NP	QL(30 GM per fill retail)	LUZU (Use <i>luliconazole</i>)	NP	PA
<i>gentamicin sulfate (topical) CREA</i>	1	QL(30 GM per fill retail)	<i>miconazole nitrate (topical) CREA</i>	1	QL(92 GM per fill retail)
<i>gentamicin sulfate (topical) OINT</i>	1	QL(30 GM per fill retail)	NIZORAL SHAM	2	QL(200 ML per fill retail)
<i>mupirocin calcium (topical)</i>	1		<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)

Drug Name	Drug Tier	Requirements/Limits
<i>tolnaftate CREA</i>	1	QL(30 GM per fill retail)
Antihistamines-Topical		
ITCH RELIEF CREA	2	
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) GEL EX</i>	1	QL(6.68 GM daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	1	SP; PA
CARAC CREA	2	QL(30 GM per fill retail)
<i>fluorouracil (topical) CREA 5 %</i>	1	QL(40 GM per fill retail)
<i>fluorouracil (topical) CREA 0.5 %</i>	1	QL(30 GM per fill retail)
<i>fluorouracil (topical) SOLN</i>	1	QL(10 ML per fill retail)
LEVULAN KERASTICK SOLR	2	SP; PA
Antipruritics - Topical		
<i>camphor & menthol LOTN</i>	1	QL(59 ML per fill retail)
Antipsoriatics		
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

Drug Name	Drug Tier	Requirements/Limits
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
TALTZ SOSY	2	SP; PA
<i>tazarotene CREA</i>	1	QL(60 GM per fill retail); AL(Up to 21 yrs old)
TREMFYA SOAJ 200 MG/2ML	NP	SP; PA
TREMFYA SOLN	NP	SP; PA
TREMFYA SOSY 200 MG/2ML	NP	SP; PA
VTAMA	NP	
ZORYVE 0.3 %	NP	
Antiseborrheic Products		
<i>selenium sulfide LOTN 2.5 %</i>	1	QL(120 ML per fill retail)
<i>selenium sulfide LOTN 1 %</i>	1	QL(240 ML per fill retail)
<i>selenium sulfide SHAM 1 %</i>	1	QL(240 ML per fill retail)
<i>sulfacetamide sodium LIQD</i>	1	QL(480 ML per fill retail)
Antivirals - Topical		
<i>acyclovir topical CREA</i>	1	QL(1 GM daily)
<i>acyclovir topical OINT</i>	1	
DENAVIR (Use <i>penciclovir</i>)	2	
<i>penciclovir</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOVIRAX CREA (Use acyclovir topical)	2	QL(1 GM daily)	<i>betamethasone valerate OINT</i>	1	QL(45 GM per fill retail)
ZOVIRAX OINT (Use acyclovir topical)	2		<i>calcipotriene-betamethasone dipropionate OINT</i>	1	
Burn Products			<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	
<i>silver sulfadiazine</i>	1	QL(85 GM per fill retail)	CAPEX SHAM	NP	
Corticosteroids - Topical			<i>clobetasol propionate emollient base 0.05 %</i>	1	QL(60 GM per fill retail)
<i>alclometasone dipropionate CREA</i>	1		<i>clobetasol propionate emulsion</i>	1	
<i>alclometasone dipropionate OINT</i>	1		<i>clobetasol propionate CREA 0.05 %</i>	1	QL(60 GM per fill retail)
<i>amcinonide CREA</i>	1		<i>clobetasol propionate FOAM</i>	1	
<i>amcinonide LOTN</i>	1		<i>clobetasol propionate GEL 0.05 %</i>	1	QL(60 GM per fill retail)
<i>amcinonide OINT</i>	1		<i>clobetasol propionate LIQD</i>	1	
<i>betamethasone dipropionate (topical) CREA</i>	1	1 package(s) per 30 day(s) retail	<i>clobetasol propionate LOTN</i>	1	
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	QL(60 GM per fill retail)
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1	QL(50 GM per fill retail)	<i>clobetasol propionate SOLN 0.05 %</i>	1	QL(50 ML per fill retail)
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1		<i>clocortolone pivalate</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	1		CLODAN	NP	
<i>betamethasone dipropionate augmented OINT</i>	1		CLODERM (Use <i>clocortolone pivalate</i>)	NP	
<i>betamethasone valerate CREA</i>	1	QL(45 GM per fill retail)	<i>desonide CREA</i>	1	1 package(s) per fill retail
<i>betamethasone valerate FOAM</i>	1		<i>desonide LOTN</i>	1	
<i>betamethasone valerate LOTN</i>	1	QL(60 ML per fill retail)	<i>desonide OINT</i>	1	1 package(s) per fill retail
			<i>desoximetasone CREA 0.25 %</i>	1	
			<i>desoximetasone CREA 0.05 %</i>	1	QL(60 GM per fill retail)

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

Drug Name	Drug Tier	Requirements/Limits
HYDROXYM GEL	NP	
IMPEKLO LOTN	NP	
LOCOID LIPOCREAM	NP	
<i>mometasone furoate CREA</i>	1	QL(50 GM per fill retail)
<i>mometasone furoate OINT</i>	1	QL(45 GM per fill retail)
<i>mometasone furoate SOLN</i>	1	QL(60 ML per fill retail)
<i>prednicarbate OINT</i>	1	QL(60 GM per fill retail)
TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	NP	
<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1	QL(160 GM per fill retail)
<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1	QL(15 GM per fill retail)
<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1	QL(85.2 GM per fill retail)
<i>triamcinolone acetonide (topical) LOTN</i>	1	QL(60 ML per fill retail)
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1	QL(80 GM per fill retail)
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1	QL(15 GM per fill retail)
<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	1	
<i>triamcinolone acetonide-dimethicone-silicone</i>	1	
Eczema Agents		
ADBRY SOAJ	2	SP; PA
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

Drug Name	Drug Tier	Requirements/Limits
OPZELURA	NP	PA
Emollient/Keratolytic Agents		
<i>urea CREA 40 %</i>	1	QL(85.05 GM per fill retail); RX/OTC
<i>urea LOTN 40 %</i>	1	QL(325 GM per fill retail)
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1	QL(385 GM per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	QL(57 GM per fill retail); RX/OTC
Hair Growth Agents		
LITFULO	NP	SP; PA
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	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
PROTOPIC OINT 0.03 % (<i>Use tacrolimus (topical)</i>)	NP	QL(1 GM daily); AL(At least 2 yrs old); PA
PROTOPIC OINT 0.1 % (<i>Use tacrolimus (topical)</i>)	NP	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		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>podofilox SOLN</i>	1	QL(4 ML per fill retail)	Scabicides & Pediculicides		
<i>salicylic acid GEL 6 %</i>	1	QL(40 GM per fill retail)	<i>ivermectin (pediculicide)</i>	NP	
Local Anesthetics - Topical			LICEMD GEL	2	
<i>capsaicin CREA 0.1 %</i>	1	QL(56.6 GM per fill retail)	<i>lindane SHAM</i>	1	
<i>capsaicin CREA 0.025 %, 0.075 %</i>	1	QL(60 GM per fill retail)	<i>malathion</i>	1	QL(59 ML per fill retail); 2 max fill(s) per 30 day(s) retail
CASTIVA WARMING LOTN	2	QL(113 GM per fill retail)	NATROBA (Use <i>spinosad</i>)	2	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)
<i>dibucaine</i>	1	QL(56.7 GM per fill retail)	NIX LICE KILLING SPRAY LIQD XX	2	
<i>lidocaine hcl CREA 4 %</i>	1	1 package(s) per 34 day(s) retail; 1 package(s) per 34 day(s) mail	<i>permethrin AERO</i>	1	
<i>lidocaine hcl CREA 3 %</i>	1	QL(85 GM per fill retail)	<i>permethrin CREA</i>	1	QL(60 GM per fill retail)
<i>lidocaine hcl GEL 2 %</i>	1	QL(85 ML per fill retail); RX/OTC	<i>permethrin LIQD EX</i>	1	
<i>lidocaine hcl PRSY</i>	1	QL(85 ML per fill retail)	<i>pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %</i>	1	
<i>lidocaine CREA 4 %</i>	1	QL(76.5 GM per fill retail)	<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	1	
LIDOCAINE CREA	2	QL(85 GM per fill retail)	<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	1	
<i>lidocaine-prilocaine CREA</i>	1	QL(5800 GM per fill retail)	SCHOOLTIME SHAMPOO SHAM	2	
Misc. Topical			SKLICE (Use <i>ivermectin (pediculicide)</i>)	NP	
CVS LANOLIN CREA	2		<i>spinosad</i>	1	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)
<i>lanolin (topical) CREA</i>	1		Tar Products		
LANOLOR CREA	2		<i>coal tar extract SHAM 0.5 %</i>	1	
<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				

Drug Name	Drug Tier	Requirements/Limits
Wound Care Products		
APLIGRAF DISK	2	PA
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
<i>cosyntropin SOLR</i>	1	SP; PA
THYROGEN 0.9 MG	2	SP; PA
Diagnostic Tests		
ACCUA SARS-COV-2	0	
ADVIN COVID-19 ANTIGEN TEST KIT	0	
BD VERITOR SYSTEM SARS-COV-2	0	
BINAXNOW COVID-19 AG CARD	0	
BINAXNOW COVID-19 AG HOME TEST KIT	0	
CARESTART COVID-19 HOME TEST KIT	0	
CHEMSTRIP K STRP	2	
CLEARDETECT COVID-19 AG HOME KIT	0	
CLINITEST RAPID COVID-19 TEST KIT	0	
COBAS LIAT SARS-COV-2 ASSAY	0	
COBAS LIAT SARS-COV-2 CONTROL	0	RX/OTC
COVID-19 AT HOME ANTIGEN TEST KIT	0	
COVID-19 AT-HOME TEST KIT	0	
COVID-19 OTC ANTIGEN 1-PACK KIT	0	
COVID-19 OTC ANTIGEN 2-PACK KIT	0	
CVS COVID-19 AT HOME TEST KIT KIT	0	
DIATRUST COVID-19 HOME TEST KIT	0	

Drug Name	Drug Tier	Requirements/Limits
ELLUME COVID-19 HOME TEST KIT	0	
FASTEP COVID-19 ANTIGEN TEST KIT	0	
FLOWFLEX COVID-19 AG HOME TEST KIT	0	
GENABIO COVID-19 RAPID TEST KIT	0	
GOTOKNOW COVID-19 ANTIGEN RAPI KIT	0	
ID NOW COVID-19	0	
ID NOW COVID-19 2.0 CONTROL	0	RX/OTC
ID NOW COVID-19 2.0 TEST	0	
ID NOW COVID-19 CONTROL	0	RX/OTC
IHEALTH COVID-19 RAPID TEST KIT	0	
INDICAID COVID-19 RAPID TEST KIT	0	
INTELISWAB COVID-19 RAPID TEST KIT	0	
KETONE TEST STRP	2	
KETOSTIX STRP	2	
LUCIRA CHECK IT COVID-19 TEST KIT	0	RX/OTC
LUCIRA COVID-19 ALL-IN-ONE KIT	0	RX/OTC
LYRA DIRECT SARS-COV-2 ASSAY	0	
LYRA SARS-COV-2 ASSAY	0	
OHC COVID-19 ANTIGEN SELF TEST KIT	0	
ON/GO COVID-19 ANTIGEN TEST KIT	0	
ON/GO ONE COVID-19 HOME TEST KIT	0	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	ONETOUCH VERIO STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
ONETOUCH ULTRA TEST STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC	PILOT COVID-19 AT-HOME TEST KIT	0	
			QUICKVUE AT-HOME COVID-19 TEST KIT	0	
			QUICKVUE SARS ANTIGEN TEST	0	
			RAPID RESPONSE COVID-19	0	
			RELION KETONE TEST STRP	2	
ONETOUCH ULTRA STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC	SOFIA SARS ANTIGEN FIA	0	
			SOFIA2 SARS ANTIGEN FIA	0	
			SPEEDY SWAB COVID-19 ANTIGEN KIT	0	
			XPERT XPRESS SARS-COV-2	0	
			DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
ONETOUCH VERIO STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC	Digestive Enzymes		
			CREON CPEP	2	
			SUCRAID	2	SP; PA

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

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

Carbonic Anhydrase Inhibitors

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

Diuretic Combinations

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

Loop Diuretics

<i>bumetanide TABS</i>	1	MP
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	MP
<i>furosemide TABS</i>	1	MP
SOAANZ TABS 20 MG	2	MP
<i>torsemide TABS 5 MG, 10 MG, 100 MG</i>	1	QL(1 EA daily); MP
<i>torsemide TABS 20 MG</i>	1	MP

Potassium Sparing Diuretics

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

Thiazides and Thiazide-Like Diuretics

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

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

Bone Density Regulators

<i>alendronate sodium SOLN</i>	1	QL(10.8 ML daily); MP
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 EA daily); MP
<i>calcitonin (salmon) IJ</i>	1	QL(2 ML per 30 day(s) retail)
<i>calcitonin (salmon) NA</i>	1	QL(4 ML per 30 day(s) retail)
EVENITY	2	SP; PA
<i>ibandronate sodium SOLN</i>	1	SP; PA
<i>ibandronate sodium TABS</i>	1	PA
NATPARA	2	SP; PA
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	1	SP; PA
PAMIDRONATE DISODIUM SOLN	2	SP; PA
PROLIA SOSY	2	SP; PA
<i>risedronate sodium TABS 150 MG</i>	1	
<i>risedronate sodium TABS 35 MG</i>	1	4 per 28 days; QL(4 EA per 28 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1	QL(1 EA daily)
<i>risedronate sodium TBEC</i>	1	
<i>teriparatide SOPN</i>	1	SP; PA
XGEVA SOLN	2	SP; PA
<i>zoledronic acid CONC</i>	1	SP; PA
<i>zoledronic acid SOLN 4 MG/100ML</i>	1	SP; PA
<i>zoledronic acid SOLN 5 MG/100ML</i>	1	SP; PA
ZOLEDRONIC ACID SOLN	2	SP; PA
Corticotropin		
ACTHAR GEL	2	SP; PA
CORTROPHIN GEL	2	SP; PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	2	PA
NOVAREL IM	2	PA
PREGNYL IM	2	PA
GnRH/LHRH Antagonists		
ORLISSA	2	SP; PA
Growth Hormone Receptor Antagonists		
SOMAVERT	2	SP; PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	2	SP; PA
GENOTROPIN CART SC	2	SP; PA
NGENLA	NP	SP; PA
NORDITROPIN FLEXPRO SOPN	2	SP; PA
OMNITROPE SOCT	NP	SP; PA
SKYTROFA	NP	SP; PA
SOGROYA	2	SP; PA
Hormone Receptor Modulators		
<i>raloxifene hcl</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	2	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	2	SP; PA
LUPRON DEPOT-PED (1-MONTH)	2	SP; PA
LUPRON DEPOT-PED (3-MONTH)	2	SP; PA
LUPRON DEPOT-PED (6-MONTH) IM	2	SP; PA
SUPPRELIN LA	NP	SP; PA
SYNAREL	2	SP; PA
Metabolic Modifiers		
ALDURAZYME	2	SP; PA
<i>betaine</i>	1	SP; PA
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	2	SP; PA
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	2	SP; PA
<i>calcitriol CAPS</i>	1	
CARBAGLU (<i>Use carglumic acid</i>)	2	SP; PA
<i>carglumic acid</i>	1	SP; PA
<i>cinacalcet hcl</i>	1	SP; PA
CRYSVITA	2	SP; PA
ELAPRASE	2	SP; PA
FABRAZYME	2	SP; PA
GALAFOLD	2	QL(0.5 EA daily); SP; PA
KANUMA	2	SP; PA
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	QL(30 ML daily)
<i>levocarnitine (metabolic modifiers) TABS</i>	1	QL(3 EA daily)
LUMIZYME	2	SP; PA
MYALEPT	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
NAGLAZYME	2	SP; PA
<i>nitisinone CAPS</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	2	SP; PA
REVCovi	2	SP; PA
<i>sapropterin dihydrochloride PACK</i>	1	SP; PA
<i>sapropterin dihydrochloride TABS</i>	1	SP; PA
<i>sodium phenylbutyrate POWD</i>	1	SP; PA
<i>sodium phenylbutyrate TABS</i>	1	SP; PA
STRENSIQ	2	SP; PA
VIMIZIM	2	SP; PA
XPHOZAH	NP	SP
Posterior Pituitary Hormones		
<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

Drug Name	Drug Tier	Requirements/Limits
DESMOPRESSIN ACETATE SOLN NA	2	SP; PA
<i>desmopressin acetate TABS</i>	1	QL(6 EA daily)
Somatostatic Agents		
<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
Vasopressin Receptor Antagonists		
JYNARQUE TABS	2	SP; PA
JYNARQUE TBPK	2	SP; PA
<i>tolvaptan TABS</i>	1	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
COMBIPATCH PTTW	2	QL(8 EA per 28 day(s) retail)
<i>estradiol & norethindrone acetate TABS</i>	1	
MYFEMBREE	2	
<i>norethindrone acetate-ethinyl estradiol</i>	0	
ORIAHNN	2	PA
PREMPHASE	2	QL(1 EA daily)
PREMPRO	2	QL(1 EA daily)
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily); MP
<i>estradiol PTTW</i>	1	QL(0.29 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>estradiol PTWK</i>	1	QL(0.143 EA daily); MP	<i>ursodiol TABS 250 MG</i>	1	QL(7 EA daily); MP
<i>estradiol TABS</i>	1	MP	Gastrointestinal Stimulants		
PREMARIN TABS	2	QL(1 EA daily)	<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections			<i>metoclopramide hcl TABS 10 MG</i>	1	
Fluoroquinolones			<i>metoclopramide hcl TABS 5 MG</i>	1	MP
<i>ciprofloxacin hcl TABS 100 MG</i>	1	QL(6 EA per fill retail)	Inflammatory Bowel Agents		
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1		ASACOL HD TBEC (<i>Use mesalamine</i>)	NP	QL(3 EA daily)
<i>ciprofloxacin SUSR</i>	1		<i>balsalazide disodium CAPS</i>	1	QL(9 EA daily)
CIPRO SUSR	2		CANASA SUPP (<i>Use mesalamine</i>)	2	
<i>levofloxacin SOLN PO</i>	1		ENTYVIO PEN SOAJ	NP	SP; PA
<i>levofloxacin TABS</i>	1	QL(1 EA daily; 14 EA per fill retail)	LIALDA TBEC (<i>Use mesalamine</i>)	2	
<i>moxifloxacin hcl TABS</i>	1		<i>mesalamine w/ cleanser</i>	1	
<i>ofloxacin 300 MG, 400 MG</i>	1	QL(56 EA per fill retail)	<i>mesalamine ENEM</i>	1	QL(60 ML daily)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			<i>mesalamine SUPP</i>	1	
Antiflatulents			<i>mesalamine TBEC 800 MG</i>	1	QL(3 EA daily)
<i>simethicone CHEW 80 MG</i>	1		<i>mesalamine TBEC 1.2 GM</i>	1	
<i>simethicone LIQD PO</i>	1	QL(30 ML per fill retail)	OMVOH SOAJ	NP	SP; PA
<i>simethicone SUSP</i>	1	QL(45 ML per fill retail)	OMVOH SOLN	NP	SP; PA
Bile Acid Synthesis Disorder Agents			OMVOH SOSY	NP	SP; PA
CHOLBAM	2	QL(5 EA daily); SP; PA	SKYRIZI SOCT	NP	SP; PA
Farnesoid X Receptor (FXR) Agonists			SKYRIZI SOLN	NP	SP; PA
OCALIVA	2	SP; PA	<i>sulfasalazine TABS</i>	1	MP
Gallstone Solubilizing Agents			<i>sulfasalazine TBEC</i>	1	MP
CHENODAL	2	SP; PA	VELSIPITY	NP	SP; PA
<i>ursodiol CAPS</i>	1	QL(3 EA daily); MP	ZYMFENTRA (1 PEN) AJKT	NP	SP
			ZYMFENTRA (2 PEN) AJKT	NP	SP

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium citrate & citric acid</i>	1	QL(16.67 ML daily); RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	2	SP; PA
PROCYSBI CPDR	2	SP; PA
PROCYSBI PACK	2	SP; PA
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 EA daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
ENTADFI	NP	
<i>finasteride</i>	1	QL(1 EA daily); MP
RAPAFLO 4 MG (<i>Use silodosin</i>)	NP	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	QL(2 EA daily); MP
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	1	
Urinary Stone Agents		
<i>tiopronin TABS</i>	1	SP; PA
Vesicoureteral Reflux (VUR) Agents		
DEFLUX	2	SP; PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	MP
Gout Agents		
<i>allopurinol 100 MG, 300 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>colchicine TABS</i>	1	1 fill per 30 days; QL(6 EA per fill retail); 1 max fill(s) per 30 day(s) retail
KRYSTEXXA	2	SP; PA
Uricosurics		
<i>probenecid</i>	1	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	2	SP; PA
ADYNOVATE	2	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	2	SP; PA
ALPHANATE SOLR	2	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	2	SP; PA
ALPROLIX	2	SP; PA
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	2	SP; PA
BENEFIX KIT	2	SP; PA
COAGADEX	2	SP; PA
CORIFACT	2	SP; PA
ELOCTATE	2	SP; PA
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	2	SP; PA
FEIBA	2	SP; PA
FIBRYGA	2	SP; PA
HEMGENIX	2	SP; PA
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	2	SP; PA
HUMATE-P SOLR	2	SP; PA
IDELVION	2	SP; PA
IXINITY SOLR	2	SP; PA
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	2	SP; PA
KCENTRA	2	SP; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	2	SP; PA
KOATE SOLR	2	SP; PA
KOGENATE FS KIT	2	SP; PA
KOVALTRY	2	SP; PA
NOVOEIGHT	2	SP; PA
NOVOSEVEN RT	2	SP; PA
NUWIQ KIT	2	SP; PA
NUWIQ SOLR	2	SP; PA
OBIZUR	2	SP; PA
PROFILNINE	2	SP; PA
REBINYN	2	SP; PA
RECOMBINATE SOLR	2	SP; PA
RIASTAP	2	SP; PA
RIXUBIS SOLR	2	SP; PA
ROCTAVIAN	2	SP; PA
SEVENFACT	2	SP; PA
TRETTEN	2	SP; PA
VONVENDI	2	SP; PA
WILATE KIT	2	SP; PA
XYNTHA	2	SP; PA
XYNTHA SOLOFUSE	2	SP; PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOSY</i>	1	SP; PA
Complement Inhibitors		
BERINERT KIT	2	SP; PA
CINRYZE SOLR IV	2	SP; PA
RUCONEST	2	SP; PA

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

Drug Name	Drug Tier	Requirements/Limits
Agents for Sickle Cell Disease		
CASGEVY	2	SP; PA
DROXIA CAPS	2	
LYFGENIA	NP	SP; PA
SIKLOS TABS	2	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	1	MP; RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	1	QL(1 EA daily)
Hematopoietic Gene Therapy		
ZYNTGLO	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
NIVESTYM SOSY	NP	SP; PA
NPLATE 250 MCG, 500 MCG	2	SP; PA
NYVEPRIA	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
PROCRIT	NP	SP; PA
PROCRIT	NP	SP; PA
PROMACTA PACK 12.5 MG	2	SP; PA
PROMACTA TABS	2	SP; PA
RELEUKO SOLN	NP	SP
RELEUKO SOSY	NP	SP
RETACRIT	2	SP; PA
ROLVEDON	NP	SP
STIMUFEND	NP	SP
UDENYCA ONBODY SOSY	NP	SP
UDENYCA SOAJ	NP	SP
UDENYCA SOSY	NP	SP; PA
ZARXIO	NP	SP; PA
ZIEXTENZO	NP	SP
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	1	QL(1 EA daily)
HEMATINIC PLUS VIT/MINERALS TABS	2	QL(1 EA daily)
Iron		
FERRETT'S TABS	2	QL(2 EA daily)
<i>ferrous fumarate TABS</i>	1	QL(2 EA daily)
<i>ferrous gluconate TABS</i>	1	
FERROUS GLUCONATE TABS 324 MG	2	
<i>ferrous sulfate dried TBCR</i>	1	
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	1	QL(16 ML daily)
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	1	QL(3.4 ML daily)
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	1	MP
<i>ferrous sulfate TBEC</i>	1	
<i>ferrous sulfate TBEC 325 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
IRON CHEWS PEDIATRIC CHEW	2	
IRON TABS 28 MG	2	
<i>polysaccharide iron complex CAPS</i>	1	QL(1 EA daily)
Stem Cell Mobilizers		
<i>plerixafor</i>	1	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	1	SP; PA
<i>aminocaproic acid TABS 1000 MG</i>	1	SP; PA
<i>aminocaproic acid TABS 500 MG</i>	1	QL(24 EA per fill retail); SP; PA
<i>tranexamic acid TABS</i>	1	QL(30 EA per 5 day(s) retail); 1 max fill(s) per 30 day(s) retail; AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) CAPS</i>	1	
<i>diphenhydramine hcl (sleep) LIQD</i>	1	
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	1	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	1	QL(4 EA daily)
<i>diphenhydramine hcl (sleep) TBCR</i>	1	
<i>diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxylamine succinate (sleep)</i>	1	
<i>ibuprofen-diphenhydramine citrate</i>	1	
<i>ibuprofen-diphenhydramine hcl</i>	1	
<i>naproxen sodium-diphenhydramine hcl</i>	1	
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1	
Non-Barbiturate Hypnotics		
<i>dexmedetomidine hcl in sodium chloride SOLN</i>	1	
<i>dexmedetomidine hcl SOLN 200 MCG/2ML</i>	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
<i>flurazepam hcl</i>	1	QL(1 EA daily)
IGALMI FILM	NP	
<i>midazolam hcl SOLN IJ</i>	1	
<i>temazepam 15 MG, 30 MG</i>	1	QL(1 EA daily); AL(At least 18 yrs old)
<i>temazepam 7.5 MG, 22.5 MG</i>	1	
<i>triazolam</i>	1	QL(1 EA daily)
<i>zaleplon</i>	1	QL(1 EA daily)
ZOLPIDEM TARTRATE CAPS	2	
<i>zolpidem tartrate SUBL</i>	1	
<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)
<i>zolpidem tartrate TBCR</i>	1	
Orexin Receptor Antagonists		
QUVIVIQ	NP	
Selective Melatonin Receptor Agonists		

Drug Name	Drug Tier	Requirements/Limits
<i>ramelteon</i>	1	
<i>tasimelteon CAPS</i>	1	SP; PA
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	1	QL(10 EA daily)
NATURAL FIBER LAXATIVE POWD	2	
<i>psyllium CAPS 0.52 GM</i>	1	
<i>psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %</i>	1	
Laxative Combinations		
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	QL(4000 ML per fill retail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	QL(4000 ML per fill retail)
<i>sennosides-docusate sodium TABS</i>	1	QL(4 EA daily)
Laxatives - Miscellaneous		
<i>glycerin (laxative) SUPP 2 GM</i>	1	
<i>lactulose SOLN</i>	1	
<i>polyethylene glycol 3350 PACK</i>	1	QL(34 EA daily)
<i>polyethylene glycol 3350 POWD</i>	1	QL(34 GM daily)
SORBITOL PO 70 %	2	
Saline Laxatives		
<i>magnesium citrate 1.745 GM/30ML</i>	1	
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	1	QL(33 ML daily)
<i>sodium phosphates ENEM</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	1	QL(12 EA per fill retail)
<i>bisacodyl TBEC</i>	1	QL(1 EA daily)
<i>sennosides TABS 8.6 MG</i>	1	
Surfactant Laxatives		
<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 EA daily)
<i>docusate sodium CAPS 50 MG</i>	1	
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	1	
DOCUSATE SODIUM SYRP	2	
<i>docusate sodium TABS</i>	1	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin SUSR 200 MG/5ML</i>	0	QL(30 ML per fill retail)
<i>azithromycin SUSR 100 MG/5ML</i>	0	QL(15 ML per fill retail)
<i>azithromycin TABS 250 MG</i>	0	QL(6 EA per fill retail)
<i>azithromycin TABS 600 MG</i>	0	QL(8 EA per 28 day(s) retail)
<i>azithromycin TABS 500 MG</i>	0	QL(4 EA daily)
Clarithromycin		
<i>clarithromycin SUSR</i>	1	QL(200 ML per fill retail)
<i>clarithromycin TABS</i>	1	QL(28 EA per fill retail)
<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i>)	2	

Drug Name	Drug Tier	Requirements/Limits
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i>)	2	
<i>erythromycin base CPEP</i>	1	
<i>erythromycin base TABS</i>	1	
<i>erythromycin base TBEC</i>	1	
<i>erythromycin ethylsuccinate SUSR</i>	1	
<i>erythromycin ethylsuccinate TABS</i>	1	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
ALCOHOL PREP PADS-MISC	2	OTC
Contraceptives		
CONDOMS-MISC	2	QL(36 ea per fill retail)
Diabetic Supplies		
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
AIMSCO TWIST LANCETS 32G	2	200 / month; QL(6.67 EA daily); RX/OTC
AIMSCO TWIST LANCETS 33G	2	200 / month; QL(6.67 EA daily); RX/OTC
AURORA LANCET SUPER 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
BD LANCET ULTRAFINE 30G	2	200 / month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
CVS LANCETS ORIGINAL	2	200 / month; QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 30G/TWIST	2	200 / month; QL(6.67 EA daily); RX/OTC
CVS LANCETS THIN 26G	2	200 / month; QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 32G	2	200 / month; QL(6.67 EA daily); RX/OTC
CVS LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 32G/TWIST	2	200 / month; QL(6.67 EA daily); RX/OTC
CVS LANCETS ULTRA-THIN 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 33G/TWIST	2	200 / month; QL(6.67 EA daily); RX/OTC
CVS ULTRA THIN LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	EQL COLOR LANCETS 21G	2	200 / month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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
FORA LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	GNP LANCETS THIN 26G	2	200 / month; QL(6.67 EA daily); RX/OTC
FREDS PHARMACY UNILET LANC 28G	2	200 / month; QL(6.67 EA daily); RX/OTC	GNP STERILE LANCETS 28G	2	200 / month; QL(6.67 EA daily); RX/OTC
FREDS PHARMACY UNILET LANC 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	GNP STERILE LANCETS 30G	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	GNP STERILE LANCETS 33G	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	GOJJI STERILE LANCETS	2	QL(6.67 EA daily); RX/OTC
			GOODSENSE COLOR LANCETS 33G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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	200 per month; 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	LIVE BETTER LANCET SUPER THIN	2	200 / month; QL(6.67 EA daily); RX/OTC
KINNEY THIN LANCETS	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
KROGER HEALTHPRO LANCET 26G	2	200 / month; QL(6.67 EA daily); RX/OTC	LONGS LANCETS STANDARD	2	200 / month; QL(6.67 EA daily); RX/OTC
KROGER LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	LONGS LANCETS THIN	2	200 / month; QL(6.67 EA daily); RX/OTC
KROGER LANCETS 21G	2	200 / month; QL(6.67 EA daily); RX/OTC	MEIJER LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
KROGER LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 EA daily); RX/OTC	MEIJER LANCETS THIN	2	200 / month; QL(6.67 EA daily); RX/OTC
KROGER LANCETS SUPER THIN	2	200 / month; QL(6.67 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	PREFERRED PLUS LANCETS 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	PRODIGY TWIST TOP LANCETS 28G	2	200 / month; QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET33G	2	200 / month; QL(6.67 EA daily); RX/OTC	PSS SELECT GP LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
ONETOUCH FINEPOINT LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	PSS SELECT SAFETY LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
ONETOUCH ULTRA 2 KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC	PX LANCETS MICROTHIN 33G	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	PX LANCETS ULTRA THIN	2	200 / month; QL(6.67 EA daily); RX/OTC
ONETOUCH ULTRASOFT LANCETS	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
RELION LANCETS THIN 26G	2	200 / month; QL(6.67 EA daily); RX/OTC	STERILANCE TL	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	SUPER THIN 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	SURELITE LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
RELION ULTRA THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	TECHLITE AST LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
RELION ULTRA THIN PLUS LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
REXALL LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS 30G	2	200 / month; QL(6.67 EA daily); RX/OTC
RIGHTEST GL300 LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	TGT LANCET MICRO THIN 33G	2	200 / month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
ULILET CLASSIC LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC	VALUE PLUS LANCETS SUPER THIN	2	200 / month; QL(6.67 EA daily); RX/OTC
UNILET COMFORTOUCH LANCET	2	200 / month; QL(6.67 EA daily); RX/OTC	VALUE PLUS LANCETS THIN 26G	2	200 / month; QL(6.67 EA daily); RX/OTC
UNILET EXCELITE	2	200 / month; QL(6.67 EA daily); RX/OTC	VALUMARK LANCET SUPER THIN 30G	2	200 / month; QL(6.67 EA daily); RX/OTC
UNILET EXCELITE II	2	200 / month; QL(6.67 EA daily); RX/OTC	VALUMARK LANCET ULTRA THIN 28G	2	200 / month; QL(6.67 EA daily); RX/OTC
UNILET G.P. LANCET	2	200 / month; QL(6.67 EA daily); RX/OTC	VIDA MIA UNILET LANCETS 28G	2	200 / month; QL(6.67 EA daily); RX/OTC
UNILET G.P. SUPERLITE LANCET	2	200 / month; QL(6.67 EA daily); RX/OTC	VIDA MIA UNILET LANCETS 30G	2	200 / month; QL(6.67 EA daily); RX/OTC
UNILET GP 28 ULTRA THIN	2	200 / month; QL(6.67 EA daily); RX/OTC	WALGREENS LANCETS MICRO THIN	2	200 / month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
WALGREENS LANCETS SUPER THIN	2	200 / month; QL(6.67 EA daily); RX/OTC
WALGREENS THIN LANCETS	2	200 / month; QL(6.67 EA daily); RX/OTC
Misc. Devices		
ALCOHOL PREP	2	RX/OTC
ALCOHOL PREP PADS	2	RX/OTC
ALCOHOL SWABS	2	RX/OTC
BD SWAB SINGLE USE REGULAR	2	RX/OTC
CURITY ALCOHOL PREPS	2	RX/OTC
CVS ALCOHOL PREP PADS	2	RX/OTC
CVS PREP	2	RX/OTC
DROPSAFE ALCOHOL PREP	2	RX/OTC
EASY TOUCH ALCOHOL PREP MEDIUM	2	RX/OTC
FIFTY50 ALCOHOL PREP	2	RX/OTC
GNP ALCOHOL SWABS	2	RX/OTC
HM STERILE ALCOHOL PREP	2	RX/OTC
MEIJER ALCOHOL SWABS	2	RX/OTC
PRO COMFORT ALCOHOL	2	RX/OTC
QC ALCOHOL SWABS	2	RX/OTC
RA ALCOHOL SWABS	2	RX/OTC
REALITY SWABS	2	RX/OTC
RELION ALCOHOL SWABS	2	RX/OTC
SB ALCOHOL PREP	2	RX/OTC
SM ALCOHOL PREP	2	RX/OTC
WEBCOL ALCOHOL PREP LARGE	2	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM	2	RX/OTC
Parenteral Therapy Supplies		

Drug Name	Drug Tier	Requirements/Limits
BD AUTOSHIELD	2	QL(5 EA daily)
BD AUTOSHIELD	2	QL(5 EA daily)
BD AUTOSHIELD DUO	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLE MICRO U/F	2	QL(5 EA daily)
BD PEN NEEDLE MINI U/F	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO U/F	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO U/F	2	QL(5 EA daily); 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
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
ACTIVITY POUCH MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
ADULT AEROSOL MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
ADULT MASK LARGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	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 MV MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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
AEROCHAMBER PLUS FLO-VU MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE NEB MASK/CHILD MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE NEB MASK/INFANT 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	BREATHE EASE SMALL DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHERRITE VALVED MDI 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	BUBBLES THE FISH II PEDI MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	CLEVER CHOICE HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	CO MONITOR REPLACEMENT PIECES MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
EQ SPACE CHAMBER ANTI-STATIC L DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	LITETOUCH MASK LARGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	LITETOUCH MASK MEDIUM MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	LITETOUCH MASK SMALL MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	MICROCHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
FILTER AIR PP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	MICROCHAMBER MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
FLEXICHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	MICROSPACER MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	MINIELITE FILTER REPLACEMENTS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REPLACEMENT FILTERS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
RITEFLO DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
SAMI THE SEAL FILTERS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	WINDMILL TRAINER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
SIDESTREAM PEDIATRIC FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
SIDESTREAM PLS ADULT FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
SILICONE MASK/ADULT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	AJOVY SOAJ	2	SP; PA
SILICONE MASK/INFANT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	AJOVY SOSY	2	SP; PA
SILICONE MASK/PEDIATRIC MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	EMGALITY (300 MG DOSE) SOSY	NP	SP; PA
SOOTHENE NBL 100 ADULT MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	EMGALITY SOAJ	2	SP; PA
SOOTHENE NBL 100 CHILD MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	EMGALITY SOSY	2	SP; PA
SOOTHENE NBL 100 MED CUP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	NURTEC	2	PA
SOOTHENE NBL 100 MESH CAP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	QULIPTA	2	PA
THRESHOLD IMT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	UBRELVY	2	PA
TUBING/WING TIP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	ZAVZPRET	NP	PA
VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	Migraine Combinations		
			<i>ergotamine w/ caffeine TABS</i>	1	
			<i>sumatriptan-naproxen sodium</i>	1	
			Migraine Products		
			<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	
			Serotonin Agonists		
			<i>almotriptan malate</i>	1	
			<i>eletriptan hydrobromide</i>	1	QL(0.2 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>frovatriptan succinate</i>	1	
<i>naratriptan hcl</i>	1	QL(0.3 EA daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate TABS</i>	1	QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP</i>	1	
<i>sumatriptan</i>	1	QL(6 EA per 30 day(s) retail)
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	1	QL(0.67 ML daily)
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	1	
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	1	QL(0.67 ML daily)
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	1	
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate TABS</i>	1	QL(9 EA per 30 day(s) retail)
<i>zolmitriptan SOLN 2.5 MG</i>	2	
<i>zolmitriptan TABS</i>	1	QL(6 EA per 30 day(s) retail)
<i>zolmitriptan TBDP</i>	1	QL(6 EA per 30 day(s) retail)
ZOMIG SOLN 2.5 MG (Use zolmitriptan)	NP	
MINERALS & ELECTROLYTES		
Calcium		
<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG</i>	1	QL(2 EA daily)
<i>oyster shell</i>	1	
Fluoride		

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride CHEW</i>	1	
<i>sodium fluoride SOLN 0.125 MG/DROP</i>	1	
<i>sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML</i>	1	RX/OTC
SOLUVITA SOLN	2	RX/OTC
Magnesium		
<i>magnesium oxide (mg supplement) TABS</i>	1	
Phosphate		
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	QL(8 EA daily)
Potassium		
<i>potassium bicarbonate TBEF</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	MP
<i>potassium chloride CPCR 8 MEQ</i>	1	QL(1 EA daily); MP
<i>potassium chloride CPCR 10 MEQ</i>	1	MP
<i>potassium chloride PACK PO 20 MEQ</i>	1	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	MP
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1	MP
Zinc		
<i>zinc sulfate CAPS</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine TABS</i>	1	
<i>trientine hcl 250 MG</i>	1	SP; PA
Enzymes		
XIAFLEX	2	SP; PA
Fecal Incontinence Bulking Agents		

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (mouth)</i>	1	QL(5 GM per fill retail)	<i>b-complex w/ c & folic acid CAPS</i>	1	QL(1 EA daily); RX/OTC
Throat Products - Misc.			<i>b-complex w/ c & folic acid TABS</i>	1	QL(1 EA daily); RX/OTC
AQUORAL SOLN	2	QL(900 ML per fill retail); RX/OTC	Multiple Vitamins w/ Iron		
BIOTENE DRY MOUTH MOISTURIZING SOLN	2	QL(900 ML per fill retail); RX/OTC	<i>multiple vitamins w/ iron TABS</i>	1	QL(1 EA daily)
CAPHOSOL SOLN	2	QL(900 ML per fill retail); RX/OTC	TAB-A-VITE/IRON/BETA CAROTENE TABS	2	QL(1 EA daily)
CVS DRY MOUTH SOLN	2	QL(900 ML per fill retail); RX/OTC	Multiple Vitamins w/ Minerals		
EQL DRY MOUTH ORAL RINSE SOLN	2	QL(900 ML per fill retail); RX/OTC	MULTIPLE VITAMINS W/ MINERALS TABS- ASSORTED BRAND	2	RX/OTC
MOI-STIR SOLN	2	QL(900 ML per fill retail); RX/OTC	MULTIPLE VITAMINS W/ MINERALS TABS- ASSORTED GENERIC	1	RX/OTC
MOUTH KOTE REMINT SOLN	2	QL(900 ML per fill retail); RX/OTC	Multivitamins		
MOUTH KOTE SOLN	2	QL(900 ML per fill retail); RX/OTC	MULTIPLE VITAMINS TABS-ASSORTED BRAND	2	QL(1 ea daily)
NUMOISYN LIQD	2	QL(900 ML per fill retail); RX/OTC	MULTIPLE VITAMINS TABS-ASSORTED GENERIC	1	QL(1 ea daily)
ORAL RELIEF SPRAY SOLN	2	QL(900 ML per fill retail); RX/OTC	Ped Multi Vitamins w/Fl & FE		
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)	<i>ped multivitamins w/fl & iron SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
RA DRY MOUTH SOLN	2	QL(900 ML per fill retail); RX/OTC	Ped Multiple Vitamins w/ Minerals		
MULTIVITAMINS			AQUADEKS SOLN	2	
B-Complex Vitamins			MVW COMPLETE FORMULATION SOLN	2	
<i>b-complex vitamins CAPS</i>	1	QL(1 EA daily)	Ped MV w/ Fluoride		
<i>b-complex vitamins TABS</i>	1	QL(1 EA daily)	PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	2	QL(1 ea daily); AL(Up to 13 yrs old)
B-Complex w/ C			PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC	1	QL(1 ea daily); AL(Up to 13 yrs old)
<i>b complex w/ c CAPS</i>	1	QL(1 EA daily)			
B-Complex w/ Folic Acid					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	2	QL(50ml per fill retail); AL(Up to 13 yrs old)	PRENATAL VITAMINS-ASSORTED BRAND	2	QL(30 ea per 30 days retail); RX/OTC
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	1	QL(50ml per fill retail); AL(Up to 13 yrs old)	PRENATAL VITAMINS-ASSORTED GENERIC	1	QL(30 ea per 30 days retail); RX/OTC
<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	Vitamins w/ Lipotropics		
SOLUVITA ACD WITH FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	<i>vitamins w/ lipotropics CAPS</i>	1	QL(1 EA daily)
VITAMINS ACD-FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	MUSCULOSKELETAL THERAPY AGENTS -		
Ped MV w/ Iron			Drugs to Treat Spasms		
BPROTECTED PEDIA POLY-VITE/FE SOLN	2	QL(60 ML per fill retail)	Articular Cartilage Repair Therapy		
MULTIVITAMIN DROPS/IRON SOLN	2		MACI	2	SP; PA
MULTIVITAMIN INFANT & TODDLER SOLN	2		Central Muscle Relaxants		
PC PEDIATRIC POLY-VITA/FE DROP SOLN	2	QL(60 ML per fill retail)	<i>baclofen SOLN PO 10 MG/5ML</i>	2	
POLY-VITA/IRON SOLN	2	QL(60 ML per fill retail)	<i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	1	SP; PA
POLY-VITE/IRON SOLN	2		<i>baclofen SOLN PO 10 MG/5ML</i>	2	
Pediatric Multiple Vitamins			<i>baclofen SOLN PO 5 MG/5ML</i>	1	
BPROTECTED PEDIA POLY-VITE SOLN PO	2		<i>baclofen SUSP</i>	1	
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	2		<i>baclofen TABS 5 MG</i>	1	PA
POLY-VI-SOL SOLN PO	2		<i>baclofen TABS 10 MG, 20 MG</i>	1	MP
POLY-VITA SOLN PO	2		<i>baclofen TABS 15 MG</i>	1	
POLY-VITE PEDIATRIC SOLN PO	2		<i>carisoprodol TABS 250 MG</i>	1	PA
Prenatal Vitamins			<i>carisoprodol TABS 350 MG</i>	1	MP; PA
			<i>chlorzoxazone TABS 500 MG</i>	1	MP
			<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	1	
			<i>cyclobenzaprine hcl CP24</i>	1	
			<i>cyclobenzaprine hcl TABS 7.5 MG</i>	1	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	QL(3 EA daily); MP
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	QL(4 EA daily)
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	2	SP; PA
LIORESAL SOLN IT	2	SP; PA
LYVISPAH PACK	NP	
<i>metaxalone</i>	1	
<i>methocarbamol TABS 500 MG</i>	1	MP
<i>methocarbamol TABS 750 MG</i>	1	
<i>orphenadrine citrate TB12</i>	1	
OZOBAX DS SOLN PO (Use baclofen)	NP	
OZOBAX SOLN PO (Use baclofen)	2	
<i>tizanidine hcl CAPS</i>	1	
<i>tizanidine hcl TABS</i>	1	
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1	
Muscle Relaxant Combinations		
<i>orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG</i>	NP	
<i>orphenadrine w/ aspirin & caff</i>	1	
Viscosupplements		
EUFLEXXA SOSY	2	SP; PA
GEL-ONE	2	SP; PA
GELSYN-3 SOSY	2	SP; PA
GENVISC 850 SOSY	2	SP; PA
HYALGAN SOLN	2	SP; PA
HYALGAN SOSY	2	SP; PA
HYMOVIS	2	SP; PA
MONOVISC	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ORTHOVISC	2	SP; PA
SUPARTZ FX SOSY	2	SP; PA
SYNOJOYNT SOSY	2	SP; PA
SYNVISC ONE SOSY	2	SP; PA
SYNVISC SOSY	2	SP; PA
TRILURON SOSY	2	SP; PA
TRIVISC SOSY	2	SP; PA
VISCO-3 SOSY	2	SP; PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	
RYALTRIS	NP	
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)
<i>saline SOLN 0.65 %</i>	1	QL(90 ML per fill retail)
Nasal Antiallergy		
<i>azelastine hcl</i>	1	QL(30 ML per fill retail); RX/OTC
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	1	QL(26 ML per fill retail)
<i>olopatadine hcl (nasal)</i>	1	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.03 %</i>	1	QL(30 ML per 30 day(s) retail)
<i>ipratropium bromide (nasal) 0.06 %</i>	1	QL(15 ML per 30 day(s) retail)
Nasal Steroids		
<i>flunisolide (nasal)</i>	1	QL(25 ML per fill retail)
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(16 ML per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate (nasal) SUSP</i>	1	QL(17 GM per fill retail); AL(At least 2 yrs old); RX/OTC	ELEVIDYS 23.5-24.4 KG	2	SP; PA
Sympathomimetic Decongestants			ELEVIDYS 24.5-25.4 KG	2	SP; PA
<i>epinephrine hcl (nasal)</i>	1		ELEVIDYS 25.5-26.4 KG	2	SP; PA
<i>phenylephrine hcl (oral) TABS</i>	1	QL(24 EA per fill retail)	ELEVIDYS 26.5-27.4 KG	2	SP; PA
<i>pseudoephedrine hcl TABS</i>	1		ELEVIDYS 27.5-28.4 KG	2	SP; PA
<i>pseudoephedrine hcl TB12</i>	1	QL(2 EA daily)	ELEVIDYS 28.5-29.4 KG	2	SP; PA
SUDAFED CHILDRENS LIQD	2		ELEVIDYS 29.5-30.4 KG	2	SP; PA
SUDAFED PE CHILDRENS SOLN	2	QL(120 ML per fill retail)	ELEVIDYS 30.5-31.4 KG	2	SP; PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			ELEVIDYS 31.5-32.4 KG	2	SP; PA
ALS Agents			ELEVIDYS 32.5-33.4 KG	2	SP; PA
<i>riluzole TABS</i>	1	PA	ELEVIDYS 33.5-34.4 KG	2	SP; PA
TEGLUTIK SUSP	2	SP; PA	ELEVIDYS 34.5-35.4 KG	2	SP; PA
TIGLUTIK SUSP	2	SP; PA	ELEVIDYS 35.5-36.4 KG	2	SP; PA
Muscular Dystrophy Agents			ELEVIDYS 36.5-37.4 KG	2	SP; PA
AMONDYS 45	2	SP; PA	ELEVIDYS 37.5-38.4 KG	2	SP; PA
ELEVIDYS 10.0-10.4 KG	2	SP; PA	ELEVIDYS 38.5-39.4 KG	2	SP; PA
ELEVIDYS 10.5-11.4 KG	2	SP; PA	ELEVIDYS 39.5-40.4 KG	2	SP; PA
ELEVIDYS 11.5-12.4 KG	2	SP; PA	ELEVIDYS 40.5-41.4 KG	2	SP; PA
ELEVIDYS 12.5-13.4 KG	2	SP; PA	ELEVIDYS 41.5-42.4 KG	2	SP; PA
ELEVIDYS 13.5-14.4 KG	2	SP; PA	ELEVIDYS 42.5-43.4 KG	2	SP; PA
ELEVIDYS 14.5-15.4 KG	2	SP; PA	ELEVIDYS 43.5-44.4 KG	2	SP; PA
ELEVIDYS 15.5-16.4 KG	2	SP; PA	ELEVIDYS 44.5-45.4 KG	2	SP; PA
ELEVIDYS 16.5-17.4 KG	2	SP; PA	ELEVIDYS 45.5-46.4 KG	2	SP; PA
ELEVIDYS 17.5-18.4 KG	2	SP; PA	ELEVIDYS 46.5-47.4 KG	2	SP; PA
ELEVIDYS 18.5-19.4 KG	2	SP; PA	ELEVIDYS 47.5-48.4 KG	2	SP; PA
ELEVIDYS 19.5-20.4 KG	2	SP; PA	ELEVIDYS 48.5-49.4 KG	2	SP; PA
ELEVIDYS 20.5-21.4 KG	2	SP; PA	ELEVIDYS 49.5-50.4 KG	2	SP; PA
ELEVIDYS 21.5-22.4 KG	2	SP; PA	ELEVIDYS 50.5-51.4 KG	2	SP; PA
ELEVIDYS 22.5-23.4 KG	2	SP; PA	ELEVIDYS 51.5-52.4 KG	2	SP; PA
			ELEVIDYS 52.5-53.4 KG	2	SP; PA
			ELEVIDYS 53.5-54.4 KG	2	SP; PA
			ELEVIDYS 54.5-55.4 KG	2	SP; PA
			ELEVIDYS 55.5-56.4 KG	2	SP; PA
			ELEVIDYS 56.5-57.4 KG	2	SP; PA
			ELEVIDYS 57.5-58.4 KG	2	SP; PA
			ELEVIDYS 58.5-59.4 KG	2	SP; PA
			ELEVIDYS 59.5-60.4 KG	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELEVIDYS 60.5-61.4 KG	2	SP; PA	ZOLGENSMA 13.6-14.0 KG	2	SP; PA
ELEVIDYS 61.5-62.4 KG	2	SP; PA	ZOLGENSMA 14.1-14.5 KG	2	SP; PA
ELEVIDYS 62.5-63.4 KG	2	SP; PA	ZOLGENSMA 14.6-15.0 KG	2	SP; PA
ELEVIDYS 63.5-64.4 KG	2	SP; PA	ZOLGENSMA 15.1-15.5 KG	2	SP; PA
ELEVIDYS 64.5-65.4 KG	2	SP; PA	ZOLGENSMA 15.6-16.0 KG	2	SP; PA
ELEVIDYS 65.5-66.4 KG	2	SP; PA	ZOLGENSMA 16.1-16.5 KG	2	SP; PA
ELEVIDYS 66.5-67.4 KG	2	SP; PA	ZOLGENSMA 16.6-17.0 KG	2	SP; PA
ELEVIDYS 67.5-68.4 KG	2	SP; PA	ZOLGENSMA 17.1-17.5 KG	2	SP; PA
ELEVIDYS 68.5-69.4 KG	2	SP; PA	ZOLGENSMA 17.6-18.0 KG	2	SP; PA
ELEVIDYS 69.5 KG PLUS	2	SP; PA	ZOLGENSMA 18.1-18.5 KG	2	SP; PA
EXONDYS 51	2	SP; PA	ZOLGENSMA 18.6-19.0 KG	2	SP; PA
VILTEPSO	2	SP; PA	ZOLGENSMA 19.1-19.5 KG	2	SP; PA
VYONDYS 53	2	SP; PA	ZOLGENSMA 19.6-20.0 KG	2	SP; PA
Neuromuscular Blocking Agent - Neurotoxins			ZOLGENSMA 2.6-3.0 KG	2	SP; PA
BOTOX IJ	2	SP; PA	ZOLGENSMA 3.1-3.5 KG	2	SP; PA
DYSPORE	2	SP; PA	ZOLGENSMA 3.6-4.0 KG	2	SP; PA
MYOBLOC	2	SP; PA	ZOLGENSMA 4.1-4.5 KG	2	SP; PA
XEOMIN	2	SP; PA	ZOLGENSMA 4.6-5.0 KG	2	SP; PA
Spinal Muscular Atrophy Agents (SMA)			ZOLGENSMA 5.1-5.5 KG	2	SP; PA
EVRYSDI	2	SP	ZOLGENSMA 5.6-6.0 KG	2	SP; PA
SPINRAZA	2	SP; PA	ZOLGENSMA 6.1-6.5 KG	2	SP; PA
ZOLGENSMA 20.6-21.0 KG	2	SP; PA	ZOLGENSMA 6.6-7.0 KG	2	SP; PA
ZOLGENSMA 10.1-10.5 KG	2	SP; PA	ZOLGENSMA 7.1-7.5 KG	2	SP; PA
ZOLGENSMA 10.6-11.0 KG	2	SP; PA	ZOLGENSMA 7.6-8.0 KG	2	SP; PA
ZOLGENSMA 11.1-11.5 KG	2	SP; PA	ZOLGENSMA 8.1-8.5 KG	2	SP; PA
ZOLGENSMA 11.6-12.0 KG	2	SP; PA			
ZOLGENSMA 12.1-12.5 KG	2	SP; PA			
ZOLGENSMA 12.6-13.0 KG	2	SP; PA			
ZOLGENSMA 13.1-13.5 KG	2	SP; PA			

Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 8.6-9.0 KG	2	SP; PA
ZOLGENSMA 9.1-9.5 KG	2	SP; PA
ZOLGENSMA 9.6-10.0 KG	2	SP; PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>polyvinyl alcohol 1.4 %</i>	1	QL(15 ML per fill retail)
<i>white petrolatum-mineral oil</i>	1	QL(5 GM per fill retail)
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	1	QL(5 ML per fill retail)
<i>brimonidine tartrate-timolol maleate</i>	1	
<i>carteolol hcl (ophth)</i>	1	1 max fill(s) per 30 day(s) retail
COMBIGAN (<i>Use brimonidine tartrate-timolol maleate</i>)	2	
DORZOLAMIDE HCL-TIMOLOL MAL	2	QL(10 ML per fill retail)
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	QL(10 ML per fill retail)
<i>levobunolol hcl 0.5 %</i>	1	
<i>timolol maleate (ophth) SOLG 0.25 %</i>	1	
<i>timolol maleate (ophth) SOLN</i>	1	QL(5 ML per fill retail)
<i>timolol maleate (ophth) SOLN 0.5 %</i>	1	
TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 %	2	
TIMOPTIC OCUDOSE SOLN 0.25 % (<i>Use timolol maleate (ophth)</i>)	NP	QL(60 EA per fill retail)
TIMOPTIC-XE SOLG 0.25 % (<i>Use timolol maleate (ophth)</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
Cycloplegic Mydriatics		
<i>atropine sulfate (ophthalmic) OINT</i>	1	QL(4 GM per fill retail)
<i>atropine sulfate (ophthalmic) SOLN</i>	1	QL(5 ML per fill retail)
ATROPINE SULFATE SOLN 1 %	2	QL(5 EA per fill retail)
CYCLOGYL 0.5 %	2	QL(15 ML per fill retail)
<i>cyclopentolate hcl 1 %</i>	1	QL(5 ML per fill retail)
<i>cyclopentolate hcl 0.5 %</i>	1	QL(15 ML per fill retail)
ISOPTO ATROPINE SOLN	2	QL(5 ML per fill retail)
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	QL(5 ML per fill retail)
<i>tropicamide SOLN 0.5 %</i>	1	QL(15 ML per fill retail)
<i>tropicamide SOLN 1 %</i>	1	QL(3 ML per fill retail)
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	
Ophthalmic - Angiogenesis Inhibitors		
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	2	SP; PA
BEVACIZUMAB IZ 2.75 MG/0.11ML	2	PA
EYLEA SOLN	2	SP; PA
LUCENTIS SOSY	2	SP; PA
Ophthalmic Adrenergic Agents		
ALPHAGAN P (<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)

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

Drug Name	Drug Tier	Requirements/Limits
CEQUA SOLN	NP	
<i>cyclosporine (ophth) EMUL</i>	1	
RESTASIS MULTIDOSE EMUL	2	
RESTASIS EMUL (<i>Use cyclosporine (ophth)</i>)	2	
VEVYE SOLN	NP	
Ophthalmic Integrin Antagonists		
XIIDRA	2	PA
Ophthalmic Kinase Inhibitors		
ROCKLATAN	2	PA
Ophthalmic Local Anesthetics		
<i>tetracaine hcl (ophth)</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE	2	SP; PA
Ophthalmic Photodynamic Therapy Agents		
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-polymy-dexameth OINT</i>	1	QL(4 GM per fill retail)
<i>neomycin-polymy-dexameth SUSP</i>	1	QL(5 ML per fill retail)
<i>neomycin-polymyxin-hc (ophth)</i>	1	QL(8 ML per fill retail)
OZURDEX IMPL	2	SP; PA
PRED MILD	2	QL(10 ML per fill retail)
<i>prednisolone acetate (ophth)</i>	1	QL(5 ML per fill retail)

Drug Name	Drug Tier	Requirements/Limits
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)
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) 0.5 %</i>	1	QL(5 ML per fill retail)
<i>ketorolac tromethamine (ophth) 0.4 %</i>	1	1 max fill(s) per 30 day(s) 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	

Drug Name	Drug Tier	Requirements/Limits
<i>travoprost SOLN</i>	1	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	QL(15 ML per fill retail)
<i>carbamide peroxide (otic) 6.5 %</i>	1	QL(0.5 ML daily)
Otic Anti-infectives		
CETRAXAL (<i>Use ciprofloxacin hcl (otic)</i>)	2	
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	QL(5 ML per fill retail)
Otic Combinations		
CIPRODEX (<i>Use ciprofloxacin-dexamethasone</i>)	2	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciprofloxacin-dexamethasone</i>	1	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	QL(10 ML per fill retail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	QL(10 ML per fill retail)
<i>pramoxine-hc-chloroxylonol</i>	1	QL(15 ML per fill retail)
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	1	QL(20 ML per fill retail)
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ML per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune		

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	1	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	1	QL(30 EA per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	1	QL(1.34 EA daily)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASY MIX	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
Liquid Vehicles		
<i>glycine diluent</i>	1	SP; PA
STERILE DILUENT FLOLAN PH 12	2	SP; PA
Semi Solid Vehicles		
<i>Ianolin XX</i>	1	
LANOLIN XX	2	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>hydroxyprogesterone caproate OIL</i>	1	SP; PA
MAKENA SOAJ	NP	SP; PA
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP
<i>norethindrone acetate TABS</i>	1	MP

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

Drug Name	Drug Tier	Requirements/Limits
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NP	QL(1 EA per 28 day(s) retail)
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	1	QL(1 EA daily)
<i>rivastigmine 13.3 MG/24HR</i>	1	
<i>rivastigmine tartrate CAPS</i>	1	QL(2 EA daily)
Cerebral Adrenoleukodystrophy (CALD) Agents		
SKYSONA	2	SP; PA
Combination Psychotherapeutics		
LYBALVI	NP	
<i>perphenazine-amitriptyline</i>	1	QL(4 EA daily)
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	2	QL(55 EA per 365 day(s) retail); PA
SAVELLA TABS	2	QL(2 EA daily); PA
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	2	SP; PA
AUSTEDO XR PATIENT TITRATION TEPK	2	SP; PA
AUSTEDO XR TB24	2	SP; PA
AUSTEDO XR TB24	2	SP; PA
AUSTEDO TABS	2	SP; PA
INGREZZA CAPS	2	SP; PA
INGREZZA CPSP	2	SP; PA
<i>tetrabenazine</i>	1	SP; PA
Multiple Sclerosis Agents		
AVONEX PEN AJKT	2	SP; PA
AVONEX PREFILLED PSKT	2	SP; PA
BAFIERTAM	NP	SP
BRIUMVI	NP	SP

Drug Name	Drug Tier	Requirements/Limits
COPAXONE SOSY (<i>Use glatiramer acetate</i>)	2	SP; PA
<i>dalfampridine</i>	1	SP; PA
<i>dimethyl fumarate CDPK</i>	1	SP; PA
<i>dimethyl fumarate CPDR</i>	1	SP; PA
<i> fingolimod hcl</i>	1	SP; PA
GILENYA	NP	SP; PA
GILENYA (<i>Use fingolimod hcl</i>)	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	NP	SP
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 20 MG</i>	1	QL(4 EA daily); AL(At least 7 yrs old)
<i>fluoxetine hcl (pmdd) TABS 10 MG</i>	1	AL(At least 7 yrs old)
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1	
Smoking Deterrents		
APO-VARENICLINE TABS	0	QL(2 EA daily); AL(At least 13 yrs old)
<i>bupropion hcl (smoking deterrent)</i>	0	AL(At least 13 yrs old)
CHANTIX STARTING MONTH PAK TBPK (<i>Use varenicline tartrate</i>)	0	AL(At least 13 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<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</i>	0	QL(2 EA daily); AL(At least 13 yrs old)
<i>varenicline tartrate TBPK</i>	0	AL(At least 13 yrs old)
Transthyretin Amyloidosis Agents		
ONPATTRO	2	SP; PA
TEGSEDI	2	SP; PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	1	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA
GLASSIA SOLN	2	SP; PA
PROLASTIN-C SOLR	2	SP; PA
ZEMAIRA SOLR 1000 MG	2	SP; PA
Cystic Fibrosis Agents		
KALYDECO PACK 50 MG, 75 MG	2	SP; PA
KALYDECO TABS	2	SP; PA
ORKAMBI PACK	2	SP; PA
ORKAMBI TABS	2	SP; PA
PULMOZYME	2	SP; PA
SYMDEKO	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA TBPK 100 MG-50 MG	2	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	2	SP; PA
<i>pirfenidone CAPS</i>	1	SP; PA
<i>pirfenidone TABS 534 MG</i>	1	SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	1	
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate TABS 100 MG</i>	1	
<i>minocycline hcl CAPS</i>	1	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1	MP
<i>propylthiouracil</i>	1	MP
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	2	MP
ARMOUR THYROID TABS	2	MP
<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG</i>	1	
<i>levothyroxine sodium TABS</i>	1	MP
<i>liothyronine sodium TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
NIVA THYROID TABS	2	MP
NP THYROID TABS	2	MP
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	2	MP
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (<i>Use levothyroxine sodium</i>)	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	AL(At least 19 yrs old)
BOOSTRIX SUSP	0	AL(At least 19 yrs old)
BOOSTRIX SUSY	0	AL(At least 19 yrs old)
DAPTACEL	0	AL(At least 19 yrs old)
DIPHThERIA-TETANUS TOXOIDS 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)

Drug Name	Drug Tier	Requirements/Limits
VAXELIS SUSY	0	AL(At least 19 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>dicyclomine hcl CAPS</i>	1	
<i>dicyclomine hcl SOLN PO</i>	1	QL(40 ML daily)
<i>dicyclomine hcl TABS</i>	1	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	QL(4 EA daily)
<i>hyoscyamine sulfate ELIX</i>	1	
<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	1	
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1	
H-2 Antagonists		
<i>cimetidine TABS 300 MG, 400 MG</i>	1	
<i>cimetidine TABS 200 MG</i>	1	MP; RX/OTC
<i>cimetidine TABS 800 MG</i>	1	QL(500 EA per fill retail)
<i>famotidine TABS 10 MG</i>	1	
<i>famotidine TABS 20 MG, 40 MG</i>	1	MP; RX/OTC
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	1	QL(420 ML per fill retail)
<i>sucralfate TABS</i>	1	QL(4 EA daily); MP
Proton Pump Inhibitors		
<i>esomeprazole magnesium CPDR</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium PACK</i>	1	
<i>lansoprazole CPDR</i>	1	RX/OTC
<i>lansoprazole TBDD</i>	1	PA; RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR (Use <i>esomeprazole magnesium</i>)	NP	RX/OTC
NEXIUM 24HR CPDR (Use <i>esomeprazole magnesium</i>)	NP	RX/OTC
NEXIUM CPDR 20 MG (Use <i>esomeprazole magnesium</i>)	NP	RX/OTC
NEXIUM PACK 10 MG, 20 MG, 40 MG (Use <i>esomeprazole magnesium</i>)	2	
<i>omeprazole CPDR</i>	1	QL(2 EA daily)
<i>omeprazole TBEC</i>	1	QL(1 EA daily)
<i>pantoprazole sodium PACK</i>	1	
<i>pantoprazole sodium TBEC 40 MG</i>	1	QL(2 EA daily)
<i>pantoprazole sodium TBEC 20 MG</i>	1	QL(1 EA daily)
PROTONIX PACK (Use <i>pantoprazole sodium</i>)	2	
<i>rabeprazole sodium TBEC</i>	1	
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1	
Ulcer Therapy Combinations		
KONVOMEK SUSR	NP	
<i>omeprazole-sodium bicarbonate CAPS</i>	1	RX/OTC
<i>omeprazole-sodium bicarbonate PACK</i>	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		

Drug Name	Drug Tier	Requirements/Limits
(Anticholinergic)		
<i>darifenacin hydrobromide</i>	1	
<i>fesoterodine fumarate</i>	1	
<i>oxybutynin chloride SOLN</i>	1	
<i>oxybutynin chloride TABS 2.5 MG</i>	1	
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(3 EA daily); MP
<i>oxybutynin chloride TB24</i>	1	QL(2 EA daily); MP
<i>solifenacin succinate TABS</i>	1	
<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)
TOVIAZ (Use <i>fesoterodine fumarate</i>)	NP	
<i>tropium chloride CP24</i>	1	
<i>tropium chloride TABS</i>	1	QL(2 EA daily)
VESICARE LS SUSP	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
<i>mirabegron TB24</i>	1	
MYRBETRIQ TB24 (Use <i>mirabegron</i>)	2	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	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
BIOTHRAX	0	AL(At least 19 yrs old)	AFLURIA QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
HIBERIX SOLR IJ	0	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)
MENACTRA	0	AL(At least 19 yrs old)	AFLURIA SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
MENQUADFI	0	AL(At least 19 yrs old)	AREXVY	0	QL(1 EA per fill retail); AL(At least 19 yrs old)
MENVEO SOLN	0	AL(At least 19 yrs old)	COMIRNATY SUSP	0	
MENVEO SOLR	0	AL(At least 19 yrs old)	COMIRNATY SUSY	0	
PEDVAX HIB SUSP	0	AL(At least 19 yrs old)	DENGVAXIA	0	AL(At least 19 yrs old)
PENBRAYA	0	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)
PNEUMOVAX 23 SOLN	0	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)
PNEUMOVAX 23 SOSY	0	AL(At least 19 yrs old)	FLUAD	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
PREVNAR 13	0	AL(At least 19 yrs old)	FLUAD QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
PREVNAR 20	0	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)
TRUMENBA	0	AL(At least 19 yrs old)			
TYPHIM VI SOLN	0	AL(At least 19 yrs old)			
TYPHIM VI SOSY	0	AL(At least 19 yrs old)			
VAXCHORA	0	AL(At least 19 yrs old)			
VAXNEUVANCE	0	AL(At least 19 yrs old)			
VIVOTIF	0	AL(At least 19 yrs old)			
Viral Vaccines					
ABRYSVO	0	QL(1 EA per fill retail); AL(At least 60 yrs old)			
ACAM2000	0	AL(At least 19 yrs old)			
AFLURIA PRESERVATIVE FREE 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
FLUARIX SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUMIST QUADRIVALENT	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)	FLUZONE HIGH-DOSE QUADRIVALENT	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)	FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) 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)	FLUZONE QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; 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)
FLUCELVAX SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUZONE SUSY	0	1 max fill(s) per 180 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)	GARDASIL 9 SUSP	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)
FLULAVAL SUSY	0	1 max fill(s) per 180 day(s) retail; 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)
FLUMIST	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	HAVRIX	0	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HEPLISAV-B SOSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0	
			PFIZER-BIONT COVID-19 VAC-TRIS SUSP	0	
IMOVAX RABIES SUSR	0	AL(At least 19 yrs old)	PFIZER-BIONTECH COVID-19 VACC SUSP	0	
IPOL	0	AL(At least 19 yrs old)	PREHEVBRIO	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
IXCHIQ	0	AL(At least 19 yrs old)	PRIORIX SUSR	0	AL(At least 19 yrs old)
IXIARO	0	AL(At least 19 yrs old)	PROQUAD SUSR	0	AL(At least 19 yrs old)
JANSSEN COVID-19 VACCINE	0		RABAVERT	0	AL(At least 19 yrs old)
JYNNEOS	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)
M-M-R II SOLR	0	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)
MODERNA COVID-19 BIVAL 6M-5Y	0		ROTARIX SUSP	0	AL(At least 19 yrs old)
MODERNA COVID-19 BIVALENT	0		ROTARIX SUSR	0	AL(At least 19 yrs old)
MODERNA COVID-19 VAC (BOOSTER) SUSP	0		ROTATEQ SOLN	0	AL(At least 19 yrs old)
MODERNA COVID-19 VAC 6M-11Y SUSP	0		SHINGRIX	0	Limit 2 dose per lifetime; 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
MODERNA COVID-19 VAC 6M-11Y SUSY	0		SPIKEVAX COVID-19 VACCINE SUSP	0	
MODERNA COVID-19 VACC 6M-5Y SUSP	0		SPIKEVAX SUSP	0	
MODERNA COVID-19 VACCINE SUSP	0		SPIKEVAX SUSY	0	
NOVAVAX COVID-19 VACCINE SUSP	0		STAMARIL SUSR	0	AL(At least 19 yrs old)
NOVAVAX COVID-19 VACCINE SUSY	0		TICOVAC	0	AL(At least 19 yrs old)
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
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 2 %</i>	1	QL(21 GM per fill retail)
<i>clotrimazole vaginal CREA 1 %</i>	1	QL(45 GM per fill retail)
GYNAZOLE-1	2	
<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	2	QL(15 GM daily)
NUVESSA	2	
<i>terconazole vaginal CREA 0.4 %</i>	1	QL(45 GM per fill retail)
<i>terconazole vaginal CREA 0.8 %</i>	1	QL(20 GM per fill retail)
<i>terconazole vaginal SUPP</i>	1	QL(3 EA per fill retail)
<i>tioconazole vaginal 6.5 %</i>	1	QL(5 GM per fill retail)
VANDAZOLE	NP	QL(70 GM per fill retail)
XACIATO GEL	NP	
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone vaginal</i>	1	QL(85.2 GM per fill retail)
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	1	QL(43 GM per 30 day(s) retail)
<i>estradiol vaginal TABS</i>	1	
PREMARIN	2	QL(43 GM per 30 day(s) retail)
Vaginal Progestins		
CRINONE GEL	2	AL(At least 15 yrs old)
FIRST-PROGESTERONE VGS SUPP	2	AL(At least 15 yrs old)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	NP	QL(6 EA per 180 day(s) retail; 180 EA per 180 days mail)
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)

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)
EPIPEN JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	1	SP; PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS</i>	1	
<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	1	QL(2 EA daily)
<i>cholecalciferol CAPS 1.25 MG, 50000 UNIT</i>	1	QL(0.267 EA daily)
<i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i>	1	
<i>ergocalciferol CAPS</i>	1	
KEY-E CHEW	2	QL(2 EA daily)
<i>phytonadione TABS 5 MG</i>	1	
VITAMIN D3 LIQD PO 125 MCG/ML	2	
<i>vitamin e CAPS</i>	1	QL(2 EA daily)
VITAMIN E CAPS	2	QL(2 EA daily)
VITAMIN E CHEW	2	QL(2 EA daily)
Water Soluble Vitamins		
<i>ascorbic acid TABS</i>	1	QL(100 EA per 34 day(s) retail)
B-1 TABS	2	QL(2.94 EA daily)

Drug Name	Drug Tier	Requirements/Limits
NIACIN ER CPR	2	
NIACIN ER TBCR	2	
<i>niacin CPR 250 MG, 500 MG</i>	1	
<i>niacin TABS 500 MG</i>	1	
<i>niacin TBCR</i>	1	
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	1	
<i>riboflavin TABS</i>	1	QL(2.94 EA daily)
<i>thiamine hcl TABS</i>	1	QL(2.94 EA daily)
<i>thiamine mononitrate TABS 100 MG</i>	1	QL(2.94 EA daily)

INDEX

1ST TIER UNILET COMFORTOUCH.....61	MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML .....6	acyclovir CAPS 36
abacavir sulfate SOLN .....34	acetaminophen SUPP 120 MG, 650 MG .....6	acyclovir SUSP 36
abacavir sulfate TABS 34	ACETAMINOPHEN SUPP .....6	acyclovir TABS PO 400 MG 36
abacavir sulfate-lamivudine .....34	acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML .....6	acyclovir TABS PO 800 MG 36
ABILIFY ASIMTUFII PRSY .....33	acetaminophen TABS 325 MG, 500 MG .....6	acyclovir topical CREA 45
ABILIFY MAINTENA PRSY .....33	acetaminophen w/ codeine SOLN .. 7	acyclovir topical OINT 45
ABILIFY MAINTENA SRER .....33	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG .....7	ADACEL SUSP 87
ABILIFY MYCITE MAINTENANCE KIT .....33	acetazolamide CP12 .....52	ADALIMUMAB-AACF (2 PEN) AJKT . 3
ABILIFY MYCITE STARTER KIT .33	acetazolamide TABS .....52	ADALIMUMAB-AACF (2 SYRINGE) PSKT 3
abiraterone acetate .....29	acetic acid (otic) .....82	ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT .....3
ABRILADA (1 PEN) AJKT .....3	acetylcysteine SOLN .....43	ADALIMUMAB-AACF(PS/UV STARTER) AJKT .....3
ABRILADA (2 PEN) AJKT .....3	ACIDOPHILUS HIGH-POTENCY CAPS .....18	ADALIMUMAB-AATY (1 PEN) AJKT . 3
ABRILADA (2 SYRINGE) PSKT ....3	ACIDOPHILUS PEARLS CAPS ...18	ADALIMUMAB-AATY (2 PEN) AJKT . 3
ABRYSVO .....89	ACIDOPHILUS PROBIOTIC BLEND CAPS .....18	ADALIMUMAB-AATY (2 SYRINGE) PSKT 3
ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin) .....43	ACIDOPHILUS SUPER PROBIOTIC CAPS .....18	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML 3
ACAM2000 .....89	ACIDOPHILUS/GOAT MILK CAPS 18	ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML 3
acamprosate calcium .....84	ACNE MEDICATION 10 LOTN ...43	ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML 3
acarbose .....15	ACNE MEDICATION 5 LOTN .....43	ADALIMUMAB-ADAZ SOSY .....3
ACCULA SARS-COV-2 .....50	ACTHAR GEL .....53	ADALIMUMAB-ADBM (2 PEN) AJKT 3
ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide) 26	ACTHIB SOLR IM .....88	ADALIMUMAB-ADBM (2 SYRINGE) PSKT 3
ACUTREND PLUS .....61	ACTIMMUNE 100 MCG/0.5ML ....31	ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT .....3
ACE AEROSOL CLOUD ENHANCER MISC .....68	ACTIPHLORA CAPS 18	
acebutolol hcl CAPS .....37	ACTIVITY POUCH MISC .....68	
acetaminophen CHEW .....5		
acetaminophen ELIX .....5		
acetaminophen LIQD 160 MG/5ML .6		
acetaminophen SOLN PO 160		

ADALIMUMAB-ADB(PS/UV STARTER) AJKT	3	18	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	69
ADALIMUMAB-FKJP (2 PEN) AJKT .	3	ADVATE	AEROCHAMBER Z-STAT PLUS MISC	69
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	3	ADVIL TABS (Use ibuprofen)	AEROCHAMBER Z-STAT PLUS/LARGE MISC	69
ADALIMUMAB-RYVK (2 PEN) AJKT .	3	ADVIN COVID-19 ANTIGEN TEST KIT	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	69
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	3	ADYNOVATE	AEROCHAMBER Z-STAT PLUS/SMALL MISC	69
adapalene CREA	43	AEROCHAMBER HOLDING CHAMBER DEVI	AEROTRACH PLUS MISC	69
adapalene GEL	43	AEROCHAMBER MINI CHAMBER DEVI	AEROVENT PLUS DEVI	69
ADAPALENE SOLN	43	AEROCHAMBER MV MISC	AFLURIA PRESERVATIVE FREE SUSY	89
adapalene-benzoyl peroxide GEL .	43	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	AFLURIA QUADRIVALENT SUSP	89
ADBRY SOAJ	48	AEROCHAMBER PLUS FLO-VU INTERM DEVI	AFLURIA QUADRIVALENT SUSY 0.5 ML	89
ADBRY SOSY	48	AEROCHAMBER PLUS FLO-VU LARGE DEVI	AFLURIA SUSP	89
ADCETRIS	29	AEROCHAMBER PLUS FLO-VU LARGE MISC	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	57
ADDERALL TABS (Use amphetamine-dextroamphetamine) .	1	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	AGAMATRIX ULTRA-THIN LANCETS	61
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine) .	1	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	AIMSCO TWIST LANCETS 32G ..	61
ADLARITY PTWK	84	AEROCHAMBER PLUS FLO-VU MISC	AIMSCO TWIST LANCETS 33G ..	61
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	86	AEROCHAMBER PLUS FLO-VU SMALL DEVI	AIRDUO DIGIHALER	11
ADULT AEROSOL MASK MISC ..	68	AEROCHAMBER PLUS FLO-VU SMALL MISC	AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	11
ADULT MASK LARGE MISC	68	AEROCHAMBER PLUS FLO-VU W/MASK MISC	AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	11
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	11	AEROCHAMBER PLUS FLOW VU MISC	AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	11
ADVAIR HFA AERO (Use fluticasone-salmeterol)	11	AEROCHAMBER W/FLOWSIGNAL MISC	AIRS PEDIATRIC AEROSOL MASK MISC	69
ADVANCED MOBILE LANCET ...	61		AIRSUPRA	11
ADVANCED PROBIOTIC CAPS ..	18			
ADVANCED PROBIOTIC-14 CAPS				

AJOVY SOAJ	72	almotriptan malate	72	amantadine hcl SOLN	32
AJOVY SOSY	72	ALOE 10000 & PROBIOTICS CAPS .		amantadine hcl TABS	32
AKLIEF	43	18		ambrisentan	38
albuterol sulfate AERS	11	alogliptin benzoate	17	amcinonide CREA	46
albuterol sulfate NEBU 0.083 % ...	11	alogliptin-metformin hcl	15	amcinonide LOTN	46
albuterol sulfate NEBU 0.63		alogliptin-pioglitazone 15 MG-25 MG,		amcinonide OINT	46
MG/3ML, 1.25 MG/3ML	11	30 MG-12.5 MG, 30 MG-25 MG, 45		amiloride & hydrochlorothiazide ...	52
albuterol sulfate NEBU	11	MG-12.5 MG, 45 MG-25 MG	16	amiloride hcl TABS	52
ALBUTEROL SULFATE NEBU ...	11	ALORA PTTW 0.025 MG/24HR,		aminocaproic acid SOLN PO 0.25	
albuterol sulfate SYRP	11	0.075 MG/24HR, 0.1 MG/24HR ...	54	GM/ML	59
albuterol sulfate TABS	11	alose tron hcl	56	aminocaproic acid TABS 1000 MG	
alclometasone dipropionate CREA	46	ALPHAGAN P (Use brimonidine		59	
alclometasone dipropionate OINT .	46	tartrate)	80	aminocaproic acid TABS 500 MG .	59
ALCOHOL PREP	68	ALPHANATE SOLR	57	amiodarone hcl TABS 200 MG	10
ALCOHOL PREP PADS	68	ALPHANINE SD 500 UNIT, 1000		amitriptyline hcl TABS	15
ALCOHOL PREP PADS-MISC ...	61	UNIT, 1500 UNIT	57	AMJEVITA SOAJ	3
ALCOHOL SWABS	68	ALPRAZOLAM INTENSOL CONC .	9	AMJEVITA SOSY	4
ALDURAZYME	53	alprazolam TABS	9	AMJEVITA-PED 10KG TO <15KG	
ALECENSA	30	alprazolam TB24	9	SOSY	3
alendronate sodium SOLN	52	alprazolam TBDP	9	AMJEVITA-PED 15KG TO <30KG	
alendronate sodium TABS 35 MG, 70		ALPROLIX	57	SOSY	3
MG	52	ALTUVIIIIO 250 UNIT, 500 UNIT,		amlodipine besylate TABS	37
alendronate sodium TABS 5 MG, 10		1000 UNIT, 2000 UNIT, 3000 UNIT,		amlodipine besylate-atorvastatin	
MG	52	4000 UNIT	57	calcium	38
ALFERON N	31	alum & mag hydrox-simethicone		amlodipine besylate-benazepril hcl	
alfuzosin hcl	56	LIQD	8	26	
ALIGN CAPS 10 MG	18	alum & mag hydrox-simethicone		amlodipine besylate-olmesartan	
ALIGN EXTRA STRENGTH CAPS		SUSP 1200 MG/30ML-120		medoxomil	26
18		MG/30ML-1200 MG/30ML, 200		amlodipine besylate-valsartan	26
ALL FLOW 1000 PFT FILTER MISC .		MG/5ML-20 MG/5ML-200 MG/5ML,		amlodipine-valsartan-	
69		400 MG/10ML-40 MG/10ML-400		hydrochlorothiazide	26
allopurinol 100 MG, 300 MG	56	MG/10ML	9	AMONDYS 45	78
		ALUMINUM HYDROXIDE GEL		amoxapine	15
		SUSP	9		
		amantadine hcl CAPS	32		

amoxicillin & pot clavulanate CHEW . 83	apomorphine hydrochloride SOCT 32 APONVIE EMUL 23	AEPB 10
amoxicillin & pot clavulanate SUSR 83	APO-VARENICLINE TABS 85	aspirin buffered (cal carb-mag carb- mag oxide) 6
amoxicillin & pot clavulanate TABS 125 MG-250 MG 84	apraclonidine hcl 80	aspirin CHEW 6
amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG 84	aprepitant CAPS 23	ASPIRIN SUPP 300 MG 6
amoxicillin & pot clavulanate TB12 84	aprepitant MISC 23	aspirin TABS 325 MG 6
amoxicillin CAPS 83	APTIVUS CAPS 34	aspirin TBEC 81 MG, 325 MG 6
amoxicillin CHEW 125 MG, 250 MG . 83	AQUADEKS SOLN 75	aspirin-dipyridamole 58
amoxicillin SUSR 83	AQUORAL SOLN 75	ASPRUZYO SPRINKLE PACK 9
amoxicillin TABS 875 MG 83	ARALAST NP SOLR 500 MG, 1000 MG 86	ASTAGRAF XL CP24 74
amphetamine sulfate TABS 1	ARESTIN 74	atazanavir sulfate CAPS 34
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG 1	AREXVY 89	atenolol & chlorthalidone 26
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG 1	aripiprazole SOLN PO 33	atenolol TABS 37
amphetamine-dextroamphetamine TABS 1	aripiprazole TABS 33	ATGAM 74
ampicillin CAPS 500 MG 83	aripiprazole TBDP 33	atomoxetine hcl 1
anastrozole 29	ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML 34	ATORVALIQ SUSP 25
ANDEXXA 200 MG 22	ARMONAIR DIGIHALER 10	atorvastatin calcium TABS 25
ANDROGEL GEL TD 25 MG/2.5GM (Use testosterone) 8	ARMOUR THYROID TABS 86	atropine sulfate (ophthalmic) OINT 80
ANTI-DIARRHEAL LIQD 22	arsenic trioxide 12 MG/6ML 31	atropine sulfate (ophthalmic) SOLN 80
ANUSOL-HC EX (Use hydrocortisone (rectal)) 8	ARZERRA 29	ATROPINE SULFATE SOLN 1 % .80
APLIGRAF DISK 50	ASACOL HD TBEC (Use mesalamine) 55	ATROVENT HFA 10
APOKYN SOCT 32	ascorbic acid TABS 93	AURORA LANCET SUPER THIN 30G 61
	ASMANEX (120 METERED DOSES) AEPB 10	AURORA LANCET THIN 23G 61
	ASMANEX (14 METERED DOSES) AEPB 10	AUSTEDO TABS 85
	ASMANEX (30 METERED DOSES) AEPB 10	AUSTEDO XR PATIENT TITRATION TEPK 85
	ASMANEX (60 METERED DOSES)	AUSTEDO XR TB24 85
		AUVELITY 14
		AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML 92

AUVI-Q SOAJ 0.3 MG/0.3ML	92	baclofen SOLN PO 10 MG/5ML	76	BELEODAQ	30
AVASTIN	28	baclofen SOLN PO 5 MG/5ML	76	BELRAPZO SOLN	28
AVEED SOLN	8	baclofen SUSP	76	BENADRYL ALLERGY EXTRA STR TABS	24
AVONEX PEN AJKT	85	baclofen TABS 10 MG, 20 MG	76	benazepril & hydrochlorothiazide	26
AVONEX PREFILLED PSKT	85	baclofen TABS 15 MG	76	benazepril hcl 40 MG	25
azacitidine SUSR	28	baclofen TABS 5 MG	76	benazepril hcl 5 MG, 10 MG, 20 MG	25
azathioprine TABS 50 MG	74	BAFIERTAM	85	BENDAMUSTINE HCL SOLN	28
azathioprine TABS 75 MG, 100 MG 74		balsalazide disodium CAPS	55	bendamustine hcl SOLR	28
AZEDRA DOSIMETRIC	31	BAQSIMI ONE PACK POWD	16	BENDEKA SOLN	28
AZEDRA THERAPEUTIC	31	BAQSIMI TWO PACK POWD	16	BENEFIX KIT	57
azelastine hcl (ophth)	82	BCG VACCINE	88	BENLYSTA SOLR	74
azelastine hcl	77	b-complex vitamins CAPS	75	BENZNIDAZOLE	9
azelastine hcl-fluticasone propionate SUSP	77	b-complex vitamins TABS	75	benzonatate 100 MG	42
azithromycin SUSR 100 MG/5ML	61	b-complex w/ c & folic acid CAPS	75	benzonatate 200 MG	42
azithromycin SUSR 200 MG/5ML	61	b-complex w/ c & folic acid TABS	75	benzoyl peroxide GEL 2.5 %, 5 %, 10 %	43
azithromycin TABS 250 MG	61	BD AUTOSHIELD	68	benzoyl peroxide LIQD 5 %, 10 %	43
azithromycin TABS 500 MG	61	BD AUTOSHIELD DUO	68	benztropine mesylate TABS	32
azithromycin TABS 600 MG	61	BD GLUCOSE CHEW	16	BERINERT KIT	57
AZSTARYS	2	BD LANCET ULTRAFINE 30G	61	betaine	53
b complex w/ c CAPS	75	BD PEN NEEDLE MICRO U/F	68	betamethasone dipropionate (topical) CREA	46
B-1 TABS	93	BD PEN NEEDLE MINI U/F	68	betamethasone dipropionate (topical) LOTN	46
BACICAP CAPS	18	BD PEN NEEDLE NANO 2ND GEN	68	betamethasone dipropionate (topical) OINT	46
BACID CAPS	18	BD PEN NEEDLE NANO U/F	68	betamethasone dipropionate augmented CREA	46
bacitracin (topical) OINT	44	BD PEN NEEDLE ORIGINAL U/F	68	betamethasone dipropionate augmented GEL 0.05 %	46
bacitracin zinc OINT	44	BD PEN NEEDLE SHORT U/F	68	betamethasone dipropionate	
bacitracin-polymyxin b (ophth)	81	BD PEN NEEDLES	68		
baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	76	BD SWAB SINGLE USE REGULAR	68		
		BD VERITOR SYSTEM SARS-COV- 2	50		

augmented LOTN	46	BINAXNOW COVID-19 AG HOME TEST KIT	50	SOLN PO	76
betamethasone dipropionate augmented OINT	46	BIOHM PROBIOTIC SUPPLEMENT CAPS	18	BPROTECTED PEDIA POLY- VITE/FE SOLN	76
betamethasone valerate CREA	46	BIOHM PROBIOTIC/VITAMIN C CAPS	18	BRAFTOVI 75 MG	30
betamethasone valerate FOAM	46	BIO-KULT CAPS	18	BREATHE COMFORT CHAMBER/ADULT DEVI	69
betamethasone valerate LOTN	46	BIOTENE DRY MOUTH MOISTURIZING SOLN	75	BREATHE COMFORT CHAMBER/CHILD DEVI	69
betamethasone valerate OINT	46	BIOTHRAX	89	BREATHE EASE LARGE DEVI ...	69
betaxolol hcl (ophth) SOLN	80	BIOZEN CAPS	18	BREATHE EASE MEDIUM DEVI .	69
betaxolol hcl	37	bisacodyl SUPP	61	BREATHE EASE NEB MASK/CHILD MISC	69
bethanechol chloride	88	bisacodyl TBEC	61	BREATHE EASE NEB MASK/INFANT MISC	69
BETHKIS NEBU (Use tobramycin) .	2	bismuth subsalicylate CHEW 262 MG	19	BREATHE EASE SMALL DEVI ...	69
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML 80		bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	19	BREATHERITE VALVED MDI CHAMBER DEVI	69
BEVACIZUMAB IZ 2.75 MG/0.11ML . 80		bisoprolol & hydrochlorothiazide ..	26	BREO ELLIPTA	11
BEVESPI AEROSPHERE	11	bisoprolol fumarate	37	BREZTRI AEROSPHERE	11
bexarotene (topical)	45	BIVIGAM SOLN 10 GM/100ML ...	83	BRIDION SOLN	22
bexarotene	31	BIVIGAM SOLN 5 GM/50ML	83	BRILINTA	58
BEXSERO	88	BLINCYTO	29	brimonidine tartrate 0.1 %, 0.15 %	80
BEYFORTUS	83	BONJESTA TBCR	23	brimonidine tartrate 0.2 %	80
bicalutamide	29	BOOSTRIX SUSP	87	brimonidine tartrate-timolol maleate . 80	
BIKTARVY 120 MG-30 MG-15 MG 34		BOOSTRIX SUSY	87	BRIUMVI	85
BIKTARVY 200 MG-50 MG-25 MG 34		bortezomib SOLR IJ	30	BRIVIACT SOLN IV 50 MG/5ML ..	13
BILAC CAPS	18	BORTEZOMIB SOLR IV 3.5 MG ...	30	BRIXADI (WEEKLY) SOSY	7
bimatoprost SOLN	82	bosentan TABS	38	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	7
BIMZELX SOAJ 160 MG/ML	45	BOSULIF TABS 100 MG, 500 MG	30	bromfenac sodium (ophth)	82
BIMZELX SOSY 160 MG/ML	45	BOTOX IJ	79	bromocriptine mesylate CAPS	32
BINAXNOW COVID-19 AG CARD 50		BPROTECTED PEDIA POLY-VITE		bromocriptine mesylate TABS 2.5	

MG	32	bupropion hcl TB12 100 MG	14	calcitonin (salmon) IJ	52
brompheniramine & phenyleph ELIX 42		bupropion hcl TB12 150 MG	14	calcitonin (salmon) NA	52
brompheniramine & pseudoeph ELIX 42		bupropion hcl TB12 200 MG	14	calcitriol CAPS	53
brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	42	bupropion hcl TB24 150 MG	14	calcium acetate (phosphate binder) CAPS	56
BUBBLES THE FISH II PEDI MASK MISC	69	bupropion hcl TB24 300 MG	14	calcium acetate (phosphate binder) TABS	56
budesonide (inhalation) SUSP	11	bupropion hcl TB24 450 MG	14	calcium carbonate (antacid) CHEW 500 MG	9
budesonide TB24	42	buspirone hcl	9	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT- 600 MG, 400 UNIT-600 MG, 5 MCG- 600 MG	73
budesonide-formoterol fumarate dihydrate	11	butalbital-acetaminophen TABS 50 MG-325 MG	5	calcium polycarbophil TABS	60
bumetanide TABS	52	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	5	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT- 600 MG, 400 UNIT-600 MG, 5 MCG- 600 MG	73
BUPHENYL POWD (Use sodium phenylbutyrate)	53	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	5	CAMCEVI	29
BUPHENYL TABS (Use sodium phenylbutyrate)	53	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	7	camphor & menthol LOTN	45
buprenorphine hcl SUBL	7	butalbital-aspirin-caffeine CAPS	5	CANASA SUPP (Use mesalamine) 55	
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG ...	7	butalbital-aspirin-caffeine w/cod ...	7	candesartan cilexetil	25
buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG	7	BUTRANS PTWK (Use buprenorphine)	7	candesartan cilexetil- hydrochlorothiazide	26
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	7	BYETTA 10 MCG PEN SOPN	17	capecitabine	28
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	7	BYETTA 5 MCG PEN SOPN	17	CAPEX SHAM	46
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	7	CABOMETYX TABS	30	CAPHOSOL SOLN	75
buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	7	caffeine citrate SOLN PO	1	CAPLYTA	32
buprenorphine PTWK	7	calcipotriene CREA	45	CAPRELSA	30
bupropion hcl (smoking deterrent) 85		calcipotriene FOAM	45	capsaicin CREA 0.025 %, 0.075 % 49	
bupropion hcl TABS	14	CALCIPOTRIENE FOAM	45	capsaicin CREA 0.1 %	49
		calcipotriene OINT	45	captopril & hydrochlorothiazide ...	26
		calcipotriene SOLN	45	captopril	25
		calcipotriene-betamethasone dipropionate OINT	46	CARAC CREA	45
		calcipotriene-betamethasone dipropionate SUSP	46	CARBAGLU (Use carglumic acid) 53	

carbamazepine CHEW 100 MG ... 13	carvedilol 3.125 MG, 6.25 MG, 12.5 MG 36	CEQUA SOLN 81
carbamazepine CHEW 200 MG ... 13	carvedilol phosphate 36	CERDELGA 58
carbamazepine CP12 13	CASGEVY 58	CEREZYME 400 UNIT 58
carbamazepine SUSP 13	CASTIVA WARMING LOTN 49	cetirizine hcl CAPS 24
carbamazepine TABS 13	CAYSTON 27	cetirizine hcl CHEW 24
carbamazepine TB12 13	cefaclor CAPS 39	cetirizine hcl SOLN PO 24
carbamide peroxide (otic) 6.5 % ... 82	CEFACLOR ER TB12 39	cetirizine hcl SYRP PO 24
CARBATROL CP12 (Use carbamazepine) 13	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML 39	cetirizine hcl TABS 24
carbidopa 32	cefadroxil CAPS 38	CETRAXAL (Use ciprofloxacin hcl (otic)) 82
carbidopa-levodopa TABS 32	cefadroxil SUSR 38	CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate) ... 85
carbidopa-levodopa TBCR 32	cefadroxil TABS 39	CHEMET 22
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML 28	cefdinir CAPS 39	CHEMSTRIP K STRP 50
CAREONE LANCET SUPER THIN 30G 62	cefdinir SUSR 39	CHENODAL 55
CAREONE LANCET THIN 23G ... 62	cefixime CAPS 39	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen) 4
CARESENS LANCETS 62	cefixime SUSR 39	CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen) 5
CARESENS LANCETS 30G 62	cefepodoxime proxetil SUSR 39	chlordiazepoxide hcl CAPS 9
CARESTART COVID-19 HOME TEST KIT 50	cefepodoxime proxetil TABS 39	chlorhexidine gluconate (mouth-throat) 74
CARETOUCH TWIST LANCETS 28G 62	cefprozil SUSR 39	chloroquine phosphate TABS 250 MG 27
CARETOUCH TWIST LANCETS 30G 62	cefprozil TABS 39	chloroquine phosphate TABS 500 MG 27
CARETOUCH TWIST MC LANCETS 30G 62	ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG 39	chlorpheniramine maleate SYRP .. 24
carglumic acid 53	cefuroxime axetil TABS 39	chlorpheniramine maleate TABS .. 24
carisoprodol TABS 250 MG 76	celecoxib 4	chlorpromazine hcl TABS 33
carisoprodol TABS 350 MG 76	CELONTIN (Use methsuximide) .. 14	chlorthalidone 25 MG, 50 MG 52
carteolol hcl (ophth) 80	CENTANY OINT 44	chlorzoxazone TABS 250 MG, 375 MG, 750 MG 76
carvedilol 25 MG 36	cephalexin CAPS 250 MG, 500 MG 39	chlorzoxazone TABS 500 MG 76
	cephalexin SUSR 39	
	CEPROTIN 58	

CHOLBAM	55	ciprofloxacin SUSR	55	peroxide GEL	43
cholecalciferol CAPS 1.25 MG, 50000 UNIT	93	ciprofloxacin-dexamethasone	82	clindamycin phosphate-tretinoin ..	43
cholecalciferol CAPS 125 MCG, 5000 UNIT	93	cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	28	CLINDESSE	92
cholecalciferol CAPS	93	CISPLATIN SOLR	28	CLINITEST RAPID COVID-19 TEST KIT	50
cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML	93	CITALOPRAM HYDROBROMIDE CAPS	14	clobazam SUSP	12
cholestyramine light PACK	24	citalopram hydrobromide SOLN ...	14	clobazam TABS	12
cholestyramine light POWD	24	citalopram hydrobromide TABS ...	14	clobetasol propionate CREA 0.05 % 46	
cholestyramine PACK	24	cladribine 10 MG/10ML	28	clobetasol propionate emollient base 0.05 %	46
cholestyramine POWD	24	clarithromycin SUSR	61	clobetasol propionate emulsion ...	46
CHORIONIC GONADOTROPIN IM 53		clarithromycin TABS	61	clobetasol propionate FOAM	46
CIBINQO	48	clarithromycin TB24	61	clobetasol propionate GEL 0.05 %	46
ciclopirox SOLN	44	CLEANLET LANCETS 28G	62	clobetasol propionate LIQD	46
cilostazol	58	CLEARDETECT COVID-19 AG HOME KIT	50	clobetasol propionate LOTN	46
cimetidine TABS 200 MG	87	clemastine fumarate TABS 1.34 MG . 24		clobetasol propionate OINT 0.05 % 46	
cimetidine TABS 300 MG, 400 MG 87		CLEVER CHOICE HOLDING CHAMBER DEVI	69	clobetasol propionate SHAM	46
cimetidine TABS 800 MG	87	clindamycin hcl 150 MG, 300 MG .	27	clobetasol propionate SOLN 0.05 % 46	
cinacalcet hcl	53	clindamycin palmitate hydrochloride . 27		clocortolone pivalate	46
CINQAIR	10	clindamycin phosphate (topical) GEL 43		CLODAN	46
CINRYZE SOLR IV	57	clindamycin phosphate (topical) LOTN	43	CLODERM (Use clocortolone pivalate)	46
CIPRO SUSR	55	clindamycin phosphate (topical) SOLN	43	clomipramine hcl	15
CIPRODEX (Use ciprofloxacin- dexamethasone)	82	clindamycin phosphate vaginal CREA	92	clonazepam TABS	12
ciprofloxacin hcl (ophth) SOLN	81	clindamycin phosphate-benzoyl peroxide (refrigerate)	43	clonazepam TBDP	12
ciprofloxacin hcl (otic)	82	clindamycin phosphate-benzoyl		clonidine hcl (adhd) TB12	1
ciprofloxacin hcl TABS 100 MG ...	55	clindamycin phosphate-benzoyl		clonidine hcl TABS	26
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	55			clopidogrel bisulfate 300 MG	58
				clopidogrel bisulfate 75 MG	58

clorazepate dipotassium TABS	9	COMETRIQ (100 MG DAILY DOSE) KIT	30	MG) SOAJ	45
clotrimazole (topical) CREA	44	COMETRIQ (140 MG DAILY DOSE) KIT	30	COSENTYX SENSOREADY PEN SOAJ	45
clotrimazole (topical) SOLN	44	COMETRIQ (60 MG DAILY DOSE) KIT	30	COSENTYX SOLN	45
clotrimazole vaginal CREA 1 % ...	92	COMFORT ASSURED LANCETS 28G	62	COSENTYX SOSY	45
clotrimazole vaginal CREA 2 % ...	92	COMFORT LANCETS	62	COSENTYX UNOREADY SOAJ ..	45
clotrimazole w/ betamethasone CREA	44	COMIRNATY SUSP	89	cosyntropin SOLR	50
clotrimazole w/ betamethasone LOTN	44	COMIRNATY SUSY	89	COTELLIC	30
clozapine TABS	33	COMPACT SPACE CHAMBER DEVI	70	COVID-19 AT HOME ANTIGEN TEST KIT	50
clozapine TBP	33	COMPACT SPACE CHAMBER/LG MASK DEVI	70	COVID-19 AT-HOME TEST KIT ...	50
CO MONITOR REPLACEMENT PIECES MISC	69	COMPACT SPACE CHAMBER/MED MASK DEVI	70	COVID-19 OTC ANTIGEN 1-PACK KIT	50
COAGADEX	57	COMPACT SPACE CHAMBER/SM MASK DEVI	70	COVID-19 OTC ANTIGEN 2-PACK KIT	50
coal tar extract SHAM 0.5 %	49	COMPLERA	34	CREON CPEP	51
COARTEM	27	CONCERTA TBCR (Use methylphenidate hcl)	2	CRINONE GEL	92
COBAS LIAT SARS-COV-2 ASSAY . 50		CONDOMS-MISC	61	cromolyn sodium (nasal) 5.2 MG/ACT	77
COBAS LIAT SARS-COV-2 CONTROL	50	CONJUPRI (Use levamlodipine maleate)	37	cromolyn sodium (ophth)	82
codeine sulfate TABS 30 MG	6	CONZIP CP24 (Use tramadol hcl) ..	6	cromolyn sodium NEBU	10
CODEINE SULFATE TABS	6	COPAXONE SOSY (Use glatiramer acetate)	85	CRYSVITA	53
colchicine TABS	57	CORIFACT	57	CULTURELLE ADULT ULT BALANCE CAPS	22
colchicine w/ probenecid	56	CORTISONE ACETATE TABS ...	42	CULTURELLE BLOATING & GAS DEF CAPS	19
colestipol hcl GRAN	24	CORTROPHIN GEL	53	CULTURELLE DIGESTIVE DAILY CAPS	22
colestipol hcl TABS	24	COSENTYX (300 MG DOSE) SOSY .	45	CULTURELLE DIGESTIVE DAILY PRO CAPS	22
COMBIGAN (Use brimonidine tartrate-timolol maleate)	80	COSENTYX SENSOREADY (300		CULTURELLE DIGESTIVE HEALTH CAPS	22
COMBIPATCH PTTW	54			CULTURELLE DIGESTIVE HEALTH CHEW	22
COMBIVENT RESPIMAT AERS ..	11				
COMBIVIR (Use lamivudine-zidovudine)	34				

CULTURELLE HEALTH (INULIN) CAPS	22	CAPS	19	cyclopentolate hcl 0.5 %	80
CULTURELLE IMMUNE DEFENSE CAPS	19	CVS GLUCOSE CHEW	16	cyclopentolate hcl 1 %	80
CULTURELLE KID PROBIOTIC+FIBER PACK	19	CVS LANCETS 21G	62	cyclophosphamide CAPS 50 MG ..	28
CULTURELLE KIDS CHEW	19	CVS LANCETS MICRO THIN 33G 62		CYCLOPHOSPHAMIDE TABS	28
CULTURELLE KIDS PACK	19	CVS LANCETS ORIGINAL	62	cyclosporine (ophth) EMUL	81
CULTURELLE KIDS PURELY CHEW	19	CVS LANCETS THIN 26G	62	cyclosporine CAPS	74
CULTURELLE KIDS PURELY PACK 19		CVS LANCETS ULTRA THIN 30G 62		cyclosporine modified (for microemulsion) CAPS	74
CULTURELLE METABOLISM-WEIGHT CAPS	19	CVS LANCETS ULTRA-THIN 30G 62		cyclosporine modified (for microemulsion) SOLN	74
CULTURELLE PROBIOTICS KIDS PACK	19	CVS LANOLIN CREA	49	cyclosporine SOLN IV 50 MG/ML ..	74
CULTURELLE PRO-WELL CAPS ..	19	CVS MOOD SUPPORT PROBIOTIC CAPS	19	CYLTEZO (2 PEN) AJKT	4
CULTURELLE ULTIMATE STRENGTH CAPS	22	CVS PREP	68	CYLTEZO (2 SYRINGE) PSKT	4
CURITY ALCOHOL PREPS	68	CVS PROBIOTIC ADULT 50+ CAPS 19		CYLTEZO-CD/UC/HS STARTER AJKT	4
CUVITRU SOLN	83	CVS PROBIOTIC CAPS	19	CYLTEZO-PSORIASIS/UV STARTER AJKT	4
CVS ADULT 50+ PROBIOTIC CAPS 19		CVS PROBIOTIC MAXIMUM STRENGTH CAPS	19	CYMBALTA CPEP 20 MG, 30 MG (Use duloxetine hcl)	15
CVS ADULT PROBIOTIC CAPS ..	19	CVS PROBIOTIC PEARLS EX ST CAPS	19	CYMBALTA CPEP 60 MG (Use duloxetine hcl)	15
CVS ALCOHOL PREP PADS	68	CVS SENIOR PROBIOTIC CAPS ..	19	cyproheptadine hcl SYRP	24
CVS COVID-19 AT HOME TEST KIT KIT	50	CVS SOFT GLUCOSE CHEW	16	cyproheptadine hcl TABS	24
CVS DAILY PROBIOTIC CAPS ...	19	CVS ULTRA THIN LANCETS	62	CYRAMZA	28
CVS DAILY PROBIOTIC CHILDRENS PACK	19	cyanocobalamin SOLN IJ 1000 MCG/ML	58	CYSTAGON CAPS	56
CVS DIGESTIVE PROBIOTIC CAPS	19	cyclobenzaprine hcl CP24	76	CYSTARAN	82
CVS DRY MOUTH SOLN	75	cyclobenzaprine hcl TABS 5 MG, 10 MG	77	cytarabine SOLN	28
CVS EVERYDAY CARE PROBIOTIC CAPS	19	cyclobenzaprine hcl TABS 7.5 MG	76	CYTOGAM SOLN	83
		cyclobenzaprine hcl TABS 7.5 MG	77	dabigatran etexilate mesylate CAPS .	12
		CYCLOGYL 0.5 %	80	DAILY DIGESTIVE PROBIOTIC CAPS	19
				DAILY PROBIOTIC CAPS	19

DAILY ULTIMATE PROBIOTIC-14 CAPS	19	(Use divalproex sodium)	14	desvenlafaxine succinate 25 MG, 50 MG	15
dalfampridine	85	DEPO-SUBQ PROVERA 104 SUSY SC	41	DEX4 QUICK DISSOLVE GLUCOSE CHEW	16
dantrolene sodium CAPS	77	DERMACINRX PROBISOL CAPS ..	19	dexamethasone ELIX	42
dapagliflozin propanediol	18	DERMACINRX PROBITRAN CAPS ..	19	DEXAMETHASONE INTENSOL CONC	42
dapsone	27	DESCOVY 120 MG-15 MG	34	dexamethasone sodium phosphate (ophth)	81
DAPTACEL	87	DESCOVY 200 MG-25 MG	34	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	42
DARAPRIM (Use pyrimethamine) ..	27	desipramine hcl TABS	15	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..	42
darifenacin hydrobromide	88	desloratadine TBDP	24	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	42
darunavir TABS	34	desmopressin acetate SOLN IJ ..	54	dexamethasone SOLN	42
DARZALEX	29	DESMOPRESSIN ACETATE SOLN NA	54	dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG ..	42
dasatinib	30	desmopressin acetate spray	54	dexchlorpheniramine maleate SOLN .	24
daunorubicin hcl SOLN 50 MG/10ML 30		desmopressin acetate spray refrigerated 0.01 %	54	dexmedetomidine hcl in sodium chloride SOLN	60
DAURISMO	29	desmopressin acetate TABS	54	dexmedetomidine hcl SOLN 200 MCG/2ML	60
DAYHIST ALLERGY 12 HOUR RELIEF TABS	24	desogestrel & ethinyl estradiol	39	dexmethylphenidate hcl CP24	2
decitabine	28	desogestrel-ethinyl estradiol (biphasic)	39	dexmethylphenidate hcl TABS	2
deferasirox PACK	22	desogestrel-ethinyl estradiol (triphasic)	39	dextrazoxane hcl	31
deferasirox TABS	22	desonide CREA	46	DEXTENZA INST	81
deferasirox TBSO	22	desonide LOTN	46	dextroamphetamine sulfate CP24 10 MG, 15 MG	1
deferiprone TABS	22	desonide OINT	46	dextroamphetamine sulfate CP24 5 MG	1
deferoxamine mesylate	22	desoximetasone CREA 0.05 % ...	46	dextroamphetamine sulfate SOLN ..	1
DEFITELIO	58	desoximetasone CREA 0.25 % ...	46	dextroamphetamine sulfate TABS 15	
deflazacort SUSP	42	desoximetasone GEL	47		
deflazacort TABS	42	desoximetasone LIQD	47		
DEFLUX	56	desoximetasone OINT	47		
DELSTRIGO	34	DESVENLAFAXINE ER	15		
DENAVIR (Use penciclovir)	45	desvenlafaxine succinate 100 MG ..	15		
DENGVAXIA	89				
DEPAKOTE SPRINKLES CSDR					

MG, 20 MG, 30 MG	1	dicyclomine hcl SOLN PO	87	MG, 180 MG, 300 MG	37
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	dicyclomine hcl TABS	87	diltiazem hcl coated beads CP24 240 MG	37
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	42	DIFFERIN CREA (Use adapalene) 43		diltiazem hcl coated beads CP24 360 MG	37
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	43	DIFFERIN GEL 0.3 % (Use adapalene)	43	diltiazem hcl CP12	37
DHIVY TABS	32	DIFFERIN LOTN	43	diltiazem hcl CP24 120 MG, 240 MG 37	
DIATHRIVE LANCET ULTRA THIN 30	62	DIFF-STAT CAPS	19	diltiazem hcl CP24 180 MG	37
DIATHRIVE LANCETS	62	diflorasone diacetate CREA	47	diltiazem hcl extended release beads	37
DIATRUST COVID-19 HOME TEST KIT	50	diflorasone diacetate OINT	47	diltiazem hcl TABS	37
diazepam CONC	9	diflunisal TABS	6	diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	37
DIAZEPAM SOAJ	10	DIGESTIVE ADV DIGESTIVE/IMMUNE CAPS	19	dimethyl fumarate CDPK	85
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	10	DIGESTIVE ADV LACTOSE SUPPORT CAPS	19	dimethyl fumarate CPDR	85
DIAZEPAM SOLN IJ 5 MG/ML	10	DIGESTIVE ADV MULTI-STRAIN CAPS	19	diphenhydramine hcl (sleep) CAPS 59	
diazepam SOLN PO 5 MG/5ML ...	10	DIGESTIVE ADV+BOWEL SUPPORT CAPS	19	diphenhydramine hcl (sleep) LIQD	59
diazepam TABS	10	DIGESTIVE ADV+GAS DEFENSE CAPS	19	diphenhydramine hcl (sleep) TABS 25 MG	59
diazoxide	16	DIGESTIVE ADV+LACTOSE SUPPORT CAPS	19	diphenhydramine hcl (sleep) TABS 50 MG	59
dibucaine	49	DIGESTIVE ADVANTAGE CAPS .	19	diphenhydramine hcl (sleep) TBDP 59	
diclofenac potassium TABS 50 MG .5		digoxin SOLN PO 0.05 MG/ML	38	diphenhydramine hcl CAPS	24
diclofenac sodium (ophth)	82	digoxin TABS 125 MCG, 250 MCG 38		diphenhydramine hcl ELIX 12.5 MG/5ML	24
diclofenac sodium (topical) GEL EX 45		dihydroergotamine mesylate SOLN NA 4 MG/ML	72	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	24
diclofenac sodium TB24	5	DILANTIN (Use phenytoin sodium extended)	14	diphenhydramine hcl TABS 25 MG 24	
diclofenac sodium TBEC	5	DILANTIN INFATABS CHEW (Use phenytoin)	14	diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500	
dicloxacillin sodium	84	diltiazem hcl coated beads CP24 120			
dicyclomine hcl CAPS	87				

MG-38 MG	59	dorzolamide hcl	82	28G	62
diphenoxylate w/ atropine LIQD ...	22	DORZOLAMIDE HCL	82	DRUG MART UNILET LANCETS	
diphenoxylate w/ atropine TABS ...	22	DORZOLAMIDE HCL-TIMOLOL MAL		30G	62
DIPHThERIA-TETANUS TOXOIDS		.....	80	DRUG MART UNILET LANCETS	
DT SUSP	87	dorzolamide hcl-timolol maleate ..	80	33G	62
dipyridamole	58	DOVATO	34	DULERA 100 MCG/ACT-5	
disopyramide phosphate CAPS ...	10	doxazosin mesylate	26	MCG/ACT, 200 MCG/ACT-5	
disulfiram 250 MG	84	doxepin hcl (sleep)	60	MCG/ACT	11
divalproex sodium CSDR	14	doxepin hcl CAPS 10 MG, 25 MG, 50		DULERA 50 MCG/ACT-5 MCG/ACT .	
divalproex sodium TB24	14	MG, 75 MG, 100 MG	15	11	
divalproex sodium TBEC	14	doxepin hcl CAPS 150 MG	15	duloxetine hcl CPEP 20 MG, 30 MG,	
docetaxel CONC 160 MG/8ML	31	doxepin hcl CONC	15	40 MG	15
DOCETAXEL CONC 160 MG/8ML		doxycycline (monohydrate) CAPS 50		duloxetine hcl CPEP 60 MG	15
31		MG, 100 MG	86	DUPIXENT SOAJ	48
DOCETAXEL SOLN 20 MG/2ML, 80		doxycycline (monohydrate) TABS 50		DUPIXENT SOSY 100 MG/0.67ML,	
MG/8ML, 160 MG/16ML	31	MG, 100 MG	86	300 MG/2ML	48
docetaxel SOLN	31	doxycycline hyclate CAPS	86	dutasteride	56
DOCIVYX SOLN	31	doxycycline hyclate TABS 100 MG		dutasteride-tamsulosin hcl	56
docusate sodium CAPS 100 MG, 250		86		DYANA VEL XR TBCR	1
MG	61	doxylamine succinate (sleep)	60	DYSPORT	79
docusate sodium CAPS 50 MG ...	61	doxylamine-pyridoxine TBEC	23	E.E.S. GRANULES SUSR (Use	
docusate sodium LIQD 50 MG/5ML,		droperidol SOLN 2.5 MG/ML	9	erythromycin ethylsuccinate)	61
100 MG/10ML	61	DROPLET LANCETS ULTRA THIN		EASIVENT MASK LARGE MISC ..	70
DOCUSATE SODIUM SYRP	61	30G	62	EASIVENT MASK MEDIUM MISC	70
docusate sodium TABS	61	DROPSAFE ALCOHOL PREP ...	68	EASIVENT MASK SMALL MISC ..	70
dofetilide	10	drospirenone-ethinyl estradiol	39	EASIVENT MISC	70
donepezil hydrochloride TABS 23		drospirenone-ethinyl estradiol-		EASY TOUCH ALCOHOL PREP	
MG	84	levomefolate calcium	39	MEDIUM	68
donepezil hydrochloride TABS 5 MG,		DROXIA CAPS	58	EASY TOUCH LANCETS 26G ...	62
10 MG	84	droxidopa	93	EASY TOUCH LANCETS 28G ...	62
donepezil hydrochloride TBDP	84	DRUG MART LANCETS THIN 26G .		EASY TOUCH LANCETS	
DOPTELET	58	62		28G/TWIST	62
		DRUG MART UNILET LANCETS		EASY TOUCH LANCETS 30G ...	62

EASY TOUCH LANCETS 30G/TWIST .....62	ELEVIDYS 17.5-18.4 KG .....78	ELEVIDYS 47.5-48.4 KG .....78
EASY TOUCH LANCETS 32G ...62	ELEVIDYS 18.5-19.4 KG .....78	ELEVIDYS 48.5-49.4 KG .....78
EASY TOUCH LANCETS 32G/TWIST .....62	ELEVIDYS 19.5-20.4 KG .....78	ELEVIDYS 49.5-50.4 KG .....78
EASY TOUCH LANCETS 33G/TWIST .....62	ELEVIDYS 20.5-21.4 KG .....78	ELEVIDYS 50.5-51.4 KG .....78
EBASE CONTROLLER KIT MISC .70	ELEVIDYS 21.5-22.4 KG .....78	ELEVIDYS 51.5-52.4 KG .....78
econazole nitrate CREA .....44	ELEVIDYS 22.5-23.4 KG .....78	ELEVIDYS 52.5-53.4 KG .....78
ECOTRIN ARTHRTIS PAIN TBEC (Use aspirin) .....6	ELEVIDYS 23.5-24.4 KG .....78	ELEVIDYS 53.5-54.4 KG .....78
ECOTRIN TBEC (Use aspirin) .....6	ELEVIDYS 24.5-25.4 KG .....78	ELEVIDYS 54.5-55.4 KG .....78
EDURANT .....34	ELEVIDYS 25.5-26.4 KG .....78	ELEVIDYS 55.5-56.4 KG .....78
efavirenz CAPS 200 MG .....34	ELEVIDYS 26.5-27.4 KG .....78	ELEVIDYS 56.5-57.4 KG .....78
efavirenz CAPS 50 MG .....34	ELEVIDYS 27.5-28.4 KG .....78	ELEVIDYS 57.5-58.4 KG .....78
efavirenz TABS .....34	ELEVIDYS 28.5-29.4 KG .....78	ELEVIDYS 58.5-59.4 KG .....78
efavirenz-emtricitabine-tenofovir disoproxil fumarate .....34	ELEVIDYS 29.5-30.4 KG .....78	ELEVIDYS 59.5-60.4 KG .....78
efavirenz-lamivudine-tenofovir disoproxil fumarate .....34	ELEVIDYS 30.5-31.4 KG .....78	ELEVIDYS 60.5-61.4 KG .....79
ELAPRASE .....53	ELEVIDYS 31.5-32.4 KG .....78	ELEVIDYS 61.5-62.4 KG .....79
ELELYSO .....58	ELEVIDYS 32.5-33.4 KG .....78	ELEVIDYS 62.5-63.4 KG .....79
ELEPSIA XR TB24 .....13	ELEVIDYS 33.5-34.4 KG .....78	ELEVIDYS 63.5-64.4 KG .....79
eletriptan hydrobromide .....72	ELEVIDYS 34.5-35.4 KG .....78	ELEVIDYS 64.5-65.4 KG .....79
ELEVIDYS 10.0-10.4 KG .....78	ELEVIDYS 35.5-36.4 KG .....78	ELEVIDYS 65.5-66.4 KG .....79
ELEVIDYS 10.5-11.4 KG .....78	ELEVIDYS 36.5-37.4 KG .....78	ELEVIDYS 66.5-67.4 KG .....79
ELEVIDYS 11.5-12.4 KG .....78	ELEVIDYS 37.5-38.4 KG .....78	ELEVIDYS 67.5-68.4 KG .....79
ELEVIDYS 12.5-13.4 KG .....78	ELEVIDYS 38.5-39.4 KG .....78	ELEVIDYS 68.5-69.4 KG .....79
ELEVIDYS 13.5-14.4 KG .....78	ELEVIDYS 39.5-40.4 KG .....78	ELEVIDYS 69.5 KG PLUS .....79
ELEVIDYS 14.5-15.4 KG .....78	ELEVIDYS 40.5-41.4 KG .....78	ELIDEL (Use pimecrolimus) .....48
ELEVIDYS 15.5-16.4 KG .....78	ELEVIDYS 41.5-42.4 KG .....78	ELIGARD KIT SC 7.5 MG .....29
ELEVIDYS 16.5-17.4 KG .....78	ELEVIDYS 42.5-43.4 KG .....78	ELIGARD SC 22.5 MG, 30 MG, 45 MG .....29
	ELEVIDYS 43.5-44.4 KG .....78	ELIQUIS DVT/PE STARTER PACK TBPK .....12
	ELEVIDYS 44.5-45.4 KG .....78	ELIQUIS TABS .....12
	ELEVIDYS 45.5-46.4 KG .....78	ELLA .....41
	ELEVIDYS 46.5-47.4 KG .....78	

ELLENCE SOLN	30	enoxaparin sodium SOSY 30 MG/0.3ML	12	EPZICOM (Use abacavir sulfate- lamivudine)	34
ELLUME COVID-19 HOME TEST KIT	50	enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML	12	EQ PROBIOTIC CAPS	19
ELMIRON CAPS	56	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	12	EQ PROBIOTIC CPDR	19
ELOCTATE	57	ENTADFI	56	EQ SPACE CHAMBER ANTI- STATIC DEVI	70
EMCYT	29	ENTRESTO CPSP	38	EQ SPACE CHAMBER ANTI- STATIC L DEVI	70
EMGALITY (300 MG DOSE) SOSY 72		ENTRESTO TABS	38	EQ SPACE CHAMBER ANTI- STATIC M DEVI	70
EMGALITY SOAJ	72	ENTYVIO PEN SOAJ	55	EQ SPACE CHAMBER ANTI- STATIC S DEVI	70
EMGALITY SOSY	72	ENVIVE CAPS	19	EQL COLOR LANCETS 21G	62
EMPLICITI	29	EPCLUSA PACK	36	EQL COLOR LANCETS MICRO 33G	63
emtricitabine CAPS	34	EPCLUSA TABS	36	EQL DAILY PROBIOTIC CAPS ...	19
emtricitabine-tenofovir disoproxil fumarate	34	EPIFOAM FOAM	47	EQL DRY MOUTH ORAL RINSE SOLN	75
EMTRIVA CAPS (Use emtricitabine) . 34		epinastine hcl (ophth)	82	EQL PROBIOTIC COLON SUPPORT CAPS	20
EMTRIVA SOLN	34	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	92	EQL SUPER THIN LANCETS 30G 63	
EMVERM CHEW	9	epinephrine (anaphylaxis) SOAJ ..	93	EQL THIN LANCETS 26G	63
enalapril maleate & hydrochlorothiazide	26	epinephrine hcl (nasal)	78	ERBITUX	29
enalapril maleate TABS	25	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	93	ergocalciferol CAPS	93
ENBREL MINI SOCT	5	EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	93	ergoloid mesylates TABS	85
ENBREL SOLN	5	EPIVIR SOLN (Use lamivudine) ...	34	ergotamine w/ caffeine TABS	72
ENBREL SOSY	5	EPIVIR TABS 150 MG (Use lamivudine)	34	eribulin mesylate	31
ENBREL SURECLICK SOAJ	5	EPIVIR TABS 300 MG (Use lamivudine)	34	ERIVEDGE	29
ENCARE SUPP 100 MG	92	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	58	ERLEADA 60 MG	29
ENGERIX-B SUSP 20 MCG/ML ...	89	epoprostenol sodium	38	erlotinib hcl	29
ENGERIX-B SUSY	89	EPRONTIA SOLN	13	ertapenem sodium IJ	27
enoxaparin sodium SOLN IJ 300 MG/3ML	12			ERYPED 200 SUSR (Use	
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	12				

erythromycin ethylsuccinate) 61	ethosuximide CAPS .....14	E-Z JECT LANCET MICRO-THIN 33G .....63
erythromycin (acne aid) GEL 43	ethosuximide SOLN .....14	E-Z JECT LANCET SUPER THIN 30G .....63
erythromycin (acne aid) SOLN 43	ethynodiol diacet & eth estrad .....39	E-Z JECT LANCETS .....63
erythromycin (ophth) 81	etodolac CAPS .....5	E-Z JECT LANCETS 21G .....63
ERYTHROMYCIN .....81	etodolac TABS .....5	E-Z JECT LANCETS THIN 26G ..63
erythromycin base CPEP .....61	etodolac TB24 .....5	ezetimibe .....25
erythromycin base TABS .....61	etonogestrel-ethinyl estradiol .....41	ezetimibe-simvastatin .....24
erythromycin base TBEC .....61	etoposide CAPS .....31	EZ-LETS LANCETS 26G .....63
erythromycin ethylsuccinate SUSR 61	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....31	EZ-LETS LANCETS 28G .....63
erythromycin ethylsuccinate TABS 61	etravirine 100 MG .....34	EZ-LETS LANCETS 30G .....63
ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML .....32	etravirine 200 MG .....34	FABRAZYME .....53
escitalopram oxalate SOLN .....14	EUFLEXXA SOSY .....77	FALESSA .....39
escitalopram oxalate TABS .....14	EULEXIN .....29	famciclovir .....36
esomeprazole magnesium CPDR .87	EVENITY .....52	famotidine TABS 10 MG .....87
esomeprazole magnesium PACK .88	everolimus (immunosuppressant) .74	famotidine TABS 20 MG, 40 MG ..87
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT 57	everolimus TABS .....30	FASENRA PEN SOAJ .....10
estazolam .....60	everolimus TBSO .....30	FASENRA SOSY 10 MG/0.5ML ...10
estradiol & norethindrone acetate TABs .....54	EVOMELA IV .....28	FASTeP COVID-19 ANTIGEN TEST KIT .....50
estradiol PTTW .....54	EVOTAZ .....34	FEIBA .....57
estradiol PTWK .....55	EVRYSDI .....79	felbamate SUSP .....13
estradiol TABS .....55	EXELON 13.3 MG/24HR (Use rivastigmine) .....84	felbamate TABS .....13
estradiol vaginal CREA .....92	EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine) .....84	felodipine .....37
estradiol vaginal TABS .....92	exemestane .....29	FEM-DOPHILUS WOMENS CAPS 20
ESTROVEN SLIMBIOTICS CAPS 20	EXFORGE HCT (Use amlodipine- valsartan-hydrochlorothiazide) ....26	fenofibrate CAPS .....25
eszopiclone .....60	EXONDYS 51 .....79	fenofibrate micronized 134 MG, 200 MG .....24
ethambutol hcl TABS .....27	EYLEA SOLN .....80	fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG .....25
	EYSUVIS SUSP .....81	

fenofibrate micronized 67 MG 24	FIBRICOR (Use fenofibric acid) ... 25	FLOWFLEX COVID-19 AG HOME TEST KIT 50
fenofibrate TABS 40 MG, 120 MG .25	FIBRYGA 57	FLUAD 89
fenofibrate TABS 54 MG 25	FIFTY50 ALCOHOL PREP 68	FLUAD QUADRIVALENT 89
fenofibric acid 25	FILTER AIR PP MISC 70	FLUARIX QUADRIVALENT SUSY 89
FENSOLVI (6 MONTH) SC 53	finasteride 56	FLUARIX SUSY 90
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR 6	fingolimod hcl 85	FLUBLOK QUADRIVALENT 90
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR 6	FIRDAPSE 27	FLUBLOK SOSY 90
FERRETT'S TABS 59	FIRMAGON (240 MG DOSE) 29	FLUCELVAX QUADRIVALENT SUSP 90
FERRIPROX SOLN 22	FIRMAGON 80 MG 29	FLUCELVAX QUADRIVALENT SUSY 90
ferrous fumarate TABS 59	FIRST-PROGESTERONE VGS SUPP 92	FLUCELVAX SUSP 90
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS 59	flavoxate hcl 88	FLUCELVAX SUSY 90
FERROUS GLUCONATE TABS 324 MG 59	FLEBOGAMMA DIF SOLN 5 GM/50ML 83	fluconazole SUSR 23
ferrous gluconate TABS 59	FLEBOGAMMA DIF SOLN 83	fluconazole TABS 100 MG 23
ferrous sulfate dried TBCR 59	flecainide acetate 10	fluconazole TABS 150 MG 23
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML 59	FLEXICHAMBER DEVI 70	fluconazole TABS 200 MG 23
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML 59	FLORA VANCE CAPS 20	fluconazole TABS 50 MG 23
ferrous sulfate TABS 325 MG, 65 MG, 325 MG 59	FLORAJEN DIGESTION CAPS ... 20	fludarabine phosphate SOLN 28
ferrous sulfate TBEC 325 MG 59	FLORAJEN3 CAPS 20	FLUDARABINE PHOSPHATE SOLN 28
fesoterodine fumarate 88	FLORAJEN4KIDS CAPS 20	fludarabine phosphate SOLR 28
FEVERALL JUNIOR STRENGTH SUPP 6	FLORASAVE CPDR 20	fludrocortisone acetate TABS 42
fexofenadine hcl SUSP 24	FLORASTOR ADVANCED CAPS .20	FLULAVAL QUADRIVALENT SUSY . 90
fexofenadine hcl TABS 180 MG ... 24	FLORASTOR SELECT GUT BOOST CAPS 20	FLULAVAL SUSY 90
fexofenadine hcl TABS 60 MG 24	FLORASTOR SELECT IMMUNITY BOOS CAPS 20	FLUMIST 90
	FLORRAXIS CAPS 20	FLUMIST QUADRIVALENT 90
	FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation)) 11	flunisolide (nasal) 77
	FLOVENT DISKUS AEPB 11	fluocinolone acetonide (otic) 82
		fluocinolone acetonide CREA 47

fluocinolone acetonide OIL	47	flurbiprofen sodium	82	FOCALIN XR CP24 (Use dexmethylphenidate hcl)	2
fluocinolone acetonide OINT	47	flurbiprofen TABS	5	folic acid TABS 1 MG	58
fluocinolone acetonide SOLN	47	fluticasone propionate (inhalation) AEPB	11	folic acid TABS 400 MCG, 800 MCG . 58	
fluocinonide CREA 0.05 %	47	fluticasone propionate (nasal) SUSP . 77		FOLOTYN	28
fluocinonide CREA 0.1 %	47	fluticasone propionate CREA 0.05 % 47		fondaparinux sodium	12
fluocinonide emulsified base	47	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	11	FORA LANCETS	63
fluocinonide OINT	47	fluticasone propionate hfa 44 MCG/ACT	11	FORFIVO XL TB24 (Use bupropion hcl)	14
fluocinonide SOLN	47	fluticasone propionate LOTN	47	FORTIFY 30 BILLION PROBIOT 50+ CPDR	20
fluorometholone (ophth) SUSP	81	fluticasone propionate OINT	47	FORTIFY 50 BILLION PROBIOT 50+ CPDR	20
fluorouracil (topical) CREA 0.5 % .	45	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	11	FORTIFY DAILY PROBIOTIC CAPS . 20	
fluorouracil (topical) CREA 5 %	45	fluticasone-salmeterol AERO	11	FORTIFY DAILY PROBIOTIC EX ST CPDR	20
fluorouracil (topical) SOLN	45	fluvastatin sodium CAPS	25	FORTIFY DAILY PROBIOTIC EX ST CPDR	20
fluoxetine hcl (pmdd) TABS 10 MG 85		fluvastatin sodium TB24	25	FORTIFY OPTIMA PROBIOTIC CPDR	20
fluoxetine hcl (pmdd) TABS 20 MG 85		fluvoxamine maleate CP24	15	FORTIFY OPTIMA WOMENS ADV CARE CPDR	20
fluoxetine hcl CAPS	14	fluvoxamine maleate TABS	15	FORTIFY PROBIOTIC WOMENS CPDR	20
fluoxetine hcl CPDR	14	FLUZONE HIGH-DOSE QUADRIVALENT	90	FORTIFY PROBIOTIC WOMENS EX ST CPDR	20
fluoxetine hcl SOLN	14	FLUZONE HIGH-DOSE SUSY	90	fosamprenavir calcium TABS	34
FLUOXETINE HCL TABS (Use fluoxetine hcl)	15	FLUZONE QUADRIVALENT SUSP 90		fosinopril sodium & hydrochlorothiazide	26
fluoxetine hcl TABS 10 MG	15	FLUZONE QUADRIVALENT SUSY 90		fosinopril sodium	25
fluoxetine hcl TABS 20 MG	15	FLUZONE SUSP	90	FRAGMIN SOLN 10000 UNIT/4ML 12	
fluoxetine hcl TABS 60 MG	14	FLUZONE SUSY	90	FREDS PHARMACY UNILET LANC 28G	63
fluphenazine decanoate	33	FLYP HYPERSONIQ CARTRIDGE MISC	70	FREDS PHARMACY UNILET LANC	
fluphenazine hcl TABS	33				
flurandrenolide CREA	47				
flurandrenolide LOTN	47				
flurandrenolide OINT	47				
flurazepam hcl	60				

30G	63	tiagabine hcl)	13	GENORAVANCE CAPS	20
FREESTYLE LIBRE 14 DAY READER	63	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	77	GENOTROPIN CART SC	53
FREESTYLE LIBRE 14 DAY SENSOR	63	GALAFOLD	53	GENOTROPIN MINIQUICK PRSY	53
FREESTYLE LIBRE 2 PLUS SENSOR	63	galantamine hydrobromide CP24 ..	84	gentamicin sulfate (ophth) OINT ..	81
FREESTYLE LIBRE 2 READER ..	63	galantamine hydrobromide SOLN ..	84	gentamicin sulfate (ophth) SOLN ..	81
FREESTYLE LIBRE 2 SENSOR ..	63	galantamine hydrobromide TABS ..	84	gentamicin sulfate (topical) CREA ..	44
FREESTYLE LIBRE 3 PLUS SENSOR	63	GAMASTAN	83	gentamicin sulfate (topical) OINT ..	44
FREESTYLE LIBRE 3 READER ..	63	GAMIFANT 10 MG/2ML, 50 MG/10ML	74	GENTLE-LET GP LANCETS	63
FREESTYLE LIBRE 3 SENSOR ..	63	GAMMAGARD	83	GENTLE-LET LANCETS	63
FREESTYLE LIBRE READER	63	GAMMAGARD S/D LESS IGA SOLR	83	GENVISC 850 SOSY	77
frovatriptan succinate	73	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	83	GENVOYA	34
FT ACIDOPHILUS PROBIOTIC BLEND CAPS	20	GAMMAPLEX SOLN 5 GM/50ML ..	83	GILENYA (Use fingolimod hcl)	85
FT SALINE NASAL SPRAY SOLN	77	GAMMAPLEX SOLN	83	GILENYA	85
FULL KIT NEBULIZER SET MISC	70	GAMUNEX-C	83	GILOTRIF	29
FULPHILA	58	GARDASIL 9 SUSP	90	ginger (zingiber officinalis) CAPS 250 MG	2
furosemide SOLN PO 8 MG/ML, 10 MG/ML	52	GARDASIL 9 SUSY	90	GLASSIA SOLN	86
furosemide TABS	52	gatifloxacin (ophth)	81	glatiramer acetate SOSY	85
FYLNETRA	58	GATTEX	56	glimepiride 1 MG, 2 MG	18
gabapentin CAPS 100 MG	13	GAUZE SPONGES	63	glimepiride 3 MG	18
gabapentin CAPS 300 MG, 400 MG . 13		GAZYVA	29	glimepiride 4 MG	18
gabapentin SOLN	13	gefitinib	29	glipizide TABS 2.5 MG	18
gabapentin TABS 600 MG, 800 MG 13		GEL-ONE	77	glipizide TABS 5 MG, 10 MG	18
GABITRIL 12 MG, 16 MG (Use tiagabine hcl)	13	GELSYN-3 SOSY	77	glipizide TB24	18
GABITRIL 2 MG, 4 MG (Use		gemfibrozil TABS	25	glipizide-metformin hcl	16
		GEMTESA	88	GLUCAGEN HYPOKIT	16
		GENABIO COVID-19 RAPID TEST KIT	50	glucagon (rdna)	16
				GLUCAGON EMERGENCY (Use glucagon (rdna))	16
				GLUCO TO GO CHEW	16
				GLUCOSE CHEW	16

glyburide micronized 1.5 MG, 3 MG, 6 MG	18	glyburide TABS	18	glyburide-metformin	16	glycerin (laxative) SUPP 2 GM	60	glycine diluent	84	glycopyrrolate TABS 1 MG, 2 MG	87	GLYXAMBI	16	GNP ACIDOPHILUS HIGH POTENCY CAPS	20	GNP ADVANCED PROBIOTIC CAPS	20	GNP ALCOHOL SWABS	68	GNP GLUCOSE CHEW	16	GNP LANCETS 21G	63	GNP LANCETS THIN 26G	63	GNP PROBIOTIC COLON SUPPORT CAPS	20	GNP PROBIOTIC EXTRA STRENGTH CAPS	22	GNP QUICK DISSOLVE GLUCOSE CHEW	16	GNP STERILE LANCETS 28G	63	GNP STERILE LANCETS 30G	63	GNP STERILE LANCETS 33G	63	GOJJI STERILE LANCETS	63	GOODSENSE COLOR LANCETS 33G	63	GOODSENSE LANCETS 26G UNIV	64	GOODSENSE LANCETS 30G UNIV	64	GOODSENSE LANCETS 33G UNIV											
		GOTOKNOW COVID-19 ANTIGEN RAPI KIT	50	granisetron hcl TABS	23	GRANIX SOLN	58	GRANIX SOSY	58	griseofulvin microsize SUSP	23	griseofulvin microsize TABS	23	griseofulvin ultramicrosize	23	guaifenesin-codeine SOLN	43	guaifenesin-codeine SYRP	43	guanfacine hcl (adhd)	2	guanfacine hcl	26	GVOKE KIT SOLN	16	GYNAZOLE-1	92	HADLIMA PUSHTOUCH SOAJ	4	HADLIMA SOSY	4	halcinonide CREA	47	halobetasol propionate CREA	47	halobetasol propionate FOAM	47	halobetasol propionate OINT	47	haloperidol decanoate	33	haloperidol lactate CONC	33	haloperidol lactate SOLN	33	haloperidol TABS	33	HARVONI PACK	36	HARVONI TABS	36	HAVRIX	90	HEALTHY ACCENTS UNILET LANCETS	64	H-E-B INCONTROL LANCETS 28G ..	
		H-E-B INCONTROL LANCETS 30G ..		H-E-B INCONTROL LANCETS 33G ..		HEMATINIC PLUS VIT/MINERALS TABS	59	HEMGENIX	57	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	57	HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	57	HEPAGAM B SOLN IJ	83	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	12	HEPLISAV-B SOSY	91	HERCEPTIN HYLECTA	30	HIBERIX SOLR IJ	89	HIGH POTENCY PROBIOTIC CAPS 20		HIZENTRA SOLN	83	HIZENTRA SOSY 10 GM/50ML	83	HM STERILE ALCOHOL PREP ..	68	HUDSON RCI AEROSOL MASK ADULT MISC	70	HULIO (2 PEN) AJKT	4	HULIO (2 SYRINGE) PSKT	4	HUMALOG JUNIOR KWIKPEN SOPN	17	HUMALOG KWIKPEN SOPN 100 UNIT/ML	17																

HUMALOG MIX 50/50 KWIKPEN SUPN .....17	HYALGAN SOLN 77	hydrocortisone (topical) OINT 1 % .47
HUMALOG MIX 50/50 SUSP .....17	HYALGAN SOSY 77	hydrocortisone (topical) OINT 2.5 % .47
HUMALOG MIX 75/25 KWIKPEN SUPN .....17	HYCAMTIN CAPS 32	hydrocortisone (topical) SOLN 1 % .47
HUMALOG MIX 75/25 SUSP .....17	hydralazine hcl TABS .....26	hydrocortisone acetate (topical) CREA 1 % 47
HUMALOG SOLN IJ .....17	hydrochlorothiazide CAPS .....52	hydrocortisone acetate (topical) OINT .....47
HUMALOG TEMPO PEN SOPN .. 17	hydrochlorothiazide TABS 25 MG, 50 MG 52	HYDROCORTISONE ACETATE CREA 47
HUMATE-P SOLR 57	hydrocodone bitartrate CP12 .....6	hydrocortisone butyrate CREA 47
HUMIRA (2 PEN) AJKT 40 MG/0.8ML .....4	hydrocodone bitartrate-homatropine methylbromide SOLN .....42	hydrocortisone butyrate hydrophilic lipo base .....47
HUMIRA (2 PEN) AJKT .....4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....7	hydrocortisone butyrate LOTN 47
HUMIRA (2 SYRINGE) PSKT .....4	hydrocodone-acetaminophen TABS 325 MG-10 MG .....7	hydrocortisone butyrate OINT 47
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML .....4	hydrocodone-acetaminophen TABS 325 MG-5 MG .....7	hydrocortisone butyrate SOLN 47
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML .....4	hydrocodone-acetaminophen TABS 325 MG-7.5 MG .....7	hydrocortisone TABS 42
HUMIRA-PED<40KG CROHNS STARTER PSKT .....4	hydrocortisone (intrarectal) .....8	hydrocortisone vaginal 92
HUMIRA-PED>/=40KG CROHNS START PSKT .....4	hydrocortisone (rectal) EX 1 %8	hydrocortisone valerate CREA 47
HUMIRA-PED>/=40KG UC STARTER AJKT .....4	hydrocortisone (rectal) EX 2.5 % ...8	hydrocortisone valerate OINT 47
HUMIRA-PS/UV/ADOL HS STARTER AJKT .....4	hydrocortisone (topical) CREA 0.5 % 47	hydrocortisone w/acetic acid .....82
HUMIRA-PSORIASIS/UVEIT STARTER AJKT .....4	hydrocortisone (topical) CREA 1 % 47	HYDROMORPHONE HCL SUPP ..6
HUMULIN 70/30 SUSP 17	hydrocortisone (topical) CREA 2.5 % 47	hydromorphone hcl TABS .....6
HUMULIN N SUSP 17	hydrocortisone (topical) LOTN 1 % 47	hydromorphone hcl TB24 6
HUMULIN R SOLN IJ .....17	hydrocortisone (topical) LOTN 2.5 % .47	HYDROXATE GEL 47
HUMULIN R U-500 (CONCENTRATED) SOLN SC ....17	hydrocortisone (topical) OINT 0.5 % .47	HYDROXYM GEL 48
HUMULIN R U-500 KWIKPEN SOPN SC .....17		hydroxyprogesterone caproate (antineoplastic) .....29
		hydroxyprogesterone caproate OIL 84
		hydroxyurea .....31
		hydroxyzine hcl SOLN 25 MG/ML, 50

MG/ML	9	START SOAJ	4	KIT	50
hydroxyzine hcl SYRP	9	HYRIMOZ-PLAQUE PSORIASIS START SOAJ	4	ILEVRO	82
hydroxyzine hcl TABS	9	HY-VEE LANCETS	64	ILUVIEN	81
hydroxyzine pamoate CAPS 25 MG, 100 MG	9	HY-VEE THIN LANCETS	64	imatinib mesylate TABS	30
hydroxyzine pamoate CAPS 50 MG	9	ibandronate sodium SOLN	52	IMBRUVICA CAPS 140 MG	30
HYMOVIS	77	ibandronate sodium TABS	52	IMBRUVICA CAPS 70 MG	30
hyoscyamine sulfate ELIX	87	IBRANCE CAPS	30	IMBRUVICA TABS	30
hyoscyamine sulfate SOLN PO 0.125 MG/ML	87	IBSRELA	56	IMCIVREE	1
hyoscyamine sulfate SUBL 0.125 MG	87	ibuprofen CHEW	5	imipramine hcl TABS	15
hyoscyamine sulfate TABS 0.125 MG	87	ibuprofen SUSP	5	imipramine pamoate	15
hyoscyamine sulfate TB12 0.375 MG 87		ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	5	imiquimod 5 %	48
hyoscyamine sulfate TBDP 0.125 MG	87	ibuprofen-diphenhydramine citrate 60		IMLYGIC	31
HYPERHEP B SOLN IM	83	ibuprofen-diphenhydramine hcl ...	60	IMOVAX RABIES SUSR	91
HYPERHEP B SOSY	83	icatibant acetate SOSY	57	IMPEKLO LOTN	48
HYPERRHO S/D SOSY IM 1500 UNIT	83	ICLUSIG 15 MG, 45 MG	30	INCRELEX	53
HYPERRHO S/D SOSY IM 250 UNIT	83	ID NOW COVID-19	50	indapamide TABS 1.25 MG, 2.5 MG . 52	
HYQVIA	83	ID NOW COVID-19 2.0 CONTROL 50		INDICAID COVID-19 RAPID TEST KIT	50
HYRIMOZ SOAJ	4	ID NOW COVID-19 2.0 TEST	50	indomethacin CAPS 25 MG, 50 MG 5	
HYRIMOZ SOSY	4	ID NOW COVID-19 CONTROL	50	indomethacin CPCR	5
HYRIMOZ-CROHNS/UC STARTER SOAJ	4	IDACIO (2 PEN) AJKT	4	INFANRIX	87
HYRIMOZ-PED<40KG CROHN STARTER SOSY	4	IDACIO (2 SYRINGE) PSKT	4	INFANTS ADVIL SUSP (Use ibuprofen)	5
HYRIMOZ-PED>=40KG CROHN START SOSY	4	IDACIO-CROHNS/UC STARTER AJKT	4	INGREZZA CAPS	85
HYRIMOZ-PLAQ PSOR/UEVIT		IDACIO-PSORIASIS STARTER AJKT	4	INGREZZA CPSP	85
		IDELVION	57	INLYTA	28
		IGALMI FILM	60	INNOSPIRE REPLACEMENT FILTER MISC	70
		IHEALTH COVID-19 RAPID TEST		INPEFA	38
				INSPIRACHAMBER/LARGE DEVI 70	

INSPIRACHAMBER/MEDIUM DEVI 70	INVEGA SUSTENNA .....33	itraconazole CAPS .....23
INSPIRACHAMBER/MOUTHPIECE DEVI .....70	INVEGA TRINZA .....33	itraconazole SOLN .....23
INSPIRACHAMBER/SMALL DEVI 70	INVOKANA .....18	ivermectin (pediculicide) .....49
INSPIREASE MISC .....70	IPOL .....91	IXCHIQ .....91
INSPIREASE RESERVOIR BAGS 70	ipratropium bromide (nasal) 0.03 % 77	IXEMPRA KIT .....31
INSULIN ASP PROT & ASP FLEXPEN SUPN .....17	ipratropium bromide (nasal) 0.06 % 77	IXIARO .....91
INSULIN ASPART PROT & ASPART SUSP .....17	ipratropium bromide SOLN 0.02 % 10	IXINITY SOLR .....57
INSULIN GLARGINE SOLN .....17	ipratropium-albuterol SOLN .....11	IYUZEH SOLN .....82
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML .....17	irbesartan .....25	JAKAFI .....30
INSULIN GLARGINE-YFGN SOLN 17	irbesartan-hydrochlorothiazide ...26	JANSSEN COVID-19 VACCINE ..91
INSULIN GLARGINE-YFGN SOPN 17	irinotecan hcl .....32	JANUMET TABS .....16
INSULIN LISPRO (1 UNIT DIAL) SOPN .....17	IRON CHEWS PEDIATRIC CHEW 59	JANUMET XR TB24 .....16
INSULIN LISPRO JUNIOR KWIKPEN SOPN .....17	IRON TABS 28 MG .....59	JANUVIA .....17
INSULIN LISPRO PROT & LISPRO SOPN .....17	ISENTRESS CHEW 100 MG .....34	JARDIANCE .....18
INSULIN LISPRO SOLN IJ .....17	ISENTRESS CHEW 25 MG .....34	JARRO-DOPHILUS EPS CPDR ...20
INSULIN SYRINGES .....68	ISENTRESS PACK .....34	JARRO-DOPHILUS EPS PROBIOTIC CPDR .....20
INTELENCE (Use etravirine) .....34	ISENTRESS TABS .....34	JARRO-DOPHILUS HYPOALLERGENIC CAPS .....20
INTELENCE .....34	isoniazid SYRP .....27	JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS .....20
INTELENCE 200 MG (Use etravirine) .....34	isoniazid TABS .....27	JARRO-DOPHILUS VAGINAL PROBIOT CPDR .....20
INTELISWAB COVID-19 RAPID TEST KIT .....50	ISOPTO ATROPINE SOLN .....80	JENTADUETO TABS .....16
INVEGA HAFYERA .....32	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG .....9	JEVTANA .....31
	isosorbide mononitrate TABS .....9	JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT .....57
	ISOSORBIDE MONONITRATE TABs .....9	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG .....25
	isosorbide mononitrate TB24 .....9	JYNARQUE TABS .....54
	isotretinoin 10 MG, 20 MG, 40 MG 44	JYNARQUE TBPK .....54
	isradipine CAPS .....37	JYNNEOS .....91
	ITCH RELIEF CREA .....45	

KADCYLA	29	KEYTRUDA	29	KYPROLIS	30
KALBITOR	58	KHAPZORY	31	labetalol hcl TABS 100 MG	36
KALETRA SOLN (Use lopinavir-ritonavir)	34	KINNEY LANCETS	64	labetalol hcl TABS 200 MG	37
KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	34	KINNEY THIN LANCETS	64	labetalol hcl TABS 300 MG	37
KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	34	KINRIX SUSY	87	LACTEROL CAPS	20
KALYDECO PACK 50 MG, 75 MG	86	KITABIS PAK NEBU (Use tobramycin)	2	lactic acid (ammonium lactate) CREA	48
KALYDECO TABS	86	KLOXXADO LIQD	22	lactic acid (ammonium lactate) LOTN 12 %	48
KANJINTI 420 MG	29	KOATE SOLR	57	lactulose (encephalopathy)	56
KANUMA	53	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	57	lactulose SOLN	60
KAZANO (Use alogliptin-metformin hcl)	16	KOGENATE FS KIT	57	LAGEVRIO	36
KCENTRA	57	KOMBIGLYZE XR (Use saxagliptin-metformin hcl)	16	lamivudine SOLN	34
KEMOPLAT SOLN	28	KONVOMEPEP SUSR	88	lamivudine TABS 150 MG	34
KEPIVANCE 6.25 MG	31	KOVALTRY	57	lamivudine TABS 300 MG	35
KESIMPTA	85	KRINTAFEL	27	lamivudine-zidovudine	35
ketoconazole (topical) CREA	44	KROGER HEALTHPRO LANCET 26G	64	lamotrigine CHEW	13
ketoconazole (topical) SHAM 2 %	44	KROGER LANCETS	64	lamotrigine KIT 25 MG	13
KETONE TEST STRP	50	KROGER LANCETS 21G	64	lamotrigine TABS	13
ketoprofen CAPS 50 MG	5	KROGER LANCETS 21G	64	lamotrigine TB24	13
ketoprofen CP24	5	KROGER LANCETS MICRO THIN 33G	64	lamotrigine TBDP	13
ketorolac tromethamine (ophth) 0.4 %	82	KROGER LANCETS SUPER THIN 64	64	LANCETS	64
ketorolac tromethamine (ophth) 0.5 %	82	KROGER LANCETS THIN	64	LANCETS 28G THIN	64
ketorolac tromethamine TABS	5	KROGER LANCETS THIN 26G	64	LANCETS 30G	64
KETOSTIX STRP	50	KROGER LANCETS THIN 26G	64	LANCETS SUPER THIN 28G	64
ketotifen fumarate (ophth) 0.035 %	82	KROGER LANCETS ULTRATHIN 30G	64	LANCETS THIN	64
KEY-E CHEW	93	KRYSTEXXA	57	LANCETS ULTRA THIN	64
		KYLEENA	41	LANCETS ULTRA THIN 30G	64
		KYMRIAH	29	lanolin (topical) CREA	49
				lanolin XX	84
				LANOLIN XX	84

LANOLOR CREA	49	leuprolide acetate KIT IJ 1 MG/0.2ML	30	levonorgestrel-ethinyl estradiol (continuous)	40
LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)	38	LEUPROLIDE ACETATE-BUPIVACAINE	29	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	86
lanreotide acetate	54	levabuterol hcl	11	levothyroxine sodium TABS	86
LANREOTIDE ACETATE	54	levabuterol tartrate	11	LEVULAN KERASTICK SOLR	45
lansoprazole CPDR	88	levamlodipine maleate	37	LEXIVA SUSP	35
lansoprazole TBDD	88	LEVEMIR FLEXPEN SOPN	18	LEXIVA TABS (Use fosamprenavir calcium)	35
lanthanum carbonate CHEW	56	LEVEMIR SOLN	18	LIALDA TBEC (Use mesalamine) .	55
LANTUS SOLOSTAR SOPN	18	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	13	LIBERVANT FILM	12
lapatinib ditosylate	30	levetiracetam TABS	13	LIBTAYO	29
LEADER QUICK DISSOLVE GLUCOSE CHEW	16	levetiracetam TB24	13	LICEMD GEL	49
LEDIPASVIR-SOFOSBUVIR TABS 36		levobunolol hcl 0.5 %	80	lidocaine CREA 4 %	49
leflunomide	5	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	53	LIDOCAINE CREA	49
lenalidomide	74	levocarnitine (metabolic modifiers) TABS	53	lidocaine hcl (mouth-throat) 2 % ...	74
LENVIMA (10 MG DAILY DOSE) .	28	levocetirizine dihydrochloride SOLN 24		lidocaine hcl CREA 3 %	49
LENVIMA (12 MG DAILY DOSE) .	28	levofloxacin (ophth) 0.5 %	81	lidocaine hcl CREA 4 %	49
LENVIMA (14 MG DAILY DOSE) .	28	levofloxacin SOLN PO	55	lidocaine hcl GEL 2 %	49
LENVIMA (18 MG DAILY DOSE) .	28	levofloxacin TABS	55	lidocaine hcl PRSY	49
LENVIMA (20 MG DAILY DOSE) .	28	levoleucovorin calcium SOLN	31	lidocaine-prilocaine CREA	49
LENVIMA (24 MG DAILY DOSE) .	28	levoleucovorin calcium SOLR	31	LILETTA (52 MG)	41
LENVIMA (4 MG DAILY DOSE) ..	28	levonorgestrel & eth estradiol TABS 39		lindane SHAM	49
LENVIMA (8 MG DAILY DOSE) ..	29	levonorgestrel (emergency oc) 1.5 MG	41	LINZESS	56
LETAIRIS (Use ambrisentan)	38	levonorgestrel-eth estradiol (triphasic)	39	LIORESAL SOLN IT	77
letrozole	29	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	40	liothyronine sodium TABS	86
leucovorin calcium TABS 5 MG, 25 MG	31			LIPOFEN CAPS (Use fenofibrate) .	25
LEUKERAN	28			LIQREV SUSP	38
LEUKINE SOLR IJ	58			liraglutide	17
LEUPROLIDE ACETATE (3 MONTH) INJ	29			lisdexamfetamine dimesylate CAPS 1	

lisdexamphetamine dimesylate CHEW . 1	lopinavir-ritonavir TABS 50 MG-200 MG 35	LUPRON DEPOT-PED (1-MONTH) . 53
lisinopril & hydrochlorothiazide ....26	loratadine CAPS 24	LUPRON DEPOT-PED (3-MONTH) . 53
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG 25	loratadine CHEW 24	LUPRON DEPOT-PED (6-MONTH) IM 53
LITETOUCH MASK LARGE MISC 70	loratadine SOLN 24	lurasidone hcl 32
LITETOUCH MASK MEDIUM MISC . 70	loratadine TABS 24	LUTATHERA 31
LITETOUCH MASK SMALL MISC .70	loratadine TBDP 10 MG 24	LUZU (Use luliconazole) 44
LITFULO 48	lorazepam CONC 10	LYBALVI 85
lithium 32	lorazepam TABS 0.5 MG, 2 MG ...10	LYFGENIA 58
lithium carbonate CAPS 32	lorazepam TABS 1 MG 10	LYRA DIRECT SARS-COV-2 ASSAY 50
lithium carbonate TABS 32	LORBRENA 30	LYRA SARS-COV-2 ASSAY 50
lithium carbonate TBCR 32	LOREEV XR CS24 10	LYSODREN 30
LITHOBID TBCR (Use lithium carbonate) 32	losartan potassium & hydrochlorothiazide 26	LYUMJEV TEMPO PEN SOPN ... 18
LITTLE REMEDIES SALINE SOLN 77	losartan potassium 26	LYVISPAH PACK 77
LIVE BETTER LANCET SUPER THIN 64	lovastatin TABS 10 MG, 20 MG ... 25	MACI 76
LIVE BETTER LANCET ULTRA THIN 64	lovastatin TABS 40 MG 25	MAGE CPDR 20
LO LOESTRIN FE TABS 40	loxapine succinate 33	magnesium citrate 1.745 GM/30ML 60
LOCOID LIPOCREAM 48	LUCENTIS SOSY 80	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML 60
LOKELMA 74	LUCIRA CHECK IT COVID-19 TEST KIT 50	magnesium oxide (mg supplement) TABS 73
LONGS LANCETS STANDARD ..64	LUCIRA COVID-19 ALL-IN-ONE KIT 50	magnesium oxide TABS 400 MG ... 9
LONGS LANCETS THIN 64	luliconazole 44	MAKENA SOAJ 84
LONSURF 30	LUMIZYME 53	malathion 49
loperamide hcl CAPS 22	LUMOXITI 29	maraviroc TABS 150 MG 35
loperamide hcl TABS 22	LUPRON DEPOT (1-MONTH) KIT IM 30	maraviroc TABS 300 MG 35
lopinavir-ritonavir SOLN 35	LUPRON DEPOT (3-MONTH) KIT IM 30	MATULANE 31
lopinavir-ritonavir TABS 25 MG-100 MG 35	LUPRON DEPOT (4-MONTH) IM . 30	MAVYRET PACK 36
	LUPRON DEPOT (6-MONTH) IM . 30	

MAVYRET TABS	36	melphalan hcl IV	28	methadone hcl TABS 10 MG	6
MAXI-TUSS PE LIQD	43	memantine hcl CP24	84	methadone hcl TABS 5 MG	6
MAYZENT STARTER PACK TBPK 0.25 MG	85	memantine hcl SOLN 2 MG/ML ...	84	methamphetamine hcl	1
MAYZENT TABS	85	memantine hcl TABS	84	methazolamide TABS	52
meclizine hcl CHEW	23	MENACTRA	89	methenamine mandelate	27
meclizine hcl TABS 12.5 MG, 25 MG 23		MENQUADFI	89	methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 81.6 MG .	27
medroxyprogesterone acetate (contraceptive) SUSP IM	41	MENVEO SOLN	89	methimazole TABS	86
medroxyprogesterone acetate (contraceptive) SUSY IM	41	MENVEO SOLR	89	methocarbamol TABS 500 MG	77
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	84	meperidine hcl SOLN PO 50 MG/5ML	6	methocarbamol TABS 750 MG	77
mefloquine hcl	27	meperidine hcl TABS 50 MG	6	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	28
MEGA PROBIOTIC CAPS	20	meprobamate	9	methotrexate sodium TABS 2.5 MG 28	
megestrol acetate SUSP	30	mercaptopurine TABS	28	methsuximide	14
megestrol acetate TABS	30	mesalamine ENEM	55	methyldopa TABS	26
MEIJER ALCOHOL SWABS	68	mesalamine SUPP	55	methylergonovine maleate TABS .	82
MEIJER LANCETS	64	mesalamine TBEC 1.2 GM	55	METHYLIN SOLN (Use methylphenidate hcl)	2
MEIJER LANCETS THIN	64	mesalamine TBEC 800 MG	55	methylphenidate hcl CHEW	2
MEIJER LANCETS UNIVERSAL 21G	65	mesalamine w/ cleanser	55	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG	2
MEIJER LANCETS UNIVERSAL 30G	65	mesna SOLN	31	methylphenidate hcl CP24 60 MG ..	2
MEIJER LANCETS UNIVERSAL 33G	65	mesna TABS	31	methylphenidate hcl CP24	2
MEIJER SUPER THIN LANCETS	65	MESNEX TABS	31	methylphenidate hcl CPCR	2
MEKINIST TABS	30	META BIOTIC/BIO-ACTIVE 12 CAPS	20	methylphenidate hcl SOLN	2
MEKTOVI	30	metaxalone	77	methylphenidate hcl TABS	2
melatonin TABS 3 MG, 5 MG	2	metformin hcl SOLN	16	methylphenidate hcl TB24	2
meloxicam TABS	5	metformin hcl TABS 500 MG, 850 MG, 1000 MG	16	methylphenidate hcl TBCR 10 MG, 20 MG	2
melphalan	28	metformin hcl TABS 625 MG	16	methylphenidate hcl TBCR 18 MG,	
		metformin hcl TB24 500 MG, 1000 MG	16		
		metformin hcl TB24 500 MG, 750 MG	16		

27 MG, 36 MG, 54 MG	2	miconazole nitrate vaginal KIT	92	91
methylphenidate hcl TBCR 45 MG, 63 MG	2	miconazole nitrate vaginal SUPP 100 MG	92	MODERNA COVID-19 BIVALENT 91
methylprednisolone TABS 4 MG, 8 MG	42	miconazole nitrate vaginal SUPP 200 MG	92	MODERNA COVID-19 VAC (BOOSTER) SUSP
methylprednisolone TBPk	42	MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	83	MODERNA COVID-19 VAC 6M-11Y SUSP
methyltestosterone TABS	8	MICROCHAMBER DEVI	70	MODERNA COVID-19 VAC 6M-11Y SUSY
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	55	MICROCHAMBER MISC	70	MODERNA COVID-19 VACC 6M-5Y SUSP
metoclopramide hcl TABS 10 MG ..	55	MICROFLOR 33 CAPS	20	MODERNA COVID-19 VACCINE SUSP
metoclopramide hcl TABS 5 MG ..	55	MICROFLOR CAPS	20	
metolazone	52	MICROSPACER MISC	70	
metoprolol & hydrochlorothiazide TABS	26	midazolam hcl SOLN IJ	60	moexipril hcl
metoprolol succinate TB24 200 MG 37		midodrine hcl	93	MOI-STIR SOLN
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	37	MIEBO	82	mometasone furoate (nasal) SUSP 78
metoprolol tartrate TABS 100 MG ..	37	mifepristone (hyperglycemia)	16	mometasone furoate CREA
metoprolol tartrate TABS 25 MG, 50 MG	37	miglitol	15	mometasone furoate OINT
metoprolol tartrate TABS 37.5 MG, 75 MG	37	miglustat	58	mometasone furoate SOLN
metronidazole (topical) CREA	49	MINIELITE FILTER REPLACEMENTS MISC	70	MOMMY'S BLISS PROBIOTIC PACK
metronidazole (topical) GEL 0.75 % 49		minocycline hcl CAPS	86	MONISTAT 3 CREA
metronidazole (topical) LOTN	49	minoxidil 2.5 MG, 10 MG	26	MONOLET LANCETS
metronidazole TABS 250 MG, 500 MG	26	mirabegron TB24	88	MONOLET OPD LANCETS
metronidazole vaginal	92	MIRCERA	58	MONOVISC
metyrosine	25	MIRENA (52 MG)	41	montelukast sodium CHEW
miconazole nitrate (topical) CREA ..	44	mirtazapine TABS	14	montelukast sodium PACK
miconazole nitrate vaginal CREA 2 %	92	mirtazapine TBDP	14	montelukast sodium TABS
		misoprostol	88	morphine sulfate beads
		mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML	30	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG
		M-M-R II SOLR	91	
		MODERNA COVID-19 BIVAL 6M-5Y ..		

morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	6	mupirocin calcium (topical)	44	NAMENDA TITRATION PAK TABS (Use memantine hcl)	85
morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	6	mupirocin OINT	44	naphazoline w/ pheniramine 0.3 %- 0.025 %	81
morphine sulfate SUPP	6	MVASI	29	naphazoline w/ pheniramine 0.315 %-0.027 %	81
morphine sulfate TABS	6	MVW COMPL FORM PROBIOTIC- KIDS CPDR	20	naproxen sodium TABS 220 MG ...	5
morphine sulfate TBCR	6	MVW COMPLETE FORMULATION SOLN	75	naproxen sodium TABS 275 MG, 550 MG	5
MOTPOLY XR CP24	13	MVW COMPLETE PROBIOTIC CPDR	20	naproxen sodium-diphenhydramine hcl	60
MOTRIN CHILDRENS CHEW (Use ibuprofen)	5	MYALEPT	53	naproxen SUSP	5
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	5	mycophenolate mofetil CAPS	74	naproxen TABS	5
MOUNJARO	17	mycophenolate mofetil hcl	74	naproxen TBEC	5
MOUTH KOTE REMINT SOLN ...	75	mycophenolate mofetil SUSR	74	naproxen-esomeprazole magnesium	5
MOUTH KOTE SOLN	75	mycophenolate mofetil TABS	74	naratriptan hcl	73
MOVANTIK	56	mycophenolate sodium	74	NARCAN LIQD (Use naloxone hcl) 23	
moxifloxacin hcl (ophth) SOLN OP	81	MYFEMBREE	54	NATAZIA	40
moxifloxacin hcl TABS	55	MYLERAN TABS	28	nateglinide	18
MULPLETA	58	MYOBLOC	79	NATPARA	52
MULTIPLE VITAMINS TABS- ASSORTED BRAND	75	MYRBETRIQ TB24 (Use mirabegron)	88	NATROBA (Use spinosad)	49
MULTIPLE VITAMINS TABS- ASSORTED GENERIC	75	NABI-HB SOLN IM	83	NATRUL PROBIOTIC CAPS	20
multiple vitamins w/ iron TABS	75	nabumetone	5	NATURAL FIBER LAXATIVE POWD 60	
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	75	nadolol TABS 20 MG, 40 MG, 80 MG	37	NEBULIZER AIR TUBE/PLUGS MISC	71
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	75	NAGLAZYME	54	nefazodone hcl	15
MULTIVITAMIN DROPS/IRON SOLN	76	naloxone hcl LIQD	23	neomycin sulfate TABS	2
MULTIVITAMIN INFANT & TODDLER SOLN	76	naloxone hcl SOCT	23	neomycin-bacitracin zn-polymyxin	81
		naloxone hcl SOLN 0.4 MG/ML ...	23	neomycin-bacitracin-polymyxin OINT 44	
		naloxone hcl SOLN 4 MG/10ML ...	23		
		naloxone hcl SOSY 0.4 MG/ML ...	23		
		naloxone hcl SOSY 2 MG/2ML	23		
		naltrexone hcl	23		

neomycin-polymyx-dexameth OINT	81	niacin (antihyperlipidemic) TBCR	..25	NIVESTYM SOSY	..... 58
neomycin-polymyx-dexameth SUSP	81	niacin CPCR 250 MG, 500 MG	.... 93	NIX LICE KILLING SPRAY LIQD XX	.. 49
neomycin-polymyxin w/ pramoxine	44	NIACIN ER CPCR	..... 93	NIZORAL SHAM	..... 44
neomycin-polymyxin-gramicidin	.. 81	NIACIN ER TBCR	..... 93	NORDITROPIN FLEXPPO SOPN	.. 53
neomycin-polymyxin-hc (ophth)	... 81	niacin TABS 500 MG	..... 93	norelgestromin-ethinyl estradiol	... 41
neomycin-polymyxin-hc (otic) SOLN	.. 82	niacin TBCR	..... 93	norethin acet & estrad-fe CAPS	... 40
neomycin-polymyxin-hc (otic) SUSP	.. 82	nicardipine hcl CAPS	..... 37	norethin acet & estrad-fe CHEW	.. 40
NESINA (Use alogliptin benzoate)	17	NICOTINE KIT	..... 86	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	..... 40
NEULASTA ONPRO PSKT	..... 58	nicotine polacrilex GUM	..... 86	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG	..... 40
NEULASTA SOSY	..... 58	nicotine polacrilex LOZG	..... 86	norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG	... 40
NEUPOGEN SOLN	..... 58	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	..... 86	norethindrone & eth estradiol 35 MCG-1 MG	..... 40
NEUPOGEN SOSY	..... 58	NICOTROL INHA	..... 86	norethindrone & ethinyl estradiol-fe	40
nevirapine SUSP	..... 35	NICOTROL NS SOLN	..... 86	norethindrone (contraceptive)	..... 42
nevirapine TABS	..... 35	nifedipine CAPS	..... 37	norethindrone acet & eth estra TABS	40
nevirapine TB24 100 MG	..... 35	nifedipine TB24 30 MG, 90 MG	... 37	norethindrone acetate TABS	..... 84
nevirapine TB24 400 MG	..... 35	nifedipine TB24 60 MG	..... 37	norethindrone acetate-ethinyl estradiol	..... 54
NEXABIOTIC CPDR	..... 20	nimodipine CAPS	..... 37	norethindrone acetate-ethinyl estradiol-fe	..... 40
NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium)	.. 88	NINLARO	..... 30	norethindrone-eth estradiol (triphasic)	..... 40
NEXIUM 24HR CPDR (Use esomeprazole magnesium)	..... 88	nisoldipine	..... 37	norgestimate-ethinyl estradiol (triphasic)	..... 40
NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	..... 88	nitisinone CAPS	..... 54	norgestimate-ethinyl estradiol	.... 40
NEXIUM PACK 10 MG, 20 MG, 40 MG (Use esomeprazole magnesium)	88	NITRO-BID OINT	..... 9	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	..... 40
NEXPLANON	..... 41	nitrofurantoin	..... 27		
NGENLA	..... 53	nitrofurantoin macrocrystal 50 MG, 100 MG	..... 27		
		nitrofurantoin monohyd macro	.... 27		
		nitroglycerin CPCR	..... 9		
		nitroglycerin PT24	..... 9		
		nitroglycerin SUBL	..... 9		
		NIVA THYROID TABS	..... 87		
		NIVESTYM SOLN	..... 58		

NORLIQVA SOLN	37	NUPLAZID TABS 10 MG	32	olanzapine TBDP	33
NORPACE CAPS (Use disopyramide phosphate)	10	NURTEC	72	olmesartan medoxomil	26
nortriptyline hcl CAPS	15	NUVESSA	92	olmesartan medoxomil-amlodipine-hydrochlorothiazide	26
nortriptyline hcl SOLN	15	NUWIQ KIT	57	olmesartan medoxomil-hydrochlorothiazide	26
NORVIR CAPS	35	NUWIQ SOLR	57	olopatadine hcl (nasal)	77
NORVIR PACK	35	nystatin (mouth-throat)	74	olopatadine hcl	82
NORVIR TABS (Use ritonavir)	35	nystatin (topical) CREA	44	OLPRUVA (2 GM DOSE) THPK ..	54
NOSE CLIP MISC	71	nystatin (topical) OINT	44	OLPRUVA (3 GM DOSE) THPK ..	54
NOVA SUREFLEX LANCETS	65	nystatin (topical) POWD EX	44	OLPRUVA (4 GM DOSE) THPK ..	54
NOVAREL IM	53	nystatin TABS	23	OLPRUVA (5 GM DOSE) THPK ..	54
NOVAVAX COVID-19 VACCINE SUSP	91	nystatin-triamcinolone CREA	44	OLPRUVA (6 GM DOSE) THPK ..	54
NOVAVAX COVID-19 VACCINE SUSY	91	nystatin-triamcinolone OINT	44	OLPRUVA (6.67 GM DOSE) THPK	54
NOVOEIGHT	57	NYVEPRIA	58	OLUMIANT	3
NOVOLOG 70/30 FLEXPEN RELION SUPN	18	OBIZUR	57	omega-3-acid ethyl esters	24
NOVOLOG MIX 70/30 FLEXPEN SUPN	18	OALIVA	55	omeprazole CPDR	88
NOVOLOG MIX 70/30 RELION SUSP	18	OCTAGAM SOLN 5 GM/50ML	83	omeprazole TBEC	88
NOVOLOG MIX 70/30 SUSP	18	OCTAGAM SOLN	83	omeprazole-sodium bicarbonate CAPS	88
NOVOSEVEN RT	57	octreotide acetate KIT	54	omeprazole-sodium bicarbonate PACK	88
NP THYROID TABS	87	octreotide acetate SOLN	54	OMNITROPE SOCT	53
NPLATE 250 MCG, 500 MCG	58	octreotide acetate SOSY	54	OMVOH SOAJ	55
NUCALA SOAJ	10	ODEFSEY	35	OMVOH SOLN	55
NUCALA SOLR	10	ODOMZO	29	OMVOH SOSY	55
NUCALA SOSY	10	OFEV	86	ON/GO COVID-19 ANTIGEN TEST KIT	50
NULOJIX	74	ofloxacin (ophth)	81	ON/GO ONE COVID-19 HOME TEST KIT	50
NUMOISYN LIQD	75	ofloxacin (otic)	82	ONCASPAR	31
NUPLAZID CAPS	32	ofloxacin 300 MG, 400 MG	55		
		OHC COVID-19 ANTIGEN SELF TEST KIT	50		
		olanzapine SOLR	33		
		olanzapine TABS	33		

ondansetron hcl SOLN PO 4 MG/5ML	23	ONPATTRO	86 36	oseltamivir phosphate CAPS 45 MG, 75 MG	36
ondansetron hcl TABS 4 MG, 8 MG 23		OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	29	oseltamivir phosphate SUSR	36
ondansetron TBDP 16 MG	23	OPSYNVI	38	OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone)	16
ondansetron TBDP 4 MG, 8 MG ..	23	OPTICHAMBER DIAMOND DEVI .	71	OTEZLA TABS	5
ONETOUCH CLUB LANCETS FINE PT	65	OPTICHAMBER DIAMOND MISC .	71	OTEZLA TBPK	5
ONETOUCH DELICA LANCETS 30G	65	OPTICHAMBER DIAMOND-LG MASK DEVI	71	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3
ONETOUCH DELICA LANCETS 33G	65	OPTICHAMBER DIAMOND-MD MASK MISC	71	oxaprozin TABS	5
ONETOUCH DELICA PLUS LANCET30G	65	OPTICHAMBER DIAMOND-SM MASK MISC	71	OXAYDO TABS 5 MG	6
ONETOUCH DELICA PLUS LANCET33G	65	OPTIONS GYNOL II CONTRACEPTIVE GEL	92	oxazepam CAPS	10
ONETOUCH FINEPOINT LANCETS	65	OPVEE NA	23	oxcarbazepine SUSP	13
ONETOUCH ULTRA 2 KIT	65	OPZELURA	48	oxcarbazepine TABS	13
ONETOUCH ULTRA BLUE TEST STRP	51	ORAL RELIEF SPRAY SOLN	75	OXERVATE	81
ONETOUCH ULTRA MINI KIT	65	ORALAIR SUBL	2	oxiconazole nitrate CREA	44
ONETOUCH ULTRA STRP	51	ORENITRAM MONTH 1 TEPK ...	38	oxybutynin chloride SOLN	88
ONETOUCH ULTRA TEST STRP .	51	ORENITRAM MONTH 2 TEPK ...	38	oxybutynin chloride TABS 2.5 MG .	88
ONETOUCH ULTRASOFT LANCETS	65	ORENITRAM MONTH 3 TEPK ...	38	oxybutynin chloride TABS 5 MG ...	88
ONETOUCH VERIO FLEX SYSTEM KIT	65	ORFADIN SUSP	54	oxybutynin chloride TB24	88
ONETOUCH VERIO KIT	65	ORIAHNN	54	oxycodone hcl CAPS	7
ONETOUCH VERIO LIQD	65	ORILISSA	53	oxycodone hcl CONC 100 MG/5ML 7	
ONETOUCH VERIO REFLECT KIT 65		ORKAMBI PACK	86	oxycodone hcl SOLN	7
ONETOUCH VERIO STRP	51	ORKAMBI TABS	86	oxycodone hcl T12A 10 MG, 20 MG, 40 MG	7
ONGLYZA (Use saxagliptin hcl) ..	17	orphenadrine citrate TB12	77	oxycodone hcl T12A 80 MG	7
		orphenadrine w/ aspirin & caff	77	oxycodone hcl TABS	7
		orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG	77	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325	
		ORTHOVISC	77		
		oseltamivir phosphate CAPS 30 MG .			

MG-7.5 MG	7	PARI BABY CONVERSION KIT	CHEW-ASSORTED GENERIC ...	75
oxymorphone hcl TB12 15 MG	7	MISC	PEDIATRIC MULTIVITAMINS W/FL	
oxymorphone hcl TB12 5 MG, 7.5		PARI ERAPID NEBULIZER	SOLN-ASSORTED BRAND	76
MG, 10 MG, 20 MG, 30 MG, 40 MG	7	HANDSET MISC	PEDIATRIC MULTIVITAMINS W/FL	
oyster shell	73	PARI EXPIRATORY FILTER SET	SOLN-ASSORTED GENERIC	76
OZEMPIC (0.25 OR 0.5 MG/DOSE)		DEVI	pediatric vitamins acd w/ fluoride	
SOPN	17	PARI MASK SET MISC	SOLN	76
OZEMPIC (1 MG/DOSE) SOPN 4		PARI SOFT PLASTIC ADULT MASK	PEDVAX HIB SUSP	89
MG/3ML	17	MISC	peg 3350-kcl-sod bicarb-sod	
OZEMPIC (2 MG/DOSE) SOPN ...	17	PARI SOFT PLASTIC PED MASK	chloride-sod sulfate SOLR	60
OZOBAX DS SOLN PO (Use		MISC	peg 3350-potassium chloride-sod	
baclofen)	77	PARI VORTEX ADULT MASK ...	bicarbonate-sod chloride	60
OZOBAX SOLN PO (Use baclofen)		paricalcitol SOLN	PEGASYS SOLN	36
77		paroxetine hcl TABS	PEGASYS SOSY	36
OZURDEX IMPL	81	paroxetine hcl TB24	pemetrexed disodium SOLR 100 MG,	
PACLITAXEL PROTEIN-BOUND		paroxetine mesylate (vasomotor) .	500 MG	28
PART	31	PARSABIV	PENBRAYA	89
paclitaxel protein-bound particles .	31	PAXLOVID (150/100)	penciclovir	45
paliperidone	33	PAXLOVID (300/100)	penicillamine TABS	73
PALYNZIQ	54	pazopanib hcl	penicillin v potassium SOLR	83
pamidronate disodium SOLN 30		PC LANCETS SUPER THIN 30G .	penicillin v potassium TABS	83
MG/10ML, 90 MG/10ML	52	PC PEDIATRIC POLY-VITA/FE	PENTACEL	87
PAMIDRONATE DISODIUM SOLN		DROP SOLN	pentoxifylline	58
52		PC PEDIATRIC POLY-VITAMIN	PERFECT LANCETS 30G	65
pantoprazole sodium PACK	88	DROP SOLN PO	perindopril erbumine	25
pantoprazole sodium TBEC 20 MG		PEARLS IC CAPS	PERJETA	29
88		ped multivitamins w/fl & iron SOLN	permethrin AERO	49
pantoprazole sodium TBEC 40 MG		75	permethrin CREA	49
88		PEDIARIX SUSY	permethrin LIQD EX	49
PANZYGA	83	PEDIATRIC MOUTHPIECE MISC .	perphenazine TABS	33
PARAGARD INTRAUTERINE		PEDIATRIC MULTIVITAMINS W/FL	perphenazine-amitriptyline	85
COPPER	41	CHEW-ASSORTED BRAND	PFIZER COVID-19 BIVAL 6MO-4YR	
PARI ALTERA NEBULIZER		PEDIATRIC MULTIVITAMINS W/FL		
HANDSET MISC	71			

.....91	phenytoin CHEW .....14	PNEUMOVAX 23 SOSY .....89
PFIZER COVID-19 VAC BIVAL 5-11.....91	phenytoin sodium extended 100 MG, 200 MG, 300 MG .....14	POCKET CHAMBER DEVI .....71
PFIZER COVID-19 VAC BIVALENT 91	phenytoin sodium extended 200 MG, 300 MG .....14	POCKET SPACER DEVI .....71
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP .....91	phenytoin SUSP .....14	podofilox SOLN .....49
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP .....91	PHILLIPS COLON HEALTH CAPS 20	POLIVY 140 MG .....29
PFIZER-BIONT COVID-19 VAC- TRIS SUSP .....91	PHOTOFRIN .....31	polyethylene glycol 3350 PACK ...60
PFIZER-BIONTECH COVID-19 VACC SUSP .....91	phytonadione TABS 5 MG .....93	polyethylene glycol 3350 POWD ..60
PFLEX MISC .....71	PIFELTRO .....35	polymyxin b-trimethoprim .....81
PHARMACIST CHOICE MASK WIPES MISC .....71	PILLOW MASK/ADULT MISC .....71	polysaccharide iron complex CAPS 59
PHARMACY COUNTER LANCETS 65	PILLOW MASK/CHILD MISC .....71	polyvinyl alcohol 1.4 %80
PHEBURANE PLLT .....54	PILLOW MASK/PEDIATRIC MISC 71	POLY-VI-SOL SOLN PO .....76
phenazopyridine hcl TABS 100 MG, 200 MG .....56	pilocarpine hcl (oral) 5 MG .....75	POLY-VITA SOLN PO .....76
phenelzine sulfate .....14	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 80	POLY-VITA/IRON SOLN .....76
phenobarbital ELIX .....60	PILOT COVID-19 AT-HOME TEST KIT .....51	POLY-VITE PEDIATRIC SOLN PO 76
phenobarbital TABS .....60	pimecrolimus .....48	POLY-VITE/IRON SOLN .....76
phenylephrine hcl (mydriatic) SOLN 2.5 %80	PIN RID CHEW .....9	POMALYST .....30
phenylephrine hcl (oral) TABS .....78	pindolol TABS .....37	PONVORY STARTER PACK TBPK 85
phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML .....43	pioglitazone hcl .....18	PONVORY TABS .....85
phenylephrine-dm SOLN .....43	pioglitazone hcl-glimepiride .....16	PORTRAZZA .....29
phenylephrine-shark liver oil-cocoa butter .....8	pioglitazone hcl-metformin hcl TABS . 16	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..73
phenylephrine-shark liver oil-mineral oil-petrolatum .....8	pirfenidone CAPS .....86	potassium bicarbonate TBEF .....73
	pirfenidone TABS 534 MG .....86	potassium chloride CPCR 10 MEQ 73
	piroxicam CAPS .....5	potassium chloride CPCR 8 MEQ .73
	PLEGRIDY SOSY IM .....85	potassium chloride microencapsulated crystals er ....73
	plerixafor .....59	potassium chloride PACK PO 20 MEQ .....73
	PNEUMOVAX 23 SOLN .....89	

potassium chloride SOLN PO 10 %, 20 %, 10 %	73	prednisolone sodium phosphate SOLN 20 MG/5ML	42	PREZISTA TABS (Use darunavir) .	35
potassium chloride TBCR 8 MEQ, 10 MEQ	73	prednisolone sodium phosphate SOLN	42	PREZISTA TABS 150 MG	35
potassium citrate (alkalinizer) TBCR .	56	prednisolone SOLN	42	PREZISTA TABS 75 MG, 600 MG, 800 MG	35
potassium citrate-citric acid PACK .	56	PREDNISON INTENSOL CONC	42	PRIALT	6
potassium iodide (expectorant) SOLN	43	prednisone SOLN	42	PRIMADOPHILUS BIFIDUS CPDR	20
POTELIGEO	29	prednisone TABS	42	PRIMIDAR CAPS	21
PRADAXA CAPS (Use dabigatran etexilate mesylate)	12	prednisone TBPk	42	primidone 125 MG	13
PRADAXA PACK	12	PREFERRED PLUS LANCETS COLORED	65	primidone 50 MG, 250 MG	13
pralatrexate	28	PREFERRED PLUS LANCETS THIN	65	PRIORIX SUSR	91
PRALUENT SOAJ	25	pregabalin CAPS	13	PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	83
pramipexole dihydrochloride TABS	32	pregabalin SOLN	13	PRIVIGEN SOLN 5 GM/50ML	83
pramipexole dihydrochloride TB24	32	PREGNYL IM	53	PRO COMFORT ALCOHOL	68
pramoxine hcl (rectal) FOAM EX ...	8	PREHEVBRIO	91	PRO COMFORT SPACER ADULT MISC	71
pramoxine-hc-chloroxylenol	82	PREMARIN	92	PRO COMFORT SPACER CHILD MISC	71
prasugrel hcl	58	PREMARIN TABS	55	PRO COMFORT SPACER INFANT DEVI	71
pravastatin sodium	25	PREMPHASE	54	PROAIR DIGIHALER	11
prazosin hcl CAPS	26	PREMPRO	54	probenecid	57
PRECISION THINS GP LANCETS	65	PRENATAL VITAMINS-ASSORTED BRAND	76	PROBINATE CAPS	21
PRED MILD	81	PRENATAL VITAMINS-ASSORTED GENERIC	76	PROBIO DEFENSE CAPS	21
prednicarbate OINT	48	PREORBOTIC CAPS	20	PROBIOFLEXX CAPS	21
prednisolone acetate (ophth)	81	PREVNAR 13	89	PROBIOMAX COMPLETE DF CAPS	21
PREDNISOLONE ACETATE P-F .	82	PREVNAR 20	89	PROBIOMAX DAILY DF CAPS ...	21
PREDNISOLONE SODIUM PHOSPHATE	82	PREVYMIS SOLN	36	PROBIOMAX IG 26 DF CAPS	21
prednisolone sodium phosphate SOLN 15 MG/5ML	42	PREVYMIS TABS	36	PROBIOMAX LEAN DF CAPS	21
		PREZCOBIX	35	PROBIOMAX SB DF CAPS	21
		PREZISTA SUSP	35		

PROBIONEXX CAPS	21	PROCARE SPACER/ADULT MASK DEVI	71	MG/5ML	24
PROBIOTIC & ACIDOPHILUS EX ST CAPS	21	PROCARE SPACER/CHILD MASK DEVI	71	promethazine hcl SUPP	24
PROBIOTIC + OMEGA-3 CAPS ..	21	PROCHAMBER VHC DEVI	71	promethazine hcl TABS	24
PROBIOTIC + TURMERIC EXTRACT CAPS	21	prochlorperazine	33	promethazine w/codeine SOLN ...	43
PROBIOTIC 10 ULTRA STRENGTH CAPS	21	prochlorperazine edisylate 10 MG/2ML	33	promethazine w/codeine SYRP ...	43
PROBIOTIC ACIDOPHILUS BIOBEADS CAPS	21	prochlorperazine maleate TABS ...	33	PRONEB ULTRA FILTER SET MISC	71
PROBIOTIC BLEND CAPS	21	PROCRIT	59	propafenone hcl TABS	10
PROBIOTIC COLON SUPPORT CAPS	21	PROCYSBI CPDR	56	propranolol hcl CP24	37
PROBIOTIC DAILY CAPS	21	PROCYSBI PACK	56	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	37
PROBIOTIC DIGESTIVE SUP- INULIN CAPS	21	PRODIGY TWIST TOP LANCETS 28G	65	propranolol hcl TABS	37
PROBIOTIC DIGESTIVE SUPP CAPS	21	PROFILNINE	57	propylthiouracil	86
PROBIOTIC DIGESTIVE SUPPORT CAPS	22	PRO-FLORA IMMUNE CAPS	21	PROQUAD SUSR	91
PROBIOTIC MATURE ADULT CAPS	21	progesterone CAPS 100 MG	84	PROTONIX PACK (Use pantoprazole sodium)	88
PROBIOTIC PEARLS ADVANTAGE CAPS	21	progesterone CAPS 200 MG	84	PROTOPIC OINT 0.03 % (Use tacrolimus (topical))	48
PROBIOTIC PEARLS CAPS	21	PROGLYCEM (Use diazoxide) ...	16	PROTOPIC OINT 0.1 % (Use tacrolimus (topical))	48
PROBIOTIC PEARLS MAX POTENCY CAPS	21	PROGRAF PACK	74	protriptyline hcl	15
PROBIOTIC PEARLS WOMENS CAPS	21	PROGRAF SOLN	74	PROVENGE	29
PROBIOTIC PRODUCT CAPS	21	PROLASTIN-C SOLR	86	PROVENTIL HFA AERS (Use albuterol sulfate)	11
PROBIOTIC/PREBIOTIC/CRANBER RY CAPS	21	PROLEUKIN	31	pseudoephedrine hcl TABS	78
PROBITROL CAPS	21	PROLIA SOSY	52	pseudoephedrine hcl TB12	78
PROBIZEN CAPS	21	PROMACTA PACK 12.5 MG	59	pseudoephedrine-ibuprofen TABS	43
		PROMACTA TABS	59	PSS SELECT GP LANCETS	65
		PROMELLA IN PREBIOTIC CAPS 21		PSS SELECT SAFETY LANCETS 65	
		PROMEROL CAPS	21	psyllium CAPS 0.52 GM	60
		promethazine & phenylephrine SYRP	43	psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %	60
		promethazine hcl SOLN PO 6.25			

PULMICORT FLEXHALER AEPB .11	quetiapine fumarate TB24 33	rabeprazole sodium TBEC 88
PULMOZYME 86	QUICKVUE AT-HOME COVID-19 TEST KIT 51	raloxifene hcl 53
PURE COMFORT SPACER CHAMBER DEVI 71	QUICKVUE SARS ANTIGEN TEST . 51	ramelteon 60
PURIXAN SUSP 28	quinapril hcl 25	ramipril CAPS 25
PX LANCETS MICROTHIN 33G .. 65	quinapril-hydrochlorothiazide 12.5 MG-10 MG 26	ranolazine TB12 9
PX LANCETS ULTRA THIN 65	quinapril-hydrochlorothiazide 12.5 MG-20 MG 26	RAPAFLO 4 MG (Use silodosin) .. 56
pyrantel pamoate SUSP 9	quinapril-hydrochlorothiazide 25 MG- 20 MG 26	RAPID RESPONSE COVID-19 ... 51
pyrazinamide 28	quinidine gluconate TBCR 10	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML 3
pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 % 49	quinidine sulfate TABS 10	RAVICTI 54
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 % 49	QULIPTA 72	REALITY LANCETS 66
pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 % 49	QUVIVIQ 60	REALITY SWABS 68
pyridostigmine bromide TABS 60 MG 27	RA ALCOHOL SWABS 68	REBINYN 57
pyridostigmine bromide TBCR 27	RA DRY MOUTH SOLN 75	RECOMBINATE SOLR 57
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG 93	RA E-ZJECT LANCETS 28G 66	RECOMBIVAX HB SUSP 91
pyrimethamine 27	RA E-ZJECT LANCETS THIN 26G 66	RECOMBIVAX HB SUSY 91
QC ALCOHOL SWABS 68	RA E-ZJECT LANCETS THIN 28G 66	RELEUKO SOLN 59
QC LANCETS SUPER THIN 30G 65	RA E-ZJECT LANCETS THIN 28G 66	RELEUKO SOSY 59
QC LANCETS ULTRA THIN 66	RA E-ZJECT LANCETS THIN 28G 66	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG 2
QC UNILET LANCETS 28G 66	RA E-ZJECT LANCETS ULTRA THIN 66	RELEXXII TBCR 45 MG, 63 MG (Use methylphenidate hcl) 2
QC UNILET LANCETS MICRO THIN 66	RA PROBIOTIC COLON CARE CAPS 21	RELION ALCOHOL SWABS 68
QELBREE 2	RA PROBIOTIC COMPLEX CAPS 21	RELION KETONE TEST STRP ... 51
QUAD-PROBIOTIC CAPS 21	RA PROBIOTIC DIGESTIVE SUPPORT CAPS 21	RELION LANCETS MICRO-THIN 33G 66
QUADRACEL SUSP 87	RA PROBIOTIC MAX STRENGTH CAPS 21	RELION LANCETS THIN 26G 66
QUADRACEL SUSY 87	RABAVERT 91	RELION LANCETS ULTRA-THIN 30G 66
quetiapine fumarate TABS 33		RELION ULTRA THIN LANCETS

30G	66	REZVOGLAR KWIKPEN	18	rivastigmine 13.3 MG/24HR	85
RELION ULTRA THIN PLUS LANCETS	66	RHOGAM ULTRA-FILTERED PLUS SOSY IM	83	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	85
REMODULIN SOLN IJ	38	RHOPHYLAC SOSY IJ	83	rivastigmine tartrate CAPS	85
RENAGEL (Use sevelamer hcl) ...	56	RIASTAP	57	RIXUBIS SOLR	57
RENVELA TABS (Use sevelamer carbonate)	56	ribavirin (hepatitis c) CAPS	36	rizatriptan benzoate TABS	73
repaglinide	18	ribavirin (hepatitis c) TABS 200 MG 36		rizatriptan benzoate TBDP	73
REPATHA SOSY	25	riboflavin TABS	93	ROCKLATAN	81
REPATHA SURECLICK SOAJ	25	rifampin CAPS	28	ROCTAVIAN	57
REPLACEMENT AIR FILTER MISC . 71		RIGHTEST GL300 LANCETS	66	ROLVEDON	59
REPLACEMENT FILTERS MISC ..	72	riluzole TABS	78	romidepsin SOLR	30
RESTASIS EMUL (Use cyclosporine (ophth))	81	rimantadine hydrochloride TABS ..	36	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	32
RESTASIS MULTIDOSE EMUL ...	81	RINVOQ LQ SOLN	3	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	32
RESTORA CAPS	21	RINVOQ TB24	3	ropinirole hydrochloride TB24	32
RETACRIT	59	RISAQUAD CAPS	21	rosuvastatin calcium TABS	25
RETIN-A CREA (Use tretinoin)	44	RISAQUAD-2 CAPS	21	ROTARIX SUSP	91
RETIN-A GEL (Use tretinoin)	44	risedronate sodium TABS 150 MG	52	ROTARIX SUSR	91
RETISERT	82	risedronate sodium TABS 35 MG .	52	ROTATEQ SOLN	91
RETROVIR CAPS (Use zidovudine) . 35		risedronate sodium TABS 5 MG, 30 MG	53	RUBRACA	30
RETROVIR SYRP (Use zidovudine) . 35		risedronate sodium TBEC	53	RUCONEST	57
REVCОВI	54	RISPERDAL CONSTA (Use risperidone microspheres)	33	rufinamide SUSP	13
REVLIMID	74	risperidone microspheres	33	RUKOBIA	35
REXALL LANCETS ULTRA THIN 30G	66	risperidone SOLN	33	RYALTRIS	77
REXTOVY LIQD	23	risperidone TABS	33	RYBELSUS TABS	17
REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	35	risperidone TBDP	33	RYKINDO SRER	33
REYATAZ PACK	35	RITEFLO DEVI	72	SABRIL PACK (Use vigabatrin) ...	13
		ritonavir TABS	35	SABRIL TABS (Use vigabatrin)	13
		RITUXAN	29	salicylic acid GEL 6 %	49
				saline SOLN 0.65 %	77

salsalate	6	SEMGLEE SOPN	18	hypertension) TABS	38
SAMI THE SEAL FILTERS MISC .	72	sennosides TABS 8.6 MG	61	SILICONE MASK/ADULT MISC ...	72
SANDIMMUNE CAPS (Use cyclosporine)	74	sennosides-docusate sodium TABS 60	60	SILICONE MASK/INFANT MISC ..	72
SANDIMMUNE SOLN IV 50 MG/ML .	74	SEREVENT DISKUS	12	SILICONE MASK/PEDIATRIC MISC .	72
SANDOSTATIN LAR DEPOT KIT 10 MG	54	SERTRALINE HCL CAPS	15	silodosin	56
sapropterin dihydrochloride PACK	.54	sertraline hcl CONC	15	silver sulfadiazine	46
sapropterin dihydrochloride TABS	.54	sertraline hcl TABS	15	SIMBRINZA	81
SAVELLA TABS	85	sevelamer carbonate PACK	56	simethicone CHEW 80 MG	55
SAVELLA TITRATION PACK MISC	85	sevelamer carbonate TABS	56	simethicone LIQD PO	55
saxagliptin hcl	17	sevelamer hcl	56	simethicone SUSP	55
saxagliptin-metformin hcl	16	SEVENFACT	57	SIMLANDI (1 PEN) AJKT	4
SAXENDA	1	SHINGRIX	91	SIMLANDI (2 PEN) AJKT	4
SB ALCOHOL PREP	68	SHOPKO UNILET LANCETS 28G 66	66	SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML	4
SB LANCETS THIN	66	SHOPKO UNILET LANCETS 30G 66	66	SIMPLYTHICK	84
SB LANCETS ULTRA THIN	66	SHUR-SEAL CONTRACEPTIVE GEL	92	SIMPLYTHICK EASY MIX	84
SCHOOLTIME SHAMPOO SHAM	49	SIDESTREAM ADULT FACE MASK MISC	72	simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	25
SD PROBIOTIC-10 COMPLEX ULTRA CAPS	21	SIDESTREAM PEDIATRIC FACE MASK MISC	72	simvastatin TABS 80 MG	25
selegiline hcl CAPS	32	SIDESTREAM PLS ADULT FACE MASK MISC	72	sirolimus SOLN	74
selegiline hcl TABS	32	SIGNIFOR	54	sirolimus TABS	74
selenium sulfide LOTN 1 %	45	SIGNIFOR LAR	54	SITAGLIPTIN	17
selenium sulfide LOTN 2.5 %	45	SIGNIFOR LAR	54	SITAGLIPTIN BASE-METFORMIN HCL TABS	16
selenium sulfide SHAM 1 %	45	SIKLOS TABS	58	SIVEXTRO TABS	27
SELZENTRY SOLN	35	sildenafil citrate (pulmonary hypertension) SOLN	38	SKLICE (Use ivermectin (pediculicide))	49
SELZENTRY TABS 25 MG, 75 MG 35	35	sildenafil citrate (pulmonary hypertension) SUSR	38	SKYLA	41
SEMGLEE (YFGN) SOLN	18	sildenafil citrate (pulmonary hypertension) SOLN	38	SKYRIZI PEN SOAJ	45
SEMGLEE (YFGN) SOPN	18			SKYRIZI SOCT	55
				SKYRIZI SOLN	55

SKYRIZI SOSY	45	sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML	73	sotalol hcl TABS 240 MG	37
SKYSONA	85	SODIUM OXYBATE SOLN	84	sotalol hcl TABS 80 MG, 120 MG, 160 MG	37
SKYTROFA	53	sodium phenylbutyrate POWD	54	SOTYKTU	45
SM ACIDOPHILUS CAPS	21	sodium phenylbutyrate TABS	54	SOVALDI PACK	36
SM ADVANCED PROBIOTIC CAPS . 21		sodium phosphates ENEM	60	SOVALDI TABS	36
SM ALCOHOL PREP	68	sodium polystyrene sulfonate POWD 74		SPEEDY SWAB COVID-19 ANTIGEN KIT	51
SM GLUCOSE CHEW	16	SOFIA SARS ANTIGEN FIA	51	SPEVIGO SOLN	45
SM IPECAC SYRUP	22	SOFIA2 SARS ANTIGEN FIA	51	SPEVIGO SOSY	45
SM LANCETS 33G	66	SOFOSBUVIR-VELPATASVIR TABS	36	SPIKEVAX COVID-19 VACCINE SUSP	91
SMART SENSE COLOR LANCETS 33G	66	SOGROYA	53	SPIKEVAX SUSP	91
SMART SENSE STANDARD LANCETS	66	SOLESTA	74	SPIKEVAX SUSY	91
SMART SENSE SUPER THIN LANCETS	66	solifenacin succinate TABS	88	spinosad	49
SMART SENSE THIN LANCETS 26G	66	SOLIRIS	58	SPINRAZA	79
SOANZ TABS 20 MG	52	SOLUVITA ACD WITH FLUORIDE SOLN	76	SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate) .	10
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	9	SOLUVITA SOLN	73	spironolactone & hydrochlorothiazide	52
sodium chloride (gu irrigant) 0.9 %	56	SOMATULINE DEPOT	54	spironolactone TABS	52
sodium chloride (inhalant) AERS ..	43	SOMAVERT	53	STAMARIL SUSR	91
sodium chloride (inhalant) NEBU 0.9 %, 7 %	43	SOOTHENE NBL 100 ADULT MASK MISC	72	stannous fluoride CONC	74
sodium citrate & citric acid	56	SOOTHENE NBL 100 CHILD MASK MISC	72	stavudine CAPS	35
sodium fluoride (dental) CREA	74	SOOTHENE NBL 100 MED CUP MISC	72	STERILANCE TL	66
sodium fluoride (dental) GEL	74	SOOTHENE NBL 100 MESH CAP MISC	72	STERILE DILUENT FLOLAN PH 12 . 84	
sodium fluoride (dental) SOLN 0.2 % 74		sorafenib tosylate	30	STIMUFEND	59
sodium fluoride CHEW	73	SORBITOL PO 70 %	60	STIOLTO RESPIMAT	12
sodium fluoride SOLN 0.125 MG/DROP	73	SORILUX FOAM	45	STIVARGA	30
		sotalol hcl (afib/af)	37	STRENSIQ	54
				STRIBILD	35

SUBLOCADE SOSY	8	sulindac TABS	5	SYMBICORT (Use budesonide- formoterol fumarate dihydrate)	12
SUBOXONE FILM SL 0.5 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan	73	SYMDEKO	86
SUBOXONE FILM SL 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate SOAJ 4 MG/0.5ML	73	SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate)	35
SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate SOAJ 6 MG/0.5ML	73	SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate)	35
SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate SOCT 4 MG/0.5ML	73	SYMTUZA	35
SUCRAID	51	sumatriptan succinate SOCT 6 MG/0.5ML	73	SYNAGIS SOLN	83
sucralfate SUSP	87	sumatriptan succinate SOLN 6 MG/0.5ML	73	SYNAREL	53
sucralfate TABS	87	sumatriptan succinate TABS	73	SYNOJOYNT SOSY	77
SUDAFED CHILDRENS LIQD	78	sumatriptan-naproxen sodium	72	SYNRIBO	31
SUDAFED PE CHILDRENS SOLN 78		sunitinib malate	31	SYNTHROID TABS (Use levothyroxine sodium)	87
sulfacetamide sodium (acne)	44	SUNLENCA TBPK 300 MG	35	SYNVISC ONE SOSY	77
sulfacetamide sodium (ophth) SOLN . 81		SUPARTZ FX SOSY	77	SYNVISC SOSY	77
sulfacetamide sodium LIQD	45	SUPER PROBIOTIC CAPS	21	TAB-A-VITE/IRON/BETA CAROTENE TABS	75
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	44	SUPER PROBIOTIC DIGESTIVE CAPS	21	TABLOID	28
sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	44	SUPER THIN LANCETS	66	TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	48
sulfacetamide sod-prednisolone SOLN	82	SUPERIOR PROBIOTIC CAPS ...	21	tacrolimus (topical) OINT 0.03 % ..	48
sulfamethoxazole-trimethoprim SUSP	27	SUPPRELIN LA	53	tacrolimus (topical) OINT 0.1 % ...	48
sulfamethoxazole-trimethoprim TABS	27	SUREBIOTIC PROBIOTIC SUPPORT CAPS	21	tacrolimus CAPS	74
sulfasalazine TABS	55	SURELITE LANCETS	66	tadalafil (pulmonary hypertension) TABs	38
sulfasalazine TBEC	55	SUSTIVA CAPS 200 MG (Use efavirenz)	35	TADLIQ SUSP	38
		SUSTIVA CAPS 50 MG (Use efavirenz)	35	TAFINLAR CAPS	31
		SV PROBIOTIC EXTRA STRENGTH CAPS	22	TAGRISSO	29
		SYLVANT	74	TAKHZYRO SOLN	58
				TALTZ SOSY	45

TALZENNA 0.25 MG, 1 MG	31	terbutaline sulfate TABS	12	theophylline TB12 100 MG, 200 MG, 300 MG	12
tamoxifen citrate TABS	30	terconazole vaginal CREA 0.4 %	92	theophylline TB12 450 MG	12
tamsulosin hcl	56	terconazole vaginal CREA 0.8 %	92	theophylline TB24	12
TASCENSO ODT	85	terconazole vaginal SUPP	92	thiamine hcl TABS	93
TASIGNA	31	teriparatide SOPN	53	thiamine mononitrate TABS 100 MG	93
tasimelteon CAPS	60	TESTOPEL PLLT	8	THINLETS GP LANCETS	67
TAVALISSE	58	testosterone cypionate SOLN IM 200 MG/ML	8	thioridazine hcl	33
tazarotene CREA	45	testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	8	thiothixene	34
TDVAX SUSP	87	testosterone GEL TD 1 %	8	THRESHOLD IMT MISC	72
TECENTRIQ	29	testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %	8	THROMBATE III	58
TECHLITE AST LANCETS	66	testosterone SOLN	8	THYMOGLOBULIN	74
TECHLITE LANCETS	66	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	87	THYROGEN 0.9 MG	50
TECHLITE LANCETS 30G	66	tetrabenazine	85	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	87
TEGLUTIK SUSP	78	tetracaine hcl (ophth)	81	tiagabine hcl 12 MG, 16 MG	13
TEGRETOL-XR TB12 (Use carbamazepine)	13	tetrahydrozoline hcl (ophth) 0.05 %	81	tiagabine hcl 2 MG, 4 MG	13
TEGSEDI	86	TEZSPIRE SOAJ	10	TIBSOVO	31
telmisartan	26	TEZSPIRE SOSY	10	TICOVAC	91
telmisartan-amlodipine	26	TGT LANCET MICRO THIN 33G	66	TIGLUTIK SUSP	78
telmisartan-hydrochlorothiazide	26	TGT LANCET THIN 26G	67	timolol maleate (ophth) SOLG 0.25 %	80
temazepam 15 MG, 30 MG	60	TGT LANCET ULTRA THIN 30G	67	timolol maleate (ophth) SOLN 0.5 %	80
temazepam 7.5 MG, 22.5 MG	60	THALOMID	74	timolol maleate (ophth) SOLN	80
TEMODAR SOLR	28	THEO-24 CP24 100 MG	12	timolol maleate TABS	37
temozolomide CAPS	28	THEO-24 CP24 200 MG, 300 MG, 400 MG	12	TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 %	80
temsirolimus	31	theophylline ELIX	12	TIMOPTIC OCUDOSE SOLN 0.25 % (Use timolol maleate (ophth))	80
TENIVAC INJ	87	theophylline SOLN	12	TIMOPTIC-XE SOLG 0.25 % (Use timolol maleate (ophth))	80
tenofovir disoproxil fumarate TABS 35					
terazosin hcl	26				
terbinafine hcl (topical) CREA	44				
terbinafine hcl TABS	23				

tioconazole vaginal 6.5 %	92	tolterodine tartrate CP24	88	trandolapril 4 MG	25
tiopronin TABS	56	tolterodine tartrate TABS	88	trandolapril-verapamil hcl	26
tiotropium bromide monohydrate CAPS	10	tolvaptan TABS	54	tranexamic acid TABS	59
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (Use levothyroxine sodium)	87	TOPAMAX SPRINKLE CPSP (Use topiramate)	13	tranylcypropramine sulfate	14
TIVICAY PD TBSO	35	topiramate CPSP 15 MG, 25 MG	13	TRAVATAN Z SOLN (Use travoprost)	82
TIVICAY TABS	35	topiramate TABS 25 MG	13	travoprost SOLN	82
tizanidine hcl CAPS	77	topiramate TABS 50 MG, 100 MG, 200 MG	13	trazodone hcl TABS 300 MG	15
tizanidine hcl TABS	77	topotecan hcl SOLN	32	trazodone hcl TABS 50 MG, 100 MG, 150 MG	15
TOBI NEBU (Use tobramycin)	2	TOPOTECAN HCL SOLN	32	TRECATOR	28
TOBRADEX OINT	82	topotecan hcl SOLR	32	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	30
tobramycin (ophth) SOLN	81	toremifene citrate	30	TRELSTAR MIXJECT 3.75 MG	30
tobramycin NEBU	3	torsemide TABS 20 MG	52	TREMFYA SOAJ 200 MG/2ML	45
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	3	torsemide TABS 5 MG, 10 MG, 100 MG	52	TREMFYA SOLN	45
tobramycin sulfate SOLR	3	TOVIAZ (Use fesoterodine fumarate)	88	TREMFYA SOSY 200 MG/2ML	45
tobramycin-dexamethasone SUSP	82	TPOXX CAPS	36	treprostinil SOLN IJ	38
TOBREX OINT	81	TRACLEER TABS (Use bosentan)	38	tretinoin (chemotherapy)	31
TODAYS HEALTH THIN LANCETS 28G	67	TRADJENTA	17	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	44
TODAYS HEALTH THIN LANCETS 30G	67	tramadol hcl CP24 100 MG, 200 MG, 300 MG	7	tretinoin CREA 0.025 %	44
TOFIDENCE	4	TRAMADOL HCL SOLN (Use tramadol hcl)	7	tretinoin GEL 0.01 %, 0.025 %, 0.05 %	44
TOLECTIN 600 TABS	5	tramadol hcl SOLN	7	tretinoin microsphere	44
tolmetin sodium CAPS	5	tramadol hcl TABS 25 MG, 75 MG, 100 MG	7	TRETTEN	57
tolmetin sodium TABS 600 MG	5	tramadol hcl TABS 50 MG	7	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	28
tolnaftate CREA	45	tramadol hcl TB24	7	triamcinolone acetonide (mouth)	75
		tramadol-acetaminophen	7	triamcinolone acetonide (topical) AERS	48
		trandolapril 1 MG, 2 MG	25	triamcinolone acetonide (topical) CREA 0.025 %	48

triamcinolone acetonide (topical) CREA 0.1 %	tropicamide SOLN 0.5 %	80	UDENYCA SOAJ	59
triamcinolone acetonide (topical) CREA 0.5 %	tropicamide SOLN 1 %	80	UDENYCA SOSY	59
triamcinolone acetonide (topical) LOTN	tropium chloride CP24	88	ULTILET CLASSIC LANCETS	67
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	tropium chloride TABS	88	ULTRAFLOA IMMUNE HEALTH CAPS	22
triamcinolone acetonide (topical) OINT 0.05 %	TRUBIOTICS CAPS	22	UNILET COMFORTOUCH LANCET 67	
triamcinolone acetonide (topical) OINT 0.5 %	TRUBIOTICS DIGEST + IMM HEALTH CAPS	22	UNILET EXCELITE	67
triamcinolone acetonide-dimethicone- silicone	TRUEPLUS GLUCOSE CHEW	16	UNILET EXCELITE II	67
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	TRUEPLUS GLUCOSE ON THE GO CHEW	16	UNILET G.P. LANCET	67
triamterene & hydrochlorothiazide TABS	TRUEPLUS LANCETS 26G	67	UNILET G.P. SUPERLITE LANCET 67	
triazolam	TRUEPLUS LANCETS 28G	67	UNILET GP 28 ULTRA THIN	67
trientine hcl 250 MG	TRUEPLUS LANCETS 30G	67	UNILET LANCET	67
trifluoperazine hcl TABS	TRUEPLUS LANCETS 33G	67	UNILET MICRO-THIN 33G	67
trihexyphenidyl hcl SOLN	TRULICITY	17	UNILET SUPERLITE LANCET	67
trihexyphenidyl hcl TABS	TRUMENBA	89	UNILET SUPER-THIN 30G	67
TRIKAFTA TBPK 100 MG-50 MG	TRUVADA (Use emtricitabine- tenofovir disoproxil fumarate)	35	UNILET ULTRA-THIN 28G	67
TRILEPTAL SUSP (Use oxcarbazepine)	TUBING/WING TIP MISC	72	UNITUXIN	29
TRILURON SOSY	TWINRIX SUSY	92	UNIVERSAL 1 LANCETS THIN 26G 67	
trimethoprim TABS	TYBLUME CHEW	41	UNIVERSAL 1 LANCETS THIN 33G 67	
trimipramine maleate CAPS	TYBOST	35	UNIVERSAL 1 LANCETS ULTRA THIN	67
TRIUMEQ PD TBSO	TYENNE SOAJ	4	UP4 PROBIOTICS ADULT CAPS	22
TRIUMEQ TABS	TYENNE SOLN	4	UP4 PROBIOTICS MENS CAPS	22
TRIVISC SOSY	TYENNE SOSY	4	UP4 PROBIOTICS ULTRA CAPS	22
TRIZIVIR	TYLENOL CHILDRENS CHEWABLES CHEW (Use acetaminophen)	6	UP4 PROBIOTICS WOMENS CAPS 22	
	TYPHIM VI SOLN	89	urea CREA 40 %	48
	TYPHIM VI SOSY	89	urea LOTN 40 %	48
	UBRELVY	72	UDENYCA ONBODY SOSY	59

ursodiol CAPS	55	vancomycin hcl SOLR IV 1 GM ...	27	venlafaxine hcl TABS	15
ursodiol TABS 250 MG	55	VANCOMYCIN HCL SOLR IV 1 GM .	27	venlafaxine hcl TB24	15
UZEDY SUSY 100 MG/0.28ML, 150		vancomycin hcl SOLR IV 500 MG .	27	VENTOLIN HFA AERS (Use	
MG/0.42ML, 200 MG/0.56ML, 250		VANCOMYCIN HCL SOLR IV 500		albuterol sulfate)	12
MG/0.7ML	33	MG	27	verapamil hcl CP24 100 MG, 120	
UZEDY SUSY 50 MG/0.14ML, 75		vancomycin hcl SOLR PO 25 MG/ML		MG, 180 MG, 200 MG, 240 MG ...	38
MG/0.21ML, 125 MG/0.35ML	33	.....	27	verapamil hcl CP24 300 MG	37
valacyclovir hcl 1 GM	36	VANDAZOLE	92	verapamil hcl CP24 360 MG	38
valacyclovir hcl 500 MG	36	VAQTA	92	VERAPAMIL HCL ER CP24 (Use	
valganciclovir hcl TABS	36	varenicline tartrate TABS	86	verapamil hcl)	37
valproate sodium SOLN PO 250		varenicline tartrate TBPK	86	verapamil hcl TABS	38
MG/5ML, 500 MG/10ML	14	VARIVAX SUSR	92	verapamil hcl TBCR	38
valproic acid CAPS	14	VAXCHORA	89	VERELAN PM CP24 100 MG, 200	
valrubicin	30	VAXELIS SUSP	87	MG (Use verapamil hcl)	38
valsartan SOLN	26	VAXELIS SUSY	87	VERELAN PM CP24 300 MG (Use	
valsartan TABS	26	VAXNEUVANCE	89	verapamil hcl)	38
valsartan-hydrochlorothiazide	26	VCF VAGINAL CONTRACEPTIVE		VESICARE LS SUSP	88
VALTOCO 10 MG DOSE LIQD	12	FILM	92	VEVYE SOLN	81
VALTOCO 15 MG DOSE LQPK ...	13	VCF VAGINAL CONTRACEPTIVE		VH ESSENTIALS OPTIBALANCE	
VALTOCO 20 MG DOSE LQPK ...	13	GEL	92	CAPS	22
VALTOCO 5 MG DOSE LIQD	13	VECAMEYL	26	VIActiv DIGESTIVE HEALTH	
VALUE PLUS LANCET STANDARD		VECTIBIX 100 MG/5ML, 400		CHEW	22
21G	67	MG/20ML	29	VIDA MIA UNILET LANCETS 28G	
VALUE PLUS LANCETS SUPER		VELSIPITY	55	67	
THIN	67	VENCLEXTA STARTING PACK		VIDA MIA UNILET LANCETS 30G	
VALUE PLUS LANCETS THIN 26G .		TBPK	29	67	
67		VENCLEXTA TABS	29	VIEKIRA PAK TBPK	36
VALUMARK LANCET SUPER THIN		VENLAFAXINE BESYLATE ER ...	15	vigabatrin PACK	14
30G	67	venlafaxine hcl CP24 150 MG	15	vigabatrin TABS	14
VALUMARK LANCET ULTRA THIN		venlafaxine hcl CP24 37.5 MG	15	VIJOICE TBPK	74
28G	67	venlafaxine hcl CP24 75 MG	15	VILTEPSO	79
vancomycin hcl CAPS 125 MG	27			VIMIZIM	54
vancomycin hcl CAPS 250 MG	27			vincristine sulfate	31

VIRACEPT TABS 250 MG	35	CHMBR/MASK/TODDLER DEVI ..	72	UNIT/1.3ML, 2500 UNIT/2.2ML, 5000	
VIRACEPT TABS 625 MG	35	VORTEX VALVE CHAMBER-PEDI		UNIT/4.4ML, 15000 UNIT/13ML ...	83
VIREAD POWD	35	MASK DEVI	72	WOMENS 50 BILLION CAPS	22
VIREAD TABS (Use tenofovir		VORTEX VALVED HOLDING		XACIATO GEL	92
disoproxil fumarate)	35	CHAMBER DEVI	72	XALKORI CAPS	31
VIREAD TABS	35	VOSEVI	36	XARELTO STARTER PACK TBPK	
VISBIOME HIGH POTENCY CAPS		VOTRIENT	31	12	
22		VPRIV	58	XARELTO SUSR	12
VISCO-3 SOSY	77	VSL#3 CAPS	22	XARELTO TABS 10 MG, 20 MG ..	12
VISTOGARD	22	VTAMA	45	XARELTO TABS 15 MG	12
VISUDYNE	81	VYNDAMAX	38	XARELTO TABS 2.5 MG	12
VITAMIN D3 LIQD PO 125 MCG/ML		VYNDAQEL	38	XCOPRI (250 MG DAILY DOSE)	
93		VYONDYS 53	79	TBPK	13
vitamin e CAPS	93	VYVANSE CAPS	1	XCOPRI TABS	13
VITAMIN E CAPS	93	VYVANSE CHEW	1	XELJANZ SOLN	3
VITAMIN E CHEW	93	WALGREENS GLUCOSE CHEW	16	XELSTRYM	1
VITAMINS ACD-FLUORIDE SOLN		WALGREENS LANCETS MICRO		XEOMIN	79
76		THIN	67	XGEVA SOLN	53
vitamins w/ lipotropics CAPS	76	WALGREENS LANCETS SUPER		XIAFLEX	73
VITRAKVI CAPS	31	THIN	68	XIIDRA	81
VITRAKVI SOLN	31	WALGREENS THIN LANCETS	68	XOFLUZA (40 MG DOSE) 40 MG	36
VIVIMUSTA SOLN	28	warfarin sodium TABS	12	XOFLUZA (80 MG DOSE) 80 MG	36
VIVITROL	23	WEBCOL ALCOHOL PREP LARGE		XOLAIR SOAJ	10
VIVOTIF	89	68		XOLAIR SOLR	10
VIZIMPRO	29	WEBCOL ALCOHOL PREP		XOLAIR SOSY	10
VOGELXO PUMP GEL TD (Use		MEDIUM	68	XOPENEX HFA (Use levalbuterol	
testosterone)	8	WEGOVY	1	tartrate)	12
VONVENDI	57	WELLPRO 31 CAPS	22	XOSPATA	31
VORAXAZE	31	white petrolatum-mineral oil	80	XPERT XPRESS SARS-COV-2	51
VORTEX HOLD		WILATE KIT	57	XPHOZAH	54
CHMBR/MASK/CHILD DEVI	72	WINDMILL TRAINER MISC	72	XTANDI CAPS	30
VORTEX HOLD		WINRHO SDF SOLN 1500			

XYBIOTIC CAPS	22	UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	52	zoledronic acid SOLN 5 MG/100ML 53
XYNTHA	57			ZOLEDRONIC ACID SOLN
XYNTHA SOLOFUSE	57			53
XYREM SOLN	84	ZEPATIER	36	ZOLGENSMA 20.6-21.0 KG
YERVOY	29	ZEPBOUND SOAJ	1	79
YESCARTA	29	ZEPBOUND SOLN	1	ZOLGENSMA 10.1-10.5 KG
YF-VAX INJ	92	ZEPOSIA STARTER KIT CPPK ..	85	79
YONDELIS	28	ZEVALIN Y-90	29	ZOLGENSMA 10.6-11.0 KG
YOSPRALA 81 MG-40 MG	58	ZIAGEN SOLN (Use abacavir sulfate)	36	79
YUFLYMA (1 PEN) AJKT	4	ZIAGEN TABS (Use abacavir sulfate)	36	ZOLGENSMA 11.1-11.5 KG
YUFLYMA (2 PEN) AJKT	4			79
YUFLYMA (2 SYRINGE) PSKT	4	zidovudine CAPS	36	ZOLGENSMA 11.6-12.0 KG
YUFLYMA-CD/UC/HS STARTER AJKT	4	zidovudine SYRP	36	79
YUSIMRY	4	zidovudine TABS	36	ZOLGENSMA 12.1-12.5 KG
YUTIQ	82	ZIEXTENZO	59	79
zafirlukast	10	zileuton TB12	10	ZOLGENSMA 12.6-13.0 KG
zaleplon	60	ZILRETTA SRER	42	79
ZALTRAP	29	ZIMHI SOSY	23	ZOLGENSMA 13.1-13.5 KG
ZARXIO	59	zinc oxide (topical) OINT 20 %	49	79
ZAVZPRET	72	zinc sulfate CAPS	73	ZOLGENSMA 13.6-14.0 KG
ZEGALOGUE SOAJ	16	ZINPLAVA	83	79
ZEGALOGUE SOSY	17	ziprasidone hcl	32	ZOLGENSMA 14.1-14.5 KG
ZELAC CAPS	22	ziprasidone mesylate	32	79
ZELBORAF	31	ZITUVIMET TABS	16	ZOLGENSMA 14.6-15.0 KG
ZEMAIRA SOLR 1000 MG	86	ZITUVIO	17	79
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000		ZOLADEX 10.8 MG	30	ZOLGENSMA 15.1-15.5 KG
		ZOLADEX 3.6 MG	30	79
		zoledronic acid CONC	53	ZOLGENSMA 15.6-16.0 KG
		zoledronic acid SOLN 4 MG/100ML 53		79
				ZOLGENSMA 16.1-16.5 KG
				79
				ZOLGENSMA 16.6-17.0 KG
				79
				ZOLGENSMA 17.1-17.5 KG
				79
				ZOLGENSMA 17.6-18.0 KG
				79
				ZOLGENSMA 18.1-18.5 KG
				79
				ZOLGENSMA 18.6-19.0 KG
				79
				ZOLGENSMA 19.1-19.5 KG
				79
				ZOLGENSMA 19.6-20.0 KG
				79
				ZOLGENSMA 2.6-3.0 KG
				79
				ZOLGENSMA 20.1-20.5 KG
				79
				ZOLGENSMA 3.1-3.5 KG
				79
				ZOLGENSMA 3.6-4.0 KG
				79
				ZOLGENSMA 4.1-4.5 KG
				79
				ZOLGENSMA 4.6-5.0 KG
				79

ZOLGENSMA 5.1-5.5 KG	79	ZUBSOLV SUBL 1.4 MG-5.7 MG ...	8
ZOLGENSMA 5.6-6.0 KG	79	ZUBSOLV SUBL 2.1 MG-8.6 MG ...	8
ZOLGENSMA 6.1-6.5 KG	79	ZUBSOLV SUBL 2.9 MG-11.4 MG .	8
ZOLGENSMA 6.6-7.0 KG	79	ZULRESSO	14
ZOLGENSMA 7.1-7.5 KG	79	ZURZUVAE	14
ZOLGENSMA 7.6-8.0 KG	79	ZYDELIG	31
ZOLGENSMA 8.1-8.5 KG	79	ZYKADIA TABS	31
ZOLGENSMA 8.6-9.0 KG	80	ZYMFENTRA (1 PEN) AJKT	55
ZOLGENSMA 9.1-9.5 KG	80	ZYMFENTRA (2 PEN) AJKT	55
ZOLGENSMA 9.6-10.0 KG	80	ZYMFENTRA (2 SYRINGE) PSKT	56
ZOLINZA	31	ZYNTEGLO	58
zolmitriptan SOLN 2.5 MG	73	ZYPREXA RELPREVV	33
zolmitriptan TABS	73		
zolmitriptan TBDP	73		
ZOLPIDEM TARTRATE CAPS	60		
zolpidem tartrate SUBL	60		
zolpidem tartrate TABS	60		
zolpidem tartrate TBCR	60		
ZOMIG SOLN 2.5 MG (Use zolmitriptan)	73		
ZONISADE SUSP	13		
zonisamide CAPS	13		
ZORYVE 0.3 %	45		
ZOVIRAX CREA (Use acyclovir topical)	46		
ZOVIRAX OINT (Use acyclovir topical)	46		
ZTALMY	13		
ZUBSOLV SUBL 0.18 MG-0.7 MG .	8		
ZUBSOLV SUBL 0.36 MG-1.4 MG .	8		
ZUBSOLV SUBL 0.71 MG-2.9 MG .	8		