

Pharmacy Program

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

Preferred Drug List

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

Pharmacy Benefit Manager

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

Specialty Drugs

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

Dispensing Limits

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

Appropriate Use and Safety Edits

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

Prior Authorizations

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

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

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

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

Quantity Limits

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

Age Limits

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

Non-Preferred

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

Medical Necessity Requests

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

For a MN request NH Healthy Families requires:

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

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

72-Hour Emergency Supply Policy

State and Federal law require that a pharmacy dispense at least a 72-hour (3 day) supply of medication to any member awaiting PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. A provision of a 72-hour supply does not guarantee that the medication will be approved after a PA review. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of

medication, whether or not the PA request is ultimately approved or denied. The pharmacy must call the Pharmacy Help Desk at 888-613-7051 for an override.

Newly Approved Products

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

Over-the-Counter Medications

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

CMS Labeler Requirements

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

Drug Efficacy Study and Implementation (DESI) Drugs

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

Filling a Prescription

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

Step Therapy

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

Trial and Failure of 1 Preferred Product Required Prior to Non-Preferred Products
Antibiotics - 3rd Generation Quinolones
Anticonvulsants - Carbamazepine Derivatives
Behavioral Health - Atypical Antipsychotics & Combos
Cardiovascular - Oral Pulmonary Hypertension Agents
Central Nervous System - Calcitonin Gene-Related Peptide Inhibitors, Multiple Sclerosis - Other
Endocrinology - Biguanides & Combos, Dipeptidyl Peptidase-4 Inhibitors and Comboos, Insulins

Endocrinology - Meglitinides, SGLT-2 Inhibitors and Combos, Thiazolidinediones & Combos
Gastrointestinal - Hepatitis C Agents
Genitourinary/Renal - Androgen Hormone Inhibitors, Electrolyte Depleters
Immunologic - Systemic Immunomodulators
Miscellaneous - Smoking Cessation, Topical Androgenic Agents
Osteoporosis - Nasal Calcitonins
Respiratory - Long/Short Acting Beta Adrenergics & Combos - Inhalers/Nebs
Topical - Antiparasitics, Very High Potency Steroids, Topical Combination Benzoyl Peroxide & Clindamycin Products

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

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

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

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

Abbreviations

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

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

Tier Definitions

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

Contact Information

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS (<i>Use amphetamine-dextroamphetamine</i>)	2	Generic for Adderall; QL(3 ea daily); MP
ADDERALL XR CP24 (<i>Use amphetamine-dextroamphetamine</i>)	2	Generic for Adderall XR; QL(1 ea daily); AL(At least 6 yrs old); MP
ADZENYS ER SUEP (<i>Use amphetamine</i>)	NP	Generic for Adzenys ER; MP
AMPHETAMINE ER SUEP	1	Generic for Adzenys ER; MP
<i>amphetamine sulfate tabs</i>	1	Generic for Evekeo; MP; PA
<i>amphetamine-dextroamphetamine cp24</i>	1	Generic for Adderall XR; QL(1 ea daily); AL(At least 6 yrs old); MP
<i>amphetamine-dextroamphetamine tabs</i>	1	Generic for Adderall; QL(3 ea daily); MP
<i>dextroamphetamine sulfate tabs 5 MG, 10 MG</i>	1	AL(At least 3 yrs old); MP
<i>dextroamphetamine sulfate tabs 5 MG, 10 MG</i>	NP	AL(At least 3 yrs old); MP
<i>dextroamphetamine sulfate tabs 5 MG, 10 MG</i>	1	AL(At least 3 yrs old); MP
<i>dextroamphetamine sulfate soln</i>	1	Generic for Procentra; MP; PA
<i>dextroamphetamine sulfate cp24 10 MG, 15 MG</i>	1	Generic for Dexedrine; QL(2 ea daily); AL(At least 6 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate cp24 5 MG</i>	1	Generic for Dexedrine; QL(1 ea daily); AL(At least 6 yrs old); MP
<i>dextroamphetamine sulfate soln</i>	NP	Generic for Procentra; MP; PA
<i>methamphetamine hcl</i>	1	Generic for Desoxyn; MP; PA
VYVANSE CAPS	2	QL(1 ea daily); MP; PA
VYVANSE CHEW	2	MP; PA
Analeptics		
<i>caffeine citrate soln or</i>	1	QL(45 ml per fill retail); MP
Anti-Obesity Agents		
IMCIVREE	NP	SP
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl</i>	1	Generic for Strattera; AL(At least 6 yrs old); MP
<i>clonidine hcl (adhd) tb12</i>	1	Generic for Kapvay; MP
<i>guanfacine hcl (adhd)</i>	1	Generic for Intuniv; QL(1 ea daily); AL(At least 6 yrs old); MP
QELBREE	NP	MP
Stimulants - Misc.		
AZSTARYS	NP	MP
CONCERTA TBCR (<i>Use methylphenidate hcl</i>)	2	Generic for Concerta; AL(At least 6 yrs old); MP
<i>dexmethylphenidate hcl tabs</i>	1	Generic for Focalin; QL(2 ea daily); AL(At least 6 yrs old); MP

Drug Name	Drug Tier	Requirement s/Limits
<i>dexmethylphenidate hcl cp24</i>	1	Generic for Focalin XR;MP;PA
FOCALIN XR CP24 (<i>Use dexmethylphenidate hcl</i>)	2	Generic for Focalin XR;MP;PA
METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	2	Generic for Methylin;MP;PA
<i>methylphenidate hcl cp24 60 MG</i>	1	MP;PA
<i>methylphenidate hcl cp24</i>	1	Generic for Aptensio XR;MP;PA
<i>methylphenidate hcl tb24</i>	1	MP
<i>methylphenidate hcl chew</i>	1	MP;PA
<i>methylphenidate hcl soln</i>	1	Generic for Methylin;MP;PA
<i>methylphenidate hcl tbcr 18 MG, 27 MG, 36 MG, 54 MG</i>	1	Generic for Concerta;AL(At least 6 yrs old);MP
<i>methylphenidate hcl cp24 10 MG, 20 MG, 30 MG, 40 MG</i>	1	Generic for Ritalin LA;MP;PA
<i>methylphenidate hcl cpcr</i>	1	Generic for Metadate CD;AL(At least 6 yrs old);MP
<i>methylphenidate hcl tabs</i>	1	Generic for Ritalin;AL(At least 3 yrs old);MP
<i>methylphenidate hcl tbcr 10 MG, 20 MG</i>	1	AL(At least 6 yrs old);MP
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
ORALAIR SUBL	2	PA
ORALAIR ADULT STARTER PACK SUBL	2	PA
ALTERNATIVE MEDICINES		

Drug Name	Drug Tier	Requirement s/Limits
Alternative Medicine - G's		
<i>ginger (zingiber officinalis) caps 250 MG</i>	1	QL(4 ea daily)
Alternative Medicine - M's		
<i>melatonin tabs 3 MG, 5 MG</i>	1	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
BETHKIS NEBU (<i>Use tobramycin</i>)	2	SP;PA
KITABIS PAK NEBU (<i>Use tobramycin</i>)	2	SP;PA
<i>neomycin sulfate tabs</i>	1	
TOBI NEBU (<i>Use tobramycin</i>)	NP	SP;PA
<i>tobramycin nebu</i>	1	SP;PA
<i>tobramycin sulfate soln ij</i>	1	PA
<i>tobramycin sulfate solr</i>	1	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ 30 MG, 45 MG	NP	SP
Antirheumatic Antimetabolites		
METHOTREXATE	2	MP
OTREXUP SOAJ	2	SP;PA
RASUVO SOAJ	2	SP;PA
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PSKT	2	SP;PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	2	SP;PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PNKT	2	SP;PA
HUMIRA PEN-CD/UC/HS STARTER PNKT	2	SP;PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	2	SP;PA
HUMIRA PEN-PS/UV STARTER PNKT	2	SP;PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS (<i>Use ibuprofen</i>)	0	MP
<i>celecoxib</i>	1	QL(2 ea daily);PA
CHILDRENS ADVIL SUSP (<i>Use ibuprofen</i>)	0	MP;RX/OTC
CHILDRENS MOTRIN SUSP (<i>Use ibuprofen</i>)	0	MP;RX/OTC
<i>diclofenac potassium tabs 50 MG</i>	1	MP
<i>diclofenac sodium tb24</i>	1	MP
<i>diclofenac sodium tbec</i>	1	MP
<i>etodolac tabs</i>	1	MP
<i>etodolac tb24</i>	1	MP
<i>etodolac caps</i>	1	MP
<i>flurbiprofen tabs</i>	1	MP
<i>ibuprofen tabs 200 MG, 600 MG, 800 MG</i>	0	MP
<i>ibuprofen chew</i>	0	MP
<i>ibuprofen susp</i>	0	MP;RX/OTC
<i>ibuprofen tabs 400 MG</i>	0	MP
<i>indomethacin caps 25 MG, 50 MG</i>	1	MP
<i>indomethacin cpcr</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
INFANTS ADVIL SUSP (<i>Use ibuprofen</i>)	0	MP
<i>ketoprofen cp24</i>	1	MP
<i>ketoprofen caps 50 MG, 75 MG</i>	1	MP
<i>ketorolac tromethamine tabs</i>	1	QL(20 ea per fill retail);AL(At least 17 yrs old);MP
<i>meloxicam tabs</i>	1	MP
MOTRIN CHILDRENS CHEW (<i>Use ibuprofen</i>)	0	MP
MOTRIN INFANTS DROPS SUSP (<i>Use ibuprofen</i>)	0	MP
<i>nabumetone</i>	1	MP
<i>naproxen tbec</i>	1	QL(2 ea daily);MP
<i>naproxen tabs</i>	1	MP
<i>naproxen susp</i>	1	MP
<i>naproxen sodium tabs 220 MG</i>	1	QL(2 ea daily);MP
<i>naproxen sodium tabs 275 MG, 550 MG</i>	1	MP
<i>naproxen-esomeprazole magnesium</i>	1	
<i>oxaprozin</i>	1	MP
<i>piroxicam caps</i>	1	MP
<i>sulindac tabs</i>	1	MP
<i>tolmetin sodium caps</i>	1	MP
<i>tolmetin sodium tabs 600 MG</i>	1	MP
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1	QL(1 ea daily);MP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	2	SP;PA
ENBREL SOSY	2	SP;PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOLN	2	SP;PA
ENBREL MINI SOCT	2	SP;PA
ENBREL SURECLICK SOAJ	2	SP;PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
BUTALBITAL/ASPIRIN/CAFFEINE TABS 40 MG-50 MG-325 MG	2	QL(4 ea daily)
<i>butalbital-acetaminophen tabs 50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen-caffeine caps 40 MG-50 MG-325 MG, 50 MG-325 MG-40 MG</i>	1	QL(4 ea daily)
<i>butalbital-acetaminophen-caffeine tabs 325 MG-40 MG-50 MG, 40 MG-50 MG-325 MG</i>	1	QL(4 ea daily)
<i>butalbital-aspirin-caffeine caps 40 MG-50 MG-325 MG</i>	1	QL(4 ea daily)
Analgesics Other		
<i>acetaminophen supp</i>	0	QL(12 ea per fill retail)
<i>acetaminophen tabs 325 MG, 500 MG</i>	1	
<i>acetaminophen liqd 160 MG/5ML</i>	0	
<i>acetaminophen elix</i>	0	
<i>acetaminophen chew</i>	0	
<i>acetaminophen soln or 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen susp 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	1	
FEVERALL JUNIOR STRENGTH SUPP	0	QL(12 ea per fill retail)
INFANTS SILAPAP SOLN OR	0	QL(30 ml per fill retail)
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (<i>Use acetaminophen</i>)	0	
Analgesics-Peptide Channel Blockers		
PRIALT	2	SP;PA
Salicylates		
<i>aspirin chew</i>	0	
<i>aspirin tbec 81 MG, 325 MG</i>	0	
<i>aspirin tabs 325 MG</i>	0	
ASPIRIN SUPP 300 MG, 600 MG	0	QL(12 ea per fill retail)
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	1	
<i>diflunisal tabs</i>	1	MP
ECOTRIN TBEC (<i>Use aspirin</i>)	0	
ECOTRIN REGULAR STRENGTH TBEC (<i>Use aspirin</i>)	0	
<i>salsalate</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
<i>codeine sulfate tabs 30 MG</i>	1	QL(2 ea daily)
CODEINE SULFATE TABS	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl pt72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	10 per month;QL(0.34 ea daily)
<i>fentanyl pt72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	PA
<i>hydrocodone bitartrate cp12</i>	1	
<i>hydromorphone hcl tb24</i>	1	PA
<i>hydromorphone hcl tabs</i>	1	QL(8 ea daily)
HYDROMORPHONE HCL SUPP	2	QL(12 ea per fill retail)
<i>meperidine hcl tabs 50 MG</i>	1	QL(6 ea daily)
<i>meperidine hcl soln or 50 MG/5ML</i>	1	QL(500 ml per fill retail)
<i>methadone hcl tabs 5 MG</i>	1	QL(4 ea daily);PA
<i>methadone hcl tabs 10 MG</i>	1	QL(10 ea daily);PA
<i>morphine sulfate soln or 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML</i>	1	QL(240 ea per fill retail)
<i>morphine sulfate supp</i>	1	QL(24 ea per fill retail)
<i>morphine sulfate tbcr</i>	1	QL(3 ea daily)
<i>morphine sulfate tabs</i>	1	QL(6 ea daily)
<i>morphine sulfate soln or 10 MG/5ML, 20 MG/5ML</i>	1	QL(16.67 ml daily)
<i>morphine sulfate cp24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	PA
<i>morphine sulfate beads</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
OXAYDO TABS 5 MG	2	QL(6 ea daily)
<i>oxycodone hcl soln</i>	1	
<i>oxycodone hcl t12a</i>	1	QL(2 ea daily);PA
<i>oxycodone hcl conc 100 MG/5ML</i>	1	QL(6 ml daily)
<i>oxycodone hcl t12a 10 MG, 20 MG, 40 MG</i>	1	QL(2 ea daily);PA
<i>oxycodone hcl caps</i>	1	QL(6 ea daily)
<i>oxycodone hcl tabs</i>	1	QL(6 ea daily)
<i>oxymorphone hcl tb12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	
<i>oxymorphone hcl tb12 15 MG</i>	1	PA
QDOLO SOLN	2	
<i>tramadol hcl tabs 100 MG</i>	1	
<i>tramadol hcl tabs 50 MG</i>	1	QL(8 ea daily)
<i>tramadol hcl tb24</i>	1	PA
<i>tramadol hcl cp24 100 MG, 200 MG, 300 MG</i>	1	PA
TRAMADOL HYDROCHLORIDE SOLN	2	
Opioid Combinations		
<i>acetaminophen w/ codeine tabs 15 MG-300 MG, 30 MG-300 MG, 300 MG-60 MG, 60 MG-300 MG</i>	1	QL(6 ea daily)
<i>acetaminophen w/ codeine soln 120 MG/5ML-12 MG/5ML</i>	1	QL(30 ml daily)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine w/cod 30 MG-40 MG-50 MG-325 MG</i>	1	QL(4 ea daily)
<i>hydrocodone-acetaminophen tabs 10 MG-325 MG, 325 MG-10 MG</i>	1	QL(6 ea daily)
<i>hydrocodone-acetaminophen tabs 5 MG-325 MG</i>	1	QL(12 ea daily)
<i>hydrocodone-acetaminophen soln</i>	1	QL(180 ml daily)
<i>oxycodone w/acetaminophen tabs 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG</i>	1	QL(6 ea daily)
<i>oxycodone-aspirin 4.835 MG-325 MG</i>	1	QL(6 ea daily)
<i>tramadol-acetaminophen 37.5 MG-325 MG</i>	1	QL(4 ea daily)
Opioid Partial Agonists		
<i>buprenorphine ptwk</i>	1	PA
<i>buprenorphine hcl subl</i>	1	PA
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	1	QL(12 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film sl 0.5 MG-2 MG, 2 MG-0.5 MG</i>	1	QL(12 ea daily)
<i>BUTRANS PTWK (Use buprenorphine)</i>	2	PA
<i>SUBLOCADE SOSY</i>	2	1 rtl MAX fill,30 rtl day(s) supply;SP;PA

Drug Name	Drug Tier	Requirements/Limits
<i>SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)</i>	2	Generic Alternative Preferred;QL(3 ea daily);PA
<i>SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)</i>	2	Generic Alternative Preferred;QL(2 ea daily);PA
<i>SUBOXONE FILM SL 0.5 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate)</i>	2	Generic Alternative Preferred;QL(12 ea daily);PA
<i>SUBOXONE FILM SL 1 MG-4 MG, 4 MG-1 MG (Use buprenorphine hcl-naloxone hcl dihydrate)</i>	2	Generic Alternative Preferred;QL(6 ea daily);PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
<i>ANDROGEL GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM (Use testosterone)</i>	NP	
<i>AVEED SOLN</i>	2	SP;PA
<i>METHITEST TABS</i>	2	
<i>TESTIM GEL TD (Use testosterone)</i>	NP	
<i>TESTOPEL PLLT</i>	2	SP;PA
<i>testosterone gel td 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM</i>	1	PA
<i>testosterone soln</i>	1	PA
<i>testosterone gel td 1 %, 25 MG/2.5GM, 50 MG/5GM</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate soln im 200 MG/ML</i>	1	QL(4 ml per 30 days retail)
VOGELXO GEL TD (<i>Use testosterone</i>)	NP	
VOGELXO PUMP GEL TD (<i>Use testosterone</i>)	NP	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>hydrocortisone (intrarectal)</i>	1	QL(420 ml per fill retail)
Rectal Combinations		
<i>phenylephrine-shark liver oil-cocoa butter 0.25 %-3 %-85.5 %</i>	1	QL(48 ea per fill retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum 71.9 %-0.25 %-3 %-14 %</i>	1	QL(12 gm per fill retail)
Rectal Local Anesthetics		
<i>pramoxine hcl (rectal) foam ex</i>	1	QL(15 gm per fill retail)
Rectal Steroids		
ANUSOL-HC EX (<i>Use hydrocortisone (rectal)</i>)	2	QL(30 gm per fill retail)
<i>hydrocortisone (rectal) ex 1 %</i>	1	
<i>hydrocortisone (rectal) ex 2.5 %</i>	1	QL(30 gm per fill retail)
PROCTOCORT EX (<i>Use hydrocortisone (rectal)</i>)	2	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone liq</i>	1	QL(16.53 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>alum & mag hydrox-simethicone susp</i>	1	QL(16.53 ml daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	2	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) tabs 325 MG, 650 MG</i>	1	QL(16.53 ea daily)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) chew 500 MG</i>	1	
Antacids - Magnesium Salts		
<i>magnesium oxide tabs 400 MG</i>	1	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BENZNIDAZOLE	2	SP;PA
EMVERM CHEW	2	QL(1 ea per 14 days retail)
<i>pyrantel pamoate susp 144 MG/ML</i>	1	QL(60 ml per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine tb12</i>	1	
Nitrates		
<i>isosorbide dinitrate tabs 5 MG, 10 MG, 20 MG, 30 MG</i>	1	MP
<i>isosorbide mononitrate tabs</i>	1	QL(2 ea daily);MP
<i>isosorbide mononitrate tb24</i>	1	QL(1 ea daily);MP
NITRO-BID OINT	2	MP
<i>nitroglycerin pt24</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin sublingual</i>	1	MP
<i>nitroglycerin patch</i>	1	MP
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	MP
<i>droperidol solution 2.5 MG/ML</i>	1	
<i>hydroxyzine hcl syrup</i>	1	
<i>hydroxyzine hcl tabs</i>	1	MP
<i>hydroxyzine hcl solution 25 MG/ML, 50 MG/ML</i>	1	
<i>hydroxyzine pamoate capsules 50 MG</i>	1	MP
<i>hydroxyzine pamoate capsules 25 MG, 100 MG</i>	1	
<i>meprobamate</i>	1	
Benzodiazepines		
<i>alprazolam tablet 24</i>	1	
<i>alprazolam tablet 24</i>	1	
<i>alprazolam tabs</i>	1	QL(4 ea daily)
ALPRAZOLAM INTENSOL CONC	2	
<i>chlordiazepoxide hcl capsules</i>	1	QL(4 ea daily)
<i>clonazepam dipotassium tabs</i>	1	QL(3 ea daily)
<i>diazepam concentration</i>	1	
<i>diazepam solution or 5 MG/5ML</i>	1	QL(500 ml per fill retail)
<i>diazepam tabs</i>	1	QL(4 ea daily)
<i>diazepam solution 5 MG/ML, 50 MG/10ML</i>	1	
DIAZEPAM SOAJ	2	
DIAZEPAM SOLN 5 MG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam tabs .5 MG, 2 MG</i>	1	QL(3 ea daily)
<i>lorazepam concentration</i>	1	
<i>lorazepam tabs 1 MG</i>	1	QL(4 ea daily)
LOREEV XR CS24	NP	
<i>oxazepam capsules</i>	1	QL(4 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate capsules</i>	1	MP
NORPACE CAPS (Use disopyramide phosphate)	2	MP
<i>quinidine gluconate tbc</i>	1	MP
<i>quinidine sulfate tabs</i>	1	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	MP
<i>propafenone hcl tabs</i>	1	MP
Antiarrhythmics Type III		
<i>amiodarone hcl tabs 200 MG</i>	1	MP
<i>dofetilide</i>	1	MP;PA
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	2	SP;PA
FASENRA PEN SOAJ	2	SP
NUCALA SOLR	2	SP;PA
NUCALA SOAJ	2	SP;PA
NUCALA SOSY 100 MG/ML	2	SP;PA
XOLAIR SOLR	2	SP;PA
XOLAIR SOSY	2	SP;PA

Drug Name	Drug Tier	Requirements/Limits
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	QL(0.867 gm daily)
<i>ipratropium bromide soln .02 %</i>	1	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	
Leukotriene Modulators		
<i>montelukast sodium tabs</i>	1	QL(1 ea daily);MP
<i>montelukast sodium chew</i>	1	QL(1 ea daily);MP
<i>montelukast sodium pack</i>	1	QL(1 ea daily)
<i>zafirlukast</i>	1	
<i>zileuton tb12</i>	1	
Steroid Inhalants		
ARMONAIR DIGIHALER	NP	
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (inhalation) susp</i>	1	QL(4 ml daily);AL(At least 1 yrs old- Up to 8 yrs old)
FLOVENT DISKUS AEPB	2	QL(2 ea daily)
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	2	QL(12 gm per 30 days retail)
FLOVENT HFA 44 MCG/ACT	2	QL(11 gm per 30 days retail)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT	2	QL(11 gm per 30 days retail)
FLUTICASONE PROPIONATE HFA 110 MCG/ACT, 220 MCG/ACT	2	QL(12 gm per 30 days retail)
PULMICORT FLEXHALER AEPB	NP	QL(1 ea per 25 days retail)
Sympathomimetics		
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	2	QL(2 ea daily)
ADVAIR HFA AERO	2	
<i>albuterol sulfate syrup</i>	1	MP
<i>albuterol sulfate nebu .63 MG/3ML, 1.25 MG/3ML</i>	1	QL(375 ml per 30 days retail)
<i>albuterol sulfate aers</i>	0	
<i>albuterol sulfate aers</i>	0	Limit 2 inhalers per month;QL(1.2 gm daily)
<i>albuterol sulfate aers</i>	0	Limit 2 inhalers per month;QL(0.57 gm daily)
<i>albuterol sulfate nebu .083 %</i>	1	QL(375 ml per 25 days retail)

Drug Name	Drug Tier	Requirement s/Limits
<i>albuterol sulfate nebu .5 %, 2.5 MG/0.5ML</i>	1	QL(2 ml daily)
<i>albuterol sulfate tb12</i>	1	
<i>albuterol sulfate tabs</i>	1	
ALBUTEROL SULFATE NEBU	2	QL(2 ml daily)
BEVESPI AEROSPHERE 4.8 MCG/ACT-9 MCG/ACT	2	
BREZTRI AEROSPHERE 160 MCG/ACT-4.8 MCG/ACT-9 MCG/ACT	NP	
<i>budesonide-formoterol fumarate dihydrate</i>	1	QL(11 gm per 30 days retail)
COMBIVENT RESPIMAT AERS 20 MCG/ACT-100 MCG/ACT	2	QL(4 gm per 30 days retail)
DULERA 5 MCG/ACT-100 MCG/ACT, 5 MCG/ACT-200 MCG/ACT	2	QL(13 gm per 30 days retail)
DULERA 5 MCG/ACT-50 MCG/ACT	2	
<i>fluticasone-salmeterol aepb 50 MCG/ACT-100 MCG/ACT, 50 MCG/ACT-250 MCG/ACT, 50 MCG/ACT-500 MCG/ACT</i>	1	QL(2 ea daily)
<i>ipratropium-albuterol soln 0.5 MG/3ML-2.5 MG/3ML</i>	1	QL(12 ml daily)
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	
PROAIR DIGIHALER	NP	

Drug Name	Drug Tier	Requirement s/Limits
PROAIR HFA AERS (Use albuterol sulfate)	0	Limit 2 inhalers per month;QL(0.57 gm daily)
PROVENTIL HFA AERS (Use albuterol sulfate)	NP	Limit 2 inhalers per month;QL(0.45 gm daily)
SEREVENT DISKUS	2	QL(2 ea daily)
STIOLTO RESPIMAT 2.5 MCG/ACT-2.5 MCG/ACT	2	
SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	2	QL(11 gm per 30 days retail)
<i>terbutaline sulfate tabs</i>	1	MP
VENTOLIN HFA AERS (Use albuterol sulfate)	NP	Limit 2 inhalers per month;QL(0.54 gm daily)
Xanthines		
THEO-24 CP24 100 MG	2	MP
THEO-24 CP24 200 MG, 300 MG, 400 MG	2	
<i>theophylline tb12 300 MG</i>	1	MP
<i>theophylline tb12 450 MG</i>	1	
<i>theophylline soln</i>	1	QL(475 ml per fill retail);MP
<i>theophylline tb24</i>	1	MP
<i>theophylline elix</i>	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium tabs</i>	1	MP
Direct Factor Xa Inhibitors		
ELIQUIS TABS	2	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS STARTER PACK TBPB	2	QL(4 ea daily)
XARELTO SUSR	2	
XARELTO TABS 20 MG	2	QL(1 ea daily)
XARELTO TABS 2.5 MG	2	
XARELTO TABS 10 MG	2	QL(1 ea daily,35 ea per 180 days retail)
XARELTO TABS 15 MG	2	QL(2 ea daily)
XARELTO STARTER PACK TBPB	2	
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium soty 30 MG/0.3ML</i>	1	QL(18 ml per 30 days retail)
<i>enoxaparin sodium soty 40 MG/0.4ML, 60 MG/0.6ML</i>	1	QL(36 ml per 30 days retail)
<i>enoxaparin sodium soty 100 MG/ML, 150 MG/ML</i>	1	QL(60 ml per 30 days retail)
<i>enoxaparin sodium soty 80 MG/0.8ML, 120 MG/0.8ML</i>	1	QL(48 ml per 30 days retail)
<i>enoxaparin sodium soln ij 300 MG/3ML</i>	1	QL(180 ml per 30 days retail)
<i>fondaparinux sodium</i>	1	PA
<i>heparin sodium (porcine) soln ij 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1	
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate</i>	1	
PRADAXA 75 MG, 110 MG	2	
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam susp</i>	1	
<i>clobazam tabs</i>	1	
<i>clonazepam tbdp</i>	1	
<i>clonazepam tabs</i>	1	QL(4 ea daily)
<i>diazepam (anticonvulsant) gel</i>	1	QL(1 ea per fill retail);AL(At least 2 yrs old)
VALTOCO LQPK	2	QL(10 ea per 30 days retail);PA
VALTOCO LIQD	2	QL(10 ea per 30 days retail);PA
Anticonvulsants - Misc.		
BRIVIACT SOLN IV 50 MG/5ML	2	SP;PA
<i>carbamazepine tabs</i>	1	MP
<i>carbamazepine susp</i>	1	MP
<i>carbamazepine cp12</i>	1	MP
<i>carbamazepine chew</i>	1	MP
<i>carbamazepine tb12</i>	1	MP
CARBATROL CP12 (Use carbamazepine)	2	MP
ELEPSIA XR TB24	NP	
<i>gabapentin caps 300 MG, 400 MG</i>	1	MP
<i>gabapentin caps 100 MG</i>	1	QL(9 ea daily);MP
<i>gabapentin tabs 600 MG, 800 MG</i>	1	MP
<i>gabapentin soln</i>	1	MP
<i>lamotrigine chew</i>	1	MP
<i>lamotrigine tb24</i>	1	
<i>lamotrigine tbdp</i>	1	
<i>lamotrigine tabs</i>	1	MP
<i>lamotrigine kit</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam soln or 100 MG/ML, 500 MG/5ML</i>	1	QL(30 ml daily);MP
<i>levetiracetam tb24</i>	1	MP
<i>levetiracetam tabs</i>	1	MP
<i>oxcarbazepine tabs</i>	1	MP
<i>oxcarbazepine susp</i>	1	MP
<i>pregabalin caps</i>	1	PA
<i>pregabalin soln</i>	1	PA
<i>primidone</i>	1	MP
<i>rufinamide susp</i>	1	SP
TEGRETOL-XR TB12 (Use carbamazepine)	2	MP
TOPAMAX SPRINKLE CPSP (Use topiramate)	2	MP
<i>topiramate cs24</i>	1	
<i>topiramate tabs 50 MG, 100 MG, 200 MG</i>	1	MP
<i>topiramate cpsp</i>	1	MP
<i>topiramate tabs 25 MG</i>	1	QL(6 ea daily);MP
TRILEPTAL SUSP (Use oxcarbazepine)	2	MP
<i>zonisamide caps</i>	1	MP
Carbamates		
<i>felbamate tabs</i>	1	
<i>felbamate susp</i>	1	
XCOPRI TBP 0	NP	
GABA Modulators		
GABITRIL 2 MG, 4 MG (Use tiagabine hcl)	2	MP
GABITRIL 12 MG, 16 MG (Use tiagabine hcl)	2	
SABRIL TABS (Use vigabatrin)	2	SP;PA

Drug Name	Drug Tier	Requirements/Limits
SABRIL PACK (Use vigabatrin)	2	SP;PA
<i>tiagabine hcl 12 MG, 16 MG</i>	1	
<i>tiagabine hcl 2 MG, 4 MG</i>	1	MP
<i>vigabatrin tabs</i>	1	SP;PA
<i>vigabatrin pack</i>	1	SP;PA
Hydantoins		
DILANTIN INFATABS CHEW (Use phenytoin)	2	MP
<i>phenytoin chew</i>	1	MP
<i>phenytoin susp</i>	1	MP
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	MP
Succinimides		
CELONTIN	2	
<i>ethosuximide caps</i>	1	MP
<i>ethosuximide soln</i>	1	MP
Valproic Acid		
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	2	MP
<i>divalproex sodium tbec</i>	1	MP
<i>divalproex sodium csdr</i>	1	MP
<i>divalproex sodium tb24</i>	1	MP
<i>valproate sodium soln or 250 MG/5ML</i>	1	MP
<i>valproic acid caps</i>	1	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine tbdp</i>	1	
Antidepressants - Misc.		
<i>bupropion hcl tb12 200 MG</i>	1	QL(2 ea daily);MP
<i>bupropion hcl tb12 100 MG</i>	1	QL(4 ea daily);MP
<i>bupropion hcl tb24 150 MG</i>	1	QL(3 ea daily);MP
<i>bupropion hcl tb24 450 MG</i>	1	
<i>bupropion hcl tb24 300 MG</i>	1	QL(1 ea daily);MP
<i>bupropion hcl tb12 150 MG</i>	1	QL(3 ea daily);MP
<i>bupropion hcl tabs</i>	1	MP
<i>maprotiline hcl</i>	1	
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO	2	SP;PA
Monoamine Oxidase Inhibitors (MAOIs)		
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>citalopram hydrobromide tabs</i>	1	MP
<i>citalopram hydrobromide soln</i>	1	
CITALOPRAM HYDROBROMIDE CAPS	2	
<i>escitalopram oxalate tabs</i>	1	MP
<i>escitalopram oxalate soln</i>	1	
<i>fluoxetine hcl tabs 20 MG</i>	1	QL(4 ea daily);AL(At least 7 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl tabs 10 MG</i>	1	AL(At least 7 yrs old);MP
<i>fluoxetine hcl cpdr</i>	1	
<i>fluoxetine hcl soln</i>	1	
<i>fluoxetine hcl caps</i>	1	MP
<i>fluoxetine hcl tabs 60 MG</i>	1	
FLUOXETINE HYDROCHLORIDE TABS (Use <i>fluoxetine hcl</i>)	2	
<i>fluvoxamine maleate tabs</i>	1	
<i>fluvoxamine maleate cp24</i>	1	
<i>paroxetine hcl tabs</i>	1	MP
<i>paroxetine hcl tb24</i>	1	
<i>sertraline hcl tabs</i>	1	MP
<i>sertraline hcl conc</i>	1	
SERTRALINE HYDROCHLORIDE CAPS	2	PA
Serotonin Modulators		
<i>nefazodone hcl</i>	1	
<i>trazodone hcl tabs 300 MG</i>	1	
<i>trazodone hcl tabs 50 MG, 100 MG, 150 MG</i>	1	MP
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
DESVENLAFAXINE ER	2	
<i>desvenlafaxine succinate 100 MG</i>	1	QL(4 ea daily);MP
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1	QL(1 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl cpep</i>	1	QL(1 ea daily);AL(At least 7 yrs old);MP
<i>venlafaxine hcl tabs</i>	1	MP
<i>venlafaxine hcl tb24</i>	1	QL(1 ea daily)
<i>venlafaxine hcl cp24 150 MG</i>	1	QL(2 ea daily);MP
<i>venlafaxine hcl cp24 37.5 MG</i>	1	QL(4 ea daily);MP
<i>venlafaxine hcl cp24 75 MG</i>	1	QL(5 ea daily);MP
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	MP
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl tabs</i>	1	
<i>doxepin hcl conc</i>	1	
<i>doxepin hcl caps 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	1	MP
<i>doxepin hcl caps 150 MG</i>	1	
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl soln</i>	1	
<i>nortriptyline hcl caps</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate caps</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	
<i>miglitol</i>	1	
Antidiabetic Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-metformin hcl</i>	1	QL(2 ea daily);MP
<i>alogliptin-pioglitazone</i>	1	QL(1 ea daily);MP
<i>glipizide-metformin hcl</i>	1	MP
<i>glyburide-metformin</i>	1	MP
GLYXAMBI	2	
JANUMET TABS	2	
JANUMET XR TB24	2	
JENTADUETO TABS	2	QL(2 ea daily);AL(At least 18 yrs old);MP
KAZANO (Use alogliptin-metformin hcl)	NP	QL(2 ea daily);MP
KOMBIGLYZE XR	2	
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl tabs</i>	1	QL(2 ea daily);MP
Biguanides		
<i>metformin hcl tb24 500 MG, 750 MG</i>	1	MP
<i>metformin hcl soln</i>	1	
<i>metformin hcl tabs</i>	1	MP
<i>metformin hcl tb24 500 MG, 1000 MG</i>	1	
Diabetic Other		
BAQSIMI ONE PACK POWD	2	QL(0.069 ea daily)
BAQSIMI TWO PACK POWD	2	QL(0.069 ea daily)
BD GLUCOSE CHEW	2	QL(1.67 ea daily);MP
CVS GLUCOSE CHEW	2	QL(1.67 ea daily);MP
CVS SOFT GLUCOSE CHEW	2	QL(1.67 ea daily);MP

Drug Name	Drug Tier	Requirement s/Limits
DEX4 QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily);MP
<i>diazoxide</i>	1	
GLUCAGEN HYPOKIT	2	MP
<i>glucagon (rdna)</i>	1	QL(1 ea per fill retail);MP
GLUCAGON EMERGENCY KIT (<i>Use glucagon (rdna)</i>)	2	QL(1 ea per fill retail);MP
GLUCOSE CHEW	2	QL(1.67 ea daily);MP
GNP GLUCOSE CHEW	2	QL(1.67 ea daily);MP
GNP QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily);MP
GVOKE KIT SOLN	NP	
KORLYM	2	SP;PA
LEADER QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily);MP
PROGLYCEM (<i>Use diazoxide</i>)	2	
SM GLUCOSE CHEW	2	QL(1.67 ea daily);MP
TRUEPLUS GLUCOSE CHEW	2	QL(1.67 ea daily);MP
TRUEPLUS GLUCOSE ON THE GO CHEW	2	QL(1.67 ea daily);MP
WALGREENS GLUCOSE CHEW	2	QL(1.67 ea daily);MP
ZEGALOGUE SOSY	2	
ZEGALOGUE SOAJ	2	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	1	QL(1 ea daily);MP
JANUVIA	2	
ONGLYZA	2	
TRADJENTA	2	QL(1 ea daily);AL(At least 18 yrs old);MP

Drug Name	Drug Tier	Requirement s/Limits
Incretin Mimetic Agents		
BYETTA SOPN 5 MCG/0.02ML	2	QL(1 ml per 30 days retail);AL(At least 18 yrs old)
BYETTA SOPN 10 MCG/0.04ML	2	QL(2 ml per 30 days retail);AL(At least 18 yrs old)
OZEMPIC SOPN 5.5 MG/ML-8 MG/3ML-14 MG/ML	NP	
TRULICITY	2	PA
VICTOZA	2	QL(0.3 ml daily)
Insulin		
HUMALOG JUNIOR KWIKPEN SOPN	2	
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	
HUMALOG MIX 50/50 SUSP 50 UNIT/ML-50 UNIT/ML	2	QL(40 ml per 30 days retail)
HUMALOG MIX 50/50 KWIKPEN SUPN 50 UNIT/ML-50 UNIT/ML	2	QL(30 ml per 30 days retail)
HUMALOG MIX 75/25 SUSP 25 UNIT/ML-75 UNIT/ML	2	QL(40 ml per 30 days retail)
HUMALOG MIX 75/25 KWIKPEN SUPN 25 UNIT/ML-75 UNIT/ML	2	QL(30 ml per 30 days retail)
HUMULIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	2	QL(40 ml per 30 days retail)
HUMULIN N SUSP	2	QL(40 ml per 30 days retail)
HUMULIN R SOLN IJ	2	QL(40 ml per 30 days retail)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	
HUMULIN R U-500 KWIKPEN SOPN SC	2	

Drug Name	Drug Tier	Requirement s/Limits
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP 30 %-70 %	2	QL(40 ml per 30 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN 30 UNIT/ML-70 UNIT/ML	2	QL(30 ml per 30 days retail)
INSULIN GLARGINE SOPN	2	
INSULIN GLARGINE SOLN	2	
INSULIN LISPRO SOLN IJ	2	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	
INSULIN LISPRO KWIKPEN SOPN	2	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN 25 UNIT/ML-75 UNIT/ML	2	QL(30 ml per 30 days retail)
LEVEMIR SOLN	2	
LEVEMIR FLEXPEN SOPN	2	
LEVEMIR FLEXTOUCH SOPN	2	
NOVOLOG MIX 70/30 SUSP 30 UNIT/ML-70 UNIT/ML	2	QL(40 ml per 30 days retail)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN 30 UNIT/ML-70 UNIT/ML	2	QL(30 ml per 30 days retail)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN 30 UNIT/ML-70 UNIT/ML	2	QL(30 ml per 30 days retail)

Drug Name	Drug Tier	Requirement s/Limits
NOVOLOG MIX 70/30 RELION SUSP 30 UNIT/ML-70 UNIT/ML	2	QL(40 ml per 30 days retail)
SEMGLEE SOPN	NP	
SEMGLEE SOPN	NP	PA
SEMGLEE SOLN	NP	PA
Insulin Sensitizing Agents		
<i>pioglitazone hcl</i>	1	QL(1 ea daily);MP
Meglitinide Analogues		
<i>nateglinide</i>	1	QL(3 ea daily);MP
<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	2	
INVOKANA	2	MP
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
<i>glimepiride 4 MG</i>	1	QL(2 ea daily);MP
<i>glimepiride 1 MG, 2 MG</i>	1	QL(4 ea daily);MP
<i>glipizide tabs</i>	1	MP
<i>glipizide tb24</i>	1	MP
<i>glyburide tabs</i>	1	MP
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
ACIDOPHILUS HIGH-POTENCY CAPS	2	RX/OTC
ACIDOPHILUS PEARLS CAPS	2	RX/OTC
ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ACIDOPHILUS SUPER PROBIOTIC CAPS 15 MG	2	RX/OTC
ACIDOPHILUS/GOAT MILK CAPS	2	RX/OTC
ACTIPHLOA CAPS	2	RX/OTC
ADVANCED PROBIOTIC CAPS	2	RX/OTC
ADVANCED PROBIOTIC-14 CAPS	2	RX/OTC
ALIGN CAPS	2	RX/OTC
ALIGN EXTRA STRENGTH CAPS	2	RX/OTC
ALOE 10000 & PROBIOTICS CAPS	2	RX/OTC
BACICAP CAPS	2	RX/OTC
BACID CAPS	2	RX/OTC
BILAC CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT/VITAMIN C CAPS	2	RX/OTC
BIO-KULT CAPS	2	RX/OTC
<i>bismuth subsalicylate chew 262 MG</i>	1	
<i>bismuth subsalicylate susp 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML</i>	1	
CULTURELLE ADVANCED IMMUNE DEFENSE CAPS 3 MG-20 MG-500 MG	2	RX/OTC
CULTURELLE KIDS PACK	2	
CULTURELLE KIDS CHEW	2	

Drug Name	Drug Tier	Requirements/Limits
CULTURELLE KIDS PROBIOTIC + FIBER PACK	2	
CULTURELLE KIDS PURELY PRBIOTICS CHEW	2	
CULTURELLE KIDS PURELY PROBIOTICS PACK	2	
CULTURELLE METABOLISM/WEIGHT MANAGEMENT CAPS 1.7 MG-2.4 MCG	2	RX/OTC
CULTURELLE PROBIOTICS KIDS PACK	2	
CULTURELLE PRO-WELL CAPS 5 MG-8 MG-70 MG-240 MG	2	RX/OTC
CVS ADULT 50+ PROBIOTIC CAPS	2	RX/OTC
CVS ADULT PROBIOTIC CAPS	2	RX/OTC
CVS DIGESTIVE PROBIOTIC CAPS 12 MG	2	RX/OTC
CVS EVERYDAY CARE PROBIOTIC CAPS	2	RX/OTC
CVS MOOD SUPPORT PROBIOTIC CAPS 57 MG	2	RX/OTC
CVS PROBIOTIC CAPS	2	RX/OTC
CVS PROBIOTIC ADULT 50+ CAPS 15 MG	2	RX/OTC
CVS PROBIOTIC MAXIMUM STRENGTH CAPS 15 MG	2	RX/OTC
CVS PROBIOTIC PEARLS EXTRA STRENGTH CAPS	2	RX/OTC
CVS SENIOR PROBIOTIC CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DAILY DIGESTIVE PROBIOTIC CAPS 15 MG	2	RX/OTC
DAILY PROBIOTIC CAPS	2	RX/OTC
DERMACINRX PROBISOL CAPS	2	RX/OTC
DERMACINRX PROBITRAN CAPS	2	RX/OTC
DIFF-STAT CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE ADVANCED PROBIOTICS MULTI-STRAIN SUPPORT CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE DAILYDIGESTIVE & IMMUNE SUPPORT CAPS 133 MG-140 MG	2	RX/OTC
DIGESTIVE ADVANTAGE DAILYPROBIOTICS+GAS DEFENSE CAPS 133 MG	2	RX/OTC
DIGESTIVE ADVANTAGE DAILYPROBIOTICS+INTENSIVE BOWEL SUPPORT CAPS 67 MG	2	RX/OTC
DIGESTIVE ADVANTAGE DAILYPROBIOTICS+LACTOSE SUPPORT CAPS 33 MG	2	RX/OTC
DIGESTIVE ADVANTAGE LACTOSE SUPPORT CAPS	2	RX/OTC
ENVIVE CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT CAPS	2	RX/OTC
EQL DAILY PROBIOTIC CAPS	2	RX/OTC
EQL PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
FEM-DOPHILUS WOMENS CAPS	2	RX/OTC
FLORA VANCE CAPS	2	RX/OTC
FLORAJEN DIGESTION CAPS	2	RX/OTC
FLORAJEN3 CAPS	2	RX/OTC
FLORAJEN4KIDS CAPS	2	RX/OTC
FLORANEX ONE CAPS 200 MG-250 MG	2	RX/OTC
FLORASTOR SELECT GUT BOOST CAPS 250 MG-300 MG	2	RX/OTC
FLORASTOR SELECT IMMUNITY BOOST CAPS 10 MCG-10 MG-60 MG-250 MG	2	RX/OTC
FOLIKA PROBIOTIC CAPS 75 MG-80 MG	2	RX/OTC
FORTIFY DAILY PROBIOTIC CAPS	2	RX/OTC
GNP ACIDOPHILUS HIGH POTENCY CAPS	2	RX/OTC
GNP PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
GNP PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC
HIGH POTENCY PROBIOTIC CAPS	2	RX/OTC
JARRO-DOPHILUS ALLERGEN FREE PROBIOTIC CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
JARRO-DOPHILUS EPS CAPS	2	RX/OTC
JARRO-DOPHILUS PROBIOTIC+ PREBIOTIC PLUS FOS CAPS	2	RX/OTC
LACTEROL CAPS	2	RX/OTC
LACTO-PECTIN CAPS	2	RX/OTC
MEGA PROBIOTIC CAPS	2	RX/OTC
META BIOTIC/BIO-ACTIVE 12 CAPS	2	RX/OTC
MOMMYS BLISS PROBIOTIC PACK	2	
NATRUL PROBIOTIC CAPS	2	RX/OTC
PEARLS IC CAPS	2	RX/OTC
PHILLIPS COLON HEALTH CAPS	2	RX/OTC
PREORBOTIC CAPS 150 MG-50 MG	2	RX/OTC
PRIMIDAR CAPS	2	RX/OTC
PROBINATE CAPS	2	RX/OTC
PROBIO DEFENSE CAPS 2 MG-12.5 MCG	2	RX/OTC
PROBIOMAX COMPLETE DF CAPS 1.5 MG-2 MG-2 MG-2 MG-3 MG-3 MG-7.5 MG-12 MG-80 MG	2	RX/OTC
PROBIOMAX DAILY DF CAPS	2	RX/OTC
PROBIOMAX LEAN DF CAPS	2	RX/OTC
PROBIOMAX SB DF CAPS 174 MG-50 MG-174 MG-174 MG-250 MG	2	RX/OTC
PROBIOTIC CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PROBIOTIC & ACIDOPHILUS FORMULA EXTRA STRENGTH CAPS 250 MG-1000 MCG	2	RX/OTC
PROBIOTIC + OMEGA-3 CAPS 42 MG-62 MG-120 MG-425 MG	2	RX/OTC
PROBIOTIC ACIDOPHILUS CAPS	2	RX/OTC
PROBIOTIC BLEND CAPS 50 MG	2	RX/OTC
PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
PROBIOTIC DAILY CAPS	2	RX/OTC
PROBIOTIC DIGESTIVE SUPPORT CAPS 15 MG	2	RX/OTC
PROBIOTIC DIGESTIVE SUPPORT/INULIN CAPS 100 MG-7.5 MG	2	RX/OTC
PROBIOTIC MATURE ADULT CAPS	2	RX/OTC
PROBIOTIC PEARLS CAPS	2	RX/OTC
PROBIOTIC PEARLS ADVANTAGE CAPS	2	RX/OTC
PROBIOTIC PEARLS MAX POTENCY CAPS	2	RX/OTC
PROBIOTIC PEARLS WOMENS CAPS	2	RX/OTC
PROBIOTIC/PREBIOTIC /CRANBERRY CAPS 30 MG-250 MG	2	RX/OTC
PROBIOTIC+TURMERIC EXTRACT CAPS 400 MG	2	RX/OTC
PROBIOTIC-10 ULTIMATE CAPS	2	RX/OTC
PROBITROL CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PROBIZEN CAPS	2	RX/OTC
PRODIGEN CAPS	2	RX/OTC
PRO-FLORA IMMUNE CAPS	2	RX/OTC
PROMELLA IN PREBIOTIC CAPS	2	RX/OTC
PROMEROL CAPS	2	RX/OTC
QUAD-PROBIOTIC CAPS	2	RX/OTC
RA PROBIOTIC COLON CARE CAPS	2	RX/OTC
RA PROBIOTIC COMPLEX CAPS 100 MG	2	RX/OTC
RA PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC
RA PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC
RESTORA CAPS 40 MG-64 MG-400 MG	2	RX/OTC
RISAQUAD CAPS	2	RX/OTC
RISAQUAD-2 CAPS	2	RX/OTC
SD PROBIOTIC-10 COMPLEXULTRA CAPS	2	RX/OTC
SM ACIDOPHILUS PEARLS CAPS	2	RX/OTC
SM ADVANCED PROBIOTIC ULTRA POTENCY CAPS	2	RX/OTC
SUPER PROBIOTIC CAPS	2	RX/OTC
SUPER PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC
SUPERIOR PROBIOTIC CAPS	2	RX/OTC
TRUBIOTICS CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TRUBIOTICS DIGESTIVE + IMMUNE HEALTH CAPS	2	RX/OTC
ULTRAFLOA IMMUNE HEALTH CAPS 170 MG	2	RX/OTC
UP4 PROBIOTICS ADULT CAPS	2	RX/OTC
UP4 PROBIOTICS MENS CAPS 1.7 MG-4 MCG-30 MCG-90 MG	2	RX/OTC
UP4 PROBIOTICS ULTRA CAPS	2	RX/OTC
UP4 PROBIOTICS WOMENS CAPS 250 MG	2	RX/OTC
VISBIOME PROBIOTIC HIGH POTENCY CAPS	2	RX/OTC
VSL#3 CAPS	2	RX/OTC
WOMENS 50 BILLION CAPS	2	RX/OTC
XYBIOTIC CAPS 25 MG-220 MG-220 MG-1000 MCG	2	RX/OTC
ZELAC CAPS	2	RX/OTC
Antidiarrheal/Probiotic Combinations		
CULTURELLE ADULT ULTIMATEBALANCE CAPS 20 B CELL-200 MG	2	
CULTURELLE DIGESTIVE DAILY PROBIOTIC CAPS 10 BILLION-200 MG	2	
CULTURELLE DIGESTIVE DAILY PROBIOTIC PRO STRENGTH CAPS 12 BILLION-200 MG	2	

Drug Name	Drug Tier	Requirements/Limits
CULTURELLE DIGESTIVE HEALTH CHEW 10 BILLION-200 MG	2	
CULTURELLE DIGESTIVE HEALTH CAPS 200 MG-10 B CELL	2	
CULTURELLE DIGESTIVE HEALTH PROBIOTIC CAPS 10 BILLION-200 MG	2	
CULTURELLE HEALTH & WELLNESS CAPS 200 MG-10 BILLION	2	
CULTURELLE ULTIMATE STRENGTH PROBIOTIC CAPS 20 B CELL-200 MG	2	
PROBIOTIC DIGESTIVE SUPPORT EXTRA STRENGTH CAPS 20 BILLION-200 MG	2	
VIActiv DIGESTIVE HEALTH CHEW 1 GM-350 MG	2	
Antiperistaltic Agents		
ANTI-DIARRHEAL LIQD	2	QL(40 ml daily)
<i>diphenoxylate w/ atropine tabs 0.025 MG-2.5 MG</i>	1	
<i>diphenoxylate w/ atropine liqd 0.025 MG/5ML-2.5 MG/5ML</i>	1	
<i>loperamide hcl caps</i>	1	QL(8 ea daily);RX/OTC
<i>loperamide hcl tabs</i>	1	QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	2	
<i>deferasirox tabs</i>	1	SP;PA

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox pack</i>	1	SP;PA
<i>deferasirox tbso</i>	1	SP;PA
<i>deferiprone tabs</i>	1	SP;PA
FERRIPROX SOLN	2	SP;PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	2	SP;PA
BRIDION	2	SP;PA
<i>deferoxamine mesylate</i>	1	SP;PA
SM IPECAC SYRUP	2	
VISTOGARD	2	
Opioid Antagonists		
<i>naloxone hcl liqd</i>	1	QL(2 ea per 90 days retail);MP
<i>naloxone hcl sosy</i>	1	QL(4 ml per 30 days retail)
<i>naloxone hcl soln .4 MG/ML</i>	0	QL(2 ml per 90 days retail);MP
<i>naloxone hcl soct</i>	1	QL(4 ml per 90 days retail);MP
<i>naloxone hcl soln 4 MG/10ML</i>	1	QL(4 ml per 90 days retail);MP
<i>naltrexone hcl</i>	1	
VIVITROL	2	SP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl tabs</i>	1	
<i>ondansetron tbdp</i>	1	QL(2 ea daily)
<i>ondansetron hcl soln or 4 MG/5ML</i>	1	QL(50 ml per fill retail)
<i>ondansetron hcl tabs 4 MG, 8 MG</i>	1	QL(2 ea daily)
Antiemetics - Anticholinergic		
<i>meclizine hcl tabs 12.5 MG, 25 MG</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>meclizine hcl chew</i>	1	RX/OTC
Antiemetics - Miscellaneous		
BONJESTA TBCR 20 MG-20 MG	NP	
<i>doxylamine-pyridoxine tbec 10 MG-10 MG</i>	1	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant caps</i>	1	
<i>aprepitant misc</i>	1	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize susp</i>	1	
<i>griseofulvin microsize tabs</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin tabs</i>	1	QL(6 ea daily)
<i>terbinafine hcl tabs</i>	1	QL(1 ea daily,90 ea per 120 days retail)
Imidazole-Related Antifungals		
<i>fluconazole tabs 50 MG</i>	1	QL(7 ea per fill retail)
<i>fluconazole susr</i>	1	QL(70 ml per fill retail)
<i>fluconazole tabs 150 MG</i>	1	QL(2 ea daily)
<i>fluconazole tabs 200 MG</i>	1	
<i>fluconazole tabs 100 MG</i>	1	QL(1 ea daily)
<i>itraconazole soln</i>	1	PA
<i>itraconazole caps</i>	1	QL(1 ea daily);PA
ANTI HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpheniramine maleate tabs</i>	1	QL(120 ea per fill retail)
<i>chlorpheniramine maleate syrpf</i>	1	QL(60 ml daily)
<i>dexchlorpheniramine maleate soln</i>	1	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY EXTRA STRENGTH TABS	2	QL(4 ea daily)
<i>clemastine fumarate tabs 1.34 MG</i>	1	QL(2 ea daily)
<i>diphenhydramine hcl liqd 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1	QL(240 ml per fill retail)
<i>diphenhydramine hcl tabs 25 MG</i>	1	QL(4 ea daily)
<i>diphenhydramine hcl elix 12.5 MG/5ML</i>	1	QL(240 ml per fill retail)
<i>diphenhydramine hcl caps</i>	1	QL(4 ea daily)
Antihistamines - Non-Sedating		
<i>cetirizine hcl soln or</i>	1	QL(240 ml per fill retail);RX/OTC
<i>cetirizine hcl caps</i>	1	
<i>cetirizine hcl tabs</i>	1	QL(1 ea daily)
<i>cetirizine hcl syrpf or</i>	1	QL(240 ml per fill retail);RX/OTC
<i>cetirizine hcl chew</i>	1	QL(1 ea daily)
<i>desloratadine tbdp</i>	1	
<i>fexofenadine hcl tabs 60 MG</i>	1	QL(2 ea daily)
<i>fexofenadine hcl tabs 180 MG</i>	1	QL(1 ea daily)
<i>fexofenadine hcl susp</i>	1	
<i>levocetirizine dihydrochloride soln</i>	1	RX/OTC
<i>loratadine tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>loratadine chew</i>	1	
<i>loratadine soln</i>	1	QL(240 ml per fill retail)
<i>loratadine caps</i>	1	
<i>loratadine tbdp</i>	1	
<i>loratadine syrp</i>	1	QL(240 ml per fill retail)
Antihistamines - Phenothiazines		
<i>promethazine hcl soln 6.25 MG/5ML</i>	1	QL(240 ml per fill retail);AL(At least 2 yrs old)
<i>promethazine hcl syrp</i>	1	QL(240 ml per fill retail);AL(At least 2 yrs old)
<i>promethazine hcl supp</i>	1	QL(12 ea per fill retail);AL(At least 2 yrs old)
<i>promethazine hcl tabs</i>	1	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>ciproheptadine hcl tabs</i>	1	
<i>ciproheptadine hcl syrp</i>	1	
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	
Antihyperlipidemics - Misc.		
<i>omega-3-acid ethyl esters 465 MG-1 GM-375 MG</i>	1	
Bile Acid Sequestrants		
<i>cholestyramine pack</i>	1	MP
<i>cholestyramine powd</i>	1	MP
<i>cholestyramine light pack</i>	1	MP
<i>cholestyramine light powd</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl tabs</i>	1	MP
<i>colestipol hcl gran</i>	1	MP
Fibric Acid Derivatives		
<i>fenofibrate tabs 54 MG</i>	1	QL(3 ea daily);MP
<i>fenofibrate tabs 40 MG, 120 MG</i>	1	
<i>fenofibrate caps</i>	1	MP
<i>fenofibrate micronized 43 MG, 130 MG</i>	1	
<i>fenofibrate micronized 134 MG, 200 MG</i>	1	QL(1 ea daily);MP
<i>fenofibrate micronized 67 MG</i>	1	QL(2 ea daily);MP
<i>fenofibric acid 35 MG</i>	1	
<i>fenofibric acid 105 MG</i>	1	
FENOFIBRIC ACID	NP	
FIBRICOR 35 MG (<i>Use fenofibric acid</i>)	NP	
FIBRICOR 105 MG (<i>Use fenofibric acid</i>)	NP	
<i>gemfibrozil tabs</i>	1	QL(2 ea daily);MP
<i>LIPOFEN CAPS (Use fenofibrate)</i>	NP	MP
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	QL(1 ea daily);MP
<i>fluvastatin sodium caps</i>	1	
<i>fluvastatin sodium tb24</i>	1	
<i>lovastatin tabs 40 MG</i>	1	QL(2 ea daily);MP
<i>lovastatin tabs 10 MG, 20 MG</i>	1	QL(1 ea daily);MP
<i>pravastatin sodium</i>	1	QL(1 ea daily);MP
<i>rosuvastatin calcium tabs 5 MG, 10 MG, 40 MG</i>	1	QL(1 ea daily);MP

Drug Name	Drug Tier	Requirement s/Limits
<i>rosuvastatin calcium tabs 20 MG</i>	1	QL(1 ea daily);MP
<i>simvastatin tabs 80 MG</i>	1	MP
<i>simvastatin tabs 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(1 ea daily);MP
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	2	SP;PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc 500 MG, 1000 MG</i>	1	MP
<i>niacin (antihyperlipidemic) tbc 750 MG</i>	1	
NIASPAN TBCR 500 MG, 1000 MG (Use <i>niacin (antihyperlipidemic)</i>)	2	MP
NIASPAN TBCR 750 MG (Use <i>niacin (antihyperlipidemic)</i>)	2	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	2	SP;PA
REPATHA SOSY	2	SP;PA
REPATHA SURECLICK SOAJ	2	SP;PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl 40 MG</i>	1	QL(2 ea daily);MP

Drug Name	Drug Tier	Requirement s/Limits
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	1	QL(1 ea daily);MP
<i>captopril</i>	1	QL(3 ea daily);MP
<i>enalapril maleate tabs</i>	1	QL(2 ea daily);MP
<i>fosinopril sodium</i>	1	QL(1 ea daily);MP
<i>lisinopril tabs 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	MP
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	QL(1 ea daily);MP
<i>ramipril caps</i>	1	QL(2 ea daily);MP
<i>trandolapril 1 MG, 2 MG</i>	1	QL(1 ea daily);MP
<i>trandolapril 4 MG</i>	1	QL(2 ea daily);MP
Agents for Pheochromocytoma		
<i>metyrosine</i>	1	SP;PA
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	QL(1 ea daily);MP
<i>losartan potassium</i>	1	QL(1 ea daily);MP
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tabs</i>	1	QL(1 ea daily);MP
Antiadrenergic Antihypertensives		
<i>clonidine hcl tabs</i>	1	MP
<i>doxazosin mesylate</i>	1	MP
<i>guanfacine hcl</i>	1	MP
<i>methyldopa tabs</i>	1	MP
<i>prazosin hcl caps</i>	1	MP
<i>terazosin hcl</i>	1	MP
Antihypertensive Combinations		

Drug Name	Drug Tier	Requirement s/Limits
ACCURETIC 10 MG-12.5 MG	2	QL(3 ea daily)
<i>amlodipine besylate-benazepril hcl</i>	1	QL(1 ea daily);MP
<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
<i>atenolol & chlorthalidone</i>	1	QL(1 ea daily);MP
<i>benazepril & hydrochlorothiazide</i>	1	QL(1 ea daily);MP
<i>bisoprolol & hydrochlorothiazide</i>	1	QL(1 ea daily);MP
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	QL(2 ea daily);MP
<i>enalapril maleate & hydrochlorothiazide</i>	1	QL(2 ea daily);MP
EXFORGE HCT (Use <i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	QL(1 ea daily);MP
<i>irbesartan-hydrochlorothiazide</i>	1	QL(1 ea daily);MP
<i>lisinopril & hydrochlorothiazide</i>	1	MP
<i>losartan potassium & hydrochlorothiazide</i>	1	QL(1 ea daily);MP
<i>metoprolol & hydrochlorothiazide tabs</i>	1	QL(2 ea daily);MP
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirement s/Limits
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>propranolol & hydrochlorothiazide</i>	1	QL(2 ea daily);MP
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide 20 MG-25 MG</i>	1	QL(2 ea daily)
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	QL(1 ea daily)
<i>trandolapril-verapamil hcl</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	QL(1 ea daily);MP
Antihypertensives - Misc.		
VECAMYL	2	SP;PA
Vasodilators		
<i>hydralazine hcl tabs</i>	1	MP
<i>minoxidil 2.5 MG, 10 MG</i>	1	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole tabs</i>	1	
<i>trimethoprim tabs</i>	1	
TRIMETHOPRIM TABS	2	
Anti-infective Misc. - Combinations		
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs 0.12 MG-10.8 MG-36.2 MG-40.8 MG-81.6 MG</i>	1	

Drug Name	Drug Tier	Requirement s/Limits
<i>sulfamethoxazole-trimethoprim susp 40 MG/5ML-200 MG/5ML</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
Carbapenems		
<i>ertapenem sodium ij</i>	1	SP;PA
Glycopeptides		
<i>FIRVANQ SOLR OR 25 MG/ML</i>	2	QL(300 ml per fill retail)
<i>vancomycin hcl caps 125 MG</i>	1	QL(4 ea daily)
<i>vancomycin hcl solr iv 1 GM, 1000 MG</i>	1	QL(14 ea per fill retail)
<i>vancomycin hcl solr iv 500 MG</i>	1	QL(0.467 ea daily)
<i>vancomycin hcl caps 250 MG</i>	1	QL(8 ea daily)
Leprostatics		
<i>dapsone</i>	1	
Lincosamides		
<i>clindamycin hcl 150 MG, 300 MG</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	QL(100 ml per fill retail)
Monobactams		
<i>CAYSTON</i>	NP	SP;PA
Oxazolidinones		
<i>SIVEXTRO TABS</i>	2	QL(6 ea per fill retail);PA
Urinary Anti-infectives		
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	QL(40 ml daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	

Drug Name	Drug Tier	Requirement s/Limits
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>COARTEM 20 MG-120 MG</i>	2	QL(24 ea per fill retail)
Antimalarials		
<i>chloroquine phosphate tabs 500 MG</i>	0	QL(8 ea per 56 days retail)
<i>chloroquine phosphate tabs 250 MG</i>	0	QL(2 ea daily);MP
<i>DARAPRIM (Use pyrimethamine)</i>	NP	SP;PA
<i>KRINTAFEL</i>	2	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1	
<i>pyrimethamine</i>	1	SP;PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
<i>FIRDAPSE</i>	2	SP;PA
<i>pyridostigmine bromide tbc</i>	1	
<i>pyridostigmine bromide tabs 60 MG</i>	1	
<i>RUZURGI</i>	2	QL(10 ea daily);SP;PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl tabs</i>	1	MP
<i>isoniazid tabs</i>	1	MP
<i>isoniazid syrp</i>	1	MP
<i>pyrazinamide</i>	1	
<i>rifampin caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TRECATOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
BELRAPZO SOLN	2	SP;PA
<i>bendamustine hcl solr</i>	1	SP;PA
BENDEKA SOLN	2	SP;PA
<i>carboplatin soln 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i>	1	SP;PA
<i>cisplatin soln 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	1	SP;PA
CISPLATIN SOLR	2	SP;PA
<i>cyclophosphamide caps 50 MG</i>	1	
CYCLOPHOSPHAMIDE TABS	2	
EVOMELA	2	SP;PA
LEUKERAN	2	
<i>melphalan</i>	1	
<i>melphalan hcl</i>	1	SP;PA
MYLERAN TABS	2	
TEMODAR SOLR	2	SP;PA
<i>temozolomide caps</i>	1	SP;PA
VIVIMUSTA SOLN	2	SP;PA
YONDELIS	2	SP;PA
Antimetabolites		
<i>azacitidine susr</i>	1	SP;PA
<i>capecitabine</i>	1	SP;PA
<i>cladribine 10 MG/10ML</i>	1	SP;PA
<i>cytarabine soln</i>	1	SP;PA

Drug Name	Drug Tier	Requirements/Limits
<i>decitabine</i>	1	SP;PA
<i>fludarabine phosphate solr</i>	1	SP;PA
<i>fludarabine phosphate soln</i>	1	SP;PA
FOLOTYN	2	SP;PA
<i>mercaptopurine tabs</i>	1	
<i>methotrexate sodium tabs 2.5 MG</i>	1	MP
<i>methotrexate sodium soln 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	
<i>pemetrexed disodium solr 100 MG, 500 MG</i>	1	SP;PA
<i>pralatrexate</i>	1	SP;PA
PURIXAN SUSP	2	
TABLOID	2	SP;PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2	
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN	2	SP;PA
CYRAMZA	2	SP;PA
INLYTA	2	SP;PA
LENVIMA 10 MG DAILY DOSE	2	SP;PA
LENVIMA 12MG DAILY DOSE	2	SP;PA
LENVIMA 14 MG DAILY DOSE	2	SP;PA
LENVIMA 18 MG DAILY DOSE	2	SP;PA
LENVIMA 20 MG DAILY DOSE	2	SP;PA
LENVIMA 24 MG DAILY DOSE	2	SP;PA

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

Drug Name	Drug Tier	Requirement s/Limits
Antineoplastic - Cellular Immunotherapy		
KYMIRIAH 0	2	SP;PA
PROVENGE	2	SP;PA
YESCARTA	2	SP;PA
Antineoplastic - EGFR Inhibitors		
ERBITUX	2	SP;PA
<i>erlotinib hcl</i>	1	SP;PA
GILOTRIF	2	SP;PA
IRESSA	2	SP;PA
PORTRAZZA	2	SP;PA
TAGRISSO	2	SP;PA
VECTIBIX 100 MG/5ML, 400 MG/20ML	2	SP;PA
VIZIMPRO	2	SP;PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	2	SP;PA
ERIVEDGE	2	SP;PA
ODOMZO	2	SP;PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	1	SP;PA
<i>anastrozole</i>	1	MP
<i>bicalutamide</i>	1	QL(1 ea daily)
CAMCEVI	2	SP
ELIGARD KIT SC 7.5 MG	2	SP;PA
EMCYT	2	SP;PA
ERLEADA	2	SP;PA
EULEXIN	2	
<i>exemestane</i>	1	
FIRMAGON	2	SP;PA

Drug Name	Drug Tier	Requirements/Limits
<i>flutamide</i>	1	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	1	QL(41.67 ml daily);AL(At least 16 yrs old);SP;PA
<i>letrozole</i>	1	QL(1 ea daily);MP
<i>leuprolide acetate kit ij 1 MG/0.2ML</i>	1	SP;PA
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE 5 MG/ML-25 MG/ML	2	SP;PA
LUPRON DEPOT (1-MONTH) KIT IM	2	SP;PA
LUPRON DEPOT (3-MONTH) KIT IM	2	SP;PA
LUPRON DEPOT (4-MONTH) IM	2	SP;PA
LUPRON DEPOT (6-MONTH) IM	2	SP;PA
LYSODREN	2	SP;PA
<i>megestrol acetate susp</i>	1	
<i>megestrol acetate tabs</i>	1	
<i>tamoxifen citrate tabs</i>	1	MP
<i>toremifene citrate</i>	1	PA
TRELSTAR MIXJECT	2	SP;PA
VANTAS	2	SP;PA
XTANDI CAPS	2	SP;PA
ZOLADEX	2	SP;PA
Antineoplastic - Immunomodulators		
POMALYST	2	SP;PA
Antineoplastic Antibiotics		
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	2	SP;PA
ELLENCE SOLN	2	SP;PA

Drug Name	Drug Tier	Requirements/Limits
<i>epirubicin hcl soln 50 MG/25ML, 200 MG/100ML</i>	1	SP;PA
<i>mitoxantrone hcl 2 MG/ML</i>	1	SP;PA
<i>valrubicin</i>	1	SP;PA
Antineoplastic Combinations		
HERCEPTIN HYLECTA 600 MG/5ML-10000 UNIT/5ML	2	SP;PA
LONSURF	2	SP;PA
Antineoplastic Enzyme Inhibitors		
ALECENSA	2	SP;PA
BELEODAQ	2	SP;PA
<i>bortezomib solr ij</i>	1	SP;PA
BORTEZOMIB SOLN	1	SP;PA
BORTEZOMIB SOLR IV 3.5 MG	2	SP;PA
BOSULIF 100 MG, 500 MG	2	SP;PA
BRAFTOVI 75 MG	2	SP;PA
CABOMETYX TABS	2	SP;PA
CAPRELSA	2	SP;PA
COMETRIQ KIT	2	SP;PA
COTELLIC	2	SP;PA
<i>everolimus tabs</i>	1	SP;PA
<i>everolimus tbso</i>	1	SP;PA
FARYDAK	2	SP;PA
IBRANCE CAPS	2	SP;PA
ICLUSIG 15 MG, 45 MG	2	SP;PA
<i>imatinib mesylate</i>	1	SP;PA
IMBRUVICA CAPS 70 MG	2	QL(1 ea daily);SP;PA
IMBRUVICA TABS	2	QL(1 ea daily);SP;PA

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAPS 140 MG	2	SP;PA
JAKAFI	2	SP;PA
KYPROLIS	2	SP;PA
<i>lapatinib ditosylate</i>	1	SP;PA
LORBRENA	2	SP;PA
MEKINIST	2	SP;PA
MEKTOVI	2	SP;PA
NINLARO	2	SP;PA
<i>romidepsin solr</i>	1	SP;PA
RUBRACA	2	SP;PA
<i>sorafenib tosylate</i>	1	SP;PA
SPRYCEL	2	SP;PA
STIVARGA	2	SP;PA
<i>sunitinib malate</i>	1	SP;PA
TAFINLAR	2	SP;PA
TALZENNA .25 MG, 1 MG	2	SP;PA
TASIGNA	2	SP;PA
<i>temsirolimus</i>	1	SP;PA
TIBSOVO	2	SP;PA
VITRAKVI CAPS	2	SP;PA
VITRAKVI SOLN	2	SP;PA
VOTRIENT	2	SP;PA
XALKORI	2	SP;PA
XOSPATA	2	SP;PA
ZELBORAF	2	SP;PA
ZOLINZA	2	SP;PA
ZYDELIG	2	SP;PA
ZYKADIA TABS	2	SP;PA
Antineoplastic Enzymes		
ERWINASE	2	SP;PA

Drug Name	Drug Tier	Requirements/Limits
ERWINAZE	2	SP;PA
ONCASPAR	2	SP;PA
Antineoplastic Radiopharmaceuticals		
AZEDRA DOSIMETRIC	2	SP;PA
AZEDRA THERAPEUTIC	2	SP;PA
LUTATHERA	2	SP;PA
Antineoplastics Misc.		
ACTIMMUNE	2	SP;PA
ALFERON N	2	SP;PA
<i>arsenic trioxide 12 MG/6ML</i>	1	SP;PA
<i>bexarotene</i>	1	SP;PA
<i>hydroxyurea</i>	1	MP
INTRON A SOLR	2	SP;PA
INTRON A SOLN	2	SP;PA
MATULANE	2	SP;PA
PHOTOFRIN	2	SP;PA
PROLEUKIN	2	SP;PA
SYNRIBO	2	SP;PA
<i>tretinoin (chemotherapy)</i>	1	SP;PA
Chemotherapy Adjuncts		
KEPIVANCE	2	SP;PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>dexrazoxane hcl</i>	1	SP;PA
KHAPZORY	2	SP;PA
<i>leucovorin calcium tabs 5 MG, 25 MG</i>	1	
<i>levoleucovorin calcium solr</i>	1	SP;PA
<i>levoleucovorin calcium soln</i>	1	SP;PA
<i>mesna soln</i>	1	SP;PA

Drug Name	Drug Tier	Requirements/Limits
MESNEX TABS	2	SP;PA
TOTECT	2	SP;PA
VORAXAZE	2	SP;PA
Mitotic Inhibitors		
<i>docetaxel soln</i>	1	SP;PA
<i>docetaxel conc 160 MG/8ML</i>	1	SP;PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	SP;PA
DOCETAXEL CONC 160 MG/8ML	2	SP;PA
<i>etoposide caps</i>	1	SP;PA
<i>etoposide soln 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	1	SP;PA
HALAVEN	2	SP;PA
IXEMPRA KIT	2	SP;PA
JEVTANA	2	SP;PA
MARQIBO	2	SP;PA
<i>paclitaxel protein-bound particles 900 MG-100 MG</i>	1	SP;PA
<i>vincristine sulfate</i>	1	SP;PA
Oncolytic Viral Agents		
IMLYGIC O	2	SP;PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	2	SP;PA
<i>irinotecan hcl</i>	1	SP;PA
<i>topotecan hcl soln</i>	1	SP;PA
<i>topotecan hcl solr</i>	1	SP;PA
TOPOTECAN HCL SOLN	2	SP;PA
ANTIPARKINSON AND RELATED THERAPY		

Drug Name	Drug Tier	Requirements/Limits
AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	
Antiparkinson Anticholinergics		
<i>benztropine mesylate tabs</i>	1	MP
<i>trihexyphenidyl hcl soln</i>	1	MP
<i>trihexyphenidyl hcl tabs</i>	1	MP
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1	MP
<i>amantadine hcl tabs</i>	1	MP
<i>amantadine hcl soln</i>	1	MP
APOKYN SOCT	2	SP;PA
<i>apomorphine hydrochloride soct</i>	1	SP;PA
<i>bromocriptine mesylate tabs 2.5 MG</i>	1	
<i>bromocriptine mesylate caps</i>	1	
<i>carbidopa-levodopa tabs</i>	1	MP
<i>carbidopa-levodopa tbcr</i>	1	MP
DHIVY TABS 25 MG-100 MG	2	MP
<i>pramipexole dihydrochloride tb24</i>	1	
<i>pramipexole dihydrochloride tabs</i>	1	QL(3 ea daily);AL(At least 18 yrs old)
<i>ropinirole hydrochloride tabs .5 MG, 1 MG, 2 MG, 5 MG</i>	1	QL(3 ea daily);MP
<i>ropinirole hydrochloride tb24</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tabs .25 MG, 3 MG, 4 MG</i>	1	QL(6 ea daily);MP
Antiparkinson Monoamine Oxidase Inhibitors		
<i>selegiline hcl tabs</i>	1	MP
<i>selegiline hcl caps</i>	1	MP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps</i>	1	
<i>lithium carbonate tabs</i>	1	
<i>lithium carbonate tbc</i>	1	
LITHOBID TBCR (Use <i>lithium carbonate</i>)	2	
Antipsychotics - Misc.		
CAPLYTA 42 MG	NP	
LATUDA	2	
NUPLAZID TABS 10 MG	2	QL(1 ea daily);PA
NUPLAZID CAPS	2	QL(1 ea daily);PA
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	1	
Benzisoxazoles		
INVEGA HAFYERA	2	SP
INVEGA SUSTENNA	2	AL(At least 18 yrs old);SP
INVEGA TRINZA	2	1 rtl MAX fill,84 rtl day(s) supply;AL(At least 18 yrs old);SP
<i>paliperidone</i>	1	

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA	2	1 rtl MAX fill,14 rtl day(s) supply;QL(2 ea per 28 days retail);AL(At least 18 yrs old);SP
<i>risperidone soln</i>	1	
<i>risperidone tbdp</i>	1	
<i>risperidone tabs</i>	1	
Butyrophenones		
<i>haloperidol tabs</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate soln</i>	1	
<i>haloperidol lactate conc</i>	1	
Dibenzapines		
<i>clozapine tbdp</i>	0	
<i>clozapine tabs</i>	0	
<i>loxapine succinate</i>	1	
<i>olanzapine tbdp</i>	1	
<i>olanzapine tabs</i>	1	AL(At least 10 yrs old)
<i>olanzapine solr</i>	1	
<i>quetiapine fumarate tb24</i>	1	
<i>quetiapine fumarate tabs 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	1	
ZYPREXA RELPREVV	2	SP
Phenothiazines		
<i>chlorpromazine hcl tabs</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine tabs</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate 10 MG/2ML</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl tabs</i>	1	
Quinolinone Derivatives		
ABILIFY MAINTENA SRER	2	QL(1 ea per 28 days retail);AL(At least 18 yrs old);SP
ABILIFY MAINTENA PRSY	2	QL(1 ea per 28 days retail);AL(At least 18 yrs old);SP
ABILIFY MYCITE	NP	
ABILIFY MYCITE MAINTENANCE KIT	NP	
ABILIFY MYCITE STARTER KIT	NP	
<i>aripiprazole soln or</i>	1	QL(30 ml daily)
<i>aripiprazole tbdp</i>	1	QL(2 ea daily)
<i>aripiprazole tabs</i>	1	QL(1 ea daily)
ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	2	QL(1 ml per 28 days retail);AL(At least 18 yrs old);SP
Thioxanthenes		
<i>thiothixene</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln</i>	0	QL(30 ml daily)
<i>abacavir sulfate tabs</i>	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate-lamivudine 600 MG-300 MG</i>	0	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine 150 MG-300 MG-300 MG</i>	0	QL(2 ea daily)
APTIVUS CAPS	0	QL(4 ea daily)
APTIVUS SOLN	0	QL(10 ml daily)
<i>atazanavir sulfate caps</i>	0	QL(2 ea daily)
ATRIPLA 600 MG-200 MG-300 MG (Use efavirenz-emtricitabine-tenofovir disoproxil fumarate)	0	QL(1 ea daily)
BIKTARVY	0	QL(1 ea daily)
BIKTARVY 120 MG-15 MG-30 MG	2	
COMBIVIR 150 MG-300 MG (Use lamivudine-zidovudine)	0	QL(2 ea daily)
COMPLERA 25 MG-200 MG-300 MG	0	QL(1 ea daily)
CRIXIVAN 200 MG	0	QL(9 ea daily)
CRIXIVAN 400 MG	0	QL(6 ea daily)
DELSTRIGO 100 MG-300 MG-300 MG	0	QL(1 ea daily)
DESCOVY 15 MG-120 MG	2	
DESCOVY 25 MG-200 MG	0	QL(1 ea daily);PA
<i>didanosine cpdr 200 MG</i>	0	QL(1 ea daily)
<i>didanosine cpdr 250 MG, 400 MG</i>	0	QL(1 ea daily)
DOVATO 300 MG-50 MG	0	

Drug Name	Drug Tier	Requirements/Limits
EDURANT	0	QL(1 ea daily)
<i>efavirenz caps 50 MG</i>	0	QL(2 ea daily)
<i>efavirenz tabs</i>	0	QL(1 ea daily)
<i>efavirenz caps 200 MG</i>	0	QL(1 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG-600 MG</i>	0	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	0	QL(1 ea daily)
<i>emtricitabine caps</i>	0	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG, 300 MG-200 MG</i>	0	QL(1 ea daily)
EMTRIVA SOLN	0	QL(24 ml daily)
EMTRIVA CAPS (Use <i>emtricitabine</i>)	0	QL(1 ea daily)
EPIVIR TABS 150 MG (Use <i>lamivudine</i>)	0	QL(2 ea daily)
EPIVIR TABS 300 MG (Use <i>lamivudine</i>)	0	QL(1 ea daily)
EPIVIR SOLN (Use <i>lamivudine</i>)	0	QL(30 ml daily)
EPZICOM 300 MG-600 MG (Use <i>abacavir sulfate-lamivudine</i>)	0	QL(1 ea daily)
<i>etravirine</i>	0	QL(4 ea daily)
<i>etravirine 200 MG</i>	0	QL(2 ea daily)
EVOTAZ 150 MG-300 MG	0	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	0	QL(4 ea daily)
GENVOYA 10 MG-150 MG-150 MG-200 MG	0	QL(1 ea daily)
INTELENCE	0	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
INTELENCE (Use <i>etravirine</i>)	0	QL(4 ea daily)
INTELENCE 200 MG (Use <i>etravirine</i>)	0	QL(2 ea daily)
INVIRASE TABS	0	QL(4 ea daily)
ISENTRESS TABS	0	QL(2 ea daily)
ISENTRESS CHEW 100 MG	0	QL(6 ea daily)
ISENTRESS PACK	0	QL(2 ea daily)
ISENTRESS CHEW 25 MG	0	QL(12 ea daily)
KALETRA TABS 50 MG-200 MG (Use <i>lopinavir-ritonavir</i>)	0	QL(6 ea daily)
KALETRA TABS (Use <i>lopinavir-ritonavir</i>)	0	QL(4 ea daily)
KALETRA SOLN 100 MG/5ML-400 MG/5ML (Use <i>lopinavir-ritonavir</i>)	0	QL(160 ml per fill retail)
<i>lamivudine tabs 300 MG</i>	0	QL(1 ea daily)
<i>lamivudine soln</i>	0	QL(30 ml daily)
<i>lamivudine tabs 150 MG</i>	0	QL(2 ea daily)
<i>lamivudine-zidovudine 150 MG-300 MG</i>	0	QL(2 ea daily)
LEXIVA TABS (Use <i>fosamprenavir calcium</i>)	0	QL(4 ea daily)
LEXIVA SUSP	0	QL(56 ml daily)
<i>lopinavir-ritonavir soln 400 MG/5ML-100 MG/5ML</i>	0	QL(160 ml per fill retail)
<i>lopinavir-ritonavir tabs</i>	0	QL(4 ea daily)
<i>lopinavir-ritonavir tabs 50 MG-200 MG</i>	0	QL(6 ea daily)
<i>maraviroc tabs 150 MG</i>	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>maraviroc tabs 300 MG</i>	0	QL(4 ea daily)
<i>nevirapine susp</i>	0	QL(40 ml daily)
<i>nevirapine tb24 100 MG</i>	0	QL(3 ea daily)
<i>nevirapine tabs</i>	0	QL(2 ea daily)
<i>nevirapine tb24 400 MG</i>	0	QL(1 ea daily)
NORVIR TABS (<i>Use ritonavir</i>)	0	QL(12 ea daily)
NORVIR SOLN	0	QL(15 ml daily)
NORVIR PACK	0	
ODEFSEY 200 MG-25 MG-25 MG	0	PA
PIFELTRO	0	QL(1 ea daily)
PREZCOBIX 150 MG-800 MG	0	QL(1 ea daily)
PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 ea daily)
PREZISTA SUSP	0	QL(12 ml daily)
PREZISTA TABS 150 MG	0	QL(3 ea daily)
RETROVIR SYRP (<i>Use zidovudine</i>)	0	QL(60 ml daily)
RETROVIR CAPS (<i>Use zidovudine</i>)	0	QL(6 ea daily)
REYATAZ CAPS (<i>Use atazanavir sulfate</i>)	0	QL(2 ea daily)
REYATAZ PACK	0	QL(6 ea daily)
<i>ritonavir tabs</i>	0	QL(12 ea daily)
RUKOBIA	0	PA
SELZENTRY TABS 25 MG, 75 MG	NP	
SELZENTRY SOLN	0	QL(35 ml daily)
<i>stavudine caps</i>	0	QL(2 ea daily)
STRIBILD 150 MG-150 MG-200 MG-300 MG	0	

Drug Name	Drug Tier	Requirements/Limits
SUSTIVA CAPS 200 MG (<i>Use efavirenz</i>)	0	QL(1 ea daily)
SUSTIVA CAPS 50 MG (<i>Use efavirenz</i>)	0	QL(2 ea daily)
SUSTIVA TABS (<i>Use efavirenz</i>)	0	QL(1 ea daily)
SYMFI 600 MG-300 MG-300 MG (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 ea daily)
SYMFI LO 300 MG-300 MG-400 MG (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 ea daily)
SYMTUZA 800 MG-10 MG-150 MG-200 MG	0	QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	0	QL(1 ea daily)
TIVICAY TABS	0	
TIVICAY PD TBSO	0	
TRIUMEQ TABS 600 MG-50 MG-300 MG	0	
TRIZIVIR 150 MG-300 MG-300 MG	0	QL(2 ea daily)
TRUVADA 200 MG-300 MG, 300 MG-200 MG (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	0	QL(1 ea daily)
TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	0	QL(1 ea daily)
TYBOST	0	QL(1 ea daily)
VIRACEPT TABS 625 MG	0	QL(4 ea daily)
VIRACEPT TABS 250 MG	0	QL(9 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VIRAMUNE SUSP (<i>Use nevirapine</i>)	0	QL(40 ml daily)
VIRAMUNE XR TB24 400 MG (<i>Use nevirapine</i>)	0	QL(1 ea daily)
VIREAD POWD	0	
VIREAD TABS 150 MG, 200 MG, 250 MG	0	QL(1 ea daily)
VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	0	QL(1 ea daily)
VOCABRIA	2	PA
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	0	QL(30 ml daily)
ZIAGEN TABS (<i>Use abacavir sulfate</i>)	0	QL(2 ea daily)
<i>zidovudine tabs</i>	0	QL(2 ea daily)
<i>zidovudine caps</i>	0	QL(6 ea daily)
<i>zidovudine syrp</i>	0	QL(60 ml daily)
CMV Agents		
PREVYMIS TABS	2	SP;PA
PREVYMIS SOLN	2	SP;PA
<i>valganciclovir hcl tabs</i>	1	QL(2 ea daily)
Hepatitis Agents		
EPCLUSA PACK	NP	SP
LEDIPASVIR/SOFOSBUVIR TABS 90 MG-400 MG	2	SP;PA
MAVYRET TABS 40 MG-100 MG	2	SP;PA
MAVYRET PACK 50 MG-20 MG	2	SP;PA
PEGASYS SOLN	2	SP;PA
PEGASYS SOSY	2	SP;PA
<i>ribavirin (hepatitis c) tabs 200 MG</i>	1	SP;PA
<i>ribavirin (hepatitis c) caps</i>	1	SP;PA

Drug Name	Drug Tier	Requirements/Limits
SOFOSBUVIR/VELPATASVIR TABS 100 MG-400 MG	2	SP;PA
VOSEVI 100 MG-100 MG-400 MG	2	SP;PA
Herpes Agents		
<i>acyclovir tabs or 800 MG</i>	1	QL(50 ea per 30 days retail)
<i>acyclovir susp</i>	1	QL(400 ml per 30 days retail)
<i>acyclovir tabs or 400 MG</i>	1	QL(3 ea daily)
<i>acyclovir caps</i>	1	QL(50 ea per 30 days retail)
<i>famciclovir</i>	1	
<i>valacyclovir hcl 500 MG</i>	1	QL(2 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(42 ea per 21 days retail)
Influenza Agents		
<i>oseltamivir phosphate susr</i>	1	QL(120 ml per fill retail)
<i>oseltamivir phosphate caps 45 MG, 75 MG</i>	1	QL(10 ea per fill retail)
<i>oseltamivir phosphate caps 30 MG</i>	1	QL(20 ea per fill retail)
<i>rimantadine hydrochloride tabs</i>	1	PA
XOFLUZA 40 MG, 80 MG	NP	
Misc. Antivirals		
TPOXX CAPS	2	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	1	QL(3 ea daily);MP
<i>carvedilol 25 MG</i>	1	QL(4 ea daily);MP
<i>carvedilol phosphate</i>	1	QL(1 ea daily);MP

Drug Name	Drug Tier	Requirement s/Limits
<i>labetalol hcl tabs 100 MG</i>	1	QL(3 ea daily);MP
<i>labetalol hcl tabs 300 MG</i>	1	QL(8 ea daily);MP
<i>labetalol hcl tabs 200 MG</i>	1	QL(6 ea daily);MP
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	1	MP
<i>atenolol tabs</i>	1	QL(2 ea daily);MP
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 ea daily);MP
<i>metoprolol succinate tb24 200 MG</i>	1	QL(2 ea daily);MP
<i>metoprolol succinate tb24 25 MG, 50 MG, 100 MG</i>	1	QL(4 ea daily);MP
<i>metoprolol tartrate tabs 37.5 MG, 75 MG</i>	1	
<i>metoprolol tartrate tabs 100 MG</i>	1	QL(4.5 ea daily);MP
<i>metoprolol tartrate tabs 25 MG, 50 MG</i>	1	QL(4 ea daily);MP
Beta Blockers Non-Selective		
<i>nadolol tabs 20 MG, 40 MG, 80 MG</i>	1	MP
<i>pindolol tabs</i>	1	MP
<i>propranolol hcl cp24</i>	1	QL(2 ea daily);MP
<i>propranolol hcl tabs</i>	1	MP
<i>propranolol hcl soln or 20 MG/5ML, 40 MG/5ML</i>	1	MP
<i>sotalol hcl tabs 80 MG, 120 MG, 160 MG</i>	1	QL(2 ea daily);MP
<i>sotalol hcl tabs 240 MG</i>	1	MP
<i>sotalol hcl (afib/afI)</i>	1	QL(2 ea daily);MP
<i>timolol maleate tabs</i>	1	MP
CALCIUM CHANNEL BLOCKERS - Drugs to		

Drug Name	Drug Tier	Requirement s/Limits
Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate tabs</i>	1	QL(1 ea daily);MP
<i>diltiazem hcl cp24 120 MG, 240 MG</i>	1	QL(1 ea daily);MP
<i>diltiazem hcl cp12</i>	1	QL(2 ea daily);MP
<i>diltiazem hcl cp24 180 MG</i>	1	MP
<i>diltiazem hcl tabs</i>	1	QL(3 ea daily);MP
<i>diltiazem hcl coated beads cp24 240 MG</i>	1	QL(2 ea daily);MP
<i>diltiazem hcl coated beads cp24 360 MG</i>	1	MP
<i>diltiazem hcl coated beads cp24 120 MG, 180 MG, 300 MG</i>	1	QL(1 ea daily);MP
<i>diltiazem hcl coated beads tb24</i>	1	MP
<i>diltiazem hcl extended release beads</i>	1	QL(1 ea daily);MP
<i>felodipine</i>	1	QL(1 ea daily);MP
<i>isradipine caps</i>	1	
<i>nicardipine hcl caps</i>	1	MP
<i>nifedipine tb24 30 MG, 90 MG</i>	1	QL(1 ea daily);MP
<i>nifedipine caps</i>	1	QL(4 ea daily);MP
<i>nifedipine tb24 60 MG</i>	1	QL(2 ea daily);MP
<i>nisoldipine</i>	1	
<i>verapamil hcl cp24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	1	QL(2 ea daily);MP
<i>verapamil hcl cp24 300 MG</i>	1	MP
<i>verapamil hcl tbcr</i>	1	QL(2 ea daily);MP
<i>verapamil hcl cp24 360 MG</i>	1	QL(1 ea daily);MP
<i>verapamil hcl tabs</i>	1	QL(3 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
VERELAN PM CP24 100 MG, 200 MG (<i>Use verapamil hcl</i>)	NP	QL(2 ea daily);MP
VERELAN PM CP24 300 MG (<i>Use verapamil hcl</i>)	NP	MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin tabs .125 MG, .25 MG, 125 MCG, 250 MCG</i>	1	MP
<i>digoxin soln or .05 MG/ML</i>	1	MP
LANOXIN TABS 125 MCG, 250 MCG (<i>Use digoxin</i>)	2	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1	
ENTRESTO	2	
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	1	SP;PA
REMODULIN SOLN IJ	NP	SP;PA
<i>treprostinil soln ij</i>	1	SP;PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	SP;PA
<i>bosentan tabs</i>	1	SP;PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
<i>sildenafil citrate (pulmonary hypertension) susr</i>	1	SP

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

Drug Name	Drug Tier	Requirement s/Limits
<i>cefdinir susr</i>	1	QL(60 ml per fill retail)
<i>cefixime caps</i>	1	
<i>cefixime susr</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
<i>ceftriaxone sodium inj 1 GM, 250 MG, 500 MG</i>	1	QL(3 ea per fill retail)
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;QL(4 ea per fill retail);PV
<i>drospirenone-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV

Drug Name	Drug Tier	Requirement s/Limits
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
<i>ethynodiol diacet & eth estrad</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;QL(12 ea per fill retail);PV
<i>FALESSA 0.1 MG-1 MG-20 MCG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
<i>levonorgestrel & eth estradiol tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
<i>levonorgestrel-eth estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG, 0.15 MG-0.03 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
<i>levonorgestrel-ethinyl estradiol (continuous) 20 MCG-90 MCG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV

Drug Name	Drug Tier	Requirements/Limits
LO LOESTRIN FE TABS 1 MG-10 MCG-75 MG	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
NATAZIA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
<i>norethin acet & estrad-fe tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
<i>norethin acet & estrad-fe chew 1 MG-20 MCG-75 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
<i>norethin acet & estrad-fe caps 1 MG-20 MCG-75 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
<i>norethindrone & eth estradiol 1 MG-35 MCG</i>	0	
<i>norethindrone & ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acet & eth estra</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
<i>norethindrone acetate-ethinyl estradiol-fe 1 MG-75 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
<i>norethindrone-eth estradiol (triphasic) 0</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
<i>norgestimate-ethinyl estradiol 0.25 MG-35 MCG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
<i>norgestimate-ethinyl estradiol (triphasic) 0</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
<i>norgestrel & ethinyl estradiol 0.3 MG-30 MCG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
TYBLUME CHEW 0.1 MG-20 MCG	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
Combination Contraceptives - Transdermal		

Drug Name	Drug Tier	Requirements/Limits
<i>norelgestromin-ethinyl estradiol 35 MCG/24HR-150 MCG/24HR</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol 0.015 MG/24HR-0.12 MG/24HR</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;QL(12 ea per fill retail);PV
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A 0	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;SP;PV
Emergency Contraceptives		
ELLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
Progestin Contraceptives - Implants		
NEXPLANON	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;SP;PV
Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104 SUSY SC	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;QL(4 ml per fill retail);PV
<i>medroxyprogesterone acetate (contraceptive) susp im</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;QL(4 ml per fill retail);PV
<i>medroxyprogesterone acetate (contraceptive) susy im</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;QL(4 ml per fill retail);PV
Progestin Contraceptives - IUD		
KYLEENA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;SP;PV
LILETTA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;SP;PV
MIRENA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;SP;PV

Drug Name	Drug Tier	Requirements/Limits
SKYLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;SP;PV
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay;PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide tb24</i>	1	
<i>dexamethasone elix</i>	1	
<i>dexamethasone tabs .5 MG, .75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG</i>	1	
<i>dexamethasone soln</i>	1	
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone sodium phosphate soln ij 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1	QL(150 ml per 30 days retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	2	QL(150 ml per 30 days retail)
EMFLAZA SUSP	2	SP;PA
EMFLAZA TABS	2	SP;PA
<i>hydrocortisone tabs</i>	1	
<i>methylprednisolone tbpk</i>	1	
<i>methylprednisolone tabs 4 MG, 8 MG</i>	1	
<i>prednisolone soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate soln 15 MG/5ML</i>	1	QL(240 ml per fill retail)
<i>prednisolone sodium phosphate soln 20 MG/5ML</i>	1	QL(150 ml per fill retail)
<i>prednisolone sodium phosphate soln 5 MG/5ML, 6.7 MG/5ML</i>	1	
<i>prednisone soln</i>	1	
<i>prednisone tabs</i>	1	
<i>prednisone tbpk</i>	1	
PREDNISONE INTENSOL CONC	2	
ZILRETTA SRER	2	SP;PA
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 100 MG</i>	1	AL(At least 10 yrs old)
<i>benzonatate 200 MG</i>	1	QL(1 ea daily);AL(At least 10 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide soln 1.5 MG/5ML-5 MG/5ML</i>	1	
Cough/Cold/Allergy Combinations		
<i>brompheniramine & phenyleph elix 1 MG/5ML-2.5 MG/5ML</i>	1	QL(120 ml per fill retail)
<i>brompheniramine & pseudoeph elix 1 MG/5ML-15 MG/5ML</i>	1	QL(120 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>brompheniramine & pseudoeph liqd 1 MG/5ML-15 MG/5ML</i>	1	QL(120 ml per fill retail)
<i>dextromethorphan-guaifenesin liqd 10 MG/5ML-100 MG/5ML, 100 MG/5ML-10 MG/5ML, 15 MG/7.5ML-150 MG/7.5ML, 20 MG/10ML-200 MG/10ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ml per fill retail)
<i>guaifenesin-codeine soln</i>	1	QL(240 ml per fill retail)
<i>guaifenesin-codeine liqd 10 MG/5ML-100 MG/5ML</i>	1	QL(240 ml per fill retail)
<i>guaifenesin-codeine syrp 10 MG/5ML-100 MG/5ML</i>	1	QL(240 ml per fill retail)
<i>MAXI-TUSS PE LIQD 5 MG/5ML-2 MG/5ML</i>	2	
<i>phenylephrine-dm liqd 2.5 MG/5ML-5 MG/5ML</i>	1	QL(240 ml per fill retail)
<i>phenylephrine-dm soln 2.5 MG/5ML-5 MG/5ML</i>	1	QL(240 ml per fill retail)
<i>promethazine & phenylephrine syrp 5 MG/5ML-6.25 MG/5ML</i>	1	QL(240 ml per fill retail);AL(At least 2 yrs old)
<i>promethazine w/codeine soln 6.25 MG/5ML-10 MG/5ML</i>	1	QL(240 ml per fill retail);AL(At least 6 yrs old)
<i>promethazine w/codeine syrp 6.25 MG/5ML-10 MG/5ML</i>	1	QL(240 ml per fill retail);AL(At least 6 yrs old)
<i>pseudoephedrine-ibuprofen tabs 30 MG-200 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Expectorants		
<i>potassium iodide (expectorant) soln</i>	1	
Misc. Respiratory Inhalants		
<i>sodium chloride (inhalant) nebu .9 %, 7 %</i>	1	
<i>sodium chloride (inhalant) aers</i>	1	QL(240 ml per fill retail)
Mucolytics		
<i>acetylcysteine soln</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
<i>ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin)</i>	NP	QL(2 ea daily);AL(At least 12 yrs old)
<i>ACNE MEDICATION 10 LOTN</i>	2	
<i>ACNE MEDICATION 5 LOTN</i>	2	
<i>adapalene crea</i>	1	
<i>adapalene gel</i>	1	RX/OTC
<i>ADAPALENE SOLN</i>	2	
<i>adapalene-benzoyl peroxide gel</i>	1	
<i>BENZACLIN GEL 1 %-5 % (Use clindamycin phosphate-benzoyl peroxide)</i>	2	
<i>BENZACLIN WITH PUMP GEL 1 %-5 % (Use clindamycin phosphate-benzoyl peroxide)</i>	2	
<i>benzoyl peroxide liqd 5 %, 10 %</i>	1	
<i>benzoyl peroxide gel 2.5 %, 5 %, 10 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate (topical) lotn</i>	1	QL(60 ml per fill retail)
<i>clindamycin phosphate (topical) gel</i>	1	QL(75 ml per fill retail)
<i>clindamycin phosphate (topical) soln</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) 1.2 %-5 %</i>	1	
<i>clindamycin phosphate-tretinoin 0.025 %-1.2 %</i>	1	
DIFFERIN GEL .3 % (Use adapalene)	2	
DIFFERIN LOTN	2	
DIFFERIN CREA (Use adapalene)	2	
<i>erythromycin (acne aid) gel</i>	1	QL(60 gm per fill retail)
<i>erythromycin (acne aid) soln</i>	1	
<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	1	QL(2 ea daily);AL(At least 12 yrs old)
RETIN-A GEL .01 % (Use tretinoin)	2	QL(15 gm per fill retail);AL(Up to 35 yrs old)
RETIN-A GEL .025 % (Use tretinoin)	2	AL(Up to 35 yrs old)
RETIN-A CREA (Use tretinoin)	2	QL(20 gm per fill retail);AL(Up to 35 yrs old)
SODIUM SULFACETAMIDE/SULFUR SUSP 5 %-10 %	2	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium (acne)</i>	1	QL(120 ml per fill retail)
<i>sulfacetamide sodium w/ sulfur lotn 5 %-10 %</i>	1	QL(60 gm per fill retail)
<i>tretinoin crea .025 %, .05 %, .1 %</i>	1	QL(20 gm per fill retail);AL(Up to 35 yrs old)
<i>tretinoin crea .025 %</i>	1	AL(Up to 35 yrs old)
<i>tretinoin gel .01 %</i>	1	QL(15 gm per fill retail);AL(Up to 35 yrs old)
<i>tretinoin gel .025 %, .05 %</i>	1	
<i>tretinoin microsphere</i>	1	
Antibiotics - Topical		
<i>bacitracin (topical) oint</i>	1	QL(453.9 gm per fill retail)
<i>bacitracin zinc oint</i>	1	QL(453.6 ea per fill retail)
CENTANY OINT	NP	QL(30 gm per fill retail)
<i>gentamicin sulfate (topical) crea</i>	1	QL(30 gm per fill retail)
<i>gentamicin sulfate (topical) oint</i>	1	QL(30 gm per fill retail)
<i>mupirocin oint</i>	1	QL(30 gm per fill retail)
<i>mupirocin calcium (topical)</i>	1	
<i>neomycin-bacitracin-polymyxin oint 3.5 MG/GM-400 UNIT/GM-5000 UNIT/GM</i>	1	QL(56 ea per fill retail)
<i>neomycin-polymyxin w/ pramoxine 3.5 MG/GM-10 MG/GM-10000 UNIT/GM</i>	1	QL(28.3 gm per fill retail)
Antifungals - Topical		

Drug Name	Drug Tier	Requirement s/Limits
<i>ciclopirox soln</i>	1	
<i>clotrimazole (topical) crea</i>	1	QL(60 gm per fill retail);RX/OTC
<i>clotrimazole (topical) soln</i>	1	QL(60 ml per fill retail);RX/OTC
<i>clotrimazole w/ betamethasone lotn 0.05 %-1 %</i>	1	QL(30 ml per fill retail)
<i>clotrimazole w/ betamethasone crea 0.05 %-1 %</i>	1	QL(45 gm per fill retail)
<i>econazole nitrate crea</i>	1	QL(85 gm per fill retail)
<i>ketoconazole (topical) sham 2 %</i>	1	QL(120 ml per fill retail)
<i>ketoconazole (topical) crea</i>	1	QL(60 gm per fill retail)
<i>ketoconazole (topical) sham 1 %</i>	1	QL(200 ml per fill retail)
<i>luliconazole</i>	1	
<i>miconazole nitrate (topical) crea</i>	1	QL(92 gm per fill retail)
<i>nystatin (topical) powd ex</i>	1	
<i>nystatin (topical) crea</i>	1	QL(30 gm per fill retail)
<i>nystatin (topical) oint</i>	1	QL(30 gm per fill retail)
<i>nystatin-triamcinolone oint 0.1 %-100000 UNIT/GM</i>	1	QL(60 gm per fill retail)
<i>nystatin-triamcinolone crea 1 MG/GM-100000 UNIT/GM</i>	1	QL(60 gm per fill retail)
<i>oxiconazole nitrate crea</i>	1	
<i>terbinafine hcl (topical) crea</i>	1	QL(42 gm per fill retail)
<i>tolnaftate crea</i>	1	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
Antihistamines-Topical		
ITCH RELIEF CREA	2	
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) gel ex</i>	1	QL(6.68 gm daily);RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	1	SP;PA
CARAC CREA (Use <i>fluorouracil (topical)</i>)	2	QL(30 gm per fill retail)
<i>fluorouracil (topical) soln</i>	1	QL(10 ml per fill retail)
<i>fluorouracil (topical) crea 5 %</i>	1	QL(40 gm per fill retail)
<i>fluorouracil (topical) crea .5 %</i>	1	QL(30 gm per fill retail)
LEVULAN KERASTICK SOLR	2	SP;PA
Antipruritics - Topical		
<i>camphor & menthol lotn 0.5 %-0.5 %</i>	1	QL(59 ml per fill retail)
Antipsoriatics		
<i>calcipotriene soln</i>	1	QL(60 ml per fill retail)
<i>calcipotriene oint</i>	1	
<i>calcipotriene crea</i>	1	QL(60 gm per fill retail)
<i>calcitriol (topical)</i>	1	
COSENTYX SOSY 75 MG/0.5ML	2	SP;PA
COSENTYX SOSY 150 MG/ML	2	SP
COSENTYX SENSOREADY PEN SOAJ	2	SP
SKYRIZI SOSY	NP	SP
SKYRIZI PEN SOAJ	NP	SP

Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene crea</i>	1	QL(60 gm per fill retail);AL(Up to 21 yrs old)
Antiseborrheic Products		
<i>selenium sulfide lotn 1 %</i>	1	QL(240 ml per fill retail)
<i>selenium sulfide sham 1 %</i>	1	QL(240 ml per fill retail)
<i>selenium sulfide lotn 2.5 %</i>	1	QL(120 ml per fill retail)
<i>sulfacetamide sodium liqd</i>	1	QL(480 gm per fill retail)
Antivirals - Topical		
<i>acyclovir topical crea</i>	1	QL(1 gm daily)
<i>acyclovir topical oint</i>	1	
<i>penciclovir</i>	1	
ZOVIRAX OINT (<i>Use acyclovir topical</i>)	2	
ZOVIRAX CREA (<i>Use acyclovir topical</i>)	2	QL(1 gm daily)
Burn Products		
<i>silver sulfadiazine</i>	1	QL(85 gm per fill retail)
Corticosteroids - Topical		
<i>alclometasone dipropionate oint</i>	1	
<i>alclometasone dipropionate crea</i>	1	
<i>amcinonide crea</i>	1	
<i>amcinonide lotn</i>	1	
AMCINONIDE OINT	2	
<i>betamethasone dipropionate (topical) oint</i>	1	
<i>betamethasone dipropionate (topical) lotn</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate (topical) crea</i>	1	1 rtl pack lmt amt,30 rtl pack lmt day(s)
<i>betamethasone dipropionate augmented gel .05 %</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1	
<i>betamethasone dipropionate augmented lotn</i>	1	
<i>betamethasone dipropionate augmented crea</i>	1	QL(50 gm per fill retail)
<i>betamethasone valerate lotn</i>	1	QL(60 ml per fill retail)
<i>betamethasone valerate crea</i>	1	QL(45 gm per fill retail)
<i>betamethasone valerate foam</i>	1	
<i>betamethasone valerate oint</i>	1	QL(45 gm per fill retail)
<i>calcipotriene-betamethasone dipropionate oint 0.005 %-0.064 %</i>	1	
<i>calcipotriene-betamethasone dipropionate susp 0.005 %-0.064 %</i>	1	
<i>clobetasol propionate crea .05 %</i>	1	QL(60 gm per fill retail)
<i>clobetasol propionate oint .05 %</i>	1	QL(60 gm per fill retail)
<i>clobetasol propionate foam</i>	1	
<i>clobetasol propionate gel .05 %</i>	1	QL(60 gm per fill retail)
<i>clobetasol propionate soln .05 %</i>	1	QL(50 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate sham</i>	1	
<i>clobetasol propionate lotn</i>	1	
<i>clobetasol propionate liqd</i>	1	
<i>clobetasol propionate emollient base .05 %</i>	1	QL(60 gm per fill retail)
<i>clobetasol propionate emulsion</i>	1	
<i>clocortolone pivalate</i>	1	
CLODERM (Use <i>clocortolone pivalate</i>)	NP	
CORDRAN OINT	2	
<i>desonide oint</i>	1	1 rtl pack lmt per fill
<i>desonide lotn</i>	1	
<i>desonide crea</i>	1	1 rtl pack lmt per fill
<i>desoximetasone crea .05 %</i>	1	QL(60 gm per fill retail)
<i>desoximetasone liqd</i>	1	
<i>desoximetasone gel</i>	1	
<i>desoximetasone crea .25 %</i>	1	
<i>desoximetasone oint</i>	1	
<i>diflorasone diacetate crea</i>	1	QL(60 gm per fill retail)
<i>diflorasone diacetate oint</i>	1	QL(60 gm per fill retail)
EPIFOAM FOAM 1 %-1 %	2	
<i>fluocinolone acetonide crea</i>	1	
<i>fluocinolone acetonide soln</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>fluocinolone acetonide oint</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide gel</i>	1	QL(60 gm per fill retail)
<i>fluocinonide soln</i>	1	QL(60 ml per fill retail)
<i>fluocinonide crea .05 %</i>	1	QL(60 gm per fill retail)
<i>fluocinonide oint</i>	1	QL(60 gm per fill retail)
<i>fluocinonide crea .1 %</i>	1	
<i>fluocinonide emulsified base</i>	1	QL(60 gm per fill retail)
<i>flurandrenolide lotn</i>	1	
<i>flurandrenolide oint</i>	1	
<i>flurandrenolide crea</i>	1	
<i>fluticasone propionate oint</i>	1	QL(60 gm per fill retail)
<i>fluticasone propionate crea .05 %</i>	1	QL(60 gm per fill retail)
<i>fluticasone propionate lotn</i>	1	
<i>halcinonide crea</i>	1	
<i>halobetasol propionate oint</i>	1	
<i>halobetasol propionate crea</i>	1	
HALOBETASOL PROPIONATE FOAM	2	
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	QL(59 ml per fill retail)
<i>hydrocortisone (topical) oint 2.5 %</i>	1	QL(454 gm per fill retail)
<i>hydrocortisone (topical) soln 1 %</i>	1	
<i>hydrocortisone (topical) oint .5 %</i>	1	
<i>hydrocortisone (topical) crea .5 %</i>	1	QL(30 gm per fill retail)
<i>hydrocortisone (topical) crea 2.5 %</i>	1	QL(453.6 gm per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
<i>hydrocortisone (topical) oint 1 %</i>	1	QL(2 gm daily,56 gm per fill retail);RX/OTC
<i>hydrocortisone (topical) crea 1 %</i>	1	QL(85.2 gm per fill retail);RX/OTC
<i>hydrocortisone (topical) lotn 1 %</i>	1	QL(99 gm per fill retail)
<i>hydrocortisone acetate (topical) oint</i>	1	
<i>hydrocortisone acetate (topical) crea 1 %</i>	1	
<i>hydrocortisone butyrate lotn</i>	1	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate soln</i>	1	QL(60 ml per fill retail)
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	
<i>hydrocortisone valerate oint</i>	1	
<i>hydrocortisone valerate crea</i>	1	
<i>mometasone furoate oint</i>	1	QL(45 gm per fill retail)
<i>mometasone furoate crea</i>	1	QL(50 gm per fill retail)
<i>mometasone furoate soln</i>	1	QL(60 ml per fill retail)
<i>prednicarbate crea</i>	1	QL(60 gm per fill retail)
<i>prednicarbate oint</i>	1	QL(60 gm per fill retail)
TACLONEX SUSP 0.005 %-0.064 % (Use calcipotriene-betamethasone dipropionate)	NP	

Drug Name	Drug Tier	Requirement s/Limits
<i>triamcinolone acetonide (topical) crea .025 %</i>	1	QL(160 gm per fill retail)
<i>triamcinolone acetonide (topical) crea .5 %</i>	1	QL(15 gm per fill retail)
<i>triamcinolone acetonide (topical) oint .5 %</i>	1	QL(15 gm per fill retail)
<i>triamcinolone acetonide (topical) lotn</i>	1	QL(60 ml per fill retail)
<i>triamcinolone acetonide (topical) aers</i>	1	
<i>triamcinolone acetonide (topical) oint .05 %</i>	1	
<i>triamcinolone acetonide (topical) oint .05 %</i>	1	
<i>triamcinolone acetonide (topical) crea .1 %</i>	1	QL(85.2 gm per fill retail)
<i>triamcinolone acetonide (topical) oint .025 %, .1 %</i>	1	QL(80 gm per fill retail)
<i>triamcinolone acetonide-dimethicone-silicone 0.1 %-5 %</i>	1	
Eczema Agents		
DUPIXENT SOSY 100 MG/0.67ML	NP	SP
DUPIXENT SOPN 200 MG/1.14ML	NP	SP
OPZELURA	NP	
Emollient/Keratolytic Agents		
<i>urea crea 40 %</i>	1	QL(85.05 gm per fill retail);RX/OTC
<i>urea lotn 40 %</i>	1	QL(325 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
Emollients		
<i>lactic acid (ammonium lactate) crea</i>	1	QL(385 gm per fill retail);RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1	QL(57 gm per fill retail);RX/OTC
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		
ELIDEL (<i>Use pimecrolimus</i>)	2	QL(1 gm daily);AL(At least 2 yrs old);PA
<i>pimecrolimus</i>	1	QL(1 gm daily);AL(At least 2 yrs old);PA
PROTOPIC OINT .1 % (<i>Use tacrolimus (topical)</i>)	2	PA
PROTOPIC OINT .03 % (<i>Use tacrolimus (topical)</i>)	2	QL(1 gm daily);AL(At least 2 yrs old);PA
<i>tacrolimus (topical) oint .03 %</i>	1	QL(1 gm daily);AL(At least 2 yrs old);PA
<i>tacrolimus (topical) oint .1 %</i>	1	PA
Keratolytic/Antimitotic Agents		
<i>podofilox soln</i>	1	QL(4 ml per fill retail)
<i>salicylic acid gel 6 %</i>	1	QL(40 gm per fill retail)
Local Anesthetics - Topical		
<i>capsaicin crea .025 %, .075 %</i>	1	QL(60 gm per fill retail)
<i>capsaicin crea .1 %</i>	1	QL(56.6 gm per fill retail)
CAPZASIN-P CREA	2	QL(42.5 gm per fill retail)
CASTIVA WARMING LOTN	2	QL(113 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>dibucaine</i>	1	QL(56.7 gm per fill retail)
<i>lidocaine crea 4 %</i>	1	QL(76.5 gm per fill retail)
LIDOCAINE CREA	2	QL(85 gm per fill retail)
<i>lidocaine hcl crea 4 %</i>	1	QL(63 gm per fill retail)
<i>lidocaine hcl crea 3 %</i>	1	QL(85 gm per fill retail);RX/OTC
<i>lidocaine hcl gel 2 %</i>	1	QL(85 gm per fill retail);RX/OTC
<i>lidocaine hcl prsy</i>	1	QL(85 ml per fill retail)
<i>lidocaine-prilocaine crea 2.5 %-2.5 %</i>	1	QL(5800 gm per fill retail)
RA ARTHRITIS PAIN RELIEF CREA	2	QL(60 gm per fill retail)
Misc. Topical		
<i>lanolin (topical) crea</i>	1	
LANOLOR CREA 0	2	
<i>zinc oxide (topical) oint 20 %</i>	1	QL(60 gm per fill retail)
Rosacea Agents		
<i>metronidazole (topical) gel .75 %</i>	1	QL(45 gm per fill retail)
<i>metronidazole (topical) lotn</i>	1	
<i>metronidazole (topical) crea</i>	1	QL(45 gm per fill retail)
Scabicides & Pediculicides		
LICEMD GEL 0.33 %-4 %	2	
<i>lindane sham</i>	1	
<i>malathion</i>	1	QL(59 ml per fill retail)
NATROBA (<i>Use spinosad</i>)	2	QL(120 ml per fill retail);AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/Limits
NIX LICE KILLING SPRAY LIQD XX	2	
<i>permethrin liqd ex</i>	1	
<i>permethrin crea</i>	1	QL(60 gm per fill retail)
<i>permethrin lotn</i>	1	QL(59 ml per fill retail)
<i>permethrin aero</i>	1	
<i>pyrethrins-piperonyl butoxide sham</i>	1	
<i>pyrethrins-piperonyl butoxide liqd 0.3 %-0.3 %-1.2 %-2.4 %-3 %</i>	1	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 0.33 %-0.5 %-4 %</i>	1	
RID ESSENTIAL LICE ELIMINATION KIT KIT EX 0.33 %-4 %	2	
SCHOOLTIME SHAMPOO SHAM	2	
<i>spinosad</i>	1	QL(120 ml per fill retail);AL(At least 2 yrs old)
Tar Products		
<i>coal tar extract sham .5 %</i>	1	
Wound Care Products		
APLIGRAF DISK	2	SP;PA
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
<i>cosyntropin solr</i>	1	SP;PA
THYROGEN .9 MG	2	SP;PA
Diagnostic Tests		
ACAT SUK	CO	RX/OTC
ACCUA SARS-COV-2	CO	
ACST KIT	CO	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BD VERITOR AT-HOME COVID-19 TEST KIT	CO	
BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2	CO	
BINAXNOW COVID-19 AG CARD	CO	
BINAXNOW COVID-19 AG CARD HOME TEST KIT	CO	
CARESTART COVID-19 ANTIGEN HOME TEST KIT	CO	
CAS KIT	CO	RX/OTC
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	CO	
CHEMSTRIP-K STRP	2	
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	CO	
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	CO	
COBAS LIAT SARS-COV-2 ASSAY	CO	
COBAS LIAT SARS-COV-2 CONTROL	CO	RX/OTC
COVID-19 AT-HOME TEST KIT KIT	CO	
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	CO	
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	CO	
CVS COVID-19 AT HOME TESTKIT KIT	CO	
ECOTEST COVID -19 IGG/IGM RAPID TEST DEVICE	CO	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ELLUME COVID-19 HOME TEST KIT	CO	
FASTEP COVID-19 IGG/IGM RAPID TEST DEVICE	CO	RX/OTC
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	CO	
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	CO	
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	CO	
ID NOW COVID-19	CO	
ID NOW COVID-19 2.0	CO	
ID NOW COVID-19 2.0 CONTROL SWAB KIT	CO	RX/OTC
ID NOW COVID-19 CONTROL SWAB KIT	CO	RX/OTC
IHEALTH COVID-19 ANTIGEN RAPID TEST KIT	CO	
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	CO	
INTELISWAB COVID-19 RAPID TEST KIT	CO	
KETONE STRP	2	
KETONE TEST STRIPS STRP	2	
KETOSTIX STRP	2	
LUCIRA CHECK IT COVID-19 TEST KIT KIT	CO	RX/OTC
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	CO	RX/OTC
LYRA DIRECT SARS-COV-2 ASSAY	CO	
LYRA SARS-COV-2 ASSAY	CO	

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

Drug Name	Drug Tier	Requirement s/Limits
CREON CPEP	2	
PANCREAZE CPEP 37000 UNIT-97300 UNIT-149900 UNIT	NP	
SUCRAID	2	SP;PA
ZENPEP CPEP	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide tabs</i>	1	MP
<i>acetazolamide cp12</i>	1	MP
<i>methazolamide tabs</i>	1	MP
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide 5 MG-50 MG</i>	1	QL(1 ea daily)
<i>spironolactone & hydrochlorothiazide 25 MG-25 MG</i>	1	MP
<i>triamterene & hydrochlorothiazide caps 25 MG-37.5 MG</i>	1	QL(1 ea daily);MP
<i>triamterene & hydrochlorothiazide tabs</i>	1	QL(1 ea daily);MP
Loop Diuretics		
<i>bumetanide tabs</i>	1	MP
<i>furosemide soln or 10 MG/ML, 40 MG/5ML</i>	1	MP
<i>furosemide tabs</i>	1	MP
SOAANZ TABS 20 MG	2	MP
<i>torsemide tabs 5 MG, 10 MG, 100 MG</i>	1	QL(1 ea daily);MP
<i>torsemide tabs 20 MG</i>	1	MP
Potassium Sparing Diuretics		
<i>amiloride hcl tabs</i>	1	QL(4 ea daily)
<i>spironolactone tabs</i>	1	MP

Drug Name	Drug Tier	Requirement s/Limits
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	MP
<i>hydrochlorothiazide tabs 25 MG, 50 MG</i>	1	MP
<i>hydrochlorothiazide caps</i>	1	MP
<i>indapamide tabs 1.25 MG, 2.5 MG</i>	1	MP
<i>metolazone</i>	1	MP
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium tabs 35 MG, 70 MG</i>	1	QL(0.15 ea daily);MP
<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>	1	QL(1 ea daily);MP
<i>calcitonin (salmon) na</i>	1	QL(4 ml per 30 days retail)
<i>calcitonin (salmon) ij</i>	1	QL(2 ml per 30 days retail)
EVENITY	2	SP;PA
FORTEO SOPN	2	SP;PA
<i>ibandronate sodium soln</i>	1	SP;PA
<i>ibandronate sodium tabs</i>	1	PA
NATPARA	2	SP;PA
<i>pamidronate disodium soln 30 MG/10ML, 90 MG/10ML</i>	1	SP;PA
PAMIDRONATE DISODIUM SOLN	2	SP;PA
PROLIA SOSY	2	SP;PA

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tabs 5 MG, 30 MG</i>	1	QL(1 ea daily)
<i>risedronate sodium tabs 150 MG</i>	1	
<i>risedronate sodium tabs 35 MG</i>	1	4 per 28 days;QL(4 ea per 28 days retail)
<i>risedronate sodium tbec</i>	1	
XGEVA SOLN	2	SP;PA
<i>zoledronic acid soln</i>	1	SP;PA
<i>zoledronic acid conc</i>	1	SP;PA
ZOLEDRONIC ACID SOLN	2	SP;PA
Corticotropin		
ACTHAR	2	SP;PA
CORTROPHIN	2	SP;PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	2	PA
NOVAREL IM	2	PA
PREGNYL W/DILUENT BENZYLALCOHOL/NAC L IM	2	PA
GnRH/LHRH Antagonists		
<i>cetrorelix acetate</i>	1	PA
<i>ganirelix acetate</i>	1	PA
ORILISSA	2	SP;PA
Growth Hormone Receptor Antagonists		
SOMAVERT	2	SP;PA
Growth Hormones		
GENOTROPIN CART SC	2	SP;PA
GENOTROPIN MINIQUICK PRSY	2	SP;PA
NORDITROPIN FLEXPPO SOPN	2	SP;PA
OMNITROPE SOCT	NP	SP

Drug Name	Drug Tier	Requirements/Limits
Hormone Receptor Modulators		
<i>raloxifene hcl</i>	1	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	2	SP;PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI	2	SP;PA
LUPANETA PACK	2	SP;PA
LUPRON DEPOT-PED (1-MONTH)	2	SP;PA
LUPRON DEPOT-PED (3-MONTH)	2	SP;PA
SUPPRELIN LA	NP	SP;PA
SYNAREL	2	SP;PA
Metabolic Modifiers		
ALDURAZYME	2	SP;PA
<i>betaine</i>	1	SP;PA
<i>calcitriol caps</i>	1	
<i>cinacalcet hcl</i>	1	SP;PA
CRYSVITA	2	SP;PA
ELAPRASE	2	SP;PA
FABRAZYME	2	SP;PA
GALAFOLD	2	QL(0.5 ea daily);SP;PA
KANUMA	2	SP;PA
<i>levocarnitine (metabolic modifiers) tabs</i>	1	QL(3 ea daily)
<i>levocarnitine (metabolic modifiers) soln or 1 GM/10ML</i>	1	QL(30 ml daily)
LUMIZYME	2	SP;PA
MYALEPT	2	SP;PA
NAGLAZYME	2	SP;PA
<i>nitisinone caps</i>	1	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
ORFADIN SUSP	2	SP;PA
ORFADIN CAPS 20 MG	2	SP;PA
PALYNZIQ	2	SP;PA
<i>paricalcitol soln</i>	1	SP;PA
PARSABIV	2	SP;PA
RAVICTI	CO	SP
REVCovi	2	SP;PA
<i>sapropterin dihydrochloride pack</i>	1	SP;PA
<i>sapropterin dihydrochloride tabs</i>	1	SP;PA
<i>sodium phenylbutyrate tabs</i>	1	SP;PA
<i>sodium phenylbutyrate powd</i>	1	SP;PA
STRENSIQ	2	SP;PA
VIMIZIM	2	SP;PA
Posterior Pituitary Hormones		
DDAVP	2	QL(5 ml per fill retail)
<i>desmopressin acetate soln ij</i>	1	SP;PA
<i>desmopressin acetate tabs</i>	1	QL(6 ea daily)
DESMOPRESSIN ACETATE SOLN NA	CO	SP
<i>desmopressin acetate spray</i>	1	QL(5 ml per fill retail)
<i>desmopressin acetate spray refrigerated</i>	1	QL(5 ml per fill retail)
STIMATE SOLN NA	CO	SP
Somatostatic Agents		
LANREOTIDE ACETATE	2	SP;PA
<i>octreotide acetate soln</i>	1	SP;PA
<i>octreotide acetate sosy</i>	1	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
SANDOSTATIN LAR DEPOT KIT	2	SP;PA
SIGNIFOR	2	SP;PA
SIGNIFOR LAR	2	SP;PA
SOMATULINE DEPOT	2	SP;PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS	2	SP;PA
JYNARQUE TBPK 0	2	SP;PA
<i>tolvaptan tabs</i>	1	SP;PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
COMBIPATCH PTTW	2	QL(8 ea per 28 days retail)
<i>estradiol & norethindrone acetate tabs</i>	1	
MYFEMBREE 0.5 MG-1 MG-40 MG	2	
<i>norethindrone acetate-ethinyl estradiol</i>	0	
ORIAHNN 0.5 MG-1 MG-300 MG	2	PA
PREMPHASE 0.625 MG-5 MG	2	QL(1 ea daily)
PREMPRO	2	QL(1 ea daily)
Estrogens		
ALORA PTTW	2	QL(0.29 ea daily);MP
<i>estradiol pttw</i>	1	QL(0.143 ea daily);MP
<i>estradiol pttw</i>	1	QL(0.29 ea daily);MP
<i>estradiol tabs</i>	1	MP
PREMARIN TABS	2	QL(1 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/Limits
Fluoroquinolones		
CIPRO SUSR	2	
<i>ciprofloxacin hcl tabs 100 MG</i>	1	QL(6 ea per fill retail)
<i>ciprofloxacin hcl tabs 250 MG, 500 MG, 750 MG</i>	1	
<i>levofloxacin tabs</i>	1	QL(1 ea daily, 14 ea per fill retail)
<i>levofloxacin soln or</i>	1	
<i>moxifloxacin hcl tabs</i>	1	
<i>ofloxacin 300 MG, 400 MG</i>	1	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
<i>simethicone chew 80 MG</i>	1	
<i>simethicone susp</i>	1	QL(45 ml per fill retail)
<i>simethicone liqd or</i>	1	QL(30 ml per fill retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	2	QL(5 ea daily);SP;PA
Farnesoid X Receptor (FXR) Agonists		
OALIVA	2	SP;PA
Gallstone Solubilizing Agents		
CHENODAL	2	SP;PA
<i>ursodiol caps</i>	1	QL(3 ea daily);MP
<i>ursodiol tabs 250 MG</i>	1	QL(7 ea daily);MP
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln or 5 MG/5ML, 10 MG/10ML</i>	1	
<i>metoclopramide hcl tabs 5 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl tabs 10 MG</i>	1	
Inflammatory Bowel Agents		
ASACOL HD TBEC (<i>Use mesalamine</i>)	NP	
<i>balsalazide disodium caps</i>	1	QL(9 ea daily)
LIALDA TBEC (<i>Use mesalamine</i>)	2	
<i>mesalamine supp</i>	1	
<i>mesalamine tbec</i>	1	
<i>mesalamine enem</i>	1	QL(60 ml daily)
<i>mesalamine w/ cleanser</i>	1	
<i>sulfasalazine tbec</i>	1	MP
<i>sulfasalazine tabs</i>	1	MP
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1	
LINZESS 72 MCG	2	
LINZESS 145 MCG, 290 MCG	2	PA
LOTRONEX (<i>Use alosetron hcl</i>)	2	
Peripheral Opioid Receptor Antagonists		
MOVANTIK	2	
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
<i>calcium acetate (phosphate binder) caps</i>	1	MP
<i>lanthanum carbonate chew</i>	1	

Drug Name	Drug Tier	Requirements/Limits
RENAGEL (Use sevelamer hcl)	2	
RENVELA TABS (Use sevelamer carbonate)	2	
sevelamer carbonate pack	1	
sevelamer carbonate tabs	1	
sevelamer hcl	1	
Short Bowel Syndrome (SBS) Agents		
GATTEX	2	SP;PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) tbc 10 MEQ, 540 MG, 1080 MG	1	
potassium citrate-citric acid pack 1002 MG-3300 MG	1	
sodium citrate & citric acid 334 MG/5ML-500 MG/5ML	1	QL(16.67 ml daily);RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	2	SP;PA
PROCYSBI CPDR	2	SP;PA
Genitourinary Irrigants		
sodium chloride (gu irrigant) .9 %	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 ea daily)
Prostatic Hypertrophy Agents		
alfuzosin hcl	1	
dutasteride	1	

Drug Name	Drug Tier	Requirements/Limits
dutasteride-tamsulosin hcl 0.4 MG-0.5 MG	1	
finasteride	1	QL(1 ea daily);MP
RAPAFLO 4 MG (Use silodosin)	NP	
silodosin	1	
tamsulosin hcl	1	QL(2 ea daily);MP
Urinary Analgesics		
phenazopyridine hcl tabs 100 MG, 100 MG, 200 MG	1	
Urinary Stone Agents		
tiopronin tabs	1	SP;PA
Vesicoureteral Reflux (VUR) Agents		
DEFLUX 15 MG/ML-50 MG/ML	2	SP;PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid 0.5 MG-500 MG	1	MP
Gout Agents		
allopurinol	1	MP
colchicine tabs	1	1 fill per 30 days;QL(6 ea per fill retail)
KRYSTEXXA	2	SP;PA
Uricosurics		
probenecid	1	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	CO	SP
ADYNOVATE	CO	SP
AFSTYLA	CO	SP
ALPHANATE SOLR	CO	SP

Drug Name	Drug Tier	Requirements/Limits
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	CO	SP
ALPROLIX	CO	SP
BENEFIX KIT	CO	SP
COAGADEX	CO	SP
CORIFACT	CO	SP
ELOCTATE	CO	SP
ESPEROCT	CO	SP
FEIBA	CO	SP
FIBRYGA	CO	SP
HEMLIBRA	CO	SP
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	CO	SP
HEMOFIL M SOLR 1501 -2000 UNIT	CO	
HUMATE-P SOLR	CO	SP
IDELVION	CO	SP
IXINITY SOLR	CO	SP
KCENTRA	CO	SP
KOATE SOLR	CO	SP
KOATE-DVI SOLR	CO	SP
KOGENATE FS KIT	CO	SP
KOVALTRY	CO	SP
MONONINE	CO	SP
NOVOEIGHT	CO	SP
NOVOSEVEN RT	CO	SP
NUWIK SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	CO	SP

Drug Name	Drug Tier	Requirements/Limits
NUWIK KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	CO	SP
OBIZUR	CO	SP
PROFILNINE	CO	SP
REBINYN	CO	SP
RECOMBINATE SOLR	CO	SP
RIASTAP	CO	SP
RIXUBIS SOLR	CO	SP
SEVENFACT	CO	SP
TRETEN	CO	SP
VONVENDI	CO	SP
WILATE KIT	CO	SP
XYNTHA	CO	SP
XYNTHA SOLOFUSE	CO	SP
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate</i>	1	SP;PA
Complement Inhibitors		
BERINERT KIT	2	SP;PA
CINRYZE SOLR IV	2	SP;PA
RUCONEST	2	SP;PA
SOLIRIS	2	PA
ULTOMIRIS 300 MG/30ML	2	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	2	SP;PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	MP
Human Protein C		
CEPROTIN	2	SP;PA
Plasma Kallikrein Inhibitors		
KALBITOR	2	SP;PA

Drug Name	Drug Tier	Requirements/Limits
TAKHZYRO SOLN	2	SP;PA
Plasma Proteins		
THROMBATE III	2	SP;PA
THROMBATE III W/10 ML STERILE WATER	2	SP;PA
THROMBATE III W/20 ML STERILE WATER	2	SP;PA
Platelet Aggregation Inhibitors		
<i>aspirin-dipyridamole 25 MG-200 MG</i>	1	
BRILINTA	2	QL(2 ea daily)
<i>cilostazol</i>	1	QL(2 ea daily);MP
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 ea daily);MP
<i>clopidogrel bisulfate 300 MG</i>	1	
<i>dipyridamole</i>	1	MP
<i>prasugrel hcl</i>	1	QL(1 ea daily)
Thrombolytic Agent - Misc		
DEFITELIO	2	SP;PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	2	SP;PA
CEREZYME 400 UNIT	2	SP;PA
ELELYSO	2	SP;PA
<i>miglustat</i>	1	SP;PA
VPRIV	2	SP;PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
SIKLOS TABS	2	PA
Cobalamins		
<i>cyanocobalamin soln ij</i>	1	
Folic Acid/Folates		
<i>folic acid tabs 1 MG</i>	1	MP;RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid tabs 400 MCG, 800 MCG</i>	1	QL(1 ea daily)
Hematopoietic Gene Therapy		
ZYNTEGLO	CO	
Hematopoietic Growth Factors		
DOPTELET	2	SP;PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	2	SP;PA
FULPHILA	2	SP;PA
GRANIX SOLN	2	SP;PA
GRANIX SOSY	2	SP;PA
LEUKINE SOLR IJ	2	SP;PA
MULPLETA	2	SP;PA
NEULASTA SOSY	2	SP;PA
NEULASTA ONPRO KIT PSKT	2	SP;PA
NEUPOGEN SOLN	2	SP;PA
NEUPOGEN SOSY	2	SP;PA
NIVESTYM SOLN	2	SP;PA
NIVESTYM SOSY	2	SP;PA
NPLATE 250 MCG, 500 MCG	2	SP;PA
NYVEPRIA	2	SP
PROMACTA TABS	2	SP;PA
PROMACTA PACK 12.5 MG	2	SP;PA
RETACRIT	2	SP;PA
RETACRIT	2	SP;PA
RETACRIT 20000 UNIT/ML	2	SP
UDENYCA	2	SP;PA
ZARXIO	2	SP;PA

Drug Name	Drug Tier	Requirements/Limits
ZIEXTENZO	NP	SP
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs 0.8 MG-1 MG-1.3 MG-5 MG-6 MG-6.9 MG-10 MG-10 MG-15 MCG-18.2 MG-30 MG-200 MG-324 MG</i>	1	QL(1 ea daily)
Iron		
FERRETT'S TABS	2	QL(2 ea daily)
<i>ferrous fumarate tabs 324 MG</i>	1	QL(2 ea daily)
<i>ferrous gluconate tabs 27 MG, 240 MG</i>	1	
FERROUS GLUCONATE TABS 324 MG	2	
<i>ferrous sulfate tbec</i>	1	MP
<i>ferrous sulfate elix</i>	1	QL(16 ml daily)
<i>ferrous sulfate soln</i>	1	QL(3.4 ml daily)
<i>ferrous sulfate tabs 65 MG, 325 MG</i>	1	MP
FERROUS SULFATE TBEC	2	
<i>ferrous sulfate dried tbcr 160 MG</i>	1	
IRON TABS 28 MG	2	
IRON CHEWS PEDIATRIC CHEW	2	
<i>polysaccharide iron complex caps 150 MG</i>	1	QL(1 ea daily)
Stem Cell Mobilizers		
MOZOBIL	2	SP;PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid tabs 500 MG</i>	1	QL(24 ea per fill retail);SP;PA

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Drug Name	Drug Tier	Requirements/Limits
<i>aminocaproic acid soln or .25 GM/ML</i>	1	SP;PA
<i>aminocaproic acid tabs 1000 MG</i>	1	SP;PA
<i>tranexamic acid tabs</i>	1	1 rtl MAX fill,30 rtl day(s) supply;QL(30 ea per 5 days retail);AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) tabs 50 MG</i>	1	
<i>diphenhydramine hcl (sleep) liqd</i>	1	
<i>diphenhydramine hcl (sleep) tabs 25 MG</i>	1	QL(1 ea daily)
<i>diphenhydramine hcl (sleep) caps</i>	1	
<i>diphenhydramine hcl (sleep) tbdp</i>	1	
<i>diphenhydramine-acetaminophen (sleep) tabs</i>	1	
<i>doxylamine succinate (sleep)</i>	1	
<i>ibuprofen-diphenhydramine citrate 38 MG-200 MG</i>	1	
<i>ibuprofen-diphenhydramine hcl 25 MG-200 MG</i>	1	
<i>naproxen sodium-diphenhydramine hcl 25 MG-220 MG</i>	1	
Barbiturate Hypnotics		
<i>phenobarbital elix</i>	1	
<i>phenobarbital tabs</i>	1	
Hypnotics - Tricyclic Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl (sleep)</i>	1	
Non-Barbiturate Hypnotics		
<i>dexmedetomidine hcl soln</i>	1	
<i>dexmedetomidine hcl in sodium chloride soln</i>	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
<i>flurazepam hcl</i>	1	QL(1 ea daily)
<i>midazolam hcl soln ij</i>	1	
<i>temazepam 15 MG, 30 MG</i>	1	QL(1 ea daily);AL(At least 18 yrs old)
<i>temazepam 7.5 MG, 22.5 MG</i>	1	
<i>triazolam</i>	1	QL(1 ea daily)
<i>zaleplon</i>	1	QL(1 ea daily)
<i>zolpidem tartrate tabs</i>	1	QL(1 ea daily)
<i>zolpidem tartrate sublingual</i>	1	
<i>zolpidem tartrate transdermal</i>	1	
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	
<i>tasimelteon caps</i>	1	SP;PA
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	1	QL(10 ea daily)
NATURAL FIBER LAXATIVE POWD	2	
<i>psyllium powder 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 58.6 %, 68 %, 100 %</i>	1	
<i>psyllium caps .52 GM</i>	1	
Laxative Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-sodium bicarbonate-sodium sulfate soln</i>	1	QL(4000 ml per fill retail)
<i>peg 3350-potassium chloride-sodium bicarbonate-sodium chloride 1.48 GM-5.72 GM-11.2 GM-420 GM</i>	1	QL(4000 ml per fill retail)
<i>sennosides-docusate sodium tabs 8.6 MG-50 MG</i>	1	QL(4 ea daily)
Laxatives - Miscellaneous		
<i>glycerin (laxative) supp 2 GM</i>	1	
<i>lactulose soln</i>	1	
<i>polyethylene glycol 3350 powder</i>	1	QL(34 gm daily)
<i>polyethylene glycol 3350 pack</i>	1	
SORBITOL OR 70 %	2	
Saline Laxatives		
<i>magnesium citrate</i>	1	
<i>magnesium hydroxide susp 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	1	QL(33 ml daily)
<i>sodium phosphates enema</i>	1	
Stimulant Laxatives		
<i>bisacodyl transdermal</i>	1	QL(1 ea daily)
<i>bisacodyl supp</i>	1	QL(12 ea per fill retail)
<i>sennosides tabs 8.6 MG</i>	1	
Surfactant Laxatives		
<i>docusate sodium caps 50 MG</i>	1	
<i>docusate sodium liquid</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>docusate sodium syrup</i>	1	
<i>docusate sodium tabs</i>	1	
<i>docusate sodium caps 100 MG, 250 MG</i>	1	QL(3 ea daily)
DOCUSATE SODIUM SYRP	2	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin tabs 600 MG</i>	0	QL(8 ea per 28 days retail)
<i>azithromycin tabs 250 MG</i>	0	QL(6 ea per fill retail)
<i>azithromycin susr 100 MG/5ML</i>	0	QL(15 ml per fill retail)
<i>azithromycin pack</i>	1	
<i>azithromycin pack</i>	1	
<i>azithromycin tabs 500 MG</i>	0	QL(4 ea daily)
<i>azithromycin susr 200 MG/5ML</i>	0	QL(30 ml per fill retail)
Clarithromycin		
<i>clarithromycin susr</i>	1	QL(200 ml per fill retail)
<i>clarithromycin tb24</i>	1	QL(14 ea per fill retail)
<i>clarithromycin tabs</i>	1	QL(28 ea per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	2	
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	2	
<i>erythromycin base tabs</i>	1	
<i>erythromycin base cpep</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate susr</i>	1	
<i>erythromycin ethylsuccinate tabs</i>	1	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
ALCOHOL PREP PADS-MISC	2	OTC
Contraceptives		
CONDOMS-MISC	2	QL(36 ea per fill retail)
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	200 / month;QL(6.67 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	200 / month;QL(6.67 ea daily)
ACCUTREND PLUS	2	
ADVANCED MOBILE LANCET 30G	2	200 per month;QL(6.67 ea daily)
AGAMATRIX ULTRA-THIN LANCETS 33G	2	200 / month;QL(6.67 ea daily)
AIMSCO TWIST LANCETS 32G	2	200 / month;QL(6.67 ea daily)
AIMSCO TWIST LANCETS 33G	2	200 / month;QL(6.67 ea daily)
AURORA LANCET SUPER THIN30G	2	200 / month;QL(6.67 ea daily)
AURORA LANCET THIN 23G	2	200 / month;QL(6.67 ea daily)
BD LANCET ULTRAFINE 30G	2	200 / month;QL(6.67 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
CVS LANCETS ULTRA-THIN 30G	2	200 / month;QL(6.67 ea daily)
CVS ULTRA THIN LANCETS	2	200 / month;QL(6.67 ea daily)
DIATHRIVE LANCETS	2	QL(6.67 ea daily)
DIATHRIVE LANCETS ULTRA THIN 30G	2	200 / month;QL(6.67 ea daily)
DROPLET LANCETS ULTRA THIN 30G	2	200 / month;QL(6.67 ea daily)
DRUG MART LANCETS THIN	2	200 / month;QL(6.67 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G	2	200 / month;QL(6.67 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G	2	200 / month;QL(6.67 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G	2	200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 26G/PULL-TOP	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/TWIST	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/TWIST	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCETS 32G/TWIST	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 33G/TWIST	2	200 / month;QL(6.67 ea daily)
EQL COLOR LANCETS 21G	2	200 / month;QL(6.67 ea daily)
EQL COLOR LANCETS MICRO THIN 33G	2	200 / month;QL(6.67 ea daily)
EQL SUPER THIN LANCETS 30G	2	200 / month;QL(6.67 ea daily)
EQL THIN LANCETS 26G	2	200 / month;QL(6.67 ea daily)
E-Z JECT LANCETS	2	200 / month;QL(6.67 ea daily)
E-Z JECT LANCETS 21G	2	200 / month;QL(6.67 ea daily)
E-Z JECT LANCETS COLOR	2	200 / month;QL(6.67 ea daily)
E-Z JECT LANCETS SUPER THIN 30G	2	200 / month;QL(6.67 ea daily)
E-Z JECT LANCETS THIN 26G	2	200 / month;QL(6.67 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G	2	200 / month;QL(6.67 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT	2	200 / month;QL(6.67 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EZ-LETS LANCETS 30G	2	200 / month;QL(6.67 ea daily)
FORA LANCETS	2	200 / month;QL(6.67 ea daily)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	200 / month;QL(6.67 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	2	200 / month;QL(6.67 ea daily)
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	2	QL(1 ea per 365 days retail);PA
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	2	QL(2 ea per 28 days retail);PA
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	2	QL(1 ea per 365 days retail);PA
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	2	QL(2 ea per 28 days retail);PA
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	2	QL(1 ea per 365 days retail);PA
GAUZE SPONGES	2	RX/OTC
GENTLE-LET GP LANCETS	2	200 / month;QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	2	200 / month;QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	2	200 / month;QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	2	200 / month;QL(6.67 ea daily)
GNP LANCETS 21G	2	200 / month;QL(6.67 ea daily)
GNP LANCETS THIN	2	200 / month;QL(6.67 ea daily)
GNP LANCETS THIN 26G	2	200 / month;QL(6.67 ea daily)
GNP STERILE LANCETS 28G	2	200 / month;QL(6.67 ea daily)
GNP STERILE LANCETS 30G	2	200 / month;QL(6.67 ea daily)
GNP STERILE LANCETS 33G	2	200 / month;QL(6.67 ea daily)
GOJJI STERILE LANCETS 30G	2	QL(6.67 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	2	200 per month;QL(6.67 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	2	QL(6.67 ea daily)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	2	200 / month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS MICRO THIN 33G	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
H-E-B INCONTROL LANCETS SUPER THIN 30G	2	200 / month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G	2	200 / month;QL(6.67 ea daily)
HY-VEE LANCETS	2	200 / month;QL(6.67 ea daily)
HY-VEE THIN LANCETS	2	200 / month;QL(6.67 ea daily)
KINNEY LANCETS	2	200 / month;QL(6.67 ea daily)
KINNEY THIN LANCETS	2	200 / month;QL(6.67 ea daily)
KROGER HEALTHPRO TWIST LANCETS/26G	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS 21G	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS MICRO THIN33G	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS SUPER THIN	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS THIN	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS THIN 26G	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS ULTRATHIN30G	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LANCETS	2	200 / month;QL(6.67 ea daily)
LANCETS 30G	2	200 / month;QL(6.67 ea daily)
LANCETS SUPER THIN 28G	2	200 per month;QL(6.67 ea daily)
LANCETS THIN	2	200 / month;QL(6.67 ea daily)
LANCETS ULTRA THIN	2	200 / month;QL(6.67 ea daily)
LIVE BETTER LANCET SUPERTHIN 30G	2	200 / month;QL(6.67 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G	2	200 / month;QL(6.67 ea daily)
LONGS LANCETS STANDARD	2	200 / month;QL(6.67 ea daily)
LONGS LANCETS THIN	2	200 / month;QL(6.67 ea daily)
MEDISENSE THIN LANCETS	2	200 / month;QL(6.67 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G	2	200 / month;QL(6.67 ea daily)
MEIJER LANCETS	2	200 / month;QL(6.67 ea daily)
MEIJER LANCETS THIN	2	200 / month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL21G	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
MEIJER LANCETS UNIVERSAL30G	2	200 / month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL33G	2	200 / month;QL(6.67 ea daily)
MEIJER SUPER THIN LANCETS	2	200 / month;QL(6.67 ea daily)
MONOLET LANCETS	2	200 / month;QL(6.67 ea daily)
MONOLET OPD LANCETS	2	200 / month;QL(6.67 ea daily)
NOVA SUREFLEX LANCETS	2	200 / month;QL(6.67 ea daily)
ONETOUCH CLUB LANCETS FINE POINT	2	200 / month;QL(6.67 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G	2	200 / month;QL(6.67 ea daily)
ONETOUCH DELICA LANCETS FINE 30G	2	200 / month;QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	2	200 / month;QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G	2	200 / month;QL(6.67 ea daily)
ONETOUCH FINEPOINT LANCETS	2	200 / month;QL(6.67 ea daily)
ONETOUCH ULTRA 2 KIT	2	Limit 1 every 2 years;QL(1 ea per 730 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONETOUGH ULTRA MINI KIT	2	Limit 1 every 2 years;QL(1 ea per 730 days retail);RX/OTC
ONETOUGH ULTRASOFT LANCETS	2	200 / month;QL(6.67 ea daily)
ONETOUGH VERIO KIT	2	Limit 1 every 2 years;QL(1 ea per 730 days retail);RX/OTC
ONETOUGH VERIO CONTROL SOLUTION HIGH SOLN	2	
ONETOUGH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	Limit 1 every 2 years;QL(1 ea per 730 days retail);RX/OTC
ONETOUGH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	2	Limit 1 every 2 years;QL(1 ea per 730 days retail);RX/OTC
ONETOUGH VERIO REFLECT KIT	2	Limit 1 every 2 years;QL(1 ea per 730 days retail);RX/OTC
PC LANCETS SUPER THIN 30G	2	200 / month;QL(6.67 ea daily)
PERFECT LANCETS 30G	2	200 / month;QL(6.67 ea daily)
PHARMACY COUNTER LANCETS	2	200 / month;QL(6.67 ea daily)
PRECISION THINS GP LANCET	2	200 / month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS COLORED 21G	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PREFERRED PLUS LANCETS SUPER THIN 30G	2	200 / month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS THIN 26G	2	200 / month;QL(6.67 ea daily)
PRODIGY TWIST TOP LANCETS	2	200 / month;QL(6.67 ea daily)
PSS SELECT GP LANCETS	2	200 / month;QL(6.67 ea daily)
PSS SELECT SAFETY LANCETS	2	200 / month;QL(6.67 ea daily)
PX LANCETS MICROTHIN 33G	2	200 / month;QL(6.67 ea daily)
PX LANCETS ULTRA THIN	2	200 / month;QL(6.67 ea daily)
QC LANCETS SUPER THIN	2	200 / month;QL(6.67 ea daily)
QC LANCETS ULTRA THIN	2	200 / month;QL(6.67 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN	2	200 / month;QL(6.67 ea daily)
QC UNILET LANCETS 33G/MICRO THIN	2	200 / month;QL(6.67 ea daily)
RA E-ZJECT LANCETS 28G	2	200 / month;QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 26G	2	200 / month;QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 28G	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
RA E-ZJECT LANCETS ULTRATHIN 30G	2	200 / month;QL(6.67 ea daily)
REALITY LANCETS	2	200 / month;QL(6.67 ea daily)
RELION LANCETS MICRO-THIN33G	2	200 / month;QL(6.67 ea daily)
RELION LANCETS THIN 26G	2	200 / month;QL(6.67 ea daily)
RELION LANCETS ULTRA-THIN30G	2	200 / month;QL(6.67 ea daily)
RELION ULTRA THIN LANCETS/30G	2	QL(6.67 ea daily)
RELION ULTRA THIN LANCETS30G	2	200 / month;QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G	2	200 / month;QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G	2	200 / month;QL(6.67 ea daily)
REXALL LANCETS ULTRA THIN	2	200 / month;QL(6.67 ea daily)
RIGHTEST GL300 LANCETS	2	200 / month;QL(6.67 ea daily)
SB LANCETS THIN	2	200 / month;QL(6.67 ea daily)
SB LANCETS ULTRA THIN	2	200 / month;QL(6.67 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SHOPKO UNILET LANCETS ULTRA THIN 28G	2	200 / month;QL(6.67 ea daily)
SM MICRO THIN LANCETS 33G	2	200 / month;QL(6.67 ea daily)
SMART SENSE COLOR LANCETS UNIVERSAL 33G	2	200 / month;QL(6.67 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	2	200 / month;QL(6.67 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	2	200 / month;QL(6.67 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G	2	200 / month;QL(6.67 ea daily)
STERILANCE TL	2	200 / month;QL(6.67 ea daily)
SUPER THIN LANCETS	2	200 / month;QL(6.67 ea daily)
SURELITE LANCETS	2	200 / month;QL(6.67 ea daily)
TECHLITE AST LANCETS	2	200 / month;QL(6.67 ea daily)
TECHLITE LANCETS	2	200 / month;QL(6.67 ea daily)
TECHLITE LANCETS 30G	2	200 / month;QL(6.67 ea daily)
TGT LANCET MICRO THIN 33G	2	200 / month;QL(6.67 ea daily)
TGT LANCET THIN 26G	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TGT LANCET ULTRA THIN 30G	2	200 / month;QL(6.67 ea daily)
THINLETS GP LANCETS	2	200 / month;QL(6.67 ea daily)
TODAYS HEALTH SUPER THINLANCETS 30G	2	200 / month;QL(6.67 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 26G	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 28G	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 30G	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 33G	2	200 / month;QL(6.67 ea daily)
ULTILET CLASSIC LANCETS	2	200 / month;QL(6.67 ea daily)
UNILET COMFORTOUCH LANCET	2	200 / month;QL(6.67 ea daily)
UNILET EXCELITE	2	200 / month;QL(6.67 ea daily)
UNILET EXCELITE II	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
UNILET G.P. LANCET	2	200 / month;QL(6.67 ea daily)
UNILET G.P. SUPERLITE LANCET	2	200 / month;QL(6.67 ea daily)
UNILET GP 28 ULTRA THIN	2	200 / month;QL(6.67 ea daily)
UNILET LANCET	2	200 / month;QL(6.67 ea daily)
UNILET LANCETS MICRO-THIN33G	2	200 / month;QL(6.67 ea daily)
UNILET LANCETS SUPER-THIN30G	2	200 / month;QL(6.67 ea daily)
UNILET LANCETS ULTRA-THIN 28G	2	200 / month;QL(6.67 ea daily)
UNILET SUPERLITE LANCET	2	200 / month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS THIN26G	2	200 / month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	200 / month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	2	200 / month;QL(6.67 ea daily)
VALUE PLUS LANCETS STANDARD 21G	2	200 / month;QL(6.67 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G	2	200 / month;QL(6.67 ea daily)
VALUE PLUS LANCETS THIN 26G	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VALUMARK LANCET SUPER THIN 30G	2	200 / month;QL(6.67 ea daily)
VALUMARK LANCET ULTRA THIN 28G	2	200 / month;QL(6.67 ea daily)
VIDA MIA UNILET LANCETS SUPER THIN 30G	2	200 / month;QL(6.67 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G	2	200 / month;QL(6.67 ea daily)
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	2	200 / month;QL(6.67 ea daily)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	2	200 / month;QL(6.67 ea daily)
WALGREENS THIN LANCETS	2	200 / month;QL(6.67 ea daily)
Misc. Devices		
ALCOHOL PREP PADS	2	RX/OTC
ALCOHOL SWABS	2	RX/OTC
ALCOHOL SWABSTICK	2	RX/OTC
APLICARE ALCOHOL SWABSTICK	2	RX/OTC
BD SWABS SINGLE USE	2	RX/OTC
BD SWABS SINGLE USE BUTTERFLY	2	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	2	RX/OTC
CVS ALCOHOL PREP PADS	2	RX/OTC
CVS PREP PADS	2	RX/OTC
DROPSAFE ALCOHOL PREP PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	2	RX/OTC
FIFTY50 ALCOHOL PREP PADS	2	RX/OTC
GNP ALCOHOL SWABS	2	RX/OTC
HM STERILE ALCOHOL PREP PADS	2	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	2	RX/OTC
PRO COMFORT ALCOHOL PADS	2	RX/OTC
QC ALCOHOL SWABS	2	RX/OTC
RA ALCOHOL SWABS	2	RX/OTC
REALITY SWABS	2	RX/OTC
RELION ALCOHOL SWABS	2	RX/OTC
SB ALCOHOL PREP PADS	2	RX/OTC
SM ALCOHOL PREP PADS	2	RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY	2	RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY	2	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	2	RX/OTC
Parenteral Therapy Supplies		
BD AUTOSHIELD 29G X 3/16"	2	QL(5 ea daily)
BD AUTOSHIELD 29G X 5/16"	2	QL(5 ea daily)
BD AUTOSHIELD DUO 30G X 5MM	2	QL(5 ea daily)
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	QL(5 ea daily);RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	2	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	2	QL(2 ea per 360 days retail);RX/OTC
AEROTRACH PLUS MISC	2	QL(1 ea per 360 days retail);RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	2	QL(2 ea per 360 days retail);RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	2	QL(1 ea per 360 days retail);RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	2	QL(2 ea per 360 days retail);RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	2	QL(2 ea per 360 days retail);RX/OTC
BREATHE EASE NEBULIZER MASK/CHILD MISC	2	QL(1 ea per 360 days retail);RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC	2	QL(1 ea per 360 days retail);RX/OTC
BREATHE EASE/LARGE MASK DEVI	2	QL(2 ea per 360 days retail);RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	2	QL(2 ea per 360 days retail);RX/OTC
BREATHE EASE/SMALL MASK DEVI	2	QL(2 ea per 360 days retail);RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	2	QL(1 ea per 360 days retail);RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	QL(2 ea per 360 days retail);RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	2	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	2	QL(2 ea per 360 days retail);RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	2	QL(2 ea per 360 days retail);RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	2	QL(2 ea per 360 days retail);RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	2	QL(1 ea per 360 days retail);RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	2	QL(2 ea per 360 days retail);RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 360 days retail);RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 360 days retail);RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 360 days retail);RX/OTC
EASIVENT MISC	2	QL(2 ea per 360 days retail);RX/OTC
EASIVENT/MASK-LARGE MISC	2	QL(2 ea per 360 days retail);RX/OTC
EASIVENT/MASK-MEDIUM MISC	2	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
EASIVENT/MASK-SMALL MISC	2	QL(2 ea per 360 days retail);RX/OTC
EBASE CONTROLLER KIT MISC	2	QL(1 ea per 360 days retail);RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(2 ea per 360 days retail);RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 360 days retail);RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 360 days retail);RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 360 days retail);RX/OTC
FILTER AIR PP MISC	2	QL(1 ea per 360 days retail);RX/OTC
FLEXICHAMBER DEVI	2	QL(2 ea per 360 days retail);RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	2	QL(1 ea per 360 days retail);RX/OTC
FULL KIT NEBULIZER SET MISC	2	QL(1 ea per 360 days retail);RX/OTC
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	2	QL(1 ea per 360 days retail);RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	2	QL(1 ea per 360 days retail);RX/OTC
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	2	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
INSPIRACHAMBER/LARGE DEVI	2	QL(2 ea per 360 days retail);RX/OTC
INSPIRACHAMBER/SOTHERMASK/INSPIRAMASK/MEDIUM DEVI	2	QL(2 ea per 360 days retail);RX/OTC
INSPIRACHAMBER/SOTHERMASK/INSPIRAMASK/SMALL DEVI	2	QL(2 ea per 360 days retail);RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	2	QL(2 ea per 360 days retail);RX/OTC
INSPIREASE RESERVOIR BAGS	2	QL(3 ea per 180 days retail)
LITETOUCH MASK LARGE MISC	2	QL(1 ea per 360 days retail);RX/OTC
LITETOUCH MASK MEDIUM MISC	2	QL(1 ea per 360 days retail);RX/OTC
LITETOUCH MASK SMALL MISC	2	QL(1 ea per 360 days retail);RX/OTC
MICROCHAMBER DEVI	2	QL(2 ea per 360 days retail);RX/OTC
MICROSPACER MISC	2	QL(2 ea per 360 days retail);RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	2	QL(1 ea per 360 days retail);RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	2	QL(1 ea per 360 days retail);RX/OTC
NOSE CLIP MISC	2	QL(1 ea per 360 days retail);RX/OTC
OPTICHAMBER DIAMOND MISC	2	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
OPTICHAMBER DIAMOND DEVI	2	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	QL(2 ea per 360 days retail);RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	2	QL(1 ea per 360 days retail);RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	2	QL(1 ea per 360 days retail);RX/OTC
PARI BABY CONVERSION KITSIZE 2 MISC	2	QL(1 ea per 360 days retail);RX/OTC
PARI BABY CONVERSION KITSIZE 3 MISC	2	QL(1 ea per 360 days retail);RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	2	QL(1 ea per 360 days retail);RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI	2	QL(1 ea per 360 days retail);RX/OTC
PARI MASK SET MISC	2	QL(1 ea per 360 days retail);RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	2	QL(1 ea per 360 days retail);RX/OTC
PARI SOFT PLASTIC PEDIATRIC MASK MISC	2	QL(1 ea per 360 days retail);RX/OTC
PARI VORTEX ADULT MASK MISC	2	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	2	QL(1 ea per 360 days retail);RX/OTC
PFLEX MISC	2	QL(1 ea per 360 days retail);RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	2	QL(1 ea per 360 days retail);RX/OTC
PILLOW MASK/ADULT MISC	2	QL(1 ea per 360 days retail);RX/OTC
PILLOW MASK/CHILD MISC	2	QL(1 ea per 360 days retail);RX/OTC
PILLOW MASK/PEDIATRIC MISC	2	QL(1 ea per 360 days retail);RX/OTC
POCKET CHAMBER DEVI	2	QL(2 ea per 360 days retail);RX/OTC
POCKET SPACER DEVI	2	QL(2 ea per 360 days retail);RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	2	QL(2 ea per 360 days retail);RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	2	QL(2 ea per 360 days retail);RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	2	QL(2 ea per 360 days retail);RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	2	QL(2 ea per 360 days retail);RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	2	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRONEB ULTRA FILTER SET MISC	2	QL(1 ea per 360 days retail);RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	2	QL(2 ea per 360 days retail);RX/OTC
REPLACEMENT AIR FILTER MISC	2	QL(1 ea per 360 days retail);RX/OTC
REPLACEMENT FILTERS MISC	2	QL(1 ea per 360 days retail);RX/OTC
RITEFLO DEVI	2	QL(2 ea per 360 days retail);RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC	2	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM ADULT FACE MASK MISC	2	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	2	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	2	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	2	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	2	QL(1 ea per 360 days retail);RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	2	QL(1 ea per 360 days retail);RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	2	QL(1 ea per 360 days retail);RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	2	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	2	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	2	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC	2	QL(1 ea per 360 days retail);RX/OTC
THRESHOLD IMT MISC	2	QL(1 ea per 360 days retail);RX/OTC
TUBING/WING TIP MISC	2	QL(1 ea per 360 days retail);RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 ea per 360 days retail);RX/OTC
WINDMILL TRAINER MISC	2	QL(1 ea per 360 days retail);RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOSY	2	SP
AJOVY SOAJ	2	SP

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SOSY 100 MG/ML	NP	SP;PA
EMGALITY SOSY 120 MG/ML	2	SP;PA
EMGALITY SOAJ	2	SP;PA
NURTEC	NP	
QULIPTA	NP	
UBRELVY	2	PA
Migraine Combinations		
<i>ergotamine w/ caffeine tabs 100 MG-1 MG</i>	1	
<i>sumatriptan-naproxen sodium 85 MG-500 MG</i>	1	
Migraine Products		
<i>dihydroergotamine mesylate soln ij 1 MG/ML</i>	1	
Serotonin Agonists		
<i>almotriptan malate</i>	1	
<i>eletriptan hydrobromide</i>	1	QL(0.2 ea daily)
<i>frovatriptan succinate</i>	1	
<i>naratriptan hcl</i>	1	QL(0.3 ea daily);AL(At least 18 yrs old)
<i>rizatriptan benzoate tabs</i>	1	QL(12 ea per 30 days retail);AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp</i>	1	
<i>sumatriptan</i>	1	QL(6 ea per 30 days retail)
<i>sumatriptan succinate soaj 6 MG/0.5ML</i>	1	QL(0.67 ml daily)
<i>sumatriptan succinate soct 4 MG/0.5ML</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate soaj 4 MG/0.5ML</i>	1	
<i>sumatriptan succinate soct 6 MG/0.5ML</i>	1	QL(0.67 ml daily)
<i>sumatriptan succinate soln 6 MG/0.5ML</i>	1	QL(2.5 ml per 30 days retail);AL(At least 12 yrs old)
<i>sumatriptan succinate tabs</i>	1	QL(9 ea per 30 days retail)
<i>zolmitriptan tbdp</i>	1	QL(6 ea per 30 days retail)
<i>zolmitriptan tabs</i>	1	QL(6 ea per 30 days retail)
MINERALS & ELECTROLYTES		
Calcium		
<i>calcium carbonate-cholecalciferol tabs 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG, 600 MG-400 UNIT</i>	1	QL(2 ea daily)
<i>oyster shell</i>	1	
OYSTER SHELL CALCIUM/VITAIN D3 TABS 5 MCG-500 MG	2	
Fluoride		
<i>sodium fluoride chew .25 MG, .5 MG, 1 MG, 2.2 MG</i>	1	
<i>sodium fluoride soln .125 MG/DROP, .5 MG/ML</i>	1	RX/OTC
Magnesium		
<i>magnesium oxide (mg supplement) tabs 400 MG</i>	1	
Phosphate		

Drug Name	Drug Tier	Requirements/Limits
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic 130 MG-155 MG-852 MG</i>	1	QL(8 ea daily);RX/OTC
Potassium		
K-TAB TBCR 8 MEQ (Use potassium chloride)	2	MP
<i>potassium bicarbonate tbef</i>	1	
<i>potassium chloride soln or 10 %, 20 %</i>	1	MP
<i>potassium chloride cpcr 10 MEQ</i>	1	MP
<i>potassium chloride tbcr 8 MEQ, 10 MEQ</i>	1	MP
<i>potassium chloride cpcr 8 MEQ</i>	1	QL(1 ea daily);MP
<i>potassium chloride pack or 20 MEQ</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	MP
Zinc		
<i>zinc sulfate caps</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine tabs</i>	1	
<i>trientine hcl</i>	1	SP;PA
Enzymes		
XIAFLEX	2	SP;PA
Fecal Incontinence Bulking Agents		
SOLESTA 15 MG/ML-50 MG/ML	2	SP;PA
Immunomodulators		
<i>lenalidomide</i>	1	SP;PA
REVLIMID	2	SP;PA

Drug Name	Drug Tier	Requirements/Limits
THALOMID	2	SP;PA
Immunosuppressive Agents		
ASTAGRAF XL CP24	2	PA
ATGAM	2	SP;PA
<i>azathioprine tabs 75 MG, 100 MG</i>	1	
<i>azathioprine tabs 50 MG</i>	1	MP
<i>cyclosporine caps</i>	1	PA
<i>cyclosporine soln iv 50 MG/ML</i>	1	PA
<i>cyclosporine modified (for microemulsion) soln</i>	1	PA
<i>cyclosporine modified (for microemulsion) caps</i>	1	PA
<i>everolimus (immunosuppressant)</i>	1	PA
GAMIFANT 10 MG/2ML, 50 MG/10ML	2	SP;PA
<i>mycophenolate mofetil caps</i>	1	PA
<i>mycophenolate mofetil susr</i>	1	PA
<i>mycophenolate mofetil tabs</i>	1	PA
<i>mycophenolate mofetil hcl</i>	1	PA
<i>mycophenolate sodium</i>	1	PA
NULOJIX	2	SP;PA
PROGRAF PACK	2	PA
PROGRAF SOLN	2	PA
SANDIMMUNE SOLN OR	2	PA
SANDIMMUNE CAPS (Use cyclosporine)	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus tabs</i>	1	PA
<i>sirolimus soln</i>	1	PA
<i>tacrolimus caps</i>	1	PA
THYMOGLOBULIN	2	SP;PA
Lymphatic Agents		
SYLVANT	2	SP;PA
Potassium Removing Agents		
LOKELMA	2	
<i>sodium polystyrene sulfonate susp or 15 GM/60ML</i>	1	
<i>sodium polystyrene sulfonate powd</i>	1	QL(454 gm per fill retail)
Systemic Lupus Erythematosus Agents		
BENLYSTA SOLR	2	SP;PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	QL(100 ml per fill retail)
Anti-infectives - Throat		
<i>nystatin (mouth-throat)</i>	1	QL(100 ml per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
Dental Products		
<i>sodium fluoride (dental) soln .2 %</i>	1	
<i>sodium fluoride (dental) crea</i>	1	QL(57 gm per fill retail)
<i>sodium fluoride (dental) gel</i>	1	QL(60 gm per fill retail)
<i>stannous fluoride conc</i>	1	RX/OTC
Periodontal Products		
ARESTIN	2	SP;PA
Steroids - Mouth/Throat/Dental		

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (mouth)</i>	1	QL(5 gm per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	2	QL(900 ml per fill retail);RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	2	QL(900 ml per fill retail);RX/OTC
CAPHOSOL SOLN 0.009 %-0.032 %-0.052 %-0.569 %	2	QL(900 ml per fill retail);RX/OTC
CVS DRY MOUTH SPRAY SOLN	2	QL(900 ml per fill retail);RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	2	QL(900 ml per fill retail);RX/OTC
MOI-STIR SOLN	2	QL(900 ml per fill retail);RX/OTC
MOUTH KOTE SOLN	2	QL(900 ea per fill retail);RX/OTC
MOUTH KOTE REMINT SOLN	2	QL(900 ml per fill retail);RX/OTC
NUMOISYN LIQD	2	QL(900 ml per fill retail);RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	2	QL(900 ml per fill retail);RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily)
RA DRY MOUTH SOLN	2	QL(900 ml per fill retail);RX/OTC
XEROSTOMIA RELIEF SPRAY SOLN	2	QL(900 ml per fill retail);RX/OTC
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins caps 1 MG-1.5 MG-2 MG-10 MG-70 MG-100 MCG-100 MG</i>	1	QL(1 ea daily)
<i>b-complex vitamins tabs 4 MG-5 MG-7 MG-10 MG-25 MCG</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
B-Complex w/ C		
<i>b complex w/ c caps 5 MG-10 MG-10.2 MG-15 MG-50 MG-300 MG</i>	1	QL(1 ea daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid tabs</i>	1	QL(1 ea daily);RX/OTC
<i>b-complex w/ c & folic acid caps 1.5 MG-1.7 MG-5 MG-6 MCG-10 MG-20 MG-100 MG-150 MCG-1000 MCG</i>	1	QL(1 ea daily);RX/OTC
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron tabs 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-10 MG-13.5 MG-18 MG-20 MG-25 MG-60 MG-400 MCG-900 MCG</i>	1	QL(1 ea daily)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-10 MG-13.5 MG-18 MG-20 MG-60 MG-400 MCG-1500 MCG	2	QL(1 ea daily)
Multiple Vitamins w/ Minerals		
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	2	RX/OTC
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	1	RX/OTC
Multivitamins		
MULTIPLE VITAMINS TABS-ASSORTED BRAND	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
MULTIPLE VITAMINS TABS-ASSORTED GENERIC	1	QL(1 ea daily)
Ped Multi Vitamins w/Fl & FE		
<i>ped multivitamins w/fl & iron soln 0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-5 UNIT/ML-8 MG/ML-10 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML</i>	1	QL(50 ml per fill retail);AL(Up to 13 yrs old);RX/OTC
Ped Multiple Vitamins w/ Minerals		
AQUADEKS LIQD 0.6 MG/ML-0.6 MG/ML-0.6 MG/ML-2 MG/ML-3 MG/ML-3 MG/ML-5 MG/ML-6 MG/ML-10 MCG/ML-15 MCG/ML-15 MG/ML-45 MG/ML-50 UNIT/ML-400 MCG/ML-400 UNIT/ML-5751 UNIT/ML	2	
Ped MV w/ Fluoride		
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	2	QL(1 ea daily); AL(Up to 13 yrs old)
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC	1	QL(1 ea daily); AL(Up to 13 yrs old)
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	2	QL(50ml per fill retail); AL(Up to 13 yrs old)

Drug Name	Drug Tier	Requirements/Limits
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	1	QL(50ml per fill retail); AL(Up to 13 yrs old)
<i>pediatric vitamins and w/ fluoride soln</i>	1	QL(50 ml per fill retail);AL(Up to 13 yrs old);RX/OTC
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/IRON SOLN 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-5 UNIT/ML-8 MG/ML-10 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	2	QL(60 ml per fill retail)
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-10 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	2	QL(60 ml per fill retail)
POLY-VITA/IRON SOLN 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-5 MG/ML-8 MG/ML-10 MCG/ML-10 MG/ML-35 MG/ML-412.5 MCG/ML	2	QL(60 ml per fill retail)
Pediatric Multiple Vitamins		

Drug Name	Drug Tier	Requirements/Limits
BPROTECTED PEDIA POLY-VITE SOLN OR 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	2	
MULTIVITAMIN INFANT & TODDLER SOLN OR 0.5 MCG/ML-0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-50 MG/ML-250 MCG/ML	2	
MULTIVITAMIN INFANT/TODDLER SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 MG/ML-50 MG/ML-250 MCG/ML-400 UNIT/ML	2	
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-750 UNIT/ML	2	

Drug Name	Drug Tier	Requirements/Limits
POLY-VI-SOL SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-50 MG/ML-250 MCG/ML	2	
POLY-VITA SOLN OR 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 MG/ML-8 MG/ML-10 MCG/ML-35 MG/ML-412.5 MCG/ML	2	
POLY-VITE PEDIATRIC SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 UNIT/ML-50 MG/ML-400 UNIT/ML-833 UNIT/ML	2	
Prenatal Vitamins		
PRENATAL VITAMINS-ASSORTED BRAND	2	QL(30 ea per 30 days retail); RX/OTC
PRENATAL VITAMINS-ASSORTED GENERIC	1	QL(30 ea per 30 days retail); RX/OTC
Vitamins w/ Lipotropics		
<i>vitamins w/ lipotropics caps 50 MCG-50 MCG-50 MG-50 MG-50 MG-50 MG-50 MG-50 MG-100 MCG</i>	1	QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Articular Cartilage Repair Therapy		

Drug Name	Drug Tier	Requirements/Limits
MACI	2	SP;PA
Central Muscle Relaxants		
<i>baclofen tabs 5 MG</i>	1	PA
<i>baclofen soln it 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML</i>	1	SP;PA
<i>baclofen tabs 10 MG, 20 MG</i>	1	MP
<i>carisoprodol tabs 250 MG</i>	1	PA
<i>carisoprodol tabs 350 MG</i>	1	MP
<i>chlorzoxazone tabs 375 MG</i>	1	
<i>chlorzoxazone tabs 250 MG, 375 MG, 750 MG</i>	1	
<i>chlorzoxazone tabs 500 MG</i>	1	MP
<i>cyclobenzaprine hcl tabs 5 MG, 10 MG</i>	1	QL(3 ea daily);MP
<i>cyclobenzaprine hcl cp24</i>	1	
<i>cyclobenzaprine hcl tabs 7.5 MG</i>	NP	QL(4 ea daily)
<i>cyclobenzaprine hcl tabs 7.5 MG</i>	1	QL(4 ea daily)
GABLOFEN SOLN IT	2	SP;PA
LIORESAL INTRATHECAL SOLN IT	2	SP;PA
<i>metaxalone</i>	1	
<i>methocarbamol tabs 500 MG</i>	1	MP
<i>methocarbamol tabs 750 MG</i>	1	
<i>orphenadrine citrate tb12</i>	1	
<i>tizanidine hcl caps</i>	1	
<i>tizanidine hcl tabs</i>	1	

Drug Name	Drug Tier	Requirement s/Limits
Direct Muscle Relaxants		
<i>dantrolene sodium caps</i>	1	
Viscosupplements		
EUFLEXXA SOSY	2	SP;PA
GEL-ONE	2	SP;PA
GELSYN-3 SOSY	2	SP;PA
GENVISC 850 SOSY	2	SP;PA
HYALGAN SOLN	2	SP;PA
HYALGAN SOSY	2	SP;PA
HYMOVIS	2	SP;PA
MONOVISC	2	SP;PA
ORTHOVISC	2	SP;PA
SODIUM HYALURONATE SOSY	2	SP;PA
SUPARTZ FX SOSY	2	SP;PA
SYNOJOYNT SOSY	2	SP;PA
SYNVISC SOSY	2	SP;PA
SYNVISC ONE SOSY	2	SP;PA
TRILURON SOSY	2	SP;PA
TRIVISC SOSY	2	SP;PA
VISCO-3 SOSY	2	SP;PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate susp 137 MCG/ACT-50 MCG/ACT</i>	1	
Nasal Agents - Misc.		
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	2	QL(90 ml per fill retail)
<i>saline soln</i>	1	QL(90 ml per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
Nasal Antiallergy		
<i>azelastine hcl</i>	1	QL(30 ml per fill retail);RX/OTC
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	1	QL(26 ml per fill retail)
<i>olopatadine hcl (nasal)</i>	1	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) .06 %</i>	1	QL(15 ml per 30 days retail)
<i>ipratropium bromide (nasal) .03 %</i>	1	QL(30 ml per 30 days retail)
Nasal Steroids		
<i>flunisolide (nasal) .025 %</i>	1	QL(25 ml per fill retail)
<i>fluticasone propionate (nasal) susp</i>	1	QL(16 ml per fill retail);RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	QL(17 gm per fill retail);AL(At least 2 yrs old)
Sympathomimetic Decongestants		
ADRENALIN .1 %	2	
<i>epinephrine hcl (nasal)</i>	1	
<i>phenylephrine hcl (oral) tabs</i>	1	QL(24 ea per fill retail)
<i>pseudoephedrine hcl tabs</i>	1	
<i>pseudoephedrine hcl tb12</i>	1	QL(2 ea daily)
<i>pseudoephedrine hcl liqd 15 MG/5ML</i>	1	
SUDAFED CHILDRENS LIQD	2	
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	2	QL(120 ml per fill retail)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>riluzole tabs</i>	1	PA
TIGLUTIK SUSP	2	SP;PA
Muscular Dystrophy Agents		
EXONDYS 51	2	SP;PA
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX IJ	2	SP;PA
DYSPORT	2	SP;PA
MYOBLOC	2	SP;PA
XEOMIN	2	SP;PA
Spinal Muscular Atrophy Agents (SMA)		
SPINRAZA	2	SP;PA
ZOLGENSMA 10.1-10.5 KG	CO	SP
ZOLGENSMA 10.6-11.0 KG	CO	SP
ZOLGENSMA 11.1-11.5 KG	CO	SP
ZOLGENSMA 11.6-12.0 KG	CO	SP
ZOLGENSMA 12.1-12.5 KG	CO	SP
ZOLGENSMA 12.6-13.0 KG	CO	SP
ZOLGENSMA 13.1-13.5 KG	CO	SP
ZOLGENSMA 2.6-3.0 KG	CO	SP
ZOLGENSMA 3.1-3.5 KG	CO	SP
ZOLGENSMA 3.6-4.0 KG	CO	SP
ZOLGENSMA 4.1-4.5 KG	CO	SP
ZOLGENSMA 4.6-5.0 KG	CO	SP
ZOLGENSMA 5.1-5.5 KG	CO	SP

Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 5.6-6.0 KG	CO	SP
ZOLGENSMA 6.1-6.5 KG	CO	SP
ZOLGENSMA 6.6-7.0 KG	CO	SP
ZOLGENSMA 7.1-7.5 KG	CO	SP
ZOLGENSMA 7.6-8.0 KG	CO	SP
ZOLGENSMA 8.1-8.5 KG	CO	SP
ZOLGENSMA 8.6-9.0 KG	CO	SP
ZOLGENSMA 9.1-9.5 KG	CO	SP
ZOLGENSMA 9.6-10.0 KG	CO	SP
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>polyvinyl alcohol 1.4 %</i>	1	QL(15 ml per fill retail)
<i>white petrolatum-mineral oil 15 %-83 %</i>	1	QL(5 gm per fill retail)
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) soln</i>	1	QL(5 ml per fill retail)
<i>brimonidine tartrate-timolol maleate 0.2 %-0.5 %</i>	1	
<i>carteolol hcl (ophth)</i>	1	
COMBIGAN 0.2 %-0.5 % (Use brimonidine tartrate-timolol maleate)	2	
COSOPT 6.8 MG/ML-22.3 MG/ML (Use dorzolamide hcl-timolol maleate)	NP	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
DORZOLAMIDE HCL/TIMOLOL MALEATE 0.5 %-2 %	NP	QL(10 ml per fill retail)
<i>dorzolamide hcl-timolol maleate 0.5 %-2 %</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	QL(10 ml per fill retail)
<i>levobunolol hcl .5 %</i>	1	
<i>timolol maleate (ophth) solg .5 %</i>	1	QL(5 ml per fill retail)
<i>timolol maleate (ophth) soln</i>	1	QL(5 ml per fill retail)
<i>timolol maleate (ophth) solg .25 %</i>	1	
<i>timolol maleate (ophth) soln .5 %</i>	1	
TIMOLOL/BRIMONIDE /DORZOLAMIDE 0.15 %-0.5 %-2 %	2	
TIMOPTIC-XE SOLG .25 % (Use timolol maleate (ophth))	NP	
Cycloplegic Mydriatics		
ATROPINE SULFATE SOLN 1 %	2	QL(5 ml per fill retail)
<i>atropine sulfate (ophthalmic) oint</i>	1	QL(4 gm per fill retail)
<i>atropine sulfate (ophthalmic) soln</i>	1	QL(5 ml per fill retail)
<i>cyclopentolate hcl 1 %</i>	1	QL(5 ml per fill retail)
<i>cyclopentolate hcl .5 %</i>	1	QL(15 ml per fill retail)
ISOPTO ATROPINE SOLN	2	QL(5 ml per fill retail)
<i>phenylephrine hcl (mydriatic) soln 2.5 %</i>	1	QL(5 ml per fill retail)
<i>tropicamide soln 1 %</i>	1	QL(3 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>tropicamide soln .5 %</i>	1	QL(15 ml per fill retail)
Miotics		
<i>pilocarpine hcl soln 1 %, 2 %, 4 %</i>	1	
Ophthalmic - Angiogenesis Inhibitors		
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	2	SP;PA
EYLEA SOLN	2	SP;PA
LUCENTIS SOLN	2	SP;PA
LUCENTIS SOSY	2	SP;PA
Ophthalmic Adrenergic Agents		
ALPHAGAN P	2	
ALPHAGAN P (Use brimonidine tartrate)	2	
<i>apraclonidine hcl</i>	1	
<i>brimonidine tartrate .15 %</i>	1	
<i>brimonidine tartrate .2 %</i>	1	QL(5 ml per fill retail)
SIMBRINZA 0.2 %-1 %	2	
Ophthalmic Anti-infectives		
<i>bacitracin-polymyxin b (ophth) 500 UNIT/GM-10000 UNIT/GM</i>	1	QL(4 gm per fill retail)
<i>ciprofloxacin hcl (ophth) soln</i>	1	QL(5 ml per fill retail)
<i>erythromycin (ophth)</i>	1	QL(4 gm per fill retail)
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth) soln</i>	1	QL(5 ml per fill retail)
<i>gentamicin sulfate (ophth) oint</i>	1	QL(4 gm per fill retail)
<i>levofloxacin (ophth) .5 %</i>	1	

Drug Name	Drug Tier	Requirement s/Limits
<i>moxifloxacin hcl (ophth) soln op</i>	1	QL(3 ml per fill retail)
<i>neomycin-bacitracin zn-polymyxin 3.5 MG/GM-400 UNIT/GM-10000 UNIT/GM</i>	1	QL(4 gm per fill retail)
<i>neomycin-polymyxin-gramicidin 0.025 MG/ML-1.75 MG/ML-10000 UNIT/ML</i>	1	QL(10 ml per fill retail)
<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail)
<i>polymyxin b-trimethoprim 0.1 %-10000 UNIT/ML</i>	1	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) soln</i>	1	QL(15 ml per fill retail)
<i>tobramycin (ophth) soln</i>	1	QL(5 ml per fill retail)
TOBREX OINT	2	QL(4 gm per fill retail)
Ophthalmic Decongestants		
<i>naphazoline w/ pheniramine 0.027 %-0.315 %</i>	1	QL(0.5 ml daily)
<i>tetrahydrozoline hcl (ophth) .05 %</i>	1	QL(30 ml per fill retail)
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
<i>cyclosporine (ophth) emul</i>	1	PA
RESTASIS EMUL (Use cyclosporine (ophth))	2	PA
RESTASIS MULTIDOSE EMUL	2	PA
Ophthalmic Integrin Antagonists		
XIIDRA	2	PA
Ophthalmic Kinase Inhibitors		

Drug Name	Drug Tier	Requirement s/Limits
ROCKLATAN 0.005 %-0.02 %	2	
Ophthalmic Local Anesthetics		
<i>tetracaine hcl (ophth)</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE	2	SP;PA
Ophthalmic Photodynamic Therapy Agents		
VISUDYNE	2	SP;PA
Ophthalmic Steroids		
BLEPHAMIDE SUSP 0.2 %-10 %	2	QL(5 ml per fill retail)
BLEPHAMIDE S.O.P. OINT 0.2 %-10 %	2	QL(4 gm per fill retail)
<i>dexamethasone sodium phosphate (ophth)</i>	1	QL(5 ml per fill retail)
DEXTENZA INST	2	SP;PA
EYSUVIS SUSP	NP	
<i>fluorometholone (ophth) susp</i>	1	QL(5 ml per fill retail)
FML OINT	2	QL(4 gm per fill retail)
ILUVIEN	2	SP;PA
<i>neomycin-polymy-dexameth oint 0.1 %-3.5 MG/GM-10000 UNIT/GM</i>	1	QL(4 gm per fill retail)
<i>neomycin-polymy-dexameth susp 0.1 %-3.5 MG/ML-10000 UNIT/ML</i>	1	QL(5 ml per fill retail)
<i>neomycin-polymyxin-hc (ophth) 1 %-3.5 MG/ML-10000 UNIT/ML</i>	1	QL(8 ml per fill retail)
OZURDEX IMPL	2	SP;PA
PRED MILD	2	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
PRED-G SUSP 0.3 %-1 %	2	QL(5 ml per fill retail)
<i>prednisolone acetate (ophth)</i>	1	QL(5 ml per fill retail)
PREDNISOLONE ACETATE P-F	2	QL(5 ml per fill retail)
PREDNISOLONE SODIUM PHOSPHATE	2	QL(10 ml per fill retail)
RETISERT	2	SP;PA
<i>sulfacetamide sod-prednisolone soln 0.23 %-10 %</i>	1	QL(5 ml per fill retail)
TOBRADEX OINT 0.1 %-0.3 %	2	QL(4 gm per fill retail)
<i>tobramycin-dexamethasone susp 0.1 %-0.3 %</i>	1	QL(5 ml per fill retail)
YUTIQ	2	SP
Ophthalmics - Misc.		
<i>azelastine hcl (ophth)</i>	1	QL(6 ml per fill retail)
<i>bromfenac sodium (ophth)</i>	1	
<i>cromolyn sodium (ophth)</i>	1	QL(10 ml per fill retail)
CYSTARAN	2	SP;PA
<i>diclofenac sodium (ophth)</i>	1	QL(5 ml per fill retail)
<i>dorzolamide hcl</i>	1	QL(10 ml per fill retail)
DORZOLAMIDE HCL	2	QL(10 ml per fill retail)
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	QL(3 ml per fill retail)
ILEVRO	NP	
<i>ketorolac tromethamine (ophth) .4 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine (ophth) .5 %</i>	1	QL(5 ml per fill retail)
<i>ketotifen fumarate (ophth) .025 %</i>	1	QL(5 ml per fill retail)
<i>olopatadine hcl</i>	1	RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	1	
TRAVATAN Z (<i>Use travoprost</i>)	2	
<i>travoprost</i>	1	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	QL(15 ml per fill retail)
<i>carbamide peroxide (otic) 6.5 %</i>	1	QL(0.5 ml daily)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	QL(5 ml per fill retail)
Otic Combinations		
CIPRODEX 0.1 %-0.3 % (<i>Use ciprofloxacin-dexamethasone</i>)	2	1 rtl MAX fill,30 rtl day(s) supply;QL(7.5 ml per fill retail)
<i>ciprofloxacin-dexamethasone 0.1 %-0.3 %</i>	1	1 rtl MAX fill,30 rtl day(s) supply;QL(7.5 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) susp 1 %-3.5 MG/ML-10000 UNIT/ML</i>	1	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) soln 1 %-3.5 MG/ML-10000 UNIT/ML</i>	1	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>pramoxine-hc-chloroxylenol 1 MG/ML-10 MG/ML-10 MG/ML</i>	1	QL(15 ml per fill retail)
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	1	QL(20 ml per fill retail)
<i>hydrocortisone w/acetic acid 1 %-2 %</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		
BIVIGAM SOLN	2	SP;PA
CARIMUNE NANOFILTERED SOLR	2	SP;PA
CUVITRU SOLN	2	SP;PA
CYTOGAM	2	SP;PA
FLEBOGAMMA DIF SOLN	2	SP;PA
GAMASTAN	2	SP;PA
GAMMAGARD LIQUID	2	SP;PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	2	SP;PA
GAMMAKED	2	SP;PA
GAMMAPLEX SOLN	2	SP;PA
GAMUNEX-C	2	SP;PA
HEPAGAM B SOLN IJ	2	SP;PA
HIZENTRA SOLN	2	SP;PA
HYPERHEP B SOLN IM	2	SP;PA

Drug Name	Drug Tier	Requirements/Limits
HYPERHEP B SOSY	2	SP;PA
HYPERRHO S/D SOSY IM	2	SP;PA
HYPERRHO S/D MINI-DOSE SOSY IM	2	SP;PA
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	2	SP;PA
NABI-HB SOLN IM	2	SP;PA
OCTAGAM SOLN	2	SP;PA
PANZYGA	2	SP;PA
PRIVIGEN SOLN	2	SP;PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP;PA
RHOPHYLAC SOSY IJ	2	SP;PA
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	2	SP;PA
Monoclonal Antibodies		
SYNAGIS SOLN	2	SP;PA
ZINPLAVA	2	SP;PA
Passive Immunizing Agents - Combinations		
HYQVIA	2	SP;PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin tabs 875 MG</i>	1	
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew 125 MG, 250 MG</i>	1	
<i>amoxicillin susr</i>	1	
<i>ampicillin caps 500 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Natural Penicillins		
<i>penicillin v potassium solr</i>	1	
<i>penicillin v potassium tabs</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate susr 28.5 MG/5ML-200 MG/5ML, 62.5 MG/5ML-250 MG/5ML</i>	1	QL(75 ml per fill retail)
<i>amoxicillin & pot clavulanate tabs 125 MG-250 MG, 250 MG-125 MG</i>	1	QL(30 ea per fill retail)
<i>amoxicillin & pot clavulanate tb12 62.5 MG-1000 MG</i>	1	QL(1.34 ea daily)
<i>amoxicillin & pot clavulanate tabs</i>	1	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate chew</i>	1	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate susr 42.9 MG/5ML-600 MG/5ML, 600 MG/5ML-42.9 MG/5ML</i>	1	QL(400 ml per fill retail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK	2	QL(1816 gm per fill retail);AL(At least 2 yrs old)
SIMPLYTHICK EASY MIX	2	QL(1816 gm per fill retail);AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/Limits
SIMPLYTHICK EASYMIX	2	QL(1816 gm per fill retail);AL(At least 2 yrs old)
Liquid Vehicles		
<i>glycine diluent 94 MG/50ML-73.3 MG/50ML</i>	1	SP;PA
STERILE DILUENT FOR TREPROSTINIL INJECTION 73.3 MG/50ML-94 MG/50ML	2	SP;PA
Semi Solid Vehicles		
<i>lanolin xx</i>	1	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>hydroxyprogesterone caproate oil</i>	1	SP;PA
MAKENA SOAJ	NP	SP;PA
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP
<i>norethindrone acetate tabs</i>	1	MP
<i>progesterone caps 200 MG</i>	1	QL(20 ea per 30 days retail)
<i>progesterone caps 100 MG</i>	1	QL(1 ea daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram 250 MG</i>	1	
Anti-Cataleptic Agents		
SODIUM OXYBATE	2	SP;PA
XYREM	2	SP;PA

Drug Name	Drug Tier	Requirements/Limits
Antidementia Agents		
<i>donepezil hydrochloride tbdp</i>	1	
<i>donepezil hydrochloride tabs 23 MG</i>	1	
<i>donepezil hydrochloride tabs 5 MG, 10 MG</i>	1	QL(1 ea daily);MP
EXELON 13.3 MG/24HR (Use <i>rivastigmine</i>)	2	
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use <i>rivastigmine</i>)	2	QL(1 ea daily)
<i>galantamine hydrobromide cp24</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide tabs</i>	1	QL(2 ea daily)
<i>galantamine hydrobromide soln</i>	1	QL(6 ml daily)
<i>memantine hcl tabs</i>	1	QL(1 ea per 28 days retail)
<i>memantine hcl soln</i>	1	QL(10 ml daily)
<i>memantine hcl tabs</i>	1	QL(2 ea daily);MP
<i>memantine hcl cp24</i>	1	
<i>rivastigmine 13.3 MG/24HR</i>	1	
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	1	QL(1 ea daily)
<i>rivastigmine tartrate caps</i>	1	QL(2 ea daily)
Cerebral Adrenoleukodystrophy (CALD) Agents		
SKYSONA	CO	
Combination Psychotherapeutics		
LYBALVI	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine-amitriptyline</i>	1	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	2	QL(2 ea daily);PA
SAVELLA TITRATION PACK MISC	2	QL(55 ea per 365 days retail);PA
Movement Disorder Drug Therapy		
AUSTEDO TABS	2	SP;PA
INGREZZA CAPS 60 MG	2	SP
<i>tetrabenazine</i>	1	SP;PA
Multiple Sclerosis Agents		
AVONEX PSKT	2	SP;PA
BAFIERTAM	NP	SP
COPAXONE SOSY (Use <i>glatiramer acetate</i>)	2	SP;PA
<i>dalfampridine</i>	1	SP;PA
<i>dimethyl fumarate misc</i>	1	SP;PA
<i>dimethyl fumarate cpdr</i>	1	SP;PA
<i>fingolimod hcl</i>	NP	SP;PA
GILENYA	NP	SP;PA
<i>glatiramer acetate sosy</i>	1	SP;PA
KESIMPTA	2	SP;PA
MAYZENT TABS 1 MG	NP	SP
MAYZENT STARTER PACK TBPK	NP	SP
PONVORY TABS	NP	SP
PONVORY 14-DAY STARTER PACK TBPK	NP	SP
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) tabs</i>	1	
Psychotherapeutic and Neurological Agents -		

Drug Name	Drug Tier	Requirements/Limits
Misc.		
<i>ergoloid mesylates tabs</i>	1	
Smoking Deterrents		
APO-VARENICLINE TABS	0	QL(2 ea daily);AL(At least 18 yrs old)
<i>bupropion hcl (smoking deterrent)</i>	0	AL(At least 18 yrs old)
CHANTIX TABS (Use varenicline tartrate)	0	QL(2 ea daily);AL(At least 18 yrs old)
CHANTIX STARTING MONTH PAK TBPk (Use varenicline tartrate)	0	AL(At least 18 yrs old)
<i>nicotine pt24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	AL(At least 18 yrs old)
<i>nicotine polacrilex lozg</i>	0	AL(At least 18 yrs old)
<i>nicotine polacrilex gum</i>	0	AL(At least 18 yrs old)
NICOTINE TRANSDERMAL SYSTEM KIT	0	AL(At least 18 yrs old)
NICOTROL INHALER INHA	0	AL(At least 18 yrs old);PA
NICOTROL NS SOLN	0	AL(At least 18 yrs old);PA
<i>varenicline tartrate tabs</i>	0	QL(2 ea daily);AL(At least 18 yrs old)
<i>varenicline tartrate tbpk</i>	0	AL(At least 18 yrs old)
Transthyretin Amyloidosis Agents		
ONPATTRO	2	SP;PA
TEGSEDI	2	SP;PA
Vasomotor Symptom Agents		

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

Drug Name	Drug Tier	Requirement s/Limits
<i>doxycycline hyclate tabs 100 MG</i>	1	
<i>minocycline hcl caps</i>	1	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	1	MP
<i>propylthiouracil</i>	1	MP
Thyroid Hormones		
ARMOUR THYROID TABS	2	MP
<i>levothyroxine sodium tabs</i>	1	MP
<i>levothyroxine sodium caps 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG</i>	1	
<i>liothyronine sodium tabs</i>	1	MP
SYNTHROID TABS (Use <i>levothyroxine sodium</i>)	2	MP
<i>thyroid tabs 15 MG, 30 MG, 60 MG, 90 MG, 120 MG</i>	1	MP
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (Use <i>levothyroxine sodium</i>)	2	
TIROSINT CAPS	2	
TOXOIDS		
Toxoid Combinations		

Drug Name	Drug Tier	Requirement s/Limits
ADACEL SUSP 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	0	AL (19 years old and older);QL(1 ml per 999 days retail);AL(At least 19 yrs old)
BOOSTRIX SUSP 2.5 LF/0.5ML-5 LF/0.5ML-18.5 MCG/0.5ML	0	AL (19 years old and older);QL(1 ml per 999 days retail);AL(At least 19 yrs old)
BOOSTRIX SUSY 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	0	Limit 1 per lifetime;QL(1 ml per 999 days retail);AL(At least 18 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>dicyclomine hcl soln or</i>	1	QL(40 ml daily)
<i>dicyclomine hcl caps</i>	1	
<i>dicyclomine hcl tabs</i>	1	
<i>glycopyrrolate tabs 1 MG, 2 MG</i>	1	QL(4 ea daily)
<i>hyoscyamine sulfate tb12 .375 MG</i>	1	
<i>hyoscyamine sulfate elix</i>	1	
<i>hyoscyamine sulfate tbdp .125 MG</i>	1	
<i>hyoscyamine sulfate tabs .125 MG</i>	1	
<i>hyoscyamine sulfate soln or .125 MG/ML</i>	1	
<i>hyoscyamine sulfate subl .125 MG</i>	1	
SYMAX DUOTAB TBCR	2	
H-2 Antagonists		
<i>cimetidine tabs 300 MG, 400 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine tabs 800 MG</i>	1	QL(500 ea per fill retail)
<i>cimetidine tabs 200 MG</i>	1	MP;RX/OTC
<i>famotidine tabs 20 MG, 40 MG</i>	1	MP;RX/OTC
<i>famotidine tabs 10 MG</i>	1	
<i>ranitidine hcl tabs 75 MG, 150 MG</i>	1	QL(2 ea daily);MP
Misc. Anti-Ulcer		
<i>sucralfate tabs</i>	1	QL(4 ea daily);MP
<i>sucralfate susp</i>	1	QL(420 ml per fill retail)
Proton Pump Inhibitors		
<i>esomeprazole magnesium cpdr 20 MG</i>	1	RX/OTC
<i>esomeprazole magnesium pack</i>	1	
ESOMEPRAZOLE STRONTIUM 49.3 MG	2	
<i>lansoprazole cpdr</i>	1	RX/OTC
<i>lansoprazole tbdd</i>	1	PA;RX/OTC
NEXIUM PACK (Use <i>esomeprazole magnesium</i>)	2	
NEXIUM PACK	2	
NEXIUM CPDR 20 MG (Use <i>esomeprazole magnesium</i>)	NP	RX/OTC
NEXIUM 24HR CPDR (Use <i>esomeprazole magnesium</i>)	NP	RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR (Use <i>esomeprazole magnesium</i>)	NP	RX/OTC
<i>omeprazole cpdr</i>	1	QL(2 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole tbec</i>	1	QL(1 ea daily)
<i>pantoprazole sodium pack</i>	1	
<i>pantoprazole sodium tbec 40 MG</i>	1	QL(2 ea daily)
<i>pantoprazole sodium tbec 20 MG</i>	1	QL(1 ea daily)
PROTONIX PACK (Use <i>pantoprazole sodium</i>)	2	
<i>rabeprazole sodium tbec</i>	1	
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1	
Ulcer Therapy Combinations		
<i>omeprazole-sodium bicarbonate caps</i>	1	RX/OTC
<i>omeprazole-sodium bicarbonate pack</i>	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1	
<i>fesoterodine fumarate</i>	1	
<i>oxybutynin chloride syrup</i>	1	QL(16 ml daily);MP
<i>oxybutynin chloride tabs</i>	1	QL(3 ea daily);MP
<i>oxybutynin chloride tb24</i>	1	QL(2 ea daily);MP
<i>solifenacin succinate tabs</i>	1	
<i>tolterodine tartrate cp24</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TOVIAZ (<i>Use fesoterodine fumarate</i>)	2	
<i>trospium chloride cp24</i>	1	
<i>trospium chloride tabs</i>	1	QL(2 ea daily)
VESICARE LS SUSP	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
MYRBETRIQ SRER	NP	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
VACCINES		
Bacterial Vaccines		
BEXSERO	0	AL (19 years old and older);QL(1 ml per 999 days retail);AL(At least 19 yrs old)
MENACTRA	0	Limit 1 per lifetime;QL(1 ml per 999 days retail);AL(At least 18 yrs old)
MENQUADFI	0	QL(1 ml per 999 days retail);AL(At least 18 yrs old)
MENVEO SOLR	0	AL (19 years old and older);QL(1 ea per 999 days retail);AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
PNEUMOVAX 23	0	AL (19 years old and older);2 rtl pack lmt amt,999 rtl pack lmt day(s);AL(At least 19 yrs old)
PNEUMOVAX 23/1 DOSE	0	AL (19 years old and older);2 rtl pack lmt amt,999 rtl pack lmt day(s);AL(At least 19 yrs old)
PREVNAR 13	0	AL (19 years old and older);2 rtl pack lmt amt,999 rtl pack lmt day(s);AL(At least 19 yrs old)
PREVNAR 20	0	AL (19 years old and older);AL(At least 19 yrs old)
TRUMENBA	0	AL (19 years old and older);QL(1 ml per 999 days retail);AL(At least 19 yrs old)
Viral Vaccines		
AFLURIA QUADRIVALENT 2020-2021 SUSY 0	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2020-2021 SUSP	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
AFLURIA QUADRIVALENT 2021-2022 SUSP	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSY 0	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2022-2023 SUSP	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2022-2023 SUSY	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
ASTRAZENECA COVID-19 VACCINE	CO	
COMIRNATY	CO	
ENGRIX-B SUSP	0	AL (19 years old and older);QL(3 ml per 999 days retail);AL(At least 19 yrs old)
ENGRIX-B SUSY	0	AL (19 years old and older);QL(3 ml per 999 days retail);AL(At least 19 yrs old)
FLUAD 2020-2021	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FLUAD QUADRIVALENT 2021-2022	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUAD QUADRIVALENT 2022-2023	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUARIX QUADRIVALENT 2020-2021 SUSY	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUARIX QUADRIVALENT 2021-2022 SUSY	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUARIX QUADRIVALENT 2022-2023 SUSY	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUBLOK QUADRIVALENT 2020-2021	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FLUBLOK QUADRIVALENT 2021-2022	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUBLOK QUADRIVALENT 2022-2023	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLULAVAL QUADRIVALENT 2020-2021 SUSY	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLULAVAL QUADRIVALENT 2021-2022 SUSY	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLULAVAL QUADRIVALENT 2022-2023 SUSY	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUMIST QUADRIVALENT	0	limit 0.5 per 180 days; AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUZONE HIGH-DOSE PF 2020-2021	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUZONE HIGH-DOSE PF 2021-2022	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
FLUZONE HIGH-DOSE PF 2022-2023	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2020-2021 SUSY	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2020-2021 SUSP 0	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSP 0	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSY	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2022-2023 SUSY	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2022-2023 SUSP 0	0	AL (19 years old and older);1 rtl pack lmt amt,180 rtl pack lmt day(s);AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
HAVRIX	0	AL (19 years old and older);QL(2 ml per 999 days retail);AL(At least 19 yrs old)
JANSSEN COVID-19 VACCINE	CO	
M-M-R II SOLR	0	AL (19 years old and older);AL(At least 19 yrs old)
MODERNA COVID-19 VACCINE	CO	
MODERNA COVID-19 VACCINE	CO	
MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	CO	
MODERNA COVID-19 VACCINE/BIVALENT/6 MO-5Y	CO	
MODERNA COVID-19 VACCINE/BIVALENT/B A.4/BA.5	CO	
MODERNA COVID-19 VACCINE6-11Y	CO	
MODERNA COVID-19 VACCINE6MO-5Y	CO	
NOVAVAX COVID-19 VACCINE	CO	
PFIZER-BIONTECH COVID-19VACCINE	CO	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y	CO	
PFIZER-BIONTECH COVID-19VACCINE/6 MO-4Y	CO	
PFIZER-BIONTECH COVID-19VACCINE/AD ULT RTU	CO	

Drug Name	Drug Tier	Requirements/Limits
PFIZER-BIONTECH COVID-19VACCINE/BI VALENT/5-11Y	CO	
PFIZER-BIONTECH COVID-19VACCINE/BI VALENT/6M-4Y	CO	
PFIZER-BIONTECH COVID-19VACCINE/BI VALENT/BA.4/BA.5	CO	
RECOMBIVAX HB SUSY	0	AL (19 years old and older);QL(3 ml per 999 days retail);AL(At least 19 yrs old)
RECOMBIVAX HB SUSP	0	AL (19 years old and older);QL(3 ml per 999 days retail);AL(At least 19 yrs old)
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	CO	
SEASONAL INFLUENZA VACCINE	0	QL (1 ea per 180 days retail); AL: At least 7 yrs old
SEASONAL INFLUENZA VACCINE-HIGH DOSE	0	QL (1 ea per 180 days retail); AL: At least 65 yrs old
SPIKEVAX COVID-19 VACCINE	CO	
VAQTA	0	AL (19 years old and older);QL(2 ml per 999 days retail);AL(At least 19 yrs old)
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	2	QL(12 ea per fill retail)
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	2	QL(86 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
SHUR-SEAL GEL	2	QL(24 ea per fill retail)
VCF VAGINAL CONTRACEPTIVE FILM FILM	2	QL(9 ea per fill retail)
VCF VAGINAL CONTRACEPTIVEGEL GEL	2	
Vaginal Anti-infectives		
<i>clindamycin phosphate vaginal crea</i>	1	QL(40 gm per fill retail)
CLINDESSE	2	
<i>clotrimazole vaginal crea 2 %</i>	1	QL(21 gm per fill retail)
<i>clotrimazole vaginal crea 1 %</i>	1	QL(45 gm per fill retail)
GYNAZOLE-1	2	
<i>metronidazole vaginal</i>	1	QL(70 gm per fill retail)
<i>miconazole nitrate vaginal crea 4 %</i>	1	QL(15 gm daily)
<i>miconazole nitrate vaginal kit 0</i>	1	QL(24 ea per fill retail)
<i>miconazole nitrate vaginal supp 200 MG</i>	1	QL(3 ea per fill retail)
<i>miconazole nitrate vaginal crea 2 %</i>	1	QL(45 gm per fill retail)
<i>miconazole nitrate vaginal supp 100 MG</i>	1	QL(7 ea per fill retail)
NUVESSA	2	
<i>terconazole vaginal crea .8 %</i>	1	QL(20 gm per fill retail)
<i>terconazole vaginal supp</i>	1	QL(3 ea per fill retail)
<i>terconazole vaginal crea .4 %</i>	1	QL(45 gm per fill retail)
<i>tioconazole vaginal 6.5 %</i>	1	QL(5 gm per fill retail)
VANDAZOLE	NP	QL(70 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
Vaginal Estrogens		
<i>estradiol vaginal tabs</i>	1	
<i>estradiol vaginal crea</i>	1	QL(43 gm per 30 days retail)
PREMARIN	2	QL(43 gm per 30 days retail)
Vaginal Progestins		
CRINONE GEL	2	AL(At least 15 yrs old)
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP	2	AL(At least 15 yrs old)
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP	2	AL(At least 15 yrs old)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ .15 MG/0.15ML	NP	2/30 DAYS;QL(2 ea per 30 days retail)
<i>epinephrine (anaphylaxis) soaj .15 MG/0.15ML</i>	1	2/30 DAYS;QL(2 ea per 30 days retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	1	SP;PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol caps 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT</i>	1	
<i>cholecalciferol liqd or 10 MCG/ML, 400 UNIT/ML, 400 UT/0.028ML</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cholecalciferol caps 125 MCG, 5000 UNIT</i>	1	QL(2 ea daily)
<i>cholecalciferol caps 1.25 MG, 1.25 MG, 50000 UNIT</i>	1	QL(0.267 ea daily)
<i>ergocalciferol caps</i>	1	
KEY-E CHEW	2	QL(2 ea daily)
<i>phytonadione tabs 5 MG</i>	1	
VITAMIN D3 LIQD OR 5000 UNIT/ML	2	
<i>vitamin e caps 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT</i>	1	QL(2 ea daily)
VITAMIN E CHEW	2	QL(2 ea daily)
Water Soluble Vitamins		
<i>ascorbic acid tabs</i>	1	QL(100 ea per 34 days retail)
B-1 TABS	2	QL(2.94 ea daily)
<i>niacin tbcr</i>	1	
<i>niacin tabs 500 MG</i>	1	
<i>niacin cpr 250 MG, 500 MG</i>	1	
NIACIN TR TBCR	2	
<i>pyridoxine hcl tabs 25 MG, 50 MG, 100 MG</i>	1	
<i>riboflavin tabs</i>	1	QL(2.94 ea daily)
<i>thiamine hcl tabs</i>	1	QL(2.94 ea daily)
<i>thiamine mononitrate tabs</i>	1	QL(2.94 ea daily)

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ABILIFY MAINTENA.....	46	AEROCHAMBER Z-STAT PLUS	70
ABILIFY MYCITE.....	90	VALVED HOLDING CHAMBER	70
ABILIFY MYCITE MAINTENANCE	43	W/FLOW VU.....	70
KIT.....	43	AEROCHAMBER Z-STAT	70
ABILIFY MYCITE STARTER KIT..	28	PLUS/FLOWSIGNAL.....	70
<i>abiraterone acetate</i>	28	AEROCHAMBER Z-STAT	70
ABSORICA.....	1	PLUS/LARGE MASK.....	70
<i>acamprosate calcium</i>	1	AEROCHAMBER Z-STAT	70
<i>acarbose</i>	81	PLUS/MEDIUM MASK.....	70
ACAT SUK.....	70	AEROCHAMBER Z-STAT	70
ACCUA SARS-COV-2.....	9	PLUS/SMALL MASK.....	70
ACCURETIC.....	9	AEROCHAMBER/FLOWSIGNAL	70
ACCUTREND PLUS.....	61	70
ACE AEROSOL CLOUD	17	AEROTRACH PLUS.....	70
ENHANCER.....	17	AEROVENT PLUS HOLDING	70
<i>acebutolol hcl</i>	56	CHAMBER/COLLAPSIBLE.....	70
<i>acetaminophen</i>	3	AFLURIA QUADRIVALENT	92
<i>acetaminophen w/ codeine</i>	56	2020-2021.....	92
<i>acetazolamide</i>	56	AFLURIA QUADRIVALENT	93
<i>acetic acid (otic)</i>	3	2021-2022.....	93
<i>acetylcysteine</i>	56	AFLURIA QUADRIVALENT	93
ACIDOPHILUS HIGH-POTENCY16	1	2022-2023.....	93
ACIDOPHILUS PEARLS.....	1	AFSTYLA.....	56
ACIDOPHILUS PROBIOTIC	70	AGAMATRIX ULTRA-THIN	61
BLEND.....	70	LANCETS 33G.....	61
ACIDOPHILUS SUPER PROBIOTIC	70	AIMSCO TWIST LANCETS 32G.	61

AIMSCO TWIST LANCETS 33G.61	<i>alum & mag hydrox-simethicone</i> 7	ANUSOL-HC..... 7
AIRS PEDIATRIC AEROSOL MASK70	ALUMINUM HYDROXIDE..... 7	APLIGRAF.....50
AJOVY..... 74	<i>amantadine hcl</i>31	APOKYN..... 31
<i>albuterol sulfate</i> 9,10	<i>ambrisentan</i> 38	<i>apomorphine hydrochloride</i> ... 31
ALBUTEROL SULFATE.....10	<i>amcinonide</i>46	APO-VARENICLINE.....89
<i>alclometasone dipropionate</i> ...46	AMCINONIDE.....46	<i>apraclonidine hcl</i> 83
ALCOHOL PREP PADS.....69	<i>amiloride & hydrochlorothiazide</i>52	<i>aprepitant</i>22
ALCOHOL PREP PADS-MISC.... 61	<i>amiloride hcl</i>52	APTIVUS.....33
ALCOHOL SWABS.....69	<i>aminocaproic acid</i> 59	AQUADEKS.....78
ALCOHOL SWABSTICK..... 69	<i>amiodarone hcl</i>8	AQUORAL..... 77
ALDURAZYME..... 53	<i>amitriptyline hcl</i>14	ARALAST NP.....89
ALECENSA..... 29	<i>amlodipine besylate</i> 37	ARESTIN..... 77
<i>alendronate sodium</i> 52	<i>amlodipine besylate-</i> <i>atorvastatin calcium</i>38	<i>aripiprazole</i> 33
ALFERON N..... 30	<i>amlodipine besylate-benazepril</i> <i>hcl</i> 25	ARISTADA..... 33
<i>alfuzosin hcl</i>56	<i>amlodipine besylate-olmesartan</i> <i>medoxomil</i> 25	ARMONAIR DIGIHALER.....9
ALIGN.....17	<i>amlodipine besylate-valsartan</i>25	ARMOUR THYROID.....90
ALIGN EXTRA STRENGTH..... 17	<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide</i>25	<i>arsenic trioxide</i> 30
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<i>allopurinol</i> 56	<i>amoxicillin</i> 86	ASACOL HD..... 55
<i>almotriptan malate</i> 75	<i>amoxicillin & pot clavulanate</i> .87	<i>ascorbic acid</i>97
ALOE 10000 & PROBIOTICS.... 17	AMPHETAMINE ER..... 1	ASMANEX TWISTHALER 120 METERED DOSES..... 9
<i>alogliptin benzoate</i>15	<i>amphetamine sulfate</i> 1	ASMANEX TWISTHALER 14 METERED DOSES..... 9
<i>alogliptin-metformin hcl</i>14	<i>amphetamine-</i> <i>dextroamphetamine</i>1	ASMANEX TWISTHALER 30 METERED DOSES..... 9
<i>alogliptin-pioglitazone</i> 14	<i>ampicillin</i> 86	ASMANEX TWISTHALER 60 METERED DOSES..... 9
ALORA.....54	<i>anastrozole</i>28	ASMANEX TWISTHALER 7 METERED DOSES..... 9
<i>alosetron hcl</i>55	ANDEXXA..... 21	<i>aspirin</i>4
ALPHAGAN P..... 83	ANDROGEL..... 6	ASPIRIN.....4
ALPHANATE..... 56	ANTI-DIARRHEAL..... 21	<i>aspirin buffered (cal carb-mag</i> <i>carb-mag oxide)</i> 4
ALPHANINE SD.....57		
<i>alprazolam</i> 8		
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ASTAGRAF XL.....	76	<i>bacitracin (topical)</i>	44	BELEODAQ.....	29
ASTRAZENECA COVID-19 VACCINE.....	93	<i>bacitracin zinc</i>	44	BELRAPZO.....	27
<i>atazanavir sulfate</i>	33	<i>bacitracin-polymyxin b (ophth)</i>	83	BENADRYL ALLERGY EXTRA STRENGTH.....	22
<i>atenolol</i>	37	<i>baclofen</i>	80	<i>benazepril &</i> <i>hydrochlorothiazide</i>	25
<i>atenolol & chlorthalidone</i>	25	BAFIERTAM.....	88	<i>benazepril hcl</i>	24
ATGAM.....	76	<i>balsalazide disodium</i>	55	<i>bendamustine hcl</i>	27
<i>atomoxetine hcl</i>	1	BAQSIMI ONE PACK.....	14	BENDEKA.....	27
<i>atorvastatin calcium</i>	23	BAQSIMI TWO PACK.....	14	BENEFIX.....	57
ATRIPLA.....	33	<i>b-complex vitamins</i>	77	BENLYSTA.....	77
ATROPINE SULFATE.....	83	<i>b-complex w/ c & folic acid</i>	78	BENZACLIN.....	43
<i>atropine sulfate (ophthalmic)</i>	83	BD AUTOSHIELD 29G X 3/16".	69	BENZACLIN WITH PUMP.....	43
ATROVENT HFA.....	9	BD AUTOSHIELD 29G X 5/16".	69	BENZNIDAZOLE.....	7
AURORA LANCET SUPER THIN30G.....	61	BD AUTOSHIELD DUO 30G X 5MM.....	69	<i>benzonatate</i>	42
AURORA LANCET THIN 23G....	61	BD GLUCOSE.....	14	<i>benzoyl peroxide</i>	43
AUSTEDO.....	88	BD LANCET ULTRAFINE 30G...	61	<i>benztropine mesylate</i>	31
AUVI-Q.....	97	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM.....	69	BERINERT.....	57
AVASTIN.....	27	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM.....	69	<i>betaine</i>	53
AVEED.....	6	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32".....	70	<i>betamethasone dipropionate</i> <i>(topical)</i>	46
AVONEX.....	88	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM.....	70	<i>betamethasone dipropionate</i> <i>augmented</i>	46
<i>azacitidine</i>	27	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM.....	70	<i>betamethasone valerate</i>	46
<i>azathioprine</i>	76	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM.....	70	<i>betaxolol hcl</i>	37
AZEDRA DOSIMETRIC.....	30	BD PEN NEEDLES.....	70	<i>betaxolol hcl (ophth)</i>	82
AZEDRA THERAPEUTIC.....	30	BD SWABS SINGLE USE.....	69	<i>bethanechol chloride</i>	92
<i>azelastine hcl</i>	81	BD SWABS SINGLE USE BUTTERFLY.....	69	BETHKIS.....	2
<i>azelastine hcl (ophth)</i>	85	BD VERITOR AT-HOME COVID-19 TEST.....	50	BEVACIZUMAB.....	83
<i>azelastine hcl-fluticasone</i> <i>propionate</i>	81			BEVESPI AEROSPHERE.....	10
<i>azithromycin</i>	61			<i>bexarotene</i>	30
AZSTARYS.....	1			<i>bexarotene (topical)</i>	45
<i>b complex w/ c</i>	78			BEXSERO.....	92
B-1.....	97				
BACICAP.....	17				

<i>bicalutamide</i>	28	BREATHE COMFORT ANTI- STATIC VALVED HOLDING CHAMBER/ADULT.....	71	<i>dihydrate</i>	6
BIKTARVY.....	33	BREATHE COMFORT ANTI- STATIC VALVED HOLDING CHAMBER/CHILD.....	71	<i>bupropion hcl</i>	13
BILAC.....	17	BREATHE EASE NEBULIZER MASK/CHILD.....	71	<i>bupropion hcl (smoking deterrent)</i>	89
<i>bimatoprost</i>	85	BREATHE EASE NEBULIZER MASK/INFANT.....	71	<i>buspirone hcl</i>	8
BINAXNOW COVID-19 AG CARD	50	BREATHE EASE/LARGE MASK.	71	BUTALBITAL/ASPIRIN/CAFFEINE	4
BINAXNOW COVID-19 AG CARD HOME TEST.....	50	BREATHE EASE/MEDIUM MASK	71	<i>butalbital-acetaminophen</i>	4
BIOHM PROBIOTIC SUPPLEMENT.....	17	BREATHE EASE/SMALL MASK.	71	<i>butalbital-acetaminophen- caffeine</i>	4
BIOHM PROBIOTIC SUPPLEMENT/VITAMIN C.....	17	BREZTRI AEROSPHERE.....	10	<i>butalbital-acetaminophen- caffeine w/ codeine</i>	5
BIO-KULT.....	17	BRIDION.....	21	<i>butalbital-aspirin-caffeine</i>	4
BIOTENE DRY MOUTH MOISTURIZING SPRAY.....	77	BRILINTA.....	58	<i>butalbital-aspirin-caffeine w/cod</i>	6
<i>bisacodyl</i>	60	<i>brimonidine tartrate</i>	83	BUTRANS.....	6
<i>bismuth subsalicylate</i>	17	<i>brimonidine tartrate-timolol maleate</i>	82	BYETTA.....	15
<i>bisoprolol & hydrochlorothiazide</i>	25	BRIVIACT.....	11	CABOMETYX.....	29
<i>bisoprolol fumarate</i>	37	<i>bromfenac sodium (ophth)</i>	85	<i>caffeine citrate</i>	1
BIVIGAM.....	86	<i>bromocriptine mesylate</i>	31	<i>calcipotriene</i>	45
BLEPHAMIDE.....	84	<i>brompheniramine & phenyleph</i>	42	<i>calcipotriene-betamethasone dipropionate</i>	46
BLEPHAMIDE S.O.P.....	84	<i>brompheniramine & pseudoeph</i>	42,43	<i>calcitonin (salmon)</i>	52
BLINCYTO.....	28	BUBBLES THE FISH II PEDIATRIC MASK/PVC.....	71	<i>calcitriol</i>	53
BONJESTA.....	22	<i>budesonide</i>	42	<i>calcitriol (topical)</i>	45
BOOSTRIX.....	90	<i>budesonide (inhalation)</i>	9	<i>calcium acetate (phosphate binder)</i>	55
<i>bortezomib</i>	29	<i>budesonide-formoterol fumarate dihydrate</i>	10	<i>calcium carbonate (antacid)</i>	7
BORTEZOMIB.....	29	<i>bumetanide</i>	52	<i>calcium carbonate- cholecalciferol</i>	75
<i>bosentan</i>	38	<i>buprenorphine</i>	6	<i>calcium polycarbophil</i>	60
BOSULIF.....	29	<i>buprenorphine hcl</i>	6	CAMCEVI.....	28
BOTOX.....	82	<i>buprenorphine hcl-naloxone hcl</i>		<i>camphor & menthol</i>	45
BPROTECTED PEDIA POLY-VITE	79			<i>candesartan cilexetil</i>	24
BPROTECTED PEDIA POLY- VITE/IRON.....	79			<i>candesartan cilexetil- hydrochlorothiazide</i>	25
BRAFTOVI.....	29				

<i>capecitabine</i>	27	CAYSTON.....	26	<i>chlorpromazine hcl</i>	32
CAPHOSOL.....	77	<i>cefaclor</i>	38	<i>chlorthalidone</i>	52
CAPLYTA.....	32	CEFACLO ER.....	38	<i>chlorzoxazone</i>	80
CAPRELSA.....	29	<i>cefadroxil</i>	38	CHOLBAM.....	55
<i>capsaicin</i>	49	<i>cefdinir</i>	38,39	<i>cholecalciferol</i>	97
<i>captopril</i>	24	<i>cefixime</i>	39	<i>cholestyramine</i>	23
<i>captopril & hydrochlorothiazide</i>	25	<i>cefpodoxime proxetil</i>	39	<i>cholestyramine light</i>	23
CAPZASIN-P.....	49	<i>cefprozil</i>	38	CHORIONIC GONADOTROPIN.....	53
CARAC.....	45	<i>ceftriaxone sodium</i>	39	<i>ciclopirox</i>	45
<i>carbamazepine</i>	11	<i>cefuroxime axetil</i>	38	<i>cilostazol</i>	58
<i>carbamide peroxide (otic)</i>	85	<i>celecoxib</i>	3	<i>cimetidine</i>	90,91
CARBATROL.....	11	CELLTRION DIATRUST COVID-19 AG HOME TEST.....	50	<i>cinacalcet hcl</i>	53
<i>carbidopa</i>	31	CELONTIN.....	12	CINQAIR.....	8
<i>carbidopa-levodopa</i>	31	CENTANY.....	44	CINRYZE.....	57
<i>carboplatin</i>	27	<i>cephalexin</i>	38	CIPRO.....	55
CAREONE LANCET SUPER THIN/30G.....	62	CEPROTIN.....	57	CIPRODEX.....	85
CAREONE LANCET THIN.....	62	CEQUA.....	84	<i>ciprofloxacin hcl</i>	55
CARESENS LANCETS.....	62	CERDELGA.....	58	<i>ciprofloxacin hcl (ophth)</i>	83
CARESTART COVID-19 ANTIGEN HOME TEST.....	50	CEREZYME.....	58	<i>ciprofloxacin hcl (otic)</i>	85
CARETOUCH TWIST LANCETS 28G.....	62	<i>cetirizine hcl</i>	22	<i>ciprofloxacin-dexamethasone</i>	85
CARETOUCH TWIST LANCETS 30G.....	62	<i>cetorelix acetate</i>	53	<i>cisplatin</i>	27
CARETOUCH TWIST LANCETS MULTI COLOR/30G.....	62	CHANTIX.....	89	CISPLATIN.....	27
CARIMUNE NANOFILTERED....	86	CHANTIX STARTING MONTH PAK.....	89	<i>citalopram hydrobromide</i>	13
<i>carisoprodol</i>	80	CHEMET.....	21	CITALOPRAM HYDROBROMIDE	13
<i>carteolol hcl (ophth)</i>	82	CHEMSTRIP-K.....	50	<i>cladribine</i>	27
<i>carvedilol</i>	36	CHENODAL.....	55	<i>clarithromycin</i>	61
<i>carvedilol phosphate</i>	36	CHILDRENS ADVIL.....	3	CLEANLET LANCETS 28G.....	62
CAS KIT.....	50	CHILDRENS MOTRIN.....	3	CLEARDETECT COVID-19 ANTIGEN HOME TEST.....	50
CASTIVA WARMING.....	49	<i>chlordiazepoxide hcl</i>	8	<i>clemastine fumarate</i>	22
		<i>chlorhexidine gluconate</i> (mouth-throat).....	77	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE.....	71
		<i>chloroquine phosphate</i>	26		
		<i>chlorpheniramine maleate</i>	22		

CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM.....	71	<i>clonidine hcl</i>	24	MASK.....	71
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA....	71	<i>clonidine hcl (adhd)</i>	1	COMPACT SPACE CHAMBER/ANTI- STATIC/MEDIUM MASK.....	71
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL.....	71	<i>clopidogrel bisulfate</i>	58	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK.....	71
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT.....	71	<i>clorazepate dipotassium</i>	8	COMPLERA.....	33
<i>clindamycin hcl</i>	26	<i>clotrimazole (topical)</i>	45	CONCERTA.....	1
<i>clindamycin palmitate hydrochloride</i>	26	<i>clotrimazole vaginal</i>	96	CONDOMS-MISC.....	61
<i>clindamycin phosphate (topical)</i>	44	<i>clotrimazole w/ betamethasone</i>	45	COPAXONE.....	88
<i>clindamycin phosphate vaginal</i>	96	<i>clozapine</i>	32	CORDRAN.....	47
<i>clindamycin phosphate-benzoyl peroxide</i>	44	CO MONITOR REPLACEMENT TPIECES.....	71	CORIFACT.....	57
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	44	COAGADEx.....	57	CORTROPHIN.....	53
<i>clindamycin phosphate-tretinoin</i>	44	<i>coal tar extract</i>	50	COSENTYX.....	45
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<i>clobazam</i>	11	COBAS LIAT SARS-COV-2 CONTROL.....	50	<i>cosyntropin</i>	50
<i>clobetasol propionate</i>	46,47	<i>codeine sulfate</i>	4	COTELLIC.....	29
<i>clobetasol propionate emollient base</i>	47	CODEINE SULFATE.....	4	COVID-19 AT-HOME TEST KIT.....	50
<i>clobetasol propionate emulsion</i>	47	<i>colchicine</i>	56	COVID-19 OTC ANTIGEN TESTKIT 1-PACK.....	50
<i>clocortolone pivalate</i>	47	<i>colchicine w/ probenecid</i>	56	COVID-19 OTC ANTIGEN TESTKIT 2-PACK.....	50
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<i>clomipramine hcl</i>	14	COMBIGAN.....	82	CRINONE.....	97
<i>clonazepam</i>	11	COMBIPATCH.....	54	CRIXIVAN.....	33
		COMBIVENT RESPIMAT.....	10	<i>cromolyn sodium</i>	9
		COMBIVIR.....	33	<i>cromolyn sodium (nasal)</i>	81
		COMETRIQ.....	29	<i>cromolyn sodium (ophth)</i>	85
		COMFORT ASSURED LANCETS SUPER THIN 28G.....	62	CRYSVITA.....	53
		COMFORT LANCETS.....	62	CULTURELLE ADULT ULTIMATEBALANCE.....	20
		COMIRNATY.....	93	CULTURELLE ADVANCED IMMUNE DEFENSE.....	17
		COMPACT SPACE CHAMBER/ANTI-STATIC.....	71		
		COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE			

CULTURELLE DIGESTIVE DAILY PROBIOTIC.....	20	CVS LANCETS 21G.....	62	<i>cytarabine</i>	27
CULTURELLE DIGESTIVE DAILY PROBIOTIC PRO STRENGTH....	20	CVS LANCETS MICRO THIN 33G	62	CYTOGAM.....	86
CULTURELLE DIGESTIVE HEALTH	21	CVS LANCETS MICRO-THIN 33G	62	<i>dabigatran etexilate mesylate</i>	11
CULTURELLE DIGESTIVE HEALTH PROBIOTIC.....	21	CVS LANCETS ORIGINAL.....	62	DAILY DIGESTIVE PROBIOTIC..	18
CULTURELLE HEALTH & WELLNESS.....	21	CVS LANCETS THIN 26G.....	62	DAILY PROBIOTIC.....	18
CULTURELLE KIDS.....	17	CVS LANCETS ULTRA THIN 30G	62	<i>dalfampridine</i>	88
CULTURELLE KIDS PROBIOTIC + FIBER.....	17	CVS LANCETS ULTRA-THIN 30G	62	<i>dantrolene sodium</i>	81
CULTURELLE KIDS PURELY PRBIOTICS.....	17	CVS MOOD SUPPORT PROBIOTIC.....	17	<i>dapsone</i>	26
CULTURELLE KIDS PURELY PROBIOTICS.....	17	CVS PREP PADS.....	69	DARAPRIM.....	26
CULTURELLE METABOLISM/WEIGHT MANAGEMENT.....	17	CVS PROBIOTIC.....	17	<i>darifenacin hydrobromide</i>	91
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CVS ADULT 50+ PROBIOTIC....	17	CVS ULTRA THIN LANCETS.....	62	<i>deferasirox</i>	21
CVS ADULT PROBIOTIC.....	17	<i>cyanocobalamin</i>	58	<i>deferiprone</i>	21
CVS ALCOHOL PREP PADS.....	69	<i>cyclobenzaprine hcl</i>	80	<i>deferoxamine mesylate</i>	21
CVS COVID-19 AT HOME TESTKIT.....	50	<i>cyclopentolate hcl</i>	83	DEFITELIO.....	58
CVS DIGESTIVE PROBIOTIC.....	17	<i>cyclophosphamide</i>	27	DEFLUX.....	56
CVS DRY MOUTH SPRAY.....	77	CYCLOPHOSPHAMIDE.....	27	DELSTRIGO.....	33
CVS EVERYDAY CARE PROBIOTIC	17	<i>cyclosporine</i>	76	DEPAKOTE SPRINKLES.....	12
CVS GLUCOSE.....	14	<i>cyclosporine (ophth)</i>	84	DEPO-SUBQ PROVERA 104.....	41
		<i>cyclosporine modified (for microemulsion)</i>	76	DERMACINRX PROBISOL.....	18
		<i>cyproheptadine hcl</i>	23	DERMACINRX PROBITRAN.....	18
		CYRAMZA.....	27	DESCOVY.....	33
		CYSTAGON.....	56	<i>desipramine hcl</i>	14
		CYSTARAN.....	85	<i>desloratadine</i>	22
				<i>desmopressin acetate</i>	54
				DESMOPRESSIN ACETATE.....	54
				<i>desmopressin acetate spray</i> ...	54
				<i>desmopressin acetate spray refrigerated</i>	54

<i>desogestrel & ethinyl estradiol</i>39	<i>diazepam (anticonvulsant).....</i> 11	<i>diltiazem hcl extended release</i> <i>beads.....</i> 37
<i>desogestrel-ethinyl estradiol</i> <i>(biphasic).....</i> 39	<i>diazoxide.....</i> 15	<i>dimethyl fumarate.....</i> 88
<i>desogestrel-ethinyl estradiol</i> <i>(triphasic).....</i> 39	<i>dibucaine.....</i> 49	<i>diphenhydramine hcl.....</i> 22
<i>desonide.....</i> 47	<i>diclofenac potassium.....</i> 3	<i>diphenhydramine hcl (sleep)..</i> 59
<i>desoximetasone.....</i> 47	<i>diclofenac sodium.....</i> 3	<i>diphenhydramine-</i> <i>acetaminophen (sleep).....</i> 59
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<i>desvenlafaxine succinate.....</i> 13	<i>diclofenac sodium (topical)....</i> 45	<i>dipyridamole.....</i> 58
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WEBCOL ALCOHOL PREP LARGE 1 PLY.....	69	<i>zafirlukast</i>	9	ZOLGENSMA 4.6-5.0 KG.....	82
WEBCOL ALCOHOL PREP LARGE 2 PLY.....	69	<i>zaleplon</i>	60	ZOLGENSMA 5.1-5.5 KG.....	82
WEBCOL ALCOHOL PREP MEDIUM 2 PLY.....	69	ZALTRAP.....	28	ZOLGENSMA 5.6-6.0 KG.....	82
<i>white petrolatum-mineral oil</i>	82	ZARXIO.....	58	ZOLGENSMA 6.1-6.5 KG.....	82
WILATE.....	57	ZEGALOGUE.....	15	ZOLGENSMA 6.6-7.0 KG.....	82
WINDMILL TRAINER.....	74	ZELAC.....	20	ZOLGENSMA 7.1-7.5 KG.....	82
WINRHO SDF.....	86	ZELBORAF.....	30	ZOLGENSMA 7.6-8.0 KG.....	82
WOMENS 50 BILLION.....	20	ZEMAIRA.....	89	ZOLGENSMA 8.1-8.5 KG.....	82
XALKORI.....	30	ZENPEP.....	52	ZOLGENSMA 8.6-9.0 KG.....	82
XARELTO.....	11	ZEVALIN Y-90.....	28	ZOLGENSMA 9.1-9.5 KG.....	82
XARELTO STARTER PACK.....	11	ZIAGEN.....	36	ZOLGENSMA 9.6-10.0 KG.....	82
XCOPRI.....	12	<i>zidovudine</i>	36	ZOLINZA.....	30
XEOMIN.....	82	ZIEXTENZO.....	59	<i>zolmitriptan</i>	75
XEROSTOMIA RELIEF SPRAY... 77		<i>zileuton</i>	9	<i>zolpidem tartrate</i>	60
XGEVA.....	53	ZILRETTA.....	42	<i>zonisamide</i>	12
XIAFLEX.....	76	<i>zinc oxide (topical)</i>	49	ZOVIRAX.....	46
XIIDRA.....	84	<i>zinc sulfate</i>	76	ZULRESSO.....	13
XOFLUZA.....	36	ZINPLAVA.....	86	ZYDELIG.....	30
XOLAIR.....	8	<i>ziprasidone hcl</i>	32	ZYKADIA.....	30
XOSPATA.....	30	<i>ziprasidone mesylate</i>	32	ZYNTEGLO.....	58
XPRESS SARS-COV-2.... 51		ZOLADEX.....	29	ZYPREXA RELPREVV.....	32
XTANDI.....	29	<i>zoledronic acid</i>	53		
XYBIOTIC.....	20	ZOLEDRONIC ACID.....	53		
XYNTHA.....	57	ZOLGENSMA 10.1-10.5 KG.....	82		
XYNTHA SOLOFUSE.....	57	ZOLGENSMA 10.6-11.0 KG.....	82		
XYREM.....	87	ZOLGENSMA 11.1-11.5 KG.....	82		
		ZOLGENSMA 11.6-12.0 KG.....	82		
		ZOLGENSMA 12.1-12.5 KG.....	82		
		ZOLGENSMA 12.6-13.0 KG.....	82		
		ZOLGENSMA 13.1-13.5 KG.....	82		