

PREFERRED DRUG LIST

Coordinated Care of Washington, Inc.

Apple Health Medicaid



coordinated care™

Pharmacy Program

Coordinated Care of Washington, Inc. (Coordinated Care) in conjunction with the Washington State Health Care Authority, is committed to providing appropriate, high quality, and cost-effective drug therapy.

Coordinated Care covers most prescription medications and certain over-the-counter (OTC) medications in accordance with the Apple Health Preferred Drug List, which is subject to state requirements including generic substitution, controlled substance limitations, and coverage preference over brand or generic drugs. Some medications may require prior authorization (PA) or have limitations on age, dosage, or quantity.

Preferred Drug List

The Preferred Drug List (PDL) is a list of drugs or products that includes information regarding coverage status and any limitations. The Preferred drugs within a chosen therapeutic class are selected based on clinical evidence of safety, efficacy, and effectiveness. The drugs within a chosen therapeutic class are evaluated by the Drug Use Review Board, which makes recommendations to HCA regarding the selection of preferred drugs. Members can fill most of these drugs or products at retail pharmacies, others may only be covered when supplied by a specialty pharmacy. Drugs or products that need to be supplied by a specialty pharmacy will have a “SP” indicator on the PDL.

Specialty Pharmacy Program

Certain medications are only covered when supplied by Coordinated Care’s specialty pharmacy. AcariaHealth is the preferred specialty pharmacy of Coordinated Care for most specialty drugs. Other specialty drugs may only be available at certain limited distribution pharmacies. Most specialty drugs, such as biopharmaceuticals and injectables, require a PA to be approved for payment by Coordinated Care.

AcariaHealth provides the following services:

- A dedicated, multilingual team available 24 hours a day, 7 days a week to meet the unique needs of each member
- Disease-specific product education and training
- Customized treatment programs and compliance monitoring
- Prior authorization support
- Timely delivery to the physician’s office or the member’s home, as requested

Centene Pharmacy Services

Coordinated Care works with Centene Pharmacy Services to administer the prior authorization (PA) process. Some drugs and products on the PDL require PA.

Dispensing Limits

Drugs or products may be dispensed up to a maximum of a 34-day supply for each new prescription or refill. A total of 80% of the days' supply must elapse before a prescription can be refilled.

Members may also be able to obtain a 90-day (3-month supply) of maintenance drugs from participating pharmacies. Maintenance drugs are used to treat long-term conditions or illnesses. Additional information about the Maintenance Drug Program can be found at www.coordinatedcarehealth.com/for-providers/pharmacy-program/

Appropriate Use and Safety Edits

The health and safety of our members is a priority of Coordinated Care. 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.

Additional information about what drugs are part of the Appropriate Use and Safety Edits can be found on Coordinated Care's website at www.coordinatedcarehealth.com/for-providers/pharmacy-program/

Second Opinion Program

The Washington Health Care Authority (HCA) requires that Managed Care Organizations (MCOs) participate in the Second Opinion Program. The HCA developed the second opinion program to improve prescribing practices in children 17 years of age and younger. In collaboration with The Pediatric Mental Health Advisory Group and the Drug Utilization Review Board, HCA has established pediatric mental health guidelines to identify children who may be at high risk due to off-label use of prescription medication, use of multiple medications, high medication dosage, or lack of coordination among multiple prescribing providers.

Members 17 years of age and younger who are prescribed drugs outside of the established pediatric mental health guidelines, will be referred to the HCA to initiate the process of a second opinion review with an HCA-designated mental health specialist from the Second Opinion Network. After the second opinion review has been completed, Coordinated Care will receive a copy of the second opinion from the HCA. The second opinion review will have recommendations issuing an approval or denial.

Prior Authorizations

If a medication is not listed on the PDL or there is a "PA" indicator next to a drug or product, a Prior Authorization (PA) is needed. The PA request should be submitted by the prescriber to Centene Pharmacy Services on the Medication Prior Authorization Form or via [CoverMyMeds](#). The PA form can be faxed to Centene Pharmacy Services at 1-833-645-2734, which can be found on Coordinated Care's website at www.coordinatedcarehealth.com/for-providers/pharmacy-program/.

In addition, prescribers can conduct a telephonic PA by calling 855-757-6565 from 5am – 5pm PST Monday - Friday, for all non-specialty drug requests. Please visit www.coordinatedcarehealth.com/for-providers/pharmacy-program/ for more details.

Coordinated Care will cover the medication if it is determined that:

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

All reviews are performed by a licensed clinical pharmacist. Once a PA is approved, Centene Pharmacy Services will notify the member and prescriber. If the clinical information provided does not meet the coverage criteria for the requested medication, Coordinated Care will notify the member and their prescriber and provide information regarding the appeal process.

Non-preferred Medications

Some medications that are listed on the PDL may require that other preferred medications be tried and failed first before the member can receive the requested medication. If additional information is needed showing that the preferred medications were tried and failed first, and it is not received, the request will be denied. The member and their prescriber will be notified and provided information regarding the appeal process.

Quantity Limits

There may be limits on how much of a medication a member can get at one time or over a certain time period. If there is a medically necessary reason that the member needs a larger amount, then the prescriber can submit a PA request for a larger quantity. If the PA is not approved, Coordinated Care will notify the member and their prescriber of the denial and provide information regarding the appeal process.

Age Limits

Some medications may have age limit restrictions. These are set in place for certain drugs based on FDA approved labeling and for safety concerns and quality standards of care.

30-Day Emergency Supply Policy

Up to a 30-day supply of a medication can be dispensed while a member is awaiting a PA if a licensed pharmacist has used his or her professional judgment in identifying that the member has an emergency medical condition for which lack of immediate access to pharmaceutical treatment would result in either placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in

serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. Pharmacies needing an emergency fill must call Centene Pharmacy Services at 1-866-716-5099.

Exclusions

The PDL does not cover all drugs and products. Some exclusions may include:

- Drugs or products that are not approved by the FDA
- Drugs or products from a manufacturer that does not have a federal rebate agreement
- Drugs prescribed for weight loss or weight gain
- Drugs prescribed for infertility, frigidity, or impotence
- Drugs prescribed for sexual or erectile dysfunction
- Drugs prescribed for cosmetic purposes or hair growth
- Nutritional supplements
- Drug Efficacy Study Implementation (DESI), Identical, Related, or Similar (IRS), or Less Than Effective (LTE) drugs
- Non-covered OTC drugs
- Drugs and drug-related supplies for multiple patient use
- Drugs prescribed for an indication that is not evidence-based
- Drugs prescribed for a non-medically accepted indication or dosing level

Newly Approved Products

New drugs that come out to the market are reviewed for safety and effectiveness. Access to these medications will be considered through the PA review process. If Coordinated Care does not approve the PA, Coordinated Care will notify the member and their prescriber of the denial and provide information regarding the appeal process.

Over-the-Counter Medications

The PDL covers a variety of Over-the-Counter (OTC) medications. For a list of covered OTC medications, please refer to the PDL. Members can get a prescription for a covered OTC medication from a licensed prescriber that meets all the legal requirements for a prescription.

Generic Drugs

In most cases, when generic drugs are available, the brand-name drug will not be covered without prior authorization from Coordinated Care. Generic drugs have the same active ingredient as brand-name drugs. If the member or their prescriber feels a brand-name drug is medically necessary, the prescriber can submit a PA request. Coordinated Care will cover the brand-name drug according to clinical guidelines if there is a medical reason that the member needs a particular brand name drug. If Coordinated Care does not approve the PA,

Coordinated Care will notify the member and their prescriber of the denial and provide information regarding the appeal process.

Drug Efficacy Study and Implementation Products

Drug Efficacy Study and Implementation (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 Coordinated Care.

Filling a Prescription

Members can have prescriptions filled at any Coordinated Care network pharmacy. If a member decides to have a prescription filled at a network pharmacy, they can locate a network pharmacy near them by contacting a Coordinated Care Member Services Representative or utilizing the Find a Provider tool on Coordinated Care's website. At the pharmacy, members will need to provide the pharmacist with the prescription and their Coordinated Care ID card.

Copayments

Washington Apple Health members will not have copayments for drugs filled at a network pharmacy.

Contact Information

Coordinated Care Provider Services:

Phone: 1-877-644-4613

Centene Pharmacy Services Prior Authorization:

Phone: 1-866-716-5099

Fax: 1-833-645-2734

Centene Pharmacy Services Help Desk:

Phone: 1-877-250-6176

Tier Description

Drug Tier	Tier Description
1	Preferred Generic
2	Preferred Brand
NF	Non-formulary
NP	Non-preferred drug
CO	Carve-out (Non-contracted) drug

Legend Description

Legend		Description
AL	Age Limit	Drug is limited to specific age.
MDD	Max Daily Dose	A limit on the number of times the drug can be taken per day.
MPL	Max Package Limit	A limit on the amount of drug covered per prescription.
MFL	Max Fill Limit	There is a limit on the number of times this drug can be refilled.
MDS	Max Days' Supply	There is a limit on the amount of this drug that is covered.
PA	Prior Authorization	Prior Authorization required before prescription can be filled.
QL	Quantity Limit	There is a limit on the amount of drug covered per prescription, or within a specific time frame.
Rx/OTC	Rx/OTC	Product has both Rx and OTC National Drug Codes.
SP	Specialty Drug	Specialty drugs are high-cost drugs used to treat complex or rare conditions and may be limited to a specific pharmacy.
MP	Maintenance Product	Maintenance Products are used to treat long-term conditions or illnesses. Maintenance products can be filled for up to a 90-day supply.

SON	Second Opinion Network	<p>A Second Opinion Network (SON) review is required for members between the ages of 0-17 years old when medication(s) exceed established pediatric mental health guidelines.</p> <p>For more information, please visit: Pediatric Mental Health Guidelines (coordinatedcarehealth.com)</p>
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Dose Form Description

Dose Form	Dose Form Description
AEPB	Aerosol Powder Breath Activated
AEPF	Aerosol, Powder, Breath Activated
AERB	Aerosol, breath activated
AERO	Aerosol
AERP	Aerosol, Powder
AERS	Aerosol, Solution
AJKT	Auto-injector Kit
AUIJ	Auto-injector
BAR	Bar
BEAD	Beads
C12A	Capsule ER 12 Hour Abuse-Deterrent
C24A	Capsule ER 24 Hour Abuse-Deterrent
C2PK	Capsule ER 12 Hour Therapy Pack
C4PK	Capsule ER 24 Hour Therapy Pack
CAPA	Capsule Abuse-Deterrent
CAPS	Capsule
CART	Cartridge
CDPK	Capsule Delayed Release Therapy Pack
CEPK	Capsule Extended Release Therapy Pack

CHEW	Tablet Chewable
CONC	Concentrate
CP12	Capsule ER 12 HR
CP24	Capsule ER 24 HR
CPCR	Capsule ER
CPCW	Capsule Chewable
CPDR	Capsule Delayed Release
CPEA	Capsule Extended Release Abuse-Deterrent
CPEC	Capsule Delayed Release
CPEP	Capsule Enteric Coated Particles
CPPK	Capsule Therapy Pack
CPSP	Capsule Sprinkle
CREA	Cream
CRYS	Crystals
CS12	Capsule ER 12 Hour Sprinkle
CS24	Capsule ER 24 Hour Sprinkle
CSER	Capsule Extended Release Sprinkle
CTKT	Cartridge Kit
DEVI	Device
DISK	Disk
DPRH	Diaphragm
ELIX	Elixir
EMUL	Emulsion
ENEM	Enema
EXTR	Fluid Extract
FILM	Film
FLAK	Flakes
FOAM	Foam
GAS	Gas

GEL	Gel (Jelly)
GRAN	Granules
GREF	Granules Effervescent
GUM	Gum
IMPL	Implant
INHA	Inhaler
INJ	Injectable
INST	Insert
IUD	Intrauterine Device
JTAJ	Jet-injector
JTKT	Jet-injector Kit (Needleless)
KIT	Kit
LEAV	Leaves
LIQD	Liquid
LOTN	Lotion
LOZG	Lozenge
LPOP	Lollipop
LQCR	Liquid ER
LQPK	Liquid Therapy Pack
MISC	Miscellaneous
NEBU	Nebulization solution
OIL	Oil
OINT	Ointment
PACK	Packet
PADS	Pads
PDEF	Powder Efferfescent
PEN	Pen-injector
PLLT	Pellet

PNKT	Pen-injector Kit
POWD	Powder
PRSY	Prefilled Syringe
PSKT	Prefilled Syringe Kit
PSTE	Paste
PT24	Patch 24 Hour
PT72	Patch 72 Hour
PTCH	Patch
PTTW	Patch Biweekly
PTWK	Patch Weekly
PUDG	Pudding
RING	Ring
SHAM	Shampoo
SHEE	Sheet
SOAJ	Solution Auto-injector
SOCT	Solution Cartridge
SOLG	Gel Forming Solution
SOLN	Solution
SOLR	Solution Reconstituted
SOPK	Solution Therapy Pack
SOPN	Solution Pen-injector
SOSY	Solution Prefilled Syringe
SOTJ	Solution Jet-injector
SPRT	Spirit
SRER	Suspension Reconstituted ER
STCK	Stick
STRP	Strip
SUAJ	Suspension Auto-injector
SUBL	Tablet Sublingual

SUCT	Suspension Cartridge
SUER	Suspension Extended Release
SUPK	Suspension Therapy Pack
SUPN	Suspension Pen-injector
SUPP	Suppository
SUSP	Suspension
SUSR	Suspension Reconstituted
SUSY	Suspension Prefilled Syringe
SUTJ	Suspension Jet-injector
SWAB	Swab
SYRP	Syrup
T12A	Tablet ER 12 Hour Abuse-Deterrent
T24A	Tablet ER 24 Hour Abuse-Deterrent
T2PK	Tablet ER 12 Hour Therapy Pack
T4PK	Tablet ER 24 Hour Therapy Pack
TABA	Tablet Abuse-Deterrent
TABS	Tablets
TAMP	Tampon
TAPE	Tape
TAR	Tar
TB12	Tablet ER 12 Hour
TB24	Tablet ER 24 Hour
TBCR	Tablet ER
TBDP	Tablet Dispersible
TBDR	Tablet Delayed Release
TBEA	Tablet Extended Release Abuse-Deterrent
TBEC	Tablet Enteric Coated
TBEF	Tablet Effervescent

TBPK	Tablet Therapy Pack
TBSO	Tablet Soluble
TDPK	Tablet Delayed Release Therapy Pack
TEPK	Tablet Extended Release Therapy Pack
TEST	Diagnostic Test
THPK	Therapy Pack
TINC	Tincture
TPPK	Tablet Dispersible Therapy Pack
TROC	Troche
WAFR	Wafer
WAX	Wax

Please note that the preferred drug list may change throughout the year. If you have any questions, please contact Coordinated Care at 1-877-644-4613 (TTY: 711)

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (amphetamine-dextroamphetamine)	2	SON; AL(At least 5 yrs old); MP
ADDERALL TABS (amphetamine-dextroamphetamine)	NP	SON; AL(At least 5 yrs old); MP; PA
ADZENYS XR-ODT TBED	NP	SON; AL(At least 5 yrs old)
amphetamine sulfate TABS	NP	SON; AL(At least 5 yrs old)
amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG-12.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG-9.375 MG	NP	AL(At least 5 yrs old)
amphetamine-dextroamphetamine CP24 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	AL(At least 5 yrs old); MP
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	SON; AL(At least 5 yrs old); MP
amphetamine-dextroamphetamine TABS	1	SON; AL(At least 5 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
DESOXYN (methamphetamine hcl)	NF	SON; QL(20 ea daily)
DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate)	NP	SON; AL(At least 5 yrs old); MP; PA
dextroamphetamine sulfate CP24	1	SON; AL(At least 5 yrs old); MP
dextroamphetamine sulfate SOLN	NP	SON; AL(At least 5 yrs old)
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	NP	SON; AL(At least 5 yrs old - Up to 17 yrs old); PA
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	SON; AL(At least 5 yrs old)
DYANAVAL XR CHER	NP	SON; QL(20 ea daily)
DYANAVAL XR SUER	NP	SON; AL(At least 5 yrs old)
EVEKEO ODT TBDP	NP	SON; AL(At least 5 yrs old); PA
EVEKEO TABS (amphetamine sulfate)	NP	SON; AL(At least 5 yrs old)
lisdexamfetamine dimesylate CAPS 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	1	AL(At least 5 yrs old); MP
lisdexamfetamine dimesylate CAPS	1	SON; AL(At least 5 yrs old); MP
lisdexamfetamine dimesylate CHEW	1	SON; AL(At least 5 yrs old); MP
methamphetamine hcl	NP	SON; QL(20 ea daily); PA
MYDAYIS CP24 (amphetamine-dextroamphetamine)	NP	SON; AL(At least 5 yrs old); PA
VYVANSE CAPS	NP	SON; AL(At least 5 yrs old); MP; PA

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CHEW	2	SON; AL(At least 5 yrs old); MP
XELSTRYM	NP	SON; QL(20 ea daily); PA
Analeptics		
CAFCIT SOLN IV 60 MG/3ML (<i>caffeine citrate</i>)	NF	
<i>caffeine citrate SOLN OR</i>	1	QL(45 ml per fill retail)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl</i>	1	SON; AL(At least 5 yrs old); MP
<i>clonidine hcl (adhd) TB12</i>	1	SON; AL(At least 4 yrs old); MP
<i>guanfacine hcl (adhd)</i>	1	SON; AL(At least 4 yrs old); MP
INTUNIV (<i>guanfacine hcl (adhd)</i>)	NP	SON; AL(At least 4 yrs old); MP; PA
KAPVAY TB12 (<i>clonidine hcl (adhd)</i>)	NF	SON; AL(At least 4 yrs old); MP
QELBREE	2	SON; AL(At least 6 yrs old); PA
STRATTERA (<i>atomoxetine hcl</i>)	NP	SON; AL(At least 5 yrs old); MP; PA
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI	NP	SON; QL(1 ea daily); PA
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX 17.8 MG	NP	SON; QL(2 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits
WAKIX 4.45 MG	NP	SON; QL(8 ea daily; 14 ea per 7 day(s) retail); SP; PA
Stimulants - Misc.		
APTENSIO XR CP24 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>methylphenidate hcl</i>)	NP	SON; AL(At least 5 yrs old); MP; PA
APTENSIO XR CP24 60 MG (<i>methylphenidate hcl</i>)	NP	SON; QL(20 ea daily); AL(At least 5 yrs old); MP; PA
<i>armodafinil 150 MG, 200 MG, 250 MG</i>	1	SON; QL(1 ea daily); AL(At least 18 yrs old); MP; PA
<i>armodafinil 50 MG</i>	1	SON; QL(2 ea daily); AL(At least 18 yrs old); MP; PA
AZSTARYS	NP	SON; AL(At least 5 yrs old)
CONCERTA TBCR (<i>methylphenidate hcl</i>)	2	SON; AL(At least 5 yrs old); MP
COTEMPLA XR-ODT TBED	NP	SON; AL(At least 5 yrs old); PA
DAYTRANA PTCH (<i>methylphenidate</i>)	NP	SON; AL(At least 5 yrs old); PA
<i>dexmethylphenidate hcl CP24</i>	1	SON; AL(At least 5 yrs old)
<i>dexmethylphenidate hcl TABS</i>	1	SON; AL(At least 5 yrs old); MP
FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	NP	SON; AL(At least 5 yrs old); MP; PA
FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	2	SON; AL(At least 5 yrs old); MP
JORNAY PM CP24	NP	SON; AL(At least 5 yrs old); PA
METADATE CD CPCR (<i>methylphenidate hcl</i>)	NF	AL(At least 5 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
METHYLIN SOLN (methylphenidate hcl)	2	SON; AL(At least 5 yrs old); MP	NUVIGIL 150 MG, 200 MG, 250 MG (armodafinil)	NP	SON; QL(1 ea daily); AL(At least 18 yrs old); MP; PA
methylphenidate hcl CHEW	NP	SON; AL(At least 5 yrs old); MP; PA	NUVIGIL 50 MG (armodafinil)	NP	SON; QL(2 ea daily); AL(At least 18 yrs old); MP; PA
methylphenidate hcl CP24 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	NP	SON; AL(At least 5 yrs old); MP; PA	PROVIGIL (modafinil)	NP	SON; QL(2 ea daily); AL(At least 18 yrs old); MP; PA
methylphenidate hcl CP24 60 MG	NP	SON; QL(20 ea daily); AL(At least 5 yrs old); MP; PA	QUILLICHEW ER CHER	NP	SON; QL(20 ea daily); AL(At least 5 yrs old); MP; PA
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	SON; AL(At least 5 yrs old); MP	QUILLIVANT XR SRER	NP	SON; QL(200 ml daily); AL(At least 5 yrs old); MP; PA
methylphenidate hcl CPCR	1	SON; AL(At least 5 yrs old); MP	RELEXXII TBCR 45 MG, 63 MG (methylphenidate hcl)	NP	SON; QL(20 ea daily); PA
methylphenidate hcl SOLN	1	SON; AL(At least 5 yrs old); MP	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	SON; AL(At least 5 yrs old); MP
methylphenidate hcl TABS	1	SON; AL(At least 5 yrs old); MP	RELEXXII TBCR 72 MG	NP	SON; AL(At least 5 yrs old)
methylphenidate hcl TB24	1	SON; AL(At least 5 yrs old); MP	RITALIN LA CP24 (methylphenidate hcl)	NP	SON; AL(At least 5 yrs old); MP; PA
methylphenidate hcl TBCR 45 MG, 63 MG	NP	SON; QL(20 ea daily); PA	RITALIN TABS (methylphenidate hcl)	NP	SON; AL(At least 5 yrs old); MP; PA
methylphenidate hcl TBCR 72 MG	NP	SON; AL(At least 5 yrs old)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
methylphenidate hcl TBCR	1	SON; AL(At least 5 yrs old); MP	Allergenic Extracts		
methylphenidate PTCH	NP	SON; AL(At least 5 yrs old); PA	GRASTEK SUBL	2	PA
modafinil 200 MG	1	QL(2 ea daily); AL(At least 18 yrs old); MP; PA	ODACTRA SUBL	2	PA
modafinil	1	SON; QL(2 ea daily); AL(At least 18 yrs old); MP; PA	ORALAIR ADULT STARTER PACK SUBL	2	PA
			ORALAIR CHILDREN/ADOLESCENTS STARTER PACK SUBL	2	PA
			ORALAIR SUBL	2	PA

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA INITIAL DOSE ESCALATION CSPK	2	SP; PA
PALFORZIA LEVEL 10 CSPK	2	SP; PA
PALFORZIA LEVEL 11 (MAINTENANCE) PACK	2	SP; PA
PALFORZIA LEVEL 11 (TITRATION) PACK	2	SP; PA
PALFORZIA LEVEL 1 CSPK	2	SP; PA
PALFORZIA LEVEL 2 CSPK	2	SP; PA
PALFORZIA LEVEL 3 CSPK	2	SP; PA
PALFORZIA LEVEL 4 CSPK	2	SP; PA
PALFORZIA LEVEL 5 CSPK	2	SP; PA
PALFORZIA LEVEL 6 CSPK	2	SP; PA
PALFORZIA LEVEL 7 CSPK	2	SP; PA
PALFORZIA LEVEL 8 CSPK	2	SP; PA
PALFORZIA LEVEL 9 CSPK	2	SP; PA
RAGWITEK SUBL	2	PA
AMEBICIDES		
Amebicides		
SOLOSEC	2	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1	
ARIKAYCE	NP	SP; PA
BETHKIS NEBU (<i>tobramycin</i>)	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %</i>	1	
<i>gentamicin sulfate IJ</i>	1	
KITABIS PAK NEBU (<i>tobramycin</i>)	2	SP; PA
<i>neomycin sulfate TABS</i>	1	
<i>streptomycin sulfate SOLR</i>	1	
TOBI PODHALER CAPS	NP	SP; PA
TOBI NEBU (<i>tobramycin</i>)	NP	SP; PA
TOBI NEBU (<i>tobramycin</i>)	NF	SP
<i>tobramycin sulfate SOLN IJ</i>	1	
<i>tobramycin sulfate SOLR</i>	1	
<i>tobramycin NEBU</i>	2	SP; PA
<i>tobramycin NEBU</i>	1	SP; PA
<i>tobramycin NEBU</i>	NP	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP; PA
RINVOQ	NP	SP; PA
XELJANZ XR TB24	NP	SP; PA
XELJANZ SOLN	NP	SP; PA
XELJANZ TABS	NP	SP; PA
Antirheumatic Antimetabolites		
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	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	2	SP; PA	ADALIMUMAB-RYVK (2 PEN) 40 MG/0.4ML	NP	SP; PA
REDITREX SOSY	NP	SP; PA	AMJEVITA SOAJ	NP	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies			AMJEVITA SOSY	NP	SP; PA
ABRILADA 1-PEN KIT AJKT	NP	SP; PA	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP; PA
ABRILADA 2-PEN KIT AJKT	NP	SP; PA	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP	SP; PA
ABRILADA PSKT	NP	SP; PA	CYLTEZO AJKT	NP	SP; PA
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP; PA	CYLTEZO PSKT	NP	SP; PA
ADALIMUMAB-AATY 1-PEN KIT AJKT	NP	SP; PA	HADLIMA PUSHTOUCH SOAJ	NP	SP; PA
ADALIMUMAB-AATY 2-PEN KIT AJKT	NP	SP; PA	HADLIMA SOSY	NP	SP; PA
ADALIMUMAB-AATY 2-SYRINGE KIT PSKT	NP	SP; PA	HULIO AJKT	NP	SP; PA
ADALIMUMAB-ADAZ SOAJ	NP	SP; PA	HULIO PSKT	NP	SP; PA
ADALIMUMAB-ADAZ SOSY	NP	SP; PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	2	SP; PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	NP	SP; PA	HUMIRA PEN-CD/UC/HS STARTER PNKT	2	SP; PA
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER AJKT	NP	SP; PA	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	2	SP; PA
ADALIMUMAB-ADBM AJKT	NP	SP; PA	HUMIRA PEN PNKT	2	SP; PA
ADALIMUMAB-ADBM PSKT	NP	SP; PA	HUMIRA PEN-PS/UV STARTER PNKT	2	SP; PA
ADALIMUMAB-FKJP AJKT	NP	SP; PA	HUMIRA PSKT	2	SP; PA
ADALIMUMAB-FKJP PSKT	NP	SP; PA	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	NP	SP; PA
			HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	NP	SP; PA
			HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	NP	SP; PA
			HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ SOAJ	NP	SP; PA
HYRIMOZ SOSY	NP	SP; PA
IDACIO (2 PEN) AJKT	NP	SP; PA
IDACIO (2 SYRINGE) PSKT	NP	SP; PA
IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	NP	SP; PA
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	NP	SP; PA
SIMLANDI 1-PEN KIT	NP	SP; PA
SIMLANDI 2-PEN KIT	NP	SP; PA
SIMPONI ARIA SOLN	NP	SP; PA
SIMPONI SOAJ	NP	SP; PA
SIMPONI SOSY	NP	SP; PA
YUFLYMA 1-PEN KIT AJKT	NP	SP; PA
YUFLYMA 2-PEN KIT AJKT	NP	SP; PA
YUFLYMA 2-SYRINGE KIT PSKT	NP	SP; PA
YUFLYMA CD/UC/HS STARTER AJKT	NP	SP; PA
YUSIMRY	NP	SP; PA
Gold Compounds		
RIDAURA	2	MP
Interleukin-1 Blockers		
ARCALYST	NP	SP; PA
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	NP	SP; PA
Interleukin-1beta Blockers		
ILARIS SOLN	NP	QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); SP; PA
Interleukin-6 Receptor Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA ACTPEN SOAJ	NP	SP; PA
ACTEMRA SOLN	NP	SP; PA
ACTEMRA SOSY	NP	SP; PA
KEVZARA SOAJ	NP	SP; PA
KEVZARA SOSY	NP	SP; PA
TOFIDENCE SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	PA
TYENNE	NP	SP; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS (<i>ibuprofen</i>)	NF	MP
ALEVE ARTHRITIS TABS (<i>naproxen sodium</i>)	NF	QL(2 ea daily); MP
ALEVE TABS (<i>naproxen sodium</i>)	NF	QL(2 ea daily); MP
ANAPROX DS TABS (<i>naproxen sodium</i>)	NF	MP
ANJESO INJ	NP	PA
ARTHROTEC 50 TBEC (<i>diclofenac w/ misoprostol</i>)	NP	PA
ARTHROTEC 75 TBEC (<i>diclofenac w/ misoprostol</i>)	NP	PA
CELEBREX (<i>celecoxib</i>)	NP	MP; PA
<i>celecoxib</i>	NP	MP
CHILDRENS ADVIL SUSP 100 MG/5ML (<i>ibuprofen</i>)	NF	MP; RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>ibuprofen</i>)	NF	MP; RX/OTC
DAYPRO TABS (<i>oxaprozin</i>)	NP	MP; PA
<i>diclofenac potassium CAPS</i>	NP	PA
<i>diclofenac potassium TABS</i>	1	
<i>diclofenac sodium-capsaicin</i>	NP	PA
<i>diclofenac sodium TB24</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diclofenac sodium TBEC</i>	1	MP	<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per 30 day(s) retail); AL(At least 17 yrs old)
<i>diclofenac w/ misoprostol TBEC</i>	NP	PA	<i>LODINE TABS (etodolac)</i>	NF	MP
<i>DUEXIS (ibuprofen-famotidine)</i>	NP	PA	<i>meclofenamate sodium CAPS</i>	NP	MP
<i>EC-NAPROSYN TBEC (naproxen)</i>	NF	QL(2 ea daily); MP	<i>mefenamic acid CAPS</i>	NP	MP; PA
<i>etodolac CAPS</i>	NP	MP	<i>meloxicam CAPS</i>	NP	PA
<i>etodolac TABS</i>	NP	MP	<i>meloxicam TABS</i>	1	MP
<i>etodolac TB24</i>	NP	MP; PA	<i>MOTRIN CHILDRENS CHEW (ibuprofen)</i>	NF	
<i>FELDENE CAPS (piroxicam)</i>	NP	MP; PA	<i>MOTRIN INFANTS DROPS SUSP (ibuprofen)</i>	NF	MP
<i>fenoprofen calcium CAPS 400 MG</i>	NP	MP; PA	<i>nabumetone</i>	1	MP
<i>fenoprofen calcium TABS</i>	NP	MP; PA	<i>NALFON CAPS (fenoprofen calcium)</i>	NP	MP; PA
<i>flurbiprofen TABS 50 MG</i>	2	MP	<i>NALFON TABS (fenoprofen calcium)</i>	NP	MP; PA
<i>flurbiprofen TABS 100 MG</i>	1	MP	<i>NAPRELAN TB24 (naproxen sodium)</i>	NP	PA
<i>ibuprofen CHEW</i>	1		<i>NAPROSYN SUSP (naproxen)</i>	NP	MP; PA
<i>ibuprofen-famotidine</i>	NP	PA	<i>NAPROSYN TABS 500 MG (naproxen)</i>	NF	MP
<i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML</i>	1	MP; RX/OTC	<i>naproxen sodium TABS 275 MG, 550 MG</i>	NP	MP; PA
<i>ibuprofen TABS</i>	1	MP	<i>naproxen sodium TABS 220 MG</i>	1	QL(2 ea daily); MP
<i>INDOCIN SUSP (indomethacin)</i>	NF		<i>naproxen sodium TB24</i>	NP	PA
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	MP	<i>naproxen-esomeprazole magnesium</i>	NP	PA
<i>indomethacin CPCR</i>	NP	MP	<i>naproxen SUSP</i>	NP	MP; PA
<i>indomethacin SUPP</i>	1		<i>naproxen TABS</i>	1	MP
<i>indomethacin SUSP</i>	NP	PA	<i>naproxen TBEC</i>	1	QL(2 ea daily); MP
<i>INFANTS ADVIL SUSP (ibuprofen)</i>	NF	MP	<i>oxaprozin TABS</i>	NP	MP
<i>ketoprofen CAPS 25 MG</i>	NP		<i>piroxicam CAPS</i>	NP	MP
<i>ketoprofen CP24</i>	NP	MP; PA	<i>RELAFEN DS</i>	NP	PA
<i>ketorolac tromethamine SOLN IM 30 MG/ML, 60 MG/2ML</i>	1	PA	<i>sulindac TABS</i>	1	MP
<i>KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY</i>	NP	PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TIVORBEX CAPS (indomethacin)	NF		butalbital-acetaminophen- caffeine CAPS 40 MG-50 MG-300 MG	NP	
TOLECTIN 600 TABS 600 MG	NP	MP	butalbital-acetaminophen- caffeine TABS 40 MG-50 MG-325 MG	1	QL(4 ea daily)
tolmetin sodium CAPS	NP	MP	butalbital-acetaminophen CAPS 50 MG-300 MG	NP	
tolmetin sodium TABS 600 MG	NP	MP	butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG	NP	
VIMOVO (naproxen- esomeprazole magnesium)	NP	PA	butalbital-aspirin-caffeine CAPS	NP	QL(4 ea daily)
ZIPSOR CAPS (diclofenac potassium)	NF		ESGIC TABS (butalbital- acetaminophen-caffeine)	NP	QL(4 ea daily); PA
Phosphodiesterase 4 (PDE4) Inhibitors			FIORICET CAPS (butalbital- acetaminophen-caffeine)	NP	
OTEZLA TABS	NP	SP; PA	Analgesics Other		
OTEZLA TBPB	NP	SP; PA	acetaminophen CHEW	1	
Pyrimidine Synthesis Inhibitors			acetaminophen LIQD 160 MG/5ML	1	
ARAVA (leflunomide)	NP	QL(1 ea daily); MP; PA	acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	1	
leflunomide	1	QL(1 ea daily); MP	acetaminophen SUPP 120 MG, 650 MG	1	QL(12 ea per fill retail)
Selective Costimulation Modulators			acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	2	
ORENCIA CLICKJECT SOAJ	NP	SP; PA	acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	1	
ORENCIA SOLR	NP	SP; PA	acetaminophen TABS 325 MG, 500 MG	1	
ORENCIA SOSY	NP	SP; PA	acetaminophen TBCR	1	
Soluble Tumor Necrosis Factor Receptor Agents			FEVERALL INFANTS SUPP	2	
ENBREL MINI SOCT	NP	SP; PA	FEVERALL JUNIOR STRENGTH SUPP	1	QL(12 ea per fill retail)
ENBREL SURECLICK SOAJ	2	SP; PA	OFIRMEV SOLN IV (acetaminophen)	NF	
ENBREL SOLN	2	SP; PA			
ENBREL SOSY	2	SP; PA			
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions					
Analgesic Combinations					
ALLZITAL TABS	NP				
butalbital-acetaminophen- caffeine CAPS 40 MG-50 MG-325 MG	NP	QL(4 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TYLENOL 8 HOUR ARTHRITIS PAIN TBCR (acetaminophen)	NF		ACTIQ LPOP (fentanyl citrate)	NP	
TYLENOL 8 HOUR TBCR (acetaminophen)	NF		codeine sulfate TABS 30 MG	1	AL (At least 21 yrs old)
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (acetaminophen)	NF		CODEINE SULFATE TABS	1	AL (At least 21 yrs old)
TYLENOL CHILDRENS PAIN + FEVER SUSP (acetaminophen)	NF		CONZIP CP24 (tramadol hcl)	NP	AL (At least 21 yrs old)
TYLENOL CHILDRENS SUSP (acetaminophen)	NF		DILAUDID LIQD (hydromorphone hcl)	NP	PA
TYLENOL EXTRA STRENGTH TABS (acetaminophen)	NF		DILAUDID TABS (hydromorphone hcl)	NP	PA
TYLENOL FOR CHILDREN/ADULTS SUSP (acetaminophen)	NF		fentanyl citrate LPOP	NP	
TYLENOL INFANTS PAIN+FEVER SUSP (acetaminophen)	NF		fentanyl citrate SOLN IJ 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML	NP	
TYLENOL TABS (acetaminophen)	NF		FENTANYL CITRATE SOLN IJ 100 MCG/2ML, 250 MCG/5ML (fentanyl citrate)	NP	
Salicylates			fentanyl citrate TABS	NP	
aspirin CHEW	1		fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	1	QL (15 ea per 30 day(s) retail)
aspirin TABS 325 MG	1		fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	NP	
aspirin TBEC 81 MG, 325 MG	1		FENTORA TABS (fentanyl citrate)	NP	
diflunisal TABS	NP	MP	hydrocodone bitartrate CP12	NP	
ECOTRIN ARTHRITIS PAIN TBEC (aspirin)	NF		hydrocodone bitartrate T24A	NP	
ECOTRIN REGULAR STRENGTH TBEC (aspirin)	NF		hydromorphone hcl LIQD	NP	
ECOTRIN TBEC (aspirin)	NF		HYDROMORPHONE HCL SUPP	1	
salsalate	NP	MP	hydromorphone hcl TABS	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			hydromorphone hcl TB24	NP	
Opioid Agonists			HYSINGLA ER T24A	NP	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levorphanol tartrate TABS 2 MG</i>	NP		<i>oxycodone hcl CONC 100 MG/5ML</i>	NP	
<i>levorphanol tartrate TABS 3 MG</i>	NP		<i>oxycodone hcl SOLN</i>	1	
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	NP		<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	NP	QL(2 ea daily)
<i>meperidine hcl TABS 50 MG</i>	NP		<i>oxycodone hcl TABS 10 MG, 20 MG</i>	1	AL(At least 18 yrs old)
<i>methadone hcl CONC</i>	NP	QL(2 ml daily)	<i>oxycodone hcl TABS 5 MG, 15 MG, 30 MG</i>	1	
METHADONE HCL POWD	NP		OXYCONTIN T12A	NP	QL(2 ea daily)
<i>methadone hcl SOLN OR</i>	NP		<i>oxymorphone hcl TABS</i>	NP	
METHADONE HCL SOLN IJ	NP		<i>oxymorphone hcl TB12</i>	NP	
<i>methadone hcl TABS</i>	NP		QDOLO SOLN (<i>tramadol hcl</i>)	NP	PA
<i>methadone hcl TBSO</i>	NP	QL(0.5 ea daily)	ROXICODONE TABS 5 MG (<i>oxycodone hcl</i>)	NF	
METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	NP	QL(2 ml daily)	ROXICODONE TABS 15 MG, 30 MG (<i>oxycodone hcl</i>)	NP	PA
METHADOSE CONC (<i>methadone hcl</i>)	NP	QL(2 ml daily)	ROXYBOND TABA	NP	
<i>morphine sulfate beads</i>	NP		<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	AL(At least 21 yrs old)
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	NP		<i>tramadol hcl SOLN</i>	NP	PA
<i>morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	NP		<i>tramadol hcl TABS 25 MG</i>	NP	PA
<i>morphine sulfate SUPP 5 MG</i>	1	QL(24 ea per fill retail)	<i>tramadol hcl TABS 100 MG</i>	NP	
<i>morphine sulfate SUPP 10 MG, 20 MG, 30 MG</i>	1		<i>tramadol hcl TABS 50 MG</i>	1	AL(At least 21 yrs old)
<i>morphine sulfate TABS</i>	1		<i>tramadol hcl TB24</i>	1	AL(At least 21 yrs old)
<i>morphine sulfate TBCR</i>	1	QL(3 ea daily)	<i>tramadol hcl TB24</i>	NP	AL(At least 21 yrs old)
MS CONTIN TBCR (<i>morphine sulfate</i>)	NP	QL(3 ea daily); PA	TRAMADOL HYDROCHLORIDE SOLN (<i>tramadol hcl</i>)	NP	PA
NUCYNTA ER TB12	NP		ULTRAM TABS (<i>tramadol hcl</i>)	NF	AL(At least 21 yrs old)
NUCYNTA TABS	NP		XTAMPZA ER	NP	
<i>oxycodone hcl CAPS</i>	NP		Opioid Combinations		
			<i>acetaminophen w/ codeine SOLN</i>	1	AL(At least 21 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	AL(At least 21 yrs old)
<i>acetaminophen-caffi-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NP	
APADAZ	NP	
BENZHYDROCODONE/A CETAMINOPHEN	NP	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1	AL(At least 21 yrs old)
<i>butalbital-aspirin-caffeine w/cod</i>	1	AL(At least 21 yrs old)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NP	AL(At least 21 yrs old); PA
<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	
<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>	2	
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	1	
NALOCET TABS	NP	PA
<i>oxycodone w/ acetaminophen SOLN</i>	NP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	
PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	NP	PA
PROLATE SOLN	NP	PA
PROLATE TABS	NP	PA
SEGLENTIS	NP	PA
<i>tramadol-acetaminophen</i>	1	AL(At least 21 yrs old)
ULTRACET (<i>tramadol-acetaminophen</i>)	NF	AL(At least 21 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	NP	
BRIXADI SOSY	2	SP
BUPRENEX SOLN (<i>buprenorphine hcl</i>)	NP	
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>	NP	PA required if > 32mg buprenorphine per day; QL(8 ea daily); PA
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>	NP	PA required if > 32mg buprenorphine per day; QL(4 ea daily); PA
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG</i>	NP	PA required if > 32mg buprenorphine per day; QL(16 ea daily); PA
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	NP	PA required if > 32mg buprenorphine per day; QL(2.7 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl dihydrate</i> SUBL 2 MG-8 MG	1	PA required if > 32mg buprenorphine per day; QL(4 ea daily)	SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	PA required if > 32mg buprenorphine per day; QL(2.7 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate</i> SUBL 0.5 MG-2 MG	1	PA required if > 32mg buprenorphine per day; QL(16 ea daily)	ZUBSOLV SUBL 2.1 MG-8.6 MG	NP	QL(2.7 ea daily); PA
<i>buprenorphine hcl SOLN</i>	NP		ZUBSOLV SUBL 2.9 MG-11.4 MG	NP	QL(2 ea daily); PA
<i>buprenorphine hcl SUBL 2 MG</i>	NP	QL(16 ea daily); PA	ZUBSOLV SUBL 0.36 MG-1.4 MG	NP	QL(16.3 ea daily); PA
<i>buprenorphine hcl SUBL 8 MG</i>	NP	QL(4 ea daily); PA	ZUBSOLV SUBL 0.71 MG-2.9 MG	NP	QL(7.9 ea daily); PA
<i>buprenorphine PTWK 7.5 MCG/HR</i>	1	PA	ZUBSOLV SUBL 0.18 MG-0.7 MG	NP	QL(32.6 ea daily); PA
<i>buprenorphine PTWK</i>	1		ZUBSOLV SUBL 1.4 MG-5.7 MG	NP	QL(4 ea daily); PA
<i>butorphanol tartrate NA 10 MG/ML</i>	NP		ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
BUTRANS PTWK (<i>buprenorphine</i>)	2		Androgens		
<i>pentazocine w/ naloxone hcl</i>	NP		ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 ea daily); MP; PA
SUBLOCADE SOSY 100 MG/0.5ML	2	QL(0.5 ml per 30 day(s) retail); SP	ANDROGEL PUMP GEL TD 1.62 % (<i>testosterone</i>)	NP	QL(150 gm per 30 day(s) retail); PA
SUBLOCADE SOSY 300 MG/1.5ML	2	QL(1.5 ml per 30 day(s) retail); SP	ANDROGEL PUMP GEL TD 1.62 % (<i>testosterone</i>)	NF	QL(150 gm per 30 day(s) retail)
SUBOXONE FILM SL 1 MG-4 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	PA required if > 32mg buprenorphine per day; QL(8 ea daily)	ANDROGEL GEL TD 25 MG/2.5GM, 50 MG/5GM (<i>testosterone</i>)	NF	QL(300 gm per 30 day(s) retail); MP
SUBOXONE FILM SL 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	PA required if > 32mg buprenorphine per day; QL(4 ea daily)	ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (<i>testosterone</i>)	NF	QL(150 gm per 30 day(s) retail)
SUBOXONE FILM SL 0.5 MG-2 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	PA required if > 32mg buprenorphine per day; QL(16 ea daily)	AVEED SOLN	NP	QL(3 ml per 30 day(s) retail); SP; ST
			<i>danazol</i> CAPS	1	
			FORTESTA GEL TD (<i>testosterone</i>)	NP	QL(120 gm per 30 day(s) retail); PA
			JATENZO CAPS	NP	QL(2 ea daily); PA
			METHITEST TABS	NP	QL(5 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>methyltestosterone CAPS</i>	NP	QL(5 ea daily); PA	TLANDO CAPS	NP	QL(4 ea daily); PA
NATESTO GEL NA	NP	QL(22 gm per 30 day(s) retail); PA	VOGELXO PUMP GEL TD (<i>testosterone</i>)	NP	QL(300 gm per 30 day(s) retail); PA
TESTIM GEL TD (<i>testosterone</i>)	2	QL(300 gm per 30 day(s) retail); MP; PA	VOGELXO GEL TD (<i>testosterone</i>)	NP	QL(300 gm per 30 day(s) retail); MP; PA
TESTOPEL PLLT	NP	QL(6 ea per 90 day(s) retail); SP; PA	XYOSTED SOAJ	NP	QL(2 ml per 28 day(s) retail); ST
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	1	QL(2 ml per 28 day(s) retail); PA	ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	NP	QL(10 ml per 28 day(s) retail); PA	Intrarectal Steroids		
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	2	QL(2 ml per 28 day(s) retail); PA	<i>budesonide (intrarectal)</i>	NP	
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	2	QL(20 ml per 56 day(s) retail); PA	CORTENEMA (<i>hydrocortisone (intrarectal)</i>)	NP	QL(420 ml per fill retail); PA
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	1	QL(10 ml per 28 day(s) retail); PA	CORTIFOAM EX 10 %	NP	PA
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	1	QL(10 ml per 56 day(s) retail; 10 ml per 56 days mail); PA	<i>hydrocortisone (intrarectal)</i>	1	QL(420 ml per fill retail)
<i>testosterone enanthate SOLN IM</i>	NP	QL(2 ml per 28 day(s) retail); ST	UCERIS (<i>budesonide (intrarectal)</i>)	NP	PA
<i>testosterone GEL TD 10 MG/ACT</i>	NP	QL(120 gm per 30 day(s) retail); ST	Rectal Combinations		
<i>testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM</i>	1	QL(300 gm per 30 day(s) retail); MP; PA	ANALPRAM HC CREA EX (<i>hydrocortisone acetate w/ pramoxine</i>)	NF	
<i>testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM</i>	NP	QL(150 gm per 30 day(s) retail); ST	<i>hydrocortisone acetate w/ pramoxine CREA EX 1 %-1 %</i>	1	
<i>testosterone GEL TD 1 %</i>	2	QL(300 gm per 30 day(s) retail); MP; PA	LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE GEL	NP	PA
<i>testosterone SOLN</i>	NP	QL(180 ml per 30 day(s) retail); PA	<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	1	
			<i>lidocaine-hydrocortisone acetate (rectal) KIT</i>	NP	PA
			PROCTOFOAM HC FOAM EX	NP	PA
			Rectal Steroids		

Drug Name	Drug Tier	Requirements/Limits
ANUSOL-HC EX (hydrocortisone (rectal))	NP	PA
hydrocortisone (rectal) EX	1	
hydrocortisone (rectal) EX 1 %	NP	PA; RX/OTC
hydrocortisone acetate (rectal)	1	
Vasodilating Agents		
nitroglycerin (intra-anal)	1	PA
RECTIV (nitroglycerin (intra-anal))	NP	PA
ANTACIDS		
Antacid Combinations		
MAG-AL LIQD	2	
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	1	
calcium carbonate (antacid) SUSP	1	QL(16.67 ml daily)
CALCIUM CARBONATE TABS 648 MG	1	
TUMS CHEWY BITES CHEW (calcium carbonate (antacid))	NF	
TUMS E-X 750 CHEW (calcium carbonate (antacid))	NF	
TUMS EXTRA STRENGTH 750 CHEW (calcium carbonate (antacid))	NF	
TUMS LASTING EFFECTS CHEW (calcium carbonate (antacid))	NF	
TUMS SMOOTHIES CHEW (calcium carbonate (antacid))	NF	

Drug Name	Drug Tier	Requirements/Limits
TUMS ULTRA 1000 CHEW (calcium carbonate (antacid))	NF	
TUMS CHEW (calcium carbonate (antacid))	NF	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	1	
BENZNIDAZOLE	NP	SP; PA
BILTRICIDE (praziquantel)	NP	PA
EGATEN	2	
EMVERM CHEW	NP	QL(1 ea per 14 day(s) retail); PA
ivermectin	NP	PA
praziquantel	NP	PA
STROMECTOL (ivermectin)	NP	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	NP	PA
RANEXA TB12 (ranolazine)	NF	MP
ranolazine TB12	1	MP; PA
Nitrates		
GONITRO PACK	NP	
ISORDIL TITRADOSE TABS 5 MG (isosorbide dinitrate)	2	MP
ISORDIL TITRADOSE TABS 40 MG (isosorbide dinitrate)	NP	PA
isosorbide dinitrate TABS	1	MP
isosorbide mononitrate TABS	1	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate TB24</i>	1	QL(1 ea daily); MP	<i>meprobamate</i>	NP	SON; QL(20 ea daily); PA
NITRO-BID OINT	1	MP	VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	NP	SON; QL(20 ea daily); MP; PA
NITRO-DUR PT24 0.1 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	NF	MP	Benzodiazepines		
NITRO-DUR PT24	2		ALPRAZOLAM INTENSOL CONC	NP	SON; QL(200 ml daily)
NITRO-DUR PT24 (<i>nitroglycerin</i>)	NP	MP; PA	<i>alprazolam TABS</i>	1	SON; QL(4 ea daily)
<i>nitroglycerin in d5w</i>	1	PA	<i>alprazolam TB24</i>	NP	SON; QL(20 ea daily)
<i>nitroglycerin CPCR</i>	1	MP	<i>alprazolam TBDP</i>	NP	SON; QL(20 ea daily)
<i>nitroglycerin PT24</i>	1	MP	ATIVAN SOLN (<i>lorazepam</i>)	NP	SON; QL(200 ml daily); PA
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	NP	PA	ATIVAN TABS 0.5 MG, 2 MG (<i>lorazepam</i>)	NP	SON; QL(3 ea daily); PA
NITROGLYCERIN SOLN IV	NP	PA	ATIVAN TABS 1 MG (<i>lorazepam</i>)	NP	SON; QL(4 ea daily); PA
<i>nitroglycerin SUBL</i>	1	MP	<i>chlordiazepoxide hcl CAPS 5 MG</i>	1	QL(4 ea daily)
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	NP	PA	<i>chlordiazepoxide hcl CAPS</i>	1	SON; QL(4 ea daily)
NITROSTAT SUBL (<i>nitroglycerin</i>)	NP	MP; PA	<i>clorazepate dipotassium TABS</i>	NP	QL(3 ea daily)
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety					
Antianxiety Agents - Misc.					
<i>buspirone hcl 15 MG, 30 MG</i>	1	QL(3 ea daily); MP	<i>clorazepate dipotassium TABS</i>	NP	SON; QL(3 ea daily)
<i>buspirone hcl</i>	1	SON; QL(3 ea daily); MP	<i>diazepam CONC</i>	1	SON; QL(200 ml daily)
<i>droperidol SOLN 2.5 MG/ML</i>	1	SON; QL(200 ml daily)	<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML</i>	1	SON; QL(200 ml daily)
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	1	SON; QL(200 ml daily)	<i>diazepam SOLN OR 5 MG/5ML</i>	1	SON; QL(500 ml per fill retail)
<i>hydroxyzine hcl SYRP</i>	1	SON; QL(200 ml daily)	<i>diazepam TABS</i>	1	SON; QL(4 ea daily)
<i>hydroxyzine hcl TABS 25 MG</i>	1	QL(20 ea daily); MP	<i>diazepam TABS</i>	1	QL(4 ea daily)
<i>hydroxyzine hcl TABS</i>	1	SON; QL(20 ea daily); MP	<i>lorazepam CONC</i>	1	SON; QL(200 ml daily)
<i>hydroxyzine pamoate CAPS</i>	1	SON; QL(20 ea daily)	<i>lorazepam SOLN</i>	1	SON; QL(200 ml daily)
<i>hydroxyzine pamoate CAPS 25 MG, 50 MG</i>	1	QL(20 ea daily)	<i>lorazepam TABS 0.5 MG, 2 MG</i>	1	SON; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam TABS 1 MG</i>	1	SON; QL(4 ea daily)
LOREEV XR CS24	NP	SON; QL(20 ea daily); PA
<i>oxazepam CAPS</i>	NP	SON; QL(4 ea daily)
TRANXENE T TABS 7.5 MG (<i>clorazepate dipotassium</i>)	NF	SON; QL(3 ea daily)
VALIUM TABS (<i>diazepam</i>)	NF	SON; QL(4 ea daily)
XANAX XR TB24 (<i>alprazolam</i>)	NP	SON; QL(20 ea daily); PA
XANAX TABS (<i>alprazolam</i>)	NP	SON; QL(4 ea daily); PA
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics - Misc.		
<i>adenosine SOLN 6 MG/2ML, 12 MG/4ML</i>	1	PA
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	MP
NORPACE CR CP12	NP	
NORPACE CAPS (<i>disopyramide phosphate</i>)	NP	MP; PA
<i>procainamide hcl SOLN 100 MG/ML</i>	2	PA
<i>procainamide hcl SOLN</i>	1	PA
<i>quinidine gluconate TBCR</i>	1	MP
<i>quinidine sulfate TABS</i>	NP	
Antiarrhythmics Type I-B		
<i>lidocaine hcl (cardiac) SOSY</i>	1	PA
LIDOCAINE HCL SOLN	1	PA
<i>lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML</i>	1	PA
<i>mexiletine hcl</i>	1	MP
Antiarrhythmics Type I-C		

Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate</i>	1	MP
<i>propafenone hcl CP12</i>	1	MP
<i>propafenone hcl TABS</i>	1	MP
RYTHMOL SR CP12 (<i>propafenone hcl</i>)	NP	MP; PA
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 50 MG/ML, 450 MG/9ML, 900 MG/18ML</i>	1	PA
<i>amiodarone hcl TABS</i>	1	MP
<i>amiodarone hcl TABS</i>	NP	MP; PA
CORVERT (<i>ibutilide fumarate</i>)	2	PA
<i>dofetilide</i>	1	MP
<i>ibutilide fumarate</i>	1	PA
MULTAQ	NP	
NEXTERONE	2	PA
TIKOSYN (<i>dofetilide</i>)	NP	MP; PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	2	SP; MP; PA
FASENRA PEN SOAJ	2	SP; PA
FASENRA SOSY	2	SP; MP; PA
NUCALA SOAJ	NP	SP; PA
NUCALA SOLR	NP	SP; MP; PA
NUCALA SOSY	NP	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); MP
Bronchodilators - Anticholinergics		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA	2	QL(0.87 gm daily); MP	ARMONAIR DIGIHALER	NP	PA
INCRUSE ELLIPTA	NP	MP	ARNUITY ELLIPTA	NP	MP
<i>ipratropium bromide</i> SOLN 0.02 %	1	QL(15 ml daily); MP	ASMANEX HFA AERO	NP	
LONHALA MAGNAIR REFILL KIT SOLN	NP	MP	ASMANEX TWISTHALER 120 METERED DOSES AEPB	NP	MP
LONHALA MAGNAIR STARTER KIT SOLN	NP	MP	ASMANEX TWISTHALER 14 METERED DOSES AEPB	NP	MP
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	2	MP	ASMANEX TWISTHALER 30 METERED DOSES AEPB	NP	MP
SPIRIVA RESPIMAT AERS	NP	MP; PA	ASMANEX TWISTHALER 60 METERED DOSES AEPB	NP	MP
<i>tiotropium bromide monohydrate</i> CAPS	1	MP	<i>budesonide (inhalation)</i> SUSP	1	QL(4 ml daily); AL(At least 1 yrs old - Up to 8 yrs old); MP
TUDORZA PRESSAIR	NP	MP	FLOVENT DISKUS AEPB 50 MCG/BLIST (<i>fluticasone propionate (inhalation)</i>)	2	QL(2.4 ea daily); MP
YUPELRI	NP		FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST (<i>fluticasone propionate (inhalation)</i>)	2	QL(2 ea daily); MP
Leukotriene Modulators			FLOVENT HFA 44 MCG/ACT	2	QL(0.44 gm daily); MP
ACCOLATE (<i>zafirlukast</i>)	NP	MP; PA	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	2	QL(0.48 gm daily); MP
<i>montelukast sodium</i> CHEW	1	QL(1 ea daily); MP	<i>fluticasone propionate (inhalation)</i> AEPB 100 MCG/ACT, 250 MCG/ACT	2	QL(2 ea daily); MP
<i>montelukast sodium</i> PACK	1	QL(1 ea daily); MP	<i>fluticasone propionate (inhalation)</i> AEPB 50 MCG/ACT	2	QL(2.4 ea daily); MP
<i>montelukast sodium</i> TABS	1	QL(1 ea daily); MP	<i>fluticasone propionate hfa</i> 110 MCG/ACT, 220 MCG/ACT	2	QL(0.48 gm daily); MP
SINGULAIR CHEW (<i>montelukast sodium</i>)	NP	QL(1 ea daily); MP; PA	<i>fluticasone propionate hfa</i> 44 MCG/ACT	2	QL(0.44 gm daily); MP
SINGULAIR PACK (<i>montelukast sodium</i>)	NP	QL(1 ea daily); MP; PA	PULMICORT FLEXHALER AEPB	2	QL(0.034 ea daily); MP
SINGULAIR TABS (<i>montelukast sodium</i>)	NP	QL(1 ea daily); MP; PA			
<i>zafirlukast</i>	1	MP			
<i>zileuton</i> TB12	NP	MP			
ZYFLO TABS	NP	MP; PA			
Selective Phosphodiesterase 4 (PDE4) Inhibitors					
DALIRESP (<i>roflumilast</i>)	NP	PA			
<i>roflumilast</i>	1	PA			
Steroid Inhalants					
ALVESCO	NP	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PULMICORT SUSP (<i>budesonide (inhalation)</i>)	NP	QL(4 ml daily); AL(At least 1 yrs old - Up to 8 yrs old); MP; PA	<i>albuterol sulfate NEBU 0.083 %</i>	1	QL(15 ml daily); MP
QVAR REDHALER	NP	MP	<i>albuterol sulfate SYRP</i>	1	MP
Sympathomimetics			<i>albuterol sulfate TABS</i>	1	MP
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	2	QL(2 ea daily); MP	ANORO ELLIPTA	2	MP
ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	2	QL(0.4 gm daily); MP	<i>arformoterol tartrate</i>	NP	MP
AIRDUO DIGIHALER 113/14	NP	PA	BEVESPI AEROSPHERE	NP	MP
AIRDUO DIGIHALER 232/14	NP	PA	BREO ELLIPTA 200 MCG/INH-25 MCG/INH	NP	QL(2 ea daily); AL(At least 18 yrs old); MP
AIRDUO DIGIHALER 55/14	NP	PA	BREO ELLIPTA (<i>fluticasone furoate- vilanterol</i>)	NP	AL(At least 18 yrs old); MP
AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone- salmeterol</i>)	NP	MP; PA	BREO ELLIPTA 50 MCG/INH-25 MCG/INH	NP	
AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone- salmeterol</i>)	NP	MP; PA	BREZTRI AEROSPHERE	NP	
AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone- salmeterol</i>)	NP	MP; PA	BROVANA (<i>arformoterol tartrate</i>)	NP	MP; PA
AIRSUPRA	NP		<i>budesonide-formoterol fumarate dihydrate</i>	1	MP
<i>albuterol sulfate AERS</i>	1	QL(6.7 gm per fill retail; 13.4 gm per 30 day(s) retail)	COMBIVENT RESPIMAT AERS	2	QL(4 gm per fill retail); MP
<i>albuterol sulfate AERS</i>	1	QL(8.5 gm per fill retail; 17 gm per 30 day(s) retail)	DUAKLIR PRESSAIR	NP	PA
<i>albuterol sulfate AERS</i>	NP	QL(18 gm per fill retail; 36 gm per 30 day(s) retail)	DULERA	2	
<i>albuterol sulfate NEBU 2.5 MG/0.5ML</i>	1	QL(2 ea daily); MP	<i>fluticasone furoate- vilanterol 200 MCG/INH- 25 MCG/INH</i>	NP	QL(2 ea daily); AL(At least 18 yrs old); MP
<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	1	QL(12.5 ml daily); MP	<i>fluticasone furoate- vilanterol 100 MCG/INH- 25 MCG/INH</i>	NP	AL(At least 18 yrs old); MP
			<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	NP	QL(2 ea daily); MP; PA
			<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); MP

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol</i> AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	NP	MP; PA
<i>fluticasone-salmeterol</i> AERO	2	QL(0.4 gm daily); MP
<i>formoterol fumarate</i> NEBU	NP	MP
<i>ipratropium-albuterol</i> SOLN	1	QL(12 ml daily); MP
<i>levalbuterol hcl</i>	NP	MP
<i>levalbuterol tartrate</i>	NP	
PERFOROMIST NEBU (<i>formoterol fumarate</i>)	NP	MP; PA
PROAIR DIGIHALER	NP	PA
PROAIR HFA AERS (<i>albuterol sulfate</i>)	NF	Limit 2 Inhalers per month; QL(8.5 gm per fill retail; 17 gm per 30 day(s) retail)
PROAIR RESPICLICK AEPB	NP	
PROVENTIL HFA AERS (<i>albuterol sulfate</i>)	NF	Limit 2 inhalers per month; QL(6.7 gm per fill retail; 13.4 gm per 30 day(s) retail)
PROVENTIL HFA AERS (<i>albuterol sulfate</i>)	NP	Limit 2 Inhalers per month; QL(6.7 gm per fill retail; 13.4 gm per 30 day(s) retail)
SEREVENT DISKUS	2	QL(2 ea daily); MP
STIOLTO RESPIMAT	2	MP
STRIVERDI RESPIMAT	NP	MP
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	2	MP
<i>terbutaline sulfate</i> SOLN	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate</i> TABS	NP	MP
TRELEGY ELLIPTA	NP	
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	NP	QL(8 gm per fill retail; 16 gm per 30 day(s) retail)
XOPENEX (<i>levalbuterol hcl</i>)	NF	MP
XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>)	NF	MP
XOPENEX HFA (<i>levalbuterol tartrate</i>)	NP	
Xanthines		
<i>aminophylline</i> SOLN	1	PA
THEO-24 CP24	NP	MP
<i>theophylline</i> ELIX	1	MP
<i>theophylline</i> SOLN	1	QL(475 ml per fill retail); MP
<i>theophylline</i> TB12	1	MP
<i>theophylline</i> TB24	1	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium</i> TABS	1	MP
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	2	QL(4 ea daily); MP
ELIQUIS TABS	2	QL(2 ea daily); MP
SAVAYSA	NP	QL(1 ea daily)
XARELTO STARTER PACK TBPK	2	
XARELTO SUSR	NP	PA
XARELTO TABS 2.5 MG	2	QL(2 ea daily)
XARELTO TABS 15 MG	2	QL(2 ea daily); AL(At least 18 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XARELTO TABS 10 MG	2	QL(1 ea daily; 35 ea per 180 day(s) retail); AL(At least 18 yrs old); MP	<i>fondaparinux sodium</i>	NP	SP
XARELTO TABS 20 MG	2	QL(1 ea daily); AL(At least 18 yrs old); MP	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	SP
Heparins And Heparinoid-Like Agents			FRAGMIN SOSY	NP	SP
ARIXTRA (<i>fondaparinux sodium</i>)	NP	SP; PA	<i>heparin (porcine) in sodium chloride SOLN IV 0.9 %-2000 UNIT/L</i>	2	PA
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(42 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP	<i>heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L</i>	1	PA
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(14 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP	<i>heparin sodium (porcine) lock flush 10 UNIT/ML, 100 UNIT/ML</i>	1	PA
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	1	QL(6 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP	<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/0.5ML</i>	2	PA
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1	QL(5 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP	<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1	PA
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	1	QL(9 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP	HEPARIN SODIUM/D5W	1	PA
<i>enoxaparin sodium SOSY 150 MG/ML</i>	1	QL(14 ml per 7 day(s) retail; 14 ml per 7 days mail); 3 max fill(s) per 180 day(s) retail; SP	HEPARIN SODIUM/DEXTROSE 25000 UNIT/500ML-5 %, 5 %-25000 UNIT/250ML	1	PA
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	1	QL(12 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP	HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	2	PA
			HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-25000 UNIT/250ML	1	PA
			HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IJ (<i>heparin (porcine) in sodium chloride</i>)	NF	
			HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	1	PA

Drug Name	Drug Tier	Requirements/Limits
HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	2	PA
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	2	PA
LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	QL(42 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP; PA
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	NP	QL(12 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP; PA
LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NP	QL(5 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP; PA
LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	NP	QL(9 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP; PA
LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NP	QL(6 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP; PA
LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NP	QL(14 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP; PA
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate</i> CAPS 110 MG	1	MP
<i>dabigatran etexilate mesylate</i> CAPS 75 MG, 150 MG	1	QL(2 ea daily); MP
PRADAXA CAPS	2	QL(2 ea daily); MP
PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	2	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
PRADAXA CAPS 110 MG (<i>dabigatran etexilate mesylate</i>)	2	MP
PRADAXA PACK	NP	SP; PA
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	2	MP; PA
FYCOMPA TABS	2	MP; PA
Anticonvulsants - Benzodiazepines		
<i>clobazam</i> SUSP	1	SON; QL(200 ml daily)
<i>clobazam</i> TABS	1	SON; QL(20 ea daily)
<i>clonazepam</i> TABS	1	SON; QL(4 ea daily); MP
<i>clonazepam</i> TBDP	NP	SON; QL(20 ea daily); PA
DIASTAT ACUDIAL GEL (<i>diazepam</i> (<i>anticonvulsant</i>))	2	SON; QL(1 ea per fill retail)
DIASTAT PEDIATRIC GEL (<i>diazepam</i> (<i>anticonvulsant</i>))	2	SON; QL(1 ea per fill retail)
<i>diazepam</i> (<i>anticonvulsant</i>) GEL	1	SON; QL(1 ea per fill retail)
KLONOPIN TABS (<i>clonazepam</i>)	NP	SON; QL(4 ea daily); MP; PA
LIBERVANT FILM BU 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG	NP	PA
NAYZILAM	NP	SON; QL(200 ea daily); PA
ONFI SUSP (<i>clobazam</i>)	NP	SON; QL(200 ml daily); PA
ONFI TABS (<i>clobazam</i>)	NP	SON; QL(20 ea daily); PA
SYMPAZAN FILM	NP	SON; QL(20 ea daily); PA
VALTOCO 10 MG DOSE LIQD	2	SON; QL(200 ea daily)
VALTOCO 15 MG DOSE LQPK	2	SON; QL(20 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VALTOCO 20 MG DOSE LQPK	2	SON; QL(20 ea daily)	<i>gabapentin SOLN</i>	1	SON; QL(200 ml daily); MP
VALTOCO 5 MG DOSE LIQD	2	SON; QL(200 ea daily)	<i>gabapentin TABS 600 MG</i>	1	SON; QL(20 ea daily); MP
Anticonvulsants - Misc.			<i>gabapentin TABS 600 MG</i>	1	QL(20 ea daily); MP
APTIOM	NP	SON; QL(20 ea daily); PA	<i>gabapentin TABS 800 MG</i>	1	QL(4 ea daily); MP
BANZEL SUSP (<i>rufinamide</i>)	NP	SON; QL(200 ml daily); SP; PA	<i>gabapentin TABS 800 MG</i>	1	SON; QL(4 ea daily); MP
BANZEL TABS (<i>rufinamide</i>)	NP	SON; QL(20 ea daily); SP; PA	KEPPRA XR TB24 (<i>levetiracetam</i>)	NP	SON; QL(20 ea daily); MP; PA
BRIVIACT SOLN OR 10 MG/ML	NP	QL(200 ml daily); SP; PA	KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>)	NP	SON; QL(30 ml daily); MP; PA
BRIVIACT SOLN IV 50 MG/5ML	2	SON; QL(800 ml daily); SP; PA	KEPPRA SOLN IV 500 MG/5ML (<i>levetiracetam</i>)	NP	SON; QL(200 ml daily); PA
BRIVIACT TABS	NP	QL(20 ea daily); SP; PA	KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NP	SON; QL(4 ea daily); MP; PA
<i>carbamazepine CHEW</i>	1	SON; QL(20 ea daily); MP	KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>carbamazepine CP12</i>	1	SON; QL(20 ea daily); MP	<i>lacosamide SOLN OR 10 MG/ML</i>	1	SON; QL(200 ml daily); MP
<i>carbamazepine SUSP</i>	1	SON; QL(200 ml daily); MP	<i>lacosamide SOLN OR</i>	1	QL(200 ml daily); MP
<i>carbamazepine TABS</i>	1	SON; QL(20 ea daily); MP	<i>lacosamide SOLN IV 200 MG/20ML</i>	NP	QL(800 ml daily); PA
<i>carbamazepine TB12</i>	1	SON; QL(20 ea daily); MP	<i>lacosamide TABS</i>	1	QL(2 ea daily); MP
CARBATROL CP12 (<i>carbamazepine</i>)	2	SON; QL(20 ea daily); MP	<i>lacosamide TABS</i>	1	SON; QL(2 ea daily); MP
DIACOMIT CAPS	NP	SP; PA	LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA
DIACOMIT PACK	NP	SP; PA	LAMICTAL ODT KIT (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA
ELEPSIA XR TB24	NP	SON; QL(20 ea daily); PA	LAMICTAL ODT KIT	NP	SON; QL(20 ea daily); PA
EPIDIOLEX	NP	SON; QL(200 ml daily); SP	LAMICTAL ODT TBDP (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA
EPRONTIA SOLN	NP	SON; QL(200 ml daily); PA	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA
FINTEPLA	NP	SON; QL(200 ml daily); SP; PA			
<i>gabapentin CAPS 100 MG, 400 MG</i>	1	QL(4 ea daily); MP			
<i>gabapentin CAPS 300 MG</i>	1	QL(20 ea daily); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA	LYRICA CAPS 225 MG, 300 MG (<i>pregabalin</i>)	NP	SON; QL(2 ea daily); PA
LAMICTAL STARTER/TAKING VALPROATE KIT (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>pregabalin</i>)	NP	SON; QL(3 ea daily); PA
LAMICTAL XR KIT	NP	SON; QL(20 ea daily); PA	LYRICA SOLN (<i>pregabalin</i>)	NP	SON; QL(30 ml daily); PA
LAMICTAL XR TB24 (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA	MOTPOLY XR CP24	NP	SON; QL(20 ea daily); PA
LAMICTAL TABS (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); MP; PA	MYSOLINE (<i>primidone</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>lamotrigine CHEW</i>	NP	SON; QL(20 ea daily); PA	NEURONTIN CAPS 100 MG, 400 MG (<i>gabapentin</i>)	NP	SON; QL(4 ea daily); MP; PA
<i>lamotrigine KIT 25 MG</i>	NP	SON; QL(20 ea daily); PA	NEURONTIN CAPS 300 MG (<i>gabapentin</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>lamotrigine TABS</i>	1	SON; QL(20 ea daily); MP	NEURONTIN SOLN (<i>gabapentin</i>)	NP	SON; QL(200 ml daily); MP; PA
<i>lamotrigine TB24</i>	NP	SON; QL(20 ea daily); PA	NEURONTIN TABS 600 MG (<i>gabapentin</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>lamotrigine TBDP</i>	NP	SON; QL(20 ea daily); PA	NEURONTIN TABS 800 MG (<i>gabapentin</i>)	NP	SON; QL(4 ea daily); MP; PA
LEVETIRACETAM (<i>levetiracetam in sodium chloride</i>)	1	SON; QL(800 ml daily); PA	<i>oxcarbazepine SUSP</i>	1	SON; QL(200 ml daily); MP
<i>levetiracetam in sodium chloride</i>	1	SON; QL(800 ml daily); PA	<i>oxcarbazepine SUSP 300 MG/5ML</i>	1	QL(200 ml daily); MP
LEVETIRACETAM/SODIUM CHLORIDE	2	SON; QL(800 ml daily); PA	<i>oxcarbazepine TABS</i>	1	SON; QL(20 ea daily); MP
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1	SON; QL(30 ml daily); MP	OXTELLAR XR TB24	NP	SON; QL(20 ea daily); PA
<i>levetiracetam SOLN OR 100 MG/ML</i>	1	QL(30 ml daily); MP	<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	SON; QL(3 ea daily)
<i>levetiracetam SOLN IV 500 MG/5ML</i>	1	SON; QL(200 ml daily); PA	<i>pregabalin CAPS 225 MG, 300 MG</i>	1	SON; QL(2 ea daily)
<i>levetiracetam TABS 1000 MG</i>	1	SON; QL(20 ea daily); MP	<i>pregabalin SOLN</i>	1	SON; QL(30 ml daily)
<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	SON; QL(4 ea daily); MP	<i>primidone 50 MG, 250 MG</i>	1	SON; QL(20 ea daily); MP
<i>levetiracetam TB24</i>	1	SON; QL(20 ea daily); MP	<i>primidone 125 MG</i>	2	SON; QL(20 ea daily)
			QUDEXY XR CS24 (<i>topiramate</i>)	NP	SON; QL(20 ea daily); PA
			<i>rufinamide SUSP</i>	NP	QL(200 ml daily); SP; PA

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<i>rufinamide TABS</i>	NP	SON; QL(20 ea daily); SP; PA	ZTALMY	CO	
SPRITAM TB3D	NP	SON; QL(20 ea daily); PA	Carbamates		
TEGRETOL SUSP (<i>carbamazepine</i>)	2	SON; QL(200 ml daily); MP	<i>felbamate SUSP</i>	1	MP; PA
TEGRETOL TABS (<i>carbamazepine</i>)	2	SON; QL(20 ea daily); MP	<i>felbamate TABS</i>	1	MP; PA
TEGRETOL-XR TB12 (<i>carbamazepine</i>)	2	SON; QL(20 ea daily); MP	FELBATOL SUSP (<i>felbamate</i>)	2	MP; PA
TOPAMAX SPRINKLE CPSP 15 MG (<i>topiramate</i>)	NP	SON; QL(6 ea daily); MP; PA	FELBATOL TABS (<i>felbamate</i>)	2	MP; PA
TOPAMAX SPRINKLE CPSP 25 MG (<i>topiramate</i>)	NP	SON; QL(8 ea daily); MP; PA	XCOPRI TABS	NP	PA
TOPAMAX TABS (<i>topiramate</i>)	NP	SON; QL(3 ea daily); MP; PA	XCOPRI TBPK	NP	PA
<i>topiramate CP24</i>	NP	SON; QL(20 ea daily); MP; PA	GABA Modulators		
<i>topiramate CPSP 15 MG</i>	1	QL(6 ea daily); MP	GABITRIL (<i>tiagabine hcl</i>)	2	MP; PA
<i>topiramate CPSP 25 MG</i>	1	QL(8 ea daily); MP	SABRIL PACK (<i>vigabatrin</i>)	NP	SP; MP; PA
<i>topiramate CS24</i>	NP	SON; QL(20 ea daily); PA	SABRIL TABS (<i>vigabatrin</i>)	NP	SP; MP; PA
<i>topiramate TABS</i>	1	SON; QL(3 ea daily); MP	<i>tiagabine hcl</i>	1	MP; PA
TRILEPTAL SUSP (<i>oxcarbazepine</i>)	2	SON; QL(200 ml daily); MP	<i>vigabatrin PACK</i>	NP	SP; MP; PA
TRILEPTAL TABS (<i>oxcarbazepine</i>)	NP	SON; QL(20 ea daily); MP; PA	<i>vigabatrin TABS</i>	NP	SP; MP; PA
TROKENDI XR CP24 (<i>topiramate</i>)	NP	SON; QL(20 ea daily); MP; PA	Hydantoins		
VIMPAT SOLN OR 10 MG/ML (<i>lacosamide</i>)	NP	SON; QL(200 ml daily); MP; PA	CEREBYX (<i>fosphenytoin sodium</i>)	NP	PA
VIMPAT SOLN IV 200 MG/20ML (<i>lacosamide</i>)	NP	SON; QL(800 ml daily); PA	DILANTIN (<i>phenytoin sodium extended</i>)	NP	MP; PA
VIMPAT TABS (<i>lacosamide</i>)	NP	SON; QL(2 ea daily); MP; PA	DILANTIN 30 MG	2	MP
ZONEGRAN CAPS 25 MG, 100 MG (<i>zonisamide</i>)	NF	SON; QL(20 ea daily); MP	DILANTIN INFATABS CHEW (<i>phenytoin</i>)	NP	MP; PA
ZONISADE SUSP	NP	SON; QL(200 ml daily); PA	DILANTIN-125 SUSP (<i>phenytoin</i>)	NP	MP; PA
<i>zonisamide CAPS</i>	1	SON; QL(20 ea daily); MP	<i>fosphenytoin sodium</i>	1	PA
			<i>phenytoin sodium extended 200 MG, 300 MG</i>	2	MP
			<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	MP
			<i>phenytoin sodium SOLN</i>	1	PA
			<i>phenytoin CHEW</i>	1	MP
			<i>phenytoin SUSP</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Succinimides			<i>mirtazapine TBDP</i>	1	SON; QL(1 ea daily); MP
CELONTIN (<i>methsuximide</i>)	NP	PA	REMERON SOLTAB TBDP (<i>mirtazapine</i>)	NP	SON; QL(1 ea daily); MP; PA
<i>ethosuximide CAPS</i>	1		REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	NP	SON; QL(1 ea daily); MP; PA
<i>ethosuximide SOLN</i>	1		Antidepressant Combinations		
<i>methsuximide</i>	NP	PA	AUVELITY	NP	SON; QL(20 ea daily); PA
ZARONTIN CAPS (<i>ethosuximide</i>)	NP	PA	Antidepressants - Misc.		
ZARONTIN SOLN (<i>ethosuximide</i>)	NF		APLENZIN	NP	SON; QL(20 ea daily); PA
ZARONTIN SOLN (<i>ethosuximide</i>)	NP	PA	<i>bupropion hcl TABS</i>	1	SON; QL(3 ea daily); MP
Valproic Acid			<i>bupropion hcl TB12</i>	1	SON; QL(2 ea daily); MP
DEPAKOTE ER TB24 500 MG (<i>divalproex sodium</i>)	NF	QL(20 ea daily); MP	<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 ea daily); MP
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	NP	SON; QL(20 ea daily); MP; PA	<i>bupropion hcl TB24 450 MG</i>	NP	SON; QL(20 ea daily); PA
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	2	SON; QL(20 ea daily); MP	<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	SON; QL(1 ea daily); MP
DEPAKOTE TBEC (<i>divalproex sodium</i>)	NP	SON; QL(20 ea daily); MP; PA	FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP	SON; QL(20 ea daily); PA
<i>divalproex sodium CSDR</i>	1	SON; QL(20 ea daily); MP	WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	NP	SON; QL(2 ea daily); MP; PA
<i>divalproex sodium TB24</i>	1	SON; QL(20 ea daily); MP	WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	NP	SON; QL(1 ea daily); MP; PA
<i>divalproex sodium TBEC</i>	1	SON; QL(20 ea daily); MP	GABA Receptor Modulator - Neuroactive Steroid		
<i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i>	1	SON; QL(200 ml daily)	ZURZUVAE	2	SON; QL(20 ea daily); SP; PA
<i>valproate sodium SOLN OR 250 MG/5ML</i>	1	QL(200 ml daily); MP	Monoamine Oxidase Inhibitors (MAOIs)		
<i>valproic acid CAPS</i>	1	SON; QL(20 ea daily); MP	EMSAM	2	SON; QL(20 ea daily); MP
ANTIDEPRESSANTS - Drugs to Treat Depression			MARPLAN	NP	SON; QL(20 ea daily); MP
Alpha-2 Receptor Antagonists (Tetracyclics)			NARDIL (<i>phenelzine sulfate</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>mirtazapine TABS 15 MG, 30 MG</i>	1	QL(1 ea daily); MP	PARNATE (<i>tranylcypromine sulfate</i>)	NF	SON; QL(20 ea daily); MP
<i>mirtazapine TABS</i>	1	SON; QL(1 ea daily); MP	<i>phenelzine sulfate</i>	1	SON; QL(20 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tranylcypromine sulfate</i>	1	SON; QL(20 ea daily); MP	<i>fluoxetine hcl CAPS 20 MG</i>	1	QL(4 ea daily); MP
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>fluoxetine hcl CPDR</i>	NP	SON; QL(20 ea daily)
CELEXA TABS 40 MG (<i>citalopram hydrobromide</i>)	NP	SON; QL(1 ea daily); AL(At least 6 yrs old); MP; PA	<i>fluoxetine hcl SOLN</i>	1	SON; MP
CELEXA TABS 10 MG (<i>citalopram hydrobromide</i>)	NP	SON; QL(4 ea daily); AL(At least 6 yrs old); MP; PA	<i>fluoxetine hcl TABS 10 MG</i>	NP	SON; QL(1 ea daily); MP; PA
CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>)	NP	SON; QL(2 ea daily); AL(At least 6 yrs old); MP; PA	<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	NP	SON; QL(20 ea daily); PA
CITALOPRAM HYDROBROMIDE CAPS	NP	SON; QL(20 ea daily); PA	FLUOXETINE HYDROCHLORIDE TABS (<i>fluoxetine hcl</i>)	NP	SON; QL(20 ea daily); PA
<i>citalopram hydrobromide SOLN</i>	NP	SON; QL(20 ml daily); AL(At least 6 yrs old); MP; PA	<i>fluvoxamine maleate CP24</i>	NP	SON; QL(20 ea daily); PA
<i>citalopram hydrobromide TABS 20 MG</i>	1	SON; QL(2 ea daily); AL(At least 6 yrs old); MP	<i>fluvoxamine maleate TABS 100 MG</i>	1	SON; QL(3 ea daily); MP
<i>citalopram hydrobromide TABS 20 MG</i>	1	QL(2 ea daily); AL(At least 6 yrs old); MP	<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	SON; QL(2 ea daily); MP
<i>citalopram hydrobromide TABS 40 MG</i>	1	SON; QL(1 ea daily); AL(At least 6 yrs old); MP	LEXAPRO TABS (<i>escitalopram oxalate</i>)	NP	SON; QL(1 ea daily); MP; PA
<i>citalopram hydrobromide TABS 10 MG</i>	1	SON; QL(4 ea daily); AL(At least 6 yrs old); MP	<i>paroxetine hcl SUSP</i>	NP	SON; QL(40 ml daily); MP; PA
<i>escitalopram oxalate SOLN</i>	NP	SON; QL(200 ml daily); PA	<i>paroxetine hcl TABS</i>	1	SON; QL(2 ea daily); MP
<i>escitalopram oxalate TABS</i>	1	SON; QL(1 ea daily); MP	<i>paroxetine hcl TB24</i>	NP	SON; QL(20 ea daily); PA
<i>escitalopram oxalate TABS</i>	1	QL(1 ea daily); MP	PAXIL CR TB24 (<i>paroxetine hcl</i>)	NP	SON; QL(20 ea daily); PA
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1	SON; QL(4 ea daily); MP	PAXIL SUSP (<i>paroxetine hcl</i>)	NP	SON; QL(40 ml daily); MP; PA
<i>fluoxetine hcl CAPS 40 MG</i>	1	SON; QL(2 ea daily); MP	PAXIL TABS (<i>paroxetine hcl</i>)	NP	SON; QL(2 ea daily); MP; PA
			PEXEVA 10 MG, 20 MG, 30 MG	NP	SON; QL(20 ea daily)
			PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	NP	SON; QL(4 ea daily); MP; PA
			PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	NP	SON; QL(2 ea daily); MP; PA
			<i>sertraline hcl CONC</i>	NP	SON; QL(10 ml daily); MP; PA
			<i>sertraline hcl TABS 100 MG</i>	1	SON; QL(2 ea daily); MP
			<i>sertraline hcl TABS 25 MG, 50 MG</i>	1	SON; QL(1.5 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SERTRALINE HYDROCHLORIDE CAPS	NP	SON; QL(20 ea daily); PA	<i>desvenlafaxine succinate</i> 100 MG	NP	SON; QL(4 ea daily); MP
ZOLOFT CONC (<i>sertraline hcl</i>)	NP	SON; QL(10 ml daily); MP; PA	<i>desvenlafaxine succinate</i> 25 MG, 50 MG	NP	SON; QL(1 ea daily); MP
ZOLOFT TABS 100 MG (<i>sertraline hcl</i>)	NP	SON; QL(2 ea daily); MP; PA	<i>duloxetine hcl CPEP</i> 20 MG	1	SON; QL(3 ea daily); AL(At least 7 yrs old); MP
ZOLOFT TABS 25 MG, 50 MG (<i>sertraline hcl</i>)	NP	SON; QL(1.5 ea daily); MP; PA	<i>duloxetine hcl CPEP</i> 30 MG	1	SON; QL(2 ea daily); AL(At least 7 yrs old); MP
Serotonin Modulators			<i>duloxetine hcl CPEP</i> 60 MG	1	SON; QL(1 ea daily); AL(At least 7 yrs old); MP
<i>nefazodone hcl</i>	NP	SON; QL(4 ea daily); MP; PA	<i>duloxetine hcl CPEP</i> 20 MG	1	QL(3 ea daily); AL(At least 7 yrs old); MP
<i>trazodone hcl</i> TABS 50 MG, 100 MG, 150 MG	1	SON; QL(20 ea daily); MP	<i>duloxetine hcl CPEP</i> 40 MG	NP	SON; QL(1.5 ea daily); AL(At least 7 yrs old); MP; PA
<i>trazodone hcl</i> TABS 300 MG	1	SON; QL(2 ea daily); MP	EFFEXOR XR CP24 (<i>venlafaxine hcl</i>)	NP	SON; QL(2 ea daily); MP; PA
TRINTELLIX	NP	SON; QL(1 ea daily); AL(At least 18 yrs old); MP; PA	FETZIMA TITRATION PACK C4PK	NP	SON; QL(20 ea daily)
VIIBRYD STARTER PACK KIT	NP	SON; QL(1 ea daily); PA	FETZIMA CP24	NP	SON; QL(20 ea daily)
VIIBRYD TABS (<i>vilazodone hcl</i>)	NP	SON; QL(1 ea daily); MP; PA	PRISTIQ 100 MG (<i>desvenlafaxine succinate</i>)	NP	SON; QL(4 ea daily); MP; PA
<i>vilazodone hcl</i> TABS	NP	SON; QL(1 ea daily); MP; PA	PRISTIQ 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NP	SON; QL(1 ea daily); MP; PA
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			VENLAFAXINE BESYLATE ER	NP	SON; QL(20 ea daily); PA
CYMBALTA CPEP 30 MG (<i>duloxetine hcl</i>)	NP	SON; QL(2 ea daily); AL(At least 7 yrs old); MP; PA	<i>venlafaxine hcl</i> CP24	1	SON; QL(2 ea daily); MP
CYMBALTA CPEP 60 MG (<i>duloxetine hcl</i>)	NP	SON; QL(1 ea daily); AL(At least 7 yrs old); MP; PA	<i>venlafaxine hcl</i> CP24	1	QL(2 ea daily); MP
CYMBALTA CPEP 20 MG (<i>duloxetine hcl</i>)	NP	SON; QL(3 ea daily); AL(At least 7 yrs old); MP; PA	<i>venlafaxine hcl</i> TABS	1	SON; QL(20 ea daily); MP
DESVENLAFAXINE ER	NP	SON; QL(20 ea daily)	<i>venlafaxine hcl</i> TB24	NP	SON; QL(1 ea daily); MP; PA
<i>desvenlafaxine succinate</i> 25 MG	NP	QL(1 ea daily); MP	Tricyclic Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl TABS</i>	1	SON; QL(20 ea daily); MP
<i>amoxapine</i>	1	SON; QL(20 ea daily); MP
ANAFRANIL (<i>clomipramine hcl</i>)	NP	SON; QL(20 ea daily); PA
<i>clomipramine hcl</i>	NP	SON; QL(20 ea daily)
<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	1	SON; QL(20 ea daily); MP
<i>desipramine hcl TABS 25 MG</i>	1	SON; QL(2 ea daily)
<i>doxepin hcl CAPS</i>	1	SON; QL(20 ea daily); MP
<i>doxepin hcl CONC</i>	1	SON; QL(200 ml daily); MP
<i>imipramine hcl TABS</i>	1	SON; QL(20 ea daily); MP
<i>imipramine pamoate</i>	NP	SON; QL(20 ea daily)
NORPRAMIN TABS 25 MG (<i>desipramine hcl</i>)	NP	SON; QL(2 ea daily); PA
NORPRAMIN TABS 10 MG (<i>desipramine hcl</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>nortriptyline hcl CAPS</i>	1	SON; QL(20 ea daily); MP
<i>nortriptyline hcl SOLN</i>	NP	SON; QL(20 ml daily); MP
PAMELOR CAPS (<i>nortriptyline hcl</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>protriptyline hcl</i>	NP	SON; QL(20 ea daily); MP
<i>trimipramine maleate CAPS</i>	NP	SON; QL(20 ea daily); MP
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	MP
<i>miglitol</i>	NP	
PRECOSE (<i>acarbose</i>)	NF	MP
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	PA
SYMLINPEN 60 SOPN	2	PA

Drug Name	Drug Tier	Requirements/Limits
Antidiabetic - Cellular Therapy		
LANTIDRA	CO	
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	NP	QL(2 ea daily); PA
<i>alogliptin-metformin hcl</i>	NP	QL(2 ea daily); MP
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	QL(1 ea daily); MP; PA
<i>dapagliflozin propanediol-metformin hcl</i>	2	MP
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP	PA
<i>glipizide-metformin hcl</i>	1	MP
<i>glyburide-metformin</i>	1	MP
GLYXAMBI	NP	PA
INVOKAMET XR TB24	NP	
INVOKAMET TABS	2	MP
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily); MP
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily); MP
JANUMET TABS	2	QL(2 ea daily); MP
JENTADUETO XR TB24 1000 MG-2.5 MG	2	QL(2 ea daily)
JENTADUETO XR TB24 1000 MG-5 MG	2	
JENTADUETO TABS	2	QL(2 ea daily); AL(At least 18 yrs old); MP
KAZANO (<i>alogliptin-metformin hcl</i>)	NP	QL(2 ea daily); MP
KOMBIGLYZE XR 1000 MG-2.5 MG (<i>saxagliptin-metformin hcl</i>)	2	QL(2 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KOMBIGLYZE XR 1000 MG-5 MG, 500 MG-5 MG (<i>saxagliptin-metformin hcl</i>)	2	QL(1 ea daily); AL(At least 18 yrs old)	<i>metformin hcl TABS 625 MG</i>	NP	PA
OSENI 15 MG-12.5 MG, 45 MG-12.5 MG (<i>alogliptin-pioglitazone</i>)	NF	QL(1 ea daily); MP	<i>metformin hcl TB24 750 MG</i>	1	QL(2 ea daily); MP
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (<i>alogliptin-pioglitazone</i>)	NP	QL(1 ea daily); MP; PA	<i>metformin hcl TB24 500 MG</i>	1	QL(4 ea daily); MP
<i>pioglitazone hcl-glimepiride</i>	NP		<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	PA
<i>pioglitazone hcl-metformin hcl TABS</i>	NP	QL(2 ea daily)	RIOMET SOLN	NP	PA
QTERN	NP	PA	Diabetic Other		
<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1	QL(2 ea daily); AL(At least 18 yrs old)	BAQSIMI ONE PACK POWD	2	PA
<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1	QL(1 ea daily); AL(At least 18 yrs old)	BAQSIMI TWO PACK POWD	2	PA
SEGLUROMET	NP		<i>diazoxide</i>	1	
SOLIQUA 100/33	NP	PA	GLUCAGEN HYPOKIT	2	
STEGLUJAN	NP	PA	<i>glucagon (rdna)</i>	1	QL(1 ea per fill retail)
SYNJARDY XR TB24	NP		GLUCAGON EMERGENCY KIT (<i>glucagon (rdna)</i>)	2	QL(1 ea per fill retail)
SYNJARDY TABS	2		GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	NP	PA
TRIJARDY XR	NP	PA	GVOKE HYOPEN 1-PACK SOAJ	NP	PA
XIGDUO XR	2	MP	GVOKE HYOPEN 2-PACK SOAJ	NP	PA
XULTOPHY 100/3.6	NP	PA	GVOKE KIT SOLN	NP	PA
Antidiabetic-Antibodies			GVOKE PFS SOSY	NP	PA
TZIELD	CO		KORLYM (<i>mifepristone (hyperglycemia)</i>)	2	SP; PA
Biguanides			<i>mifepristone (hyperglycemia)</i>	1	SP; PA
GLUMETZA TB24 (<i>metformin hcl</i>)	NP	PA	PROGLYCEM (<i>diazoxide</i>)	2	
<i>metformin hcl SOLN</i>	NP	PA	SM GLUCOSE CHEW	2	QL(50 ea per 30 day(s) retail)
<i>metformin hcl TABS 500 MG</i>	1	QL(5 ea daily); MP	ZEGALOGUE SOAJ	NP	PA
<i>metformin hcl TABS 1000 MG</i>	1	QL(2 ea daily); MP	ZEGALOGUE SOSY	NP	PA
<i>metformin hcl TABS 850 MG</i>	1	QL(3 ea daily); MP	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin benzoate</i>	NP	QL(1 ea daily)
JANUVIA	2	QL(1 ea daily); MP
NESINA (<i>alogliptin benzoate</i>)	NP	QL(1 ea daily)
ONGLYZA (<i>saxagliptin hcl</i>)	2	QL(1 ea daily)
<i>saxagliptin hcl</i>	1	QL(1 ea daily)
SITAGLIPTIN	NP	PA
TRADJENTA	2	QL(1 ea daily); AL(At least 18 yrs old); MP
ZITUVIO	NP	PA
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	NP	PA
Incretin Mimetic Agents		
BYDUREON BCISE AUIJ	2	QL(0.122 ml daily)
BYETTA SOPN	2	AL(At least 18 yrs old)
MOUNJARO	NP	PA
OZEMPIC SOPN 2 MG/3ML	NP	QL(12 ml per 28 day(s) retail); PA
OZEMPIC SOPN 4 MG/3ML	NP	QL(6 ml per 28 day(s) retail); PA
OZEMPIC SOPN 8 MG/3ML	NP	QL(3 ml per 28 day(s) retail); PA
RYBELSUS TABS	NP	QL(1 ea daily); PA
TRULICITY	NP	PA
VICTOZA	2	Limit 9ml per month; QL(0.3 ml daily)
Insulin		
ADMELOG SOLOSTAR SOPN	NP	QL(1 ml daily)
ADMELOG SOLN IJ	NP	QL(1.34 ml daily); MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	PA

Drug Name	Drug Tier	Requirements/Limits
APIDRA SOLOSTAR SOPN	NP	QL(1 ml daily)
APIDRA SOLN	NP	QL(40 ml per 30 day(s) retail)
BASAGLAR KWIKPEN SOPN	2	QL(1 ml daily)
BASAGLAR TEMPO PEN SOPN	2	
FIASP FLEXTOUCH SOPN	NP	QL(1 ml daily)
FIASP PENFILL SOCT	NP	QL(1 ml daily)
FIASP PUMPCART SOCT	NP	QL(1 ml daily)
FIASP SOLN	NP	QL(1 ml daily); MP
HUMALOG JUNIOR KWIKPEN SOPN	2	QL(1 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	QL(1 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	NP	QL(1.34 ml daily); PA
HUMALOG MIX 50/50 KWIKPEN SUPN	2	QL(1 ml daily)
HUMALOG MIX 50/50 SUSP	2	QL(1.34 ml daily); MP
HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(1 ml daily)
HUMALOG MIX 75/25 SUSP	2	QL(1.34 ml daily); MP
HUMALOG TEMPO PEN SOPN	NP	PA
HUMALOG SOCT	2	QL(1.34 ml daily)
HUMALOG SOLN IJ	NP	QL(1.34 ml daily); MP; PA
HUMULIN 70/30 KWIKPEN SUPN	2	QL(1 ml daily)
HUMULIN 70/30 SUSP	2	QL(1.34 ml daily); MP
HUMULIN N KWIKPEN SUPN	2	QL(1 ml daily)
HUMULIN N SUSP	2	QL(1.34 ml daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	MP	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	QL(1 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2		INSULIN LISPRO SOLN IJ	2	QL(1.34 ml daily); MP
HUMULIN R SOLN IJ	2	QL(1.34 ml daily); MP	LANTUS SOLOSTAR SOPN	NP	QL(1 ml daily); PA
HUMULIN R SOLN IJ	NP	QL(1.34 ml daily); MP	LANTUS SOLN	NP	MP; PA
INSULIN ASPART FLEXPEN SOPN	NP	QL(1 ml daily)	LEVEMIR FLEXPEN SOPN	2	
INSULIN ASPART PENFILL SOCT	NP	QL(1 ml daily)	LEVEMIR SOLN	2	MP
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	2	QL(1 ml daily)	LYUMJEV KWIKPEN SOPN	NP	
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	2	QL(1.34 ml daily); MP	LYUMJEV TEMPO PEN SOPN	NP	PA
INSULIN ASPART SOLN IJ	NP	QL(1 ml daily); MP	LYUMJEV SOLN	NP	
INSULIN DEGLUDEC FLEXTOUCH SOPN	NP		NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(1 ml daily)
INSULIN DEGLUDEC SOLN	NP		NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(1 ml daily)
INSULIN GLARGINE MAX SOLOSTAR SOPN	NP		NOVOLIN 70/30 RELION SUSP	NP	QL(1.34 ml daily); MP
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP		NOVOLIN 70/30 SUSP	NP	QL(1.34 ml daily); MP
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	2	QL(1 ml daily)	NOVOLIN N FLEXPEN RELION SUPN	NP	QL(1 ml daily)
INSULIN GLARGINE SOLN	2	MP	NOVOLIN N FLEXPEN SUPN	NP	QL(1 ml daily)
INSULIN GLARGINE-YFGN SOLN	NP	PA	NOVOLIN N RELION SUSP	NP	QL(1.34 ml daily); MP
INSULIN GLARGINE-YFGN SOPN	NP	PA	NOVOLIN N SUSP	NP	QL(1.34 ml daily); MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	QL(1 ml daily)	NOVOLIN R RELION SOLN IJ	NP	QL(1.34 ml daily); MP
INSULIN LISPRO KWIKPEN SOPN	2	QL(1 ml daily)	NOVOLIN R SOLN IJ	NP	QL(1.34 ml daily); MP
			NOVOLOG FLEXPEN RELION SOPN	NP	QL(1 ml daily)
			NOVOLOG FLEXPEN SOPN	2	QL(1 ml daily)
			NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	NP	QL(1 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	NP	QL(1 ml daily); PA
NOVOLOG MIX 70/30 RELION SUSP	2	QL(1.34 ml daily); MP
NOVOLOG MIX 70/30 SUSP	NP	QL(1.34 ml daily); MP; PA
NOVOLOG PENFILL SOCT	2	QL(1 ml daily)
NOVOLOG RELION SOLN IJ	NP	QL(1 ml daily); MP
NOVOLOG SOLN IJ	2	QL(1 ml daily); MP
REZVOGLAR KWIKPEN	NP	PA
SEMGLEE SOLN	NP	PA
SEMGLEE SOPN	NP	PA
TOUJEO MAX SOLOSTAR SOPN	NP	
TOUJEO SOLOSTAR SOPN	NP	
TRESIBA FLEXTOUCH SOPN	NP	
TRESIBA SOLN	NP	
Insulin Sensitizing Agents		
ACTOS (<i>pioglitazone hcl</i>)	NP	QL(1 ea daily); MP; PA
<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	MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	2	QL(1 ea daily); MP
FARXIGA	2	QL(1 ea daily); MP
INVOKANA	2	MP
JARDIANCE	2	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
STEGLATRO	NP	
Sulfonylureas		
AMARYL 4 MG (<i>glimepiride</i>)	NP	QL(2 ea daily); MP; PA
AMARYL 1 MG, 2 MG (<i>glimepiride</i>)	NP	QL(1 ea daily); MP; PA
<i>glimepiride 1 MG, 2 MG</i>	1	QL(1 ea daily); MP
<i>glimepiride 4 MG</i>	1	QL(2 ea daily); MP
<i>glipizide TABS 5 MG, 10 MG</i>	1	MP
<i>glipizide TABS 2.5 MG</i>	NP	PA
<i>glipizide TB24</i>	1	MP
GLUCOTROL XL TB24 (<i>glipizide</i>)	NP	MP; PA
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	MP
<i>glyburide TABS</i>	1	MP
GLYNASE (<i>glyburide micronized</i>)	NP	MP; PA
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	NP	
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate CHEW 262 MG</i>	1	
<i>bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/30ML</i>	1	
<i>bismuth subsalicylate TABS</i>	1	
PEPTO-BISMOL MAX STRENGTH SUSP (<i>bismuth subsalicylate</i>)	NF	
PEPTO-BISMOL TO-GO CHEW (<i>bismuth subsalicylate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
PEPTO-BISMOL CHEW (bismuth subsalicylate)	NF	
PEPTO-BISMOL SUSP (bismuth subsalicylate)	NF	
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	NP	PA
diphenoxylate w/ atropine TABS	NP	
IMODIUM A-D CAPS (loperamide hcl)	NF	RX/OTC
IMODIUM A-D TABS (loperamide hcl)	NF	
LOMOTIL TABS (diphenoxylate w/ atropine)	NP	PA
loperamide hcl CAPS	NP	RX/OTC
loperamide hcl TABS	1	
MOTOFEN	NP	
opium tincture	NP	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	2	
deferasirox PACK	1	SP
deferasirox TABS	1	SP; MP
deferasirox TBSO	1	SP; MP
deferiprone TABS	NP	SP; PA
EXJADE TBSO (deferasirox)	NP	SP; MP; PA
FERRIPROX TWICE-A- DAY TABS	NP	SP; PA
FERRIPROX SOLN	NP	SP; MP; PA
FERRIPROX TABS (deferiprone)	NP	SP; MP; PA
JADENU SPRINKLE PACK (deferasirox)	NP	SP; PA
JADENU TABS (deferasirox)	NP	SP; MP; PA
Antidotes and Specific Antagonists		

Drug Name	Drug Tier	Requirements/Limits
BAL IN OIL	2	PA
deferoxamine mesylate	1	SP
DEFERFAL 500 MG (deferoxamine mesylate)	NP	SP
VISTOGARD	2	
Opioid Antagonists		
KLOXXADO LIQD	2	
naloxone hcl LIQD	1	RX/OTC
naloxone hcl SOCT	1	
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	1	
naloxone hcl SOSY	1	
naltrexone hcl	1	SON; QL(20 ea daily)
naltrexone hcl	1	QL(20 ea daily)
NARCAN LIQD (naloxone hcl)	2	RX/OTC
OPVEE NA	2	
VIVITROL	2	QL(1 ea per 28 day(s) retail); SP
ZIMHI SOSY	2	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	NP	
granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML	NP	PA
granisetron hcl TABS	NP	
ondansetron hcl SOLN IJ	1	
ondansetron hcl SOLN OR 4 MG/5ML	1	QL(50 ml per fill retail)
ondansetron hcl SOSY	1	
ondansetron hcl TABS 8 MG	1	QL(3 ea daily)
ondansetron hcl TABS 24 MG	2	QL(1 ea daily)
ondansetron hcl TABS 4 MG	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron TBDP</i>	1	QL(2 ea daily)
<i>palonosetron hcl SOLN</i>	NP	PA
<i>palonosetron hcl SOSY</i>	NP	PA
PALONOSETRON HYDROCHLORIDE SOLN	NP	PA
SANCUSO PTCH	NP	
SUSTOL PRSY	NP	
Antiemetics - Anticholinergic		
ANTIVERT CHEW (<i>meclizine hcl</i>)	NF	RX/OTC
ANTIVERT TABS 50 MG (<i>meclizine hcl</i>)	2	
DIMENHYDRINATE SOLN	NP	PA
<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC
<i>meclizine hcl TABS 50 MG</i>	2	
<i>scopolamine</i>	1	
TIGAN SOLN	NP	PA
TRANSDERM-SCOP (<i>scopolamine</i>)	NP	PA
<i>trimethobenzamide hcl CAPS</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO	NP	PA
AKYNZEO SOLN	2	PA
AKYNZEO SOLR	2	PA
BONJESTA TBCR	NP	PA
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	2	PA
<i>doxylamine-pyridoxine TBEC</i>	1	PA
<i>dronabinol CAPS</i>	NP	PA
MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	NP	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
APONVIE EMUL	NP	PA
<i>aprepitant CAPS</i>	NP	PA
<i>aprepitant CAPS</i>	1	
<i>aprepitant MISC</i>	NP	PA
CINVANTI EMUL	NP	PA
EMEND (<i>fosaprepitant dimeglumine</i>)	NP	PA
EMEND TRIPACK CAPS (<i>aprepitant</i>)	NP	PA
EMEND CAPS 80 MG (<i>aprepitant</i>)	NP	PA
EMEND SUSR	NP	PA
<i>fosaprepitant dimeglumine</i>	NP	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	NP	PA
CANCIDAS (<i>caspofungin acetate</i>)	NP	PA
<i>caspofungin acetate</i>	1	PA
CASPOFUNGIN ACETATE	1	PA
ERAXIS	2	PA
MICAFUNGIN	NP	PA
<i>micafungin sodium</i>	1	PA
MYCAMINE	NP	PA
REZZAYO	2	PA
Antifungals		
ABELCET	2	PA
AMBISOME (<i>amphotericin b liposome</i>)	NP	PA
<i>amphotericin b IV</i>	1	PA
<i>amphotericin b liposome</i>	1	PA
ANCOBON (<i>flucytosine</i>)	NP	PA
<i>flucytosine</i>	NP	
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin ultramicrosize</i>	NP		NOXAFIL SUSP (<i>posaconazole</i>)	NP	MP; PA
<i>nystatin TABS</i>	1	QL(6 ea daily)	NOXAFIL TBEC (<i>posaconazole</i>)	NP	MP; PA
<i>terbinafine hcl TABS</i>	1	QL(1 ea daily; 90 ea per 120 day(s) retail)	<i>posaconazole SOLN</i>	1	PA
Imidazole-Related Antifungals			<i>posaconazole SUSP</i>	NP	MP; PA
CRESEMBA CAPS	NP	PA	<i>posaconazole TBEC</i>	NP	MP; PA
CRESEMBA SOLR	2	PA	SPORANOX PULSEPAK CAPS (<i>itraconazole</i>)	NF	QL(1 ea daily)
DIFLUCAN SUSR (<i>fluconazole</i>)	NP	QL(70 ml per fill retail); PA	SPORANOX CAPS (<i>itraconazole</i>)	NP	QL(1 ea daily); PA
DIFLUCAN TABS 50 MG (<i>fluconazole</i>)	NF	QL(7 ea per fill retail)	SPORANOX SOLN (<i>itraconazole</i>)	NP	PA
DIFLUCAN TABS 200 MG (<i>fluconazole</i>)	NP	QL(2 ea daily); PA	TOLSURA CAPS	NP	QL(1 ea daily); PA
DIFLUCAN TABS 100 MG (<i>fluconazole</i>)	NP	QL(1 ea daily); PA	VFEND IV SOLR (<i>voriconazole</i>)	NP	PA
DIFLUCAN TABS 200 MG (<i>fluconazole</i>)	NF	QL(2 ea daily)	VFEND SUSR (<i>voriconazole</i>)	NP	PA
DIFLUCAN TABS 150 MG (<i>fluconazole</i>)	NP	QL(2 ea per fill retail); PA	VFEND TABS (<i>voriconazole</i>)	NP	PA
<i>fluconazole in nacl 0.9 %- 200 MG/100ML, 0.9 %- 400 MG/200ML</i>	1	PA	VIVJOA	2	PA
FLUCONAZOLE/SODIUM CHLORIDE	1	PA	<i>voriconazole SOLR</i>	1	PA
<i>fluconazole SUSR</i>	1	QL(70 ml per fill retail)	VORICONAZOLE SOLR (<i>voriconazole</i>)	1	PA
<i>fluconazole TABS 200 MG</i>	1	QL(2 ea daily)	<i>voriconazole SUSR</i>	NP	PA
<i>fluconazole TABS 150 MG</i>	1	QL(2 ea per fill retail)	<i>voriconazole TABS</i>	NP	
<i>fluconazole TABS 50 MG</i>	1	QL(7 ea per fill retail)	ANTIHISTAMINES - Drugs to Treat Allergies		
<i>fluconazole TABS 100 MG</i>	1	QL(1 ea daily)	Antihistamines - Alkylamines		
<i>itraconazole CAPS</i>	NP	QL(1 ea daily)	<i>chlorpheniramine maleate TABS</i>	1	QL(120 ea per fill retail)
<i>itraconazole SOLN</i>	NP	PA	<i>dexchlorpheniramine maleate SOLN</i>	NP	
<i>ketoconazole</i>	NP	PA	Antihistamines - Ethanolamines		
NOXAFIL PACK	NP	PA	BENADRYL ALLERGY CHILDRENS LIQD (<i>diphenhydramine hcl</i>)	NF	QL(240 ml per fill retail)
NOXAFIL SOLN (<i>posaconazole</i>)	NP	PA	BENADRYL ALLERGY ULTRATABS TABS (<i>diphenhydramine hcl</i>)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BENADRYL ALLERGY CAPS (<i>diphenhydramine hcl</i>)	NF	QL(4 ea daily)
BENADRYL ALLERGY TABS (<i>diphenhydramine hcl</i>)	NF	QL(4 ea daily)
<i>carbinoxamine maleate SOLN</i>	NP	
<i>carbinoxamine maleate TABS 4 MG</i>	NP	
<i>clemastine fumarate SYRP</i>	NP	
<i>clemastine fumarate TABS 2.68 MG</i>	NP	
<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</i>	1	QL(240 ml per fill retail)
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1	PA
<i>diphenhydramine hcl TABS 25 MG</i>	1	QL(4 ea daily)
KARBINAL ER SUER	NP	
RYVENT TABS	NP	
Antihistamines - Non-Sedating		
<i>cetirizine hcl SOLN OR</i>	1	RX/OTC
<i>cetirizine hcl TABS</i>	1	QL(1 ea daily)
CLARINEX TABS (<i>desloratadine</i>)	NP	PA
CLARITIN ALLERGY CHILDRENS SOLN (<i>loratadine</i>)	NF	
CLARITIN SOLN (<i>loratadine</i>)	NF	
CLARITIN TABS (<i>loratadine</i>)	NF	
<i>desloratadine TABS</i>	NP	
<i>desloratadine TBP</i>	NP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride SOLN</i>	NP	RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	NP	RX/OTC
<i>loratadine SOLN</i>	1	
<i>loratadine TABS</i>	1	
XYZAL ALLERGY 24HR CHILDRENS SOLN (<i>levocetirizine dihydrochloride</i>)	NF	RX/OTC
XYZAL ALLERGY 24HR TABS (<i>levocetirizine dihydrochloride</i>)	NF	RX/OTC
ZYRTEC ALLERGY TABS (<i>cetirizine hcl</i>)	NF	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN OR (<i>cetirizine hcl</i>)	NF	RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN IJ (<i>promethazine hcl</i>)	NP	PA
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML</i>	NP	PA
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1	QL(12 ea per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl SUPP 50 MG</i>	NP	QL(12 ea per fill retail); AL(At least 2 yrs old); PA
<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	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
NEXLETOL	2	PA
Angiotensin-like Protein Inhibitors		
EVKEEZA	CO	
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	NP	PA
NEXLIZET	NP	PA
VYTORIN (<i>ezetimibe-simvastatin</i>)	NP	PA
Antihyperlipidemics - Misc.		
<i>icosapent ethyl 0.5 GM</i>	NP	QL(8 ea daily); PA
<i>icosapent ethyl 1 GM</i>	NP	QL(4 ea daily); PA
LOVAZA (<i>omega-3-acid ethyl esters</i>)	NP	PA
<i>omega-3-acid ethyl esters</i>	NP	PA
VASCEPA 0.5 GM (<i>icosapent ethyl</i>)	NP	QL(8 ea daily); PA
VASCEPA 1 GM (<i>icosapent ethyl</i>)	NP	QL(4 ea daily); PA
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>colesevelam hcl PACK</i>	NP	
<i>colesevelam hcl TABS</i>	NP	
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	NP	PA
COLESTID FLAVORED PACK (<i>colestipol hcl</i>)	NP	PA
COLESTID GRAN (<i>colestipol hcl</i>)	NP	PA
COLESTID PACK (<i>colestipol hcl</i>)	NP	PA
COLESTID TABS (<i>colestipol hcl</i>)	NP	MP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl GRAN</i>	NP	
<i>colestipol hcl PACK</i>	NP	
<i>colestipol hcl TABS</i>	1	MP
QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NP	MP; PA
QUESTRAN PACK (<i>cholestyramine</i>)	NP	MP; PA
QUESTRAN POWD (<i>cholestyramine</i>)	NP	MP; PA
WELCHOL PACK (<i>colesevelam hcl</i>)	NF	
WELCHOL PACK (<i>colesevelam hcl</i>)	NP	PA
WELCHOL TABS (<i>colesevelam hcl</i>)	NF	
WELCHOL TABS (<i>colesevelam hcl</i>)	NP	PA
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	NP	PA
<i>fenofibrate micronized 67 MG</i>	NP	QL(2 ea daily); PA
<i>fenofibrate micronized 134 MG, 200 MG</i>	NP	QL(1 ea daily); PA
<i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>	NP	PA
<i>fenofibrate CAPS</i>	NP	PA
<i>fenofibrate TABS 54 MG</i>	1	QL(3 ea daily); MP
<i>fenofibrate TABS 160 MG</i>	1	QL(1 ea daily); MP
<i>fenofibrate TABS 40 MG, 48 MG, 120 MG, 145 MG</i>	1	MP
<i>fenofibric acid</i>	NP	PA
FENOGLIDE TABS (<i>fenofibrate</i>)	NP	MP; PA
FIBRICOR (<i>fenofibric acid</i>)	NP	PA
<i>gemfibrozil TABS</i>	1	QL(2 ea daily); MP
LIPOFEN CAPS (<i>fenofibrate</i>)	NP	PA

Drug Name	Drug Tier	Requirements/Limits
LIPOFEN CAPS 150 MG (fenofibrate)	NF	
LOPID TABS (gemfibrozil)	NP	QL(2 ea daily); MP; PA
TRICOR TABS (fenofibrate)	NP	MP; PA
TRILIPIX (choline fenofibrate)	NP	PA
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	
ATORVALIQ SUSP	NP	PA
atorvastatin calcium TABS	1	QL(1 ea daily); MP
CRESTOR TABS (rosuvastatin calcium)	NP	PA
EZALLOR SPRINKLE CPSP	NP	PA
fluvastatin sodium CAPS	NP	
fluvastatin sodium TB24	NP	
LESCOL XL TB24 (fluvastatin sodium)	NP	PA
LIPITOR TABS (atorvastatin calcium)	NP	QL(1 ea daily); MP; PA
LIPITOR TABS (atorvastatin calcium)	NF	QL(1 ea daily); MP
LIVALO (pitavastatin calcium)	NP	PA
lovastatin TABS 40 MG	1	QL(2 ea daily); MP
lovastatin TABS 10 MG, 20 MG	1	QL(1 ea daily); MP
pitavastatin calcium	NP	
pravastatin sodium	1	QL(1 ea daily); MP
rosuvastatin calcium TABS	1	
simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	1	QL(1 ea daily); MP
simvastatin TABS 80 MG	1	MP
ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	NP	QL(1 ea daily); MP; PA

Drug Name	Drug Tier	Requirements/Limits
ZYPITAMAG 2 MG, 4 MG	NP	
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	1	MP
ZETIA (ezetimibe)	NP	MP; PA
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	2	SP; MP; PA
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TBCR	1	MP
NIASPAN TBCR (niacin (antihyperlipidemic))	NF	MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	NP	SP; PA
PRALUENT SOAJ	NP	QL(2 ml per 28 day(s) retail); SP; PA
REPATHA PUSHTRONEX SYSTEM SOCT	2	QL(2 ml per 28 day(s) retail); SP; PA
REPATHA SURECLICK SOAJ	2	QL(2 ml per 28 day(s) retail); SP; MP; PA
REPATHA SOSY	2	QL(2 ml per 28 day(s) retail); SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (quinapril hcl)	NP	QL(1 ea daily); PA
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril)	NP	QL(2 ea daily); MP; PA
benazepril hcl 40 MG	1	QL(2 ea daily); MP
benazepril hcl 5 MG, 10 MG, 20 MG	1	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>captopril</i>	1	QL(3 ea daily); MP
<i>enalapril maleate SOLN</i>	NP	
<i>enalapril maleate TABS</i>	1	QL(2 ea daily); MP
<i>enalaprilat</i>	1	
<i>EPANED SOLN (enalapril maleate)</i>	NP	PA
<i>fosinopril sodium</i>	1	QL(1 ea daily); MP
<i>lisinopril TABS 2.5 MG</i>	1	QL(1 ea daily); MP
<i>lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	QL(2 ea daily); MP
<i>LOTENSIN 10 MG, 20 MG (benazepril hcl)</i>	NP	QL(1 ea daily); MP; PA
<i>LOTENSIN 40 MG (benazepril hcl)</i>	NP	QL(2 ea daily); MP; PA
<i>moexipril hcl</i>	NP	
<i>perindopril erbumine</i>	NP	
<i>QBRELIS SOLN</i>	NP	
<i>quinapril hcl</i>	1	QL(1 ea daily)
<i>ramipril CAPS</i>	1	QL(2 ea daily); MP
<i>trandolapril 4 MG</i>	NP	QL(2 ea daily)
<i>trandolapril 1 MG, 2 MG</i>	NP	QL(1 ea daily)
<i>VASOTEC TABS (enalapril maleate)</i>	NP	QL(2 ea daily); MP; PA
<i>ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (lisinopril)</i>	NP	QL(2 ea daily); MP; PA
<i>ZESTRIL TABS 2.5 MG (lisinopril)</i>	NP	QL(1 ea daily); MP; PA
Agents for Pheochromocytoma		
<i>DEMSEER (metyrosine)</i>	NP	SP; PA
<i>DIBENZYLINE (phenoxybenzamine hcl)</i>	NF	
<i>metyrosine</i>	NP	SP; PA
<i>phenoxybenzamine hcl</i>	1	
<i>phentolamine mesylate SOLR</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Angiotensin II Receptor Antagonists		
<i>ATACAND (candesartan cilexetil)</i>	NP	PA
<i>AVAPRO (irbesartan)</i>	NP	QL(1 ea daily); MP; PA
<i>BENICAR (olmesartan medoxomil)</i>	NP	MP; PA
<i>BENICAR (olmesartan medoxomil)</i>	NF	MP
<i>candesartan cilexetil</i>	NP	
<i>COZAAR (losartan potassium)</i>	NP	QL(1 ea daily); MP; PA
<i>DIOVAN TABS (valsartan)</i>	NP	QL(1 ea daily); MP; PA
<i>EDARBI</i>	NP	
<i>irbesartan</i>	1	QL(1 ea daily); MP
<i>losartan potassium</i>	1	QL(1 ea daily); MP
<i>MICARDIS (telmisartan)</i>	NP	QL(1 ea daily); PA
<i>olmesartan medoxomil</i>	1	MP
<i>telmisartan</i>	NP	QL(1 ea daily)
<i>valsartan SOLN</i>	NP	PA
<i>valsartan TABS</i>	1	QL(1 ea daily); MP
Antiadrenergic Antihypertensives		
<i>CARDURA (doxazosin mesylate)</i>	NP	MP; PA
<i>CARDURA 8 MG (doxazosin mesylate)</i>	NF	MP
<i>CATAPRES-TTS-1 (clonidine)</i>	NF	SON; QL(20 ea daily); MP
<i>CATAPRES-TTS-2 (clonidine)</i>	NF	SON; QL(20 ea daily); MP
<i>CATAPRES-TTS-3 (clonidine)</i>	NF	SON; QL(20 ea daily); MP
<i>clonidine</i>	1	SON; QL(20 ea daily); MP
<i>clonidine</i>	1	QL(20 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl TABS</i>	1	SON; AL(At least 4 yrs old); MP	AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>)	NF	
<i>clonidine hcl TB24</i>	NP	PA	AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>)	NP	PA
<i>doxazosin mesylate</i>	1	MP	<i>benazepril & hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>guanfacine hcl</i>	1	AL(At least 4 yrs old); MP	BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NF	MP
<i>guanfacine hcl</i>	1	SON; AL(At least 4 yrs old); MP	BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NP	MP; PA
<i>methyldopa TABS</i>	1	MP	<i>bisoprolol & hydrochlorothiazide</i>	1	QL(1 ea daily); MP
MINIPRESS CAPS (<i>prazosin hcl</i>)	NP	SON; QL(20 ea daily); MP; PA	<i>candesartan cilexetil-hydrochlorothiazide</i>	NP	PA
NEXICLON XR TB24 (<i>clonidine hcl</i>)	NP	PA	<i>captopril & hydrochlorothiazide</i>	NP	
<i>prazosin hcl CAPS</i>	1	SON; QL(20 ea daily); MP	DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA
<i>terazosin hcl</i>	1	MP	EDARBYCLOR	NP	PA
Antihypertensive Combinations			<i>enalapril maleate & hydrochlorothiazide</i>	1	QL(2 ea daily); MP
ACCURETIC 12.5 MG-10 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(3 ea daily); MP; PA	EXFORGE (<i>amlodipine besylate-valsartan</i>)	NP	MP; PA
ACCURETIC 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(4 ea daily); MP; PA	EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	PA
ACCURETIC 25 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NF	QL(2 ea daily); MP	<i>fosinopril sodium & hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>amlodipine besylate-benazepril hcl</i>	1	QL(1 ea daily); MP; PA	HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA
<i>amlodipine besylate-olmesartan medoxomil</i>	NP	PA	<i>irbesartan-hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>amlodipine besylate-valsartan</i>	1	MP; PA	<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	QL(2 ea daily); MP
<i>amlodipine-valsartan-hydrochlorothiazide</i>	NP	PA	<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily); MP
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	NP	PA			
<i>atenolol & chlorthalidone</i>	1	QL(1 ea daily); MP			
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide</i>	1	QL(1 ea daily); MP	TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NF	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA	<i>valsartan-hydrochlorothiazide</i>	1	QL(1 ea daily); MP
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>)	NP	QL(1 ea daily); MP; PA	VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	NP	QL(2 ea daily); MP; PA
<i>metoprolol & hydrochlorothiazide TABS</i>	1	QL(2 ea daily); MP	ZESTORETIC 25 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily); PA	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	NP	QL(2 ea daily); MP; PA
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP	PA	ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	MP	Antihypertensives - Misc.		
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1	QL(4 ea daily); MP	VECAMYL	NP	SP; PA
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily); MP	Direct Renin Inhibitors		
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1	QL(3 ea daily); MP	<i>aliskiren fumarate</i>	NP	PA
TEKTURNA HCT 12.5 MG-300 MG, 25 MG-300 MG	NP	PA	TEKTURNA (<i>aliskiren fumarate</i>)	NP	PA
<i>telmisartan-amlodipine</i>	NP	PA	Selective Aldosterone Receptor Antagonists (SARAs)		
<i>telmisartan-hydrochlorothiazide</i>	NP	QL(1 ea daily); PA	<i>eplerenone</i>	1	MP
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NP	QL(1 ea daily); MP; PA	INSPIRA (<i>eplerenone</i>)	NF	MP
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NP	QL(1 ea daily); MP; PA	INSPIRA (<i>eplerenone</i>)	NP	MP; PA
<i>trandolapril-verapamil hcl</i>	NP	PA	Vasodilators		
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	PA	<i>hydralazine hcl SOLN</i>	1	PA
			<i>hydralazine hcl TABS</i>	1	MP
			<i>minoxidil 2.5 MG, 10 MG</i>	1	MP
			NIPRIDE RTU (<i>nitroprusside sodium-sodium chloride</i>)	2	PA
			<i>nitroprusside sodium</i>	1	PA
			<i>nitroprusside sodium-sodium chloride</i>	1	PA
			ANTI-INFECTIVE AGENTS - MISC. - Drugs to		

Drug Name	Drug Tier	Requirements/Limits
Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	NP	PA
<i>bacitracin</i>	1	PA
FLAGYL CAPS (<i>metronidazole</i>)	NP	PA
LIKMEZ SUSP	NP	PA
<i>metronidazole</i> CAPS	1	
<i>metronidazole</i> TABS	1	
NEBUPENT IN (<i>pentamidine isethionate</i>)	2	PA
PENTAM 300 IJ (<i>pentamidine isethionate</i>)	NP	PA
<i>pentamidine isethionate</i> IN	1	PA
<i>tinidazole</i>	1	
<i>trimethoprim</i> TABS	1	
XIFAXAN	2	MP; PA
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	NP	PA
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	NP	PA
<i>methenamine-hyoscamine-methylene blue-sodium phosphate</i> TABS	NP	
<i>methenamine-hyoscamine-methylene blue-benzoic acid-phenyl sal</i>	NP	PA
<i>methenamine-hyoscamine-methylene blue-sod phosph-phenyl sal</i> CAPS	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine-hyoscamine-methylene blue-sod phosph-phenyl sal</i> TABS 10.8 MG-81 MG-32.4 MG-0.12 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG	NP	
<i>sulfamethoxazole-trimethoprim</i> SOLN	1	PA
<i>sulfamethoxazole-trimethoprim</i> SUSP	1	
<i>sulfamethoxazole-trimethoprim</i> TABS	1	
URIBEL	NP	PA
UROGESIC-BLUE TABS (<i>methenamine-hyoscamine-methylene blue-sodium phosphate</i>)	NP	PA
Antiprotozoal Agents		
ALINIA TABS (<i>nitazoxanide</i>)	NF	
<i>atovaquone</i>	1	
LAMPIT	2	PA
MEPRON (<i>atovaquone</i>)	NP	PA
<i>nitazoxanide</i> TABS	NP	PA
Carbapenems		
<i>ertapenem sodium</i> IJ	1	SP; PA
INVANZ IJ (<i>ertapenem sodium</i>)	NP	SP; PA
Glycopeptides		
FIRVANQ SOLR OR (<i>vancomycin hcl</i>)	2	
VANCOCIN CAPS 250 MG (<i>vancomycin hcl</i>)	NP	QL(8 ea daily); PA
VANCOCIN CAPS 125 MG (<i>vancomycin hcl</i>)	NP	QL(4 ea daily); PA
<i>vancomycin hcl</i> CAPS 125 MG	1	QL(4 ea daily)
<i>vancomycin hcl</i> CAPS 250 MG	1	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl SOLR IV 1 GM, 1000 MG</i>	1	QL(14 ea per fill retail)
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1	
<i>vancomycin hcl SOLR IV 500 MG</i>	1	QL(14 ea per 30 day(s) retail)
<i>vancomycin hcl SOLR OR 25 MG/ML</i>	2	
VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM	2	QL(14 ea per fill retail)
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	2	QL(14 ea per 30 day(s) retail)
Leprostatics		
<i>dapsone</i>	1	MP
Lincosamides		
<i>CLEOCIN (clindamycin hcl)</i>	NP	PA
<i>CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride)</i>	NP	PA
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>LINCOCIN (lincomycin hcl)</i>	NF	
<i>LINCOCIN (lincomycin hcl)</i>	2	PA
<i>lincomycin hcl</i>	1	PA
Monobactams		
<i>CAYSTON</i>	2	SP; PA
Oxazolidinones		
<i>linezolid SUSR</i>	NP	PA
<i>linezolid TABS</i>	1	
<i>SIVEXTRO TABS</i>	NP	QL(6 ea per fill retail)
<i>ZYVOX SUSR (linezolid)</i>	NF	
<i>ZYVOX SUSR (linezolid)</i>	NP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>ZYVOX TABS (linezolid)</i>	NP	PA
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	NP	PA
<i>HIPREX (methenamine hippurate)</i>	NP	PA
<i>MACROBID (nitrofurantoin monohyd macro)</i>	NP	PA
<i>MACRODANTIN (nitrofurantoin macrocrystal)</i>	NP	PA
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate 0.5 GM, 1 GM</i>	1	
<i>MONUROL (fosfomycin tromethamine)</i>	NF	
<i>nitrofurantoin</i>	NP	PA
<i>NITROFURANTOIN</i>	NP	PA
<i>nitrofurantoin macrocrystal 25 MG</i>	NP	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	
<i>COARTEM</i>	2	QL(24 ea per fill retail)
<i>MALARONE (atovaquone-proguanil hcl)</i>	NP	PA
Antimalarials		
<i>chloroquine phosphate TABS 500 MG</i>	1	QL(5 ea per 30 day(s) retail); 180 day(s) max supply per 365 day(s) retail

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate TABS 250 MG</i>	1	QL(2 ea daily); 180 day(s) max supply per 365 day(s) retail	MESTINON TABS (<i>pyridostigmine bromide</i>)	NP	PA
DARAPRIM (<i>pyrimethamine</i>)	CO		<i>neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML</i>	1	PA
<i>hydroxychloroquine sulfate 100 MG, 300 MG, 400 MG</i>	1		NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML	1	PA
<i>hydroxychloroquine sulfate 200 MG</i>	1	QL(3 ea daily)	<i>neostigmine methylsulfate SOSY</i>	1	PA
KRINTAFEL	NP	PA	NEOSTIGMINE METHYLSULFATE SOSY (<i>neostigmine methylsulfate</i>)	1	PA
<i>mefloquine hcl</i>	1	MP	<i>pyridostigmine bromide SOLN OR</i>	1	PA
PLAQUENIL (<i>hydroxychloroquine sulfate</i>)	NF	QL(3 ea daily)	<i>pyridostigmine bromide TABS 30 MG</i>	2	
<i>primaquine phosphate TABS</i>	1		<i>pyridostigmine bromide TABS 60 MG</i>	1	
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	2		<i>pyridostigmine bromide TBCR</i>	1	
<i>pyrimethamine</i>	CO		REGONOL SOLN IV	1	PA
QUALAQUIN CAPS (<i>quinine sulfate</i>)	NF		ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
QUALAQUIN CAPS (<i>quinine sulfate</i>)	NP	PA	Antimycobacterial Agents		
<i>quinine sulfate CAPS 324 MG</i>	1		<i>cycloserine</i>	1	
SOVUNA 200 MG	NP	QL(3 ea daily); PA	<i>ethambutol hcl TABS</i>	1	MP
SOVUNA 300 MG	2		<i>isoniazid SYRP</i>	1	MP
ANTIMYASTHENIC/CHOLINERGIC AGENTS			<i>isoniazid TABS</i>	1	MP
Antimyasthenic/Cholinergic Agents			MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	NP	MP; PA
BLOXIVERZ SOLN IV (<i>neostigmine methylsulfate</i>)	2	PA	MYCOBUTIN (<i>rifabutin</i>)	NP	PA
FIRDAPSE	CO		PRETOMANID	2	
MESTINON TIMESPAN TBCR (<i>pyridostigmine bromide</i>)	NP	PA	PRIFTIN	2	
MESTINON SOLN OR (<i>pyridostigmine bromide</i>)	2	PA	<i>pyrazinamide</i>	1	
			<i>rifabutin</i>	1	
			<i>rifampin CAPS</i>	1	
			SIRTURO	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRECTOR	2		INLYTA 5 MG	2	QL(4 ea daily); SP; PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			LENVIMA 10 MG DAILY DOSE	2	QL(1 ea daily); SP; PA
Alkylating Agents			LENVIMA 12MG DAILY DOSE	2	QL(3 ea daily); SP; PA
ALKERAN (<i>melphalan</i>)	NF		LENVIMA 14 MG DAILY DOSE	2	QL(2 ea daily); SP; PA
<i>cyclophosphamide</i> CAPS	1		LENVIMA 18 MG DAILY DOSE	2	QL(3 ea daily); SP; PA
CYCLOPHOSPHAMIDE TABS	2		LENVIMA 20 MG DAILY DOSE	2	QL(2 ea daily); SP; PA
LEUKERAN	2	PA	LENVIMA 24 MG DAILY DOSE	2	QL(3 ea daily); SP; PA
<i>melphalan</i>	1		LENVIMA 4 MG DAILY DOSE	2	QL(1 ea daily); SP; PA
MYLERAN TABS	2	PA	LENVIMA 8 MG DAILY DOSE	2	QL(2 ea daily); SP; PA
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (<i>temozolomide</i>)	NF	SP	Antineoplastic - Anti-HER2 Agents		
<i>temozolomide</i> CAPS	1	SP; PA	TUKYSA	2	QL(4 ea daily); SP; PA
Antimetabolites			Antineoplastic - BCL-2 Inhibitors		
<i>capecitabine</i>	1	SP; PA	VENCLEXTA STARTING PACK TBPK	2	SP; PA
JYLAMVO SOLN	NP	SP; PA	VENCLEXTA TABS	2	SP; PA
<i>mercaptopurine</i> TABS	1		Antineoplastic - Cellular Immunotherapy		
<i>methotrexate sodium</i> SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	1		ABECMA	CO	
<i>methotrexate sodium</i> SOLR	1		BREYANZI	CO	
<i>methotrexate sodium</i> TABS 2.5 MG	1		CARVYKTI	CO	
ONUREG TABS	2	SP; PA	KYMRIAH	CO	
PURIXAN SUSP	2	PA	OMISIRGE	CO	
TABLOID	2	SP	PROVENGE	CO	
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2		TECARTUS	CO	
XATMEP SOLN	2		YESCARTA	CO	
XELODA (<i>capecitabine</i>)	NP	SP; PA	Antineoplastic - EGFR Inhibitors		
Antineoplastic - Angiogenesis Inhibitors			<i>erlotinib hcl</i> 100 MG, 150 MG	1	QL(1 ea daily); SP; PA
FRUZAQLA	2	SP; PA	<i>erlotinib hcl</i> 25 MG	1	QL(3 ea daily); SP; PA
INLYTA 1 MG	2	QL(8 ea daily); SP; PA			

Drug Name	Drug Tier	Requirements/Limits
EXKIVITY	2	QL(4 ea daily); SP; PA
<i>gefitinib</i>	1	QL(1 ea daily); SP; PA
GILOTRIF 20 MG	2	QL(2 ea daily); SP; PA
GILOTRIF 30 MG, 40 MG	2	QL(1 ea daily); SP; PA
IRESSA (<i>gefitinib</i>)	NP	QL(1 ea daily); SP; PA
TAGRISO	2	QL(1 ea daily); SP; PA
TARCEVA 25 MG (<i>erlotinib hcl</i>)	NP	QL(3 ea daily); SP; PA
TARCEVA 100 MG, 150 MG (<i>erlotinib hcl</i>)	NP	QL(1 ea daily); SP; PA
VIZIMPRO	2	QL(1 ea daily); SP; PA
Antineoplastic - Gene Therapy Agents		
ADSTILADRIN	CO	
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	2	SP; PA
ERIVEDGE	2	SP; PA
ODOMZO	2	SP; PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate 500 MG</i>	NP	SP; PA
<i>abiraterone acetate 250 MG</i>	1	SP; PA
AKEEGA	2	SP; PA
<i>anastrozole</i>	1	
ARIMIDEX (<i>anastrozole</i>)	NP	PA
AROMASIN (<i>exemestane</i>)	NP	PA
<i>bicalutamide</i>	1	
CAMCEVI	2	SP; PA
CASODEX (<i>bicalutamide</i>)	NP	PA
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

Drug Name	Drug Tier	Requirements/Limits
ERLEADA	2	SP; PA
<i>exemestane</i>	1	
FARESTON (<i>toremifene citrate</i>)	NP	PA
FEMARA (<i>letrozole</i>)	NP	PA
<i>hydroxyprogesterone caproate (antineoplastic)</i>	1	Limit 5ml per month; QL(0.167 ml daily); SP; PA
<i>letrozole</i>	1	
LEUPROLIDE ACETATE INJ	2	PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	PA
LUPRON DEPOT (1-MONTH) KIT IM	2	SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	2	SP; PA
LUPRON DEPOT (4-MONTH) IM	2	SP; PA
LUPRON DEPOT (6-MONTH) IM	2	SP; PA
LYSODREN	2	SP; PA
<i>megestrol acetate SUSP</i>	1	
<i>megestrol acetate TABS</i>	1	
NILANDRON (<i>nilutamide</i>)	NF	
<i>nilutamide</i>	1	PA
NUBEQA	2	SP; PA
ORGOVYX	2	SP; PA
ORSERDU	2	SP; PA
SOLTAMOX SOLN	NP	PA
<i>tamoxifen citrate TABS</i>	1	MP
<i>toremifene citrate</i>	NP	PA
TRELSTAR MIXJECT	2	SP; PA
XTANDI CAPS	2	SP; PA
XTANDI TABS	2	SP; PA
YONSA	NP	SP; PA
ZYTIGA (<i>abiraterone acetate</i>)	NP	SP; PA
Antineoplastic - Hypoxia-Inducible Factor		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Inhibitors			BOSULIF TABS 100 MG	2	QL(3 ea daily); SP; PA
WELIREG	2	SP; PA	BOSULIF TABS 400 MG, 500 MG	2	QL(1 ea daily); SP; PA
Antineoplastic - Immunomodulators			BRAFTOVI 75 MG	2	SP; PA
POMALYST	2	SP; PA	BRUKINSA	2	QL(4 ea daily); SP; PA
Antineoplastic - PDGFR-alpha Inhibitors			CABOMETYX TABS	2	QL(1 ea daily); SP; PA
AYVAKIT	2	QL(1 ea daily); SP; PA	CALQUENCE	2	SP; PA
Antineoplastic - XPO1 Inhibitors			CAPRELSA 300 MG	2	QL(1 ea daily); SP; PA
XPOVIO	2	SP; PA	CAPRELSA 100 MG	2	QL(2 ea daily); SP; PA
XPOVIO 60 MG TWICE WEEKLY	2	SP; PA	COMETRIQ KIT	2	QL(3 ea daily); SP; PA
XPOVIO 80 MG TWICE WEEKLY	2	SP; PA	COMETRIQ KIT	2	QL(4 ea daily); SP; PA
Antineoplastic Combinations			COMETRIQ KIT	2	QL(2 ea daily); SP; PA
INQOVI	2	SP; PA	COPIKTRA	2	SP; PA
KISQALI FEMARA 200 DOSE	2	SP; PA	COTELLIC	2	SP; PA
KISQALI FEMARA 400 DOSE	2	SP; PA	<i>everolimus</i> TABS	1	SP; PA
KISQALI FEMARA 600 DOSE	2	SP; PA	<i>everolimus</i> TBSO	1	SP; PA
LONSURF	2	SP; PA	FOTIVDA	2	SP; PA
Antineoplastic Enzyme Inhibitors			GAVRETO	2	QL(4 ea daily); SP; PA
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	NP	SP; PA	GLEEVEC 400 MG (<i>imatinib mesylate</i>)	NP	QL(2 ea daily); SP; PA
AFINITOR TABS (<i>everolimus</i>)	NP	SP; PA	GLEEVEC 100 MG (<i>imatinib mesylate</i>)	NP	QL(3 ea daily); SP; PA
ALECENSA	2	QL(8 ea daily); SP; PA	IBRANCE CAPS	2	SP; PA
ALUNBRIG TABS 30 MG	2	QL(2 ea daily); SP; PA	IBRANCE TABS	2	SP; PA
ALUNBRIG TABS 90 MG, 180 MG	2	QL(1 ea daily); SP; PA	ICLUSIG 15 MG, 30 MG, 45 MG	2	QL(1 ea daily); SP; PA
ALUNBRIG TBPK	2	QL(1 ea daily); SP; PA	ICLUSIG 10 MG	2	QL(2 ea daily); SP; PA
AUGTYRO	2	SP; PA	IDHIFA	2	SP; PA
BALVERSA	2	SP; PA	<i>imatinib mesylate</i> 400 MG	1	QL(2 ea daily); SP; PA
BOSULIF CAPS	2	SP; PA	<i>imatinib mesylate</i> 100 MG	1	QL(3 ea daily); SP; PA
			IMBRUVICA CAPS	2	QL(1 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMBRUVICA SUSP	NP	SP; PA	RETEVMO 40 MG	2	QL(6 ea daily); SP; PA
IMBRUVICA TABS	2	QL(1 ea daily); SP; PA	RETEVMO 80 MG	2	QL(4 ea daily); SP; PA
INREBIC	2	SP; PA	REZLIDHIA	2	SP; PA
JAKAFI	2	QL(2 ea daily); SP; PA	ROZLYTREK CAPS	2	SP; PA
JAYPIRCA	2	QL(2 ea daily); SP; PA	ROZLYTREK PACK	2	SP; PA
KISQALI	2	SP; PA	RUBRACA	2	SP; PA
KOSELUGO	2	SP; PA	RYDAPT	2	SP; PA
KRAZATI	2	SP; PA	SCEMBLIX 40 MG	2	QL(10 ea daily); SP; PA
<i>lapatinib ditosylate</i>	1	QL(6 ea daily); SP; PA	SCEMBLIX 20 MG	2	QL(4 ea daily); SP; PA
LORBRENA 100 MG	2	QL(1 ea daily); SP; PA	<i>sorafenib tosylate</i>	1	SP; PA
LORBRENA 25 MG	2	QL(3 ea daily); SP; PA	SPRYCEL	2	QL(1 ea daily); SP; PA
LUMAKRAS	2	SP; PA	STIVARGA	2	SP; PA
LYNPARZA TABS	2	QL(4 ea daily); SP; PA	<i>sunitinib malate</i>	1	SP; PA
LYTGOBI	2	SP; PA	SUTENT (<i>sunitinib malate</i>)	2	SP; PA
MEKINIST SOLR	2	SP; PA	TABRECTA	2	QL(4 ea daily); SP; PA
MEKINIST TABS	2	SP; PA	TAFINLAR CAPS	2	SP; PA
MEKTOVI	2	SP; PA	TAFINLAR TBSO	2	SP; PA
NERLYNX	2	QL(6 ea daily); SP; PA	TALZENNA	2	SP; PA
NEXAVAR (<i>sorafenib tosylate</i>)	2	SP; PA	TASIGNA 50 MG	2	QL(2 ea daily); SP; PA
NINLARO	2	SP; PA	TASIGNA 150 MG, 200 MG	2	QL(4 ea daily); SP; PA
OGSIVEO	2	SP; PA	TAZVERIK	2	SP; PA
OJJAARA	2	SP; PA	TEPMETKO	2	SP; PA
<i>pazopanib hcl</i>	1	QL(4 ea daily); SP; PA	TIBSOVO	2	SP; PA
PEMAZYRE	2	SP; PA	TRUQAP	2	SP; PA
PIQRAY 200MG DAILY DOSE	2	SP; PA	TURALIO 125 MG	2	SP; PA
PIQRAY 250MG DAILY DOSE	2	SP; PA	TYKERB (<i>lapatinib ditosylate</i>)	2	QL(6 ea daily); SP; PA
PIQRAY 300MG DAILY DOSE	2	SP; PA	VANFLYTA	2	SP; PA
QINLOCK	2	QL(3 ea daily); SP; PA	VERZENIO	2	QL(2 ea daily); SP; PA
			VITRAKVI CAPS	2	SP; PA
			VITRAKVI SOLN	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
VONJO	2	SP; PA
VOTRIENT (<i>pazopanib hcl</i>)	2	QL(4 ea daily); SP; PA
XALKORI CAPS	2	QL(2 ea daily); SP; PA
XALKORI CPSP	2	SP; PA
XOSPATA	2	QL(3 ea daily); SP; PA
ZEJULA CAPS	2	SP; PA
ZEJULA TABS	2	SP; PA
ZELBORAF	2	SP; PA
ZOLINZA	2	SP; PA
ZYDELIG	2	SP; PA
ZYKADIA TABS	2	QL(3 ea daily); SP; PA
Antineoplastic Radiopharmaceuticals		
LUTATHERA	CO	
PLUVICTO	CO	
Antineoplastics Misc.		
ACTIMMUNE	CO	
BESREMI	2	SP; PA
<i>bexarotene</i>	1	SP; PA
HYDREA (<i>hydroxyurea</i>)	NP	PA
<i>hydroxyurea</i>	1	
INTRON A SOLR	2	SP; PA
MATULANE	NP	SP; PA
TARGRETIN (<i>bexarotene</i>)	NP	SP; PA
<i>tretinoin (chemotherapy)</i>	1	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
IWILFIN	2	SP; PA
<i>leucovorin calcium TABS</i>	1	
MESNEX TABS	2	SP
Mitotic Inhibitors		
<i>etoposide CAPS</i>	1	SP; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	SON; QL(20 ea daily); MP
LODOSYN (<i>carbidopa</i>)	NP	SON; QL(20 ea daily); MP; PA
NOURIANZ	2	PA
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	1	QL(200 ml daily)
<i>benztropine mesylate TABS</i>	1	SON; QL(20 ea daily); MP
<i>trihexyphenidyl hcl SOLN</i>	1	SON; QL(16.7 ml daily); MP
<i>trihexyphenidyl hcl TABS</i>	1	SON; QL(20 ea daily); MP
Antiparkinson COMT Inhibitors		
COMTAN (<i>entacapone</i>)	NP	MP; PA
<i>entacapone</i>	1	MP
ONGENTYS	NP	
TASMAR (<i>tolcapone</i>)	NP	MP; PA
<i>tolcapone</i>	NP	MP
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	SON; QL(20 ea daily); MP
<i>amantadine hcl SOLN</i>	1	QL(200 ml daily); MP
<i>amantadine hcl SOLN</i>	1	SON; QL(200 ml daily); MP
<i>amantadine hcl TABS</i>	NP	SON; QL(20 ea daily)
APOKYN SOCT	NP	SON; QL(20 ml daily); SP; PA
<i>apomorphine hydrochloride SOCT</i>	NP	SON; QL(20 ml daily); SP
<i>bromocriptine mesylate CAPS</i>	NP	SON; QL(20 ea daily)
<i>bromocriptine mesylate TABS 2.5 MG</i>	NP	SON; QL(20 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone</i>	NP	SON; QL(20 ea daily)	RYTARY CPR	NP	SON; QL(20 ea daily)
<i>carbidopa-levodopa TABS 100 MG-25 MG, 250 MG-25 MG</i>	1	QL(20 ea daily); MP	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>carbidopa-levodopa TABS</i>	1	SON; QL(20 ea daily); MP	STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA
<i>carbidopa-levodopa TBCR</i>	1	SON; QL(20 ea daily); MP	STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA
<i>carbidopa-levodopa TBDP</i>	NP	SON; QL(20 ea daily)	STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA
DUOPA SUSP	NP	SON; QL(200 ml daily)	STALEVO 200 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA
GOCOVRI CP24	NP	SON; QL(20 ea daily); SP; PA	STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA
INBRIJA CAPS	NP	PA	STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA
KYNMOBI TITRATION KIT KIT	NP	SON; QL(20 ea daily); PA	Antiparkinson Monoamine Oxidase Inhibitors		
KYNMOBI FILM	NP	SON; QL(20 ea daily)	AZILECT (<i>rasagiline mesylate</i>)	NP	SON; QL(20 ea daily); PA
MIRAPEX ER TB24 (<i>pramipexole dihydrochloride</i>)	NP	SON; QL(20 ea daily); PA	<i>rasagiline mesylate</i>	NP	SON; QL(20 ea daily)
NEUPRO	NP	SON; QL(20 ea daily)	<i>selegiline hcl CAPS</i>	1	SON; QL(20 ea daily); MP
OSMOLEX ER TB24 129 MG, 193 MG	NP	SON; QL(20 ea daily); PA	<i>selegiline hcl TABS</i>	1	SON; QL(20 ea daily); MP
PARLODEL CAPS (<i>bromocriptine mesylate</i>)	NP	SON; QL(20 ea daily); PA	XADAGO	NP	SON; QL(20 ea daily)
PARLODEL TABS (<i>bromocriptine mesylate</i>)	NP	SON; QL(20 ea daily); PA	ZELAPAR TBDP	NP	SON; QL(20 ea daily)
<i>pramipexole dihydrochloride TABS</i>	1	SON; QL(3 ea daily); AL(At least 18 yrs old); MP	ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
<i>pramipexole dihydrochloride TB24</i>	NP	SON; QL(20 ea daily)	Antimanic Agents		
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	1	SON; QL(6 ea daily); MP	<i>lithium</i>	1	QL(200 ml daily); MP
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	1	SON; QL(3 ea daily); MP	<i>lithium</i>	1	SON; QL(200 ml daily); MP
<i>ropinirole hydrochloride TB24</i>	NP	SON; QL(20 ea daily)	<i>lithium carbonate CAPS</i>	1	SON; QL(20 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate TABS</i>	1	SON; QL(20 ea daily); MP	<i>ziprasidone mesylate</i>	1	SON; QL(20 ea daily); AL(At least 18 yrs old - Up to 64 yrs old)
<i>lithium carbonate TBCR</i>	1	SON; QL(20 ea daily); MP	Benzisoxazoles		
LITHOBID TBCR (<i>lithium carbonate</i>)	NP	SON; QL(20 ea daily); MP; PA	FANAPT	NP	SON; QL(20 ea daily); AL(At least 18 yrs old)
Antipsychotics - Misc.			FANAPT TITRATION PACK	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
CAPLYTA	NP	SON; QL(20 ea daily); AL(At least 18 yrs old)	INVEGA (<i>paliperidone</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
EQUETRO	2	SON; QL(20 ea daily); PA	INVEGA HAFYERA	2	SON; AL(At least 18 yrs old - Up to 64 yrs old); SP; PA
GEODON 80 MG (<i>ziprasidone hcl</i>)	NF	SON; AL(At least 6 yrs old); MP	INVEGA SUSTENNA	2	SON; QL(20 ml daily); AL(At least 18 yrs old - Up to 64 yrs old); SP
GEODON (<i>ziprasidone mesylate</i>)	2	SON; QL(20 ea daily); AL(At least 18 yrs old - Up to 64 yrs old)	INVEGA TRINZA	2	SON; QL(20 ml daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; MP
GEODON (<i>ziprasidone hcl</i>)	NP	SON; AL(At least 6 yrs old); MP; PA	<i>paliperidone</i>	NP	QL(20 ea daily); AL(At least 18 yrs old)
LATUDA (<i>lurasidone hcl</i>)	NP	SON; AL(At least 6 yrs old); MP; PA	<i>paliperidone</i>	NP	SON; QL(20 ea daily); AL(At least 18 yrs old)
<i>lurasidone hcl</i>	1	SON; AL(At least 6 yrs old); MP	PERSERIS PRSY	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); SP; PA
<i>lurasidone hcl</i>	1	AL(At least 6 yrs old); MP	RISPERDAL CONSTA (<i>risperidone microspheres</i>)	2	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); SP
NUPLAZID CAPS	2	SON; QL(20 ea daily); PA			
NUPLAZID TABS 10 MG	2	SON; QL(20 ea daily); PA			
VRAYLAR CAPS	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); MP; PA			
VRAYLAR CPPK	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA			
<i>ziprasidone hcl</i>	1	SON; AL(At least 6 yrs old); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RISPERDAL SOLN (risperidone)	NP	SON; AL(At least 3 yrs old); MP; PA	asenapine maleate	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); MP
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)	NP	SON; AL(At least 3 yrs old); MP; PA	clozapine TABS	1	SON; AL(At least 13 yrs old)
risperidone microspheres	1	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); SP	clozapine TABS 50 MG	1	AL(At least 13 yrs old)
risperidone SOLN	1	SON; AL(At least 3 yrs old); MP	clozapine TBDP 25 MG, 100 MG	NP	SON; AL(At least 13 yrs old); PA
risperidone TABS	1	AL(At least 3 yrs old); MP	clozapine TBDP 12.5 MG, 150 MG, 200 MG	NP	SON; QL(20 ea daily); AL(At least 13 yrs old); PA
risperidone TABS	1	SON; AL(At least 3 yrs old); MP	CLOZARIL TABS (clozapine)	NP	SON; AL(At least 13 yrs old); PA
risperidone TBDP	1	SON; AL(At least 3 yrs old); MP	loxapine succinate	1	SON; QL(4 ea daily); MP
RYKINDO SRER	2	SON; QL(200 ea daily); SP	olanzapine SOLR	1	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old)
UZEDY SUSY	NP	SON; QL(20 ml daily); SP; PA	olanzapine TABS	1	AL(At least 6 yrs old); MP
Butyrophenones			olanzapine TABS	1	SON; AL(At least 6 yrs old); MP
HALDOL DECANOATE 100 (haloperidol decanoate)	NP	SON; QL(200 ml daily); PA	olanzapine TBDP	1	SON; AL(At least 6 yrs old); MP
HALDOL DECANOATE 50 (haloperidol decanoate)	NP	SON; QL(200 ml daily); PA	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	1	SON; AL(At least 6 yrs old); MP
haloperidol decanoate	1	SON; QL(200 ml daily)	quetiapine fumarate TABS 150 MG	NP	SON; QL(20 ea daily); PA
haloperidol lactate CONC	1	SON; AL(At least 6 yrs old); MP	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	1	AL(At least 6 yrs old); MP
haloperidol lactate SOLN	1	SON; QL(200 ml daily)	quetiapine fumarate TB24	1	SON; AL(At least 6 yrs old); MP
haloperidol TABS	1	SON; AL(At least 6 yrs old); MP			
Dibenzapines					
ADASUVE	NP	SON; QL(20 ea daily); PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SAPHRIS (<i>asenapine maleate</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); MP	<i>fluphenazine decanoate</i>	1	QL(200 ml daily)
SECUADO	NP	SON; QL(20 ea daily); PA	<i>fluphenazine hcl CONC</i>	1	SON; QL(200 ml daily)
SEROQUEL XR TB24 (<i>quetiapine fumarate</i>)	NP	SON; AL(At least 6 yrs old); MP; PA	<i>fluphenazine hcl ELIX</i>	1	SON; QL(200 ml daily)
SEROQUEL TABS (<i>quetiapine fumarate</i>)	NP	SON; AL(At least 6 yrs old); MP; PA	<i>fluphenazine hcl SOLN</i>	1	SON; QL(200 ml daily)
VERSACLOZ SUSP	NP	SON; QL(200 ml daily); AL(At least 13 yrs old); PA	<i>fluphenazine hcl TABS</i>	1	QL(20 ea daily); MP
ZYPREXA RELPREVV	NP	SON; QL(20 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; PA	<i>fluphenazine hcl TABS</i>	1	SON; QL(20 ea daily); MP
ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	NP	SON; AL(At least 6 yrs old); MP; PA	<i>perphenazine TABS</i>	1	SON; AL(At least 6 yrs old); MP
ZYPREXA SOLR (<i>olanzapine</i>)	NP	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); PA	<i>prochlorperazine</i>	NP	PA
ZYPREXA TABS (<i>olanzapine</i>)	NP	SON; AL(At least 6 yrs old); MP; PA	<i>prochlorperazine edisylate 10 MG/2ML</i>	1	SON; QL(200 ml daily); PA
Dihydroindolones			<i>prochlorperazine maleate TABS</i>	1	SON; QL(20 ea daily); MP
<i>molindone hcl 5 MG, 25 MG</i>	1	SON; QL(20 ea daily)	<i>thioridazine hcl</i>	1	SON; QL(3 ea daily); MP
<i>molindone hcl 10 MG</i>	1	SON; QL(4 ea daily); MP	<i>trifluoperazine hcl TABS</i>	1	SON; QL(3 ea daily); MP
Phenothiazines			Quinolinone Derivatives		
<i>chlorpromazine hcl CONC</i>	NP	SON; QL(200 ml daily); PA	ABILIFY ASIMTUFII PRSY	NP	SON; AL(At least 18 yrs old); SP; PA
<i>chlorpromazine hcl SOLN</i>	1	QL(200 ml daily)	ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	NP	AL(At least 18 yrs old); SP; PA
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	1	SON; QL(3 ea daily); MP	ABILIFY MAINTENA PRSY	2	SON; QL(20 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; MP
<i>chlorpromazine hcl TABS 10 MG</i>	1	SON; QL(10 ea daily); MP	ABILIFY MAINTENA SRER	2	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; MP
			ABILIFY MYCITE MAINTENANCE KIT	NP	SON; QL(20 ea daily); AL(At least 3 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE STARTER KIT 2 MG, 15 MG, 20 MG, 30 MG	NP	SON; QL(20 ea daily); AL(At least 3 yrs old); SP; PA	<i>abacavir sulfate-lamivudine</i>	1	QL(1 ea daily)
ABILIFY MYCITE STARTER KIT 5 MG, 10 MG	NP	SON; QL(20 ea daily); SP; PA	<i>abacavir sulfate SOLN</i>	1	QL(30 ml daily)
ABILIFY TABS (<i>aripiprazole</i>)	NP	SON; AL(At least 3 yrs old); MP; PA	<i>abacavir sulfate TABS</i>	1	QL(2 ea daily)
<i>aripiprazole SOLN OR</i>	NP	AL(At least 3 yrs old); MP; PA	APRETUDE	CO	
<i>aripiprazole TABS</i>	1	AL(At least 3 yrs old); MP	APTIVUS CAPS	2	QL(4 ea daily)
<i>aripiprazole TABS</i>	1	SON; AL(At least 3 yrs old); MP	<i>atazanavir sulfate CAPS</i>	1	QL(2 ea daily)
<i>aripiprazole TBDP</i>	NP	SON; QL(20 ea daily); AL(At least 3 yrs old); MP; PA	BIKTARVY	2	
ARISTADA	2	SON; QL(20 ml daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; MP	CABENUVA	CO	
ARISTADA INITIO	NP	SON; QL(20 ml daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; PA	CIMDUO	2	
REXULTI	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); MP	COMBIVIR (<i>lamivudine-zidovudine</i>)	NP	QL(2 ea daily); PA
Thioxanthenes			COMPLERA	2	QL(1 ea daily)
<i>thiothixene</i>	1	SON; QL(3 ea daily); MP	<i>darunavir TABS 800 MG</i>	1	QL(1 ea daily)
ANTISEPTICS & DISINFECTANTS			<i>darunavir TABS 600 MG</i>	1	QL(2 ea daily)
Antiseptics & Disinfectants			DELSTRIGO	2	
<i>formaldehyde SOLN 10 %</i>	1	QL(90 ml per fill retail)	DESCOVY 120 MG-15 MG	2	
ANTIVIRALS - Drugs to Treat Viral Infections			DESCOVY 200 MG-25 MG	2	QL(1 ea daily)
Antiretrovirals			DOVATO	2	
			EDURANT	2	QL(1 ea daily)
			<i>efavirenz CAPS 50 MG</i>	1	QL(2 ea daily)
			<i>efavirenz CAPS 200 MG</i>	1	QL(1 ea daily)
			<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)
			<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
			<i>efavirenz TABS</i>	1	QL(1 ea daily)
			<i>emtricitabine CAPS</i>	1	QL(1 ea daily)
			<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)
			EMTRIVA CAPS (<i>emtricitabine</i>)	2	QL(1 ea daily)
			EMTRIVA SOLN	2	QL(24 ml daily)
			EPIVIR SOLN (<i>lamivudine</i>)	NP	QL(30 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EPIVIR TABS 150 MG (lamivudine)	NP	QL(2 ea daily); PA	lopinavir-ritonavir SOLN	1	
EPIVIR TABS 300 MG (lamivudine)	NP	QL(1 ea daily); PA	lopinavir-ritonavir TABS 25 MG-100 MG	1	QL(4 ea daily)
EPZICOM (abacavir sulfate-lamivudine)	NP	QL(1 ea daily); PA	lopinavir-ritonavir TABS 50 MG-200 MG	1	QL(6 ea daily)
etravirine 100 MG	1	QL(4 ea daily)	maraviroc TABS 150 MG	1	QL(2 ea daily)
etravirine 200 MG	1	QL(2 ea daily)	maraviroc TABS 300 MG	1	QL(4 ea daily)
EVOTAZ	2	QL(1 ea daily)	nevirapine SUSP	1	QL(40 ml daily)
fosamprenavir calcium TABS	1		nevirapine TABS	1	
FUZEON SOLR	CO		nevirapine TB24 400 MG	1	QL(1 ea daily)
GENVOYA	2	QL(1 ea daily)	nevirapine TB24 100 MG	1	QL(3 ea daily)
INTELENCE	2	QL(4 ea daily)	NORVIR CAPS	NP	QL(12 ea daily); PA
INTELENCE (etravirine)	2	QL(4 ea daily)	NORVIR PACK	2	
INTELENCE 200 MG (etravirine)	2	QL(2 ea daily)	NORVIR TABS (ritonavir)	NF	QL(12 ea daily)
ISENTRESS HD TABS	2		NORVIR TABS (ritonavir)	NP	QL(12 ea daily); PA
ISENTRESS CHEW 100 MG	2	QL(6 ea daily)	ODEFSEY	2	
ISENTRESS CHEW 25 MG	2	QL(12 ea daily)	PIFELTRO	2	
ISENTRESS PACK	2	QL(2 ea daily)	PREZCOBIX	2	QL(1 ea daily)
ISENTRESS TABS	2	QL(2 ea daily)	PREZISTA SUSP	2	QL(12 ml daily)
JULUCA	2		PREZISTA TABS 600 MG (darunavir)	NP	QL(2 ea daily); PA
KALETRA SOLN (lopinavir-ritonavir)	2		PREZISTA TABS 150 MG	2	QL(3 ea daily)
KALETRA TABS 50 MG- 200 MG (lopinavir- ritonavir)	2	QL(6 ea daily)	PREZISTA TABS 75 MG	2	QL(2 ea daily)
KALETRA TABS 25 MG- 100 MG (lopinavir- ritonavir)	2	QL(4 ea daily)	PREZISTA TABS 800 MG (darunavir)	NP	QL(1 ea daily); PA
lamivudine SOLN	1	QL(30 ml daily)	RETROVIR IV INFUSION SOLN	CO	
lamivudine TABS 300 MG	1	QL(1 ea daily)	RETROVIR CAPS (zidovudine)	NP	QL(6 ea daily); PA
lamivudine TABS 150 MG	1	QL(2 ea daily)	RETROVIR SYRP (zidovudine)	NP	QL(60 ml daily); PA
lamivudine-zidovudine	1	QL(2 ea daily)	REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate)	NP	QL(2 ea daily); PA
LEXIVA SUSP	2	QL(56 ml daily)	REYATAZ PACK	2	QL(6 ea daily)
LEXIVA TABS (fosamprenavir calcium)	NP	PA	ritonavir TABS	1	QL(12 ea daily)
			RUKOBIA	2	
			SELZENTRY SOLN	2	

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TABS 25 MG, 75 MG	2	QL 2 per day; QL(2 ea daily); SL
SELZENTRY TABS 300 MG (<i>maraviroc</i>)	2	QL(4 ea daily)
SELZENTRY TABS 150 MG (<i>maraviroc</i>)	2	QL(2 ea daily)
<i>stavudine</i> CAPS	2	QL(2 ea daily)
STRIBILD	2	QL(1 ea daily)
SUNLENCA SOLN	CO	
SUNLENCA TBPk	2	SP
SUSTIVA CAPS 50 MG (<i>efavirenz</i>)	NF	QL(2 ea daily)
SUSTIVA CAPS 200 MG (<i>efavirenz</i>)	NF	QL(1 ea daily)
SUSTIVA TABS (<i>efavirenz</i>)	NF	QL(1 ea daily)
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	PA
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	PA
SYMTUZA	2	
<i>tenofovir disoproxil fumarate</i> TABS	1	QL(1 ea daily)
TIVICAY PD TBSO	2	
TIVICAY TABS 10 MG, 25 MG	2	
TIVICAY TABS 50 MG	2	QL(2 ea daily)
TRIUMEQ PD TBSO	2	
TRIUMEQ TABS	2	QL(1 ea daily)
TRIZIVIR	2	QL(2 ea daily)
TROGARZO	CO	
TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily); PA
TYBOST	2	QL(1 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRACEPT TABS 250 MG	2	QL(9 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VIREAD POWD	2	QL(240 gm per 30 day(s) retail)
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily); PA
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
VOCABRIA	2	
ZIAGEN SOLN (<i>abacavir sulfate</i>)	NP	QL(30 ml daily); PA
ZIAGEN TABS (<i>abacavir sulfate</i>)	NP	QL(2 ea daily); PA
<i>zidovudine</i> CAPS	1	QL(6 ea daily)
<i>zidovudine</i> SYRP	1	QL(60 ml daily)
<i>zidovudine</i> TABS	1	QL(2 ea daily)
Antiviral Combinations		
PAXLOVID 100 MG-150 MG	2	
CMV Agents		
<i>cidofovir</i>	1	PA
<i>foscarnet sodium</i> 6000 MG/250ML	1	PA
FOSCAVIR 6000 MG/250ML (<i>foscarnet sodium</i>)	NF	
<i>ganciclovir sodium</i> SOLR	1	PA
GANCICLOVIR SOLN	2	PA
GANCICLOVIR SOLN	NP	PA
LIVTENCITY	NP	SP; PA
PREVYMIS SOLN	2	SP; PA
PREVYMIS TABS	2	SP; PA
VALCYTE SOLR (<i>valganciclovir hcl</i>)	NP	PA
VALCYTE TABS (<i>valganciclovir hcl</i>)	NP	QL(2 ea daily); PA
<i>valganciclovir hcl</i> SOLR	1	
<i>valganciclovir hcl</i> TABS	1	QL(2 ea daily)
Hepatitis Agents		
<i>adefovir dipivoxil</i>	NP	
BARACLUDE SOLN	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BARACLUDE TABS (<i>entecavir</i>)	NP	PA	<i>acyclovir</i> TABS OR 400 MG	1	QL(3 ea daily)
<i>entecavir</i> TABS	1		<i>acyclovir</i> TABS OR 800 MG	1	QL(50 ea per 30 day(s) retail)
EPCLUSA PACK	CO		<i>famciclovir</i>	1	
EPCLUSA TABS	CO		SITAVIG TABS BU	NP	PA
EPCLUSA TABS	CO		<i>valacyclovir hcl</i> 500 MG	1	QL(60 ea per 30 day(s) retail)
EPIVIR HBV TABS (<i>lamivudine (hbv)</i>)	NF		<i>valacyclovir hcl</i> 1 GM, 1000 MG	1	QL(21 ea per 21 day(s) retail)
HARVONI PACK	CO		VALTREX 1 GM (<i>valacyclovir hcl</i>)	NP	QL(21 ea per 21 day(s) retail); PA
HARVONI TABS	CO		VALTREX 500 MG (<i>valacyclovir hcl</i>)	NP	QL(60 ea per 30 day(s) retail); PA
HARVONI TABS	CO		ZOVIRAX SUSP (<i>acyclovir</i>)	NF	QL(400 ml per 30 day(s) retail)
HEPSERA (<i>adefovir dipivoxil</i>)	NF		Influenza Agents		
<i>lamivudine (hbv)</i> TABS	1		<i>oseltamivir phosphate</i> CAPS	1	
LEDIPASVIR/SOFOSBUVIR TABS	CO		<i>oseltamivir phosphate</i> SUSR	1	
MAVYRET PACK	CO		RAPIVAB	2	PA
MAVYRET TABS	CO		RELENZA DISKHALER	NP	QL(20 ea per fill retail); AL(At least 5 yrs old)
PEGASYS SOLN	NP	SP; PA	<i>rimantadine hydrochloride</i> TABS	1	
PEGASYS SOSY	NP	SP; PA	TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	NP	PA
<i>ribavirin (hepatitis c)</i> CAPS	1	SP	TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	NP	PA
<i>ribavirin (hepatitis c)</i> TABS 200 MG	1	SP	XOFLUZA 40 MG, 80 MG	NP	PA
SOFOSBUVIR/VELPATA SVIR TABS	CO		Misc. Antivirals		
SOVALDI PACK	CO		LAGEVRIO	NP	
SOVALDI TABS	CO		Respiratory Syncytial Virus (RSV) Agents		
VEMLIDY	NP	SP; PA	<i>ribavirin</i>	1	PA
VIEKIRA PAK TBPk	CO		VIRAZOLE (<i>ribavirin</i>)	NP	PA
VOSEVI	CO		BETA BLOCKERS - Drugs to Treat High Blood Pressure		
ZEPATIER	CO				
Herpes Agents					
<i>acyclovir sodium</i> SOLN	1	PA			
<i>acyclovir</i> CAPS	1	QL(50 ea per 30 day(s) retail)			
<i>acyclovir</i> SUSP	1	QL(400 ml per 30 day(s) retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Alpha-Beta Blockers			BREVIBLOC (<i>esmolol hcl-sodium chloride</i>)	NP	PA
<i>carvedilol</i> 3.125 MG, 6.25 MG, 12.5 MG	1	QL(3 ea daily); MP	BREVIBLOC PREMIXED (<i>esmolol hcl-sodium chloride</i>)	NP	PA
<i>carvedilol</i> 25 MG	1	QL(4 ea daily); MP	BREVIBLOC PREMIXED DOUBLESTRENGTH (<i>esmolol hcl-sodium chloride</i>)	NP	PA
<i>carvedilol phosphate</i>	NP	QL(1 ea daily); MP; PA	BYSTOLIC (<i>nebivolol hcl</i>)	NP	PA
COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>carvedilol</i>)	NF	QL(3 ea daily); MP	BYSTOLIC 5 MG (<i>nebivolol hcl</i>)	NF	
COREG 25 MG (<i>carvedilol</i>)	NF	QL(4 ea daily); MP	<i>esmolol hcl-sodium chloride</i>	1	
COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>carvedilol</i>)	NP	QL(3 ea daily); MP; PA	<i>esmolol hcl SOLN</i> 100 MG/10ML	1	PA
COREG 25 MG (<i>carvedilol</i>)	NP	QL(4 ea daily); MP; PA	ESMOLOL HYDROCHLORIDE INWATER DOUBLE STRENGTH SOLN	2	PA
COREG CR (<i>carvedilol phosphate</i>)	NF	QL(1 ea daily); MP	ESMOLOL HYDROCHLORIDE INWATER SOLN	2	PA
COREG CR (<i>carvedilol phosphate</i>)	NP	QL(1 ea daily); MP; PA	KAPSPARGO SPRINKLE CS24	NP	PA
<i>labetalol hcl SOLN</i>	1	PA	LOPRESSOR TABS 100 MG (<i>metoprolol tartrate</i>)	NP	QL(2 ea daily); MP; PA
<i>labetalol hcl TABS</i> 200 MG	1	QL(6 ea daily); MP	LOPRESSOR TABS 50 MG (<i>metoprolol tartrate</i>)	NP	QL(3 ea daily); MP; PA
<i>labetalol hcl TABS</i> 300 MG	1	QL(8 ea daily); MP	<i>metoprolol succinate TB24</i> 200 MG	1	QL(2 ea daily); MP
<i>labetalol hcl TABS</i> 100 MG	1	QL(3 ea daily); MP	<i>metoprolol succinate TB24</i> 25 MG, 50 MG, 100 MG	1	QL(1 ea daily); MP
LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE 0.72 %-100 MG/100ML, 0.72 %-200 MG/200ML, 0.72 %-300 MG/300ML	2	PA	<i>metoprolol tartrate SOLN IV</i> 5 MG/5ML	1	PA
LABETALOL HYDROCHLORIDE SOSY 10 MG/2ML	2	PA	<i>metoprolol tartrate TABS</i> 25 MG, 100 MG	1	QL(2 ea daily); MP
Beta Blockers Cardio-Selective			<i>metoprolol tartrate TABS</i> 50 MG	1	QL(3 ea daily); MP
<i>acebutolol hcl CAPS</i>	1	MP	<i>metoprolol tartrate TABS</i> 37.5 MG, 75 MG	1	
<i>atenolol TABS</i>	1	QL(2 ea daily); MP	<i>nebivolol hcl</i>	NP	
<i>betaxolol hcl</i>	1	MP			
<i>bisoprolol fumarate</i>	1	QL(1 ea daily); MP			

Drug Name	Drug Tier	Requirements/Limits
TENORMIN TABS (atenolol)	NP	QL(2 ea daily); MP; PA
TOPROL XL TB24 200 MG (metoprolol succinate)	NP	QL(2 ea daily); MP; PA
TOPROL XL TB24 25 MG, 50 MG, 100 MG (metoprolol succinate)	NP	QL(1 ea daily); MP; PA
Beta Blockers Non-Selective		
BETAPACE AF (sotalol hcl (afib/af))	NP	QL(2 ea daily); MP; PA
BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	NP	QL(2 ea daily); MP; PA
CORGARD TABS 20 MG, 40 MG (nadolol)	NP	QL(2 ea daily); MP; PA
CORGARD TABS 80 MG (nadolol)	NF	QL(2 ea daily); MP
HEMANGEOL SOLN OR	NP	SP
INDERAL LA CP24 (propranolol hcl)	NP	QL(2 ea daily); MP; PA
INDERAL XL	NP	
INNOPRAN XL	NP	
nadolol TABS 20 MG, 40 MG, 80 MG	1	QL(2 ea daily); MP
pindolol TABS	NP	
propranolol hcl CP24	1	QL(2 ea daily); MP
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	1	MP
propranolol hcl SOLN IV 1 MG/ML	1	PA
propranolol hcl TABS	1	MP
sotalol hcl (afib/af)	1	QL(2 ea daily); MP
sotalol hcl TABS 240 MG	1	MP
sotalol hcl TABS 80 MG, 120 MG, 160 MG	1	QL(2 ea daily); MP
SOTYLIZE SOLN OR	NP	MP; PA
timolol maleate TABS	NP	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		

Drug Name	Drug Tier	Requirements/Limits
Calcium Channel Blockers		
amlodipine besylate TABS	1	QL(1 ea daily); MP
CALAN SR TBCR 120 MG, 240 MG (verapamil hcl)	NF	QL(2 ea daily); MP
CALAN SR TBCR 180 MG (verapamil hcl)	NP	QL(2 ea daily); MP; PA
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %- 20 MG/200ML	2	PA
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (diltiazem hcl coated beads)	NP	QL(1 ea daily); MP; PA
CARDIZEM CD CP24 240 MG (diltiazem hcl coated beads)	NP	QL(2 ea daily); MP; PA
CARDIZEM CD CP24 360 MG (diltiazem hcl coated beads)	NP	MP; PA
CARDIZEM LA TB24 (diltiazem hcl)	NP	PA
CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)	NP	QL(3 ea daily); MP; PA
CLEVIPREX 25 MG/50ML, 50 MG/100ML	2	PA
CONJUPRI (levamlodipine maleate)	NF	
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	NP	QL(1 ea daily); MP; PA
diltiazem hcl coated beads CP24 360 MG	1	MP
diltiazem hcl coated beads CP24 240 MG	1	QL(2 ea daily); MP
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	1	QL(1 ea daily); MP
diltiazem hcl coated beads CP24 240 MG	NP	QL(2 ea daily); MP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	NP	QL(1 ea daily); MP; PA	NYMALIZE SOLN 6 MG/ML	NP	
<i>diltiazem hcl extended release beads</i>	1	QL(1 ea daily); MP	PROCARDIA XL TB24 60 MG (<i>nifedipine</i>)	NP	QL(2 ea daily); MP; PA
<i>diltiazem hcl CP12</i>	1	QL(2 ea daily); MP	PROCARDIA XL TB24 30 MG, 90 MG (<i>nifedipine</i>)	NP	QL(1 ea daily); MP; PA
<i>diltiazem hcl CP24 240 MG</i>	1	QL(2 ea daily); MP	SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NP	PA
<i>diltiazem hcl CP24 120 MG, 180 MG</i>	1	QL(1 ea daily); MP	TIAZAC (<i>diltiazem hcl extended release beads</i>)	NP	QL(1 ea daily); MP; PA
<i>diltiazem hcl SOLN</i>	1	PA	<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	NP	QL(2 ea daily)
DILTIAZEM HCL SOLR	1	PA	<i>verapamil hcl CP24 300 MG, 360 MG</i>	NP	QL(1 ea daily)
<i>diltiazem hcl TABS</i>	1	QL(3 ea daily); MP	<i>verapamil hcl SOLN 2.5 MG/ML</i>	1	PA
<i>diltiazem hcl TB24</i>	NP		<i>verapamil hcl TABS</i>	1	QL(3 ea daily); MP
<i>felodipine</i>	1	QL(1 ea daily); MP	<i>verapamil hcl TBCR</i>	1	QL(2 ea daily); MP
<i>isradipine CAPS</i>	NP		VERAPAMIL HYDROCHLORIDE ER CP24 (<i>verapamil hcl</i>)	NP	QL(2 ea daily)
KATERZIA	NP	PA	VERELAN PM CP24 300 MG (<i>verapamil hcl</i>)	NP	QL(1 ea daily); PA
<i>levamlodipine maleate</i>	NP		VERELAN PM CP24 100 MG (<i>verapamil hcl</i>)	NP	QL(2 ea daily)
<i>nicardipine hcl CAPS</i>	NP		VERELAN PM CP24 200 MG (<i>verapamil hcl</i>)	NP	QL(2 ea daily); PA
<i>nicardipine hcl SOLN</i>	1	PA	VERELAN CP24 120 MG, 180 MG, 240 MG (<i>verapamil hcl</i>)	NP	QL(2 ea daily); PA
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN 0.9%-40 MG/200ML	2	PA	VERELAN CP24 360 MG (<i>verapamil hcl</i>)	NP	QL(1 ea daily); PA
NICARDIPINE HYDROCHLORIDE SOLN	2	PA	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>nifedipine CAPS</i>	1	QL(4 ea daily); MP	Cardiac Glycosides		
<i>nifedipine TB24 30 MG, 90 MG</i>	1	QL(1 ea daily); MP	<i>digoxin SOLN OR 0.05 MG/ML</i>	1	MP
<i>nifedipine TB24 60 MG</i>	1	QL(2 ea daily); MP	<i>digoxin TABS 0.0625 MG, 62.5 MCG</i>	NP	
<i>nimodipine CAPS</i>	NP				
<i>nisoldipine</i>	NP				
NORLIQVA SOLN	NP	PA			
NORVASC TABS 10 MG (<i>amlodipine besylate</i>)	NF	QL(1 ea daily); MP			
NORVASC TABS (<i>amlodipine besylate</i>)	NP	QL(1 ea daily); MP; PA			

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin TABS 0.125 MG, 125 MCG, 250 MCG</i>	1	MP
LANOXIN PEDIATRIC SOLN IJ	NP	
LANOXIN SOLN IJ (<i>digoxin</i>)	NP	PA
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	NF	MP
Inotropes		
<i>dobutamine hcl 12.5 MG/ML, 250 MG/20ML</i>	1	PA
DOBUTAMINE HCL/D5W	2	PA
DOBUTAMINE HYDROCHLORIDE/DEXT ROSE 5%	2	PA
<i>dopamine hcl 40 MG/ML</i>	1	PA
DOPAMINE HYDROCHLORIDE (<i>dopamine hcl</i>)	NP	PA
DOPAMINE HYDROCHLORIDE/DEXT ROSE	2	PA
DOPAMINE/D5W	2	PA
<i>milrinone lactate</i>	1	PA
<i>milrinone lactate in dextrose</i>	1	PA
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	2	SP; PA
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	NP	PA
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	NP	PA

Drug Name	Drug Tier	Requirements/Limits
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NF	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NP	PA
ENTRESTO	2	QL(2 ea daily); MP
<i>isosorbide dinitrate-hydralazine hcl</i>	NP	PA
OPSYNVI	NP	SP; PA
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	
Impotence Agents		
CIALIS 5 MG (<i>tadalafil</i>)	NP	PA
<i>tadalafil 5 MG</i>	NP	PA
Prostaglandin Vasodilators		
ORENITRAM TITRATION KIT MONTH 1 TEPK	NP	SP; PA
ORENITRAM TITRATION KIT MONTH 2 TEPK	NP	SP; PA
ORENITRAM TITRATION KIT MONTH 3 TEPK	NP	SP; PA
ORENITRAM TBCR	NP	SP; PA
TYVASO DPI INSTITUTIONALKIT POWD	2	SP; PA
TYVASO DPI MAINTENANCE KIT POWD	2	SP; PA
TYVASO DPI TITRATION KIT POWD	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
TYVASO REFILL SOLN IN	2	SP; MP; PA
TYVASO STARTER SOLN IN	2	SP; MP; PA
TYVASO SOLN IN	2	SP; MP; PA
VENTAVIS	2	SP; MP; PA
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR	NP	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	SP; PA
<i>bosentan</i> TABS	1	SP; MP; PA
LETAIRIS (<i>ambrisentan</i>)	NP	SP; PA
OPSUMIT	NP	SP; PA
TRACLEER TABS (<i>bosentan</i>)	NP	SP; MP; PA
TRACLEER TBSO	2	SP; MP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	NP	SP; MP; PA
LIQREV SUSP	NP	SP; PA
REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; MP; PA
<i>sildenafil citrate (pulmonary hypertension)</i> SUSR	NP	SP; PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	1	SP; MP; PA
<i>tadalafil (pulmonary hypertension)</i> TABS	1	SP; MP; PA
TADLIQ SUSP	NP	SP; PA
Pulmonary Hypertension - Prostacyclin Receptor		

Drug Name	Drug Tier	Requirements/Limits
Agonist		
UPTRAVI TITRATION PACK TBPK	NP	SP; PA
UPTRAVI SOLR	NP	SP; PA
UPTRAVI TABS 200 MCG	NP	QL(2 ea daily); SP; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	NP	SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	2	SP; MP; PA
Sinus Node Inhibitors		
CORLANOR SOLN	NP	PA
CORLANOR TABS	2	MP; PA
Transthyretin Stabilizers		
VYNDAMAX	CO	
VYNDAQEL	CO	
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	2	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil</i> CAPS	1	
<i>cefadroxil</i> SUSR	1	
<i>cefadroxil</i> TABS	1	
CEFAZOLIN SODIUM/DEXTROSE SOLR	1	PA
CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML	1	PA
<i>cefazolin sodium</i> SOLR IJ 1 GM, 3 GM, 10 GM, 500 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium SOLR IJ 2 GM</i>	2	PA
CEFAZOLIN SODIUM SOLR IV 2 GM	2	PA
CEFAZOLIN SOLN	2	PA
CEFAZOLIN SOLR IV	2	PA
<i>cephalexin CAPS</i>	1	
<i>cephalexin SUSR</i>	1	
<i>cephalexin TABS</i>	NP	PA
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	NP	AL(Up to 12 yrs old); PA
CEFOTAN IJ (<i>cefotetan disodium</i>)	NP	PA
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1	PA
<i>cefoxitin sodium IV</i>	1	PA
CEFOXITIN SODIUM	1	PA
<i>cefprozil SUSR 250 MG/5ML</i>	1	QL(100 ml per fill retail); AL(Up to 12 yrs old)
<i>cefprozil SUSR 125 MG/5ML</i>	1	AL(Up to 12 yrs old)
<i>cefprozil TABS</i>	1	QL(20 ea per fill retail)
<i>cefuroxime axetil TABS</i>	1	QL(20 ea per fill retail)
<i>cefuroxime sodium IJ 750 MG</i>	1	PA
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	QL(20 ea per fill retail)
<i>cefdinir SUSR</i>	1	
<i>cefixime CAPS</i>	1	
<i>cefixime SUSR</i>	NP	
<i>cefepime proxetil SUSR</i>	NP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>cefepime proxetil TABS</i>	NP	
<i>ceftazidime IJ 1 GM, 6 GM</i>	1	PA
CEFTAZIDIME/DEXTROSE	2	PA
<i>ceftriaxone sodium IJ 2 GM</i>	1	PA
<i>ceftriaxone sodium IJ 1 GM</i>	1	QL(3 ea per fill retail); PA
<i>ceftriaxone sodium IJ 250 MG, 500 MG</i>	1	QL(3 ea per fill retail); 1 max fill(s) per 30 day(s) retail; PA
<i>ceftriaxone sodium in dextrose</i>	1	PA
CEFTRIAZONE/DEXTROSE	1	PA
SUPRAX CAPS (<i>cefixime</i>)	NF	
SUPRAX SUSR 100 MG/5ML (<i>cefixime</i>)	NF	
TAZICEF 4.4 %-1 GM/50ML	2	PA
Cephalosporins - 4th Generation		
<i>cefepime hcl SOLR IJ 1 GM</i>	1	PA
CEFEPIME/DEXTROSE	2	PA
CEFEPIME SOLN	1	PA
Cephalosporins - Siderophores		
FETROJA	2	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	2	MP
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	NF	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	2	MP	<i>norethin acet & estrad-fe CHEW</i>	1	MP
<i>desogestrel & ethinyl estradiol</i>	1	MP	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	2	MP
<i>desogestrel-ethinyl estradiol (biphasic)</i>	1	MP	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	1	MP
<i>desogestrel-ethinyl estradiol (triphasic)</i>	1	MP	<i>norethindrone & eth estradiol</i>	1	MP
<i>drospirenone-ethinyl estradiol</i>	1	MP	<i>norethindrone & ethinyl estradiol-fe</i>	1	MP
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	1	MP	<i>norethindrone acet & eth estra</i>	1	MP
<i>ethynodiol diacet & eth estrad</i>	1	MP	<i>norethindrone acet & eth estra</i>	2	MP
GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	NF	MP	<i>norethindrone acetate-ethinyl estradiol-fe</i>	1	MP
<i>levonorgestrel & eth estradiol TABS</i>	1	MP	<i>norethindrone-eth estradiol (triphasic)</i>	1	MP
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	MP	<i>norgestimate-ethinyl estradiol</i>	1	MP
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	1	MP	<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	MP
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	1	MP	<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	1	MP
<i>levonorgestrel-ethinyl estradiol-iron</i>	1	MP	QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	2	MP
LO LOESTRIN FE TABS	2	MP	SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	2	MP
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	2	MP	SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	2	MP
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	2	MP	TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	2	MP
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	2	MP	TYBLUME CHEW	2	MP
NATAZIA	2	MP	YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	2	MP
NEXTSTELLIS	2	MP			
<i>norethin acet & estrad-fe CAPS</i>	1	MP			

Drug Name	Drug Tier	Requirements/Limits
YAZ (<i>drospirenone-ethinyl estradiol</i>)	2	MP
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	1	MP
TWIRLA	2	MP
Combination Contraceptives - Vaginal		
ANNOVERA	2	MP
<i>etonogestrel-ethinyl estradiol</i>	1	MP
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	2	MP
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	2	SP; MP
Emergency Contraceptives		
ELLA	2	MP
<i>levonorgestrel (emergency oc) 1.5 MG</i>	1	MP
PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	NF	MP
Progestin Contraceptives - Implants		
NEXPLANON	2	SP; MP
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	2	MP
DEPO-PROVERA CONTRACEPTIVE SUSY IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	2	MP
DEPO-SUBQ PROVERA 104 SUSY SC	2	MP

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	1	MP
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	1	MP
Progestin Contraceptives - IUD		
KYLEENA	2	SP; MP
LILETTA 20.1 MCG/DAY	2	SP; MP
MIRENA	2	SP; MP
SKYLA	2	SP; MP
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	1	MP
OPILL	2	MP
SLYND	2	MP
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	NP	SP; PA
ALKINDI SPRINKLE CPSP	NP	PA
<i>betamethasone sod phosphate & acetate SUSP</i>	1	PA
<i>budesonide CPEP</i>	1	
<i>budesonide TB24</i>	1	
CELESTONE SOLUSPAN SUSP (<i>betamethasone sod phosphate & acetate</i>)	NP	PA
CORTEF TABS (<i>hydrocortisone</i>)	NP	PA
CORTISONE ACETATE TABS	1	
<i>deflazacort TABS</i>	NP	SP; PA
DEPO-MEDROL SUSP	2	PA
DEPO-MEDROL SUSP (<i>methylprednisolone acetate</i>)	NP	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEPO-MEDROL SUSP 80 MG/ML (methylprednisolone acetate)	NF		<i>methylprednisolone sod succ</i> 40 MG, 125 MG, 500 MG, 1000 MG	1	
DEXAMETHASONE INTENSOL CONC	1		<i>methylprednisolone TABS</i>	1	
<i>dexamethasone sodium phosphate SOLN IJ</i> 4 MG/ML, 20 MG/5ML, 120 MG/30ML	1	QL(150 ml per 30 day(s) retail); PA	<i>methylprednisolone TBPK</i>	1	
<i>dexamethasone sodium phosphate SOLN IJ</i> 10 MG/ML, 100 MG/10ML	1	PA	ORAPRED ODT TBDP (<i>prednisolone sodium phosphate</i>)	NF	
<i>dexamethasone sodium phosphate SOSY IJ</i> 4 MG/ML	1	QL(150 ml per 30 day(s) retail); PA	ORTIKOS CP24	NP	PA
<i>dexamethasone sodium phosphate SOSY IJ</i> 10 MG/ML	2	PA	PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>)	NP	PA
<i>dexamethasone ELIX</i>	1		<i>prednisolone sodium phosphate SOLN</i> 15 MG/5ML	1	QL(240 ml per fill retail)
<i>dexamethasone SOLN</i>	1	PA	<i>prednisolone sodium phosphate SOLN</i> 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 25 MG/5ML	1	
<i>dexamethasone TABS</i>	1		<i>prednisolone sodium phosphate SOLN</i> 20 MG/5ML	1	QL(150 ml per fill retail)
<i>dexamethasone TBPK</i>	NP	PA	<i>prednisolone sodium phosphate TBDP</i>	1	
EMFLAZA SUSP	NP	SP; PA	<i>prednisolone SOLN</i>	1	
EMFLAZA TABS (<i>deflazacort</i>)	NP	SP; PA	<i>prednisolone TABS</i>	NP	PA
EOHILIA SUSP	2	PA	PREDNISON INTENSOL CONC	1	
HEMADY TABS	NP	PA	<i>prednisone SOLN</i>	NP	PA
<i>hydrocortisone TABS</i>	1		<i>prednisone TABS</i>	1	
KENALOG-10 SUSP	2	PA	<i>prednisone TBPK</i>	1	
KENALOG-40 SUSP (<i>triamcinolone acetonide</i>)	NP	PA	RAYOS TBEC	NP	PA
KENALOG-80 SUSP	2	PA	SOLU-CORTEF	2	PA
MEDROL DOSEPAK TBPK (<i>methylprednisolone</i>)	NP	PA	SOLU-MEDROL (<i>methylprednisolone sod succ</i>)	NP	PA
MEDROL TABS	NP	PA	SOLU-MEDROL	NP	PA
MEDROL TABS (<i>methylprednisolone</i>)	NP	PA	TARPEYO CPDR	2	SP; PA
<i>methylprednisolone acetate SUSP</i>	1	PA	<i>triamcinolone acetonide SUSP</i> 40 MG/ML, 400 MG/10ML	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UCERIS TB24 (<i>budesonide</i>)	2		ROBITUSSIN HONEY COUGH & CHEST CONGESTION DM LIQD (<i>dextromethorphan- guaifenesin</i>)	NF	
UCERIS TB24 (<i>budesonide</i>)	NF		ZYRTEC-D ALLERGY/CONGESTION (<i>cetirizine- pseudoephedrine</i>)	NF	
ZILRETTA SRER	NP	SP; PA	ZYRTEC-D ALLERGY/SINUS (<i>cetirizine- pseudoephedrine</i>)	NF	
Mineralocorticoids			Expectorants		
<i>fludrocortisone acetate</i> TABS	1	MP	<i>guaifenesin LIQD 100 MG/5ML</i>	2	QL(240 ml per 6 day(s) retail)
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			<i>guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 400 MG/20ML</i>	1	QL(240 ml per 6 day(s) retail)
Antitussives			Misc. Respiratory Inhalants		
<i>dextromethorphan hbr</i> SYRP 15 MG/5ML	1		HYPERSAL NEBU (<i>sodium chloride (inhalant)</i>)	NP	
Cough/Cold/Allergy Combinations			<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 %</i>	1	
<i>cetirizine- pseudoephedrine</i>	1		<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 %</i>	1	
CLARINEX-D 12 HOUR TB12	NP		Mucolytics		
CLARITIN-D 12 HOUR TB12 (<i>loratadine & pseudoephedrine</i>)	NF		<i>acetylcysteine SOLN</i>	1	
CLARITIN-D 24 HOUR TB24 (<i>loratadine & pseudoephedrine</i>)	NF	QL(1 ea daily)	DERMATOLOGICALS - Drugs to Treat Skin Conditions		
<i>dextromethorphan- guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ml per fill retail)	Acne Products		
<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 (<i>isotretinoin</i>)	NP	QL(2 ea daily); AL(At least 10 yrs old); PA
<i>loratadine & pseudoephedrine TB12</i>	1		ABSORICA 30 MG (<i>isotretinoin</i>)	NP	AL(At least 10 yrs old); PA
<i>loratadine & pseudoephedrine TB24</i>	1	QL(1 ea daily)	ABSORICA 25 MG, 35 MG (<i>isotretinoin</i>)	NP	PA
ROBITUSSIN COUGH+CHEST CONGESTION DM LIQD (<i>dextromethorphan- guaifenesin</i>)	NF				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ABSORICA LD	NP	PA	<i>clindamycin phosphate (topical) SOLN</i>	1	
ACANYA GEL (<i>clindamycin phosphate-benzoyl peroxide</i>)	NP	PA	<i>clindamycin phosphate (topical) SWAB</i>	NP	PA
ACZONE 7.5 % (<i>dapsone (topical)</i>)	NP	PA	<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
ACZONE (<i>dapsone (topical)</i>)	NF		<i>clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %</i>	NP	PA
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1		<i>clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %</i>	1	
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	NP	PA	<i>clindamycin phosphate-tretinoin</i>	NP	PA
<i>adapalene CREA</i>	1		<i>dapsone (topical) 5 %</i>	NP	
<i>adapalene GEL 0.3 %</i>	1		<i>dapsone (topical) 7.5 %</i>	NP	PA
ALTRENO LOTN	NP		DIFFERIN CREA (<i>adapalene</i>)	NF	
ARAZLO LOTN	NP		DIFFERIN GEL (<i>adapalene</i>)	NF	RX/OTC
ATRALIN GEL (<i>tretinoin</i>)	NP	PA	EPIDUO FORTE GEL (<i>adapalene-benzoyl peroxide</i>)	NF	
AVAR LS CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	PA	EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	NF	
AVAR-E LS CREA (<i>sulfacetamide sodium w/ sulfur</i>)	NP	PA	ERYGEL GEL (<i>erythromycin (acne aid)</i>)	NP	PA
BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	NP	PA	<i>erythromycin (acne aid) GEL</i>	NP	
<i>benzoyl peroxide-erythromycin GEL</i>	1		<i>erythromycin (acne aid) PADS</i>	NP	PA
CABTREO	NP	PA	<i>erythromycin (acne aid) SOLN</i>	1	
CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	NP	PA	EVOCLIN FOAM (<i>clindamycin phosphate (topical)</i>)	NF	
CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	NP	QL(60 ml per fill retail); PA	FABIOR FOAM	NP	
<i>clindamycin phosphate (topical) FOAM</i>	NP	PA	<i>isotretinoin 30 MG</i>	1	AL(At least 10 yrs old); PA
<i>clindamycin phosphate (topical) GEL</i>	NP	QL(60 gm per fill retail); PA	<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	1	QL(2 ea daily); AL(At least 10 yrs old); PA
<i>clindamycin phosphate (topical) LOTN</i>	NP	PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin 25 MG, 35 MG</i>	1	PA	<i>sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 10 %-5 %</i>	1	
KLARON (<i>sulfacetamide sodium (acne)</i>)	NP	QL(120 ml per fill retail); PA	<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	NP	QL(60 gm per fill retail); PA
ONEXTON GEL (<i>clindamycin phosphate-benzoyl peroxide</i>)	NP	PA	<i>sulfacetamide sodium w/ sulfur PADS 10 %-4 %</i>	NP	PA
PLEXION CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NF		<i>sulfacetamide sodium w/ sulfur SUSP</i>	NP	
PLEXION CREA (<i>sulfacetamide sodium w/ sulfur</i>)	NF		<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	NP	PA
PLEXION LOTN (<i>sulfacetamide sodium w/ sulfur</i>)	NF		SUMADAN WASH LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	PA
RETIN-A MICRO (<i>tretinoin microsphere</i>)	NP	PA	SUMAXIN PADS	NP	PA
RETIN-A MICRO	NP	PA	TAZAROTENE FOAM	NP	
RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>)	NP	PA	<i>tretinoin microsphere</i>	NP	PA
RETIN-A CREA (<i>tretinoin</i>)	NP	QL(45 gm per fill retail); AL(Up to 35 yrs old); PA	<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	QL(45 gm per fill retail); AL(Up to 35 yrs old)
RETIN-A GEL (<i>tretinoin</i>)	2	QL(45 gm per fill retail); AL(Up to 35 yrs old)	<i>tretinoin GEL 0.01 %, 0.025 %</i>	1	QL(45 gm per fill retail); AL(Up to 35 yrs old)
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	NP	PA	<i>tretinoin GEL 0.05 %</i>	1	
<i>sulfacetamide sodium (acne)</i>	NP	QL(120 ml per fill retail)	VELTIN (<i>clindamycin phosphate-tretinoin</i>)	NF	
<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP		WINLEVI	NP	
<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP		ZIANA (<i>clindamycin phosphate-tretinoin</i>)	NP	PA
<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP	PA	ZMA CLEAR SUSP	NP	
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 %</i>	NP		Agents for External Genital and Perianal Warts		
			VEREGEN	NP	PA
			Antibiotics - Topical		
			<i>bacitracin (topical) OINT</i>	1	
			<i>bacitracin zinc OINT</i>	1	
			<i>bacitracin-polymyxin b OINT</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bacitracin-polymyxin b OINT</i>	2		<i>ketoconazole (topical) FOAM</i>	NP	PA
<i>gentamicin sulfate (topical) CREA</i>	1		<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(120 ml per fill retail)
<i>gentamicin sulfate (topical) OINT</i>	1		KETODAN KIT	NP	PA
<i>mupirocin calcium (topical)</i>	NP	PA	LOPROX KIT	NP	PA
<i>mupirocin OINT</i>	1		LOPROX SHAMPOO SHAM (<i>ciclopirox</i>)	NP	PA
NEO-SYNALAR	NP		LOPROX CREA (<i>ciclopirox olamine</i>)	NF	
NEO-SYNALAR KIT	NP		LOPROX SUSP (<i>ciclopirox olamine</i>)	NP	PA
POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (<i>bacitracin-polymyxin b</i>)	NF		LOTRIMIN AF JOCK ITCH CREA (<i>clotrimazole (topical)</i>)	NF	QL(45 gm per fill retail); RX/OTC
XEPI	NP		LOTRIMIN AF CREA (<i>clotrimazole (topical)</i>)	NF	QL(45 gm per fill retail); RX/OTC
Antifungals - Topical			LOTRIMIN ULTRA (<i>butenafine hcl</i>)	NF	RX/OTC
<i>ciclopirox olamine CREA</i>	1		<i>luliconazole</i>	NP	PA
<i>ciclopirox olamine SUSP</i>	1		LUZU (<i>luliconazole</i>)	NP	PA
<i>ciclopirox GEL</i>	NP		MENTAX	NP	RX/OTC
<i>ciclopirox KIT</i>	NP	PA	MICATIN CREA (<i>miconazole nitrate (topical)</i>)	NF	
<i>ciclopirox SHAM</i>	1		<i>miconazole nitrate (topical) CREA</i>	1	
<i>ciclopirox SOLN</i>	NP	PA	<i>miconazole-zinc oxide-white petrolatum</i>	NP	PA
<i>clotrimazole (topical) CREA</i>	1	QL(45 gm per fill retail); RX/OTC	<i>naftifine hcl CREA</i>	NP	
<i>clotrimazole (topical) SOLN</i>	1	QL(30 ml per fill retail); RX/OTC	<i>naftifine hcl GEL 2 %</i>	NP	
<i>clotrimazole w/ betamethasone CREA</i>	1		NAFTIN GEL 2 % (<i>naftifine hcl</i>)	NP	PA
<i>clotrimazole w/ betamethasone LOTN</i>	NP	PA	NAFTIN GEL 1 %	NP	
<i>econazole nitrate CREA</i>	NP		<i>nystatin (topical) CREA</i>	1	
ERTACZO	NP	PA	<i>nystatin (topical) OINT</i>	1	
EXTINA FOAM (<i>ketoconazole (topical)</i>)	NF		<i>nystatin (topical) POWD EX</i>	1	
JUBLIA	NP	PA	<i>nystatin-triamcinolone CREA</i>	1	
KERYDIN (<i>tavaborole</i>)	NP	PA			
<i>ketoconazole (topical) CREA</i>	1				

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone OINT</i>	1	
<i>oxiconazole nitrate CREA</i>	NP	
OXISTAT CREA (<i>oxiconazole nitrate</i>)	NP	PA
OXISTAT LOTN	NP	
<i>tavaborole</i>	NP	PA
TINACTIN CREA (<i>tolnaftate</i>)	NF	
<i>tolnaftate CREA</i>	1	
VUSION (<i>miconazole-zinc oxide-white petrolatum</i>)	NP	PA
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine PTCH EX</i>	NP	PA
<i>diclofenac sodium (topical) GEL EX</i>	1	QL(6.68 gm daily); RX/OTC
<i>diclofenac sodium (topical) SOLN EX 2 %</i>	NP	PA
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	
FLECTOR PTCH EX (<i>diclofenac epolamine</i>)	NP	PA
LICART PT24	NP	PA
PENNSAID SOLN EX	NP	PA
VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	NF	QL(6.68 gm daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
AMELUZ GEL	2	PA
<i>bexarotene (topical)</i>	1	SP; PA
CARAC CREA (<i>fluorouracil (topical)</i>)	NP	QL(30 gm per fill retail); PA
<i>diclofenac sodium (actinic keratoses) EX</i>	1	PA
EFUDEX CREA (<i>fluorouracil (topical)</i>)	NP	QL(40 gm per fill retail); PA

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil (topical) CREA 5 %</i>	1	QL(40 gm per fill retail)
<i>fluorouracil (topical) CREA 0.5 %</i>	NP	QL(30 gm per fill retail); PA
<i>fluorouracil (topical) SOLN</i>	1	QL(10 ml per fill retail); PA
LEVULAN KERASTICK SOLR	2	SP; PA
TARGRETIN (<i>bexarotene (topical)</i>)	NP	SP; PA
VALCHLOR	2	SP; PA
Antipruritics - Topical		
<i>doxepin hcl (antipruritic)</i>	1	PA
PRUDOXIN (<i>doxepin hcl (antipruritic)</i>)	NP	PA
ZONALON (<i>doxepin hcl (antipruritic)</i>)	NP	PA
Antipsoriatics		
<i>acitretin</i>	1	
BIMZELX SOAJ	NP	SP; PA
BIMZELX SOSY	NP	SP; PA
<i>calcipotriene CREA</i>	1	QL(60 gm per fill retail)
<i>calcipotriene FOAM</i>	NP	PA
CALCIPOTRIENE FOAM	NP	PA
<i>calcipotriene OINT</i>	1	
<i>calcipotriene SOLN</i>	1	QL(60 ml per fill retail)
<i>calcitriol (topical)</i>	NP	
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA
COSENTYX UNOREADY SOAJ	NP	SP; PA
COSENTYX SOLN	NP	SP; PA
COSENTYX SOSY	NP	SP; PA
DOVONEX CREA (<i>calcipotriene</i>)	NF	QL(60 gm per fill retail)
ILUMYA	NP	SP; PA
<i>methoxsalen rapid</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
SILIQ	NP	SP; PA
SKYRIZI PEN SOAJ	NP	SP; PA
SKYRIZI SOSY	NP	SP; PA
SORILUX FOAM	NP	PA
SOTYKTU	NP	SP; PA
SPEVIGO SOLN	2	SP; PA
SPEVIGO SOSY	2	SP; PA
STELARA SOSY	NP	SP; PA
TALTZ SOAJ	NP	SP; PA
TALTZ SOSY	NP	SP; PA
<i>tazarotene CREA</i>	NP	AL(Up to 21 yrs old)
<i>tazarotene GEL</i>	NP	AL(Up to 21 yrs old)
TAZORAC CREA (<i>tazarotene</i>)	NF	AL(Up to 21 yrs old)
TAZORAC GEL (<i>tazarotene</i>)	NF	AL(Up to 21 yrs old)
TREMFYA SOPN	NP	SP; PA
TREMFYA SOSY	NP	SP; PA
VECTICAL (<i>calcitriol (topical)</i>)	NF	
VTAMA	NP	
ZORYVE	NP	PA
Antiseborrheic Products		
<i>selenium sulfide LOTN 2.5 %</i>	1	QL(120 ml per fill retail)
SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN (<i>selenium sulfide</i>)	NF	
SELSUN BLUE DAILY LOTN (<i>selenium sulfide</i>)	NF	
SELSUN BLUE MEDICATED LOTN (<i>selenium sulfide</i>)	NF	
SELSUN BLUE MOISTURIZING LOTN (<i>selenium sulfide</i>)	NF	
SELSUN BLUE LOTN (<i>selenium sulfide</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium LIQD</i>	1	
<i>sulfacetamide sodium LIQD</i>	2	
ZORYVE	NP	PA
Antivirals - Topical		
<i>acyclovir topical CREA</i>	NP	PA
<i>acyclovir topical OINT</i>	NP	QL(30 gm per 30 day(s) retail); PA
DENAVIR (<i>penciclovir</i>)	NP	PA
<i>penciclovir</i>	NP	PA
XERESE	NP	PA
ZOVIRAX CREA (<i>acyclovir topical</i>)	NP	PA
ZOVIRAX OINT (<i>acyclovir topical</i>)	NP	QL(30 gm per 30 day(s) retail); PA
Burn Products		
<i>mafenide acetate PACK</i>	1	PA
SILVADENE (<i>silver sulfadiazine</i>)	NP	PA
<i>silver sulfadiazine</i>	1	
SULFAMYLON CREA	2	PA
SULFAMYLON PACK 5 % (<i>mafenide acetate</i>)	NF	
Corticosteroids - Topical		
<i>alclometasone dipropionate CREA</i>	NP	
<i>alclometasone dipropionate OINT</i>	NP	
<i>amcinonide LOTN</i>	NP	PA
APEXICON E CREA	NP	PA
<i>betamethasone dipropionate (topical) CREA</i>	NP	PA
<i>betamethasone dipropionate (topical) LOTN</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate (topical) OINT</i>	NP	PA	<i>clobetasol propionate LOTN</i>	NP	PA
<i>betamethasone dipropionate augmented CREA</i>	NP	PA	<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	PA	<i>clobetasol propionate SHAM</i>	NP	PA
<i>betamethasone dipropionate augmented LOTN</i>	NP	PA	<i>clobetasol propionate SOLN 0.05 %</i>	1	
<i>betamethasone dipropionate augmented OINT</i>	NP	PA	CLOBEX LIQD (<i>clobetasol propionate</i>)	NF	
<i>betamethasone valerate CREA</i>	1	QL(45 gm per fill retail)	CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	NF	
<i>betamethasone valerate FOAM</i>	NP	PA	CLOBEX SHAM (<i>clobetasol propionate</i>)	NF	
<i>betamethasone valerate LOTN</i>	1	QL(60 ml per fill retail)	<i>clocortolone pivalate</i>	NP	PA
<i>betamethasone valerate OINT</i>	1		CLODAN KIT	NP	PA
BRYHALI LOTN	NP	PA	CLODERM (<i>clocortolone pivalate</i>)	NP	PA
<i>calcipotriene-betamethasone dipropionate OINT</i>	1		CORDRAN CREA (<i>flurandrenolide</i>)	NF	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP	PA	CORDRAN LOTN (<i>flurandrenolide</i>)	NF	
<i>clobetasol propionate emollient base 0.05 %</i>	NP	PA	DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	NP	PA
<i>clobetasol propionate emulsion</i>	NP	PA	DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	NF	
<i>clobetasol propionate CREA 0.05 %</i>	1		DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	NP	PA
<i>clobetasol propionate FOAM</i>	NP	PA	<i>desonide CREA</i>	1	
<i>clobetasol propionate GEL 0.05 %</i>	1		<i>desonide LOTN</i>	NP	PA
<i>clobetasol propionate LIQD</i>	NP	PA	<i>desonide OINT</i>	1	
			DESOWEN CREA (<i>desonide</i>)	NF	
			<i>desoximetasone CREA</i>	NP	PA
			<i>desoximetasone GEL</i>	NP	PA
			<i>desoximetasone LIQD</i>	NP	PA
			<i>desoximetasone OINT</i>	NP	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diflorasone diacetate CREA</i>	NP	PA	HALOG CREA (<i>halcinonide</i>)	NP	PA
<i>diflorasone diacetate OINT</i>	NP	PA	HALOG OINT	NP	PA
DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	NP	PA	HALOG SOLN	NP	PA
DUOBRII	NP	PA	<i>hydrocortisone (topical) CREA</i>	1	
ENSTILAR FOAM	NP	PA	<i>hydrocortisone (topical) LOTN 2.5 %</i>	NP	PA
EPIFOAM FOAM	NP	PA	<i>hydrocortisone (topical) OINT</i>	1	
<i>fluocinolone acetonide CREA</i>	NP	PA	<i>hydrocortisone butyrate hydrophilic lipo base</i>	NP	PA
<i>fluocinolone acetonide OIL</i>	NP	PA	<i>hydrocortisone butyrate CREA</i>	NP	PA
<i>fluocinolone acetonide OINT</i>	NP	PA	<i>hydrocortisone butyrate LOTN</i>	NP	PA
<i>fluocinolone acetonide SOLN</i>	NP	PA	<i>hydrocortisone butyrate OINT</i>	NP	PA
<i>fluocinonide emulsified base</i>	NP	PA	<i>hydrocortisone butyrate SOLN</i>	NP	PA
<i>fluocinonide CREA</i>	NP	PA	<i>hydrocortisone valerate CREA</i>	NP	PA
<i>fluocinonide GEL</i>	NP	PA	<i>hydrocortisone valerate OINT</i>	NP	PA
<i>fluocinonide OINT</i>	NP	PA	HYDROCORTISONE CREA	1	
<i>fluocinonide SOLN</i>	NP	PA	IMPEKLO LOTN	NP	PA
<i>flurandrenolide CREA</i>	NP	PA	KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	NP	PA
<i>flurandrenolide LOTN</i>	NP	PA	LEXETTE FOAM	NP	PA
<i>fluticasone propionate CREA 0.05 %</i>	1		LOCOID LIPOCREAM	NP	PA
<i>fluticasone propionate LOTN</i>	NP	PA	LOCOID LOTN (<i>hydrocortisone butyrate</i>)	NP	PA
<i>fluticasone propionate OINT</i>	1		LUXIQ FOAM (<i>betamethasone valerate</i>)	NP	PA
<i>halcinonide CREA</i>	NP	PA	<i>mometasone furoate CREA</i>	1	
<i>halobetasol propionate CREA</i>	1		<i>mometasone furoate OINT</i>	1	
<i>halobetasol propionate FOAM</i>	NP	PA	<i>mometasone furoate SOLN</i>	1	
<i>halobetasol propionate OINT</i>	1				
HALOG CREA (<i>halcinonide</i>)	NF				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OLUX-E (<i>clobetasol propionate emulsion</i>)	NP	PA	<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1	QL(454 gm per fill retail)
OLUX FOAM (<i>clobetasol propionate</i>)	NF		<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1	
PANDEL	NP	PA	<i>triamcinolone acetonide (topical) LOTN</i>	1	QL(60 ml per fill retail)
SERNIVO EMUL	NP	PA	<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	NP	PA
SYNALAR CREAM KIT	NP	PA	<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.05 %, 0.1 %</i>	1	
SYNALAR OINTMENT KIT	NP	PA	<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1	QL(15 gm per fill retail)
SYNALAR TS	NP	PA	<i>triamcinolone acetonide-dimethicone-silicone</i>	NP	PA
SYNALAR CREA (<i>fluocinolone acetonide</i>)	NP	PA	TRIDESILON CREA 0.05 % (<i>desonide</i>)	NF	
SYNALAR OINT (<i>fluocinolone acetonide</i>)	NP	PA	ULTRAVATE LOTN	NP	PA
SYNALAR SOLN (<i>fluocinolone acetonide</i>)	NP	PA	VANOS CREA (<i>fluocinonide</i>)	NP	PA
TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>)	NP	PA	Eczema Agents		
TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	NP	PA	ADBRY	NP	SP; PA
TEMOVATE CREA (<i>clobetasol propionate</i>)	NF		CIBINQO	2	SP; PA
TEMOVATE OINT (<i>clobetasol propionate</i>)	NF		DUPIXENT SOPN	2	SP; PA
TEXACORT SOLN 2.5 %	NP	PA	DUPIXENT SOSY	2	SP; PA
TOPICORT CREA (<i>desoximetasone</i>)	NP	PA	OPZELURA	2	PA
TOPICORT GEL (<i>desoximetasone</i>)	NP	PA	Emollient/Keratolytic Agents		
TOPICORT LIQD (<i>desoximetasone</i>)	NP	PA	DERMAL THERAPY FINGERCARE LOTN (<i>urea</i>)	NF	
TOPICORT OINT (<i>desoximetasone</i>)	NP	PA	ULTRA MIDE 25 LOTN (<i>urea</i>)	NF	
TOVET KIT	NP	PA	<i>urea CREA 40 %</i>	1	QL(200 gm per fill retail); PA; RX/OTC
<i>triamcinolone acetonide (topical) AERS</i>	NP	PA	<i>urea LOTN 40 %</i>	2	QL(325 gm per fill retail)
<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1	QL(15 gm per fill retail)	Emollients		
			<i>lactic acid (ammonium lactate) CREA</i>	1	PA; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	PA; RX/OTC
LACTIC ACID LOTN	2	PA
Hair Growth Agents		
LITFULO	NP	SP; PA
Immunomodulating Agents - Topical		
<i>imiquimod 3.75 %</i>	NP	PA
<i>imiquimod 5 %</i>	1	QL(48 ea per 180 day(s) retail)
ZYCLARA (<i>imiquimod</i>)	NP	PA
ZYCLARA PUMP (<i>imiquimod</i>)	NP	PA
ZYCLARA PUMP	NP	PA
Immunosuppressive Agents - Topical		
ELIDEL (<i>pimecrolimus</i>)	NP	QL(30 gm per 28 day(s) retail); PA
HYFTOR	2	PA
<i>pimecrolimus</i>	NP	QL(30 gm per 28 day(s) retail); PA
<i>tacrolimus (topical) OINT</i>	1	QL(30 gm per 28 day(s) retail); PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox GEL</i>	1	
<i>podofilox SOLN</i>	1	QL(4 ml per fill retail)
<i>salicylic acid FOAM</i>	1	
SALVAX FOAM (<i>salicylic acid</i>)	NF	
SALYCIM CREA	1	
YCANATH SOLN	2	PA
Local Anesthetics - Topical		
GEN7T PTCH (<i>lidocaine</i>)	NF	RX/OTC
<i>lidocaine hcl CREA 3 %</i>	1	
<i>lidocaine hcl PRSY</i>	1	QL(30 ml per fill retail)
<i>lidocaine hcl SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine OINT</i>	1	
<i>lidocaine-prilocaine CREA</i>	1	
<i>lidocaine-prilocaine KIT</i>	NP	PA
<i>lidocaine PTCH 5 %</i>	2	
<i>lidocaine PTCH 5 %</i>	1	
LIDOCARE ARM/NECK/LEG PTCH (<i>lidocaine</i>)	NF	
LIDOCARE BACK/SHOULDER PTCH (<i>lidocaine</i>)	NF	
LIDODERM PTCH (<i>lidocaine</i>)	NF	
LIDODERM PTCH (<i>lidocaine</i>)	NP	PA
LIDOTRAL CREA	NP	PA
PLIAGLIS CREA	NP	PA
QUTENZA	NP	PA
XYLIDERM	NP	PA
ZTLIDO PTCH	NP	PA
Misc. Topical		
DRYSOL SOLN	2	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	2	
Protectives Against UV Radiation		
SCENESSE	CO	
Rosacea Agents		
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	NP	PA
<i>doxycycline (rosacea)</i>	NP	PA
FINACEA FOAM	2	
FINACEA GEL (<i>azelaic acid</i>)	2	
<i>ivermectin (rosacea)</i>	NP	PA
METROCREAM CREA (<i>metronidazole (topical)</i>)	NF	QL(45 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
METROGEL GEL 1 % (metronidazole (topical))	NF	
METROLOTION LOTN (metronidazole (topical))	NF	
metronidazole (topical) CREA	1	QL(45 gm per fill retail)
metronidazole (topical) GEL 1 %	1	
metronidazole (topical) GEL 0.75 %	1	QL(45 gm per fill retail)
metronidazole (topical) LOTN	1	
MIRVASO (brimonidine tartrate (topical))	NF	
NORITATE CREA	NP	PA
ORACEA (doxycycline rosacea))	NF	
RHOFADE	NP	PA
SOOLANTRA (ivermectin rosacea))	NF	
Scabicides & Pediculicides		
crotamiton LOTN	NP	
malathion	NP	QL(59 ml per fill retail; 118 ml per 30 day(s) retail)
NATROBA (spinosad)	2	QL(120 ml per fill retail; 240 ml per 30 day(s) retail); AL(At least 1 yrs old)
NIX CREME RINSE LIQD EX (permethrin)	NF	
OVIDE (malathion)	NP	QL(59 ml per fill retail; 118 ml per 30 day(s) retail); PA
permethrin CREA	1	
permethrin LIQD EX	1	
pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %	1	

Drug Name	Drug Tier	Requirements/Limits
spinosad	1	QL(120 ml per fill retail; 240 ml per 30 day(s) retail); AL(At least 1 yrs old)
Wound Care Products		
FILSUEVZ	CO	
VYJUVEK	CO	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ADVIN COVID-19 ANTIGEN HOME TEST KIT	2	
BD VERITOR AT-HOME COVID-19 TEST KIT	2	
BINAXNOW COVID-19 AG CARD HOME TEST KIT	2	
CARESTART COVID-19 ANTIGEN HOME TEST KIT	2	
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	2	
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	2	
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	2	
COVID-19 AG TEST KIT	2	
COVID-19 AT-HOME TEST KIT KIT	2	
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	2	
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	2	
COVID-19 TEST SPECIMEN COLLECTION	2	
COVID-19 TESTING ADMINISTERED BY PHARMACIST	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CVS COVID-19 AT HOME TESTKIT KIT	2		KETONE TEST STRIPS STRP	2	
DXTERITY COVID-19 HOME TEST	2		KETONE STRP	2	
ELLUME COVID-19 HOME TEST KIT	2		KETOSTIX STRP	2	
EVERLYWELL COVID-19 TESTHOME COLLECTION KIT DTC	2		LUCIRA CHECK IT COVID-19TEST KIT KIT	2	RX/OTC
FASTEP COVID-19 ANTIGEN HOME TEST KIT	2		LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	2	RX/OTC
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	2		MYLAB BOX COVID-19 TESTING	2	
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	2		OHC COVID-19 ANTIGEN SELF TEST KIT	2	
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	2		ON/GO COVID-19 ANTIGEN SELF-TEST KIT	2	
GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 ea daily); PA; RX/OTC	ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	2	
GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	2		PILOT COVID-19 AT-HOME TEST KIT	2	
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	2		PIXEL COVID-19 PCR TEST HOME COLLECTION KIT	2	
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	2		QUICKVUE AT-HOME COVID-19 TEST KIT	2	
INTELISWAB COVID-19 RAPID TEST KIT	2		RAPID SARS-COV-2 ANTIGENTEST CARD KIT	2	
			RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	2	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 ea daily); RX/OTC
			SIMPLICITY COVID-19 HOMECOLLECTION TEST KIT	2	
			SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	2	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 ea daily); RX/OTC	CREON CPEP	2	MP
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	2	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 ea daily); RX/OTC	PERTZYE CPEP	NP	PA
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	NP	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 ea daily); PA; RX/OTC	VIOKACE TABS	NP	PA
TRUE TRACK TEST STRP	NP	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 ea daily); PA; RX/OTC	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		
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Digestive Enzymes			Carbonic Anhydrase Inhibitors		
			<i>acetazolamide sodium</i>	1	PA
			<i>acetazolamide CP12</i>	1	MP
			<i>acetazolamide TABS</i>	1	MP
			<i>dichlorphenamide</i>	NP	SP
			KEVEYIS (<i>dichlorphenamide</i>)	NP	SP; PA
			<i>methazolamide TABS</i>	1	MP
			Diuretic Combinations		
			ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	NF	MP
			<i>amiloride & hydrochlorothiazide</i>	1	MP
			MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA
			MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA
			<i>spironolactone & hydrochlorothiazide</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<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 SOLN 0.25 MG/ML</i>	1	PA
<i>bumetanide TABS</i>	1	MP
BUMEX TABS 0.5 MG (<i>bumetanide</i>)	NF	MP
EDECIN (<i>ethacrynic acid</i>)	NP	MP; PA
<i>ethacrynate sodium</i>	1	PA
<i>ethacrynic acid</i>	NP	MP
FUROSCIX CTKT	NP	SP; PA
<i>furosemide SOLN IJ 10 MG/ML</i>	1	PA
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1	MP
<i>furosemide TABS</i>	1	MP
LASIX TABS (<i>furosemide</i>)	NP	MP; PA
SODIUM EDECIN (<i>ethacrynate sodium</i>)	NP	PA
<i>torseamide TABS</i>	1	QL(1 ea daily); MP
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>spironolactone</i>)	NP	MP; PA
<i>amiloride hcl TABS</i>	1	QL(4 ea daily); MP
CAROSPIR SUSP (<i>spironolactone</i>)	NP	PA
DYRENIUM CAPS (<i>triamterene</i>)	NF	
<i>spironolactone SUSP</i>	NP	
<i>spironolactone TABS</i>	1	MP
<i>triamterene CAPS</i>	NP	
Thiazides and Thiazide-Like Diuretics		
<i>chlorothiazide sodium</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>chlorthalidone 25 MG, 50 MG</i>	1	MP
DIURIL SUSP	NP	
<i>hydrochlorothiazide CAPS</i>	1	MP
<i>hydrochlorothiazide TABS</i>	1	MP
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	MP
<i>metolazone</i>	1	MP
SODIUM DIURIL (<i>chlorothiazide sodium</i>)	NF	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA	CO	
RECORLEV	CO	
Bone Density Regulators		
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	NP	QL(0.143 ea daily); MP; PA
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	NP	PA
<i>alendronate sodium SOLN</i>	1	QL(10.8 ml daily); MP
<i>alendronate sodium TABS 10 MG</i>	1	QL(1 ea daily); MP
<i>alendronate sodium TABS 5 MG</i>	2	QL(1 ea daily); MP
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 ea daily); MP
AELVIA TBEC (<i>risedronate sodium</i>)	NP	QL(0.143 ea daily); MP; PA
BINOSTO TBEC	NP	PA
BONIVA TABS (<i>ibandronate sodium</i>)	NF	MP
<i>calcitonin (salmon) NA</i>	1	Limit 2 per month; QL(0.25 ml daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin (salmon) IJ</i>	1	QL(2 ml per 30 day(s) retail); PA
EVENITY	NP	SP; PA
FORTEO SOPN (<i>teriparatide (recombinant)</i>)	NP	Limit 2 per month; QL(0.14 ml daily); SP; MP; PA
FOSAMAX PLUS D	NP	PA
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	NP	QL(0.15 ea daily); MP; PA
<i>ibandronate sodium SOLN</i>	NP	SP; PA
<i>ibandronate sodium TABS</i>	1	MP
MIACALCIN IJ (<i>calcitonin (salmon)</i>)	NP	QL(2 ml per 30 day(s) retail); PA
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	NP	SP; PA
PAMIDRONATE DISODIUM SOLN	NP	SP; PA
PROLIA SOSY	2	SP; PA
RECLAST SOLN (<i>zoledronic acid</i>)	NP	SP; PA
<i>risedronate sodium TABS 35 MG</i>	NP	QL(0.143 ea daily); MP
<i>risedronate sodium TABS 150 MG</i>	NP	
<i>risedronate sodium TABS 5 MG, 30 MG</i>	NP	QL(1 ea daily); MP
<i>risedronate sodium TBEC</i>	NP	QL(0.143 ea daily); MP; PA
<i>teriparatide (recombinant) SOPN</i>	1	QL(0.14 ml daily); SP; MP; PA
TERIPARATIDE SOPN	2	QL(2.48 ml per 31 day(s) retail); SP; PA
TYMLOS	NP	SP; PA
XGEVA SOLN	2	SP; PA
<i>zoledronic acid CONC</i>	1	SP; PA
<i>zoledronic acid SOLN</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ZOLEDRONIC ACID SOLN	2	SP; PA
Corticotropin		
ACTHAR	2	SP; PA
CORTROPHIN	2	SP; PA
GnRH/LHRH Antagonists		
ORLISSA	2	SP; PA
Growth Hormone Receptor Antagonists		
SOMAVERT	2	SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	2	SP; PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	2	SP; PA
GENOTROPIN CART SC	2	SP; PA
HUMATROPE CART IJ	NP	SP; PA
NGENLA	NP	SP; PA
NORDITROPIN FLEXPRO SOPN	2	SP; PA
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP; PA
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP; PA
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP; PA
OMNITROPE SOCT	NP	SP; PA
OMNITROPE SOLR SC	NP	SP; PA
SAIZEN IJ	NP	SP; PA
SAIZENPREP RECONSTITUTIONKIT IJ	NP	SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP; PA
SKYTROFA	NP	SP; PA
SOGROYA	NP	SP; PA
ZOMACTON SOLR SC	NP	SP; PA
ZORBTIVE SC	NP	SP; PA
Hormone Receptor Modulators		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EVISTA (<i>raloxifene hcl</i>)	NP	QL(1 ea daily); MP; PA	CARNITOR SF SOLN OR (<i>levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ml daily); PA
EVISTA (<i>raloxifene hcl</i>)	NF	QL(1 ea daily); MP	CARNITOR SOLN OR 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ml daily); PA
OSPHENA	NP	PA	CARNITOR TABS (<i>levocarnitine (metabolic modifiers)</i>)	NP	QL(3 ea daily); PA
<i>raloxifene hcl</i>	1	QL(1 ea daily); MP	<i>cinacalcet hcl</i>	1	SP
Insulin-Like Growth Factor Receptor Inhibitors			CITRULLINE EASY	CO	RX/OTC
TEPEZZA	CO		CRYSVITA	CO	
Insulin-Like Growth Factors (Somatomedins)			CYSTADANE (<i>betaine</i>)	NP	SP; PA
INCRELEX	2	SP; PA	<i>doxercalciferol CAPS</i>	NP	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants			ELAPRASE	CO	
FENSOLVI SC	2	SP; PA	ELFABRIO	CO	
LUPRON DEPOT-PED (1-MONTH)	2	SP; PA	FABRAZYME	CO	
LUPRON DEPOT-PED (3-MONTH)	2	SP; PA	GALAFOLD	CO	
LUPRON DEPOT-PED (6-MONTH) IM	2	SP; PA	KANUMA	CO	
SUPPRELIN LA	2	SP; PA	KUVAN PACK (<i>sapropterin dihydrochloride</i>)	CO	SP
SYNAREL	2	SP; PA	KUVAN TABS (<i>sapropterin dihydrochloride</i>)	CO	SP
TRIPTODUR	NP	SP; ST	LAMZEDE	CO	
Menopausal Symptoms Suppressants			<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1	QL(30 ml daily)
VEOZAH	2	PA	<i>levocarnitine (metabolic modifiers) TABS</i>	1	QL(3 ea daily)
Metabolic Modifiers			LUMIZYME	CO	
ALDURAZYME	CO		MEPSEVII	CO	
<i>betaine</i>	1	SP; PA	MYALEPT	CO	
BRINEURA	CO		NAGLAZYME	CO	
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	CO		NEXVIAZYME	CO	
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	CO		<i>nitisinone CAPS</i>	CO	
<i>calcitriol CAPS</i>	1		NITYR TABS	CO	
<i>calcitriol SOLN OR</i>	1		NULIBRY	CO	
CARBAGLU (<i>carglumic acid</i>)	CO		OLPRUVA THPK	CO	
<i>carglumic acid</i>	CO				

Drug Name	Drug Tier	Requirements/Limits
OPFOLDA	CO	
ORFADIN CAPS (<i>nitisinone</i>)	CO	
ORFADIN SUSP	CO	
PALYNZIQ	CO	
<i>paricalcitol</i> CAPS	NP	PA
PHEBURANE PLLT	CO	
POMBILITI	CO	
RAVICTI	CO	
RAYALDEE	NP	PA
REVCOVI	CO	
ROCALTROL CAPS (<i>calcitriol</i>)	NP	PA
ROCALTROL SOLN OR (<i>calcitriol</i>)	NP	PA
<i>sapropterin dihydrochloride</i> PACK	CO	SP
<i>sapropterin dihydrochloride</i> TABS	CO	SP
SENSIPAR (<i>cinacalcet hcl</i>)	2	SP
<i>sodium phenylbutyrate</i> POWD	CO	
<i>sodium phenylbutyrate</i> TABS	CO	
STRENSIQ	CO	
VIMIZIM	CO	
XENPOZYME	CO	
XPHOZAH	2	SP; PA
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	NP	PA
Mineralocorticoid Receptor Antagonists		
KERENDIA	2	PA
Natriuretic Peptides		
VOXZOGO	CO	
Posterior Pituitary Hormones		

Drug Name	Drug Tier	Requirements/Limits
DDAVP SOLN IJ 4 MCG/ML (<i>desmopressin acetate</i>)	NP	SP; PA
DDAVP TABS (<i>desmopressin acetate</i>)	NP	QL(6 ea daily); PA
<i>desmopressin acetate</i> spray	1	QL(5 ml per fill retail)
<i>desmopressin acetate</i> spray refrigerated	1	QL(5 ml per fill retail)
<i>desmopressin acetate</i> SOLN IJ	1	SP; PA
<i>desmopressin acetate</i> TABS	1	QL(6 ea daily)
NOCDURNA SUBL	NP	PA
Progesterone Receptor Antagonists		
MIFEPREX (<i>mifepristone</i>)	NP	PA
<i>mifepristone</i>	1	
Prolactin Inhibitors		
<i>cabergoline</i>	1	
Somatostatic Agents		
LANREOTIDE ACETATE	2	SP; PA
MYCAPSSA CPDR	2	SP; PA
<i>octreotide acetate</i> SOLN	1	SP; PA
<i>octreotide acetate</i> SOSY	1	SP; PA
SANDOSTATIN LAR DEPOT KIT	NP	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NP	SP; PA
SIGNIFOR	2	SP; PA
SIGNIFOR LAR	NP	SP; PA
SOMATULINE DEPOT	2	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS	2	SP; PA
JYNARQUE TBPK	2	SP; PA
SAMSCA TABS 30 MG (<i>tolvaptan</i>)	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
SAMSCA TABS 15 MG (tolvaptan)	NP	SP; PA
tolvaptan TABS	1	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate)	NP	MP; PA
ANGELIQ	2	
BIJUVA	NP	
CLIMARA PRO	2	
COMBIPATCH PTTW	2	MP
DUAVEE	2	PA
estradiol & norethindrone acetate TABS	1	MP
MYFEMBREE	2	PA
norethindrone acetate-ethinyl estradiol	1	
ORIAHNN	2	PA
PREFEST	NP	
PREMPHASE	2	MP
PREMPRO	2	MP
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	NP	MP; PA
CLIMARA PTWK (estradiol)	NP	MP; PA
DELESTROGEN (estradiol valerate)	NP	PA
DEPO-ESTRADIOL	2	
DIVIGEL GEL (estradiol)	NP	PA
ELESTRIN GEL	NP	
ESTRACE TABS (estradiol)	NP	MP; PA
estradiol valerate	1	
estradiol GEL	NP	

Drug Name	Drug Tier	Requirements/Limits
estradiol PTTW	1	MP
estradiol PTWK	1	MP
estradiol TABS	1	MP
ESTROGEL GEL 0.06 % (estradiol)	NF	
EVAMIST SOLN	NP	
MENEST	2	MP
MENOSTAR PTWK	NP	
MINIVELLE PTTW (estradiol)	NP	MP; PA
PREMARIN SOLR	NP	PA
PREMARIN TABS	2	MP
VIVELLE-DOT PTTW (estradiol)	NP	MP; PA
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	NP	PA
ciprofloxacin hcl TABS 100 MG	1	QL(6 ea per fill retail)
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	1	
CIPRO SUSR	2	
CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	NP	PA
levofloxacin SOLN OR	NP	
levofloxacin TABS	1	QL(1 ea daily; 14 ea per fill retail)
moxifloxacin hcl TABS	1	
ofloxacin 300 MG, 400 MG	NP	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY	NP	PA
Agents for Chronic Idiopathic Constipation (CIC)		

Drug Name	Drug Tier	Requirements/Limits
TRULANCE	NP	QL(1 ea daily); PA
Antiflatulents		
GAS-X EXTRA STRENGTH CHEW (<i>simethicone</i>)	NF	
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (<i>simethicone</i>)	NF	
MYLICON INFANTS GAS RELIEF SUSP (<i>simethicone</i>)	NF	
PHAZYME MAXIMUM STRENGTH CAPS (<i>simethicone</i>)	NF	
PHAZYME ULTRA STRENGTH CAPS (<i>simethicone</i>)	NF	
<i>simethicone</i> CAPS 125 MG	1	
<i>simethicone</i> CHEW	1	
<i>simethicone</i> SUSP	1	
Bile Acid Synthesis Disorder Agents		
CHOLBAM	NP	QL(5 ea daily); SP; MP
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	NP	QL(1 ea daily); SP
Gallstone Solubilizing Agents		
CHENODAL	NP	SP
RELTONE CAPS	NP	PA
URSO 250 TABS (<i>ursodiol</i>)	NP	QL(7 ea daily); MP; PA
URSO FORTE TABS (<i>ursodiol</i>)	NP	PA
<i>ursodiol</i> CAPS	1	QL(3 ea daily); MP
<i>ursodiol</i> TABS 500 MG	1	
<i>ursodiol</i> TABS 250 MG	1	QL(7 ea daily); MP
Gastrointestinal Antiallergy Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium (mastocytosis)</i>	NP	PA
GASTROCROM (<i>cromolyn sodium (mastocytosis)</i>)	NP	PA
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>lubiprostone</i>)	2	MP; PA
<i>lubiprostone</i>	1	MP; PA
Gastrointestinal Stimulants		
GIMOTI SOLN NA	NP	SP; PA
<i>metoclopramide hcl</i> SOLN OR 5 MG/5ML, 10 MG/10ML	1	
<i>metoclopramide hcl</i> SOLN IJ 5 MG/ML	NP	PA
<i>metoclopramide hcl</i> TABS	1	
<i>metoclopramide hcl</i> TBDP	2	
REGLAN TABS (<i>metoclopramide hcl</i>)	NP	PA
Hepatotropics		
REZDIFFRA	2	SP; PA
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CPSP	CO	
BYLVAY CAPS	CO	
LIVMARLI	CO	
Inflammatory Bowel Agents		
APRISO CP24 (<i>mesalamine</i>)	2	MP
ASACOL HD TBEC (<i>mesalamine</i>)	NF	QL(3 ea daily)
AVSOLA	NP	SP; PA
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NP	MP; PA
AZULFIDINE TABS (<i>sulfasalazine</i>)	NP	MP; PA
<i>balsalazide disodium</i> CAPS	1	QL(9 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CANASA SUPP (<i>mesalamine</i>)	NP	PA
CIMZIA STARTER KIT PSKT	NP	SP; PA
CIMZIA KIT	NP	SP; PA
CIMZIA PSKT	NP	SP; PA
COLAZAL CAPS (<i>balsalazide disodium</i>)	NP	QL(9 ea daily); PA
DELZICOL CPDR (<i>mesalamine</i>)	2	QL(6 ea daily); MP
DIPENTUM	NP	
ENTYVIO SOLR	NP	SP; PA
ENTYVIO SOPN	NP	SP; PA
INFLECTRA SOLR	NP	SP; PA
INFLIXIMAB	NP	SP; PA
LIALDA TBEC (<i>mesalamine</i>)	2	
<i>mesalamine w/ cleanser</i>	NP	PA
<i>mesalamine CP24</i>	1	MP
<i>mesalamine CPCR</i>	1	QL(8 ea daily); MP
<i>mesalamine CPDR</i>	1	QL(6 ea daily); MP
<i>mesalamine ENEM</i>	1	QL(60 ml daily)
<i>mesalamine SUPP</i>	1	
<i>mesalamine TBEC 1.2 GM</i>	1	
<i>mesalamine TBEC 800 MG</i>	NP	QL(3 ea daily)
OMVOH SOAJ	NP	SP; PA
OMVOH SOLN	NP	SP; PA
PENTASA CPCR	2	QL(8 ea daily); MP
PENTASA CPCR (<i>mesalamine</i>)	2	QL(8 ea daily); MP
REMICADE	NP	SP; PA
RENFLIXIS	NP	SP; PA
ROWASA (<i>mesalamine w/ cleanser</i>)	NP	PA
SFROWASA ENEM	NP	
SKYRIZI SOCT	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SOLN	NP	SP; PA
STELARA 130 MG/26ML	NP	SP; PA
<i>sulfasalazine TABS</i>	1	MP
<i>sulfasalazine TBEC</i>	1	MP
VELSIPITY	NP	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); SP; PA
ZYMFENTRA 1-PEN AJKT	NP	SP; PA
ZYMFENTRA 2-PEN AJKT	NP	SP; PA
ZYMFENTRA 2-SYRINGE PSKT	NP	SP; PA
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1	MP
Irritable Bowel Syndrome (IBS) Agents		
<i>alosectron hcl</i>	NP	PA
IBSRELA	NP	PA
LINZESS	2	QL(1 ea daily); PA
LOTRONEX (<i>alosectron hcl</i>)	NP	PA
VIBERZI	NP	PA
Live Fecal Microbiota		
VOWST	2	SP
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	NP	PA
ENTEREG (<i>alvimopan</i>)	NP	PA
MOVANTIK	2	PA
RELISTOR SOLN	NP	PA
RELISTOR TABS	NP	PA
SYMPROIC	NP	PA
Phosphate Binder Agents		
AURYXIA	NP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate (phosphate binder) CAPS</i>	1	MP
<i>calcium acetate (phosphate binder) TABS</i>	NP	MP; PA; RX/OTC
FOSRENOL CHEW (<i>lanthanum carbonate</i>)	NP	MP; PA
FOSRENOL PACK	NP	PA
<i>lanthanum carbonate CHEW</i>	NP	MP; PA
PHOSLYRA SOLN	2	MP
RENAGEL (<i>sevelamer hcl</i>)	NP	MP; PA
RENVELA PACK (<i>sevelamer carbonate</i>)	NP	MP; PA
RENVELA TABS (<i>sevelamer carbonate</i>)	NP	MP; PA
<i>sevelamer carbonate PACK</i>	NP	MP; PA
<i>sevelamer carbonate TABS</i>	1	MP
<i>sevelamer hcl</i>	NP	MP; PA
VELPHORO	NP	PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	CO	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
ORACIT	NP	
ORAL CITRATE	NP	
<i>pot & sod citrates w/citric ac SOLN</i>	1	
<i>potassium citrate (alkalinizer) TBCR 540 MG</i>	1	QL(1.433 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate (alkalinizer) TBCR 15 MEQ, 1080 MG, 1620 MG</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
<i>sodium citrate & citric acid</i>	1	QL(500 ml per 30 day(s) retail); RX/OTC
UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	NP	PA
UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	NP	PA
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	NP	QL(1.433 ea daily); PA
Cystinosis Agents		
CYSTAGON CAPS	CO	
PROCYSBI CPDR	CO	
PROCYSBI PACK	CO	
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	1	
Hyperoxaluria Agents		
OXLUMO	CO	
RIVFLOZA SOLN	CO	
RIVFLOZA SOSY	CO	
IgA Nephropathy (IgAN) Agents		
FILSPARI	CO	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 ea daily); PA
RIMSO-50	2	PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	MP
AVODART (<i>dutasteride</i>)	NP	MP; PA
AVODART (<i>dutasteride</i>)	NF	MP

Drug Name	Drug Tier	Requirements/Limits
CARDURA XL	NP	
<i>dutasteride</i>	1	MP
<i>dutasteride-tamsulosin hcl</i>	NP	PA
ENTADFI	NP	PA
<i>finasteride</i>	1	QL(1 ea daily); MP
FLOMAX (<i>tamsulosin hcl</i>)	NP	QL(2 ea daily); MP; PA
JALYN (<i>dutasteride-tamsulosin hcl</i>)	NP	PA
PROSCAR (<i>finasteride</i>)	NP	QL(1 ea daily); MP; PA
RAPAFLO (<i>silodosin</i>)	NP	MP
RAPAFLO 8 MG (<i>silodosin</i>)	NF	MP
<i>silodosin</i>	NP	MP
<i>tamsulosin hcl</i>	1	QL(2 ea daily); MP
UROXATRAL (<i>alfuzosin hcl</i>)	NF	MP
Urinary Analgesics		
AZO URINARY PAIN RELIEF MAXIMUM STRENGTH TABS (<i>phenazopyridine hcl</i>)	NF	
<i>phenazopyridine hcl</i> TABS 100 MG, 100 MG, 200 MG	1	
PYRIDIUM TABS (<i>phenazopyridine hcl</i>)	NP	PA
Urinary Stone Agents		
LITHOSTAT	2	PA
THIOLA EC TBEC (<i>tiopronin</i>)	NP	SP; PA
THIOLA TABS (<i>tiopronin</i>)	NP	SP; PA
<i>tiopronin</i> TABS	1	SP; PA
<i>tiopronin</i> TBEC	1	SP; PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
Gout Agents		
<i>allopurinol</i>	1	MP
ALLOPURINOL	NP	PA
<i>allopurinol sodium</i>	1	PA
ALOPRIM (<i>allopurinol sodium</i>)	1	PA
<i>colchicine CAPS</i>	NP	PA
<i>colchicine TABS</i>	1	QL(6 ea per fill retail)
COLCRYS TABS (<i>colchicine</i>)	NP	QL(6 ea per fill retail); PA
<i>febuxostat</i>	NP	MP; PA
GLOPERBA SOLN OR	NP	PA
KRYSTEXXA	CO	
MITIGARE CAPS (<i>colchicine</i>)	NP	PA
ULORIC (<i>febuxostat</i>)	NP	MP; PA
ZYLOPRIM (<i>allopurinol</i>)	NP	MP; PA
Uricosurics		
<i>probenecid</i>	1	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Aminolevulinate Synthase 1-Directed siRNA		
GIVLAARI	CO	
Antihemophilic Products		
ADVATE	CO	
ADYNOVATE	CO	
AFSTYLA	CO	
ALPHANATE SOLR	CO	
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	CO	
ALPROLIX	CO	
ALTUVIIIIO	CO	
ALTUVIIIIO	CO	
BENEFIX KIT	CO	
COAGADEX	CO	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CORIFACT	CO		<i>icatibant acetate SOLN</i>	CO	
ELOCTATE	CO		<i>icatibant acetate SOSY</i>	CO	
ESPEROCT	CO		Complement Inhibitors		
FEIBA	CO		BERINERT KIT	CO	
HEMGENIX	CO		CINRYZE SOLR IV	CO	
HEMLIBRA	CO		EMPAVELI	CO	
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	CO		ENJAYMO	CO	
HUMATE-P SOLR	CO		FABHALTA	CO	
IDELVION	CO		HAEGARDA SOLR SC	CO	
IXINITY SOLR	CO		RUCONEST	CO	
JIVI	CO		SOLIRIS	CO	
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	CO		TAVNEOS	CO	
KOATE SOLR	CO		ULTOMIRIS	CO	
KOGENATE FS KIT	CO		VEOPOZ	CO	
KOVALTRY	CO		VOYDEYA TABS	CO	
NOVOEIGHT	CO		VOYDEYA TBP	CO	
NOVOSEVEN RT	CO		ZILBRYSQ	CO	
NUWIQ KIT	CO		Hemataologic - Tyrosine Kinase Inhibitors		
NUWIQ SOLR	CO		TAVALISSE	NP	SP; PA
OBIZUR	CO		Hematorheologic Agents		
PROFILNINE	CO		<i>pentoxifylline</i>	1	MP
REBINYN	CO		Hemin		
RECOMBINATE SOLR	CO		PANHEMATIN 350 MG	2	SP; PA
RIXUBIS SOLR	CO		Human Protein C		
ROCTAVIAN	CO		CEPROTIN	2	SP; PA
SEVENFACT	CO		Plasma Kallikrein Inhibitors		
TRETTEN	CO		KALBITOR	CO	
VONVENDI	CO		ORLADEYO	CO	
WILATE KIT	CO		TAKHZYRO SOLN	CO	
XYNTHA	CO		TAKHZYRO SOSY	CO	
XYNTHA SOLOFUSE	CO		Plasma Proteins		
Bradykinin B2 Receptor Antagonists			RYPLAZIM	CO	
FIRAZYR SOSY (<i>icatibant acetate</i>)	CO		Platelet Aggregation Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	NP	MP; PA
<i>anagrelide hcl</i>	1	MP
<i>aspirin-dipyridamole</i>	1	MP
BRILINTA	2	QL(2 ea daily); MP
CABLIVI	CO	SP
<i>cilostazol</i>	1	QL(2 ea daily); MP
<i>clopidogrel bisulfate 300 MG</i>	1	
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 ea daily); MP
<i>dipyridamole</i>	1	MP
EFFIENT (<i>prasugrel hcl</i>)	NF	QL(1 ea daily)
EFFIENT (<i>prasugrel hcl</i>)	NP	QL(1 ea daily); PA
KENGREAL	NP	PA
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	NF	QL(1 ea daily); MP
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	NP	QL(1 ea daily); MP; PA
<i>prasugrel hcl</i>	1	QL(1 ea daily)
Protamine		
<i>protamine sulfate</i>	1	PA
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPB	CO	
PYRUKYND TABS	CO	
Thrombolytic Enzymes		
ACTIVASE IV	2	PA
CATHFLO ACTIVASE IJ	2	PA
RETAVASE 10 UNIT	NP	PA
RETAVASE HALF-KIT 10 UNIT	NP	PA
TNKASE	2	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		

Drug Name	Drug Tier	Requirements/Limits
CERDELGA	CO	MP
CEREZYME 400 UNIT	CO	
ELELYSO	CO	
<i>miglustat</i>	CO	MP
VPRIV	CO	
ZAVESCA (<i>miglustat</i>)	CO	MP
Agents for Sickle Cell Disease		
ADAKVEO	CO	
CASGEVY	CO	
DROXIA CAPS	2	MP
ENDARI	2	SP; PA
LYFGENIA	CO	
OXBRYTA TABS	NP	SP; PA
OXBRYTA TBSO	NP	SP; PA
SIKLOS TABS	2	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	
<i>hydroxocobalamin acetate SOLN</i>	1	PA
Folic Acid/Folates		
<i>folic acid SOLN</i>	1	PA
<i>folic acid TABS 1 MG</i>	1	MP; RX/OTC
Hematopoietic Gene Therapy		
ZYNTEGLO	CO	SP
Hematopoietic Growth Factors		
ALVAIZ	2	SP; PA
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	2	SP; PA
ARANESP ALBUMIN FREE SOSY	2	SP; PA
DOPTELET	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA	ZARXIO	NP	SP; PA
FULPHILA	NP	SP; PA	ZIEXTENZO	NP	SP; PA
FYLNETRA	NP	SP; PA	Hematopoietic Mixtures		
GRANIX SOLN	2	SP; PA	<i>fe fumarate-vitamin c-vitamin b12-folic acid 60 MG-1 MG-10 MCG-151 MG</i>	1	RX/OTC
GRANIX SOSY	2	SP; PA	<i>fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu</i>	1	
JESDUVROQ	2	PA	<i>ferrous fumarate w/ b12-vit c-fa-ifc</i>	1	
LEUKINE SOLR IJ	NP	SP; PA	<i>iron polysaccharide complex-vit b12-folic acid CAPS</i>	1	RX/OTC
MIRCERA	NP	SP; PA	Iron		
MULPLETA	NP	SP; PA	FER-IN-SOL SOLN (<i>ferrous sulfate</i>)	NF	QL(3.4 ml daily)
NEULASTA ONPRO KIT PSKT	NP	SP; PA	<i>ferrous sulfate SOLN 15 MG/ML</i>	1	QL(3.4 ml daily)
NEULASTA SOSY	NP	SP; PA	<i>ferrous sulfate SOLN</i>	1	
NEUPOGEN SOLN	2	SP; PA	<i>ferrous sulfate TABS 325 MG</i>	1	MP
NEUPOGEN SOSY	2	SP; PA	<i>ferrous sulfate TBEC</i>	1	
NIVESTYM SOLN	NP	SP; PA	FERROUS SULFATE TBEC (<i>ferrous sulfate</i>)	1	
NIVESTYM SOSY	NP	SP; PA	INFED	2	PA
NPLATE	NP	SP; PA	INJECTAFER	2	PA
NYVEPRIA	NP	SP; PA	VENOFER	2	PA
PROCRIT	NP	SP; PA	Stem Cell Mobilizers		
PROCRIT	NP	SP; PA	APHEXDA	2	SP; PA
PROMACTA PACK	NP	SP; PA	HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
PROMACTA TABS 12.5 MG, 25 MG	2	QL(1 ea daily); SP; MP; PA	Hemostatics - Systemic		
PROMACTA TABS 50 MG, 75 MG	2	SP; MP; PA	AMICAR SOLN OR (<i>aminocaproic acid</i>)	NF	SP
REBLOZYL	CO		AMICAR TABS 500 MG (<i>aminocaproic acid</i>)	NF	QL(24 ea per fill retail); SP
RELEUKO SOLN	NP	SP; PA			
RELEUKO SOSY	NP	SP; PA			
RETACRIT	2	SP; PA			
ROLVEDON	NP	SP; PA			
STIMUFEND	NP	SP; PA			
UDENYCA ONBODY SOSY	NP	SP; PA			
UDENYCA SOAJ	NP	SP; PA			
UDENYCA SOSY	NP	SP; PA			

Drug Name	Drug Tier	Requirements/Limits
AMICAR TABS 1000 MG (aminocaproic acid)	NF	SP
aminocaproic acid SOLN IV 250 MG/ML	1	SP; PA
aminocaproic acid SOLN OR 0.25 GM/ML	1	SP
aminocaproic acid TABS 1000 MG	1	SP
aminocaproic acid TABS 500 MG	1	QL(24 ea per fill retail); SP
CYKLOKAPRON SOLN (tranexamic acid)	2	PA
LYSTEDA TABS (tranexamic acid)	NF	QL(30 ea per 5 day(s) retail); AL(At least 12 yrs old)
TRANEXAMIC ACID/SODIUM CHLORIDE	2	PA
tranexamic acid-sodium chloride	1	PA
tranexamic acid SOLN 1000 MG/10ML	1	PA
tranexamic acid TABS	1	QL(30 ea per 5 day(s) retail); AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
AMYTAL SODIUM	2	PA
NEMBUTAL SODIUM SOLN (pentobarbital sodium)	NF	
pentobarbital sodium SOLN	1	PA
phenobarbital ELIX	1	MP
phenobarbital TABS	1	MP
SEZABY SOLR	2	SP; PA
Hypnotics - Tricyclic Agents		

Drug Name	Drug Tier	Requirements/Limits
doxepin hcl (sleep)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
SILENOR (doxepin hcl (sleep))	NF	SON; QL(20 ea daily); AL(At least 18 yrs old)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (zolpidem tartrate)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
AMBIEN TABS (zolpidem tartrate)	NP	SON; QL(1 ea daily); AL(At least 18 yrs old); PA
DORAL (quazepam)	NF	SON; QL(20 ea daily); AL(At least 18 yrs old)
DORAL (quazepam)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old)
EDLUAR SUBL	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
estazolam	NP	QL(20 ea daily); AL(At least 18 yrs old)
eszopiclone	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
flurazepam hcl	NP	SON; QL(1 ea daily); AL(At least 18 yrs old)
HALCION 0.25 MG (triazolam)	NP	SON; QL(1 ea daily); AL(At least 18 yrs old); PA
LUNESTA (eszopiclone)	NF	SON; QL(20 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
LUNESTA (<i>eszopiclone</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
<i>midazolam hcl SOLN IJ 2 MG/2ML, 5 MG/5ML, 10 MG/2ML</i>	1	QL(200 ml daily)
<i>midazolam hcl SOLN IJ</i>	1	SON; QL(200 ml daily)
<i>midazolam hcl SYRP</i>	NP	SON; QL(200 ml daily)
MIDAZOLAM/SODIUM CHLORIDE 0.9 %-100 MG/100ML, 0.9 %-50 MG/50ML	2	
MIDAZOLAM/SODIUM CHLORIDE (<i>midazolam-sodium chloride</i>)	NP	
<i>midazolam-sodium chloride</i>	1	
MIDAZOLAM SOSY IJ 2 MG/2ML	2	
<i>quazepam</i>	NP	SON; QL(20 ea daily); AL(At least 18 yrs old)
RESTORIL 7.5 MG, 22.5 MG (<i>temazepam</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
RESTORIL 15 MG, 30 MG (<i>temazepam</i>)	NP	SON; QL(1 ea daily); AL(At least 18 yrs old); PA
<i>temazepam 7.5 MG, 22.5 MG</i>	1	SON; QL(20 ea daily); AL(At least 18 yrs old)
<i>temazepam 15 MG, 30 MG</i>	1	SON; QL(1 ea daily); AL(At least 18 yrs old)
<i>triazolam</i>	1	SON; QL(1 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon</i>	NP	QL(1 ea daily); AL(At least 18 yrs old); PA
ZOLPIDEM TARTRATE CAPS	NP	SON; QL(20 ea daily); PA
<i>zolpidem tartrate SUBL</i>	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
<i>zolpidem tartrate TABS</i>	1	SON; QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TBCR</i>	1	SON; QL(20 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TBCR</i>	1	QL(20 ea daily); AL(At least 18 yrs old)
Orexin Receptor Antagonists		
BELSOMRA	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
DAYVIGO	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
QUVIVIQ	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
Selective Melatonin Receptor Agonists		
HETLIOZ LQ SUSP	NP	SON; QL(200 ml daily); AL(At least 18 yrs old); SP; PA
HETLIOZ CAPS (<i>tasimelteon</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); SP; PA
<i>ramelteon</i>	1	SON; QL(20 ea daily); AL(At least 18 yrs old); MP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ramelteon</i>	1	QL(20 ea daily); AL(At least 18 yrs old); MP; PA	<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	NP	
ROZEREM (<i>ramelteon</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); MP; PA	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	
<i>tasimelteon CAPS</i>	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); SP; PA	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
LAXATIVES - Bowel Treatment Drugs			PLENVU	NP	
Bulk Laxatives			<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NP	
EVAC POWD (<i>psyllium</i>)	NF		SUFLAVE	NP	
HYDROCIL INSTANT POWD (<i>psyllium</i>)	NF		SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	NP	
METAMUCIL 4 IN 1 FIBER POWD (<i>psyllium</i>)	NF		SUTAB	NP	
METAMUCIL FREE & NATURAL POWD (<i>psyllium</i>)	NF		Laxatives - Miscellaneous		
METAMUCIL ORIGINAL TEXTURE POWD (<i>psyllium</i>)	NF		<i>glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 80.7 %</i>	1	
METAMUCIL POWD (<i>psyllium</i>)	NF		GLYCERIN ADULT SUPP (<i>glycerin (laxative)</i>)	1	
<i>psyllium POWD 28.3 %, 30 %, 43 %</i>	1		KRISTALOSE PACK	NP	
Laxative Combinations			KRISTALOSE PACK	NP	
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	NP		<i>lactulose SOLN</i>	1	MP
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP		MIRALAX POWD (<i>polyethylene glycol 3350</i>)	NF	QL(34 gm daily)
MOVIPREP (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	NP	PA	<i>polyethylene glycol 3350 POWD</i>	1	QL(34 gm daily)
NULYTELY (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	NF		Saline Laxatives		
			FLEET ENEMA ENEM (<i>sodium phosphates</i>)	NF	
			<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(990 ml per 30 day(s) retail)
			OSMOPREP	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium phosphates ENEM 19 GM/118ML-7 GM/118ML</i>	1	
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	1	QL(12 ea per fill retail)
<i>bisacodyl TBEC</i>	1	QL(1 ea daily)
DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	NF	QL(1 ea daily)
DULCOLAX SUPP (<i>bisacodyl</i>)	NF	QL(12 ea per fill retail)
DULCOLAX TBEC (<i>bisacodyl</i>)	NF	QL(1 ea daily)
<i>sennosides LIQD</i>	1	
<i>sennosides SYRP 8.8 MG/5ML</i>	1	
<i>sennosides TABS 17.2 MG</i>	2	
<i>sennosides TABS 8.6 MG, 15 MG, 25 MG</i>	1	
SENOKOT TABS (<i>sennosides</i>)	2	
SENOKOT TABS (<i>sennosides</i>)	NF	
Surfactant Laxatives		
<i>benzocaine-docusate sodium ENEM</i>	2	
<i>docusate calcium</i>	1	
<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 ea daily)
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	1	
<i>docusate sodium TABS</i>	1	QL(3 ea daily)
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	1	QL(20 ea per fill retail); PA
<i>azithromycin SUSR 200 MG/5ML</i>	1	QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin SUSR 100 MG/5ML</i>	1	QL(30 ml per fill retail)
<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail)
<i>azithromycin TABS 600 MG</i>	1	QL(8 ea per 28 day(s) retail)
<i>azithromycin TABS 500 MG</i>	1	QL(14 ea per fill retail)
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	NP	QL(14 ea per fill retail); PA
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	NP	QL(6 ea per fill retail); PA
ZITHROMAX PACK (<i>azithromycin</i>)	NP	QL(20 ea per fill retail); PA
ZITHROMAX SUSR 200 MG/5ML (<i>azithromycin</i>)	NP	QL(60 ml per fill retail); PA
ZITHROMAX SUSR 100 MG/5ML (<i>azithromycin</i>)	NP	QL(30 ml per fill retail); PA
ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	NP	QL(6 ea per fill retail); PA
ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	NP	QL(14 ea per fill retail); PA
Clarithromycin		
<i>clarithromycin SUSR 250 MG/5ML</i>	1	QL(200 ml per fill retail)
<i>clarithromycin SUSR 125 MG/5ML</i>	1	
<i>clarithromycin TABS</i>	1	QL(28 ea per fill retail)
<i>clarithromycin TB24</i>	NP	QL(14 ea per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NP	PA
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	PA
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	PA
<i>erythromycin base CPEP</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base TABS</i>	NP		COVRSITE COVER DRESSING PADS	2	RX/OTC
<i>erythromycin base TBEC 500 MG</i>	2		COVRSITE PLUS COMPOSITE DRESSING PADS	2	RX/OTC
<i>erythromycin base TBEC</i>	1		CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	2	RX/OTC
<i>erythromycin ethylsuccinate SUSR 400 MG/5ML</i>	NP	PA	CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	2	RX/OTC
<i>erythromycin ethylsuccinate SUSR 200 MG/5ML</i>	1		CURITY ALL PURPOSE SPONGES 4"X4" PADS	2	RX/OTC
<i>erythromycin ethylsuccinate TABS</i>	NP	PA	CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS	2	RX/OTC
<i>erythromycin ethylsuccinate TABS</i>	1		CURITY COVER SPONGE 4"X4" PADS	2	RX/OTC
<i>erythromycin stearate TABS 250 MG</i>	NP		CURITY COVER SPONGES 4"X4" PADS	2	RX/OTC
Fidaxomicin			CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
DIFICID SUSR	NP	PA	CURITY GAUZE PADS 4"X4" 12 PLY PADS	2	RX/OTC
DIFICID TABS	NP		CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	2	RX/OTC
MEDICAL DEVICES AND SUPPLIES			CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	2	RX/OTC
Bandages-Dressings-Tape			CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	2	RX/OTC
AMD FOAM DRESSING 4"X4" PADS	2	RX/OTC	CURITY GAUZE SPONGE 4"X4"16 PLY PADS	2	RX/OTC
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	2	RX/OTC	CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	2	RX/OTC
BAND-AID GAUZE PADS LARGE 4" X 4" PADS	2	RX/OTC			
BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	2	RX/OTC			
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	2	RX/OTC			
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	2	RX/OTC			
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	2	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	2	RX/OTC	EQ GAUZE PADS 4"X4" PADS	2	RX/OTC
CURITY SPONGES/CELLULOSEFILLED/4"X4" PADS	2	RX/OTC	EQL GAUZE PADS 4"X4"/LARGE PADS	2	RX/OTC
CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	2	RX/OTC	EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
CVS GAUZE PADS STERILE 4"X4" PADS	2	RX/OTC	EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
DERMACEA DRAIN SPONGES 4"X4" PADS	2	RX/OTC	EXCILON DRAIN SPONGE 4"X4" PADS	2	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	2	RX/OTC	EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS	2	RX/OTC	GAUZE DRESSING 4"X4" PADS	2	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS	2	RX/OTC	GAUZE PADS 4"X4" PADS	2	RX/OTC
DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	2	RX/OTC	GAUZE PADS PADS	2	RX/OTC
DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	2	RX/OTC	HM STERILE PADS PADS	2	RX/OTC
DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC	HYDROCELL ADHESIVE DRESSING 4"X4" PADS	2	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS	2	RX/OTC	HYDROCELL DRESSING 4"X4" PADS	2	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	2	RX/OTC	J & J GAUZE 4"X4" 12 PLY PADS	2	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	2	RX/OTC	J & J GAUZE 4"X4" 8 PLY PADS	2	RX/OTC
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	2	RX/OTC	J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	2	RX/OTC
DRYMAX EXTRA PADS	2	RX/OTC	J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	2	RX/OTC
			J & J GAUZE SPONGES 8-PLY 4" X 4" MISC	2	RX/OTC
			KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	2	RX/OTC
			KERLIX SPONGES 4" X 4" 12 PLY PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
KERLIX SPONGES 4" X 4" 16 PLY PADS	2	RX/OTC
MIRASORB SPONGES 4" X 4" MISC	2	RX/OTC
NU GAUZE 4PLY 4"X4" PADS	2	RX/OTC
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	2	RX/OTC
POLYMEM NON-ADHESIVE PAD PADS	2	RX/OTC
QC ALL PURPOSE DRESSINGS4"X4" PADS	2	RX/OTC
QC STERILE PADS PADS	2	RX/OTC
RA STERILE PADS 4"X4" PADS	2	RX/OTC
RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC	2	RX/OTC
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	2	RX/OTC
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	2	RX/OTC
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	2	RX/OTC
SILIGENTLE SILICONE FOAMDRESSING/BORDE RED PADS	2	RX/OTC
SILIGENTLE SILICONE FOAMDRESSING/NON-BORDERED PADS	2	RX/OTC
SM GAUZE PADS 4"X4" PADS	2	RX/OTC
SM STERILE PADS PADS	2	RX/OTC
SOF-WICK 4"X4" PADS	2	RX/OTC
STERILE PADS 4"X4" PADS	2	RX/OTC
TEGADERM FOAM DRESSING 4"X4" PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TOPPER DRESSING SPONGES 4"X4" MISC	2	RX/OTC
Contraceptives		
KIMONO MICRO THIN MISC	2	
TRUSTEX NON-LUBRICATED MISC	2	
TRUSTEX/RIA NON-LUBRICATED MISC	2	
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
ADJUSTABLE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
ADVANCED MOBILE LANCET 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
ADVOCATE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
AGAMATRIX ULTRA-THIN LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
AUTO-LANCET MINI MISC	2	QL(1 ea per 180 day(s) retail)
AUTO-LANCET MISC	2	QL(1 ea per 180 day(s) retail)
AUTOLET IMPRESSION LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
AUTOLET MINI MISC	2	QL(1 ea per 180 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AUTOLET PLUS MISC	2	QL(1 ea per 180 day(s) retail)	CVS LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
CARDIOCOM LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	DIATHRIVE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
CAREONE ADVANCED LANCINGDEVICE MISC	2	QL(1 ea per 180 day(s) retail)	DROPLET GENTEEL LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
CAREONE LANCET SUPER THIN/30G	2	200 / month; QL(6.67 ea daily); RX/OTC	DROPLET LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
CARETOUCH LANCING DEVICewith EJECTOR MISC	2	QL(1 ea per 180 day(s) retail)	DROPLET LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
CARETOUCH TWIST LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	DRUG MART ADJUSTABLE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
CARETOUCH TWIST LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	DRUG MART UNILET LANCETSSUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
CARETOUCH TWIST LANCETS MULTI COLOR/30G	2	200 / month; QL(6.67 ea daily); RX/OTC	DRUG MART UNILET LANCETSULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
CHOSEN LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	DRUG MART UNILET MICRO THIN LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
COMFORT ASSURED LANCETS SUPER THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY MINI EJECT LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
COMFORT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY MINI LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
CVS LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 26G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS MICRO-THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 28G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS THIN 26G	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 ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS ULTRA-THIN 30G	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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCETS 32G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC	FREDS PHARMACY AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
EASY TOUCH LANCETS 32G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 33G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCING DEVICE/EJECTOR MISC	2	QL(1 ea per 180 day(s) retail)	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	2	QL(1 ea per 14 day(s) retail); 1 max fill(s) per 30 day(s) retail; PA
EMBRACE LANCING DEVICE WITH EJECTOR MISC	2	QL(1 ea per 180 day(s) retail)	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	2	QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); PA
EQL COLOR LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	2	QL(1 ea per fill retail; 1 ea per 365 day(s) retail); 1 max fill(s) per 30 day(s) retail; PA
E-Z JECT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	2	QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); PA
E-Z JECT LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	2	QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); PA
E-Z JECT LANCETS COLOR	2	200 / month; QL(6.67 ea daily); RX/OTC	GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	2	QL(1 ea per 180 day(s) retail)
E-Z JECT LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	2	QL(1 ea per 180 day(s) retail)
E-Z JECT LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	2	QL(1 ea per 180 day(s) retail)
E-ZJECT LANCETS MICRO-THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC			
EZ-LETS LANCETS 26G SUPER-SOFT	2	200 / month; QL(6.67 ea daily); RX/OTC			
FORA LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC			
FORA LANCING DEVICE/CLEARCAP MISC	2	QL(1 ea per 180 day(s) retail)			
FORA LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	2	QL(1 ea per 180 day(s) retail)	H-E-B INCONTROL LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	2	QL(1 ea per 180 day(s) retail)	H-E-B INCONTROL LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
GLOBAL LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	IN TOUCH LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
GNP LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	KROGER AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
GNP LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	KROGER HEALTHPRO TWIST LANCETS/26G	2	200 / month; QL(6.67 ea daily); RX/OTC
GNP LANCING SYSTEM DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	KROGER LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
GNP STERILE LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	KROGER LANCETS MICRO THIN33G	2	200 / month; QL(6.67 ea daily); RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	2	QL(1 ea per 180 day(s) retail)	KROGER LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
GOJJI STERILE LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	KROGER LANCETS ULTRATHIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC
GOODSENSE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	KROGER LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
HEALTH CARE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	LANCET DEVICE ADJUSTABLE MISC	2	QL(1 ea per 180 day(s) retail)
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	LANCET DEVICE WITH EJECTOR MISC	2	QL(1 ea per 180 day(s) retail)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
H-E-B INCONTROL LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
			LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	NOVA SUREFLEX LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
LANZO MISC	2	QL(1 ea per 180 day(s) retail)	NOVA SUREFLEX LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
LEADER ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
LIBERTY MINI LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	ONETOUCH DELICA PLUS LANCETS FINE 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
LITE TOUCH LANCING PEN MISC	2	QL(1 ea per 180 day(s) retail)	ONETOUCH DELICA PLUS LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
LIVE BETTER ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	ONETOUCH DELICA SAFETY LANCING DEVICE	2	200 / month; QL(6.67 ea daily); RX/OTC
LIVE BETTER LANCET ULTRATHIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	ONETOUCH DELICA SAFETY LANCING DEVICE 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
LONGS LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC	2	QL(1 ea per 180 day(s) retail)
MEIJER LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	PC LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
MEIJER LANCETS UNIVERSAL33G	2	200 / month; QL(6.67 ea daily); RX/OTC	PREFERRED PLUS LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
MEIJER SUPER THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	PREFERRED PLUS LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
MICROLET NEXT MISC	2	QL(1 ea per 180 day(s) retail)	PRODIGY LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
MINI LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	PRODIGY TWIST TOP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
MM LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	PX ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
MONOLET LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	PX LANCET AUTO INJECTOR MISC	2	QL(1 ea per 180 day(s) retail)
MULTI-LANCET DEVICE MISC	2	QL(1 ea per 180 day(s) retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PX LANCETS ULTRA THIN	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
QC ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	RELION ULTRA THIN LANCETS30G	2	200 / month; QL(6.67 ea daily); RX/OTC
QC LANCETS SUPER THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	RELION ULTRA THIN PLUS LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
QC UNILET LANCETS 28G/ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	REXALL LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
QC UNILET LANCETS 33G/MICRO THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	RIGHTEST GD500 LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
RA E-ZJECT LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	RIGHTEST GL300 LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
RA E-ZJECT LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	SELECT-LITE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
RA E-ZJECT LANCETS THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	SHOPKO AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
RA E-ZJECT LANCETS ULTRATHIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	SHOPKO UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION 2-IN-1 LANCET DEVICES 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	SHOPKO UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION 2-IN-1 LANCING DEVICE 25G	2	200 / month; QL(6.67 ea daily); RX/OTC	SIMPLE DIAGNOSTICS LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
RELION 2-IN-1 LANCING DEVICE 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	SM MICRO THIN LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION LANCETS MICRO-THIN33G	2	200 / month; QL(6.67 ea daily); RX/OTC	SM TRUEDRAW LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
RELION LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	SMART DIABETES VANTAGE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
RELION LANCETS ULTRA-THIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC	SMART SENSE COLOR LANCETS UNIVERSAL 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	2	QL(1 ea per 90 day(s) retail)
SMART SENSE THIN LANCETSUNIVERSAL 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	2	QL(1 ea per 90 day(s) retail)
SOLUS V2 LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	TRUEDRAW LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
STERILANCE TL	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
SURE COMFORT LANCING PEN MISC	2	QL(1 ea per 180 day(s) retail)	TRUEPLUS LANCETS 28G SUPER THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
TECHLITE LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 30G ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
TECHLITE LANCETS 26G	2	200/month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 33G	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	ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	2	QL(1 ea per 180 day(s) retail)
TGT LANCET THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	ULILET CLASSIC LANCETS	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 COMFORTOUCH LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC
TGT LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	UNILET EXCELITE	2	200 / month; QL(6.67 ea daily); RX/OTC
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	UNILET EXCELITE II	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	2	QL(1 ea per 90 day(s) retail)	UNILET G.P. SUPERLITE LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	2	QL(1 ea per 90 day(s) retail)	UNILET GP 28 ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	2		UNILET LANCETS MICRO-THIN33G	2	200 / month; QL(6.67 ea daily); RX/OTC
			UNILET LANCETS SUPER-THIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNILET LANCETS ULTRA-THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	CVS ALCOHOL PREP PADS	2	RX/OTC
UNIVERSAL 1 LANCETS THIN26G	2	200 / month; QL(6.67 ea daily); RX/OTC	CVS PREP PADS	2	RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	DROPSAFE ALCOHOL PREP PADS	2	RX/OTC
VALUE PLUS LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	EASY TOUCH ALCOHOL PREP PADS/MEDIUM	2	RX/OTC
VALUMARK LANCET SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	FIFTY50 ALCOHOL PREP PADS	2	RX/OTC
VALUMARK LANCET ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	GNP ALCOHOL SWABS	2	RX/OTC
VIDA MIA AUTOLET LANCINGDEVICE MISC	2	QL(1 ea per 180 day(s) retail)	HM STERILE ALCOHOL PREP PADS	2	RX/OTC
VIDA MIA UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	PRO COMFORT ALCOHOL PADS	2	RX/OTC
VIDA MIA UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	RA ALCOHOL SWABS	2	RX/OTC
VIVAGUARD LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	RELION ALCOHOL SWABS	2	RX/OTC
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	2	200 / month; QL(6.67 ea daily); RX/OTC	SM ALCOHOL PREP PADS	2	RX/OTC
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	2	200 / month; QL(6.67 ea daily); RX/OTC	WEBCOL ALCOHOL PREP LARGE 1 PLY	2	RX/OTC
WALGREENS THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	WEBCOL ALCOHOL PREP LARGE 2 PLY	2	RX/OTC
Misc. Devices			WEBCOL ALCOHOL PREP MEDIUM 2 PLY	2	RX/OTC
ALCOHOL PREP PADS	2	RX/OTC	Parenteral Therapy Supplies		
ALCOHOL SWABS	2	RX/OTC	1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	2	QL(5 ea daily); RX/OTC
BD SWABS SINGLE USE	2	RX/OTC	1ST TIER UNIFINE PENTIPS29GX12MM	2	QL(5 ea daily); RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	2	RX/OTC	1ST TIER UNIFINE PENTIPS31GX6MM	2	QL(5 ea daily); RX/OTC
			1ST TIER UNIFINE PENTIPS31GX8MM	2	QL(5 ea daily); RX/OTC
			1ST TIER UNIFINE PENTIPS32GX4MM	2	QL(5 ea daily); RX/OTC
			1ST TIER UNIFINE PENTIPS32GX6MM	2	QL(5 ea daily)
			1ST TIER UNIFINE PENTIPS33GX4MM	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	2	QL(5 ea daily); RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	2	QL(5 ea daily); RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	2	QL(5 ea daily)	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/MINI/31G X5MM	2	QL(5 ea daily); RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL /29GX12MM	2	QL(5 ea daily); RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	2	QL(5 ea daily); RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
2-3ML SYRINGE/LUER LOCK TIP	2	RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
2-3ML SYRINGE/LUER SLIP TIP	2	RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
3ML LUER LOCK SAFETY SYRINGES	2	RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLE 32GX 5/32"	2	QL(5 ea daily); RX/OTC	AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 30GX 5/16"	2	QL(5 ea daily)	AQ INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 3/16"	2	QL(5 ea daily); RX/OTC	AQ INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16"	2	QL(5 ea daily); RX/OTC	AQINJECT PEN NEEDLE/31G X 3/16"	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLE/32GX4MM	2	QL(5 ea daily); RX/OTC	AQINJECT PEN NEEDLE/32G X 5/32"	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES	2	QL(5 ea daily)	ASSURE ID DUO PRO SAFETYPEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	2	QL(5 ea daily)	ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	2	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC			
ADVOCATE INSULIN PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AUM INSULIN SAFETY PEN NEEDLE/31GX4MM	2	QL(5 ea daily)	BD BLUNT FILL NEEDLE/18GX 1-1/2"	2	RX/OTC
AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	2	QL(5 ea daily); RX/OTC	BD ECLIPSE 18G X 1-1/2"	2	RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX4MM	2	QL(5 ea daily); RX/OTC	BD ECLIPSE NEEDLE/18G X 1-1/2"	2	RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX5MM	2	QL(5 ea daily); RX/OTC	BD HYPODERMIC NEEDLE REGULAR BEVEL THIN WALL 18G X 1-1/2"	2	RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX6MM	2	QL(5 ea daily)	BD HYPODERMIC NEEDLES 18GX1.5"	2	RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX8MM	2	QL(5 ea daily)	BD INSULIN SYRINGE LUER-LOK/U-100/1ML	2	QL(5 ea daily); RX/OTC
AUM MINI INSULIN PEN NEEDLE/33GX4MM	2	QL(5 ea daily)	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
AUM PEN NEEDLE/32GX4MM	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	2	QL(5 ea daily)
AUM PEN NEEDLE/32GX5MM	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
AUM PEN NEEDLE/32GX6MM	2	QL(5 ea daily)	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	2	QL(5 ea daily); RX/OTC
AUM PEN NEEDLE/33GX4MM	2	QL(5 ea daily)	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
AUM READYGARD DUO SAFETY PEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
AUM SAFETY PEN NEEDLE/31G X 4MM	2	QL(5 ea daily)	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
AUM SAFETY PEN NEEDLE/31G X 5MM	2	QL(5 ea daily); RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X6MM	2	QL(5 ea daily); RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X8MM	2	QL(5 ea daily); RX/OTC			
AURORA UNIFINE PENTIPS/32GX5/32"	2	QL(5 ea daily); RX/OTC			
AURORA UNIFINE PENTIPS/MINI/31GX3/16"	2	QL(5 ea daily); RX/OTC			
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	2	QL(5 ea daily)	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	2	QL(5 ea daily)	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	2	QL(5 ea daily)	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE/1ML/27G X 12.7MM	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE/1ML/29G X 12.7MM	2	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(5 ea daily); RX/OTC	BD LUER-LOK SYRINGE/3ML	2	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	BD NEEDLE BLUNT 5 MICRONFILTER/18G X 1-1/2"	2	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	2	QL(5 ea daily); RX/OTC	BD NEEDLE/18G 1-1/2"	2	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	2	QL(5 ea daily); RX/OTC	BD NOKOR NEEDLE ADMIX THIN WALL/18G X 1-1/2"	2	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	2	QL(5 ea daily); RX/OTC	BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(5 ea daily); RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	QL(5 ea daily); RX/OTC
			BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(5 ea daily)	CAREFINE PEN NEEDLES 32GX5MM	2	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	QL(5 ea daily); RX/OTC	CAREFINE PEN NEEDLES 32GX6MM	2	QL(5 ea daily)
BD PLASTIPAK 3ML SYRINGE/LUER-LOK	2	RX/OTC	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	2	QL(5 ea daily)
BD SAFETYGLIDE HYPODERMICNEEDLE 18G X 1-1/2"	2	RX/OTC	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	CAREONE INSULIN SYRINGES/1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	CAREONE UNIFINE PENTIPS 29GX12MM	2	QL(5 ea daily); RX/OTC
BD SLIP TIP SYRINGE/3ML	2	RX/OTC	CAREONE UNIFINE PENTIPS 31GX5MM	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLE 32GX4MM	2	QL(5 ea daily); RX/OTC	CAREONE UNIFINE PENTIPS 31GX6MM	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2"	2	QL(5 ea daily); RX/OTC	CAREONE UNIFINE PENTIPS 31GX8MM	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 30GX5/16"	2	QL(5 ea daily)	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC
			CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 32GX 4MM	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 32GX 5MM	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32"	2	QL(5 ea daily)	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
CAREPOINT PRECISION POLYHUB NEEDLE/18GX1-1/2"	2	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	2	QL(5 ea daily)
CAREPOINT PRECISION SYRINGE/LUER LOCK/3ML	2	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
CARETOUCH HYPODERMIC NEEDLE/18GX1-1/2"	2	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	2	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
CARETOUCH LUER LOCK SYRINGE/3ML	2	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLE 29GX1/2"	2	QL(5 ea daily); RX/OTC			
CARETOUCH PEN NEEDLE 33GX5/32"	2	QL(5 ea daily)			
CARETOUCH PEN NEEDLES 31G X 6 MM	2	QL(5 ea daily); RX/OTC			
CARETOUCH PEN NEEDLES 31GX 5MM	2	QL(5 ea daily); RX/OTC			
CARETOUCH PEN NEEDLES 31GX 8MM	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLE 32GX5/32"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLES 31G X 1/4"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLES 31G X 3/16"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLES 31G X 5/16"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLES 32G X 5/32"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLES/31GX1/4"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	2	QL(5 ea daily); RX/OTC	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	2	QL(5 ea daily)	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
			COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
			COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
			COMFORT EZ MICRO/32G X 4MM	2	QL(5 ea daily); RX/OTC
			COMFORT EZ PRO SAFETY PEN NEEDLES 30G X 8MM	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM	2	QL(5 ea daily)	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
COMFORT EZ SHORT/31G X 8MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	2	QL(5 ea daily); RX/OTC
COMFORT EZ/31G X 5MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)
COMFORT EZ/31G X 6MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 4MM	2	QL(5 ea daily)	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 5MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 6 MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 8 MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 4MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 5MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 6MM	2	QL(5 ea daily)	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 8MM	2	QL(5 ea daily)	DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/33G X 5/32"	2	QL(5 ea daily)	DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
DIATHRIVE PEN NEEDLE/31 G X 6MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
DIATHRIVE PEN NEEDLE/31 GX 8MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
DIATHRIVE PEN NEEDLE/31GX 5MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
DIATHRIVE PEN NEEDLE/32GX 4MM	2	QL(5 ea daily); RX/OTC			
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 29G X1/2"	2	QL(5 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	DROPSAFE SAFETY PEN NEEDLE/31GX5MM	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 30G X 5/16"	2	QL(5 ea daily)	DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31G X3/16"	2	QL(5 ea daily); RX/OTC	DROPSAFE SAFETY PEN NEEDLES/31G X 1/4"	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31G X5/16"	2	QL(5 ea daily); RX/OTC	DRUG MART UNIFINE PENTIPS 31GX5MM	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	DRUG MART UNIFINE PENTIPS29G X 12MM	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	DRUG MART UNIFINE PENTIPS31GX6MM	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	DRUG MART UNIFINE PENTIPS31GX8MM	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 1/4"	2	QL(5 ea daily)	DRUG MART UNIFINE PENTIPS32GX4MM	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 3/16"	2	QL(5 ea daily); RX/OTC	DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/16"	2	QL(5 ea daily)	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/32"	2	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM	2	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX6MM	2	QL(5 ea daily)			
DROPLET PEN NEEDLES 32GX8MM	2	QL(5 ea daily)			
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	2	QL(5 ea daily); RX/OTC			
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX1/4"	2	QL(5 ea daily); RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 18GX1-1/2"	2	RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16"	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16"	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32"	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES33G X 4MM	2	QL(5 ea daily)	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
EASY COMFORT SAFETY PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
EASY COMFORT SAFETY PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY COMFORT SAFETY PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
EASY GLIDE PEN NEEDLES 33G X 5/32"	2	QL(5 ea daily)	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY GLIDE SYRINGE/LUER LLOCK/3ML	2	RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX5MM	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)
EASY TOUCH 32GX6MM	2	QL(5 ea daily)	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 18GX1-1/2"	2	RX/OTC			
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	EASY TOUCH PEN NEEDLES/31G X 3/16"	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	2	QL(5 ea daily); RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	2	QL(5 ea daily)	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	EASYPPOINT NEEDLE/18G X 1-1/2"	2	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	EMBRACE PEN NEEDLES/29G X 12MM	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	EMBRACE PEN NEEDLES/30G X 8MM	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	EMBRACE PEN NEEDLES/31G X 5MM	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLE 30G X 5/16"	2	QL(5 ea daily)	EMBRACE PEN NEEDLES/31G X 6MM	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 29GX1/2"	2	QL(5 ea daily); RX/OTC	EMBRACE PEN NEEDLES/31G X 8MM	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC	EMBRACE PEN NEEDLES/32G X 4MM	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC	EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4"	2	QL(5 ea daily)	EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX3/16"	2	QL(5 ea daily); RX/OTC	EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	2	QL(5 ea daily); RX/OTC
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	2	QL(5 ea daily)	FIFTY50 PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	2	QL(5 ea daily); RX/OTC	FIFTY50 PEN NEEDLES/31GX8MM	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC	FIFTY50 PEN NEEDLES/32GX4MM	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC	FIFTY50 PEN NEEDLES/32GX6MM	2	QL(5 ea daily)
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
			FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	2	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGES/1/2ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGES/1ML/28GX1/2"	2	QL(5 ea daily); RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGES/1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGES/1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGES/3ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP ULTICARE PEN NEEDLES/31GX5/16"	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP ULTICARE PEN NEEDLES/32GX 5/32"	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	GNP ULTICARE PEN NEEDLES/32GX1/4"	2	QL(5 ea daily)
GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	GNP ULTICARE PEN NEEDLES31G X 5MM	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	2	QL(5 ea daily)
GNP INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/0.3ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	2	QL(5 ea daily); RX/OTC
			GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	2	QL(5 ea daily); RX/OTC	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	2	QL(5 ea daily)	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	2	QL(5 ea daily); RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	2	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	2	QL(5 ea daily); RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4"	2	QL(5 ea daily); RX/OTC
HEALTHWISE PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	2	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	2	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	2	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	2	QL(5 ea daily)	INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
HM ULTICARE SHORT PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
HYPODERMIC NEEDLE 18G X 1-1/2"	2	RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
HYPODERMIC NEEDLES 18GX1-1/2"	2	RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/27G X 1/2"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	INSUPEN ULTRAFIN 31GX8MM	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/27GX1/2"	2	QL(5 ea daily); RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/28GX1/2"	2	QL(5 ea daily); RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	KMART VALU PLUS INSULIN SYRINGE/1ML/29G	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	KMART VALU PLUS INSULIN SYRINGE/1ML/30G	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/27GX1/2"	2	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/28GX1/2"	2	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/30GX1/2"	2	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
INSUPEN 29G X 12MM	2	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
INSUPEN 31G X 5MM	2	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
INSUPEN 31G X 8MM	2	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
INSUPEN 32G X 4MM	2	QL(5 ea daily); RX/OTC			
INSUPEN 33GX4MM	2	QL(5 ea daily)			
INSUPEN PEN NEEDLES 32G X4MM	2	QL(5 ea daily); RX/OTC			
INSUPEN SENSITIVE 32GX6MM	2	QL(5 ea daily)			
INSUPEN SENSITIVE 32GX8MM	2	QL(5 ea daily)			
INSUPEN ULTRAFIN 30GX8MM	2	QL(5 ea daily)			
INSUPEN ULTRAFIN 31GX6MM	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 29G X12MM	2	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31G X8MM	2	QL(5 ea daily); RX/OTC	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X1/4"	2	QL(5 ea daily); RX/OTC	LEADER UNIFINE PENTIPS/MINI/31GX3/16"	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X3/16"	2	QL(5 ea daily); RX/OTC	LEADER UNIFINE PENTIPS/NANO/32GX5/32"	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X5/16"	2	QL(5 ea daily); RX/OTC	LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/32G X5/32"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/33G X5/32"	2	QL(5 ea daily)	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	MARATHON MEDICAL PENTIPS29GX12MM	2	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 29GX12.7MM	2	QL(5 ea daily)	MARATHON MEDICAL PENTIPS31GX5MM	2	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC	MARATHON MEDICAL PENTIPS31GX8MM	2	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	2	QL(5 ea daily); RX/OTC	MARATHON MEDICAL PENTIPS32GX4MM	2	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM SHORT	2	QL(5 ea daily); RX/OTC	MAXICOMFORT II PEN NEEDLES/31G X 1/4"	2	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16"	2	QL(5 ea daily); RX/OTC	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	2	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 5MM/MINI	2	QL(5 ea daily); RX/OTC	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	2	QL(5 ea daily); RX/OTC
			MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MM PEN NEEDLES 31G X 3/16"	2	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MM PEN NEEDLES 31G X 5/16"	2	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	2	QL(5 ea daily); RX/OTC	MM PEN NEEDLES 32G X 5/32"	2	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC	MONOJECT BLUNTIP SYRINGE/3ML/CANNULA /IV ACCESS	2	RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC	MONOJECT HYPO/ALUM HUB/18G X 1-1/2"	2	RX/OTC
MEIJER PEN NEEDLES 29G X12MM	2	QL(5 ea daily); RX/OTC	MONOJECT HYPO/ALUM HUB/LUER LOCK/SHORT BEVEL/18G X 1-1/2"	2	RX/OTC
MEIJER PEN NEEDLES 31G X6MM	2	QL(5 ea daily); RX/OTC	MONOJECT HYPO/POLYPROPYLENE HUB/18G X 1-1/2"	2	RX/OTC
MEIJER PEN NEEDLES 31G X8MM	2	QL(5 ea daily); RX/OTC	MONOJECT HYPO/POLYPROPYLENE HUB/LL/SHORT BEVEL/18G X 1-1/2"	2	RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM	2	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/1ML	2	QL(5 ea daily); RX/OTC
MICRODOT PEN NEEDLE/32G X 4 MM	2	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
MICRODOT PEN NEEDLE/33G X 4 MM	2	QL(5 ea daily)	MONOJECT INSULIN SYRINGE/1ML	2	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC			
MM PEN NEEDLES 31G X 1/4"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	MONOJECT SYRINGE/LUER-LOCK TIP/3ML	2	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	MONOJECT SYRINGE/REG LUER/3ML	2	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	MONOJECT SYRINGE/REGULARTIP/ 3ML	2	RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1M L/27G X 1/2"	2	QL(5 ea daily); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML	2	QL(5 ea daily); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
MONOJECT MAGELLAN SAFETYNEEDLE 18GX1-1/2"	2	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
MONOJECT PHARMACY TRAY/LUER LOCK/3ML	2	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE/18GX1-1/2"	2	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML	2	RX/OTC	MS INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	PEN NEEDLES 31GX8MM (5/16")	2	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	2	QL(5 ea daily)	PEN NEEDLES 32G X 5MM	2	QL(5 ea daily); RX/OTC
NOVOFINE PEN NEEDLE 32G X 6MM	2	QL(5 ea daily)	PEN NEEDLES 32G X 6MM	2	QL(5 ea daily)
NOVOFINE PLUS PEN NEEDLE 32G X 4MM	2	QL(5 ea daily); RX/OTC	PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 29G X 1/2"	2	QL(5 ea daily); RX/OTC	PEN NEEDLES 33G X 5/32"	2	QL(5 ea daily)
PC UNIFINE PENTIPS 31G X 5MM MINI	2	QL(5 ea daily); RX/OTC	PEN NEEDLES/29G X 1/2"	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	2	QL(5 ea daily); RX/OTC	PEN NEEDLES/31G X 1/4"	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X 8MM SHORT	2	QL(5 ea daily); RX/OTC	PEN NEEDLES/31G X 3/16"	2	QL(5 ea daily); RX/OTC
PEN NEEDLES	2	QL(5 ea daily)	PEN NEEDLES/31G X 5/16"	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	PEN NEEDLES/31G X 6MM	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX8MM	2	QL(5 ea daily)	PEN NEEDLES/32G X 5/32"	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 3/16"	2	QL(5 ea daily); RX/OTC	PENTIPS 29G X 12MM	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC	PENTIPS 29GX12MM	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC	PENTIPS 31G X 5MM	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC	PENTIPS 31G X 8MM	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC	PENTIPS 31GX5MM	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	PENTIPS 31GX6MM	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX6MM (1/4")	2	QL(5 ea daily); RX/OTC	PENTIPS 31GX8MM	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	PENTIPS 32G X 4MM	2	QL(5 ea daily); RX/OTC
			PENTIPS 32GX4MM	2	QL(5 ea daily); RX/OTC
			PENTIPS 32GX6MM	2	QL(5 ea daily)
			PIP PEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PIP PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	2	QL(5 ea daily); RX/OTC
POLY HUB NEEDLE/18G X 1-1-1/2"	2	RX/OTC	PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	PREVENT SAFETY PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	PREVENT SAFETY PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	2	QL(5 ea daily); RX/OTC	PRO COMFORT PEN NEEDLES/31G X 8MM	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	2	QL(5 ea daily); RX/OTC	PRO COMFORT PEN NEEDLES/32G X 4MM	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	2	QL(5 ea daily); RX/OTC	PRO COMFORT PEN NEEDLES/32G X 5MM	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	2	QL(5 ea daily); RX/OTC	PRO COMFORT PEN NEEDLES/32G X 6MM	2	QL(5 ea daily)
			PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	RA INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE 32G X6MM	2	QL(5 ea daily)	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE 32G X8MM	2	QL(5 ea daily)	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE/32G X 5MM	2	QL(5 ea daily); RX/OTC	RA PEN NEEDLES 31G X 5MM3/16"	2	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE/32G X4MM	2	QL(5 ea daily); RX/OTC	RA PEN NEEDLES 31G X 8MM5/16"	2	QL(5 ea daily); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	2	QL(5 ea daily); RX/OTC	RAYA SURE PEN NEEDLE 29GX 12MM	2	QL(5 ea daily); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM	2	QL(5 ea daily); RX/OTC	RAYA SURE PEN NEEDLE 31GX 4MM	2	QL(5 ea daily)
PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	2	QL(5 ea daily); RX/OTC	RAYA SURE PEN NEEDLE 31GX 5MM	2	QL(5 ea daily); RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	RAYA SURE PEN NEEDLE 31GX 6MM	2	QL(5 ea daily); RX/OTC
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	RAYA SURE PEN NEEDLE 31GX 8MM	2	QL(5 ea daily); RX/OTC
PX MINI PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 29GX12MM	2	QL(5 ea daily); RX/OTC	REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 31GX8MM	2	QL(5 ea daily); RX/OTC	REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM	2	QL(5 ea daily); RX/OTC	REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 29G X 12MM	2	QL(5 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
QC UNIFINE PENTIPS 32GX4MM	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
RELION MINI PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31G X6MM	2	QL(5 ea daily); RX/OTC	SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31G X8MM	2	QL(5 ea daily); RX/OTC	SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC	SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	2	QL(5 ea daily)
RELION PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32G X4MM	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5M M	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32G X5/32"	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES/31G X1/4"	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMO VR/32GX4MM	2	QL(5 ea daily); RX/OTC
RELION SHORT PEN NEEDLES31GX8MM	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29 GX12MM	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	2	QL(5 ea daily); RX/OTC			
SAFETY INSULIN SYRINGES 1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC			
SAFETY INSULIN SYRINGES 1ML/30GX1/2"	2	QL(5 ea daily); RX/OTC			
SAFETY PEN NEEDLES/30G X5/16"	2	QL(5 ea daily)			
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOV/31GX8MM	2	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	2	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES30GX5/16" SHORT	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16	2	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES32GX5/32"	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES32GX6MM	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML	2	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16	2	QL(5 ea daily); RX/OTC	SYRINGE/LUER SLIP/3ML	2	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	SYRINGES/LUER LOCK/WITHOUT NEEDLE/3ML	2	RX/OTC
			TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
			TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES 29GX 12 MM	2	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM	2	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 8MM	2	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM	2	QL(5 ea daily)	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
TECHLITE PLUS PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC			
TECHLITE PLUS PEN NEEDLES32G X 4MM	2	QL(5 ea daily); RX/OTC			
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	2	QL(5 ea daily); RX/OTC			
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 5MM	2	QL(5 ea daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 6MM	2	QL(5 ea daily)
TRUE COMFORT PEN NEEDLES31G X 5MM	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO PEN NEEDLES 33G X 4MM	2	QL(5 ea daily)
TRUE COMFORT PEN NEEDLES31G X 6MM	2	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES32G X 4MM	2	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	TRUEPLUS PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	TRUEPLUS PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	TRUEPLUS PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	TRUEPLUS PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	TRUEPLUS PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	2	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
			ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
			ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE MICRO PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE MICRO PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE MICRO PEN NEEDLES/31G X 1/4"	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE MICRO PEN NEEDLES/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE MICRO PEN NEEDLES/32G X 4MM	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE MICRO PEN NEEDLES/32G X 5/32"	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)	ULTICARE MINI PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE MINI PEN NEEDLES ULTI-FINE IV	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE MINI PEN NEEDLES/31G X 6MM	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE MINI PEN NEEDLES/32G X 1/4"	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE MINI PEN NEEDLES31GX6MM	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE PEN NEEDLES 31GX 5MM/MINI	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE PEN NEEDLES/29GX 12.7MM	2	QL(5 ea daily)
			ULTICARE SHORT PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
			ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	2	QL(5 ea daily); RX/OTC
			ULTICARE SHORT PEN NEEDLES/31G X 8MM	2	QL(5 ea daily); RX/OTC
			ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	2	QL(5 ea daily)	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	2	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	2	QL(5 ea daily)	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/SYRINGE/NE EDLE/31G X 5/16"/SHARPS CONTAIN	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	2	QL(5 ea daily); RX/OTC	ULTILET PEN NEEDLE 29GX12.7MM	2	QL(5 ea daily)
ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	2	QL(5 ea daily)	ULTILET PEN NEEDLE 31GX5MM	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM	2	QL(5 ea daily); RX/OTC	ULTILET PEN NEEDLE 31GX8MM	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	2	QL(5 ea daily); RX/OTC	ULTILET PEN NEEDLE 32GX4MM	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	2	QL(5 ea daily); RX/OTC	ULTILET PEN NEEDLE 32GX4MM/SHORT	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	2	QL(5 ea daily); RX/OTC	ULTILET SHORT PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA	2	QL(5 ea daily); RX/OTC	ULTILET SHORT PEN NEEDLES31GX3/16"	2	QL(5 ea daily); RX/OTC
			ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	2	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	2	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 33GX4MM	2	QL(5 ea daily)	ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLES	2	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEELE 31GX8MM	2	QL(5 ea daily); RX/OTC	ULTRA THIN PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	2	QL(5 ea daily)	ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	2	QL(5 ea daily); RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	2	QL(5 ea daily)	ULTRACARE PEN NEEDLES/31G X 1/4"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	ULTRACARE PEN NEEDLES/31G X 3/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	ULTRACARE PEN NEEDLES/31G X 5/16"	2	QL(5 ea daily); RX/OTC
			ULTRACARE PEN NEEDLES/32G X 1/14"	2	QL(5 ea daily)
			ULTRACARE PEN NEEDLES/32G X 3/16"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRACARE PEN NEEDLES/32G X 5/32"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS 31GX6MM	2	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/33G X 5/32"	2	QL(5 ea daily)	UNIFINE PENTIPS 31GX8MM	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS 32GX4MM	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS 32GX6MM	2	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS 33GX4MM	2	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS PLUS 29GX12MM	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS PLUS 31GX5MM	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS PLUS 31GX6MM	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS PLUS 31GX8MM	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS PLUS 32GX4MM	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS PLUS 33GX 5/32"	2	QL(5 ea daily)
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS PLUS 33GX4MM	2	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES 29GX1/2"	2	QL(5 ea daily)	UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 8MM	2	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM	2	QL(5 ea daily); RX/OTC
UNIFINE PEN NEEDLE/32G X4MM	2	QL(5 ea daily); RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 29GX12MM	2	QL(5 ea daily); RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16"	2	QL(5 ea daily)
UNIFINE PENTIPS 31G X 3/16"	2	QL(5 ea daily); RX/OTC	UNIFINE ULTRA PEN NEEDLE/31GX5MM	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM	2	QL(5 ea daily); RX/OTC	UNIFINE ULTRA PEN NEEDLE/31GX6MM	2	QL(5 ea daily); RX/OTC
			UNIFINE ULTRA PEN NEEDLE/31GX8MM	2	QL(5 ea daily); RX/OTC
			UNIFINE ULTRA PEN NEEDLE/32GX4MM	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	2	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	2	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	2	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	2	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 8MM	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE1ML/29G X 12MM	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE1ML/31G X 8MM	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	2	QL(5 ea daily); RX/OTC	VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 5MM	2	QL(5 ea daily); RX/OTC	VERIFINE PLUS PEN NEEDLE/32G X 4MM	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 8MM	2	QL(5 ea daily); RX/OTC	VIDA MIA UNIFINE PENTIPS32GX4MM	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	2	QL(5 ea daily); RX/OTC	VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 6MM	2	QL(5 ea daily)	VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM	2	QL(5 ea daily); RX/OTC	VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM	2	QL(5 ea daily); RX/OTC	VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	2	QL(5 ea daily); RX/OTC	AEROBIKA DEVI	2	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER MINI AEROSOLCHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER MV MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX PEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
ACE AEROSOL CLOUD ENHANCER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
ACTIVITY POUCH MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU MISC	2	QL(2 ea per 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			
ADULT MASK DEVI	2	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 3000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 4000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	2	RX/OTC
AEROECLIPSE EZ TWIST TUBING MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
AEROECLIPSE MASK LARGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
AEROECLIPSE MASK MEDIUM MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE EASE NEBULIZER MASK/CHILD MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
AEROECLIPSE MASK SMALL MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE EASE NEBULIZER MASK/INFANT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
AEROTRACH PLUS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE EASE/LARGE MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	BREATHE EASE/MEDIUM MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE EASE/SMALL MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	2	RX/OTC	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
			BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARETOUCH 2 CPAP HOSE HANGER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
CARETOUCH CPAP MASK WIPES MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	2	QL(1 ml per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	EASIVENT/MASK-LARGE MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
CARETOUCH UNIVERSAL CPAPFILTERS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	EASIVENT/MASK-MEDIUM MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	EASIVENT/MASK-SMALL MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	EASIVENT MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	EASY FLOW 300 MM HOSE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	EASY FLOW 400 MM HOSE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	EASY FLOW AIR NOZZLE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	EASY FLOW BLACK/BLUE DEVI	2	RX/OTC
CO MONITOR DEVI	2	RX/OTC	EASY FLOW BLACK/ORANGE DEVI	2	RX/OTC
			EASY FLOW BLACK/RED DEVI	2	RX/OTC
			EASY FLOW BLACK/WHITE DEVI	2	RX/OTC
			EASY FLOW BLACK/YELLOW DEVI	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY FLOW HEPA FILTER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	FULL KIT NEBULIZER SET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/BLUE DEVI	2	RX/OTC	IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	2	RX/OTC
EASY FLOW WHITE/GREEN DEVI	2	RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	2	RX/OTC
EASY FLOW WHITE/PINK DEVI	2	RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	2	RX/OTC
EASY FLOW WHITE/WHITE DEVI	2	RX/OTC	INNOSPIRE REPLACEMENT FILTER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/YELLOW DEVI	2	RX/OTC	INSPIREASE DRUG DELIVERYSYSTEM MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
EBASE CONTROLLER KIT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	INSPIREASE RESERVOIR BAGS	2	QL(3 ea per 180 day(s) retail)
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 360 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/MEDIUM MASK DEVI	2	QL(2 ea per 360 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/SMALL MASK DEVI	2	QL(2 ea per 360 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 360 day(s) retail); RX/OTC	MASK VORTEX/CHILD/FROG	2	QL(1 ea per 360 day(s) retail); RX/OTC
FILTER AIR PP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	MASK VORTEX/TODDLER/LAD YBUG	2	QL(1 ea per 360 day(s) retail); RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	2	QL(1 ea per 360 day(s) retail); RX/OTC	MICROCHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	2	QL(1 ea per 360 day(s) retail); RX/OTC	MICROCHAMBER MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	2	QL(1 ea per 360 day(s) retail); RX/OTC	MICROSPACER MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
FLEXICHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	MINIELITE FILTER REPLACEMENTS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC			

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	PARI ALTERA NEBULIZER HANDSET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
NEBULIZER CUP/TUBING DEVI	2	RX/OTC	PARI BABY CONVERSION KITSIZE 1 MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
NEBULIZER MASK ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PARI BABY CONVERSION KITSIZE 2 MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
NEBULIZER MASK CHILD MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PARI BABY CONVERSION KITSIZE 3 MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
NOSE CLIP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PARI ERAPID NEBULIZER HANDSET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
OMBRA COMPRESSOR AIR FILTERS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PARI EXPIRATORY FILTER VALVE SET DEVI	2	QL(1 ea per 360 day(s) retail); RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	2	RX/OTC	PARI MANUAL INTERRUPTER DEVI	2	RX/OTC
ONE FLOW FVC MONITORING SPIROMETER DEVI	2	RX/OTC	PARI MASK SET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	PARI SMARTMASK BABY/ELBOW MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	PARI SOFT PLASTIC ADULT MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	PARI SOFT PLASTIC PEDIATRIC MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	PARI TREK S COMBO PACK DEVI	2	RX/OTC
OPTICHAMBER DIAMOND MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	PARI VORTEX ADULT MASK	2	QL(1 ea per 360 day(s) retail); RX/OTC
PANDA MASK LARGE	2	QL(1 ea per 360 day(s) retail); RX/OTC	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PANDA MASK MEDIUM	2	QL(1 ea per 360 day(s) retail); RX/OTC	PEDIATRIC PANDA MASK	2	QL(1 ea per 360 day(s) retail); RX/OTC
PANDA MASK SMALL	2	QL(1 ea per 360 day(s) retail); RX/OTC	PFLEX MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	QUAKE DEVI	2	RX/OTC
PILLOW MASK/ADULT 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
PILLOW MASK/CHILD MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	REPLACEMENT FILTERS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
POCKET CHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
POCKET SPACER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	RITFLO DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	SAMI THE SEAL REPLACEMENTFILTERS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	SIDESTREAM ADULT FACE MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK 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	SIDESTREAM PLUS ADULT FACE MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	2	RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT 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
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
SOOTHENEB NBL 100 CHILD MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	AIMOVIG	2	QL(1 ml per 28 day(s) retail); SP; PA
SOOTHENEB NBL 100 MEDICATION CUP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	AJOVY SOAJ	2	QL(1.5 ml per 28 day(s) retail); SP; PA
SOOTHENEB NBL 100 MESH CAP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	AJOVY SOSY	2	QL(1.5 ml per 28 day(s) retail); SP; PA
SOOTHENEB NBL 100 ADULT MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	EMGALITY SOAJ	2	QL(2 ml per 28 day(s) retail); SP; PA
SPIRO PD DEVI	2	RX/OTC	EMGALITY SOSY 120 MG/ML	2	QL(2 ml per 28 day(s) retail); SP; PA
THRESHOLD IMT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	EMGALITY SOSY 100 MG/ML	2	QL(3 ml per 28 day(s) retail); SP; PA
THRESHOLD PEP DEVI	2	RX/OTC	NURTEC	NP	QL(16 ea per 28 day(s) retail; 16 ea per 28 days mail); PA
TUBING/WING TIP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	QULIPTA	NP	QL(1 ea daily); PA
ULTRA NEB NEBULIZER ACCESSORIES KIT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	UBRELVY	2	QL(16 ea per 30 day(s) retail; 16 ea per 30 days mail); PA
VERSAPAP/UNIVERSAL TUBING DEVI	2	RX/OTC	VYEPTI	NP	QL(3 ml per 84 day(s) retail); SP; PA
VERSAPAP DEVI	2	RX/OTC	ZAVZPRET	NP	PA
VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	Migraine Combinations		
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	CAFERGOT TABS (ergotamine w/ caffeine)	NP	AL(At least 18 yrs old); PA
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	ergotamine w/ caffeine SUPP	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan-naproxen sodium</i>	NP	PA	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old); PA
TREXIMET (<i>sumatriptan-naproxen sodium</i>)	NF		IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old); PA
Migraine Products			IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	PA
D.H.E. 45 SOLN IJ (<i>dihydroergotamine mesylate</i>)	NF	AL(At least 18 yrs old)	IMITREX TABS (<i>sumatriptan succinate</i>)	NP	QL(9 ea per 30 day(s) retail); AL(At least 12 yrs old); PA
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	AL(At least 18 yrs old); PA	MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	NP	PA
MIGRANAL SOLN NA (<i>dihydroergotamine mesylate</i>)	NP	AL(At least 18 yrs old); PA	MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	NP	QL(12 ea per 30 day(s) retail); AL(At least 6 yrs old); PA
Migraine Products - NSAIDs			<i>naratriptan hcl</i>	1	QL(9 ea per 30 day(s) retail); AL(At least 18 yrs old)
CAMBIA (<i>diclofenac potassium (migraine)</i>)	NF		RELPAX (<i>eletriptan hydrobromide</i>)	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old); PA
<i>diclofenac potassium (migraine)</i>	1	PA	REYVOW	NP	PA
ELYXYB	2	PA	<i>rizatriptan benzoate TABS</i>	1	QL(12 ea per 30 day(s) retail); AL(At least 6 yrs old)
Serotonin Agonists			<i>rizatriptan benzoate TBDP</i>	1	
<i>almotriptan malate</i>	NP	QL(6 ea per 30 day(s) retail)	<i>sumatriptan</i>	1	QL(6 ea per 30 day(s) retail); AL(At least 12 yrs old)
AMERGE (<i>naratriptan hcl</i>)	NF	QL(9 ea per 30 day(s) retail); AL(At least 18 yrs old)	<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	NP	PA
<i>eletriptan hydrobromide</i>	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)	<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	NP	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old); PA
FROVA (<i>frovatriptan succinate</i>)	NP	PA			
<i>frovatriptan succinate</i>	NP				
IMITREX 5 MG/ACT, 20 MG/ACT (<i>sumatriptan</i>)	2	QL(6 ea per 30 day(s) retail); AL(At least 12 yrs old)			
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	PA			

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	NP	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old); PA
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	NP	PA
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	QL(2 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); AL(At least 12 yrs old)
TOSYMRA	NP	PA
ZEMBRACE SYMTOUCH SOAJ	NP	PA
<i>zolmitriptan SOLN 5 MG</i>	NP	AL(At least 12 yrs old)
<i>zolmitriptan TABS</i>	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)
<i>zolmitriptan TBDP</i>	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)
ZOMIG SOLN 2.5 MG	NP	
ZOMIG SOLN (<i>zolmitriptan</i>)	NP	AL(At least 12 yrs old); PA
ZOMIG TABS 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old); PA
ZOMIG TABS 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NF	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)
MINERALS & ELECTROLYTES		
Calcium		
<i>calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 400 UNIT-500 MG, 500 MG-5 MCG</i>	1	
<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG</i>	1	QL(2 ea daily)
<i>calcium carbonate TABS 600 MG</i>	1	
CALTRATE 600+D3 TABS (<i>calcium carbonate-cholecalciferol</i>)	NF	
CALTRATE BONE HEALTH TABS (<i>calcium carbonate-cholecalciferol</i>)	NF	
<i>oyster shell</i>	1	
Fluoride		
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG</i>	1	MP
<i>sodium fluoride SOLN 0.5 MG/ML</i>	1	MP; RX/OTC
<i>sodium fluoride TABS</i>	2	
Phosphate		
K-PHOS NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NP	QL(8 ea daily); MP; PA
K-PHOS TABS (<i>potassium phosphate monobasic</i>)	2	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	QL(8 ea daily); MP
<i>potassium phosphate monobasic TABS</i>	2	
Potassium		
EFFER-K	2	
K-TAB TBCR 20 MEQ (<i>potassium chloride</i>)	NP	
K-TAB TBCR 10 MEQ (<i>potassium chloride</i>)	NP	MP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
K-TAB TBCR 8 MEQ (potassium chloride)	NF	MP	<i>penicillamine</i> TABS	1	PA
POKONZA PACK OR	NP	PA	SYPRINE (<i>trientine hcl</i>)	NP	SP; PA
<i>potassium acetate</i> SOLN 2 MEQ/ML	1	PA	<i>trientine hcl</i> 250 MG	1	SP; PA
POTASSIUM ACETATE SOLN 2 MEQ/ML	1	PA	<i>trientine hcl</i> 500 MG	2	SP; PA
<i>potassium bicarbonate</i> TBEF	NP	MP; PA	Immunomodulators		
<i>potassium chloride</i> <i>microencapsulated</i> <i>crystals er</i>	1	MP	JOENJA	CO	
<i>potassium chloride</i> CPCR	1	MP	<i>lenalidomide</i>	1	SP; PA
<i>potassium chloride</i> PACK OR 20 MEQ	NP	PA	REVLIMID	NP	SP; PA
<i>potassium chloride</i> SOLN OR 20 %	1	MP; PA	REZUROCK	2	SP; PA
<i>potassium chloride</i> SOLN IV 2 MEQ/ML	2	PA	RYSTIGGO	CO	
<i>potassium chloride</i> SOLN OR 10 %	1	MP	THALOMID	2	SP; MP; PA
POTASSIUM CHLORIDE SOLN IV (<i>potassium</i> <i>chloride</i>)	1	PA	VYVGART	CO	
<i>potassium chloride</i> TBCR 20 MEQ	NP		VYVGART HYTRULO	CO	
<i>potassium chloride</i> TBCR 8 MEQ, 10 MEQ	1	MP	Immunosuppressive Agents		
<i>potassium chloride</i> TBCR 8 MEQ	2	MP	ASTAGRAF XL CP24	NP	PA
MISCELLANEOUS THERAPEUTIC CLASSES			<i>azathioprine</i> TABS 75 MG, 100 MG	NP	QL(3 ea daily); MP; PA
Allogeneic Tissue			<i>azathioprine</i> TABS 50 MG	1	MP
RETHYMIC	CO		CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	NP	QL(2 ea daily); MP; PA
Chelating Agents			CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	2	MP
CUPRIMINE CAPS (<i>penicillamine</i>)	NP	PA	CELLCEPT TABS (<i>mycophenolate mofetil</i>)	NP	MP; PA
CUVRIOR	NP	SP; PA	<i>cyclosporine</i> modified (for <i>microemulsion</i>) CAPS 50 MG	NP	QL(4 ea daily); MP; PA
DEPEN TITRATABS TABs (<i>penicillamine</i>)	2	PA	<i>cyclosporine</i> modified (for <i>microemulsion</i>) CAPS 25 MG, 100 MG	1	QL(4 ea daily); MP
<i>penicillamine</i> CAPS	1	PA	<i>cyclosporine</i> modified (for <i>microemulsion</i>) SOLN	1	QL(8 ml daily); MP
			<i>cyclosporine</i> CAPS	1	QL(4 ea daily); MP
			ENSPRYNG	CO	
			ENVARUSUS XR TB24	NP	PA
			<i>everolimus</i> (<i>immunosuppressant</i>)	NP	
			GAMIFANT	CO	

Drug Name	Drug Tier	Requirements/Limits
IMURAN TABS (azathioprine)	NP	MP; PA
LUPKYNIS	NP	SP; PA
mycophenolate mofetil CAPS	1	QL(2 ea daily); MP
mycophenolate mofetil SUSR	1	MP
mycophenolate mofetil TABS	1	MP
mycophenolate sodium 180 MG	NP	QL(2 ea daily); MP; PA
mycophenolate sodium 360 MG	NP	QL(4 ea daily); MP; PA
MYFORTIC 360 MG (mycophenolate sodium)	NP	QL(4 ea daily); MP; PA
MYFORTIC 180 MG (mycophenolate sodium)	NP	QL(2 ea daily); MP; PA
NEORAL CAPS (cyclosporine modified (for microemulsion))	NP	QL(4 ea daily); MP; PA
NEORAL SOLN (cyclosporine modified (for microemulsion))	NP	QL(8 ml daily); MP; PA
PROGRAF CAPS (tacrolimus)	NP	QL(3 ea daily); MP; PA
PROGRAF PACK	NP	PA
PROGRAF SOLN	2	PA
RAPAMUNE SOLN (sirolimus)	2	MP; PA
RAPAMUNE TABS (sirolimus)	2	MP
SANDIMMUNE CAPS (cyclosporine)	NP	QL(4 ea daily); MP; PA
SANDIMMUNE SOLN OR	NP	QL(8 ml daily); MP; PA
sirolimus SOLN	1	MP; PA
sirolimus TABS	1	MP
tacrolimus CAPS	1	QL(3 ea daily); MP
UPLIZNA	CO	
ZORTRESS (everolimus (immunosuppressant))	NP	PA

Drug Name	Drug Tier	Requirements/Limits
Irrigation Solutions		
irrigation solutions, physiological	1	PA
ringer's irrigation	1	PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE	CO	
Potassium Removing Agents		
LOKELMA	2	
sodium polystyrene sulfonate POWD	1	QL(454 gm per fill retail)
sodium polystyrene sulfonate SUSP OR 15 GM/60ML	1	
VELTASSA	NP	
Progeria Treatment Agents		
ZOKINVY	CO	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	2	SP; PA
BENLYSTA SOLR	2	SP; PA
BENLYSTA SOSY	2	SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth- throat) 2 %	1	QL(100 ml per fill retail)
Anti-infectives - Throat		
clotrimazole	1	
NYSTATIN 100000 UNIT/ML (nystatin (mouth-throat))	2	QL(120 ml per fill retail)
nystatin (mouth-throat)	1	QL(120 ml per fill retail)
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PERIDEX (<i>chlorhexidine gluconate (mouth-throat)</i>)	NP		<i>b-complex w/ c & folic acid CAPS</i>	1	QL(1 ea daily); RX/OTC
Dental Products			<i>b-complex w/ c & folic acid TABS 60 MG-300 MCG-1 MG-1.5 MG-20 MG-10 MG-10 MG-1.7 MG-6 MCG</i>	2	RX/OTC
PREVIDENT 5000 DRY MOUTH GEL (<i>sodium fluoride (dental)</i>)	NP	MP	<i>b-complex w/ c & folic acid TABS 100 MG-10 MG-0.3 MG-1 MG-1.5 MG-0.006 MG-10 MG-1.7 MG-20 MG, 500 MG-4 MG-0.5 MG-5 MCG-18 MG-15 MG-100 MG-15 MG, 60 MG-10 MG-300 MCG-1 MG-6 MCG-1.7 MG-20 MG-10 MG-1.5 MG</i>	1	RX/OTC
PREVIDENT 5000 PLUS CREA (<i>sodium fluoride (dental)</i>)	NP	MP	Multiple Vitamins w/ Minerals		
PREVIDENT FLUORIDE GEL (<i>sodium fluoride (dental)</i>)	NP	MP	BACMIN TABS	2	RX/OTC
PREVIDENT RINSE SOLN	2	MP	CENTRUM ADULTS TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
<i>sodium fluoride (dental) CREA</i>	1	MP	CENTRUM MEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
<i>sodium fluoride (dental) GEL</i>	1	MP	CENTRUM SILVER 50+MEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
<i>sodium fluoride (dental) SOLN 0.2 %</i>	1	MP	CENTRUM SILVER 50+WOMEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
Steroids - Mouth/Throat/Dental			CENTRUM SILVER ADULT 50+ TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
<i>triamcinolone acetonide (mouth)</i>	1	QL(5 gm per fill retail)	CENTRUM SILVER ADULTS 50+ TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
Throat Products - Misc.			CENTRUM SILVER TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
<i>cevimeline hcl</i>	1	MP			
EVOXAC (<i>cevimeline hcl</i>)	NP	MP; PA			
EVOXAC (<i>cevimeline hcl</i>)	NF	MP			
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily); MP			
<i>pilocarpine hcl (oral) 7.5 MG</i>	1				
SALAGEN 7.5 MG (<i>pilocarpine hcl (oral)</i>)	NF				
SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	NF	QL(6 ea daily); MP			
MULTIVITAMINS					
B-Complex w/ Folic Acid					
<i>b-complex w/ c & folic acid CAPS</i>	2	QL(1 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CENTRUM WOMEN TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	VITAROCA PLUS TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC
DERMACINRX MULTITAM TABS	2	RX/OTC	Ped Multi Vitamins w/Fl & FE		
<i>multiple vitamins w/ minerals TABS</i>	1	RX/OTC	<i>ped multivitamins w/fl & iron SOLN</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
NICADAN TABS	2	RX/OTC	QUFLORA FE PEDIATRIC LIQD	2	
NICAZEL FORTE TABS	2	RX/OTC	Ped MV w/ Fluoride		
NICAZEL TABS	2	RX/OTC	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.25 MG-600 MCG-4.5 MCG-230 MCG, 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-1 MG-600 MCG-4.5 MCG-230 MCG	2	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
ONE-A-DAY WEIGHT SMART ADVANCED TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	1	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	2	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	<i>pediatric multivitamins w/fl SOLN</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
ONE-A-DAY WOMENS PETITES TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	<i>pediatric vitamins acid w/ fluoride SOLN</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old)
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	POLY-VI-FLOR CHEW	2	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
ONEVITE TABS	2	RX/OTC	Ped MV w/ Iron		
SIDEROL TABS	2	RX/OTC	MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	1	QL(60 ml per fill retail)
STROVITE FORTE TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	<i>pediatric multiple vitamins w/ iron CHEW</i>	1	
STROVITE ONE TABS	2	RX/OTC	Pediatric Multiple Vitamins		
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	2	RX/OTC			
VENTRIXYL TABS	2	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INFUVITE PEDIATRIC SOLN IV	2	PA	PRENATAL TABS 100 MG-2.6 MG-800 MCG-10 MCG-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-200 MG-5 MG-1200 MCG	2	QL(1 ea daily); MP
MULTIVITAMIN INFANT/TODDLER SOLN OR	2		PRENATAL TABS 100 MG-2.6 MG-800 MCG-10 MCG-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-200 MG-5 MG-1200 MCG	1	QL(1 ea daily); MP
VITALIPID N INFANT EMUL	2	PA	PRENATRYL TABS	2	MP; RX/OTC
VITLIPID N INFANT EMUL	2	PA	SE-NATAL 19 CHEW	1	QL(1 ea daily); MP
Pediatric Vitamins			SE-NATAL 19 TABS	1	QL(1 ea daily); MP; RX/OTC
VITAMIN A/C/D INFANT/TODDLER	1		THRIVITE RX TABS	2	QL(1 ea daily); MP; RX/OTC
Prenatal Vitamins			TRINATAL RX 1 TABS	1	QL(1 ea daily); MP
CLASSIC PRENATAL TABS	1	QL(1 ea daily); MP	WESNATAL DHA COMPLETE	1	MP
COMPLETE NATAL DHA	1	MP	WESTAB PLUS TABS	1	MP; RX/OTC
COMPLETENATE CHEW	1	QL(1 ea daily); MP	MUSCULOSKELETAL THERAPY AGENTS -		
CO-NATAL FA TABS	2	QL(1 ea daily); MP; RX/OTC	Drugs to Treat Spasms		
GNP PRENATAL TABS	1	QL(1 ea daily); MP	Central Muscle Relaxants		
M-NATAL PLUS TABS	1	MP; RX/OTC	AMRIX CP24 (cyclobenzaprine hcl)	NP	PA
NATALVIT TABS	2	QL(1 ea daily); MP	baclofen SOLN OR 5 MG/5ML, 10 MG/5ML	NP	PA
NIVA-PLUS TABS	2	MP; RX/OTC	baclofen SUSP	1	PA
PRENATAL PLUS VITAMIN ANDMINERAL TABS	2	MP; RX/OTC	baclofen TABS 15 MG	NP	PA
PRENATAL PLUS TABS	2	MP; RX/OTC	baclofen TABS	1	
PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	1	QL(1 ea daily); MP	carisoprodol TABS	NP	QL(4 ea daily); PA
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	1	MP; RX/OTC	chlorzoxazone TABS	NP	
			cyclobenzaprine hcl CP24	NP	PA
			cyclobenzaprine hcl TABS 5 MG, 10 MG	1	QL(3 ea daily)
			cyclobenzaprine hcl TABS 7.5 MG	NP	PA

Drug Name	Drug Tier	Requirements/Limits
FLEQSUVY SUSP (baclofen)	NP	PA
LYVISPAH PACK metaxalone	NP 1	PA
methocarbamol SOLN	NP	PA
methocarbamol TABS 500 MG, 750 MG	1	
orphenadrine citrate SOLN	NP	PA
orphenadrine citrate TB12	NP	
OZOBAX DS SOLN OR (baclofen)	NF	
OZOBAX SOLN OR (baclofen)	NF	
ROBAXIN SOLN (methocarbamol)	NP	PA
SOMA TABS (carisoprodol)	NP	QL(4 ea daily); PA
tizanidine hcl CAPS	NP	PA
tizanidine hcl TABS 4 MG	1	QL(9 ea daily); MP
tizanidine hcl TABS 2 MG	1	QL(18 ea daily); MP
ZANAFLEX CAPS (tizanidine hcl)	NP	PA
ZANAFLEX TABS 4 MG (tizanidine hcl)	NP	QL(9 ea daily); MP; PA
Direct Muscle Relaxants		
DANTRIUM IV SOLR (dantrolene sodium)	2	PA
DANTRIUM CAPS 25 MG (dantrolene sodium)	NP	PA
dantrolene sodium CAPS	NP	
dantrolene sodium SOLR	1	PA
RYANODEX SUSR	2	PA
Fibrodysplasia Ossificans Progressiva (FOP) Agents		
SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG	CO	
SOHONOS 5 MG	CO	SP

Drug Name	Drug Tier	Requirements/Limits
Muscle Relaxant Combinations		
NORGESIC FORTE (orphenadrine w/ aspirin & caff)	NP	PA
orphenadrine w/ aspirin & caff	NP	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	NP	
DYMISTA SUSP (azelastine hcl-fluticasone propionate)	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		
OCEAN NASAL SPRAY SOLN (saline)	NF	QL(50 ml per fill retail)
saline SOLN	1	QL(50 ml per fill retail)
Nasal Antiallergy		
azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY	1	QL(1 ml daily)
olopatadine hcl (nasal)	NP	
PATANASE (olopatadine hcl (nasal))	NF	
PATANASE (olopatadine hcl (nasal))	NP	PA
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.06 %	1	QL(0.5 ml daily); MP
ipratropium bromide (nasal) 0.03 %	1	QL(1.2 ml daily); MP
Nasal Steroids		
BECONASE AQ	NP	
budesonide (nasal)	1	

Drug Name	Drug Tier	Requirements/Limits
FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	NF	QL(18.2 ml per 30 day(s) retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	NF	QL(18.2 ml per 30 day(s) retail); RX/OTC
<i>flunisolide (nasal) 0.025 %</i>	NP	QL(25 ml per fill retail)
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(18.2 ml per 30 day(s) retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	NP	QL(17 gm per fill retail); AL(At least 2 yrs old); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (<i>triamcinolone acetonide (nasal)</i>)	NF	QL(17 ml per fill retail); AL(At least 2 yrs old)
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	NF	QL(17 ml per fill retail); AL(At least 2 yrs old)
OMNARIS SUSP	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
<i>triamcinolone acetonide (nasal) AERO</i>	1	QL(17 ml per fill retail); AL(At least 2 yrs old)
XHANCE EXHU	NP	
ZETONNA AERS	NP	
Sympathomimetic Decongestants		
ADRENALIN 0.1 % (<i>epinephrine hcl (nasal)</i>)	NP	
<i>epinephrine hcl (nasal)</i>	1	
<i>phenylephrine hcl (oral) TABS</i>	1	
<i>pseudoephedrine hcl TABS</i>	1	
SUDAFED CONGESTION TABS (<i>pseudoephedrine hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
SUDAFED PE SINUS CONGESTION TABS (<i>phenylephrine hcl (oral)</i>)	NF	
SUDAFED SINUS CONGESTION TABS (<i>pseudoephedrine hcl</i>)	NF	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
EXSERVAN FILM	NP	SP; PA
QALSODY	CO	
RADICAVA ORS STARTER KIT SUSP	CO	
RADICAVA ORS SUSP	CO	
RADICAVA SOLN	CO	
RELYVRIO	CO	
RILUTEK TABS (<i>riluzole</i>)	NP	MP; PA
<i>riluzole TABS</i>	1	MP
TIGLUTIK SUSP	NP	SP; PA
Friedrich's Ataxia Agents		
SKYCLARYS	CO	
Muscular Dystrophy Agents		
AMONDYS 45	CO	
ELEVIDYS 10.0-10.4 KG	CO	
ELEVIDYS 10.5-11.4 KG	CO	
ELEVIDYS 11.5-12.4 KG	CO	
ELEVIDYS 12.5-13.4 KG	CO	
ELEVIDYS 13.5-14.4 KG	CO	
ELEVIDYS 14.5-15.4 KG	CO	
ELEVIDYS 15.5-16.4 KG	CO	
ELEVIDYS 16.5-17.4 KG	CO	
ELEVIDYS 17.5-18.4 KG	CO	
ELEVIDYS 18.5-19.4 KG	CO	
ELEVIDYS 19.5-20.4 KG	CO	
ELEVIDYS 20.5-21.4 KG	CO	
ELEVIDYS 21.5-22.4 KG	CO	
ELEVIDYS 22.5-23.4 KG	CO	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 23.5-24.4 KG	CO		ELEVIDYS 60.5-61.4 KG	CO	
ELEVIDYS 24.5-25.4 KG	CO		ELEVIDYS 61.5-62.4 KG	CO	
ELEVIDYS 25.5-26.4 KG	CO		ELEVIDYS 62.5-63.4 KG	CO	
ELEVIDYS 26.5-27.4 KG	CO		ELEVIDYS 63.5-64.4 KG	CO	
ELEVIDYS 27.5-28.4 KG	CO		ELEVIDYS 64.5-65.4 KG	CO	
ELEVIDYS 28.5-29.4 KG	CO		ELEVIDYS 65.5-66.4 KG	CO	
ELEVIDYS 29.5-30.4 KG	CO		ELEVIDYS 66.5-67.4 KG	CO	
ELEVIDYS 30.5-31.4 KG	CO		ELEVIDYS 67.5-68.4 KG	CO	
ELEVIDYS 31.5-32.4 KG	CO		ELEVIDYS 68.5-69.4 KG	CO	
ELEVIDYS 32.5-33.4 KG	CO		ELEVIDYS 69.5 KG PLUS	CO	
ELEVIDYS 33.5-34.4 KG	CO		EXONDYS 51	CO	
ELEVIDYS 34.5-35.4 KG	CO		VILTEPSO	CO	
ELEVIDYS 35.5-36.4 KG	CO		VYONDYS 53	CO	
ELEVIDYS 36.5-37.4 KG	CO		Rett Syndrome Agents		
ELEVIDYS 37.5-38.4 KG	CO		DAYBUE	CO	
ELEVIDYS 38.5-39.4 KG	CO		Spinal Muscular Atrophy Agents (SMA)		
ELEVIDYS 39.5-40.4 KG	CO		EVRYSDI	CO	
ELEVIDYS 40.5-41.4 KG	CO		SPINRAZA	CO	
ELEVIDYS 41.5-42.4 KG	CO		ZOLGENSMA 10.1-10.5 KG	CO	
ELEVIDYS 42.5-43.4 KG	CO		ZOLGENSMA 10.6-11.0 KG	CO	
ELEVIDYS 43.5-44.4 KG	CO		ZOLGENSMA 11.1-11.5 KG	CO	
ELEVIDYS 44.5-45.4 KG	CO		ZOLGENSMA 11.6-12.0 KG	CO	
ELEVIDYS 45.5-46.4 KG	CO		ZOLGENSMA 12.1-12.5 KG	CO	
ELEVIDYS 46.5-47.4 KG	CO		ZOLGENSMA 12.6-13.0 KG	CO	
ELEVIDYS 47.5-48.4 KG	CO		ZOLGENSMA 13.1-13.5 KG	CO	
ELEVIDYS 48.5-49.4 KG	CO		ZOLGENSMA 13.6-14.0 KG	CO	
ELEVIDYS 49.5-50.4 KG	CO		ZOLGENSMA 14.1-14.5 KG	CO	
ELEVIDYS 50.5-51.4 KG	CO		ZOLGENSMA 14.6-15.0 KG	CO	
ELEVIDYS 51.5-52.4 KG	CO				
ELEVIDYS 52.5-53.4 KG	CO				
ELEVIDYS 53.5-54.4 KG	CO				
ELEVIDYS 54.5-55.4 KG	CO				
ELEVIDYS 55.5-56.4 KG	CO				
ELEVIDYS 56.5-57.4 KG	CO				
ELEVIDYS 57.5-58.4 KG	CO				
ELEVIDYS 58.5-59.4 KG	CO				
ELEVIDYS 59.5-60.4 KG	CO				

Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 15.1-15.5 KG	CO	
ZOLGENSMA 15.6-16.0 KG	CO	
ZOLGENSMA 16.1-16.5 KG	CO	
ZOLGENSMA 16.6-17.0 KG	CO	
ZOLGENSMA 17.1-17.5 KG	CO	
ZOLGENSMA 17.6-18.0 KG	CO	
ZOLGENSMA 18.1-18.5 KG	CO	
ZOLGENSMA 18.6-19.0 KG	CO	
ZOLGENSMA 19.1-19.5 KG	CO	
ZOLGENSMA 19.6-20.0 KG	CO	
ZOLGENSMA 2.6-3.0 KG	CO	
ZOLGENSMA 20.1-20.5 KG	CO	
ZOLGENSMA 20.6-21.0 KG	CO	
ZOLGENSMA 3.1-3.5 KG	CO	
ZOLGENSMA 3.6-4.0 KG	CO	
ZOLGENSMA 4.1-4.5 KG	CO	
ZOLGENSMA 4.6-5.0 KG	CO	
ZOLGENSMA 5.1-5.5 KG	CO	
ZOLGENSMA 5.6-6.0 KG	CO	
ZOLGENSMA 6.1-6.5 KG	CO	
ZOLGENSMA 6.6-7.0 KG	CO	
ZOLGENSMA 7.1-7.5 KG	CO	
ZOLGENSMA 7.6-8.0 KG	CO	
ZOLGENSMA 8.1-8.5 KG	CO	
ZOLGENSMA 8.6-9.0 KG	CO	
ZOLGENSMA 9.1-9.5 KG	CO	
ZOLGENSMA 9.6-10.0 KG	CO	
NUTRIENTS		

Drug Name	Drug Tier	Requirements/Limits
Lipids		
DOJOLVI	CO	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	2	
<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	1	
LACRISERT	2	
<i>polyvinyl alcohol 1.4 %</i>	1	QL(15 ml per fill retail)
REFRESH PLUS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	2	
REFRESH TEARS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	2	
THERATEARS EXTRA SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	NF	
THERATEARS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	NF	
<i>white petrolatum-mineral oil</i>	2	
<i>white petrolatum-mineral oil</i>	1	
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	NP	
BETIMOL	NP	PA
BETOPTIC-S SUSP	NP	
<i>brimonidine tartrate-timolol maleate</i>	1	MP
<i>carteolol hcl (ophth)</i>	NP	QL(0.5 ml daily)
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	2	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NF	QL(10 ml per fill retail); MP	<i>atropine sulfate (ophthalmic) OINT</i>	1	MP
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ml per fill retail); MP; PA	<i>atropine sulfate (ophthalmic) SOLN</i>	1	MP
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NF		ATROPINE SULFATE SOLN 1 %	1	MP
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NP	PA	ATROPINE SULFATE SOLN 1 %	2	MP
<i>dorzolamide hcl-timolol maleate</i>	1	QL(10 ml per fill retail); MP	ATROPINE SULFATE SOLN (<i>atropine sulfate (ophthalmic)</i>)	NF	MP
<i>dorzolamide hcl-timolol maleate</i>	1		CYCLOGYL 2 %	2	MP
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	NP	MP; PA	CYCLOGYL 0.5 %	2	QL(15 ml per fill retail); MP
<i>levobunolol hcl 0.5 %</i>	1	MP	CYCLOGYL (<i>cyclopentolate hcl</i>)	NP	MP; PA
<i>timolol maleate (ophth) SOLG</i>	1	MP	CYCLOMYDRIL	2	MP
<i>timolol maleate (ophth) SOLN 0.25 %</i>	NP	QL(60 ea per fill retail)	<i>cyclopentolate hcl 1 %</i>	1	MP
<i>timolol maleate (ophth) SOLN</i>	1	MP	ISOPTO ATROPINE SOLN	NP	MP; PA
<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP	MP; PA	MYDRIACYL SOLN (<i>tropicamide</i>)	NP	MP; PA
TIMOPTIC OCUDOSE SOLN 0.5 % (<i>timolol maleate (ophth)</i>)	NF		<i>phenylephrine hcl (mydriatic) SOLN</i>	1	
TIMOPTIC OCUDOSE SOLN 0.25 % (<i>timolol maleate (ophth)</i>)	NP	QL(60 ea per fill retail); PA	<i>tropicamide SOLN 1 %</i>	1	MP
TIMOPTIC OCUDOSE SOLN 0.5 % (<i>timolol maleate (ophth)</i>)	2		<i>tropicamide SOLN 0.5 %</i>	1	QL(15 ml per fill retail); MP
TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	NP	MP; PA	Miotics		
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	NP	MP; PA	ISOPTO CARPINE SOLN 1 % (<i>pilocarpine hcl</i>)	NF	
Cholinergic Agonists			PHOSPHOLINE IODIDE	2	
TYRVAYA	2	PA	<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	NP	
Cycloplegic Mydriatics			VUITY SOLN	2	PA
			Ophthalmic Adrenergic Agents		
			ALPHAGAN P (<i>brimonidine tartrate</i>)	2	MP
			<i>apraclonidine hcl</i>	NP	
			<i>brimonidine tartrate 0.2 %</i>	1	QL(15 ml per fill retail); MP

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	1	MP
IOPIDINE	NP	
SIMBRINZA	2	MP
Ophthalmic Anti-infectives		
AZASITE	NP	
<i>bacitracin (ophthalmic)</i>	NP	
<i>bacitracin-polymyxin b (ophth)</i>	NP	QL(4 gm per fill retail)
BESIVANCE	NP	
BLEPH-10 SOLN (<i>sulfacetamide sodium (ophth)</i>)	NF	QL(15 ml per fill retail)
CILOXAN OINT	NP	QL(4 gm per fill retail)
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
<i>erythromycin (ophth)</i>	1	QL(4 gm per fill retail)
<i>gatifloxacin (ophth)</i>	NP	
<i>gentamicin sulfate (ophth) SOLN</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	NP	PA
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ml per fill retail)
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	NP	QL(4 gm per fill retail)
<i>neomycin-polymyxin-gramicidin</i>	NP	
OCUFLOX (<i>ofloxacin (ophth)</i>)	NP	PA
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	QL(10 ml per fill retail)
POLYTRIM (<i>polymyxin b-trimethoprim</i>)	NF	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) OINT</i>	NP	PA
<i>sulfacetamide sodium (ophth) SOLN</i>	1	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin (ophth) SOLN</i>	1	QL(5 ml per fill retail)
TOBREX OINT	NP	QL(4 gm per fill retail)
<i>trifluridine</i>	1	QL(8 ml per fill retail)
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NP	QL(3 ml per fill retail); PA
XDEMVY	2	
ZIRGAN GEL	NP	PA
ZYMAXID (<i>gatifloxacin (ophth)</i>)	NP	PA
Ophthalmic Gene Therapy		
LUXTURNA	CO	
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	PA
<i>cyclosporine (ophth) EMUL</i>	1	MP
RESTASIS MULTIDOSE EMUL	2	MP
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	2	MP
VERKAZIA EMUL	NP	PA
VEVYE SOLN	NP	PA
Ophthalmic Integrin Antagonists		
XIIDRA	2	
Ophthalmic Kinase Inhibitors		
RHOPRESSA	2	
ROCKLATAN	2	
Ophthalmic Local Anesthetics		
AKTEN	NP	
ALCAINE (<i>proparacaine hcl</i>)	NP	PA
<i>proparacaine hcl</i>	1	
<i>tetracaine hcl (ophth)</i>	2	
<i>tetracaine hcl (ophth)</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE	CO	

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Steroids		
ALREX SUSP (loteprednol etabonate)	NP	PA
bacitracin-poly-neomycin-hc	NP	
dexamethasone sodium phosphate (ophth)	1	QL(5 ml per fill retail)
difluprednate	1	
DUREZOL (difluprednate)	NP	PA
EYSUVIS SUSP	NP	PA
FLAREX	NP	
fluorometholone (ophth) SUSP	1	
FML FORTE SUSP	NP	
FML LIQUIFILM SUSP (fluorometholone (ophth))	NP	PA
INVELTYS SUSP	NP	PA
LOTEMAX SM GEL	NP	PA
LOTEMAX GEL (loteprednol etabonate)	NP	PA
LOTEMAX OINT	NP	PA
LOTEMAX SUSP (loteprednol etabonate)	NP	PA
loteprednol etabonate GEL	NP	
loteprednol etabonate SUSP	NP	
MAXIDEX SUSP OP	NP	
MAXITROL OINT (neomycin-polymyxin-dexameth)	NP	QL(4 gm per fill retail); PA
MAXITROL SUSP (neomycin-polymyxin-dexameth)	NP	QL(5 ml per fill retail); PA
MAXITROL SUSP (neomycin-polymyxin-dexameth)	NF	QL(5 ml per fill retail)
neomycin-polymyxin-dexameth OINT	1	QL(4 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-dexameth SUSP	1	QL(5 ml per fill retail)
neomycin-polymyxin-hc (ophth)	NP	QL(8 ml per fill retail)
PRED FORTE (prednisolone acetate (ophth))	NP	QL(0.5 ml daily); PA
PRED MILD	NP	QL(10 ml per fill retail)
prednisolone acetate (ophth)	1	QL(0.5 ml daily)
PREDNISOLONE SODIUM PHOSPHATE	NP	
sulfacetamide sod-prednisolone SOLN	1	
TOBRADEX ST SUSP	NP	PA
TOBRADEX OINT	2	QL(4 gm per fill retail)
TOBRADEX SUSP (tobramycin-dexamethasone)	NF	
TOBRADEX SUSP (tobramycin-dexamethasone)	2	
tobramycin-dexamethasone SUSP	1	
TRIESENCE	NP	SP
ZYLET	NP	
Ophthalmics - Misc.		
ACULAR (ketorolac tromethamine (ophth))	NP	PA
ACULAR LS (ketorolac tromethamine (ophth))	NP	QL(0.167 ml daily); PA
ACUVAIL	NP	
ALOCRIAL	NP	QL(5 ml per fill retail)
ALOMIDE	NP	QL(10 ml per fill retail)
azelastine hcl (ophth)	NP	QL(6 ml per fill retail)
AZOPT (brinzolamide)	NF	MP
AZOPT (brinzolamide)	NP	MP; PA
bepotastine besilate	NP	

Drug Name	Drug Tier	Requirements/Limits
BEPREVE (<i>bepotastine besilate</i>)	NP	PA
<i>brinzolamide</i>	1	MP
<i>bromfenac sodium (ophth)</i>	NP	
BROMSITE (<i>bromfenac sodium (ophth)</i>)	NP	PA
<i>cromolyn sodium (ophth)</i>	1	
CYSTADROPS	NP	SP; PA
CYSTARAN	2	SP; MP; PA
<i>diclofenac sodium (ophth)</i>	1	
<i>dorzolamide hcl</i>	1	QL(10 ml per fill retail); MP
<i>epinastine hcl (ophth)</i>	NP	
<i>flurbiprofen sodium</i>	1	QL(3 ml per fill retail)
ILEVRO	2	
<i>ketorolac tromethamine (ophth) 0.5 %</i>	1	
<i>ketorolac tromethamine (ophth) 0.4 %</i>	1	QL(0.167 ml daily)
<i>ketotifen fumarate (ophth) 0.035 %</i>	1	QL(10 ml per fill retail)
MIEBO	NP	
NEVANAC	NP	
<i>olopatadine hcl</i>	NP	RX/OTC
PROLENSA (<i>bromfenac sodium (ophth)</i>)	NP	PA
TRUSOPT (<i>dorzolamide hcl</i>)	NF	QL(10 ml per fill retail); MP
ZERVIATE	NP	
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	NP	
IYUZEH SOLN	2	
<i>latanoprost SOLN</i>	1	QL(3 ml per fill retail); MP
LUMIGAN SOLN 0.01 %	NP	
<i>tafluprost</i>	NP	
TRAVATAN Z SOLN (<i>travoprost</i>)	NP	MP; PA
<i>travoprost SOLN</i>	NP	MP

Drug Name	Drug Tier	Requirements/Limits
VYZULTA	NP	
XALATAN SOLN (<i>latanoprost</i>)	NP	QL(3 ml per fill retail); MP; PA
XELPROS EMUL	NP	PA
ZIOPTAN (<i>tafluprost</i>)	NF	
ZIOPTAN (<i>tafluprost</i>)	NP	PA
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	
DEBROX 6.5 % (<i>carbamide peroxide (otic)</i>)	NF	
<i>isopropyl alcohol-glycerin</i>	2	
Otic Anti-infectives		
CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	NF	
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
CIPRO HC	2	
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	2	QL(8 ml per fill retail)
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ml per fill retail)
<i>ciprofloxacin-fluocinolone acetonide</i>	NP	
CORTISPORIN-TC	NP	
<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)
OTOVEL (<i>ciprofloxacin-fluocinolone acetonide</i>)	NF	
Otic Steroids		

Drug Name	Drug Tier	Requirements/Limits
DERMOTIC (<i>fluocinolone acetonide (otic)</i>)	2	
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ml per fill retail)
HYDROCORTISONE/ACETIC ACID (<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 System		
Immune Serums		
HYPERRHO S/D SOSY IM 1500 UNIT	2	AL(At least 18 yrs old); SP
RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	AL(At least 18 yrs old); SP
Monoclonal Antibodies		
EVUSHELD	2	
SYNAGIS SOLN	2	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
AMOXICILLIN SUSR (<i>amoxicillin</i>)	1	
<i>amoxicillin TABS</i>	1	
<i>ampicillin sodium IV 1 GM</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium IJ 1 GM, 2 GM, 125 MG, 250 MG, 500 MG</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
BICILLIN L-A SUSY	2	PA
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	NP	PA
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	1	PA
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	PA
<i>penicillin g sodium</i>	1	PA
<i>penicillin g sodium</i>	2	PA
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	NP	QL(20 ea per fill retail); PA
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<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>	NP	QL(40 ea per 30 day(s) retail); PA
<i>ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM</i>	NP	PA
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	NP	PA

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	PA
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	NP	QL(20 ea per fill retail); PA
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	2	PA
<i>piperacillin sodium-tazobactam sodium 12 GM-1.5 GM</i>	2	PA
<i>piperacillin sodium-tazobactam sodium</i>	1	PA
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (<i>ampicillin & sulbactam sodium</i>)	NP	PA
UNASYN BULK PACK IV (<i>ampicillin & sulbactam sodium</i>)	NP	PA
ZOSYN	2	PA
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (<i>norethindrone acetate</i>)	NP	MP; PA
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP
<i>megestrol acetate (appetite)</i>	1	MP
<i>norethindrone acetate TABS</i>	1	MP
<i>progesterone CAPS 200 MG</i>	1	QL(20 ea per 90 day(s) retail; 20 ea per 90 days mail); MP
<i>progesterone CAPS 100 MG</i>	1	QL(1 ea daily); MP
<i>progesterone OIL</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PROMETRIUM CAPS 100 MG (<i>progesterone</i>)	NF	QL(1 ea daily); MP
PROMETRIUM CAPS 200 MG (<i>progesterone</i>)	NF	QL(20 ea per 90 day(s) retail; 20 ea per 90 days mail); MP
PROMETRIUM CAPS 200 MG (<i>progesterone</i>)	NP	QL(20 ea per 90 day(s) retail; 20 ea per 90 days mail); MP; PA
PROMETRIUM CAPS 100 MG (<i>progesterone</i>)	NP	QL(1 ea daily); MP; PA
PROVERA (<i>medroxyprogesterone acetate</i>)	NP	MP; PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	MP
<i>disulfiram</i>	1	MP
LUCEMYRA	NP	PA
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	NP	SON; QL(200 ml daily); SP; PA
XYREM SOLN	NP	SON; QL(200 ml daily); SP; PA
XYWAV	NP	SON; QL(200 ml daily); SP; PA
Antidementia Agents		
ADLARITY PTWK	NP	PA
ADUHELM	CO	
ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>)	NP	PA
ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	NP	QL(1 ea daily); AL(At least 18 yrs old); MP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride TABS 23 MG</i>	NP	PA
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	QL(1 ea daily); AL(At least 18 yrs old); MP
<i>donepezil hydrochloride TBDP</i>	1	
EXELON 13.3 MG/24HR (<i>rivastigmine</i>)	2	
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	2	QL(1 ea daily); AL(At least 18 yrs old); MP
<i>galantamine hydrobromide CP24</i>	NP	QL(1 ea daily); AL(At least 18 yrs old); MP
<i>galantamine hydrobromide SOLN</i>	NP	QL(6 ml daily); AL(At least 18 yrs old); MP; PA
<i>galantamine hydrobromide TABS</i>	NP	QL(2 ea daily); AL(At least 18 yrs old); MP
LEQEMBI	CO	
<i>memantine hcl CP24</i>	NP	
<i>memantine hcl SOLN 2 MG/ML</i>	NP	QL(10 ml daily); AL(At least 18 yrs old); MP; PA
<i>memantine hcl TABS</i>	2	QL(49 ea per fill retail); AL(At least 18 yrs old)
<i>memantine hcl TABS</i>	1	QL(2 ea daily); AL(At least 18 yrs old); MP
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NP	QL(49 ea per fill retail); AL(At least 18 yrs old); PA
NAMENDA XR CP24 (<i>memantine hcl</i>)	NP	PA
NAMENDA TABS (<i>memantine hcl</i>)	NP	QL(2 ea daily); AL(At least 18 yrs old); MP; PA
NAMZARIC C4PK	NP	PA
NAMZARIC CP24	NP	PA

Drug Name	Drug Tier	Requirements/Limits
RAZADYNE ER CP24 16 MG (<i>galantamine hydrobromide</i>)	NF	QL(1 ea daily); AL(At least 18 yrs old); MP
RAZADYNE ER CP24 8 MG, 24 MG (<i>galantamine hydrobromide</i>)	NP	QL(1 ea daily); AL(At least 18 yrs old); MP; PA
<i>rivastigmine 13.3 MG/24HR</i>	1	
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	1	QL(1 ea daily); AL(At least 18 yrs old); MP
<i>rivastigmine tartrate CAPS</i>	NP	QL(2 ea daily); AL(At least 18 yrs old); MP
Cerebral Adrenoleukodystrophy (CALD) Agents		
SKYSONA	CO	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	NP	SON; QL(20 ea daily)
LYBALVI	2	SON; QL(20 ea daily); PA
<i>olanzapine-fluoxetine hcl</i>	NP	SON; AL(At least 6 yrs old); PA
<i>perphenazine-amitriptyline</i>	1	SON; AL(At least 6 yrs old); MP
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	NP	SON; AL(At least 6 yrs old); PA
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	NP	SON; QL(55 ea per 365 day(s) retail); PA
SAVELLA TABS	NP	SON; QL(2 ea daily); MP; PA
Metachromatic Leukodystrophy (MLD) Agents		
LENMELDY	CO	
Movement Disorder Drug Therapy		
AUSTEDO PATIENT TITRATION KIT TBPk	2	SON; QL(20 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR PATIENT TITRATION KIT TEPK	2	SON; QL(20 ea daily); SP	MAVENCLAD	NP	SP
AUSTEDO XR TB24	2	SON; QL(20 ea daily); SP	MAYZENT STARTER PACK TBPK	NP	SP
AUSTEDO TABS	2	SON; QL(20 ea daily); SP	MAYZENT TABS 0.25 MG	NP	QL(4 ea daily); SP
INGREZZA CAPS	NP	SON; QL(1 ea daily); SP; PA	MAYZENT TABS 1 MG, 2 MG	NP	SP
INGREZZA CPPK	NP	SON; QL(20 ea daily); SP; PA	OCREVUS	NP	SP; PA
<i>tetrabenazine 25 MG</i>	1	QL(20 ea daily); SP; MP	PLEGRIDY STARTER PACK SOPN	NP	SP
<i>tetrabenazine</i>	1	SON; QL(20 ea daily); SP; MP	PLEGRIDY STARTER PACK SOSY SC	NP	SP
XENAZINE (<i>tetrabenazine</i>)	NP	SON; QL(20 ea daily); SP; MP; PA	PLEGRIDY SOPN	NP	SP
Multiple Sclerosis Agents			PLEGRIDY SOSY IM	NP	SP
AMPYRA (<i>dalfampridine</i>)	NP	SP; PA	PONVORY 14-DAY STARTER PACK TBPK	NP	SP
AUBAGIO (<i>teriflunomide</i>)	NF	QL(1 ea daily); SP	PONVORY TABS	NP	SP
AUBAGIO (<i>teriflunomide</i>)	NP	QL(1 ea daily); SP; PA	REBIF REBIDOSE TITRATIONPACK SOAJ	NP	SP
AVONEX PEN AJKT	2	SP	REBIF REBIDOSE SOAJ	NP	SP
AVONEX PSKT	2	SP	REBIF TITRATION PACK SOSY	NP	SP
BAFIERTAM	NP	QL(4 ea daily); SP	REBIF SOSY	NP	SP
BETASERON KIT	2	SP	TASCENSO ODT	NP	SP
BRIUMVI	NP	SP	TECFIDERA STARTER PACK CDPK (<i>dimethyl fumarate</i>)	NP	SP; PA
COPAXONE SOSY (<i>glatiramer acetate</i>)	2	SP	TECFIDERA CPDR (<i>dimethyl fumarate</i>)	NP	SP; PA
<i>dalfampridine</i>	NP	SP; PA	<i>teriflunomide</i>	NP	QL(1 ea daily); SP
<i>dimethyl fumarate CDPK</i>	1	SP	TYSABRI	NP	SP
<i>dimethyl fumarate CPDR</i>	1	SP	VUMERITY	NP	QL(4 ea daily); SP
EXTAVIA KIT	NP	SP	ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP; PA
<i> fingolimod hcl</i>	NP	QL(1 ea daily); SP	ZEPOSIA STARTER KIT CPPK	NP	SP; PA
GILENYA 0.25 MG	NP	QL(1 ea daily); SP	ZEPOSIA CAPS	NP	QL(1 ea daily); SP; PA
GILENYA 0.5 MG	NP	QL(1 ea daily); SP; PA	Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>glatiramer acetate SOSY</i>	NP	SP			
KESIMPTA	2	SP; PA			
LEMTRADA	NP	SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin (once-daily)</i> TABS	NP	SON; QL(20 ea daily); PA	NICODERM CQ PT24 TD (<i>nicotine</i>)	NF	QL(1 ea daily); 180 day(s) max supply per 365 day(s) retail
GRALISE MISC	NP	SON; QL(20 ea daily); PA	NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	NF	QL(20 ea daily); 180 day(s) max supply per 365 day(s) retail
GRALISE TABS (<i>gabapentin (once-daily)</i>)	NP	SON; QL(20 ea daily); PA	NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	NF	QL(24 ea daily); 180 day(s) max supply per 365 day(s) retail
GRALISE TABS	NP	SON; QL(20 ea daily); PA	NICORETTE GUM (<i>nicotine polacrilex</i>)	NF	QL(24 ea daily); 180 day(s) max supply per 365 day(s) retail
LYRICA CR (<i>pregabalin (once-daily)</i>)	NP	SON; QL(20 ea daily); PA	NICORETTE LOZG (<i>nicotine polacrilex</i>)	NF	QL(20 ea daily); 180 day(s) max supply per 365 day(s) retail
<i>pregabalin (once-daily)</i>	NP	SON; QL(20 ea daily); PA	<i>nicotine polacrilex</i> GUM	1	QL(24 ea daily); 180 day(s) max supply per 365 day(s) retail
Premenstrual Dysphoric Disorder (PMDD) Agents			<i>nicotine polacrilex</i> LOZG	1	QL(20 ea daily); 180 day(s) max supply per 365 day(s) retail
<i>fluoxetine hcl (pmdd)</i> TABS	NP	SON; QL(20 ea daily); PA	<i>nicotine polacrilex</i> LOZG	2	QL(20 ea daily); 180 day(s) max supply per 365 day(s) retail
Pseudobulbar Affect (PBA) Agents			NICOTINE TRANSDERMAL SYSTEM KIT	NP	180 day(s) max supply per 365 day(s) retail; PA
NUEDEXTA	NP	SON; QL(20 ea daily); MP; PA	<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	1	QL(1 ea daily); 180 day(s) max supply per 365 day(s) retail
Psychotherapeutic and Neurological Agents - Misc.			NICOTROL INHALER INHA	NP	QL(504 ea per 30 day(s) retail); PA
<i>ergoloid mesylates</i> TABS	1	SON; QL(20 ea daily); MP			
<i>pimozide</i>	1	SON; QL(20 ea daily); MP			
Restless Leg Syndrome (RLS) Agents					
HORIZANT	NP	SON; QL(20 ea daily); PA			
Smoking Deterrents					
APO-VARENICLINE TABS	2	SON; QL(2 ea daily); 180 day(s) max supply per 365 day(s) retail; AL(At least 18 yrs old)			
<i>bupropion hcl (smoking deterrent)</i>	1	SON; QL(2 ea daily); 180 day(s) max supply per 365 day(s) retail; AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SOLN	NP	QL(120 ml per 30 day(s) retail); PA	KALYDECO PACK	2	QL(56 ea per 28 day(s) retail); SP; PA
<i>varenicline tartrate TABS</i>	1	QL(2 ea daily); 180 day(s) max supply per 365 day(s) retail; AL(At least 18 yrs old)	KALYDECO TABS	2	QL(60 ea per 30 day(s) retail); SP; PA
<i>varenicline tartrate TBPk</i>	1	QL(53 ea per fill retail; 53 ea per 180 day(s) retail); AL(At least 18 yrs old)	ORKAMBI PACK	2	QL(56 ea per 28 day(s) retail); SP; PA
Transthyretin Amyloidosis Agents			ORKAMBI TABS	2	QL(112 ea per 28 day(s) retail); SP; PA
AMVUTTRA	CO		PULMOZYME	2	SP; PA
ONPATTRO	CO		SYMDEKO	2	QL(56 ea per 28 day(s) retail); SP; PA
TEGSEDI	CO		TRIKAFTA TBPk	2	QL(84 ea per 28 day(s) retail); SP; PA
WAINUA	CO		TRIKAFTA THPK	2	QL(56 ea per 28 day(s) retail); SP; PA
Vasomotor Symptom Agents			Pulmonary Fibrosis Agents		
BRISDELLE (<i>paroxetine mesylate (vasomotor)</i>)	NF	QL(20 ea daily)	ESBRIET CAPS (<i>pirfenidone</i>)	NP	QL(9 ea daily); SP; PA
<i>paroxetine mesylate (vasomotor)</i>	NP	SON; QL(20 ea daily); PA	ESBRIET TABS 267 MG (<i>pirfenidone</i>)	NP	QL(9 ea daily); SP; PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			ESBRIET TABS 801 MG (<i>pirfenidone</i>)	NP	QL(3 ea daily); SP; PA
Alpha-Proteinase Inhibitor (Human)			OFEV	2	QL(2 ea daily); SP; PA
ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA	<i>pirfenidone CAPS</i>	1	QL(9 ea daily); SP; PA
GLASSIA SOLN	2	SP; PA	<i>pirfenidone TABS 801 MG</i>	1	QL(3 ea daily); SP; PA
PROLASTIN-C SOLN	2	SP; PA	<i>pirfenidone TABS 534 MG</i>	2	QL(3 ea daily); SP; PA
ZEMAIRA SOLR 1000 MG	2	SP; PA	<i>pirfenidone TABS 267 MG</i>	1	QL(9 ea daily); SP; PA
ZEMAIRA SOLR 4000 MG, 5000 MG	2	PA	SULFONAMIDES - Drugs to Treat Bacterial Infections		
Cystic Fibrosis Agents			Sulfonamides		
BRONCHITOL	2	SP; PA	<i>sulfadiazine TABS</i>	1	
BRONCHITOL TOLERANCE TEST	2	SP; PA	TETRACYCLINES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/Limits
Aminomethylcyclines		
NUZYRA SOLR	2	PA
NUZYRA TABS	NP	
Fluorocyclines		
XERAVA	2	PA
Glycylcyclines		
<i>tigecycline</i>	1	PA
TIGECYCLINE	1	PA
TYGACIL (<i>tigecycline</i>)	NP	PA
Tetracyclines		
ACTICLATE TABS (<i>doxycycline hyclate</i>)	NF	
<i>demeclocycline hcl</i> TABS	NP	
DORYX MPC TBEC	NP	
DORYX TBEC 80 MG (<i>doxycycline hyclate</i>)	NP	
DORYX TBEC 50 MG, 200 MG (<i>doxycycline hyclate</i>)	NP	PA
<i>doxycycline (monohydrate)</i> CAPS 75 MG, 150 MG	NP	
<i>doxycycline (monohydrate)</i> CAPS 50 MG, 100 MG	1	
<i>doxycycline (monohydrate)</i> SUSR	NP	
<i>doxycycline (monohydrate)</i> TABS	1	
<i>doxycycline hyclate</i> CAPS	1	
<i>doxycycline hyclate</i> SOLR	1	PA
<i>doxycycline hyclate</i> TABS 100 MG	2	
<i>doxycycline hyclate</i> TABS	1	
<i>doxycycline hyclate</i> TBEC	NP	
MINOCIN SOLR	2	PA
<i>minocycline hcl</i> CAPS	1	
<i>minocycline hcl</i> TABS	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl</i> TB24	NP	PA
MINOLIRA TB24	NP	PA
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (<i>minocycline hcl</i>)	NP	PA
<i>tetracycline hcl</i> CAPS	NP	
VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	NP	PA
VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	NP	PA
XIMINO CP24	NP	
XIMINO CP24 (<i>minocycline hcl</i>)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole</i> TABS	1	MP
<i>propylthiouracil</i>	1	MP
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	MP
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2	
ARMOUR THYROID TABS	2	MP
CYTOMEL TABS (<i>liothyronine sodium</i>)	NP	MP
ERMEZA SOLN OR	NP	
<i>levothyroxine sodium</i> CAPS	NP	
LEVOTHYROXINE SODIUM SOLN IV	NP	
LEVOTHYROXINE SODIUM SOLN IV	NP	
<i>levothyroxine sodium</i> TABS	1	MP
<i>liothyronine sodium</i> TABS	1	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NIVA THYROID TABS	1	MP	VAXELIS SUSY	2	
NP THYROID 120 TABS	1	MP	ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
NP THYROID 15 TABS	1	MP	Antispasmodics		
NP THYROID 30 TABS	1	MP	ANASPAZ TBDP (<i>hyoscyamine sulfate</i>)	NF	MP
NP THYROID 60 TABS	1	MP	BENTYL SOLN IM (<i>dicyclomine hcl</i>)	NP	PA
NP THYROID 90 TABS	1	MP	<i>chlordiazepoxide hcl-clidinium bromide</i>	NP	
SYNTHROID TABS (<i>levothyroxine sodium</i>)	NP	MP; PA	CUVPOSA SOLN OR (<i>glycopyrrolate</i>)	NP	PA
THYQUIDITY SOLN OR	NP		DARTISLA ODT TBDP	NP	PA
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	MP	<i>dicyclomine hcl CAPS</i>	1	
TIROSINT CAPS	NP		<i>dicyclomine hcl SOLN IM</i>	1	
TIROSINT CAPS	NP		<i>dicyclomine hcl SOLN OR</i>	1	QL(40 ml daily)
TIROSINT CAPS (<i>levothyroxine sodium</i>)	NP		<i>dicyclomine hcl TABS</i>	1	
TIROSINT-SOL SOLN OR	NP		GLYCATE TABS	NP	PA
TOXOIDS			<i>glycopyrrolate SOLN IJ</i>	1	
Toxoid Combinations			<i>glycopyrrolate SOLN OR 1 MG/5ML</i>	1	PA
ADACEL SUSP	2		<i>glycopyrrolate SOSY IJ</i>	NP	
BOOSTRIX SUSP	2		GLYCOPYRROLATE SOSY IJ 0.6 MG/3ML, 1 MG/5ML	NP	
BOOSTRIX SUSY	2		<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	QL(4 ea daily)
DAPTACEL	2		GLYRX-PF SOLN IJ	NP	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	2		<i>hyoscyamine sulfate ELIX</i>	1	MP
INFANRIX	2		<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	1	MP
KINRIX SUSY	2		<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	MP
PEDIARIX SUSY	2		<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	MP
PENTACEL	2		<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	QL(4 ea daily); MP
QUADRACEL SUSP	2		<i>hyoscyamine sulfate TBDP 0.125 MG</i>	2	MP
QUADRACEL SUSY	2				
TDVAX SUSP	2				
TENIVAC INJ	2				
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	2				
VAXELIS SUSP	2				

Drug Name	Drug Tier	Requirements/Limits
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1	MP
LEVBID TB12 (<i>hyoscyamine sulfate</i>)	NF	QL(4 ea daily); MP
LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	NP	MP; PA
LEVSIN SOLN IJ 0.5 MG/ML (<i>hyoscyamine sulfate</i>)	NF	
LEVSIN TABS (<i>hyoscyamine sulfate</i>)	NP	MP; PA
LIBRAX (<i>chlordiazepoxide hcl-clidinium bromide</i>)	NP	PA
<i>methscopolamine bromide</i>	1	
ROBINUL FORTE TABS (<i>glycopyrrolate</i>)	NP	QL(4 ea daily); PA
ROBINUL TABS (<i>glycopyrrolate</i>)	NP	QL(4 ea daily); PA
H-2 Antagonists		
<i>cimetidine TABS</i>	NP	MP
<i>famotidine in nacl SOLN</i>	NP	PA
<i>famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML</i>	NP	PA
<i>famotidine SUSR</i>	1	
<i>famotidine TABS</i>	1	MP
<i>nizatidine CAPS</i>	NP	
PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>)	NF	MP; RX/OTC
PEPCID AC TABS (<i>famotidine</i>)	NF	
PEPCID TABS (<i>famotidine</i>)	NP	MP; PA; RX/OTC
TAGAMET HB 200 TABS (<i>cimetidine</i>)	NF	RX/OTC
TAGAMET HB TABS (<i>cimetidine</i>)	NF	RX/OTC
Misc. Anti-Ulcer		

Drug Name	Drug Tier	Requirements/Limits
CARAFATE SUSP (<i>sucralfate</i>)	2	MP
CARAFATE TABS (<i>sucralfate</i>)	NP	QL(4 ea daily); MP; PA
<i>sucralfate SUSP</i>	1	MP
<i>sucralfate TABS</i>	1	QL(4 ea daily); MP
Proton Pump Inhibitors		
ACIPHEX TBEC (<i>rabeprazole sodium</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP
ACIPHEX TBEC (<i>rabeprazole sodium</i>)	NF	QL(1 ea daily); MP
DEXILANT (<i>dexlansoprazole</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; PA
<i>dexlansoprazole</i>	NP	QL(1 ea daily); MP
<i>esomeprazole magnesium CPDR 20 MG</i>	1	QL(1 ea daily); MP; RX/OTC
<i>esomeprazole magnesium CPDR</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA
<i>esomeprazole magnesium CPDR 20 MG</i>	1	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; RX/OTC
<i>esomeprazole magnesium CPDR 40 MG</i>	NP	QL(1 ea daily); PA
<i>esomeprazole magnesium PACK</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA
<i>esomeprazole sodium 40 MG</i>	1	PA
<i>lansoprazole CPDR</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole TBDD</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); RX/OTC	<i>pantoprazole sodium TBEC</i>	1	Max Limit: 60 days per 365 days; QL(1 ea daily); MP
NEXIUM 24HR CLEAR MINIS CPDR (<i>esomeprazole magnesium</i>)	NF	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; RX/OTC	<i>pantoprazole sodium TBEC</i>	1	QL(1 ea daily); MP
NEXIUM 24HR CPDR (<i>esomeprazole magnesium</i>)	NF	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; RX/OTC	PREVACID 24HR CPDR (<i>lansoprazole</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; RX/OTC
NEXIUM I.V. 40 MG (<i>esomeprazole sodium</i>)	2	PA	PREVACID 24HR CPDR (<i>lansoprazole</i>)	NF	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; RX/OTC
NEXIUM CPDR (<i>esomeprazole magnesium</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA	PREVACID SOLUTAB TBDD (<i>lansoprazole</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); RX/OTC
NEXIUM PACK	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA	PREVACID CPDR 30 MG (<i>lansoprazole</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily)
NEXIUM PACK (<i>esomeprazole magnesium</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA	PRILOSEC PACK	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA
<i>omeprazole CPDR 10 MG</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily)	PROTONIX PACK (<i>pantoprazole sodium</i>)	2	Max Limit: 60 days per 365 days; QL(1 ea daily); PA
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	Max Limit: 60 days per 365 days; QL(1 ea daily); MP	PROTONIX SOLR (<i>pantoprazole sodium</i>)	2	Max Limit: 60 days per 365 days; PA
<i>omeprazole TBEC</i>	1	QL(1 ea daily)	PROTONIX TBEC (<i>pantoprazole sodium</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; PA
<i>omeprazole TBEC</i>	1	Max Limit: 60 days per 365 days; QL(1 ea daily)	<i>rabeprazole sodium TBEC</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP
<i>pantoprazole sodium PACK</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA	VOQUEZNA	NP	
<i>pantoprazole sodium SOLR</i>	1	Max Limit: 60 days per 365 days; PA	Ulcer Drugs - Prostaglandins		
			CYTOTEC (<i>misoprostol</i>)	NP	MP; PA
			<i>misoprostol</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	NP	PA
<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	1	
HELIDAC THERAPY	2	
KONVOMEK SUSR	NP	PA
OMECLAMOX-PAK	NP	PA
<i>omeprazole-sodium bicarbonate CAPS</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); RX/OTC
<i>omeprazole-sodium bicarbonate PACK</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA
PYLERA (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>)	NP	PA
TALICIA	NP	PA
VOQUEZNA DUAL PAK	NP	
VOQUEZNA TRIPLE PAK	NP	
ZEGERID CAPS (<i>omeprazole-sodium bicarbonate</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA
ZEGERID PACK (<i>omeprazole-sodium bicarbonate</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	NP	MP
DETROL LA CP24 (<i>tolterodine tartrate</i>)	NP	QL(1 ea daily); MP; PA
DETROL TABS (<i>tolterodine tartrate</i>)	NP	QL(2 ea daily); MP; PA

Drug Name	Drug Tier	Requirements/Limits
DITROPAN XL TB24 5 MG (<i>oxybutynin chloride</i>)	NP	QL(2 ea daily); MP; PA
DITROPAN XL TB24 10 MG (<i>oxybutynin chloride</i>)	NF	QL(2 ea daily); MP
<i>fesoterodine fumarate</i>	1	MP
GELNIQUE GEL 10 %	NP	PA
<i>oxybutynin chloride SOLN</i>	1	
<i>oxybutynin chloride TABS 2.5 MG</i>	2	
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(3 ea daily); MP
<i>oxybutynin chloride TB24</i>	1	QL(2 ea daily); MP
OXYTROL PTTW	NP	PA; RX/OTC
<i>solifenacin succinate TABS</i>	1	MP
<i>tolterodine tartrate CP24</i>	NP	QL(1 ea daily); MP
<i>tolterodine tartrate TABS</i>	NP	QL(2 ea daily); MP
TOVIAZ (<i>fesoterodine fumarate</i>)	2	MP
<i>trospium chloride CP24</i>	NP	
<i>trospium chloride TABS</i>	NP	QL(2 ea daily); MP
VESICARE LS SUSP	NP	PA
VESICARE TABS (<i>solifenacin succinate</i>)	NP	MP; PA
VESICARE TABS 10 MG (<i>solifenacin succinate</i>)	NF	MP
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
<i>mirabegron TB24 25 MG, 50 MG</i>	NP	MP
MYRBETRIQ SRER	NP	PA
MYRBETRIQ TB24	NP	MP; PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	MP
Urinary Antispasmodics - Direct Muscle Relaxants		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>flavoxate hcl</i>	NP	MP	AFLURIA QUADRIVALENT 2022-2023 SUSY	2	
VACCINES			AFLURIA QUADRIVALENT 2023-2024 SUSP	2	
Bacterial Vaccines			AFLURIA QUADRIVALENT 2023-2024 SUSY	2	
ACTHIB SOLR IM	2		AREXVY	2	AL (At least 60 yrs old)
BCG VACCINE	2		COMIRNATY 2023-24 SUSP	2	
BEXSERO	2		COMIRNATY 2023-24 SUSY	2	
BIOTHRAX	2		COMIRNATY SUSP	2	
HIBERIX SOLR IJ	2		DENGVAXIA	2	
MENACTRA	2		ENGERIX-B SUSP 20 MCG/ML	2	3 max fill(s) per 999 day(s) retail
MENQUADFI	2		ENGERIX-B SUSY	2	3 max fill(s) per 999 day(s) retail
MENVEO SOLN	2		FLUAD QUADRIVALENT 2021-2022	2	
MENVEO SOLR	2		FLUAD QUADRIVALENT 2022-2023	2	
PEDVAX HIB SUSP	2		FLUAD QUADRIVALENT 2023-2024	2	
PENBRAYA	2		FLUARIX QUADRIVALENT 2021-2022 SUSY	2	
PNEUMOVAX 23	2		FLUARIX QUADRIVALENT 2022-2023 SUSY	2	
PNEUMOVAX 23/1 DOSE	2		FLUARIX QUADRIVALENT 2023-2024 SUSY	2	
PREVNAR 13	2		FLUBLOK QUADRIVALENT 2021-2022	2	
PREVNAR 20	2		FLUBLOK QUADRIVALENT 2022-2023	2	
TRUMENBA	2				
TYPHIM VI SOLN	2				
TYPHIM VI SOSY	2				
VAXCHORA	2				
VAXNEUVANCE	2				
VIVOTIF	2				
Viral Vaccines					
ABRYSVO	2				
ACAM2000	2				
AFLURIA QUADRIVALENT 2021-2022 SUSP	2				
AFLURIA QUADRIVALENT 2021-2022 SUSY	2				
AFLURIA QUADRIVALENT 2022-2023 SUSP	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUBLOK QUADRIVALENT 2023-2024	2		FLUZONE QUADRIVALENT 2022-2023 SUSP	2	
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	2		FLUZONE QUADRIVALENT 2022-2023 SUSY	2	
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	2		FLUZONE QUADRIVALENT 2023-2024 SUSP	2	
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	2		FLUZONE QUADRIVALENT 2023-2024 SUSY	2	
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	2		GARDASIL 9 SUSP	2	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	2		GARDASIL 9 SUSY	2	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	2		HAVRIX	2	
FLULAVAL QUADRIVALENT 2021-2022 SUSY	2		HEPLISAV-B SOSY	2	3 max fill(s) per 999 day(s) retail
FLULAVAL QUADRIVALENT 2022-2023 SUSY	2		IMOVAX RABIES (H.D.C.V.) SUSR	2	
FLULAVAL QUADRIVALENT 2023-2024 SUSY	2		IPOL INACTIVATED IPV	2	
FLUMIST QUADRIVALENT	2		IXIARO	2	
FLUZONE HIGH-DOSE PF 2021-2022	2		JANSSEN COVID-19 VACCINE	2	
FLUZONE HIGH-DOSE PF 2022-2023	2		JYNNEOS	2	
FLUZONE HIGH-DOSE PF 2023-2024	2		M-M-R II SOLR	2	
FLUZONE QUADRIVALENT 2021-2022 SUSP	2		MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	2	
FLUZONE QUADRIVALENT 2021-2022 SUSY	2		MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	2	
			MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	2	
			MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MODERNA COVID-19 VACCINE6-11Y SUSP	2		PROQUAD SUSR	2	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	2		RABAVERT	2	
MODERNA COVID-19 VACCINE SUSP	2		RECOMBIVAX HB SUSP	2	3 max fill(s) per 999 day(s) retail
NOVAVAX COVID-19 VACCINE	2		RECOMBIVAX HB SUSY	2	3 max fill(s) per 999 day(s) retail
NOVAVAX COVID-19 VACCINE/2023-24	2		ROTARIX SUSP	2	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	2		ROTARIX SUSR	2	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	2		ROTATEQ SOLN	2	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	2		SHINGRIX	2	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	2		SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	2	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	2		SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	2	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	2		SPIKEVAX COVID-19 VACCINE SUSP	2	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	2		STAMARIL SUSR	2	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	2		TICOVAC	2	
PFIZER-BIONTECH COVID-19VACCINE SUSP	2		TWINRIX SUSY	2	
PREHEVBRIO	2	3 max fill(s) per 999 day(s) retail	VAQTA	2	
PRIORIX SUSR	2		VARIVAX INJ	2	2 max fill(s) per 999 day(s) retail
			YF-VAX INJ	2	
			VAGINAL AND RELATED PRODUCTS		
			Vaginal Anti-infectives		
			CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	NP	QL(40 gm per fill retail); PA
			CLEOCIN SUPP	2	
			<i>clindamycin phosphate vaginal CREA</i>	1	QL(40 gm per fill retail)
			CLINDESSE	NP	PA
			<i>clotrimazole vaginal CREA 1 %</i>	1	QL(45 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole vaginal CREA 2 %</i>	1	
GYNAZOLE-1	NP	
<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 SUPP 200 MG</i>	1	QL(3 ea per fill retail)
MONISTAT 3 CREA (<i>miconazole nitrate vaginal</i>)	NF	QL(45 gm per 30 day(s) retail)
MONISTAT 7 SIMPLY CURE CREA (<i>miconazole nitrate vaginal</i>)	NF	QL(45 gm per fill retail)
NUVESSA	2	
<i>terconazole vaginal CREA 0.8 %</i>	1	QL(20 gm per fill retail)
<i>terconazole vaginal CREA 0.4 %</i>	1	QL(45 gm per fill retail)
<i>terconazole vaginal SUPP</i>	NP	QL(3 ea per fill retail)
VANDAZOLE	NP	QL(70 gm per fill retail); PA
XACIATO GEL	NP	PA
Vaginal Contraceptive - pH Modulators		
PHEXXI	2	
Vaginal Estrogens		
ESTRACE CREA (<i>estradiol vaginal</i>)	NP	MP; PA
<i>estradiol vaginal CREA</i>	1	MP
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	
FEMRING	NP	
PREMARIN	2	MP
VAGIFEM TABS (<i>estradiol vaginal</i>)	NP	PA
Vaginal Progestins		
CRINONE GEL	NP	PA
VASOPRESSORS - Drugs to Treat Heart and		

Drug Name	Drug Tier	Requirements/Limits
Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENALIN SOLN 1 MG/ML, 30 MG/30ML (<i>epinephrine (anaphylaxis)</i>)	NP	PA
AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	NP	QL(2 ea per 25 day(s) retail); PA
AUVI-Q SOAJ 0.1 MG/0.1ML	NP	PA
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(2 ea per 25 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(2 ea per 25 day(s) retail)
<i>epinephrine (anaphylaxis) SOLN 1 MG/ML</i>	2	
<i>epinephrine (anaphylaxis) SOLN 30 MG/30ML</i>	NP	PA
EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	2	QL(2 ea per 25 day(s) retail)
EPIPEN-JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	2	QL(2 ea per 25 day(s) retail)
SYMJEPI SOSY	2	QL(2 ea per 25 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	NP	SP; PA
NORTHERA (<i>droxidopa</i>)	NP	SP; PA
Vasopressors		
AKOVAZ SOLN IV (<i>ephedrine sulfate (pressors)</i>)	NP	PA
<i>ephedrine sulfate (pressors) SOLN IV</i>	1	PA
EPHEDRINE SULFATE SOLN IV 50 MG/ML	2	PA
EPINEPHRINE HCL SOLN IJ	2	PA

Drug Name	Drug Tier	Requirements/ Limits
LEVOPHED IV (norepinephrine bitartrate)	2	PA
midodrine hcl	1	
norepinephrine bitartrate IV	1	PA
phenylephrine hcl (pressors) SOLN IV	1	PA
PHENYLEPHRINE HYDROCHLORIDE SOLN IV (phenylephrine hcl (pressors))	2	PA
VAZCULEP SOLN IV (phenylephrine hcl (pressors))	2	PA
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD OR (cholecalciferol)	NF	
cholecalciferol CAPS 250 MCG	2	
cholecalciferol CAPS 25 MCG, 1000 UNIT	1	QL(100 ea per fill retail)
cholecalciferol LIQD OR 10 MCG/ML	1	
cholecalciferol TABS 25 MCG, 1000 UNIT	1	
D-VI-SOL LIQD OR (cholecalciferol)	NF	
ergocalciferol CAPS	1	MP
MEPHYTON TABS (phytonadione)	NP	
phytonadione TABS 5 MG	1	
VITAMIN D3 TABS (cholecalciferol)	NF	
Water Soluble Vitamins		
niacin TABS 500 MG	1	
pyridoxine hcl TABS 50 MG	1	
thiamine hcl SOLN	1	PA
thiamine hcl TABS 100 MG	1	QL(100 ea per 34 day(s) retail)

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ADRENALIN SOLN 1 MG/ML, 30 MG/30ML (epinephrine (anaphylaxis))	175	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	106	AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	139
ADSTILADRIN	46	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	106	AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	139
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ADVAIR HFA AERO (fluticasone-salmeterol)	18	ADYNOVATE	88	AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	140
ADVANCED MOBILE LANCET 30G 98		ADZENYS XR-ODT TBED	1	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	140
ADVATE	88	AEMCOLO	42	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	140
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ADVIN COVID-19 ANTIGEN HOME TEST KIT	77	AEROCHAMBER HOLDING CHAMBER DEVI	139	AEROECLIPSE EZ TWIST TUBING MISC	140
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ADVOCATE INSULIN PEN NEEDLES	106	AEROCHAMBER MV MISC	139	AEROECLIPSE MASK MEDIUM MISC	140
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	106	AEROCHAMBER PLUS FLOW VU MISC	139	AEROECLIPSE MASK SMALL MISC	140
ADVOCATE INSULIN PEN NEEDLES 31GX5MM	106	AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	139		
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AFINITOR TABS (everolimus)	47	AJOVY SOSY	145	alendronate sodium TABS 35 MG, 70 MG	80
AFLURIA QUADRIVALENT 2021- 2022 SUSP	172	AKEEGA	46	alendronate sodium TABS 5 MG ..	80
AFLURIA QUADRIVALENT 2021- 2022 SUSY	172	AKOVAZ SOLN IV (ephedrine sulfate (pressors))	175	ALEVE ARTHRITIS TABS (naproxen sodium)	6
AFLURIA QUADRIVALENT 2022- 2023 SUSP	172	AKTEN	158	ALEVE TABS (naproxen sodium) ..	6
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AFLURIA QUADRIVALENT 2022- 2023 SUSY	172	AKYNZEO SOLN	34	ALINIA TABS (nitazoxanide)	42
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AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	30	albuterol sulfate NEBU 0.083 % ..	18	ALL FLOW 1000 PFT FILTER DEVI .	140
AFSTYLA	88	albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	18	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	140
AGAMATRIX ULTRA-THIN LANCETS 33G	98	albuterol sulfate NEBU 2.5 MG/0.5ML	18	ALL FLOW 2000 PFT FILTER DEVI .	140
AGAMREE	65	albuterol sulfate SYRP	18	ALL FLOW 3000 PFT FILTER DEVI .	140
AGRYLIN 0.5 MG (anagrelide hcl)	90	albuterol sulfate TABS	18	ALL FLOW 4000 PFT FILTER DEVI .	140
AIMOVIK	145	ALCAINE (proparacaine hcl)	158	ALL FLOW 5000 PFT FILTER DEVI .	140
AIRDUO DIGIHALER 113/14	18	alclometasone dipropionate CREA	72	ALL FLOW 6000 PFT FILTER DEVI .	140
AIRDUO DIGIHALER 232/14	18	alclometasone dipropionate OINT	72	ALL FLOW 7000 PFT FILTER DEVI .	140
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AIRDUO RESPICLICK 113/14 AEPB (fluticasone-salmeterol)	18	ALCOHOL SWABS	105	ALLOPURINOL	88
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		ALDACTONE TABS (spironolactone)	80		

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ALLZITAL TABS	8	ALUNBRIG TBPK	amiloride hcl TABS	80
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ALOCRIL	159	ALVESCO	aminocaproic acid SOLN OR 0.25 GM/ML	92
alogliptin benzoate	30	alvimopan	aminocaproic acid TABS 1000 MG 92	
alogliptin-metformin hcl	28	amantadine hcl CAPS	aminocaproic acid TABS 500 MG .	92
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	28	amantadine hcl SOLN	aminophylline SOLN	19
ALOMIDE	159	amantadine hcl TABS	amidarone hcl SOLN 50 MG/ML, 450 MG/9ML, 900 MG/18ML	16
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ALPHANATE SOLR	88	AMBIEN TABS (zolpidem tartrate) .	AMJEVITA SOSY	5
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alprazolam TABS	15	amcinonide LOTN	amlodipine besylate-benazepril hcl 40	
alprazolam TB24	15	AMD FOAM DRESSING 4"X4" PADS	amlodipine besylate-olmesartan medoxomil	40
alprazolam TBDP	15	AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	amlodipine besylate-valsartan	40
ALPROLIX	88	AMELUZ GEL	amlodipine-valsartan- hydrochlorothiazide	40
ALREX SUSP (loteprednol etabonate)	159	AMERGE (naratriptan hcl)	AMONDYS 45	154
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ALTRENO LOTN	68	AMICAR TABS 500 MG (aminocaproic acid)	amoxicillin & pot clavulanate SUSR	161
ALTUVIIIO	88	amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML		
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amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG 1	ANAFRANIL (clomipramine hcl) .. 28	APHEXDA91
amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG- 12.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 6.25 MG-6.25 MG- 6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG-9.375 MG1	anagrelide hcl 90	APIDRA SOLN30
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	ANASPAZ TBDP (hyoscyamine sulfate)168	APOKYN SOCT 49
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	ANDROGEL GEL TD 25 MG/2.5GM, 50 MG/5GM (testosterone) 12	aprepitant CAPS 34
	ANDROGEL PUMP GEL TD 1.62 % (testosterone) 12	aprepitant MISC 34
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AQ INSULIN SYRINGE/1ML/29G X 1/2"	106	armodafinil 150 MG, 200 MG, 250 MG	2
AQ INSULIN SYRINGE/1ML/31G X 5/16"	106	armodafinil 50 MG	2
AQINJECT PEN NEEDLE/31G X 3/16"	106	ARMONAIR DIGIHALER	17
AQINJECT PEN NEEDLE/32G X 5/32"	106	ARMOUR THYROID TABS	167
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ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	90	AROMASIN (exemestane)	46
ARANESP ALBUMIN FREE SOSY 90		ARTHROTEC 50 TBEC (diclofenac w/ misoprostol)	6
ARAVA (leflunomide)	8	ARTHROTEC 75 TBEC (diclofenac w/ misoprostol)	6
ARAZLO LOTN	68	ASACOL HD TBEC (mesalamine) .85	
ARCALYST	6	asenapine maleate	52
AREXVY	172	ASMANEX HFA AERO	17
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ARICEPT TABS 5 MG, 10 MG (donepezil hydrochloride)	162	ASMANEX TWISTHALER 30 METERED DOSES AEPB	17
ARIKAYCE	4	ASMANEX TWISTHALER 60 METERED DOSES AEPB	17
ARIMIDEX (anastrozole)	46	aspirin CHEW	9
aripiprazole SOLN OR	54	aspirin TABS 325 MG	9
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			ATELVIA TBEC (risedronate sodium)
			atenolol & chlorthalidone
			atenolol TABS
			ATIVAN SOLN (lorazepam)
			ATIVAN TABS 0.5 MG, 2 MG (lorazepam)
			ATIVAN TABS 1 MG (lorazepam) .
			atomoxetine hcl
			ATORVALIQ SUSP
			atorvastatin calcium TABS
			atovaquone
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			atropine sulfate (ophthalmic) SOLN 157
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			ATROVENT HFA
			AUBAGIO (teriflunomide)
			AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)
			AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML
			AUGMENTIN TABS 125 MG-500 MG

(amoxicillin & pot clavulanate)	162	PENTIPS/32GX5/32"	107	AVSOLA	85
AUGTYRO	47	AURORA UNIFINE PENTIPS/MINI/31GX3/16"	107	AYGESTIN TABS (norethindrone acetate)	162
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AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	107	AUSTEDO PATIENT TITRATION KIT TBPB	163	AZASITE	158
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AUM MINI INSULIN PEN NEEDLE/32GX8MM	107	AUTO-LANCET MINI MISC	98	azelastine hcl (ophth)	159
AUM MINI INSULIN PEN NEEDLE/33GX4MM	107	AUTO-LANCET MISC	98	azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY	153
AUM PEN NEEDLE/32GX4MM	107	AUTOLET IMPRESSION LANCING DEVICE MISC	98	azelastine hcl-fluticasone propionate SUSP	153
AUM PEN NEEDLE/32GX5MM	107	AUTOLET LANCING DEVICE MISC	98	AZILECT (rasagiline mesylate)	50
AUM PEN NEEDLE/32GX6MM	107	AUTOLET MINI MISC	98	azithromycin PACK	95
AUM PEN NEEDLE/33GX4MM	107	AUTOLET PLUS MISC	99	azithromycin SUSR 100 MG/5ML	95
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AUM SAFETY PEN NEEDLE/31G X 4MM	107	AUVI-Q SOAJ 0.1 MG/0.1ML	175	azithromycin TABS 250 MG	95
AUM SAFETY PEN NEEDLE/31G X 5MM	107	AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	175	azithromycin TABS 500 MG	95
AURORA PEN NEEDLES 29GX12MM	107	AVALIDE (irbesartan- hydrochlorothiazide)	40	azithromycin TABS 600 MG	95
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AURORA UNIFINE		AVAR-E LS CREA (sulfacetamide sodium w/ sulfur)	68	AZOR (amlodipine besylate- olmesartan medoxomil)	40
		AVEED SOLN	12	AZSTARYS	2
		AVODART (dutasteride)	87	AZULFIDINE EN-TABS TBEC (sulfasalazine)	85
		AVONEX PEN AJKT	164	AZULFIDINE TABS (sulfasalazine) 85	
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bacitracin-polymyxin b (ophth) ...	158	BAXDELA TABS	84	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	107
bacitracin-polymyxin b OINT	69	BCG VACCINE	172	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	108
bacitracin-polymyxin b OINT	70	b-complex w/ c & folic acid CAPS 150		BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	108
bacitracin-poly-neomycin-hc	159	b-complex w/ c & folic acid TABS 100 MG-10 MG-0.3 MG-1 MG-1.5 MG- 0.006 MG-10 MG-1.7 MG-20 MG, 500 MG-4 MG-0.5 MG-5 MCG-18 MG-15 MG-100 MG-15 MG, 60 MG- 10 MG-300 MCG-1 MG-6 MCG-1.7 MG-20 MG-10 MG-1.5 MG	150	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	107
baclofen SOLN OR 5 MG/5ML, 10 MG/5ML	152	b-complex w/ c & folic acid TABS 60 MG-300 MCG-1 MG-1.5 MG-20 MG- 10 MG-10 MG-1.7 MG-6 MCG ...	150	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	107
baclofen SUSP	152	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	107	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	108
baclofen TABS 15 MG	152	BD BLUNT FILL NEEDLE/18GX 1- 1/2"	107	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	108
baclofen TABS	152	BD ECLIPSE 18G X 1-1/2"	107	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM	108
BACMIN TABS	150	BD ECLIPSE NEEDLE/18G X 1-1/2"	107	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	108
BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	42	BD HYPODERMIC NEEDLE REGULAR BEVEL THIN WALL 18G X 1-1/2"	107	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	108
BACTRIM TABS (sulfamethoxazole- trimethoprim)	42	BD INSULIN SYRINGE LUER- LOK/U-100/1ML	107	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	108
BAFIERTAM	164	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	107	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 12.7MM	108
BAL IN OIL	33			BD INSULIN SYRINGE	
BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	63				
balsalazide disodium CAPS	85				
BALVERSA	47				
BAND-AID GAUZE PADS LARGE4" X 4" PADS	96				
BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	96				
BANZEL SUSP (rufinamide)	22				
BANZEL TABS (rufinamide)	22				
BAQSIMI ONE PACK POWD	29				

ULTRAFINE/0.5ML/31G X 5/16" 108	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM .....108	BELBUCA FILM .....11
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM .....108	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM .....108	BELSOMRA .....93
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM 108	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM .....108	BENADRYL ALLERGY CAPS (diphenhydramine hcl) .....36
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" ....108	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" .....108	BENADRYL ALLERGY CHILDRENS LIQD (diphenhydramine hcl) .....35
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM .....108	BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM .....108	BENADRYL ALLERGY TABS (diphenhydramine hcl) .....36
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM .....108	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM .....109	BENADRYL ALLERGY ULTRATABS TABS (diphenhydramine hcl) .....35
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" .....108	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM .....109	benazepril & hydrochlorothiazide .40
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" .....108	BD PLASTIPAK 3ML SYRINGE/LUER-LOK .....109	benazepril hcl 40 MG .....38
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" .....108	BD SAFETYGLIDE HYPODERMICNEEDLE 18G X 1-1/2" .....109	benazepril hcl 5 MG, 10 MG, 20 MG .38
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM .....108	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" ....109	BENEFIX KIT .....88
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM .....108	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" ...109	BENICAR (olmesartan medoxomil) 39
BD INSULIN SYRINGE/1ML/27G X 12.7MM .....108	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" ....109	BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide) ...40
BD INSULIN SYRINGE/1ML/29G X 12.7MM .....108	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" ....109	BENLYSTA SOAJ .....149
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" .....108	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" 109	BENLYSTA SOLR .....149
BD LUER-LOK SYRINGE/3ML ..108	BD SLIP TIP SYRINGE/3ML ....109	BENLYSTA SOSY .....149
BD NEEDLE BLUNT 5 MICRONFILTER/18G X 1-1/2" ..108	BD SWABS SINGLE USE .....105	BENTYL SOLN IM (dicyclomine hcl) .168
BD NEEDLE/18G 1-1/2" .....108	BD VERITOR AT-HOME COVID-19 TEST KIT .....77	BENZAMYCIN GEL (benzoyl peroxide-erythromycin) .....68
BD NOKOR NEEDLE ADMIX THIN WALL/18G X 1-1/2" .....108	BECONASE AQ .....153	BENZHYDROCODONE/ACETAMINOPHEN .....11
		BENZNIDAZOLE .....14
		benzocaine-docusate sodium ENEM .95
		benzoyl peroxide-erythromycin GEL .68
		benztropine mesylate SOLN .....49

benztropine mesylate TABS	49	betaxolol hcl	58	bismuth subcitrate potassium- metronidazole-tetracycline	171
bepotastine besilate	159	bethanechol chloride	171	bismuth subsalicylate CHEW 262 MG	32
BEPREVE (bepotastine besilate) 160		BETHKIS NEBU (tobramycin)	4	bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/30ML	32
BERINERT KIT	89	BETIMOL	156	bismuth subsalicylate TABS	32
BESIVANCE	158	BETOPTIC-S SUSP	156	bisoprolol & hydrochlorothiazide ..	40
BESREMI	49	BEVESPI AEROSPHERE	18	bisoprolol fumarate	58
betaine	82	bexarotene (topical)	71	BLEPH-10 SOLN (sulfacetamide sodium (ophth))	158
betamethasone dipropionate (topical) CREA	72	bexarotene	49	BLOXIVERZ SOLN IV (neostigmine methylsulfate)	44
betamethasone dipropionate (topical) LOTN	72	BEXSERO	172	BONIVA TABS (ibandronate sodium) 80	
betamethasone dipropionate (topical) OINT	73	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ...	64	BONJESTA TBCR	34
betamethasone dipropionate augmented CREA	73	bicalutamide	46	BOOSTRIX SUSP	168
betamethasone dipropionate augmented GEL 0.05 %	73	BICILLIN C-R 300000 UNIT/2ML- 900000 UNIT/2ML, 300000 UNIT/ML- 300000 UNIT/ML	162	BOOSTRIX SUSY	168
betamethasone dipropionate augmented LOTN	73	BICILLIN L-A SUSY	161	bosentan TABS	62
betamethasone dipropionate augmented OINT	73	BIDIL (isosorbide dinitrate- hydralazine hcl)	61	BOSULIF CAPS	47
betamethasone sod phosphate & acetate SUSP	65	BIJUVA	84	BOSULIF TABS 100 MG	47
betamethasone valerate CREA ...	73	BIKTARVY	54	BOSULIF TABS 400 MG, 500 MG	47
betamethasone valerate FOAM ...	73	BILTRICIDE (praziquantel)	14	BRAFTOVI 75 MG	47
betamethasone valerate LOTN ...	73	bimatoprost SOLN	160	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	140
betamethasone valerate OINT ...	73	BIMZELX SOAJ	71	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	140
BETAPACE AF (sotalol hcl (afib/af))	59	BIMZELX SOSY	71	BREATHE EASE NEBULIZER MASK/CHILD MISC	140
BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	59	BINAXNOW COVID-19 AG CARD HOME TEST KIT	77	BREATHE EASE NEBULIZER MASK/INFANT MISC	140
BETASERON KIT	164	BINOSTO TBEF	80	BREATHE EASE/LARGE MASK	
betaxolol hcl (ophth) SOLN	156	BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	96		
		BIOTHRAX	172		
		bisacodyl SUPP	95		
		bisacodyl TBEC	95		

DEVI	140	BRISDELLE (paroxetine mesylate (vasomotor))	166	BUPHENYL POWD (sodium phenylbutyrate)	82
BREATHE EASE/MEDIUM MASK DEVI	140	BRIUMVI	164	BUPHENYL TABS (sodium phenylbutyrate)	82
BREATHE EASE/SMALL MASK DEVI	140	BRIVIACT SOLN IV 50 MG/5ML ..	22	BUPRENEX SOLN (buprenorphine hcl)	11
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	140	BRIVIACT SOLN OR 10 MG/ML ..	22	buprenorphine hcl SOLN	12
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	140	BRIVIACT TABS	22	buprenorphine hcl SUBL 2 MG	12
BREO ELLIPTA (fluticasone furoate-vilanterol)	18	BRIXADI SOSY	11	buprenorphine hcl SUBL 8 MG	12
BREO ELLIPTA 200 MCG/INH-25 MCG/INH	18	bromfenac sodium (ophth)	160	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG ..	11
BREO ELLIPTA 50 MCG/INH-25 MCG/INH	18	bromocriptine mesylate CAPS	49	buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG	11
BREVIBLOC (esmolol hcl-sodium chloride)	58	bromocriptine mesylate TABS 2.5 MG	49	buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	11
BREVIBLOC PREMIXED (esmolol hcl-sodium chloride)	58	BROMSITE (bromfenac sodium (ophth))	160	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...	11
BREVIBLOC PREMIXED DOUBLESTRENGTH (esmolol hcl-sodium chloride)	58	BRONCHITOL	166	buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	12
BREXAFEMME	34	BRONCHITOL TOLERANCE TEST .	166	buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	12
BREYANZI	45	BROVANA (arformoterol tartrate) .	18	buprenorphine PTWK 7.5 MCG/HR 12	
BREZTRI AEROSPHERE	18	BRUKINSA	47	buprenorphine PTWK	12
BRILINTA	90	BRYHALI LOTN	73	bupropion hcl (smoking deterrent) 165	
brimonidine tartrate (topical)	76	BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	140	bupropion hcl TABS	25
brimonidine tartrate 0.1 %, 0.15 % 158		budesonide (inhalation) SUSP	17	bupropion hcl TB12	25
brimonidine tartrate 0.2 %	157	budesonide (intrarectal)	13	bupropion hcl TB24 150 MG, 300 MG	25
brimonidine tartrate-timolol maleate .	156	budesonide (nasal)	153	bupropion hcl TB24 450 MG	25
BRINEURA	82	budesonide CPEP	65	bupirone hcl	15
brinzolamide	160	budesonide TB24	65	bupirone hcl 15 MG, 30 MG	15
		budesonide-formoterol fumarate dihydrate	18	butalbital-acetaminophen CAPS 50	
		bumetanide SOLN 0.25 MG/ML ...	80		
		bumetanide TABS	80		
		BUMEX TABS 0.5 MG (bumetanide) .	80		

MG-300 MG	8	MG, 10 MG-40 MG, 10 MG-80 MG, 5	calcium carbonate TABS 600 MG
butalbital-acetaminophen TABS 50		MG-10 MG, 5 MG-20 MG, 5 MG-80	147
MG-300 MG, 50 MG-325 MG	8	MG (amlodipine besylate-atorvastatin	CALCIUM CARBONATE TABS 648
butalbital-acetaminophen-caffeine		calcium)	MG
CAPS 40 MG-50 MG-300 MG	8	CAFCIT SOLN IV 60 MG/3ML	calcium carbonate-cholecalciferol
butalbital-acetaminophen-caffeine		(caffeine citrate)	TABS 10 MCG-600 MG, 400 UNIT-
CAPS 40 MG-50 MG-325 MG	8	CAFERGOT TABS (ergotamine w/	600 MG
butalbital-acetaminophen-caffeine		caffeine)	calcium carbonate-cholecalciferol
TABS 40 MG-50 MG-325 MG	8	caffeine citrate SOLN OR	TABS 200 UNIT-500 MG, 400 UNIT-
butalbital-acetaminophen-caffeine w/		CALAN SR TBCR 120 MG, 240 MG	500 MG, 500 MG-5 MCG
codeine	11	(verapamil hcl)	calcium carbonate-cholecalciferol
butalbital-aspirin-caffeine CAPS	8	CALAN SR TBCR 180 MG	TABS 200 UNIT-500 MG
butalbital-aspirin-caffeine w/cod ...	11	(verapamil hcl)	CALQUENCE
butorphanol tartrate NA 10 MG/ML		calcipotriene CREA	CALTRATE 600+D3 TABS (calcium
12		calcipotriene FOAM	carbonate-cholecalciferol)
BUTRANS PTWK (buprenorphine)		CALCIPOTRIENE FOAM	CALTRATE BONE HEALTH TABS
12		calcipotriene OINT	(calcium carbonate-cholecalciferol)
BYDUREON BCISE AUIJ	30	calcipotriene SOLN	147
BYETTA SOPN	30	calcipotriene-betamethasone	CAMBIA (diclofenac potassium
BYLVAY (PELLETS) CPSP	85	dipropionate OINT	(migraine))
BYLVAY CAPS	85	calcipotriene-betamethasone	CAMCEVI
BYSTOLIC (nebivolol hcl)	58	dipropionate SUSP	CAMZYOS
BYSTOLIC 5 MG (nebivolol hcl) ...	58	calcitonin (salmon) IJ	CANASA SUPP (mesalamine)
CABENUVA	54	calcitonin (salmon) NA	86
cabergoline	83	calcitriol (topical)	CANCIDAS (caspofungin acetate)
CABLIVI	90	calcitriol CAPS	34
CABOMETYX TABS	47	calcitriol SOLN OR	candesartan cilexetil
CABTREO	68	calcium acetate (phosphate binder)	candesartan cilexetil-
CADUET 10 MG-10 MG, 10 MG-20		CAPS	hydrochlorothiazide
MG, 10 MG-40 MG, 10 MG-80 MG, 5		calcium acetate (phosphate binder)	capecitabine
MG-10 MG, 5 MG-20 MG, 5 MG-40		TABS	CAPLYTA
MG, 5 MG-80 MG (amlodipine		calcium carbonate (antacid) CHEW	CAPRELSA 100 MG
besylate-atorvastatin calcium)	61	500 MG, 750 MG, 1000 MG	47
CADUET 10 MG-10 MG, 10 MG-20		calcium carbonate (antacid) SUSP	CAPRELSA 300 MG
		14	47
			captopril & hydrochlorothiazide ...
			40
			captopril
			39

CARAC CREA (fluorouracil (topical)) 71	(diltiazem hcl coated beads) .....59	CAREONE INSULIN SYRINGES/1ML/30G X 1/2" .....109
CARAFATE SUSP (sucralfate) ...169	CARDIZEM CD CP24 360 MG (diltiazem hcl coated beads) .....59	CAREONE INSULIN SYRINGES/1ML/31GX5/16" .....109
CARAFATE TABS (sucralfate) ...169	CARDIZEM LA TB24 (diltiazem hcl) 59	CAREONE LANCET SUPER THIN/30G .....99
CARBAGLU (carglumic acid) .....82	CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl) .....59	CAREONE UNIFINE PENTIPS 29GX12MM .....109
carbamazepine CHEW .....22	CARDURA (doxazosin mesylate) .39	CAREONE UNIFINE PENTIPS 31GX5MM .....109
carbamazepine CP12 .....22	CARDURA 8 MG (doxazosin mesylate) .....39	CAREONE UNIFINE PENTIPS 31GX6MM .....109
carbamazepine SUSP .....22	CARDURA XL .....88	CAREONE UNIFINE PENTIPS 31GX8MM .....109
carbamazepine TABS .....22	CAREFINE PEN NEEDLE 32GX4MM .....109	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM .....109
carbamazepine TB12 .....22	CAREFINE PEN NEEDLES 29GX1/2" .....109	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM .....109
carbamide peroxide (otic) 6.5 % ..160	CAREFINE PEN NEEDLES 30GX5/16" .....109	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM .....109
CARBATROL CP12 (carbamazepine) .....22	CAREFINE PEN NEEDLES 31GX6MM .....109	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM .....109
carbidopa .....49	CAREFINE PEN NEEDLES 31GX8MM .....109	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM .....110
carbidopa-levodopa TABS 100 MG- 25 MG, 250 MG-25 MG .....50	CAREFINE PEN NEEDLES 32GX5MM .....109	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM .....110
carbidopa-levodopa TABS .....50	CAREFINE PEN NEEDLES 32GX6MM .....109	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32" ....110
carbidopa-levodopa TBCR .....50	CAREONE ADVANCED LANCINGDEVICE MISC .....99	CAREPOINT PRECISION POLYHUB NEEDLE/18GX1-1/2" .....110
carbidopa-levodopa TBDP .....50	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" ...109	CAREPOINT PRECISION SYRINGE/LUER LOCK/3ML ....110
carbidopa-levodopa-entacapone ..50	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" .109	CARESTART COVID-19 ANTIGEN HOME TEST KIT .....77
carbinoxamine maleate SOLN ....36	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" ...109	CARETOUCH 2 CPAP HOSE HANGER MISC .....141
carbinoxamine maleate TABS 4 MG . 36	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" .109	
carboxymethylcellulose sodium (ophth) SOLN 0.5 %156		
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML 59		
CARDIOCOM LANCING DEVICE MISC .....99		
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (diltiazem hcl coated beads) .....59		
CARDIZEM CD CP24 240 MG		

CARETOUCH CPAP & BIPAP HOSE/6FT MISC	141	CARETOUCH PEN NEEDLES 32GX 5MM	110	CATAPRES-TTS-3 (clonidine)	39
CARETOUCH CPAP MASK WIPES MISC	141	CARETOUCH TWIST LANCETS 28G	99	CATHFLO ACTIVASE IJ	90
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC 141		CARETOUCH TWIST LANCETS 30G	99	CAYSTON	43
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	141	CARETOUCH TWIST LANCETS MULTI COLOR/30G	99	cefaclor CAPS	63
CARETOUCH HYPODERMIC NEEDLE/18GX1-1/2"	110	CARETOUCH UNIVERSAL CPAPFILTERS MISC	141	CEFACLOR ER TB12	63
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	110	carglumic acid	82	cefaclor SUSR 125 MG/5ML, 375 MG/5ML	63
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	110	carisoprodol TABS	152	cefadroxil CAPS	62
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	110	CARNITOR SF SOLN OR (levocarnitine (metabolic modifiers)) 82		cefadroxil SUSR	62
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	110	CARNITOR SOLN OR 1 GM/10ML (levocarnitine (metabolic modifiers)) 82		cefadroxil TABS	62
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	110	CARNITOR TABS (levocarnitine (metabolic modifiers))	82	CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML	62
CARETOUCH LANCING DEVICewith EJECTOR MISC ...	99	CAROSPIR SUSP (spironolactone) 80		cefazolin sodium SOLR IJ 1 GM, 3 GM, 10 GM, 500 MG	62
CARETOUCH LUER LOCK SYRINGE/3ML	110	carteolol hcl (ophth)	156	cefazolin sodium SOLR IJ 2 GM ...	63
CARETOUCH PEN NEEDLE 29GX1/2"	110	carvedilol 25 MG	58	CEFAZOLIN SODIUM SOLR IV 2 GM	63
CARETOUCH PEN NEEDLE 33GX5/32"	110	carvedilol 3.125 MG, 6.25 MG, 12.5 MG	58	CEFAZOLIN SODIUM/DEXTROSE SOLR	62
CARETOUCH PEN NEEDLES 31G X 6 MM	110	carvedilol phosphate	58	CEFAZOLIN SOLN	63
CARETOUCH PEN NEEDLES 31GX 5MM	110	CARVYKTI	45	CEFAZOLIN SOLR IV	63
CARETOUCH PEN NEEDLES 31GX 8MM	110	CASGEVY	90	cefdinir CAPS	63
CARETOUCH PEN NEEDLES 32GX 4MM	110	CASODEX (bicalutamide)	46	cefdinir SUSR	63
		casprofungin acetate	34	cefepime hcl SOLR IJ 1 GM	63
		CASPOFUNGIN ACETATE	34	CEFEPIME SOLN	63
		CATAPRES-TTS-1 (clonidine) ...	39	CEFEPIME/DEXTROSE	63
		CATAPRES-TTS-2 (clonidine) ...	39	cefixime CAPS	63
				cefixime SUSR	63
				CEFOTAN IJ (cefotetan disodium)	63
				cefotetan disodium IJ 1 GM, 2 GM	63
				CEFOXITIN SODIUM	63
				cefoxitin sodium IV	63

cefepodoxime proxetil SUSR 63	AG HOME TEST KIT 77	cevimeline hcl 150
cefepodoxime proxetil TABS 63	CELONTIN (methsuximide) 25	CHEMET 33
cefprozil SUSR 125 MG/5ML 63	CENTRUM ADULTS TABS (multiple vitamins w/ minerals) 150	CHENODAL 85
cefprozil SUSR 250 MG/5ML 63	CENTRUM MEN TABS (multiple vitamins w/ minerals) 150	CHILDRENS ADVIL SUSP 100 MG/5ML (ibuprofen) 6
cefprozil TABS 63	CENTRUM SILVER 50+MEN TABS (multiple vitamins w/ minerals) ... 150	CHILDRENS MOTRIN SUSP 100 MG/5ML (ibuprofen) 6
ceftazidime IJ 1 GM, 6 GM 63	CENTRUM SILVER 50+WOMEN TABS (multiple vitamins w/ minerals) 150	chlordiazepoxide hcl CAPS 5 MG . 15
CEFTAZIDIME/DEXTROSE 63	CENTRUM SILVER ADULT 50+ TABS (multiple vitamins w/ minerals) 150	chlordiazepoxide hcl CAPS 15
ceftriaxone sodium IJ 1 GM 63	CENTRUM SILVER ADULTS 50+ TABS (multiple vitamins w/ minerals) 150	chlordiazepoxide hcl-clidinium bromide 168
ceftriaxone sodium IJ 2 GM 63	CENTRUM SILVER ADULTS 50+ TABS (multiple vitamins w/ minerals) 150	chlordiazepoxide-amitriptyline ... 163
ceftriaxone sodium IJ 250 MG, 500 MG 63	CENTRUM SILVER ADULTS 50+ TABS (multiple vitamins w/ minerals) 150	chlorhexidine gluconate (mouth-throat) 149
ceftriaxone sodium in dextrose ... 63	CENTRUM SILVER ADULTS 50+ TABS (multiple vitamins w/ minerals) 150	chloroquine phosphate TABS 250 MG 44
CEFTRIAZONE/DEXTROSE 63	CENTRUM SILVER TABS (multiple vitamins w/ minerals) 150	chloroquine phosphate TABS 500 MG 43
cefuroxime axetil TABS 63	CENTRUM WOMEN TABS (multiple vitamins w/ minerals) 151	chlorothiazide sodium 80
cefuroxime sodium IJ 750 MG 63	cephalexin CAPS 63	chlorpheniramine maleate TABS .. 35
CELEBREX (celecoxib) 6	cephalexin SUSR 63	chlorpromazine hcl CONC 53
celecoxib 6	cephalexin TABS 63	chlorpromazine hcl SOLN 53
CELESTONE SOLUSPAN SUSP (betamethasone sod phosphate & acetate) 65	CEPROTIN 89	chlorpromazine hcl TABS 10 MG . 53
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CELEXA TABS 20 MG (citalopram hydrobromide) 26	CERDELGA 90	chlorthalidone 25 MG, 50 MG 80
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DIATHRIVE PEN NEEDLE/31GX	dicyclomine hcl SOLN IM168	DILANTIN-125 SUSP (phenytoin) .24
5MM112	dicyclomine hcl SOLN OR168	DILAUDID LIQD (hydromorphone
DIATHRIVE PEN NEEDLE/32GX	dicyclomine hcl TABS168	hcl)9
4MM112	DIFFERIN CREA (adapalene)68	DILAUDID TABS (hydromorphone
diazepam (anticonvulsant) GEL ...21		hcl)9
diazepam CONC15		diltiazem hcl coated beads CP24 120
diazepam SOLN IJ 5 MG/ML, 10		

MG, 180 MG, 300 MG	59	diphenoxylate w/ atropine LIQD ...	33	MG	163
diltiazem hcl coated beads CP24 240 MG	59	diphenoxylate w/ atropine TABS ...	33	donepezil hydrochloride TABS 5 MG, 10 MG	163
diltiazem hcl coated beads CP24 360 MG	59	DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP .		168	donepezil hydrochloride TBPDP ...
diltiazem hcl CP12	60	DIPROLENE OINT (betamethasone dipropionate augmented)	74	dopamine hcl 40 MG/ML	61
diltiazem hcl CP24 120 MG, 180 MG 60		dipyridamole	90	DOPAMINE HYDROCHLORIDE (dopamine hcl)	
diltiazem hcl CP24 240 MG	60	disopyramide phosphate CAPS ...	16	DOPAMINE HYDROCHLORIDE/DEXTROSE .	
diltiazem hcl extended release beads	60	disulfiram	162	DOPAMINE/D5W	
diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	60	DITROPAN XL TB24 10 MG (oxybutynin chloride)	171	DOPTOLET	
diltiazem hcl SOLN	60	DITROPAN XL TB24 5 MG (oxybutynin chloride)	171	DORAL (quazepam)	
DILTIAZEM HCL SOLR	60	DIURIL SUSP	80	DORYX MPC TBEC	
diltiazem hcl TABS	60	divalproex sodium CSDR	25	DORYX TBEC 50 MG, 200 MG (doxycycline hyclate)	
diltiazem hcl TB24	60	divalproex sodium TB24	25	DORYX TBEC 80 MG (doxycycline hyclate)	
DIMENHYDRINATE SOLN	34	divalproex sodium TBEC	25	dorzolamide hcl	
dimethyl fumarate CDPK	164	DIVIGEL GEL (estradiol)	84	dorzolamide hcl-timolol maleate .	
dimethyl fumarate CPDR	164	dobutamine hcl 12.5 MG/ML, 250 MG/20ML	61	DOVATO	
DIOVAN HCT (valsartan-hydrochlorothiazide)	40	DOBUTAMINE HCL/D5W	61	DOVONEX CREA (calcipotriene) ..	
DIOVAN TABS (valsartan)	39	DOBUTAMINE HYDROCHLORIDE/DEXTROSE 5%	61	doxazosin mesylate	
DIPENTUM	86	docusate calcium	95	doxepin hcl (antipruritic)	
diphenhydramine hcl CAPS	36	docusate sodium CAPS 100 MG, 250 MG	95	doxepin hcl (sleep)	
diphenhydramine hcl ELIX 12.5 MG/5ML	36	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	95	doxepin hcl CAPS	
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML	36	docusate sodium TABS	95	doxepin hcl CONC	
diphenhydramine hcl SOLN 50 MG/ML	36	dofetilide	16	doxercalciferol CAPS	
diphenhydramine hcl TABS 25 MG 36		DOJOLVI	156	doxycycline (monohydrate) CAPS 50 MG, 100 MG	
		donepezil hydrochloride TABS 23		doxycycline (monohydrate) CAPS 75 MG, 150 MG	
				doxycycline (monohydrate) SUSR 167	

doxycycline (monohydrate) TABS 167	DROPLET INSULIN SYRINGE U- 100/1ML/30G X 5/16" .....112	DROPLET PEN NEEDLES 32G X 3/16" .....113
doxycycline (rosacea) .....76	DROPLET INSULIN SYRINGE U- 100/1ML/31G X 5/16" .....112	DROPLET PEN NEEDLES 32G X 5/16" .....113
doxycycline hyclate CAPS .....167	DROPLET INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" .....112	DROPLET PEN NEEDLES 32G X 5/32" .....113
doxycycline hyclate SOLR .....167	DROPLET INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" 112	DROPLET PEN NEEDLES 32GX4MM .....113
doxycycline hyclate TABS 100 MG 167	DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....112	DROPLET PEN NEEDLES 32GX5MM .....113
doxycycline hyclate TABS .....167	DROPLET INSULIN SYRINGE/U- 100/1ML/30G X 1/2" 112	DROPLET PEN NEEDLES 32GX6MM .....113
doxycycline hyclate TBEC .....167	DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....113	DROPLET PEN NEEDLES 32GX8MM .....113
doxylamine-pyridoxine TBEC .....34	DROPLET LANCING DEVICE MISC 30G .....99	DROPSAFE ALCOHOL PREP PADS.....105
dronabinol CAPS .....34	DROPLET LANCING DEVICE MISC 99	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML .....113
droperidol SOLN 2.5 MG/ML 15	DROPLET PEN NEEDLES 29G X1/2" 113	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML 113
DROPLET GENTEEL LANCING DEVICE MISC 99	DROPLET PEN NEEDLES 29GX12MM 113	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML 113
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" .....112	DROPLET PEN NEEDLES 31G X3/16" .....113	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML 113
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" .....112	DROPLET PEN NEEDLES 31G X5/16" .....113	DROPSAFE SAFETY PEN NEEDLE/31GX5MM 113
DROPLET INSULIN SYRINGE 1ML/29G X 1/2" .....112	DROPLET PEN NEEDLES 31GX5MM .....113	DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" .....113
DROPLET INSULIN SYRINGE U- 100/0.3/31G X 5/16" 112	DROPLET PEN NEEDLES 31GX6MM .....113	DROPSAFE SAFETY PEN NEEDLES/31G X 1/4" 113
DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 1/2" 112	DROPLET PEN NEEDLES 31GX8MM .....113	drospirenone-ethinyl estradiol .....64
DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 1/2" 112	DROPLET PEN NEEDLES 32G X 1/4" .....113	drospirenone-ethinyl estradiol- levomefolate calcium .....64

DROXIA CAPS	90	duloxetine hcl CPEP 20 MG	27	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	113
droxidopa	175	duloxetine hcl CPEP 30 MG	27	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	114
DRUG MART ADJUSTABLE LANCING DEVICE MISC	99	duloxetine hcl CPEP 40 MG	27	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	114
DRUG MART UNIFINE PENTIPS 31GX5MM	113	duloxetine hcl CPEP 60 MG	27	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	114
DRUG MART UNIFINE PENTIPS29G X 12MM	113	DUOBRII	74	EASY COMFORT INSULIN NEEDLES31GX1/4"	114
DRUG MART UNIFINE PENTIPS31GX6MM	113	DUOPA SUSP	50	EASY COMFORT INSULIN NEEDLES31GX3/16"	114
DRUG MART UNIFINE PENTIPS31GX8MM	113	DUPIXENT SOPN	75	EASY COMFORT INSULIN NEEDLES31GX5/16"	114
DRUG MART UNIFINE PENTIPS32GX4MM	113	DUPIXENT SOSY	75	EASY COMFORT PEN NEEDLES32GX5/32"	114
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	113	DUREZOL (difluprednate)	159	EASY COMFORT PEN NEEDLES33G X 4MM	114
DRUG MART UNILET LANCETSSUPER THIN 30G	99	dutasteride	88	EASY COMFORT SAFETY PEN NEEDLES 31GX5MM	114
DRUG MART UNILET LANCETSULTRA THIN 28G	99	dutasteride-tamsulosin hcl	88	EASY COMFORT SAFETY PEN NEEDLES 31GX6MM	114
DRUG MART UNILET MICRO THIN LANCETS 33G	99	D-VI-SOL LIQD OR (cholecalciferol) .	176	EASY COMFORT SAFETY PEN NEEDLES 32GX4MM	114
DRYMAX EXTRA PADS	97	DXTERITY COVID-19 HOME TEST .	78	EASY FLOW 300 MM HOSE MISC	141
DRYSOL SOLN	76	DYANAVEL XR CHER	1	EASY FLOW 400 MM HOSE MISC	141
DUAKLIR PRESSAIR	18	DYANAVEL XR SUER	1	EASY FLOW AIR NOZZLE MISC	141
DUAVEE	84	DYMISTA SUSP (azelastine hcl- fluticasone propionate)	153	EASY FLOW BLACK/BLUE DEVI	141
DUETACT (pioglitazone hcl- glimepiride)	28	DYRENIUM CAPS (triamterene) ..	80	EASY FLOW BLACK/ORANGE DEVI	141
DUEXIS (ibuprofen-famotidine)	7	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	95	EASY FLOW BLACK/RED DEVI .	141
DULCOLAX PINK LAXATIVE TBEC (bisacodyl)	95	EASIVENT MISC	141		
DULCOLAX SUPP (bisacodyl)	95	EASIVENT/MASK-LARGE MISC .	141		
DULCOLAX TBEC (bisacodyl)	95	EASIVENT/MASK-MEDIUM MISC	141		
DULERA	18	EASIVENT/MASK-SMALL MISC .	141		
		EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" ...	113		
		EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" ...	113		
		EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" ...	113		

EASY FLOW BLACK/WHITE DEVI 141	INSULIN SYRINGE 1ML/30GX5/16" 114	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . 115
EASY FLOW BLACK/YELLOW DEVI.....141	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" 114	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . 115
EASY FLOW HEPA FILTER MISC 142	EASY TOUCH HYPODERMIC NEEDLES 18GX1-1/2" .....114	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....115
EASY FLOW WHITE/BLUE DEVI 142	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" ...114	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" 115
EASY FLOW WHITE/GREEN DEVI 142	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" ...114	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8" 115
EASY FLOW WHITE/PINK DEVI .142	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" 114	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" 115
EASY FLOW WHITE/WHITE DEVI 142	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" ...114	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" 115
EASY FLOW WHITE/YELLOW DEVI 142	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" .....114	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" 115
EASY GLIDE PEN NEEDLES 33G X 5/32" .....114	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2" 114	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16" .....114
EASY GLIDE SYRINGE/LUER LLOCK/3ML .....114	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16" .....114	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16" .....114
EASY MINI EJECT LANCING DEVICE MISC 99	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16" .....114	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16" .....114
EASY MINI LANCING DEVICE MISC.....99	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" .....114	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" 115
EASY TOUCH 32GX5MM 114	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" .....114	EASY TOUCH LANCETS 26G/PULL- TOP .....99
EASY TOUCH 32GX6MM 114	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" .....114	EASY TOUCH LANCETS 28G/PULL- TOP .....99
EASY TOUCH ALCOHOL PREP PADS/MEDIUM 105	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" . 114	EASY TOUCH LANCETS 30G/PULL- TOP .....99
EASY TOUCH FLIPLOCK NEEDLES 18GX1-1/2" .....114	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" . 114	EASY TOUCH LANCETS 28G/TWIST .....99
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" 114	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" . 115	EASY TOUCH LANCETS 30G/PULL- TOP .....99
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" 114	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" . 115	EASY TOUCH LANCETS 30G/TWIST .....99
EASY TOUCH FLIPLOCK SAFETY		EASY TOUCH LANCETS 32G/PULL-

TOP	100	EASYPOINT NEEDLE/18G X 1-1/2" 115	ELEPSIA XR TB24	22
EASY TOUCH LANCETS 32G/TWIST	100	EBASE CONTROLLER KIT MISC 142	ELESTRIN GEL	84
EASY TOUCH LANCETS 33G/TWIST	100	EC-NAPROSYN TBEC (naproxen) .7	eletriptan hydrobromide	146
EASY TOUCH LANCING DEVICE/EJECTOR MISC	100	econazole nitrate CREA	ELEVIDYS 10.0-10.4 KG	154
EASY TOUCH PEN NEEDLE 30G X 5/16"	115	ECOTRIN ARTHRITIS PAIN TBEC (aspirin)	ELEVIDYS 10.5-11.4 KG	154
EASY TOUCH PEN NEEDLES 29GX1/2"	115	ECOTRIN REGULAR STRENGTH TBEC (aspirin)	ELEVIDYS 11.5-12.4 KG	154
EASY TOUCH PEN NEEDLES 31GX1/4"	115	ECOTRIN TBEC (aspirin)	ELEVIDYS 12.5-13.4 KG	154
EASY TOUCH PEN NEEDLES 31GX5/16"	115	EDARBI	ELEVIDYS 13.5-14.4 KG	154
EASY TOUCH PEN NEEDLES 32GX1/4"	115	EDARBYCLOR	ELEVIDYS 14.5-15.4 KG	154
EASY TOUCH PEN NEEDLES 32GX3/16"	115	EDECRIIN (ethacrynic acid)	ELEVIDYS 15.5-16.4 KG	154
EASY TOUCH PEN NEEDLES 32GX5/32"	115	EDLUAR SUBL	ELEVIDYS 16.5-17.4 KG	154
EASY TOUCH PEN NEEDLES/31G X 3/16"	115	EDURANT	ELEVIDYS 17.5-18.4 KG	154
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	115	efavirenz CAPS 200 MG	ELEVIDYS 18.5-19.4 KG	154
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	115	efavirenz CAPS 50 MG	ELEVIDYS 19.5-20.4 KG	154
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	115	efavirenz TABS	ELEVIDYS 20.5-21.4 KG	154
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	115	efavirenz-emtricitabine-tenofovir disoproxil fumarate	ELEVIDYS 21.5-22.4 KG	154
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" 115		efavirenz-emtricitabine-tenofovir disoproxil fumarate	ELEVIDYS 22.5-23.4 KG	154
		EFFER-K	ELEVIDYS 23.5-24.4 KG	155
		EFFEXOR XR CP24 (venlafaxine hcl)	ELEVIDYS 24.5-25.4 KG	155
		EFFIENT (prasugrel hcl)	ELEVIDYS 25.5-26.4 KG	155
		EFUDEX CREA (fluorouracil (topical))	ELEVIDYS 26.5-27.4 KG	155
		EGATEN	ELEVIDYS 27.5-28.4 KG	155
		EGRIFTA SV	ELEVIDYS 28.5-29.4 KG	155
		ELAPRASE	ELEVIDYS 29.5-30.4 KG	155
		ELELYSO	ELEVIDYS 30.5-31.4 KG	155
			ELEVIDYS 31.5-32.4 KG	155
			ELEVIDYS 32.5-33.4 KG	155
			ELEVIDYS 33.5-34.4 KG	155
			ELEVIDYS 34.5-35.4 KG	155
			ELEVIDYS 35.5-36.4 KG	155

ELEVIDYS 36.5-37.4 KG	155	ELEVIDYS 66.5-67.4 KG	155	.....	34
ELEVIDYS 37.5-38.4 KG	155	ELEVIDYS 67.5-68.4 KG	155	EMEND CAPS 80 MG (aprepitant)	34
ELEVIDYS 38.5-39.4 KG	155	ELEVIDYS 68.5-69.4 KG	155	EMEND SUSR	34
ELEVIDYS 39.5-40.4 KG	155	ELEVIDYS 69.5 KG PLUS	155	EMEND TRIPACK CAPS (aprepitant)	34
ELEVIDYS 40.5-41.4 KG	155	ELFABRIO	82	.....	34
ELEVIDYS 41.5-42.4 KG	155	ELIDEL (pimecrolimus)	76	EMFLAZA SUSP	66
ELEVIDYS 42.5-43.4 KG	155	ELIGARD KIT SC 7.5 MG	46	EMFLAZA TABS (deflazacort)	66
ELEVIDYS 43.5-44.4 KG	155	ELIGARD SC 22.5 MG, 30 MG, 45		EMGALITY SOAJ	145
ELEVIDYS 44.5-45.4 KG	155	MG	46	EMGALITY SOSY 100 MG/ML ...	145
ELEVIDYS 45.5-46.4 KG	155	ELIQUIS STARTER PACK TBPK .	19	EMGALITY SOSY 120 MG/ML ...	145
ELEVIDYS 46.5-47.4 KG	155	ELIQUIS TABS	19	EMPAVELI	89
ELEVIDYS 47.5-48.4 KG	155	ELLA	65	EMSAM	25
ELEVIDYS 48.5-49.4 KG	155	ELLUME COVID-19 HOME TEST		emtricitabine CAPS	54
ELEVIDYS 49.5-50.4 KG	155	KIT	78	emtricitabine-tenofovir disoproxil	
ELEVIDYS 50.5-51.4 KG	155	ELMIRON CAPS	87	fumarate	54
ELEVIDYS 51.5-52.4 KG	155	ELOCTATE	89	EMTRIVA CAPS (emtricitabine) ...	54
ELEVIDYS 52.5-53.4 KG	155	ELYXYB	146	EMTRIVA SOLN	54
ELEVIDYS 53.5-54.4 KG	155	EMBRACE LANCING DEVICE WITH		EMVERM CHEW	14
ELEVIDYS 54.5-55.4 KG	155	EJECTOR MISC	100	enalapril maleate &	
ELEVIDYS 55.5-56.4 KG	155	EMBRACE PEN NEEDLES/29G X		hydrochlorothiazide	40
ELEVIDYS 56.5-57.4 KG	155	12MM	115	enalapril maleate SOLN	39
ELEVIDYS 57.5-58.4 KG	155	EMBRACE PEN NEEDLES/30G X		enalapril maleate TABS	39
ELEVIDYS 58.5-59.4 KG	155	8MM	115	enalaprilat	39
ELEVIDYS 59.5-60.4 KG	155	EMBRACE PEN NEEDLES/31G X		ENBREL MINI SOCT	8
ELEVIDYS 60.5-61.4 KG	155	5MM	115	ENBREL SOLN	8
ELEVIDYS 61.5-62.4 KG	155	EMBRACE PEN NEEDLES/31G X		ENBREL SOSY	8
ELEVIDYS 62.5-63.4 KG	155	6MM	115	ENBREL SURECLICK SOAJ	8
ELEVIDYS 63.5-64.4 KG	155	EMBRACE PEN NEEDLES/31G X		ENDARI	90
ELEVIDYS 64.5-65.4 KG	155	8MM	115	ENGERIX-B SUSP 20 MCG/ML .	172
ELEVIDYS 65.5-66.4 KG	155	EMBRACE PEN NEEDLES/32G X		ENGERIX-B SUSY	172
		4MM	115	ENJAYMO	89
		EMCYT	46		
		EMEND (fosaprepitant dimeglumine)			

enoxaparin sodium SOLN IJ 300 MG/3ML	20	EPIDIOLEX	22	STATIC DEVI	142
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	20	EPIDUO FORTE GEL (adapalene- benzoyl peroxide)	68	EQ SPACE CHAMBER ANTI- STATIC/LARGE MASK DEVI	142
enoxaparin sodium SOSY 150 MG/ML	20	EPIDUO GEL (adapalene-benzoyl peroxide)	68	EQ SPACE CHAMBER ANTI- STATIC/MEDIUM MASK DEVI ..	142
enoxaparin sodium SOSY 30 MG/0.3ML	20	EPIFOAM FOAM	74	EQ SPACE CHAMBER ANTI- STATIC/SMALL MASK DEVI	142
enoxaparin sodium SOSY 40 MG/0.4ML	20	epinastine hcl (ophth)	160	EQL COLOR LANCETS MICRO THIN 33G	100
enoxaparin sodium SOSY 60 MG/0.6ML	20	epinephrine (anaphylaxis) SOAJ .	175	EQL GAUZE PADS 4"X4"/LARGE PADS	97
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	20	epinephrine (anaphylaxis) SOLN 1 MG/ML	175	EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	115
ENSPRYNG	148	epinephrine (anaphylaxis) SOLN 30 MG/30ML	175	EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	115
ENSTILAR FOAM	74	epinephrine hcl (nasal)	154	EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	115
entacapone	49	EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	175	EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	116
ENTADFI	88	EPIPEN-JR 2-PAK SOAJ (epinephrine (anaphylaxis))	175	EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	116
entecavir TABS	57	EPIVIR HBV TABS (lamivudine (hbv))	57	EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	116
ENTEREG (alvimopan)	86	EPIVIR SOLN (lamivudine)	54	EQL INSULIN SYRINGE/1ML/29G X 1/2"	116
ENTRESTO	61	EPIVIR TABS 150 MG (lamivudine) 55		EQL INSULIN SYRINGE/1ML/30G X 5/16"	116
ENTYVIO SOLR	86	EPIVIR TABS 300 MG (lamivudine) 55		EQUETRO	51
ENTYVIO SOPN	86	eplerenone	41	ERAXIS	34
ENVARUSUS XR TB24	148	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	91	ergocalciferol CAPS	176
EOHILIA SUSP	66	EPRONTIA SOLN	22	ergoloid mesylates TABS	165
EPANED SOLN (enalapril maleate) 39		EPZICOM (abacavir sulfate- lamivudine)	55	ergotamine w/ caffeine SUPP	145
EPCLUSA PACK	57	EQ GAUZE PADS 4"X4" PADS ...	97	ERIVEDGE	46
EPCLUSA TABS	57	EQ SPACE CHAMBER ANTI-			
ephedrine sulfate (pressors) SOLN IV	175				
EPHEDRINE SULFATE SOLN IV 50 MG/ML	175				

ERLEADA	46	escitalopram oxalate TABS	26	ESTROGEL GEL 0.06 % (estradiol)	84
erlotinib hcl 100 MG, 150 MG	45	ESGIC TABS (butalbital- acetaminophen-caffeine)	8	eszopiclone	92
erlotinib hcl 25 MG	45	esmolol hcl SOLN 100 MG/10ML ..	58	ethacrynate sodium	80
ERMEZA SOLN OR	167	esmolol hcl-sodium chloride	58	ethacrynic acid	80
ERTACZO	70	ESMOLOL HYDROCHLORIDE INWATER DOUBLE STRENGTH SOLN	58	ethambutol hcl TABS	44
ertapenem sodium IJ	42	ESMOLOL HYDROCHLORIDE INWATER SOLN	58	ethosuximide CAPS	25
ERYGEL GEL (erythromycin (acne aid))	68	esomeprazole magnesium CPDR 20 MG	169	ethosuximide SOLN	25
ERYPED 200 SUSR (erythromycin ethylsuccinate)	95	esomeprazole magnesium CPDR 40 MG	169	ethynodiol diacet & eth estrad	64
ERYPED 400 SUSR (erythromycin ethylsuccinate)	95	esomeprazole magnesium CPDR 169		etodolac CAPS	7
erythromycin (acne aid) GEL	68	esomeprazole magnesium CPDR 169		etodolac TABS	7
erythromycin (acne aid) PADS	68	esomeprazole magnesium PACK 169		etodolac TB24	7
erythromycin (acne aid) SOLN	68	esomeprazole sodium 40 MG	169	etonogestrel-ethinyl estradiol	65
erythromycin (ophth)	158	ESPEROCT	89	etoposide CAPS	49
erythromycin base CPEP	95	estazolam	92	etravirine 100 MG	55
erythromycin base TABS	96	ESTRACE CREA (estradiol vaginal) .	175	etravirine 200 MG	55
erythromycin base TBEC 500 MG .96		ESTRACE TABS (estradiol)	84	EUCRISA	76
erythromycin base TBEC	96	estradiol & norethindrone acetate TABs	84	EVAC POWD (psyllium)	94
erythromycin ethylsuccinate SUSR 200 MG/5ML	96	estradiol GEL	84	EVAMIST SOLN	84
erythromycin ethylsuccinate SUSR 400 MG/5ML	96	estradiol PTTW	84	EVEKEO ODT TBDP	1
erythromycin ethylsuccinate TABS 96		estradiol PTWK	84	EVEKEO TABS (amphetamine sulfate)	1
erythromycin stearate TABS 250 MG 96		estradiol TABS	84	EVENTITY	81
ESBRIET CAPS (pirfenidone)	166	estradiol vaginal CREA	175	EVERLYWELL COVID-19 TESTHOME COLLECTION KIT DTC	78
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escitalopram oxalate SOLN	26	ESTRING RING	175	everolimus TBSO	47
				EVISTA (raloxifene hcl)	82
				EVKEEZA	37

EVOCLIN FOAM (clindamycin phosphate (topical))	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	SOFT	100
68	116	FABHALTA	89
EVOTAZ	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	FABIOR FOAM	68
55	116	FABRAZYME	82
EVOXAC (cevimeline hcl)	EXELON 13.3 MG/24HR (rivastigmine)	famciclovir	57
150	163	famotidine in nacl SOLN	169
EVRYSDI	EXELON 4.6 MG/24HR, 9.5 MG/24HR (rivastigmine)	famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML	169
155	163	famotidine SUSR	169
EVUSHELD	exemestane	famotidine TABS	169
161	46	FANAPT	51
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	EXFORGE (amlodipine besylate-valsartan)	FANAPT TITRATION PACK	51
116	40	FARESTON (toremifene citrate)	46
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)	FARXIGA	32
97	40	FASENRA PEN SOAJ	16
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	EXJADE TBSO (deferasirox)	FASENRA SOSY	16
97	33	FASTEP COVID-19 ANTIGEN HOME TEST KIT	78
EXCILON DRAIN SPONGE 4"X4" PADS	EXKIVITY	fe fumarate-vitamin c-vitamin b12-folic acid 60 MG-1 MG-10 MCG-151 MG	91
97	46	fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu	91
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	EXONDYS 51	febuxostat	88
97	155	FEIBA	89
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	EXSERVAN FILM	felbamate SUSP	24
116	154	felbamate TABS	24
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	EXTAVIA KIT	FELBATOL SUSP (felbamate)	24
116	164	FELBATOL TABS (felbamate)	24
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	EXTINA FOAM (ketoconazole (topical))	FELDENE CAPS (piroxicam)	7
116	70	felodipine	60
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	EYSUVIS SUSP	FEMARA (letrozole)	46
116	159		
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	E-Z JECT LANCETS		
116	100		
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	E-Z JECT LANCETS 21G		
116	100		
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	E-Z JECT LANCETS COLOR		
116	100		
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	E-Z JECT LANCETS SUPER THIN 30G		
116	100		
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	E-Z JECT LANCETS THIN 26G		
116	100		
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	EZALLOR SPRINKLE CPSP		
116	38		
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	ezetimibe		
116	38		
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	ezetimibe-simvastatin		
116	37		
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	E-ZJECT LANCETS MICRO-THIN 33G		
116	100		
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	EZ-LETS LANCETS 26G SUPER-		
116			

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MG	37	ferrous sulfate SOLN 15 MG/ML ..	91	COMFORTINSULIN	
fenofibrate micronized 43 MG, 90		ferrous sulfate SOLN	91	SYRINGE/0.3ML/31G X 5/16" ...	116
MG, 130 MG	37	ferrous sulfate TABS 325 MG	91	FIFTY50 SUPERIOR	
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MG, 145 MG	37	fesoterodine fumarate	171	COMFORTINSULIN	
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fenopropfen calcium TABS	7	FEVERALL INFANTS SUPP	8	FINACEA FOAM	76
FENSOLVI SC	82	FEVERALL JUNIOR STRENGTH		FINACEA GEL (azelaic acid)	76
fantanyl citrate LPOP	9	SUPP	8	finasteride	88
FENTANYL CITRATE SOLN IJ 100		FIASP FLEXTOUCH SOPN	30	fingolimod hcl	164
MCG/2ML, 250 MCG/5ML (fantanyl		FIASP PENFILL SOCT	30	FINTEPLA	22
citrate)	9	FIASP PUMPCART SOCT	30	FIORICET CAPS (butalbital-	
fantanyl citrate SOLN IJ 100		FIASP SOLN	30	acetaminophen-caffeine)	8
MCG/2ML, 250 MCG/5ML, 500		FIBRICOR (fenofibric acid)	37	FIORICET/CODEINE 30 MG-40 MG-	
MCG/10ML, 1000 MCG/20ML, 2500		FIFTY50 ALCOHOL PREP PADS	105	50 MG-300 MG (butalbital-	
MCG/50ML	9	FIFTY50 PEN NEEDLES 31G X3/16"		acetaminophen-caffeine w/ codeine) .	
fantanyl citrate TABS	9	(5MM)	116	11	
fantanyl PT72 12 MCG/HR, 25		FIFTY50 PEN NEEDLES 31G X5/16"		FIRAZYR SOSY (icatibant acetate)	
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fantanyl PT72 37.5 MCG/HR, 62.5		116	FIRVANQ SOLR OR (vancomycin	
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FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	17	fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML	35	fluocinonide GEL	74
FLOVENT HFA 44 MCG/ACT	17	fluconazole SUSR	35	fluocinonide OINT	74
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		gabapentin TABS 600 MG	22	GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	78
		gabapentin TABS 800 MG	22	GENERESS FE (norethindrone & ethinyl estradiol-fe)	64
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GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	118	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	118	GNP STERILE LANCETS 33G ..
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	118	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	118	GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP ..
GLUCOTROL XL TB24 (glipizide) .32		GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	118	GNP ULTICARE PEN NEEDLES/31GX5/16"
GLUMETZA TB24 (metformin hcl) .29		GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	118	GNP ULTICARE PEN NEEDLES/32GX 5/32"
glyburide micronized 1.5 MG, 3 MG, 6 MG	32	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	118	GNP ULTICARE PEN NEEDLES/32GX1/4"
glyburide TABS	32	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	118	GNP ULTICARE PEN NEEDLES31G X 5MM
glyburide-metformin	28	GNP INSULIN SYRINGE/1ML/29G X 1/2"	118	GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM
GLYCATE TABS	168	GNP INSULIN SYRINGE/1ML/30G X 5/16"	118	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM
glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 80.7 %	94	GNP INSULIN SYRINGE/1ML/31G X 5/16"	118	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM
GLYCERIN ADULT SUPP (glycerin (laxative))	94	GNP INSULIN SYRINGES/0.3ML/30GX5/16"	118	GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM
glycopyrrolate SOLN IJ	168	GNP INSULIN SYRINGES/1/2ML/29GX1/2"	118	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"
glycopyrrolate SOLN OR 1 MG/5ML .168		GNP INSULIN SYRINGES/1ML/28GX1/2"	118	GOCOVRI CP24
GLYCOPYRROLATE SOSY IJ 0.6 MG/3ML, 1 MG/5ML	168	GNP INSULIN		GOJJI LANCING DEVICE/CLEAR
glycopyrrolate SOSY IJ	168			
glycopyrrolate TABS 1 MG, 2 MG .168				

CAP MISC	101	griseofulvin ultramicrosize	35	HARVONI PACK	57
GOJJI STERILE LANCETS 30G	101	guaifenesin LIQD 100 MG/5ML, 200		HARVONI TABS	57
GOLYTELY SOLR (peg 3350-kcl-sod		MG/10ML, 400 MG/20ML	67	HAVRIX	173
bicarb-sod chloride-sod sulfate) ...	94	guaifenesin LIQD 100 MG/5ML ...	67	HEALTH CARE LANCING DEVICE	
GONITRO PACK	14	guanfacine hcl (adhd)	2	MISC	101
GOODSENSE CLICKFINE SAFETY		guanfacine hcl	40	HEALTHWISE INSULIN	
PEN NEEDLE/31G X 3/16"	118	GVOKE HYPOPEN 1-PACK SOAJ		SYRINGE/U-100/0.3ML/30G X 5/16"	
GOODSENSE LANCING DEVICE		29		.....	119
MISC	101	GVOKE HYPOPEN 2-PACK SOAJ		HEALTHWISE INSULIN	
GOODSENSE PEN		29		SYRINGE/U-100/0.3ML/31G X 5/16"	
NEEDLE/PENFINE CLASSIC/31G X		GVOKE KIT SOLN	29	.....	119
3/16"	118	GVOKE PFS SOSY	29	HEALTHWISE INSULIN	
GOODSENSE PEN		GYZAZOLE-1	175	SYRINGE/U-100/0.5ML/30G X 5/16"	
NEEDLE/PENFINE CLASSIC/31G X		HADLIMA PUSHTOUCH SOAJ	5	.....	119
5/16"	119	HADLIMA SOSY	5	HEALTHWISE INSULIN	
GOODSENSE PEN		HAEGARDA SOLR SC	89	SYRINGE/U-100/0.5ML/31G X 5/16"	
NEEDLE/PENFINE CLASSIC/32G X		halcinonide CREA	74	.....	119
1/4"	119	HALCION 0.25 MG (triazolam) ...	92	HEALTHWISE INSULIN	
GOODSENSE PEN		HALDOL DECANOATE 100		SYRINGE/U-100/1ML/30G X 5/16"	
NEEDLE/PENFINE CLASSIC/32G X		(haloperidol decanoate)	52	119	
5/32"	119	HALDOL DECANOATE 50		HEALTHWISE INSULIN	
GOTOKNOW COVID-19		(haloperidol decanoate)	52	SYRINGE/U-100/1ML/31G X 5/16"	
ANTIGENRAPID TEST KIT	78	HALDOL DECANOATE 50		119	
GRALISE MISC	165	(haloperidol decanoate)	52	HEALTHWISE MICRON PEN	
GRALISE TABS (gabapentin (once-		halobetasol propionate CREA	74	NEEDLES/32G X 5/32"	119
daily))	165	halobetasol propionate FOAM	74	HEALTHWISE MINI PEN NEEDLES	
GRALISE TABS	165	halobetasol propionate OINT	74	31GX6MM	119
granisetron hcl SOLN IV 1 MG/ML, 4		HALOG CREA (halcinonide)	74	HEALTHWISE PEN NEEDLES	
MG/4ML	33	HALOG OINT	74	29GX12MM	119
granisetron hcl TABS	33	HALOG SOLN	74	HEALTHWISE SHORT PEN	
GRANIX SOLN	91	haloperidol decanoate	52	NEEDLES 31GX8MM	119
GRANIX SOSY	91	haloperidol lactate CONC	52	HEALTHWISE SHORT PEN	
GRASTEK SUBL	3	haloperidol lactate SOLN	52	NEEDLES/31G X 3/16"	119
griseofulvin microsize SUSP	34	haloperidol TABS	52	HEALTHWISE SHORT PEN	
griseofulvin microsize TABS	34			NEEDLES/31G X 5/16"	119
				HEALTHWISE UNIFINE PENTIPS	
				PEN NEEDLES 32GX4MM	119

HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	119 H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM.....119	heparin sodium (porcine) lock flush 10 UNIT/ML, 100 UNIT/ML	20
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	119 H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM.....119	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	20
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	119 H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32" .....120	heparin sodium (porcine) SOLN IJ 5000 UNIT/0.5ML	20
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	119 H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32" .....120	HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	21
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	119 H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	21
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	119 H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	HEPARIN SODIUM/D5W	20
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G ...	101 H-E-B INCONTROL LANCETS MICRO THIN 33G	HEPARIN SODIUM/DEXTROSE 25000 UNIT/500ML-5 %, 5 %-25000 UNIT/250ML	20
H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	119 H-E-B INCONTROL LANCETS SUPER THIN 30G	HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML 20	
H-E-B IN CONTROL PEN NEEDLES 31GX5MM	119 H-E-B INCONTROL LANCETS ULTRA THIN 28G	HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-25000 UNIT/250ML 20	
H-E-B IN CONTROL PEN NEEDLES 31GX6MM	119 H-E-B INCONTROL PEN NEEDLES 29GX12MM	HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IJ (heparin (porcine) in sodium chloride)	20
H-E-B IN CONTROL PEN NEEDLES 31GX8MM	119 HEMADY TABS	HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	20
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	119 HEMANGEOL SOLN OR	HEPLISAV-B SOSY	173
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4" .	119 HEMGENIX	HEPSERA (adefovir dipivoxil)	57
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	119 HEMLIBRA	HETLIOZ CAPS (tasimelteon)	93
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	119 HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	HETLIOZ LQ SUSP	93
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	119 heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L	HIBERIX SOLR IJ	172
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	119 heparin (porcine) in sodium chloride SOLN IV 0.9 %-2000 UNIT/L	HIPREX (methenamine hippurate) 43	
		HM STERILE ALCOHOL PREP	

PADS	105	HUMIRA PEN PNKT	5	MG/10ML-5 MG/10ML, 325
HM STERILE PADS PADS	97	HUMIRA PEN-CD/UC/HS STARTER		MG/15ML-7.5 MG/15ML
HM ULTICARE INSULIN		PNKT	5	hydrocodone-acetaminophen TABS
SYRINGE/1ML/30G X 1/2"	120	HUMIRA PEN-PEDIATRIC UC		300 MG-10 MG, 300 MG-5 MG, 300
HM ULTICARE INSULIN		STARTER PACK PNKT	5	MG-7.5 MG, 325 MG-10 MG, 325
SYRINGE/U-100/0.3ML/31G X 5/16"				MG-5 MG, 325 MG-7.5 MG
.....	120	HUMIRA PEN-PS/UV STARTER		hydrocodone-ibuprofen 10 MG-200
HM ULTICARE MINI PEN		PNKT	5	MG, 5 MG-200 MG, 7.5 MG-200 MG
NEEDLES/31G X 5MM (3/16") ..	120	HUMIRA PSKT	5	11
HM ULTICARE SHORT PEN		HUMULIN 70/30 KWIKPEN SUPN	30	hydrocortisone (intrarectal)
NEEDLES 31GX8MM	120	HUMULIN 70/30 SUSP	30	hydrocortisone (rectal) EX 1 %
HORIZANT	165	HUMULIN N KWIKPEN SUPN	30	hydrocortisone (rectal) EX
HULIO AJKT	5	HUMULIN N SUSP	30	hydrocortisone (topical) CREA
HULIO PSKT	5	HUMULIN R SOLN IJ	31	hydrocortisone (topical) LOTN 2.5 % .
HUMALOG JUNIOR KWIKPEN		HUMULIN R U-500		74
SOPN	30	(CONCENTRATED) SOLN SC	31	hydrocortisone (topical) OINT
HUMALOG KWIKPEN SOPN 100		HUMULIN R U-500 KWIKPEN SOPN		hydrocortisone acetate (rectal)
UNIT/ML	30	SC	31	hydrocortisone acetate w/ pramoxine
HUMALOG KWIKPEN SOPN 200		HYCAMTIN CAPS	49	CREA EX 1 %-1 %
UNIT/ML	30	hydralazine hcl SOLN	41	hydrocortisone butyrate CREA
HUMALOG MIX 50/50 KWIKPEN		hydralazine hcl TABS	41	hydrocortisone butyrate hydrophilic
SUPN	30	HYDREA (hydroxyurea)	49	lipo base
HUMALOG MIX 50/50 SUSP	30	HYDROCELL ADHESIVE		hydrocortisone butyrate LOTN
HUMALOG MIX 75/25 KWIKPEN		DRESSING 4"X4" PADS	97	hydrocortisone butyrate OINT
SUPN	30	HYDROCELL DRESSING 4"X4"		hydrocortisone butyrate SOLN
HUMALOG MIX 75/25 SUSP	30	PADS	97	HYDROCORTISONE CREA
HUMALOG SOCT	30	hydrochlorothiazide CAPS	80	hydrocortisone TABS
HUMALOG SOLN IJ	30	hydrochlorothiazide TABS	80	hydrocortisone valerate CREA
HUMALOG TEMPO PEN SOPN ..	30	HYDROCIL INSTANT POWD		hydrocortisone valerate OINT
HUMATE-P SOLR	89	(psyllium)	94	hydrocortisone w/acetic acid
HUMATROPE CART IJ	81	hydrocodone bitartrate CP12	9	161
HUMIRA PEDIATRIC CROHNS		hydrocodone bitartrate T24A	9	HYDROCORTISONE/ACETIC ACID
DISEASE STARTER PACK PSKT	80	hydrocodone-acetaminophen SOLN		(hydrocortisone w/acetic acid)
MG/0.8ML	5	108 MG/5ML-2.5 MG/5ML, 217		hydromorphone hcl LIQD

HYDROMORPHONE HCL SUPP . . . 9	UNIT 161	ibutilide fumarate 16
hydromorphone hcl TABS 9	HYPERSAL NEBU (sodium chloride (inhalant)) 67	icatibant acetate SOLN 89
hydromorphone hcl TB24 9		icatibant acetate SOSY 89
hydroxocobalamin acetate SOLN . . 90	HYPODERMIC NEEDLE 18G X 1- 1/2" 120	ICLUSIG 10 MG 47
hydroxychloroquine sulfate 100 MG, 300 MG, 400 MG 44	HYPODERMIC NEEDLES 18GX1- 1/2" 120	ICLUSIG 15 MG, 30 MG, 45 MG . . 47
hydroxychloroquine sulfate 200 MG 44	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ 5	icosapent ethyl 0.5 GM 37
hydroxyprogesterone caproate (antineoplastic) 46	HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY 5	icosapent ethyl 1 GM 37
hydroxyurea 49		IDACIO (2 PEN) AJKT 6
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML 15	HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY 5	IDACIO (2 SYRINGE) PSKT 6
hydroxyzine hcl SYRP 15		IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT 6
hydroxyzine hcl TABS 25 MG 15	HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ . 5	IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT 6
hydroxyzine hcl TABS 15		IDELVION 89
hydroxyzine pamoate CAPS 25 MG, 50 MG 15	HYRIMOZ SOAJ 6	IDHIFA 47
hydroxyzine pamoate CAPS 15	HYRIMOZ SOSY 6	IHEALTH COVID-19 ANTIGENRAPID TEST KIT 78
HYFTOR 76	HYSINGLA ER T24A 9	ILARIS SOLN 6
hyoscyamine sulfate ELIX 168	HYZAAR (losartan potassium & hydrochlorothiazide) 40	ILEVRO 160
hyoscyamine sulfate SOLN OR 0.125 MG/ML 168		ILUMYA 71
hyoscyamine sulfate SUBL 0.125 MG 168	ibandronate sodium SOLN 81	imatinib mesylate 100 MG 47
hyoscyamine sulfate TABS 0.125 MG 168	ibandronate sodium TABS 81	imatinib mesylate 400 MG 47
hyoscyamine sulfate TB12 0.375 MG 168	IBRANCE CAPS 47	IMBRUVICA CAPS 47
	IBRANCE TABS 47	IMBRUVICA SUSP 48
hyoscyamine sulfate TBDP 0.125 MG 168	IBSRELA 86	IMBRUVICA TABS 48
hyoscyamine sulfate TBDP 0.125 MG 169	ibuprofen CHEW 7	imipramine hcl TABS 28
	ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML 7	imipramine pamoate 28
	ibuprofen TABS 7	imiquimod 3.75 % 76
	ibuprofen-famotidine 7	imiquimod 5 % 76
		IMITREX 5 MG/ACT, 20 MG/ACT (sumatriptan) 146
HYPERRHO S/D SOSY IM 1500		

IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (sumatriptan succinate) . 146	INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM 120	INREBIC .....48
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (sumatriptan succinate) . 146	INCRELEX 82	INSPIREASE DRUG DELIVERYSYSTEM MISC 142
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (sumatriptan succinate) .....146	INCRUSE ELLIPTA 17	INSPIREASE RESERVOIR BAGS 142
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate) .....146	indapamide TABS 1.25 MG, 2.5 MG . 80	INSPRA (eplerenone) .....41
IMITREX TABS (sumatriptan succinate) .....146	INDERAL LA CP24 (propranolol hcl) . 59	INSULIN ASPART FLEXPEN SOPN . 31
IMODIUM A-D CAPS (loperamide hcl) 33	INDERAL XL 59	INSULIN ASPART PENFILL SOCT 31
IMODIUM A-D TABS (loperamide hcl) 33	INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT ...78	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN .....31
IMOVAX RABIES (H.D.C.V.) SUSR 173	INDOCIN SUSP (indomethacin) ....7	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP .....31
IMPEKLO LOTN 74	indomethacin CAPS 25 MG, 50 MG 7	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP .....31
IMURAN TABS (azathioprine) ....149	indomethacin CPCR .....7	INSULIN ASPART SOLN IJ 31
IN TOUCH LANCING DEVICE MISC 101	indomethacin SUPP .....7	INSULIN DEGLUDEC FLEXTOUCH SOPN 31
INBRIJA CAPS .....50	indomethacin SUSP .....7	INSULIN DEGLUDEC SOLN .....31
IN-CHECK DIAL	INFANRIX .....168	INSULIN GLARGINE MAX SOLOSTAR SOPN 31
INSPIRATORYFLOW TRAINER DEVI 142	INFANTS ADVIL SUSP (ibuprofen) 7	INSULIN GLARGINE SOLN .....31
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI 142	INFED 91	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML .....31
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI .....142	INFLECTRA SOLR 86	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML .....31
INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM 120	INFLIXIMAB .....86	INSULIN GLARGINE-YFGN SOLN 31
INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM .....120	INFUVITE PEDIATRIC SOLN IV .152	INSULIN GLARGINE-YFGN SOPN 31
	INGREZZA CAPS 164	INSULIN LISPRO JUNIOR KWIKPEN SOPN 31
	INGREZZA CPPK 164	INSULIN LISPRO KWIKPEN SOPN . 31
	INJECTAFER .....91	
	INLYTA 1 MG 45	
	INLYTA 5 MG 45	
	INNOPRAN XL .....59	
	INNOSPIRE REPLACEMENT FILTER MISC .....142	
	INPEFA .....61	
	INQOVI .....47	

INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN .....31	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16" .....120	INSUPEN 32G X 4MM .....121
INSULIN LISPRO SOLN IJ .....31	INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" .....120	INSUPEN 33GX4MM .....121
INSULIN SYRINGE/0.3ML/30G X 5/16" .....120	INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" .....120	INSUPEN PEN NEEDLES 32G X4MM .....121
INSULIN SYRINGE/0.3ML/31G X 5/16" .....120	INSULIN SYRINGE/U-100/1ML/29G X 1/2" .....120	INSUPEN SENSITIVE 32GX6MM 121
INSULIN SYRINGE/0.5ML/27G X 1/2" .....120	INSULIN SYRINGE/U-100/1ML/30G X 5/16" .....121	INSUPEN SENSITIVE 32GX8MM 121
INSULIN SYRINGE/0.5ML/28G X 1/2" .....120	INSULIN SYRINGE/U-100/1ML/31G X 5/16" .....121	INSUPEN ULTRAFIN 30GX8MM 121
INSULIN SYRINGE/0.5ML/30G X 5/16" .....120	INSULIN SYRINGES/U- 100/0.5ML/27GX1/2" .....121	INSUPEN ULTRAFIN 31GX6MM 121
INSULIN SYRINGE/0.5ML/31G X 5/16" .....120	INSULIN SYRINGES/U- 100/0.5ML/28GX1/2" .....121	INSUPEN ULTRAFIN 31GX8MM 121
INSULIN SYRINGE/1ML/28G X 1/2" 120	INSULIN SYRINGES/U- 100/0.5ML/29GX1/2" .....121	INTELENCE (etravirine) .....55
INSULIN SYRINGE/1ML/29G X 1/2" 120	INSULIN SYRINGES/U- 100/0.5ML/30GX5/16" .....121	INTELENCE .....55
INSULIN SYRINGE/1ML/30G X 5/16" .....120	INSULIN SYRINGES/U- 100/0.5ML/31GX5/16" .....121	INTELENCE 200 MG (etravirine) ..55
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16" .....120	INSULIN SYRINGES/U- 100/1ML/27GX1/2" .....121	INTELISWAB COVID-19 RAPID TEST KIT .....78
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" .....120	INSULIN SYRINGES/U- 100/1ML/28GX1/2" .....121	INTRON A SOLR .....49
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" .....120	INSULIN SYRINGES/U- 100/1ML/29GX1/2" .....121	INTUNIV (guanfacine hcl (adhd)) ..2
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" .....120	INSULIN SYRINGES/U- 100/1ML/30GX1/2" .....121	INVANZ IJ (ertapenem sodium) ...42
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" .....120	INSUPEN 29G X 12MM .....121	INVEGA (paliperidone) .....51
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2" .....120	INSUPEN 31G X 5MM .....121	INVEGA HAFYERA .....51
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" .....120	INSUPEN 31G X 8MM .....121	INVEGA SUSTENNA .....51
		INVEGA TRINZA .....51
		INVELTYS SUSP .....159
		INVOKAMET TABS .....28
		INVOKAMET XR TB24 .....28
		INVOKANA .....32
		IOPIDINE .....158
		IPOL INACTIVATED IPV .....173

ipratropium bromide (nasal) 0.03 % 153	isotretinoin 10 MG, 20 MG, 40 MG 68 MG	28
ipratropium bromide (nasal) 0.06 % 153	isotretinoin 25 MG, 35 MG 69	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG
ipratropium bromide SOLN 0.02 % 17	isotretinoin 30 MG 68	28
ipratropium-albuterol SOLN 19	isradipine CAPS 60	JANUVIA 30
irbesartan 39	ISTALOL SOLN (timolol maleate (ophth)) 157	JARDIANCE 32
irbesartan-hydrochlorothiazide 40	ISTURISA 80	JATENZO CAPS 12
IRESSA (gefitinib) 46	itraconazole CAPS 35	JAYPIRCA 48
iron polysaccharide complex-vit b12- folic acid CAPS 91	itraconazole SOLN 35	JENTADUETO TABS 28
irrigation solutions, physiological 149	ivermectin (rosacea) 76	JENTADUETO XR TB24 1000 MG- 2.5 MG
ISENTRESS CHEW 100 MG 55	ivermectin 14	28
ISENTRESS CHEW 25 MG 55	IWILFIN 49	JENTADUETO XR TB24 1000 MG-5 MG
ISENTRESS HD TABS 55	IXIARO 173	28
ISENTRESS PACK 55	IXINITY SOLR 89	JESDUVROQ 91
ISENTRESS TABS 55	IYUZEH SOLN 160	JIVI 89
isoniazid SYRP 44	J & J GAUZE 4"X4" 12 PLY PADS 97	JOENJA 148
isoniazid TABS 44	J & J GAUZE 4"X4" 8 PLY PADS . 97	JORNAY PM CP24 2
isopropyl alcohol-glycerin 160	J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	JUBLIA 70
ISOPTO ATROPINE SOLN 157	J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	JULUCA 55
ISOPTO CARPINE SOLN 1 % (pilocarpine hcl) 157	J & J GAUZE SPONGES 8-PLY4" X 4" MISC	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG
ISORDIL TITRADOSE TABS 40 MG (isosorbide dinitrate) 14	JADENU SPRINKLE PACK (deferasirox) 33	38
ISORDIL TITRADOSE TABS 5 MG (isosorbide dinitrate) 14	JADENU TABS (deferasirox) 33	JYLAMVO SOLN 45
isosorbide dinitrate TABS 14	JAKAFI 48	JYNARQUE TABS 83
isosorbide dinitrate-hydralazine hcl 61	JALYN (dutasteride-tamsulosin hcl) . 88	JYNARQUE TBPK 83
isosorbide mononitrate TABS 14	JANSSEN COVID-19 VACCINE .173	JYNNEOS 173
isosorbide mononitrate TB24 15	JANUMET TABS 28	KALBITOR 89
	JANUMET XR TB24 1000 MG-100	KALETRA SOLN (lopinavir-ritonavir) . 55
		KALETRA TABS 25 MG-100 MG (lopinavir-ritonavir)
		55
		KALETRA TABS 50 MG-200 MG (lopinavir-ritonavir)
		55
		KALYDECO PACK 166

KALYDECO TABS	166	ketoconazole (topical) CREA	70	PREFERRED PLUS/1ML/31G X 5/16"	121
KANUMA	82	ketoconazole (topical) FOAM	70	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	121
KAPSPARGO SPRINKLE CS24 ...	58	ketoconazole (topical) SHAM 2 %	70	KINRIX SUSY	168
KAPVAY TB12 (clonidine hcl (adhd)) 2		ketoconazole	35	KISQALI	48
KARBINAL ER SUER	36	KETODAN KIT	70	KISQALI FEMARA 200 DOSE	47
KATERZIA	60	KETONE STRP	78	KISQALI FEMARA 400 DOSE	47
KAZANO (alogliptin-metformin hcl) 28		KETONE TEST STRIPS STRP	78	KISQALI FEMARA 600 DOSE	47
KENALOG AERS (triamcinolone acetoneide (topical))	74	ketoprofen CAPS 25 MG	7	KITABIS PAK NEBU (tobramycin) ..	4
KENALOG-10 SUSP	66	ketoprofen CP24	7	KLARON (sulfacetamide sodium (acne))	69
KENALOG-40 SUSP (triamcinolone acetoneide)	66	ketorolac tromethamine (ophth) 0.4 %	160	KLONOPIN TABS (clonazepam) ..	21
KENALOG-80 SUSP	66	ketorolac tromethamine (ophth) 0.5 %	160	KLOXXADO LIQD	33
KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	97	ketorolac tromethamine SOLN IM 30 MG/ML, 60 MG/2ML	7	KMART VALU PLUS INSULIN SYRINGE/1ML/29G	121
KENGREAL	90	KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	7	KMART VALU PLUS INSULIN SYRINGE/1ML/30G	121
KEPPRA SOLN IV 500 MG/5ML (levetiracetam)	22	ketorolac tromethamine TABS	7	KOATE SOLR	89
KEPPRA SOLN OR 100 MG/ML (levetiracetam)	22	KETOSTIX STRP	78	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	89
KEPPRA TABS 1000 MG (levetiracetam)	22	ketotifen fumarate (ophth) 0.035 % 160		KOGENATE FS KIT	89
KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)	22	KEVEYIS (dichlorphenamide)	79	KOMBIGLYZE XR 1000 MG-2.5 MG (saxagliptin-metformin hcl)	28
KEPPRA XR TB24 (levetiracetam) ..	22	KEVZARA SOAJ	6	KOMBIGLYZE XR 1000 MG-5 MG, 500 MG-5 MG (saxagliptin-metformin hcl)	29
KERENDIA	83	KEVZARA SOSY	6	KONVOMEK SUSR	171
KERLIX SPONGES 4" X 4" 12 PLY PADS	97	KIMONO MICRO THIN MISC	98	KORLYM (mifepristone (hyperglycemia))	29
KERLIX SPONGES 4" X 4" 16 PLY PADS	98	KINERET SOSY	6	KOSELUGO	48
KERYDIN (tavaborole)	70	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	121	KOVALTRY	89
KESIMPTA	164	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	121	K-PHOS NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic	

& monobasic) 147	KROGER LANCING DEVICE MISC 101	labetalol hcl TABS 200 MG 58
K-PHOS NO 2 87	KROGER PEN NEEDLES 29G X12MM 122	labetalol hcl TABS 300 MG 58
K-PHOS TABS (potassium phosphate monobasic) 147	KROGER PEN NEEDLES 31G X8MM 122	LABETALOL HYDROCHLORIDE SOSY 10 MG/2ML 58
KRAZATI 48	KROGER PEN NEEDLES 31GX1/4" 122	LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE 0.72 %-100 MG/100ML, 0.72 %-200 MG/200ML, 0.72 %-300 MG/300ML 58
KRINTAFEL 44	KROGER PEN NEEDLES/31G X1/4" 122	lacosamide SOLN IV 200 MG/20ML . 22
KRISTALOSE PACK 94	KROGER PEN NEEDLES/31G X3/16" 122	lacosamide SOLN OR 10 MG/ML . 22
KROGER AUTOLET LANCING DEVICE MISC 101	KROGER PEN NEEDLES/31G X5/16" 122	lacosamide SOLN OR 22
KROGER HEALTHPRO TWIST LANCETS/26G 101	KROGER PEN NEEDLES/32G X5/32" 122	lacosamide TABS 22
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" 121	KROGER PEN NEEDLES/33G X5/32" 122	LACRISERT 156
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" ... 121	KRYSTEXXA 88	lactic acid (ammonium lactate) CREA 75
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" ... 121	K-TAB TBCR 10 MEQ (potassium chloride) 147	lactic acid (ammonium lactate) LOTN 12 % 76
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" 121	K-TAB TBCR 20 MEQ (potassium chloride) 147	LACTIC ACID LOTN 76
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" ... 121	K-TAB TBCR 8 MEQ (potassium chloride) 148	lactulose (encephalopathy) 86
KROGER INSULIN SYRINGE/1ML/29G X 1/2" 121	KUVAN PACK (sapropterin dihydrochloride) 82	lactulose SOLN 94
KROGER INSULIN SYRINGE/1ML/30G X 5/16" 121	KUVAN TABS (sapropterin dihydrochloride) 82	LAGEVRIO 57
KROGER INSULIN SYRINGE/1ML/31G X 5/16" 122	KYLEENA 65	LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine) 22
KROGER LANCETS 21G 101	KYMRIAH 45	LAMICTAL ODT KIT (lamotrigine) . 22
KROGER LANCETS MICRO THIN33G 101	KYNMOBI FILM 50	LAMICTAL ODT KIT 22
KROGER LANCETS THIN 26G . 101	KYNMOBI TITRATION KIT KIT ... 50	LAMICTAL ODT TBDP (lamotrigine) . 22
KROGER LANCETS ULTRATHIN30G 101	labetalol hcl SOLN 58	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (lamotrigine) . 22
	labetalol hcl TABS 100 MG 58	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING

VALPROATE KIT (lamotrigine) ....23	LANREOTIDE ACETATE 83	LEADER INSULIN SYRINGE/1ML/31G X 5/16" .....122
LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine) ....23	lansoprazole CPDR .....169	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" .....122
LAMICTAL TABS (lamotrigine) ....23	lansoprazole TBDD .....170	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" 122
LAMICTAL XR KIT .....23	lanthanum carbonate CHEW 87	LEADER UNIFINE PENTIPS/MINI/31GX3/16" .....122
LAMICTAL XR TB24 (lamotrigine) .23	LANTIDRA .....28	LEADER UNIFINE PENTIPS/NANO/32GX5/32" .....122
lamivudine (hbv) TABS 57	LANTUS SOLN 31	LEADER UNIFINE PENTIPS/PLUS/32GX5/32" 122
lamivudine SOLN 55	LANTUS SOLOSTAR SOPN 31	LEADER UNIFINE PENTIPS/PLUS/32GX5/32" 122
lamivudine TABS 150 MG 55	LANZO MISC .....102	LEADER UNIFINE PENTIPS/PLUS/32GX5/32" 122
lamivudine TABS 300 MG 55	lapatinib ditosylate 48	LEADER UNIFINE PENTIPS/PLUS/32GX5/32" 122
lamivudine-zidovudine .....55	LASIX TABS (furosemide) 80	LEDIPASVIR/SOFOSBUVIR TABS 57
lamotrigine CHEW .....23	latanoprost SOLN .....160	leflunomide 8
lamotrigine KIT 25 MG .....23	LATUDA (lurasidone hcl) .....51	LEMTRADA .....164
lamotrigine TABS 23	LEADER ADVANCED LANCING DEVICE MISC 102	lenalidomide .....148
lamotrigine TB24 .....23	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" 122	LENMELDY 163
lamotrigine TBDP 23	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" ...122	LENVIMA 10 MG DAILY DOSE ... 45
LAMPIT .....42	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" ...122	LENVIMA 12MG DAILY DOSE ... 45
LAMZEDE .....82	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" 122	LENVIMA 14 MG DAILY DOSE ... 45
LANCET DEVICE ADJUSTABLE MISC .....101	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" 122	LENVIMA 18 MG DAILY DOSE ... 45
LANCET DEVICE WITH EJECTOR MISC .....101	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" ...122	LENVIMA 20 MG DAILY DOSE ... 45
LANCETS 101	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" ...122	LENVIMA 24 MG DAILY DOSE ... 45
LANCETS 30G .....101	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" 122	LENVIMA 4 MG DAILY DOSE ....45
LANCETS THIN .....101	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" ...122	LENVIMA 8 MG DAILY DOSE ....45
LANCETS ULTRA THIN .....101	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" ...122	LEQEMBI 163
LANCING DEVICE MISC .....102	LEADER INSULIN SYRINGE/1ML/28G X 1/2" 122	LEQVIO 38
LANOXIN PEDIATRIC SOLN IJ ...61	LEADER INSULIN SYRINGE/1ML/29G X 1/2" 122	LESCOL XL TB24 (fluvastatin sodium) 38
LANOXIN SOLN IJ (digoxin) .....61	LEADER INSULIN SYRINGE/1ML/30G X 5/16" .....122	LETAIRIS (ambrisentan) .....62
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin) .....61	LEADER INSULIN SYRINGE/1ML/30G X 5/16" .....122	letrozole 46
		leucovorin calcium TABS 49

LEUKERAN	45	levocetirizine dihydrochloride TABS 36	LEXIVA SUSP	55	
LEUKINE SOLR IJ	91	levofloxacin SOLN OR	84	LEXIVA TABS (fosamprenavir calcium)	55
LEUPROLIDE ACETATE INJ	46	levofloxacin TABS	84	LIALDA TBEC (mesalamine)	86
leuprolide acetate KIT IJ 1 MG/0.2ML	46	levonorgestrel & eth estradiol TABS 64	LIBERTY MINI LANCING DEVICE MISC	102	
levabuterol hcl	19	levonorgestrel (emergency oc) 1.5 MG	65	LIBERVANT FILM BU 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG	21
levabuterol tartrate	19	levonorgestrel-eth estradiol (triphasic)	64	LIBRAX (chlordiazepoxide hcl- clidinium bromide)	169
levamlodipine maleate	60	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	64	LICART PT24	71
LEVBID TB12 (hyoscyamine sulfate) 169		levonorgestrel-ethinyl estradiol (continuous)	64	lidocaine hcl (cardiac) SOSY	16
LEVEMIR FLEXPEN SOPN	31	levonorgestrel-ethinyl estradiol-iron 64	LIDOCAINE HCL SOLN	16	
LEVEMIR SOLN	31	LEVOPHED IV (norepinephrine bitartrate)	176	lidocaine hcl SOLN	76
LEVETIRACETAM (levetiracetam in sodium chloride)	23	levorphanol tartrate TABS 2 MG ...	10	LIDOCAINE HCL- HYDROCORTISONE ACETATE WITH ALOE GEL	13
levetiracetam in sodium chloride ..	23	levorphanol tartrate TABS 3 MG ...	10	lidocaine in d5w 5 %-4 MG/ML, 5 %- 8 MG/ML	16
levetiracetam SOLN IV 500 MG/5ML 23		levothyroxine sodium CAPS	167	lidocaine OINT	76
levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	23	LEVOTHYROXINE SODIUM SOLN IV	167	lidocaine PTCH 5 %	76
levetiracetam SOLN OR 100 MG/ML 23		LEVSIN SOLN IJ 0.5 MG/ML (hyoscyamine sulfate)	169	lidocaine-hydrocortisone acetate (rectal) CREA EX	13
levetiracetam TABS 1000 MG	23	LEVSIN TABS (hyoscyamine sulfate)	169	lidocaine-hydrocortisone acetate (rectal) KIT	13
levetiracetam TABS 250 MG, 500 MG, 750 MG	23	LEVSIN/SL SUBL (hyoscyamine sulfate)	169	lidocaine-prilocaine CREA	76
levetiracetam TB24	23	LEVULAN KERASTICK SOLR	71	lidocaine-prilocaine KIT	76
LEVETIRACETAM/SODIUM CHLORIDE	23	LEXAPRO TABS (escitalopram oxalate)	26	LIDOCARE ARM/NECK/LEG PTCH (lidocaine)	76
levobunolol hcl 0.5 %	157	LEXETTE FOAM	74	LIDOCARE BACK/SHOULDER PTCH (lidocaine)	76
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	82				
levocarnitine (metabolic modifiers) TABS	82				
levocetirizine dihydrochloride SOLN 36					

LIDODERM PTCH (lidocaine)	76	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	122	LITETOUCH MASK SMALL MISC	142
LIDOTRAL CREA	76	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	122	LITETOUCH PEN NEEDLES	
LIKMEZ SUSP	42	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	122	LITETOUCH PEN NEEDLES 29GX12.7MM	123
LILETTA 20.1 MCG/DAY	65	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	122	LITETOUCH PEN NEEDLES 31G X 6MM	123
LINCOCIN (lincomycin hcl)	43	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	122	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	123
lincomycin hcl	43	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	122	LITETOUCH PEN NEEDLES/31G X 3/16"	123
linezolid SUSR	43	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	122	LITETOUCH PEN NEEDLES/31G X 5MM/MINI	123
linezolid TABS	43	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	123	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	123
LINZESS	86	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	123	LITFULO	76
liothyronine sodium TABS	167	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	123	lithium	50
LIPITOR TABS (atorvastatin calcium)	38	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	123	lithium carbonate CAPS	50
LIPOFEN CAPS (fenofibrate)	37	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	123	lithium carbonate TABS	51
LIPOFEN CAPS 150 MG (fenofibrate)	38	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	123	lithium carbonate TBCR	51
LIQREV SUSP	62	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	123	LITHOBID TBCR (lithium carbonate)	51
lisdexamfetamine dimesylate CAPS 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	1	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	123	LITHOSTAT	88
lisdexamfetamine dimesylate CAPS 1		LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	123	LIVALO (pitavastatin calcium)	38
lisdexamfetamine dimesylate CHEW	1	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	123	LIVE BETTER ADVANCED LANCING DEVICE MISC	102
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	40	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	123	LIVE BETTER LANCET ULTRATHIN 28G	102
lisinopril & hydrochlorothiazide 25 MG-20 MG	40	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	123	LIVMARLI	85
lisinopril TABS 2.5 MG	39	LITETOUCH MASK LARGE MISC	142	LIVTENCITY	56
lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	39	LITETOUCH MASK MEDIUM MISC	142	LO LOESTRIN FE TABS	64
LITE TOUCH LANCING PEN MISC	102			LOCOID LIPOCREAM	74
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	122			LOCOID LOTN (hydrocortisone	

butyrate) .....74	67	MG, 20 MG-5 MG, 40 MG-10 MG
LODINE TABS (etodolac) .....7	loratadine & pseudoephedrine TB24 .	(amlodipine besylate-benazepril hcl) .
LODOSYN (carbidopa) .....49	67	41
LOKELMA .....149	loratadine SOLN .....36	LOTRIMIN AF CREA (clotrimazole
LOMOTIL TABS (diphenoxylate w/	loratadine TABS .....36	(topical)) .....70
atropine) .....33	lorazepam CONC .....15	LOTRIMIN AF JOCK ITCH CREA
LONGS INSULIN	lorazepam SOLN .....15	(clotrimazole (topical)) 70
SYRINGE/0.5ML/31G X 5/16" ...123	lorazepam TABS 0.5 MG, 2 MG ...15	LOTRIMIN ULTRA (butenafine hcl)
LONGS LANCETS THIN 102	lorazepam TABS 1 MG 16	70
LONHALA MAGNAIR REFILL KIT	LORBRENA 100 MG .....48	LOTRONEX (alosetron hcl) .....86
SOLN .....17	LORBRENA 25 MG .....48	lovastatin TABS 10 MG, 20 MG ... 38
LONHALA MAGNAIR STARTER KIT	LOREEV XR CS24 .....16	lovastatin TABS 40 MG .....38
SOLN .....17	losartan potassium &	LOVAZA (omega-3-acid ethyl esters)
LONSURF .....47	hydrochlorothiazide .....41	.....37
loperamide hcl CAPS .....33	losartan potassium .....39	LOVENOX SOLN IJ 300 MG/3ML
loperamide hcl TABS 33	LOSEASONIQUE (levonorgestrel-	(enoxaparin sodium) .....21
LOPID TABS (gemfibrozil) .....38	ethinyl estradiol (91-day)) .....64	LOVENOX SOSY 100 MG/ML, 150
lopinavir-ritonavir SOLN 55	LOTEMAX GEL (loteprednol	MG/ML (enoxaparin sodium) 21
lopinavir-ritonavir TABS 25 MG-100	etabonate) 159	LOVENOX SOSY 30 MG/0.3ML
MG 55	LOTEMAX OINT .....159	(enoxaparin sodium) .....21
lopinavir-ritonavir TABS 50 MG-200	LOTEMAX SM GEL 159	LOVENOX SOSY 40 MG/0.4ML
MG 55	LOTEMAX SUSP (loteprednol	(enoxaparin sodium) .....21
LOPRESSOR TABS 100 MG	etabonate) 159	LOVENOX SOSY 60 MG/0.6ML
(metoprolol tartrate) .....58	LOTENSIN 10 MG, 20 MG	(enoxaparin sodium) .....21
LOPRESSOR TABS 50 MG	(benazepril hcl) .....39	LOVENOX SOSY 80 MG/0.8ML, 120
(metoprolol tartrate) .....58	LOTENSIN 40 MG (benazepril hcl)	MG/0.8ML (enoxaparin sodium) ...21
LOPROX CREA (ciclopirox olamine) .	39	loxapine succinate 52
70	LOTENSIN HCT 12.5 MG-10 MG,	lubiprostone 85
LOPROX KIT .....70	12.5 MG-20 MG, 25 MG-20 MG	LUCEMYRA .....162
LOPROX SHAMPOO SHAM	(benazepril & hydrochlorothiazide) 41	LUCIRA CHECK IT COVID-19TEST
(ciclopirox) .....70	loteprednol etabonate GEL .....159	KIT KIT .....78
LOPROX SUSP (ciclopirox olamine) .	loteprednol etabonate SUSP 159	LUCIRA COVID-19 ALL-IN-ONE
70	LOTREL 10 MG-5 MG, 20 MG-10	TEST KIT KIT 78
loratadine & pseudoephedrine TB12 .		luliconazole .....70
		LUMAKRAS 48

LUMIGAN SOLN 0.01 %	160	LYRICA SOLN (pregabalin)	23	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	94
LUMIZYME	82	LYSODREN	46	MALARONE (atovaquone-proguanil hcl)	43
LUNESTA (eszopiclone)	92	LYSTEDA TABS (tranexamic acid)	92	malathion	77
LUNESTA (eszopiclone)	93	LYTGOBI	48	MARATHON MEDICAL	
LUPKYNIS	149	LYUMJEV KWIKPEN SOPN	31	PENTIPS29GX12MM	123
LUPRON DEPOT (1-MONTH) KIT IM	46	LYUMJEV SOLN	31	MARATHON MEDICAL	
LUPRON DEPOT (3-MONTH) KIT IM	46	LYUMJEV TEMPO PEN SOPN	31	PENTIPS31GX5MM	123
LUPRON DEPOT (4-MONTH) IM	46	LYVISPAH PACK	153	MARATHON MEDICAL	
LUPRON DEPOT (6-MONTH) IM	46	MACROBID (nitrofurantoin monohydrate macro)	43	PENTIPS31GX8MM	123
LUPRON DEPOT-PED (1-MONTH)	82	MACRODANTIN (nitrofurantoin macrocrystal)	43	MARATHON MEDICAL	
LUPRON DEPOT-PED (3-MONTH)	82	mafenide acetate PACK	72	PENTIPS32GX4MM	123
LUPRON DEPOT-PED (6-MONTH) IM	82	MAG-AL LIQD	14	maraviroc TABS 150 MG	55
lurasidone hcl	51	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	123	maraviroc TABS 300 MG	55
LUTATHERA	49	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	123	MARINOL CAPS 2.5 MG (dronabinol)	34
LUXIQ FOAM (betamethasone valerate)	74	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	123	MARPLAN	25
LUXTURNA	158	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	123	MASK VORTEX/CHILD/FROG	142
LUZU (luliconazole)	70	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	123	MASK	
LYBALVI	163	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	123	VORTEX/TODDLER/LADYBUG	142
LYFGENIA	90	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	123	MATULANE	49
LYNPARZA TABS	48	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	123	MAVENCLAD	164
LYRICA CAPS 225 MG, 300 MG (pregabalin)	23	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	123	MAVYRET PACK	57
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin)	23	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	123	MAVYRET TABS	57
LYRICA CR (pregabalin (once-daily))	165	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	123	MAXALT TABS 10 MG (rizatriptan benzoate)	146
		MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	123	MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	146
		magnesium citrate 1.745 GM/30ML	94	MAXICOMFORT II PEN	
				NEEDLES/31G X 1/4"	123
				MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	123

MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" 123	(methylprednisolone) 66	MENACTRA 172
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" 123	MEDROL TABS 66	MENEST 84
MAXIDEX SUSP OP 159	medroxyprogesterone acetate (contraceptive) SUSP IM 65	MENOSTAR PTWK 84
MAXITROL OINT (neomycin-polymy- dexameth) 159	medroxyprogesterone acetate (contraceptive) SUSY IM 65	MENQUADFI 172
MAXITROL SUSP (neomycin- polymy-dexameth) 159	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG 162	MENTAX 70
MAXZIDE TABS (triamterene & hydrochlorothiazide) 79	mefenamic acid CAPS 7	MENVEO SOLN 172
MAXZIDE-25 TABS (triamterene & hydrochlorothiazide) 79	mefloquine hcl 44	MENVEO SOLR 172
MAYZENT STARTER PACK TBPK 164	megestrol acetate (appetite) 162	meperidine hcl SOLN OR 50 MG/5ML 10
MAYZENT TABS 0.25 MG 164	megestrol acetate SUSP 46	meperidine hcl TABS 50 MG 10
MAYZENT TABS 1 MG, 2 MG ... 164	megestrol acetate TABS 46	MEPHYTON TABS (phytonadione) 176
meclizine hcl CHEW 34	MEIJER LANCETS THIN 102	meprobamate 15
meclizine hcl TABS 12.5 MG, 25 MG 34	MEIJER LANCETS UNIVERSAL33G 102	MEPRON (atovaquone) 42
meclizine hcl TABS 50 MG 34	MEIJER PEN NEEDLES 29G X12MM 124	MEPSEVII 82
meclofenamate sodium CAPS 7	MEIJER PEN NEEDLES 31G X6MM 124	mercaptopurine TABS 45
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" ... 124	MEIJER PEN NEEDLES 31G X8MM 124	mesalamine CP24 86
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" ... 124	MEIJER SUPER THIN LANCETS 102	mesalamine CPR 86
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM 124	MEKINIST SOLR 48	mesalamine CPDR 86
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM 124	MEKINIST TABS 48	mesalamine ENEM 86
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM 124	MEKTOVI 48	mesalamine SUPP 86
MEDROL DOSEPAK TBPK (methylprednisolone) 66	meloxicam CAPS 7	mesalamine TBEC 1.2 GM 86
MEDROL TABS	meloxicam TABS 7	mesalamine TBEC 800 MG 86
	melphalan 45	mesalamine w/ cleanser 86
	memantine hcl CP24 163	MESNEX TABS 49
	memantine hcl SOLN 2 MG/ML .. 163	MESTINON SOLN OR (pyridostigmine bromide) 44
	memantine hcl TABS 163	MESTINON TABS (pyridostigmine bromide) 44
		MESTINON TIMESPAN TBCR (pyridostigmine bromide) 44
		METADATE CD CPR

(methylphenidate hcl)	2	GM	43	methylphenidate hcl CP24 60 MG ..	3
METAMUCIL 4 IN 1 FIBER POWD (psyllium)	94	methenamine-hyoscamine-methylene blue-sodium phosphate TABS	42	methylphenidate hcl CPCR	3
METAMUCIL FREE & NATURAL POWD (psyllium)	94	methenamine-hyosc-methylene blue- benzoic acid-phenyl sal	42	methylphenidate hcl SOLN	3
METAMUCIL ORIGINAL TEXTURE POWD (psyllium)	94	methenamine-hyosc-methylene blue- sod phos-phenyl sal CAPS	42	methylphenidate hcl TABS	3
METAMUCIL POWD (psyllium) ...	94	methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 10.8 MG- 81 MG-32.4 MG-0.12 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG- 40.8 MG	42	methylphenidate hcl TB24	3
metaxalone	153	methimazole TABS	167	methylphenidate hcl TBCR 45 MG, 63 MG	3
metformin hcl SOLN	29	METHITEST TABS	12	methylphenidate hcl TBCR 72 MG ..	3
metformin hcl TABS 1000 MG	29	methocarbamol SOLN	153	methylphenidate hcl TBCR	3
metformin hcl TABS 500 MG	29	methocarbamol TABS 500 MG, 750 MG	153	methylphenidate PTCH	3
metformin hcl TABS 625 MG	29	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	45	methylprednisolone acetate SUSP	66
metformin hcl TABS 850 MG	29	methotrexate sodium SOLR	45	methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	66
metformin hcl TB24 500 MG, 1000 MG	29	methotrexate sodium TABS 2.5 MG 45		methylprednisolone TABS	66
metformin hcl TB24 500 MG	29	methoxsalen rapid	71	methylprednisolone TBPK	66
metformin hcl TB24 750 MG	29	methscopolamine bromide	169	methyltestosterone CAPS	13
methadone hcl CONC	10	methsuximide	25	metoclopramide hcl SOLN IJ 5 MG/ML	85
METHADONE HCL POWD	10	methylidopa TABS	40	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	85
METHADONE HCL SOLN IJ	10	methylergonovine maleate TABS	161	metoclopramide hcl TABS	85
methadone hcl SOLN OR	10	METHYLIN SOLN (methylphenidate hcl)	3	metoclopramide hcl TBDP	85
methadone hcl TABS	10	methylphenidate hcl CHEW	3	metolazone	80
methadone hcl TBSO	10	methylphenidate hcl CP24 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG 3		metoprolol & hydrochlorothiazide TABs	41
METHADOSE CONC (methadone hcl)	10	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	metoprolol succinate TB24 200 MG 58	
METHADOSE SUGAR-FREE CONC (methadone hcl)	10			metoprolol succinate TB24 25 MG, 50 MG, 100 MG	58
methamphetamine hcl	1			metoprolol tartrate SOLN IV 5 MG/5ML	58
methazolamide TABS	79			metoprolol tartrate TABS 25 MG, 100 MG	58
methenamine hippurate	43				
methenamine mandelate 0.5 GM, 1					

metoprolol tartrate TABS 37.5 MG, 75 MG	58	miconazole-zinc oxide-white petrolatum	70	milrinone lactate in dextrose	61
metoprolol tartrate TABS 50 MG ..	58	MICROCHAMBER DEVI	142	MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	64
METROCREAM CREA (metronidazole (topical))	76	MICROCHAMBER MISC	142	MINI LANCING DEVICE MISC ...	102
METROGEL GEL 1 % (metronidazole (topical))	77	MICRODOT PEN NEEDLE/31G X 6 MM	124	MINIELITE FILTER REPLACEMENTS MISC	142
METROLOTION LOTN (metronidazole (topical))	77	MICRODOT PEN NEEDLE/32G X 4 MM	124	MINIPRESS CAPS (prazosin hcl) .	40
metronidazole (topical) CREA	77	MICRODOT PEN NEEDLE/33G X 4 MM	124	MINIVELLE PTTW (estradiol)	84
metronidazole (topical) GEL 0.75 % 77		MICROLET NEXT MISC	102	MINOCIN SOLR	167
metronidazole (topical) GEL 1 % ..	77	MICROSPACER MISC	142	minocycline hcl CAPS	167
metronidazole (topical) LOTN	77	midazolam hcl SOLN IJ 2 MG/2ML, 5 MG/5ML, 10 MG/2ML	93	minocycline hcl TABS	167
metronidazole CAPS	42	midazolam hcl SOLN IJ	93	minocycline hcl TB24	167
metronidazole TABS	42	midazolam hcl SYRP	93	MINOLIRA TB24	167
metronidazole vaginal	175	MIDAZOLAM SOSY IJ 2 MG/2ML .	93	minoxidil 2.5 MG, 10 MG	41
metyrosine	39	MIDAZOLAM/SODIUM CHLORIDE (midazolam-sodium chloride)	93	mirabegron TB24 25 MG, 50 MG	171
mexiletine hcl	16	MIDAZOLAM/SODIUM CHLORIDE 0.9 %-100 MG/100ML, 0.9 %-50 MG/50ML	93	MIRALAX POWD (polyethylene glycol 3350)	94
MIACALCIN IJ (calcitonin (salmon)) 81		midazolam-sodium chloride	93	MIRAPEX ER TB24 (pramipexole dihydrochloride)	50
MICAFUNGIN	34	midodrine hcl	176	MIRASORB SPONGES 4" X 4" MISC	98
micafungin sodium	34	MIEBO	160	MIRCERA	91
MICARDIS (telmisartan)	39	MIFEPREX (mifepristone)	83	MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	64
MICARDIS HCT (telmisartan- hydrochlorothiazide)	41	mifepristone (hyperglycemia)	29	MIRENA	65
MICATIN CREA (miconazole nitrate (topical))	70	mifepristone	83	mirtazapine TABS 15 MG, 30 MG .	25
miconazole nitrate (topical) CREA .	70	miglitol	28	mirtazapine TABS	25
miconazole nitrate vaginal CREA 2 %	175	miglustat	90	mirtazapine TBDP	25
miconazole nitrate vaginal SUPP 200 MG	175	MIGRANAL SOLN NA (dihydroergotamine mesylate)	146	MIRVASO (brimonidine tartrate (topical))	77
		milrinone lactate	61	misoprostol	170
				MITIGARE CAPS (colchicine)	88

MM INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	124	VACCINE/BIVALENT/BA.4/BA.5 173	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	124	
MM INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	124	MODERNA COVID-19 VACCINE6- 11Y SUSP	174	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	124
MM INSULIN SYRINGE/U- 100/1/2ML/30G X 5/16"	124	MODERNA COVID-19 VACCINE6MO-5Y SUSP	174	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	124
MM INSULIN SYRINGE/U- 100/1/2ML/31G X 5/16"	124	moexipril hcl	39	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U- 100/0.5ML/28G X 1/2"	124
MM INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	124	molindone hcl 10 MG	53	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	124
MM INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	124	molindone hcl 5 MG, 25 MG	53	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	125
MM LANCING DEVICE MISC	102	mometasone furoate (nasal) SUSP 154	74	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	124
MM PEN NEEDLES 31G X 1/4"	124	mometasone furoate CREA	74	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	125
MM PEN NEEDLES 31G X 3/16" 124		mometasone furoate OINT	74	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	125
MM PEN NEEDLES 31G X 5/16" 124		mometasone furoate SOLN	74	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	125
MM PEN NEEDLES 32G X 5/32" 124		MONISTAT 3 CREA (miconazole nitrate vaginal)	175	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	125
M-M-R II SOLR	173	MONISTAT 7 SIMPLY CURE CREA (miconazole nitrate vaginal)	175	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	125
M-NATAL PLUS TABS	152	MONOJECT BLUNTIP SYRINGE/3ML/CANNULA/IV ACCESS	124	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	125
modafinil	3	MONOJECT HYPO/ALUM HUB/18G X 1-1/2"	124	MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	125
modafinil 200 MG	3	MONOJECT HYPO/ALUM HUB/LUER LOCK/SHORT BEVEL/18G X 1-1/2"	124	MONOJECT INSULIN SYRINGE/SOFTPACK/U- 100/0.5ML/28G X 1/2"	125
MODERNA COVID-19 VACCINE SUSP	174	MONOJECT HYPO/POLYPROPYLENE HUB/18G X 1-1/2"	124	MONOJECT INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	125
MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	173	MONOJECT HYPO/POLYPROPYLENE HUB/LL/SHORT BEVEL/18G X 1- 1/2"	124	MONOJECT INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	125
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP . 173		MONOJECT INSULIN SYRINGE/1ML	124	MONOJECT INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	125
MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ..	173	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	124	MONOJECT INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	125

MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML	125	INSULIN SYRINGE/0.5ML/31G X 5/16"	125	MOVANTIK	86
MONOJECT MAGELLAN SAFETYNEEDLE 18GX1-1/2" ..	125	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" ..	125	MOVIPREP (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	94
MONOJECT PHARMACY TRAY/LUER LOCK/3ML	125	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" ..	125	moxifloxacin hcl (ophth) SOLN OP	158
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/18GX1 -1/2"	125	MONOLET LANCETS	102	moxifloxacin hcl TABS	84
MONOJECT SYRINGE/LUER LOCK/3ML	125	montelukast sodium CHEW	17	MS CONTIN TBCR (morphine sulfate)	10
MONOJECT SYRINGE/LUER-LOCK TIP/3ML	125	montelukast sodium PACK	17	MS INSULIN SYRINGE/0.3ML/31G X 5/16"	125
MONOJECT SYRINGE/REG LUER/3ML	125	montelukast sodium TABS	17	MS INSULIN SYRINGE/0.5ML/31G X 5/16"	126
MONOJECT SYRINGE/REGULARTIP/3ML ..	125	MONUROL (fosfomycin tromethamine)	43	MS INSULIN SYRINGE/1ML/31G X 5/16"	126
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	125	morphine sulfate beads	10	MULPLETA	91
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	125	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	10	MULTAQ	16
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	125	morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	10	MULTI-LANCET DEVICE MISC ..	102
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	125	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	10	multiple vitamins w/ minerals TABS	151
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	125	morphine sulfate SUPP 5 MG	10	MULTIVITAMIN INFANT/TODDLER SOLN OR	152
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	125	morphine sulfate TABS	10	MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	151
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	125	morphine sulfate TBCR	10	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.25 MG-600 MCG-4.5 MCG-230 MCG, 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-1 MG-600 MCG-4.5 MCG-230 MCG	151
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	125	MOTEGRITY	84	mupirocin calcium (topical)	70
MONOJECT ULTRA COMFORT		MOTOFEN	33	mupirocin OINT	70
		MOTPOLY XR CP24	23	MYALEPT	82
		MOTRIN CHILDRENS CHEW (ibuprofen)	7	MYAMBUTOL TABS 400 MG (ethambutol hcl)	44
		MOTRIN INFANTS DROPS SUSP (ibuprofen)	7		
		MOUNJARO	30		

MYCAMINE	34	NAFTIN GEL 1 %	70	naproxen TBEC	7
MYCAPSSA CPDR	83	NAFTIN GEL 2 % (naftifine hcl) ...	70	naproxen-esomeprazole magnesium	7
MYCOBUTIN (rifabutin)	44	NAGLAZYME	82	.....	7
mycophenolate mofetil CAPS	149	NALFON CAPS (fenoprofen calcium)	7	naratriptan hcl	146
mycophenolate mofetil SUSR	149	.....	7	NARCAN LIQD (naloxone hcl)	33
mycophenolate mofetil TABS	149	NALFON TABS (fenoprofen calcium)	7	NARDIL (phenelzine sulfate)	25
mycophenolate sodium 180 MG ..	149	7		NASACORT ALLERGY 24HR AERO	
mycophenolate sodium 360 MG ..	149	NALOCET TABS	11	(triamcinolone acetonide (nasal))	154
MYDAYIS CP24 (amphetamine-		naloxone hcl LIQD	33	NASACORT ALLERGY 24HR	
dextroamphetamine)	1	naloxone hcl SOCT	33	CHILDRENS AERO (triamcinolone	
MYDRIACYL SOLN (tropicamide)		naloxone hcl SOLN 0.4 MG/ML, 4		acetonide (nasal))	154
157		MG/10ML	33	NATACYN	158
MYFEMBREE	84	naloxone hcl SOSY	33	NATALVIT TABS	152
MYFORTIC 180 MG (mycophenolate		naltrexone hcl	33	NATAZIA	64
sodium)	149	NAMENDA TABS (memantine hcl)		nateglinide	32
MYFORTIC 360 MG (mycophenolate		163		NATESTO GEL NA	13
sodium)	149	NAMENDA TITRATION PAK TABS		NATROBA (spinosad)	77
MYLAB BOX COVID-19 TESTING		(memantine hcl)	163	NAYZILAM	21
78		NAMENDA XR CP24 (memantine		neбиволол hcl	58
MYLERAN TABS	45	hcl)	163	NEBULIZER AIR TUBE/PLUGS	
MYLICON INFANTS GAS RELIEF		NAMZARIC C4PK	163	MISC	143
DYE FREE SUSP (simethicone) ..	85	NAMZARIC CP24	163	NEBULIZER CUP/TUBING DEVI	143
MYLICON INFANTS GAS RELIEF		NAPRELAN TB24 (naproxen sodium)		NEBULIZER MASK ADULT MISC	143
SUSP (simethicone)	85	.....	7	143	
MYRBETRIQ SRER	171	NAPROSYN SUSP (naproxen)	7	NEBULIZER MASK CHILD MISC	143
MYRBETRIQ TB24	171	NAPROSYN TABS 500 MG		143	
MYSOLINE (primidone)	23	(naproxen)	7	NEBUPENT IN (pentamidine	
MYTESI	32	naproxen sodium TABS 220 MG ...	7	isethionate)	42
nabumetone	7	naproxen sodium TABS 275 MG, 550		nefazodone hcl	27
nadolol TABS 20 MG, 40 MG, 80 MG		MG	7	NEMBUTAL SODIUM SOLN	
.....	59	naproxen sodium TB24	7	(pentobarbital sodium)	92
naftifine hcl CREA	70	naproxen SUSP	7	neomycin sulfate TABS	4
naftifine hcl GEL 2 %	70	naproxen TABS	7	neomycin-bacitracin zn-polymyxin	

158	NEURONTIN CAPS 300 MG (gabapentin)	23	niacin (antihyperlipidemic) TBCR ..	38
neomycin-polymy-dexameth OINT			niacin TABS 500 MG	176
159	NEURONTIN SOLN (gabapentin) ..	23	NIASPAN TBCR (niacin (antihyperlipidemic))	38
neomycin-polymy-dexameth SUSP	NEURONTIN TABS 600 MG (gabapentin)	23	NICADAN TABS	151
159	NEURONTIN TABS 800 MG (gabapentin)	23	nicardipine hcl CAPS	60
neomycin-polymyxin-gramicidin .	NEVANAC	160	nicardipine hcl SOLN	60
neomycin-polymyxin-hc (ophth) .	nevirapine SUSP	55	NICARDIPINE HYDROCHLORIDE SOLN	60
neomycin-polymyxin-hc (otic) SOLN .	nevirapine TABS	55	NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN 0.9 %-40 MG/200ML	60
160	nevirapine TB24 100 MG	55	NICAZEL FORTE TABS	151
neomycin-polymyxin-hc (otic) SUSP .	nevirapine TB24 400 MG	55	NICAZEL TABS	151
160	NEXAVAR (sorafenib tosylate) ...	48	NICODERM CQ PT24 TD (nicotine) .	165
NEORAL CAPS (cyclosporine modified (for microemulsion))	NEXICLON XR TB24 (clonidine hcl) .	40	NICORETTE GUM (nicotine polacrilex)	165
NEORAL SOLN (cyclosporine modified (for microemulsion))	NEXIUM 24HR CLEAR MINIS CPDR (esomeprazole magnesium)	170	NICORETTE LOZG (nicotine polacrilex)	165
neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML	NEXIUM 24HR CPDR (esomeprazole magnesium)	170	NICORETTE MINI LOZG (nicotine polacrilex)	165
44	NEXIUM CPDR (esomeprazole magnesium)	170	NICORETTE STARTER KIT GUM (nicotine polacrilex)	165
NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML	NEXIUM I.V. 40 MG (esomeprazole sodium)	170	nicotine polacrilex GUM	165
44	NEXIUM PACK (esomeprazole magnesium)	170	nicotine polacrilex LOZG	165
NEOSTIGMINE METHYLSULFATE SOSY (neostigmine methylsulfate) 44	NEXIUM PACK	170	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	165
neostigmine methylsulfate SOSY ..	NEXLETOL	37	NICOTINE TRANSDERMAL SYSTEM KIT	165
44	NEXLIZET	37	NICOTROL INHALER INHA	165
NEO-SYNALAR	NEXPLANON	65	NICOTROL NS SOLN	166
70	NEXTERONE	16	nifedipine CAPS	60
NEO-SYNALAR KIT	NEXTSTELLIS	64		
70	NEXVIAZYME	82		
NERLYNX	NGENLA	81		
48				
NESINA (alogliptin benzoate)				
30				
NEULASTA ONPRO KIT PSKT ...				
91				
NEULASTA SOSY				
91				
NEUPOGEN SOLN				
91				
NEUPOGEN SOSY				
91				
NEUPRO				
50				
NEURONTIN CAPS 100 MG, 400 MG (gabapentin)				
23				

nifedipine TB24 30 MG, 90 MG	60	nitroprusside sodium	41	NORGESIC FORTE (orphenadrine w/ aspirin & caff)	153
nifedipine TB24 60 MG	60	nitroprusside sodium-sodium chloride	41	norgestimate-ethinyl estradiol (triphasic)	64
NILANDRON (nilutamide)	46	NITROSTAT SUBL (nitroglycerin)	15	norgestimate-ethinyl estradiol	64
nilutamide	46	NITYR TABS	82	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	64
nimodipine CAPS	60	NIVA THYROID TABS	168	NORITATE CREA	77
NINLARO	48	NIVA-PLUS TABS	152	NORLIQVA SOLN	60
NIPRIDE RTU (nitroprusside sodium-sodium chloride)	41	NIVESTYM SOLN	91	NORPACE CAPS (disopyramide phosphate)	16
nisoldipine	60	NIVESTYM SOSY	91	NORPACE CR CP12	16
nitazoxanide TABS	42	NIX CREME RINSE LIQD EX (permethrin)	77	NORPRAMIN TABS 10 MG (desipramine hcl)	28
nitisinone CAPS	82	nizatidine CAPS	169	NORPRAMIN TABS 25 MG (desipramine hcl)	28
NITRO-BID OINT	15	NOCDURNA SUBL	83	NORTHERA (droxidopa)	175
NITRO-DUR PT24 (nitroglycerin)	15	NORDITROPIN FLEXPPO SOPN	81	nortriptyline hcl CAPS	28
NITRO-DUR PT24 0.1 MG/HR, 0.8 MG/HR (nitroglycerin)	15	norelgestromin-ethinyl estradiol	65	nortriptyline hcl SOLN	28
NITRO-DUR PT24	15	norepinephrine bitartrate IV	176	NORVASC TABS (amlodipine besylate)	60
nitrofurantoin	43	norethin acet & estrad-fe CAPS	64	NORVASC TABS 10 MG (amlodipine besylate)	60
NITROFURANTOIN	43	norethin acet & estrad-fe CHEW	64	NORVIR CAPS	55
nitrofurantoin macrocrystal 25 MG	43	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	64	NORVIR PACK	55
nitrofurantoin macrocrystal 50 MG, 100 MG	43	norethindrone & eth estradiol	64	NORVIR TABS (ritonavir)	55
nitrofurantoin monohyd macro	43	norethindrone & ethinyl estradiol-fe	64	NOSE CLIP MISC	143
nitroglycerin (intra-anal)	14	norethindrone (contraceptive)	65	NOURIANZ	49
nitroglycerin CPCR	15	norethindrone acet & eth estra	64	NOVA SUREFLEX LANCETS	102
nitroglycerin in d5w	15	norethindrone acetate TABS	162	NOVA SUREFLEX LANCING DEVICE MISC	102
nitroglycerin PT24	15	norethindrone acetate-ethinyl estradiol	84	NOVAVAX COVID-19 VACCINE	174
NITROGLYCERIN SOLN IV	15	norethindrone acetate-ethinyl estradiol-fe	64	NOVAVAX COVID-19	
nitroglycerin SOLN TL 0.4 MG/SPRAY	15	norethindrone-eth estradiol (triphasic)	64		
nitroglycerin SUBL	15				
NITROLINGUAL SOLN TL (nitroglycerin)	15				

VACCINE/2023-24	174	NOVOSEVEN RT	89	NUTROPIN AQ NUSPIN 5 SOPN ..	81
NOVOEIGHT	89	NOXAFIL PACK	35	NUVARING (etonogestrel-ethinyl estradiol)	65
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	126	NOXAFIL SOLN (posaconazole) ..	35	NUVESSA	175
NOVOFINE PEN NEEDLE 32G X 6MM	126	NOXAFIL SUSP (posaconazole) ..	35	NUVIGIL 150 MG, 200 MG, 250 MG (armodafinil)	3
NOVOFINE PLUS PEN NEEDLE32G X 4MM	126	NOXAFIL TBEC (posaconazole) ..	35	NUVIGIL 50 MG (armodafinil)	3
NOVOLIN 70/30 FLEXPEN RELION SUPN	31	NP THYROID 120 TABS	168	NUVIQ KIT	89
NOVOLIN 70/30 FLEXPEN SUPN	31	NP THYROID 15 TABS	168	NUVIQ SOLR	89
NOVOLIN 70/30 RELION SUSP ..	31	NP THYROID 30 TABS	168	NUZYRA SOLR	167
NOVOLIN 70/30 SUSP	31	NP THYROID 60 TABS	168	NUZYRA TABS	167
NOVOLIN N FLEXPEN RELION SUPN	31	NP THYROID 90 TABS	168	NYMALIZE SOLN 6 MG/ML	60
NOVOLIN N FLEXPEN SUPN	31	NPLATE	91	nystatin (mouth-throat)	149
NOVOLIN N RELION SUSP	31	NU GAUZE 4PLY 4"X4" PADS	98	nystatin (topical) CREA	70
NOVOLIN N SUSP	31	NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	98	nystatin (topical) OINT	70
NOVOLIN R RELION SOLN IJ	31	NUBEQA	46	nystatin (topical) POWD EX	70
NOVOLIN R SOLN IJ	31	NUCALA SOAJ	16	NYSTATIN 100000 UNIT/ML (nystatin (mouth-throat))	149
NOVOLOG FLEXPEN RELION SOPN	31	NUCALA SOLR	16	nystatin TABS	35
NOVOLOG FLEXPEN SOPN	31	NUCALA SOSY	16	nystatin-triamcinolone CREA	70
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	31	NUCYNTA ER TB12	10	nystatin-triamcinolone OINT	71
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	32	NUCYNTA TABS	10	NYVEPRIA	91
NOVOLOG MIX 70/30 RELION SUSP	32	NUEDEXTA	165	OBIZUR	89
NOVOLOG MIX 70/30 SUSP	32	NULIBRY	82	OCALIVA	85
NOVOLOG PENFILL SOCT	32	NULYTELY (peg 3350-potassium chloride-sod bicarbonate-sod chloride)	94	OCEAN NASAL SPRAY SOLN (saline)	153
NOVOLOG RELION SOLN IJ	32	NUPLAZID CAPS	51	OCREVUS	164
NOVOLOG SOLN IJ	32	NUPLAZID TABS 10 MG	51	octreotide acetate SOLN	83
		NURTEC	145	octreotide acetate SOSY	83
		NUTROPIN AQ NUSPIN 10 SOPN 81		OCUFLOX (ofloxacin (ophth)) ...	158
		NUTROPIN AQ NUSPIN 20 SOPN 81		ODACTRA SUBL	3

ODEFSEY	55	OMECLAMOX-PAK	171	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (multiple vitamins w/ minerals)	151
ODOMZO	46	omega-3-acid ethyl esters	37	ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS (multiple vitamins w/ minerals)	151
OFEV	166	omeprazole CPDR 10 MG	170	ONE-A-DAY WOMENS PETITES TABs (multiple vitamins w/ minerals) 151	
OFIRMEV SOLN IV (acetaminophen)	8	omeprazole CPDR 20 MG, 40 MG 170		ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS (multiple vitamins w/ minerals) ...	151
ofloxacin (ophth)	158	omeprazole TBEC	170	ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS (multiple vitamins w/ minerals) ...	151
ofloxacin (otic)	160	omeprazole-sodium bicarbonate CAPS	171	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	102
ofloxacin 300 MG, 400 MG	84	omeprazole-sodium bicarbonate PACK	171	ONETOUCH DELICA PLUS LANCETS FINE 30G	102
OGSIVEO	48	OMISIRGE	45	ONETOUCH DELICA PLUS LANCING DEVICE MISC	102
OHC COVID-19 ANTIGEN SELF TEST KIT	78	OMNARIS SUSP	154	ONETOUCH DELICA SAFETY LANCING DEVICE	102
OJJAARA	48	OMNITROPE SOCT	81	ONETOUCH DELICA SAFETY LANCING DEVICE 30G	102
olanzapine SOLR	52	OMNITROPE SOLR SC	81	ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC ...	102
olanzapine TABS	52	OMVOH SOAJ	86	ONEVITE TABS	151
olanzapine TBDP	52	OMVOH SOLN	86	ONEXTON GEL (clindamycin phosphate-benzoyl peroxide)	69
olanzapine-fluoxetine hcl	163	ON/GO COVID-19 ANTIGEN SELF- TEST KIT	78	ONFI SUSP (clobazam)	21
olmesartan medoxomil	39	ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	78	ONFI TABS (clobazam)	21
olmesartan medoxomil-amlodipine- hydrochlorothiazide	41	ondansetron hcl SOLN IJ	33	ONGENTYS	49
olmesartan medoxomil- hydrochlorothiazide	41	ondansetron hcl SOLN OR 4 MG/5ML	33	ONGLYZA (saxagliptin hcl)	30
olopatadine hcl (nasal)	153	ondansetron hcl SOSY	33	ONPATTRO	166
olopatadine hcl	160	ondansetron hcl TABS 24 MG	33	ONUREG TABS	45
OLPRUVA THPK	82	ondansetron hcl TABS 4 MG	33	OPFOLDA	83
OLUMIANT	4	ondansetron hcl TABS 8 MG	33	OPILL	65
OLUX FOAM (clobetasol propionate) 75		ondansetron hcl TABS 8 MG	33		
OLUX-E (clobetasol propionate emulsion)	75	ondansetron TBDP	34		
OMBRA COMPRESSOR AIR FILTERS MISC	143	ONE FLOW FVC MONITORING SPIROMETER DEVI	143		
OMBRA TABLE TOP COMPRESSOR DEVI	143	ONE-A-DAY WEIGHT SMART ADVANCED TABS (multiple vitamins w/ minerals)	151		

opium tincture	33	ORENITRAM TITRATION KIT MONTH 2 TEPK	61	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	4
OPSUMIT	62	ORENITRAM TITRATION KIT MONTH 3 TEPK	61	OVIDE (malathion)	77
OPSYNVI	61	ORFADIN CAPS (nitisinone)	83	oxaprozin TABS	7
OPTICHAMBER DIAMOND DEVI 143		ORFADIN SUSP	83	oxazepam CAPS	16
OPTICHAMBER DIAMOND MISC 143		ORGOVYX	46	OXBRYTA TABS	90
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	143	ORIAHNN	84	OXBRYTA TBSO	90
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	143	ORILISSA	81	oxcarbazepine SUSP 300 MG/5ML 23	
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	143	ORKAMBI PACK	166	oxcarbazepine SUSP	23
OPVEE NA	33	ORKAMBI TABS	166	oxcarbazepine TABS	23
OPZELURA	75	ORLADEYO	89	OXERVATE	158
ORACEA (doxycycline (rosacea))	77	orphenadrine citrate SOLN	153	oxiconazole nitrate CREA	71
ORACIT	87	orphenadrine citrate TB12	153	OXISTAT CREA (oxiconazole nitrate)	71
ORAL CITRATE	87	orphenadrine w/ aspirin & caff ...	153	OXISTAT LOTN	71
ORALAIR ADULT STARTER PACK SUBL	3	ORSERDU	46	OXLUMO	87
ORALAIR CHILDREN/ADOLESCENTS STARTER PACK SUBL	3	ORTIKOS CP24	66	OXTELLAR XR TB24	23
ORALAIR SUBL	3	oseltamivir phosphate CAPS	57	oxybutynin chloride SOLN	171
ORAPRED ODT TBDP (prednisolone sodium phosphate)	66	oseltamivir phosphate SUSR	57	oxybutynin chloride TABS 2.5 MG 171	
ORENCIA CLICKJECT SOAJ	8	OSENI 15 MG-12.5 MG, 45 MG-12.5 MG (alogliptin-pioglitazone)	29	oxybutynin chloride TABS 5 MG .	171
ORENCIA SOLR	8	OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (alogliptin-pioglitazone)	29	oxybutynin chloride TB24	171
ORENCIA SOSY	8	OSMOLEX ER TB24 129 MG, 193 MG	50	oxycodone hcl CAPS	10
ORENITRAM TBCR	61	OSMOPREP	94	oxycodone hcl CONC 100 MG/5ML 10	
ORENITRAM TITRATION KIT MONTH 1 TEPK	61	OSPHENA	82	oxycodone hcl SOLN	10
		OTEZLA TABS	8	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	10
		OTEZLA TBPK	8	oxycodone hcl TABS 10 MG, 20 MG .	10
		OTOVEL (ciprofloxacin-fluocinolone acetoneide)	160		

oxycodone hcl TABS 5 MG, 15 MG, 30 MG	10	PALFORZIA LEVEL 9 CSPK	4	PARI EXPIRATORY FILTER VALVE SET DEVI	143
oxycodone w/ acetaminophen SOLN 11		paliperidone	51	PARI MANUAL INTERRUPTER DEVI	143
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG ...	11	palonosetron hcl SOLN	34	PARI MASK SET MISC	143
OXYCONTIN T12A	10	palonosetron hcl SOSY	34	PARI SMARTMASK BABY/ELBOW MISC	143
oxymorphone hcl TABS	10	PALONOSETRON HYDROCHLORIDE SOLN	34	PARI SOFT PLASTIC ADULT MASK MISC	143
oxymorphone hcl TB12	10	PALYNZIQ	83	PARI SOFT PLASTIC PEDIATRIC MASK MISC	143
OXYTROL PTTW	171	PAMELOR CAPS (nortriptyline hcl) 28		PARI TREK S COMBO PACK DEVI . 143	
oyster shell	147	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	81	PARI VORTEX ADULT MASK ...	143
OZEMPIC SOPN 2 MG/3ML	30	PAMIDRONATE DISODIUM SOLN 81		paricalcitol CAPS	83
OZEMPIC SOPN 4 MG/3ML	30	PANDA MASK LARGE	143	PARLODEL CAPS (bromocriptine mesylate)	50
OZEMPIC SOPN 8 MG/3ML	30	PANDA MASK MEDIUM	143	PARLODEL TABS (bromocriptine mesylate)	50
OZOBAX DS SOLN OR (baclofen) 153		PANDA MASK SMALL	143	PARNATE (tranylcypromine sulfate) 25	
OZOBAX SOLN OR (baclofen) ...	153	PANDEL	75	paroxetine hcl SUSP	26
PALFORZIA INITIAL DOSE ESCALATION CSPK	4	PANHEMATIN 350 MG	89	paroxetine hcl TABS	26
PALFORZIA LEVEL 1 CSPK	4	pantoprazole sodium PACK	170	paroxetine hcl TB24	26
PALFORZIA LEVEL 10 CSPK	4	pantoprazole sodium SOLR	170	paroxetine mesylate (vasomotor) 166	
PALFORZIA LEVEL 11 (MAINTENANCE) PACK	4	pantoprazole sodium TBEC	170	PATANASE (olopatadine hcl (nasal))	153
PALFORZIA LEVEL 11 (TITRATION) PACK	4	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	65	PAXIL CR TB24 (paroxetine hcl) ..	26
PALFORZIA LEVEL 2 CSPK	4	PARI ALTERA NEBULIZER HANDSET MISC	143	PAXIL SUSP (paroxetine hcl)	26
PALFORZIA LEVEL 3 CSPK	4	PARI BABY CONVERSION KITSIZE 1 MISC	143	PAXIL TABS (paroxetine hcl)	26
PALFORZIA LEVEL 4 CSPK	4	PARI BABY CONVERSION KITSIZE 2 MISC	143	PAXLOVID 100 MG-150 MG	56
PALFORZIA LEVEL 5 CSPK	4	PARI BABY CONVERSION KITSIZE 3 MISC	143	pazopanib hcl	48
PALFORZIA LEVEL 6 CSPK	4	PARI ERAPID NEBULIZER HANDSET MISC	143	PC LANCETS SUPER THIN 30G	
PALFORZIA LEVEL 7 CSPK	4				
PALFORZIA LEVEL 8 CSPK	4				

102	PEN NEEDLES	126	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	161
PC UNIFINE PENTIPS 29G X1/2" 126	PEN NEEDLES 29GX12MM	126	penicillin g sodium	161
PC UNIFINE PENTIPS 31G X5MM MINI	PEN NEEDLES 30GX8MM	126	penicillin v potassium SOLR	161
126	PEN NEEDLES 31G X 3/16"	126	penicillin v potassium TABS	161
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	PEN NEEDLES 31G X 5MM	126	PENNSAID SOLN EX	71
126	PEN NEEDLES 31G X 6MM	126	PENTACEL	168
PC UNIFINE PENTIPS 31G X8MM SHORT	PEN NEEDLES 31G X 8MM	126	PENTAM 300 IJ (pentamidine isethionate)	42
126	PEN NEEDLES 31GX5/16"	126	pentamidine isethionate IN	42
ped multivitamins w/fl & iron SOLN 151	PEN NEEDLES 31GX5MM	126	PENTASA CPCR (mesalamine) ...	86
PEDIAPRED SOLN (prednisolone sodium phosphate)	PEN NEEDLES 31GX6MM (1/4") 126		PENTASA CPCR	86
66	PEN NEEDLES 31GX8MM (5/16") 126		pentazocine w/ naloxone hcl	12
PEDIARIX SUSY			PENTIPS 29G X 12MM	126
168			PENTIPS 29GX12MM	126
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC . 143	PEN NEEDLES 31GX8MM	126	PENTIPS 31G X 5MM	126
pediatric multiple vitamins w/ iron CHEW	PEN NEEDLES 32G X 4MM	126	PENTIPS 31G X 8MM	126
151	PEN NEEDLES 32G X 5MM	126	PENTIPS 31GX5MM	126
pediatric multivitamins w/fl CHEW 151	PEN NEEDLES 32G X 6MM	126	PENTIPS 31GX6MM	126
pediatric multivitamins w/fl SOLN 151	PEN NEEDLES 32GX4MM	126	PENTIPS 31GX8MM	126
PEDIATRIC PANDA MASK	PEN NEEDLES 33G X 5/32"	126	PENTIPS 32G X 4MM	126
143	PEN NEEDLES/29G X 1/2"	126	PENTIPS 32GX4MM	126
pediatric vitamins acd w/ fluoride SOLN	PEN NEEDLES/31G X 1/4"	126	PENTIPS 32GX6MM	126
151	PEN NEEDLES/31G X 3/16"	126	pentobarbital sodium SOLN	92
PEDVAX HIB SUSP	PEN NEEDLES/31G X 5/16"	126	pentoxifylline	89
172	PEN NEEDLES/31G X 6MM	126	PEPCID AC MAXIMUM STRENGTH TABS (famotidine)	169
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	PEN NEEDLES/32G X 5/32"	126	PEPCID AC TABS (famotidine) ..	169
94			PEPCID TABS (famotidine)	169
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	PENBRAYA	172	PEPTO-BISMOL CHEW (bismuth subsalicylate)	33
94	penciclovir	72		
peg 3350-potassium chloride-sod bicarbonate-sod chloride	penicillamine CAPS	148		
94	penicillamine TABS	148		
PEGASYS SOLN	penicillin g potassium 5000000 UNIT, 20000000 UNIT	161		
57				
PEGASYS SOSY				
57				
PEMAZYRE				
48				

PEPTO-BISMOL MAX STRENGTH SUSP (bismuth subsalicylate)	32	19VACCINE/ADULT RTU SUSP ..174	phenytoin sodium extended 100 MG, 200 MG, 300 MG	24
PEPTO-BISMOL SUSP (bismuth subsalsicylate)	33	PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/5-11Y ..	phenytoin sodium extended 200 MG, 300 MG	24
PEPTO-BISMOL TO-GO CHEW (bismuth subsalicylate)	32	174	phenytoin sodium SOLN	24
PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen)	11	PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/6M-4Y .	phenytoin SUSP	24
PERFOROMIST NEBU (formoterol fumarate)	19	174	PHEXXI	175
PERIDEX (chlorhexidine gluconate (mouth-throat))	150	PFLEX MISC	PHOSLYRA SOLN	87
perindopril erbumine	39	143	PHOSPHOLINE IODIDE	157
permethrin CREA	77	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC .	phytonadione TABS 5 MG	176
permethrin LIQD EX	77	144	PIFELTRO	55
perphenazine TABS	53	PHAZYME MAXIMUM STRENGTH CAPS (simethicone)	PILLOW MASK/ADULT MISC	144
perphenazine-amitriptyline	163	85	PILLOW MASK/CHILD MISC	144
PERSERIS PRSY	51	PHAZYME ULTRA STRENGTH CAPS (simethicone)	PILLOW MASK/PEDIATRIC MISC 144	
PERTZYE CPEP	79	85		
PEXEVA 10 MG, 20 MG, 30 MG ..	26	PHEBURANE PLLT		
PFIZER-BIONTECH COVID- 19VACCINE SUSP	174	83	pilocarpine hcl (oral) 5 MG	150
PFIZER-BIONTECH COVID- 19VACCINE/5-11Y SUSP	174	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG	pilocarpine hcl (oral) 7.5 MG	150
PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2023-24 SUSP 174		88	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 157	
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y SUSP	174	phenelzine sulfate	PILOT COVID-19 AT-HOME TEST KIT	78
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		25	pimecrolimus	76
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		PHENERGAN SOLN IJ (promethazine hcl)	pimozide	165
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		36	pindolol TABS	59
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		phenobarbital ELIX	pioglitazone hcl	32
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		92	pioglitazone hcl-glimepiride	29
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		phenobarbital TABS	pioglitazone hcl-metformin hcl TABS . 29	
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		92	PIP PEN NEEDLES 31G X 5MM 126	
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		phenoxybenzamine hcl	PIP PEN NEEDLES 32G X 4MM 127	
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		39		
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		phentolamine mesylate SOLR		
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		39		
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		phenylephrine hcl (mydriatic) SOLN 157		
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		phenylephrine hcl (oral) TABS ...		
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		154		
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		phenylephrine hcl (pressors) SOLN IV		
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		176		
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		PHENYLEPHRINE HYDROCHLORIDE SOLN IV (phenylephrine hcl (pressors))		
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		176		
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		phenytoin CHEW		
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 174		24	piperacillin sodium-tazobactam	

sodium 162	PLIAGLIS CREA 76	pot phosphate monobasic w/ sod phosphate dibasic & monobasic .147
piperacillin sodium-tazobactam sodium 12 GM-1.5 GM 162	PLUVICTO 49	potassium acetate SOLN 2 MEQ/ML . 148
PIQRAY 200MG DAILY DOSE ... 48	PNEUMOVAX 23 172	POTASSIUM ACETATE SOLN 2 MEQ/ML 148
PIQRAY 250MG DAILY DOSE ... 48	PNEUMOVAX 23/1 DOSE .....172	potassium bicarbonate TBEF .....148
PIQRAY 300MG DAILY DOSE ... 48	POCKET CHAMBER DEVI .....144	potassium chloride CPCR 148
pirfenidone CAPS .....166	POCKET SPACER DEVI .....144	potassium chloride microencapsulated crystals er ... 148
pirfenidone TABS 267 MG .....166	podofilox GEL 76	potassium chloride PACK OR 20 MEQ 148
pirfenidone TABS 534 MG .....166	podofilox SOLN 76	POTASSIUM CHLORIDE SOLN IV (potassium chloride) 148
pirfenidone TABS 801 MG .....166	POKONZA PACK OR 148	potassium chloride SOLN IV 2 MEQ/ML 148
piroxicam CAPS .....7	POLY HUB NEEDLE/18G X 1-1-1/2" .....127	potassium chloride SOLN OR 10 % 148
pitavastatin calcium 38	polyethylene glycol 3350 POWD .. 94	potassium chloride SOLN OR 20 % 148
PIXEL COVID-19 PCR TEST HOME COLLECTION KIT .....78	POLYMEM NON-ADHESIVE PAD PADS .....98	potassium chloride TBCR 20 MEQ 148
PLAN B ONE-STEP (levonorgestrel (emergency oc)) .....65	polymyxin b-trimethoprim 158	potassium chloride TBCR 8 MEQ, 10 MEQ 148
PLAQUENIL (hydroxychloroquine sulfate) 44	POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (bacitracin-polymyxin b) .....70	potassium chloride TBCR 8 MEQ 148
PLAVIX 75 MG (clopidogrel bisulfate) .....90	POLYTRIM (polymyxin b-trimethoprim) .....158	potassium citrate (alkalinizer) TBCR 15 MEQ, 1080 MG, 1620 MG 87
PLEGRIDY SOPN 164	POLY-VI-FLOR CHEW .....151	potassium citrate (alkalinizer) TBCR 540 MG 87
PLEGRIDY SOSY IM .....164	polyvinyl alcohol 1.4 % 156	potassium citrate-citric acid SOLN .87
PLEGRIDY STARTER PACK SOPN . 164	POMALYST 47	potassium phosphate monobasic TABS .....147
PLEGRIDY STARTER PACK SOSY SC .....164	POMBILITI 83	PRADAXA CAPS (dabigatran etexilate mesylate) .....21
PLENVU .....94	PONVORY 14-DAY STARTER PACK TBPK 164	PRADAXA CAPS 110 MG
PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur) .. 69	PONVORY TABS .....164	
PLEXION CREA (sulfacetamide sodium w/ sulfur) .....69	posaconazole SOLN 35	
PLEXION LOTN (sulfacetamide sodium w/ sulfur) .....69	posaconazole SUSP .....35	
	posaconazole TBEC .....35	
	pot & sod citrates w/citric ac SOLN 87	

(dabigatran etexilate mesylate)	21	prednisone TABS	66	PENTIPS 32GX4MM	127
PRADAXA CAPS	21	prednisone TBPK	66	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	127
PRADAXA PACK	21	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	127	PREFEST	84
PRALUENT SOAJ	38	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	127	pregabalin (once-daily)	165
pramipexole dihydrochloride TABS 50		PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	127	pregabalin CAPS 225 MG, 300 MG 23	
pramipexole dihydrochloride TB24 50		PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	127	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	23
prasugrel hcl	90	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	127	pregabalin SOLN	23
pravastatin sodium	38	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	127	PREHEVBRIO	174
praziquantel	14	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	127	PREMARIN	175
prazosin hcl CAPS	40	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	127	PREMARIN SOLR	84
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	127	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	127	PREMARIN TABS	84
PRECOSE (acarbose)	28	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	127	PREMPHASE	84
PRED FORTE (prednisolone acetate (ophth))	159	PREFERRED PLUS LANCETS SUPER THIN 30G	102	PREMPRO	84
PRED MILD	159	PREFERRED PLUS LANCETS THIN 26G	102	PRENATAL PLUS TABS	152
prednisolone acetate (ophth)	159	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	127	PRENATAL PLUS VITAMIN ANDMINERAL TABS	152
PREDNISOLONE SODIUM PHOSPHATE	159	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	127	PRENATAL TABS 100 MG-2.6 MG- 800 MCG-10 MCG-4 MCG-1.7 MG- 18 MG-27 MG-1.5 MG-25 MG-200 MG-5 MG-1200 MCG	152
prednisolone sodium phosphate SOLN 15 MG/5ML	66	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	127	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG- 1200 MCG-27 MG-200 MG-1.84 MG- 25 MG-2 MG-10 MG	152
prednisolone sodium phosphate SOLN 20 MG/5ML	66	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	127	PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	152
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 25 MG/5ML	66	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	127	PRENATRYL TABS	152
prednisolone sodium phosphate TBDP	66	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	127	PRETOMANID	44
prednisolone SOLN	66	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	127	PREVACID 24HR CPDR	
prednisolone TABS	66				
PREDNISONE INTENSOL CONC	66				
prednisone SOLN	66				

(lansoprazole)	170	PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)	44	NEEDLES/32G X 5MM	127
PREVACID CPDR 30 MG (lansoprazole)	170	primaquine phosphate TABS	44	PRO COMFORT PEN NEEDLES/32G X 6MM	127
PREVACID SOLUTAB TBDD (lansoprazole)	170	primidone 125 MG	23	PROAIR DIGIHALER	19
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"	127	primidone 50 MG, 250 MG	23	PROAIR HFA AERS (albuterol sulfate)	19
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	127	PRIORIX SUSR	174	PROAIR RESPICLICK AEPB	19
PREVENT SAFETY PEN NEEDLES 31GX1/4"	127	PRISTIQ 100 MG (desvenlafaxine succinate)	27	probenecid	88
PREVENT SAFETY PEN NEEDLES 31GX5/16"	127	PRISTIQ 25 MG, 50 MG (desvenlafaxine succinate)	27	procainamide hcl SOLN 100 MG/ML . 16	
PREVIDENT 5000 DRY MOUTH GEL (sodium fluoride (dental)) ...	150	PRO COMFORT ALCOHOL PADS 105		procainamide hcl SOLN	16
PREVIDENT 5000 PLUS CREA (sodium fluoride (dental))	150	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	144	PROCARDIA XL TB24 30 MG, 90 MG (nifedipine)	60
PREVIDENT FLUORIDE GEL (sodium fluoride (dental))	150	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	144	PROCARDIA XL TB24 60 MG (nifedipine)	60
PREVIDENT RINSE SOLN	150	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	144	PROCARE SPACER CHAMBER W/ADULT MASK DEVI	144
PREVNAR 13	172	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" ...	127	PROCARE SPACER CHAMBER W/CHILD MASK DEVI	144
PREVNAR 20	172	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" .	127	PROCHAMBER VALVED HOLDINGCHAMBER DEVI	144
PREVYMIS SOLN	56	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" .	127	prochlorperazine	53
PREVYMIS TABS	56	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	127	prochlorperazine edisylate 10 MG/2ML	53
PREZCOBIX	55	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" ...	127	prochlorperazine maleate TABS ...	53
PREZISTA SUSP	55	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" ...	127	PROCRIT	91
PREZISTA TABS 150 MG	55	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" ...	127	PROCTOFOAM HC FOAM EX	13
PREZISTA TABS 600 MG (darunavir)	55	PRO COMFORT PEN NEEDLES/31G X 8MM	127	PROCYSBI CPDR	87
PREZISTA TABS 75 MG	55	PRO COMFORT PEN NEEDLES/32G X 4MM	127	PROCYSBI PACK	87
PREZISTA TABS 800 MG (darunavir)	55	PRO COMFORT PEN		PRODIGY INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	127
PRIFTIN	44	PRO COMFORT PEN		PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" ...	128
PRIOLOSEC PACK	170	PRO COMFORT PEN		PRODIGY INSULIN	

SYRINGE/1ML/28G X 1/2"	128	(progesterone)	162	hcl)	26
PRODIGY LANCING DEVICE MISC .		PROMETRIUM CAPS 200 MG		PRUDOXIN (doxepin hcl	
102		(progesterone)	162	(antipruritic))	71
PRODIGY TWIST TOP LANCETS		PRONEB ULTRA FILTER SET MISC		pseudoephedrine hcl TABS	154
102		.....	144	psyllium POWD 28.3 %, 30 %, 43 % .	
PROFILNINE	89	propafenone hcl CP12	16	94	
progesterone CAPS 100 MG	162	propafenone hcl TABS	16	PULMICORT FLEXHALER AEPB .	17
progesterone CAPS 200 MG	162	propracaine hcl	158	PULMICORT SUSP (budesonide	
progesterone OIL	162	propranolol hcl CP24	59	(inhalation))	18
PROGLYCEM (diazoxide)	29	propranolol hcl SOLN IV 1 MG/ML	59	PULMOZYME	166
PROGRAF CAPS (tacrolimus) ...	149	propranolol hcl SOLN OR 20		PURE COMFORT 3-BALL BREATH	
PROGRAF PACK	149	MG/5ML, 40 MG/5ML	59	EXERCISER DEVI	144
PROGRAF SOLN	149	propranolol hcl TABS	59	PURE COMFORT INHALER	
PROLASTIN-C SOLN	166	propylthiouracil	167	SPACER CHAMBER ADULT DEVI	
PROLATE SOLN	11	PROQUAD SUSR	174	144	
PROLATE TABS	11	PROSCAR (finasteride)	88	PURE COMFORT PEN NEEDLE	
PROLENSA (bromfenac sodium		protamine sulfate	90	32G X6MM	128
(ophth))	160	PROTONIX PACK (pantoprazole		PURE COMFORT PEN NEEDLE	
PROLIA SOSY	81	sodium)	170	32G X8MM	128
PROMACTA PACK	91	PROTONIX SOLR (pantoprazole		PURE COMFORT PEN	
PROMACTA TABS 12.5 MG, 25 MG .		sodium)	170	NEEDLE/32G X 5MM	128
91		PROTONIX TBEC (pantoprazole		PURE COMFORT PEN	
PROMACTA TABS 50 MG, 75 MG		sodium)	170	NEEDLE/32G X4MM	128
91		protriptyline hcl	28	PURE COMFORT SAFETY PEN	
promethazine hcl SOLN IJ 25		PROVENGE	45	NEEDLE 31G X 5MM	128
MG/ML, 50 MG/ML	36	PROVENTIL HFA AERS (albuterol		PURE COMFORT SAFETY PEN	
promethazine hcl SOLN OR 6.25		sulfate)	19	NEEDLE 32G X 4MM	128
MG/5ML	36	PROVERA (medroxyprogesterone		PURIXAN SUSP	45
promethazine hcl SUPP 12.5 MG, 25		acetate)	162	PX ADVANCED LANCING DEVICE	
MG	36	PROVIGIL (modafinil)	3	MISC	102
promethazine hcl SUPP 50 MG ...	36	PROZAC CAPS 10 MG, 20 MG		PX EXTRA SHORT PEN NEEDLES	
promethazine hcl TABS	36	(fluoxetine hcl)	26	31GX6MM	128
PROMETRIUM CAPS 100 MG		PROZAC CAPS 40 MG (fluoxetine		PX INSULIN SYRINGE/U-	

100/0.5ML/30G X 1/2"	128	QC LANCETS SUPER THIN	103	quetiapine fumarate TABS 150 MG	52
PX LANCET AUTO INJECTOR MISC	102	QC PEN NEEDLES 29G X 12MM	128	quetiapine fumarate TABS 25 MG, 50	MG, 100 MG, 200 MG, 300 MG, 400
PX LANCETS ULTRA THIN	103	QC PEN NEEDLES 31G X 6MM	128	MG	52
PX MINI PEN NEEDLES 31GX5MM	128	QC PEN NEEDLES 31G X 8MM	128	quetiapine fumarate TB24	52
PX PEN NEEDLE 29GX12MM ..	128	QC STERILE PADS PADS	98	QUFLORA FE PEDIATRIC LIQD	151
PX PEN NEEDLE 31GX8MM	128	QC UNIFINE PENTIPS 32GX4MM	128	QUICKVUE AT-HOME COVID-19	TEST KIT
PX SHORTLENGTH PEN		QC UNILET LANCETS 28G/ULTRA		QUILLICHEW ER CHER	3
NEEDLES/31GX8MM	128	THIN	103	QUILLIVANT XR SRER	3
PYLERA (bismuth subcitrate		QC UNILET LANCETS 33G/MICRO		quinapril hcl	39
potassium-metronidazole-		THIN	103	quinapril-hydrochlorothiazide 12.5	MG-10 MG
tetracycline)	171	QDOLO SOLN (tramadol hcl)	10	MG-10 MG	41
pyrazinamide	44	QELBREE	2	quinapril-hydrochlorothiazide 12.5	MG-20 MG
pyrethrins-piperonyl butoxide SHAM		QINLOCK	48	MG-20 MG	41
4 %-0.3 %-0.33 %, 4 %-0.33 % ..	77	QNASL	154	quinapril-hydrochlorothiazide 25 MG-	20 MG
PYRIDIDIUM TABS (phenazopyridine		QNASL CHILDRENS	154	41	
hcl)	88	QTERN	29	quinidine gluconate TBCR	16
pyridostigmine bromide SOLN OR	44	QUADRACEL SUSP	168	quinidine sulfate TABS	16
pyridostigmine bromide TABS 30 MG		QUADRACEL SUSY	168	quinine sulfate CAPS 324 MG	44
.....	44	QUAKE DEVI	144	QULIPTA	145
pyridostigmine bromide TABS 60 MG		QUALAQUIN CAPS (quinine sulfate)		QUTENZA	76
.....	44	44		QUVIVIQ	93
pyridostigmine bromide TBCR	44	QUARTETTE (levonorgestrel-ethinyl		QVAR REDIHALER	18
pyridoxine hcl TABS 50 MG	176	estradiol (91-day))	64	RA ALCOHOL SWABS	105
pyrimethamine	44	QUAZEPAM	93	RA E-ZJECT LANCETS 28G	103
PYRUKYND TABS	90	QUDEXY XR CS24 (topiramate) ..	23	RA E-ZJECT LANCETS THIN 26G	103
PYRUKYND TAPER PACK TBPK .	90	QUESTRAN LIGHT POWD		103	
QALSODY	154	(cholestyramine light)	37	RA E-ZJECT LANCETS THIN 28G	103
QBRELIS SOLN	39	QUESTRAN PACK (cholestyramine)		103	
QC ADVANCED LANCING DEVICE		37		RA E-ZJECT LANCETS ULTRATHIN	30G
MISC	103	QUESTRAN POWD (cholestyramine)		103	
QC ALL PURPOSE		.....	37		
DRESSINGS4"X4" PADS	98				

RA INSULIN SYRINGE/0.5ML/29G X 1/2"	128	rasagiline mesylate	50	SOAJ	164
RA INSULIN SYRINGE/1ML/29G X 1/2"	128	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	5	REBIF SOSY	164
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	128	RAVICTI	83	REBIF TITRATION PACK SOSY	164
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	128	RAYA SURE PEN NEEDLE 29GX 12MM	128	REBINYN	89
RA PEN NEEDLES 31G X 5MM3/16"	128	RAYA SURE PEN NEEDLE 31GX 4MM	128	REBLOZYL	91
RA PEN NEEDLES 31G X 8MM5/16"	128	RAYA SURE PEN NEEDLE 31GX 5MM	128	RECLAST SOLN (zoledronic acid)	81
RA STERILE PADS 4"X4" PADS	98	RAYA SURE PEN NEEDLE 31GX 6MM	128	RECOMBINATE SOLR	89
RABAVERT	174	RAYA SURE PEN NEEDLE 31GX 8MM	128	RECOMBIVAX HB SUSP	174
rabeprazole sodium TBEC	170	RAYALDEE	83	RECOMBIVAX HB SUSY	174
RADICAVA ORS STARTER KIT SUSP	154	RAYOS TBEC	66	RECORLEV	80
RADICAVA ORS SUSP	154	RAY-TEC X-RAY		RECTIV (nitroglycerin (intra-anal))	14
RADICAVA SOLN	154	DETECTABLESPONGES 4" X 4"	16	REDITREX SOSY	5
RAGWITEK SUBL	4	PLY MISC	98	REFRESH PLUS SOLN (carboxymethylcellulose sodium (ophth))	156
raloxifene hcl	82	RAZADYNE ER CP24 16 MG (galantamine hydrobromide)	163	REFRESH TEARS SOLN (carboxymethylcellulose sodium (ophth))	156
ramelteon	93	RAZADYNE ER CP24 8 MG, 24 MG (galantamine hydrobromide)	163	REGLAN TABS (metoclopramide hcl)	85
ramelteon	94	REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	128	REGONOL SOLN IV	44
ramipril CAPS	39	REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	128	RELAFEN DS	7
RANEXA TB12 (ranolazine)	14	REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	128	RELENZA DISKHALER	57
ranolazine TB12	14	REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	128	RELEUKO SOLN	91
RAPAFLO (silodosin)	88	REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	128	RELEUKO SOSY	91
RAPAFLO 8 MG (silodosin)	88	REBIF REBIDOSE SOAJ	164	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	3
RAPAMUNE SOLN (sirolimus)	149	REBIF REBIDOSE TITRATIONPACK	103	RELEXXII TBCR 45 MG, 63 MG (methylphenidate hcl)	3
RAPAMUNE TABS (sirolimus)	149			RELEXXII TBCR 72 MG	3
RAPID SARS-COV-2 ANTIGENTEST CARD KIT	78			RELION 2-IN-1 LANCET DEVICES 30G	103
RAPIVAB	57				

RELION 2-IN-1 LANCING DEVICE 25G .....103	RELION PEN NEEDLES 32G X5/32" .....129	REPATHA PUSHTRONEX SYSTEM SOCT 38
RELION 2-IN-1 LANCING DEVICE 30G .....103	RELION PEN NEEDLES 32GX4MM 129	REPATHA SOSY 38
RELION ALCOHOL SWABS 105	RELION PEN NEEDLES/31G X1/4" . 129	REPATHA SURECLICK SOAJ 38
RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" .....128	RELION SHORT PEN NEEDLES31GX8MM 129	REPLACEMENT AIR FILTER MISC . 144
RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" 128	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP .....78	REPLACEMENT FILTERS MISC 144
RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....128	RELION ULTRA THIN LANCETS/30G .....103	RESTASIS EMUL (cyclosporine (ophth)) 158
RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....129	RELION ULTRA THIN LANCETS30G.....103	RESTASIS MULTIDOSE EMUL ..158
RELION LANCETS MICRO- THIN33G .....103	RELION ULTRA THIN PLUS LANCETS 33G .....103	RESTORE FOAM DRESSING BORDERED 4"X4" PADS 98
RELION LANCETS THIN 26G ...103	RELISTOR SOLN .....86	RESTORE FOAM DRESSING NON- BORDERED 4"X4" PADS 98
RELION LANCETS ULTRA- THIN30G .....103	RELISTOR TABS .....86	RESTORE ODOR ABSORBING DRESSING 4"X4" PADS 98
RELION LANCING DEVICE MISC 103	RELIPAX (eletriptan hydrobromide) 146	RESTORIL 15 MG, 30 MG (temazepam) .....93
RELION MINI PEN NEEDLES 31GX6MM .....129	RELTONE CAPS .....85	RESTORIL 7.5 MG, 22.5 MG (temazepam) .....93
RELION PEN NEEDLES 29GX12MM.....129	RELYVRIO .....154	RETACRIT 91
RELION PEN NEEDLES 31G X6MM.....129	REMERON SOLTAB TBDP (mirtazapine) .....25	RETAVASE 10 UNIT .....90
RELION PEN NEEDLES 31G X8MM.....129	REMERON TABS 15 MG, 30 MG (mirtazapine) .....25	RETAVASE HALF-KIT 10 UNIT ...90
RELION PEN NEEDLES 31GX5/16" 129	REMICADE .....86	RETEVMO 40 MG 48
RELION PEN NEEDLES 31GX6MM 129	RENAGEL (sevelamer hcl) .....87	RETEVMO 80 MG 48
RELION PEN NEEDLES 31GX8MM 129	RENFLEXIS .....86	RETHYMIC .....148
RELION PEN NEEDLES 32G X4MM.....129	RENVELA PACK (sevelamer carbonate) .....87	RETIN-A CREA (tretinoin) .....69
	RENVELA TABS (sevelamer carbonate) .....87	RETIN-A GEL (tretinoin) .....69
	repaglinide .....32	RETIN-A MICRO (tretinoin microsphere) .....69
		RETIN-A MICRO .....69
		RETIN-A MICRO PUMP (tretinoin microsphere) .....69

RETROVIR CAPS (zidovudine) ... 55	ribavirin (hepatitis c) CAPS 57	hcl) .....3
RETROVIR IV INFUSION SOLN .. 55	ribavirin (hepatitis c) TABS 200 MG 57	RITALIN TABS (methylphenidate hcl) 3
RETROVIR SYRP (zidovudine) ... 55	ribavirin 57	RITEFLO DEVI 144
REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC.....144	RIDAURA .....6	ritonavir TABS 55
REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC 144	rifabutin 44	rivastigmine 13.3 MG/24HR 163
REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC.....144	rifampin CAPS 44	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR 163
REVATIO SUSR (sildenafil citrate (pulmonary hypertension)) 62	RIGHTEST GD500 LANCING DEVICE MISC 103	rivastigmine tartrate CAPS 163
REVATIO TABS (sildenafil citrate (pulmonary hypertension)) 62	RIGHTEST GL300 LANCETS ... 103	RIVFLOZA SOLN 87
REVCOSI 83	RILUTEK TABS (riluzole) 154	RIVFLOZA SOSY 87
REVLIMID 148	riluzole TABS 154	RIXUBIS SOLR 89
REXALL LANCETS ULTRA THIN 103	rimantadine hydrochloride TABS .. 57	rizatriptan benzoate TABS 146
REXULTI 54	RIMSO-50 87	rizatriptan benzoate TBDP 146
REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate) 55	ringer's irrigation 149	ROBAXIN SOLN (methocarbamol) 153
REYATAZ PACK 55	RINVOQ 4	ROBINUL FORTE TABS (glycopyrrolate) 169
REYVOW 146	RIOMET SOLN 29	ROBINUL TABS (glycopyrrolate) .169
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REZLIDHIA 48	risedronate sodium TABS 35 MG .81	ROBITUSSIN HONEY COUGH &CHEST CONGESTION DM LIQD (dextromethorphan-guaifenesin) .. 67
REZUROCK 148	risedronate sodium TABS 5 MG, 30 MG 81	ROCALTROL CAPS (calcitriol) 83
REZVOGLAR KWIKPEN 32	risedronate sodium TBEC 81	ROCALTROL SOLN OR (calcitriol) 83
REZZAYO 34	RISPERDAL CONSTA (risperidone microspheres) 51	ROCKLATAN 158
RHOFADE 77	RISPERDAL SOLN (risperidone) .. 52	ROCTAVIAN 89
RHOGAM ULTRA-FILTERED PLUS SOSY IM 161	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone) 52	roflumilast 17
RHOPRESSA 158	risperidone microspheres 52	ROLVEDON 91
	risperidone SOLN 52	ropinirole hydrochloride TABS 0.25
	risperidone TABS 52	
	risperidone TBDP 52	
	RITALIN LA CP24 (methylphenidate	

MG, 3 MG, 4 MG	50	RYTHMOL SR CP12 (propafenone hcl)	16	83	SANCUSO PTCH	34
ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	50	RYVENT TABS	36		SANDIMMUNE CAPS (cyclosporine) 149	
ropinirole hydrochloride TB24	50	SABRIL PACK (vigabatrin)	24		SANDIMMUNE SOLN OR	149
rosuvastatin calcium TABS	38	SABRIL TABS (vigabatrin)	24		SANDOSTATIN LAR DEPOT KIT	83
ROTARIX SUSP	174	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	129		SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (octreotide acetate)	83
ROTARIX SUSR	174	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	129		SAPHRIS (asenapine maleate) ...	53
ROTATEQ SOLN	174	SAFETY INSULIN SYRINGES 1ML/29GX1/2"	129		sapropterin dihydrochloride PACK	83
ROWASA (mesalamine w/ cleanser) 86		SAFETY INSULIN SYRINGES 1ML/30GX1/2"	129		sapropterin dihydrochloride TABS	83
ROXICODONE TABS 15 MG, 30 MG (oxycodone hcl)	10	SAFETY PEN NEEDLES/30G X5/16"	129		SAVAYSA	19
ROXICODONE TABS 5 MG (oxycodone hcl)	10	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ...	64		SAVELLA TABS	163
ROXYBOND TABA	10	SAIZEN IJ	81		SAVELLA TITRATION PACK MISC	163
ROZEREM (ramelteon)	94	SAIZENPREP RECONSTITUTIONKIT IJ	81		saxagliptin hcl	30
ROZLYTREK CAPS	48	SALAGEN 5 MG (pilocarpine hcl (oral))	150		saxagliptin-metformin hcl 1000 MG-2.5 MG	29
ROZLYTREK PACK	48	SALAGEN 7.5 MG (pilocarpine hcl (oral))	150		saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG	29
RUBRACA	48	salicylic acid FOAM	76		SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	129
RUCONEST	89	saline SOLN	153		SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	129
rufinamide SUSP	23	salsalate	9		SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	129
rufinamide TABS	24	SALVAX FOAM (salicylic acid)	76		SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	129
RUKOBIA	55	SALYCIM CREA	76		SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	129
RYALTRIS	153	SAMI THE SEAL REPLACEMENTFILTERS MISC	144		SCEMBLIX 20 MG	48
RYANODEX SUSR	153	SAMSCA TABS 15 MG (tolvaptan) 84			SCEMBLIX 40 MG	48
RYBELSUS TABS	30	SAMSCA TABS 30 MG (tolvaptan)			SCENESSE	76
RYDAPT	48					
RYKINDO SRER	52					
RYPLAZIM	89					
RYSTIGGO	148					
RYTARY CPCR	50					

scopolamine	34	SELZENTRY TABS 300 MG (maraviroc)	56	SFROWASA ENEM	86
SEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))	64	SEMGLEE SOLN	32	SHINGRIX	174
SECUADO	53	SEMGLEE SOPN	32	SHOPKO AUTOLET LANCING DEVICE MISC	103
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" . 129		SE-NATAL 19 CHEW	152	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM ...	129
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" 129		SE-NATAL 19 TABS	152	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	129
SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	129	sennosides LIQD	95	SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM 129	
SEGLENTIS	11	sennosides SYRP 8.8 MG/5ML ...	95	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM ..	129
SEGLUROMET	29	sennosides TABS 17.2 MG	95	SHOPKO UNIFINE PENTIPS PLUS PEN	
SELECT-LITE LANCING DEVICE MISC	103	sennosides TABS 8.6 MG, 15 MG, 25 MG	95	SHOPKO UNIFINE PENTIPS PLUS NEEDLES/MICRO/REMOVR/32GX4 MM	129
selegiline hcl CAPS	50	SENOKOT TABS (sennosides) ...	95	SHOPKO UNIFINE PENTIPS PLUS PEN	
selegiline hcl TABS	50	SENSIPAR (cinacalcet hcl)	83	SHOPKO UNIFINE PENTIPS PLUS NEEDLES/MINI/REMOVER/31GX5M M	129
selenium sulfide LOTN 2.5 %	72	SEREVENT DISKUS	19	SHOPKO UNIFINE PENTIPS PLUS PEN	
SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN (selenium sulfide)	72	SERNIVO EMUL	75	SHOPKO UNIFINE PENTIPS PLUS NEEDLES/REMOVER/29GX12MM . 129	
SELSUN BLUE DAILY LOTN (selenium sulfide)	72	SEROQUEL TABS (quetiapine fumarate)	53	SHOPKO UNIFINE PENTIPS PLUS PEN	
SELSUN BLUE LOTN (selenium sulfide)	72	SEROQUEL XR TB24 (quetiapine fumarate)	53	SHOPKO UNIFINE PENTIPS PLUS NEEDLES/REMOVER/31GX8 MM	130
SELSUN BLUE MEDICATED LOTN (selenium sulfide)	72	SEROSTIM SC 4 MG, 5 MG, 6 MG 81		SHOPKO UNILET LANCETS SUPER THIN 30G	103
SELSUN BLUE MOISTURIZING LOTN (selenium sulfide)	72	sertraline hcl CONC	26	SHOPKO UNILET LANCETS ULTRA THIN 28G	103
SELZENTRY SOLN	55	sertraline hcl TABS 100 MG	26	SIDEROL TABS	151
SELZENTRY TABS 150 MG (maraviroc)	56	sertraline hcl TABS 25 MG, 50 MG 26		SIDESTREAM ADULT FACE MASK MISC	144
SELZENTRY TABS 25 MG, 75 MG 56		SERTRALINE HYDROCHLORIDE CAPS	27	SIDESTREAM PEDIATRIC FACEMASK MISC	144
		sevelamer carbonate PACK	87		
		sevelamer carbonate TABS	87		
		sevelamer hcl	87		
		SEVENFACT	89		
		SEZABY SOLR	92		

SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC 144	silver sulfadiazine 72	SKYLA 65
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC 144	SIMBRINZA 158	SKYRIZI PEN SOAJ 72
SIDESTREAM PLUS ADULT FACE MASK MISC 144	simethicone CAPS 125 MG 85	SKYRIZI SOCT 86
SIGNIFOR 83	simethicone CHEW 85	SKYRIZI SOLN 86
SIGNIFOR LAR 83	simethicone SUSP 85	SKYRIZI SOSY 72
SIKLOS TABS 90	SIMLANDI 1-PEN KIT 6	SKYSONA 163
sildenafil citrate (pulmonary hypertension) SUSR 62	SIMLANDI 2-PEN KIT 6	SKYTROFA 81
sildenafil citrate (pulmonary hypertension) TABS 62	SIMPLE DIAGNOSTICS LANCING DEVICE MISC 103	SLYND 65
SILENOR (doxepin hcl (sleep)) ... 92	SIMPLICITY COVID-19 HOMECOLLECTION TEST KIT .. 78	SM ALCOHOL PREP PADS 105
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC 144	SIMPONI ARIA SOLN 6	SM GAUZE PADS 4"X4" PADS ... 98
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC 145	SIMPONI SOAJ 6	SM GLUCOSE CHEW 29
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC ... 145	SIMPONI SOSY 6	SM MICRO THIN LANCETS 33G 103
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC 145	simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG 38	SM STERILE PADS PADS 98
SILIGENTLE SILICONE FOAMDRESSING/BORDERED PADS 98	simvastatin TABS 80 MG 38	SM TRUEDRAW LANCING DEVICE MISC 103
SILIGENTLE SILICONE FOAMDRESSING/NON-BORDERED PADS 98	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa) 50	SMART DIABETES VANTAGE LANCING DEVICE MISC 103
SILIQ 72	SINGULAIR CHEW (montelukast sodium) 17	SMART SENSE COLOR LANCETS UNIVERSAL 33G 103
silodosin 88	SINGULAIR PACK (montelukast sodium) 17	SMART SENSE STANDARD LANCETS UNIVERSAL 21G 103
SILVADENE (silver sulfadiazine) . 72	SINGULAIR TABS (montelukast sodium) 17	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G 104
	sirolimus SOLN 149	SMART SENSE THIN LANCETSUNIVERSAL 26G 104
	sirolimus TABS 149	sodium chloride (gu irrigant) 0.9 % 87
	SIRTURO 44	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 % 67
	SITAGLIPTIN 30	sodium citrate & citric acid 87
	SITAVIG TABS BU 57	SODIUM DIURIL (chlorothiazide sodium) 80
	SIVEXTRO TABS 43	SODIUM EDECIN (ethacrynate
	SKYCLARYS 154	

sodium)	80	SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (minocycline hcl)	167	SOVALDI TABS	57
sodium fluoride (dental) CREA ...	150	SOLOSEC	4	SOVUNA 200 MG	44
sodium fluoride (dental) GEL	150	SOLTAMOX SOLN	46	SOVUNA 300 MG	44
sodium fluoride (dental) SOLN 0.2 % 150		SOLU-CORTEF	66	SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	78
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG	147	SOLU-MEDROL (methylprednisolone sod succ)	66	SPEVIGO SOLN	72
sodium fluoride SOLN 0.5 MG/ML 147		SOLU-MEDROL	66	SPEVIGO SOSY	72
sodium fluoride TABS	147	SOLUS V2 LANCING DEVICE MISC 104		SPIKEVAX COVID-19 VACCINE SUSP	174
SODIUM OXYBATE SOLN	162	SOMA TABS (carisoprodol)	153	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	174
sodium phenylbutyrate POWD	83	SOMATULINE DEPOT	83	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	174
sodium phenylbutyrate TABS	83	SOMAVERT	81	spinosad	77
sodium phosphates ENEM 19 GM/118ML-7 GM/118ML	95	SOOLANTRA (ivermectin (rosacea))	77	SPINRAZA	155
sodium polystyrene sulfonate POWD 149		SOOTHENEB NBL 100 CHILD MASK MISC	145	SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) .17	
sodium polystyrene sulfonate SUSP OR 15 GM/60ML	149	SOOTHENEB NBL 100 MEDICATION CUP MISC	145	SPIRIVA RESPIMAT AERS	17
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	69	SOOTHENEB NBL 100 MESH CAP MISC	145	SPIRO PD DEVI	145
sodium sulfate-potassium sulfate-magnesium sulfate	94	SOOTHENEB NBL 100 ADULT MASK MISC	145	spironolactone & hydrochlorothiazide	79
SOFOSBUVIR/VELPATASVIR TABS	57	sorafenib tosylate	48	spironolactone SUSP	80
SOF-WICK 4"X4" PADS	98	SORILUX FOAM	72	spironolactone TABS	80
SOGROYA	81	sotalol hcl (afib/afi)	59	SPORANOX CAPS (itraconazole) .35	
SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG	153	sotalol hcl TABS 240 MG	59	SPORANOX PULSEPAK CAPS (itraconazole)	35
SOHONOS 5 MG	153	sotalol hcl TABS 80 MG, 120 MG, 160 MG	59	SPORANOX SOLN (itraconazole) .35	
solifenacin succinate TABS	171	SOTYKTU	72	SPRITAM TB3D	24
SOLIQUA 100/33	29	SOTYLIZE SOLN OR	59	SPRYCEL	48
SOLIRIS	89	SOVALDI PACK	57	STALEVO 100 (carbidopa-levodopa-entacapone)	50

STALEVO 150 (carbidopa-levodopa-entacapone)	50	SUBOXONE FILM SL 0.5 MG-2 MG (buprenorphine hcl-naloxone hcl dihydrate)	12	sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 10 %-5 %	69
STALEVO 200 (carbidopa-levodopa-entacapone)	50	SUBOXONE FILM SL 1 MG-4 MG (buprenorphine hcl-naloxone hcl dihydrate)	12	sulfacetamide sodium w/ sulfur LIQD 9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 %	69
STALEVO 50 (carbidopa-levodopa-entacapone)	50	SUBOXONE FILM SL 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	12	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	69
STALEVO 75 (carbidopa-levodopa-entacapone)	50	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	12	sulfacetamide sodium w/ sulfur PADS 10 %-4 %	69
STAMARIL SUSR	174	SUCRALFATE SUSP	169	sulfacetamide sodium w/ sulfur SUSP	69
stavudine CAPS	56	sucralfate TABS	169	sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	69
STEGLATRO	32	SUDAFED CONGESTION TABS (pseudoephedrine hcl)	154	sulfacetamide sod-prednisolone SOLN	159
STEGLUJAN	29	SUDAFED PE SINUS CONGESTION TABS (phenylephrine hcl (oral))	154	sulfadiazine TABS	166
STELARA 130 MG/26ML	86	SUDAFED SINUS CONGESTION TABS (pseudoephedrine hcl)	154	sulfamethoxazole-trimethoprim SOLN	42
STELARA SOSY	72	SUFLAVE	94	sulfamethoxazole-trimethoprim SUSP	42
STERILANCE TL	104	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	60	sulfamethoxazole-trimethoprim TABS	42
STERILE PADS 4"X4" PADS	98	sulfacetamide sodium (acne)	69	SULFAMYLON CREA	72
STIMUFEND	91	sulfacetamide sodium (ophth) OINT 158	158	SULFAMYLON PACK 5 % (mafenide acetate)	72
STIOLTO RESPIMAT	19	sulfacetamide sodium (ophth) SOLN . 158	158	sulfasalazine TABS	86
STIVARGA	48	sulfacetamide sodium LIQD	72	sulfasalazine TBEC	86
STRATTERA (atomoxetine hcl)	2	sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	69	sulindac TABS	7
STRENSIQ	83	sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	69	SUMADAN WASH LIQD (sulfacetamide sodium w/ sulfur) ..	69
streptomycin sulfate SOLR	4	sulfacetamide sodium w/ sulfur FOAM	69	sumatriptan	146
STRIBILD	56			sumatriptan succinate SOAJ 4 MG/0.5ML	146
STRIVERDI RESPIMAT	19			sumatriptan succinate SOAJ 6 MG/0.5ML	146
STROMECTOL (ivermectin)	14			sumatriptan succinate SOCT 4	
STROVITE FORTE TABS (multiple vitamins w/ minerals)	151				
STROVITE ONE TABS	151				
SUBLOCADE SOSY 100 MG/0.5ML . 12	12				
SUBLOCADE SOSY 300 MG/1.5ML . 12	12				

MG/0.5ML	147	SYRINGE/U-100/0.3ML/31G X 5/16" .	130	SURE COMFORT PEN NEEDLES30GX5/16" SHORT ...	130
sumatriptan succinate SOCT 6					
MG/0.5ML	147	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	130	SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	130
sumatriptan succinate SOLN 6					
MG/0.5ML	147	.....	130	SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	130
sumatriptan succinate TABS	147	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	130	SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	130
sumatriptan-naproxen sodium ...	146				
SUMAXIN PADS	69	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	130	SURE COMFORT PEN NEEDLES32GX5/32"	130
sunitinib malate	48				
SUNLENCA SOLN	56	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	130	SURE COMFORT PEN NEEDLES32GX6MM	130
SUNLENCA TBPK	56				
SUNOSI	2	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	130	SUSTIVA CAPS 200 MG (efavirenz) .	56
SUPPRELIN LA	82			SUSTIVA CAPS 50 MG (efavirenz)	56
SUPRAX CAPS (cefixime)	63	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .	130	SUSTIVA TABS (efavirenz)	56
SUPRAX SUSR 100 MG/5ML (cefixime)	63			SUSTOL PRSY	34
SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate)	94	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	130	SUTAB	94
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4" .	130	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	130	SUTENT (sunitinib malate)	48
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	130	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	130	SYMBICORT (budesonide- formoterol fumarate dihydrate)	19
.....	130			SYMBYAX 25 MG-3 MG, 25 MG-6 MG (olanzapine-fluoxetine hcl) ...	163
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .	130	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	130	SYMDEKO	166
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .	130			SYMFI (efavirenz-lamivudine- tenofovir disoproxil fumarate)	56
.....	130	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	130	SYMFI LO (efavirenz-lamivudine- tenofovir disoproxil fumarate)	56
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	130	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	130	SYMJEPI SOSY	175
.....	130			SYMLINPEN 120 SOPN	28
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	130	SURE COMFORT LANCING PEN MISC	104	SYMLINPEN 60 SOPN	28
.....	130			SYMPAZAN FILM	21
SURE COMFORT INSULIN NEEDLES29GX1/2" 12.7MM	130	SURE COMFORT PEN		SYMPROIC	86

SYMTUZA	56	TAFINLAR CAPS	48	tavaborole	71
SYNAGIS SOLN	161	TAFINLAR TBSO	48	TAVALISSE	89
SYNALAR CREA (fluocinolone acetoneide)	75	tafluprost	160	TAVNEOS	89
SYNALAR CREAM KIT	75	TAGAMET HB 200 TABS (cimetidine)	169	TAYTULLA CAPS (norethin acet & estradiol-fe)	64
SYNALAR OINT (fluocinolone acetoneide)	75	TAGAMET HB TABS (cimetidine) 169		tazarotene CREA	72
SYNALAR OINTMENT KIT	75	TAGRISSO	46	TAZAROTENE FOAM	69
SYNALAR SOLN (fluocinolone acetoneide)	75	TAKHZYRO SOLN	89	tazarotene GEL	72
SYNALAR TS	75	TAKHZYRO SOSY	89	TAZICEF 4.4 %-1 GM/50ML	63
SYNAREL	82	TALICIA	171	TAZORAC CREA (tazarotene)	72
SYNJARDY TABS	29	TALTZ SOAJ	72	TAZORAC GEL (tazarotene)	72
SYNJARDY XR TB24	29	TALTZ SOSY	72	TAZVERIK	48
SYNTHROID TABS (levothyroxine sodium)	168	TALZENNA	48	TDVAX SUSP	168
SYPRINE (trientine hcl)	148	TAMIFLU CAPS (oseltamivir phosphate)	57	TECARTUS	45
SYRINGE/LUER LOCK/3ML	130	TAMIFLU SUSR (oseltamivir phosphate)	57	TECFIDERA CPDR (dimethyl fumarate)	164
SYRINGE/LUER SLIP/3ML	130	tamoxifen citrate TABS	46	TECFIDERA STARTER PACK CDPK (dimethyl fumarate)	164
SYRINGES/LUER LOCK/WITHOUT NEEDLE/3ML	130	tamsulosin hcl	88	TECHLITE INSULIN SYRINGEU- 100/0.3ML/29G X 1/2"	130
TABLOID	45	TARCEVA 100 MG, 150 MG (erlotinib hcl)	46	TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 5/16"	130
TABRECTA	48	TARCEVA 25 MG (erlotinib hcl) ...	46	TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 5/16"	131
TACLONEX OINT (calcipotriene- betamethasone dipropionate)	75	TARGRETIN (bexarotene (topical)) 71		TECHLITE INSULIN SYRINGEU- 100/0.5ML/29G X 1/2"	131
TACLONEX SUSP (calcipotriene- betamethasone dipropionate)	75	TARGRETIN (bexarotene)	49	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2"	131
tacrolimus (topical) OINT	76	TARPEYO CPDR	66	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2"	131
tacrolimus CAPS	149	TASCENSO ODT	164	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 5/16"	131
tadalafil (pulmonary hypertension) TABs	62	TASIGNA 150 MG, 200 MG	48	TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16"	131
tadalafil 5 MG	61	TASIGNA 50 MG	48	TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16"	131
TADLIQ SUSP	62	tasimelteon CAPS	94	TECHLITE INSULIN SYRINGEU- 100/1ML/29G X 1/2"	131
		TASMAR (tolcapone)	49		

TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2"	131	temazepam 7.5 MG, 22.5 MG	93	testosterone cypionate SOLN IM 200 MG/ML	13
TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16"	131	TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (temozolomide) .	45	testosterone enanthate SOLN IM ..	13
TECHLITE LANCETS	104	TEMOVATE CREA (clobetasol propionate)	75	testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	13
TECHLITE LANCETS 26G	104	TEMOVATE OINT (clobetasol propionate)	75	testosterone GEL TD 1 %	13
TECHLITE PEN NEEDLES 29GX 12 MM	131	temozolomide CAPS	45	testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM	13
TECHLITE PEN NEEDLES 31GX 5MM	131	TENIVAC INJ	168	testosterone GEL TD 10 MG/ACT ..	13
TECHLITE PEN NEEDLES/31GX 8MM	131	tenofovir disoproxil fumarate TABS 56		testosterone SOLN	13
TECHLITE PEN NEEDLES/32GX 6MM	131	TENORETIC 100 (atenolol & chlorthalidone)	41	TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT SUSP	168
TECHLITE PLUS PEN NEEDLES 32G X 4MM	131	TENORETIC 50 (atenolol & chlorthalidone)	41	tetrabenazine	164
TECHLITE PLUS PEN NEEDLES32G X 4MM	131	TENORMIN TABS (atenolol)	59	tetrabenazine 25 MG	164
TEGADERM FOAM DRESSING 4"X4" PADS	98	TEPEZZA	82	tetracaine hcl (ophth)	158
TEGRETOL SUSP (carbamazepine) . 24		TEPMETKO	48	tetracycline hcl CAPS	167
TEGRETOL TABS (carbamazepine) . 24		terazosin hcl	40	TEXACORT SOLN 2.5 %	75
TEGRETOL-XR TB12 (carbamazepine)	24	terbutaline hcl TABS	35	TEZSPIRE SOAJ	16
TEGSEDI	166	terbutaline sulfate SOLN	19	TEZSPIRE SOSY	16
TEKTURNA (aliskiren fumarate) ..	41	terbutaline sulfate TABS	19	TGT LANCET MICRO THIN 33G 104	
TEKTURNA HCT 12.5 MG-300 MG, 25 MG-300 MG	41	terconazole vaginal CREA 0.4 % .	175	TGT LANCET THIN 26G	104
telmisartan	39	terconazole vaginal CREA 0.8 % .	175	TGT LANCET ULTRA THIN 30G 104	
telmisartan-amlodipine	41	terconazole vaginal SUPP	175	TGT LANCING DEVICE MISC ...	104
telmisartan-hydrochlorothiazide ..	41	teriflunomide	164	THALITONE	80
temazepam 15 MG, 30 MG	93	teriparatide (recombinant) SOPN ..	81	THALOMID	148
		TERIPARATIDE SOPN	81	THEO-24 CP24	19
		TESTIM GEL TD (testosterone) ...	13	theophylline ELIX	19
		TESTOPEL PLLT	13	theophylline SOLN	19
		testosterone cypionate SOLN IM 100 MG/ML	13	theophylline TB12	19
				theophylline TB24	19

THERATEARS EXTRA SOLN (carboxymethylcellulose sodium (ophth))	156	timolol maleate (ophth) SOLN	157	TOBRADEX ST SUSP	159
THERATEARS SOLN (carboxymethylcellulose sodium (ophth))	156	timolol maleate TABS	59	TOBRADEX SUSP (tobramycin- dexamethasone)	159
thiamine hcl SOLN	176	TIMOPTIC OCUDOSE SOLN 0.25 % (timolol maleate (ophth))	157	tobramycin (ophth) SOLN	158
thiamine hcl TABS 100 MG	176	TIMOPTIC OCUDOSE SOLN 0.5 % (timolol maleate (ophth))	157	tobramycin NEBU	4
THIOLA EC TBEC (tiopronin)	88	TIMOPTIC SOLN (timolol maleate (ophth))	157	tobramycin sulfate SOLN IJ	4
THIOLA TABS (tiopronin)	88	TIMOPTIC-XE SOLG (timolol maleate (ophth))	157	tobramycin sulfate SOLR	4
thioridazine hcl	53	TINACTIN CREA (tolnaftate)	71	tobramycin-dexamethasone SUSP 159	
thiothixene	54	tinidazole	42	TOBREX OINT	158
THRESHOLD IMT MISC	145	tiopronin TABS	88	TODAYS HEALTH ADVANCED LANCING DEVICE MISC	104
THRESHOLD PEP DEVI	145	tiopronin TBEC	88	TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	131
THRIVITE RX TABS	152	tiotropium bromide monohydrate CAPS	17	TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	131
THYQUIDITY SOLN OR	168	TIROSINT CAPS (levothyroxine sodium)	168	TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	131
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	168	TIROSINT CAPS	168	TOFIDENCE SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	6
tiagabine hcl	24	TIROSINT-SOL SOLN OR	168	tolcapone	49
TIAZAC (diltiazem hcl extended release beads)	60	TIVICAY PD TBSO	56	TOLECTIN 600 TABS 600 MG	8
TIBSOVO	48	TIVICAY TABS 10 MG, 25 MG	56	tolmetin sodium CAPS	8
TICOVAC	174	TIVICAY TABS 50 MG	56	tolmetin sodium TABS 600 MG	8
TIGAN SOLN	34	TIVORBEX CAPS (indomethacin) ..	8	tolnaftate CREA	71
tigecycline	167	tizanidine hcl CAPS	153	TOLSURA CAPS	35
TIGECYCLINE	167	tizanidine hcl TABS 2 MG	153	tolterodine tartrate CP24	171
TIGLUTIK SUSP	154	tizanidine hcl TABS 4 MG	153	tolterodine tartrate TABS	171
TIKOSYN (dofetilide)	16	TLANDO CAPS	13	tolvaptan TABS	84
timolol maleate (ophth) SOLG	157	TNKASE	90	TOPAMAX SPRINKLE CPSP 15 MG (topiramate)	24
timolol maleate (ophth) SOLN 0.25 %	157	TOBI NEBU (tobramycin)	4	TOPAMAX SPRINKLE CPSP 25 MG (topiramate)	24
timolol maleate (ophth) SOLN 0.5 % . 157		TOBI PODHALER CAPS	4		
		TOBRADEX OINT	159		

TOPAMAX TABS (topiramate)	24	TOPICORT OINT (desoximetasone) . 75	SOLN (tramadol hcl)	10
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4"	131	topiramate CP24	tramadol-acetaminophen	11
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		tramadol hcl TABS 25 MG	tretinoin (chemotherapy)	49
		tramadol hcl TABS 50 MG	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	69
		tramadol hcl TB24	TRETINOIN GEL 0.01 %, 0.025 %	69
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tretinoin GEL 0.05 %	69	triazolam	93	TROKENDI XR CP24 (topiramate)	24
tretinoin microsphere	69	TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide)	41	tropicamide SOLN 0.5 %	157
TRETTEN	89	TRICOR TABS (fenofibrate)	38	tropicamide SOLN 1 %	157
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	45	TRIDESILON CREA 0.05 % (desonide)	75	tropium chloride CP24	171
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triamcinolone acetonide (topical) CREA 0.025 %	75	trifluridine	158	TRUE COMFORT PEN NEEDLES31G X 6MM	132
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triamcinolone acetonide (topical) LOTN	75	TRIJARDY XR	29	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	132
triamcinolone acetonide (topical) OINT 0.025 %, 0.05 %, 0.1 %	75	TRIKAFTA TBPK	166	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	132
triamcinolone acetonide (topical) OINT 0.05 %	75	TRIKAFTA THPK	166	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	132
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triamterene & hydrochlorothiazide TABS	80	trimethobenzamide hcl CAPS	34	TRUE COMFORT PRO PEN NEEDLES 31G X 5MM	132
triamterene CAPS	80	trimethoprim TABS	42	TRUE COMFORT PRO PEN NEEDLES 31G X 6MM	132
		trimipramine maleate CAPS	28		
		TRINATAL RX 1 TABS	152		
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VALCYTE TABS (valganciclovir hcl)	56	VALUMARK PEN NEEDLES 31GX 8MM	138	varenicline tartrate TBPK	166
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ZOLOFT CONC (sertraline hcl)	27	12	67
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