

Pharmacy Program

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

Preferred Drug List

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

Pharmacy Benefit Manager

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

Specialty Drugs

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

Dispensing Limits

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

Appropriate Use and Safety Edits

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

Prior Authorizations

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

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

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

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

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

Quantity Limits

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

Age Limits

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

Non-Preferred

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

Medical Necessity Requests

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

For a MN request NH Healthy Families requires:

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

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

72-Hour Emergency Supply Policy

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

Newly Approved Products

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

Over-the-Counter Medications

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

CMS Labeler Requirements

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

Drug Efficacy Study and Implementation (DESI) Drugs

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

Filling a Prescription

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

Step Therapy

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

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

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

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

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

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

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

Abbreviations

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

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

Tier Definitions

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

Brand/Generic Drug Designation

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

Contact Information

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders					
Amphetamines					
ADDERALL XR CP24 <i>(Use amphetamine-dextroamphetamine)</i>	2	Generic for Adderall XR; QL(1 ea daily); AL(At least 6 yrs old); MP	<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	NP	AL(At least 3 yrs old); MP
ADDERALL TABS <i>(Use amphetamine-dextroamphetamine)</i>	2	Generic for Adderall; QL(3 ea daily); MP	<i>dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG</i>	1	MP
amphetamine sulfate TABS	1	Generic for Evekeo; MP; PA	<i>lisdexamfetamine dimesylate CAPS</i>	1	AL(At least 3 yrs old); MP
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	Generic for Adderall XR; QL(1 ea daily); AL(At least 6 yrs old); MP	<i>lisdexamfetamine dimesylate CHEW</i>	1	MP; PA
amphetamine-dextroamphetamine TABS	1	Generic for Adderall; QL(3 ea daily); MP	<i>methamphetamine hcl</i>	1	Generic for Desoxyn; MP; PA
dextroamphetamine sulfate CP24 5 MG	1	Generic for Dexedrine; QL(1 ea daily); AL(At least 6 yrs old); MP	VYVANSE CAPS	2	QL(1 ea daily); MP; PA
dextroamphetamine sulfate CP24 10 MG, 15 MG	1	Generic for Dexedrine; QL(2 ea daily); AL(At least 6 yrs old); MP	VYVANSE CHEW	2	MP; PA
dextroamphetamine sulfate SOLN	1	Generic for Procentra; MP; PA	XELTRYM	NP	
dextroamphetamine sulfate SOLN	NP	Generic for Procentra; MP; PA	Analeptics		
			caffeine citrate SOLN OR	1	QL(45 ml per fill retail); MP
			Anti-Obesity Agents		
			IMCIVREE	NP	SP; PA
			SAXENDA	2	PA
			WEGOVY	2	PA
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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Stimulants - Misc.					
AZSTARYS	NP	MP	<i>methylphenidate hcl</i> TBCR 10 MG, 20 MG	1	AL(At least 6 yrs old); MP
CONCERTA TBCR (<i>Use methylphenidate hcl</i>)	2	Generic for Concerta; AL(At least 6 yrs old); MP	METHYLPHENIDATE HYDROCHLORIDE ER TBCR 45 MG, 63 MG	2	
<i>dexamethylphenidate hcl</i> CP24	1	Generic for Focalin XR; MP; PA	RELEXXII TBCR 45 MG, 63 MG	2	
<i>dexamethylphenidate hcl</i> TABS	1	Generic for Focalin; QL(2 ea daily); AL(At least 6 yrs old); MP	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	Generic for Concerta; AL(At least 6 yrs old); MP
FOCALIN XR CP24 (<i>Use dexamethylphenidate hcl</i>)	2	Generic for Focalin XR; MP; PA	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	2	Generic for Methylin; MP; PA	Allergenic Extracts		
<i>methylphenidate hcl</i> CHEW	1	MP; PA	ORALAIR ADULT STARTER PACK SUBL	2	PA
<i>methylphenidate hcl</i> CP24 10 MG, 20 MG, 30 MG, 40 MG	1	Generic for Ritalin LA; MP; PA	ORALAIR SUBL	2	PA
<i>methylphenidate hcl</i> CP24 60 MG	1	MP; PA	ALTERNATIVE MEDICINES		
<i>methylphenidate hcl</i> CP24	1	Generic for Aptensio XR; MP; PA	Alternative Medicine - G's		
<i>methylphenidate hcl</i> CPCR	1	Generic for Metadate CD; AL(At least 6 yrs old); MP	<i>ginger (zingiber officinalis)</i> CAPS 250 MG	1	QL(4 ea daily)
<i>methylphenidate hcl</i> SOLN	1	Generic for Methylin; MP; PA	Alternative Medicine - M's		
<i>methylphenidate hcl</i> TABS	1	Generic for Ritalin; AL(At least 3 yrs old); MP	<i>melatonin</i> TABS 3 MG, 5 MG	1	QL(1 ea daily)
<i>methylphenidate hcl</i> TB24	1	MP	AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
<i>methylphenidate hcl</i> TBCR 18 MG, 27 MG, 36 MG, 54 MG	1	Generic for Concerta; AL(At least 6 yrs old); MP	Aminoglycosides		
			BETHKIS NEBU (<i>Use tobramycin</i>)	2	SP; PA
			KITABIS PAK NEBU (<i>Use tobramycin</i>)	2	SP; PA
			<i>neomycin sulfate</i> TABS	1	
			TOBI NEBU (<i>Use tobramycin</i>)	NP	SP; PA
			<i>tobramycin sulfate</i> SOLN IJ	1	PA
			<i>tobramycin sulfate</i> SOLR	1	PA
			<i>tobramycin</i> NEBU	1	SP; PA
			ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK SOSY	NP	SP; PA	<i>diclofenac potassium TABS 50 MG</i>	1	MP
HYRIMOZ PLAQUE PSORIASIS STARTER PACK SOAJ	NP	SP; PA	<i>diclofenac sodium TB24</i>	1	MP
HYRIMOZ SENSOREADY PENS SOAJ	NP	SP; PA	<i>diclofenac sodium TBEC</i>	1	MP
HYRIMOZ SOAJ	NP	SP; PA	<i>etodolac CAPS</i>	1	MP
HYRIMOZ SOSY	NP	SP; PA	<i>etodolac TABS</i>	1	MP
IDACIO (2 PEN) AJKT 40 MG/0.8ML	NP	SP; PA	<i>etodolac TB24</i>	1	MP
IDACIO (2 SYRINGE) PSKT 40 MG/0.8ML	NP	SP; PA	<i>flurbiprofen TABS</i>	1	MP
IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	NP	SP; PA	<i>ibuprofen CHEW</i>	0	MP
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	NP	SP; PA	<i>ibuprofen SUSP</i>	0	MP; RX/OTC
YUFLYMA 1-PEN KIT AJKT	NP	SP; PA	<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	0	MP
YUFLYMA 2-PEN KIT AJKT	NP	SP; PA	<i>indomethacin CAPS 25 MG, 50 MG</i>	1	MP
YUFLYMA 2-SYRINGE KIT PSKT	NP	SP; PA	<i>indomethacin CPCR</i>	1	MP
YUFLYMA CD/UC/HS STARTER AJKT	NP	SP; PA	<i>INFANTS ADVIL SUSP (Use ibuprofen)</i>	0	MP
YUFLYMA AJKT	NP	SP; PA	<i>ketoprofen CAPS 50 MG, 75 MG</i>	1	MP
YUSIMRY	NP	SP; PA	<i>ketoprofen CP24</i>	1	MP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per fill retail); AL(At least 17 yrs old); MP
ADVIL TABS (Use ibuprofen)	0	MP	<i>meloxicam TABS</i>	1	MP
celecoxib	1	QL(2 ea daily); PA	<i>MOTRIN CHILDRENS CHEW (Use ibuprofen)</i>	0	MP
CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	0	MP; RX/OTC	<i>MOTRIN INFANTS DROPS SUSP (Use ibuprofen)</i>	0	MP
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	0	MP; RX/OTC	<i>nabumetone</i>	1	MP
			<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	MP
			<i>naproxen sodium TABS 220 MG</i>	1	QL(2 ea daily); MP
			<i>naproxen-esomeprazole magnesium</i>	1	PA
			<i>naproxen SUSP</i>	1	MP
			<i>naproxen TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>naproxen TBEC</i>	1	QL(2 ea daily); MP	<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	0	
<i>oxaprozin TABS</i>	1	MP	<i>acetaminophen SUPP 120 MG, 650 MG</i>	0	QL(12 ea per fill retail)
<i>piroxicam CAPS</i>	1	MP	<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	1	
<i>sulindac TABS</i>	1	MP	<i>acetaminophen TABS 325 MG, 500 MG</i>	1	
<i>tolmetin sodium CAPS</i>	1	MP	<i>FEVERALL JUNIOR STRENGTH SUPP</i>	0	QL(12 ea per fill retail)
<i>tolmetin sodium TABS 600 MG</i>	1	MP	<i>INFANTS SILAPAP SOLN OR</i>	0	QL(30 ml per fill retail)
Pyrimidine Synthesis Inhibitors			<i>TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use acetaminophen)</i>	0	
<i>leflunomide</i>	1	QL(1 ea daily); MP	Analgesics-Peptide Channel Blockers		
Soluble Tumor Necrosis Factor Receptor Agents			<i>PRIALT</i>	2	SP; PA
<i>ENBREL MINI SOCT</i>	2	SP; PA	Salicylates		
<i>ENBREL SURECLICK SOAJ</i>	2	SP; PA	<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	1	
<i>ENBREL SOLN</i>	2	SP; PA	<i>aspirin CHEW</i>	0	
<i>ENBREL SOLR</i>	2	SP; PA	<i>ASPIRIN SUPP 300 MG</i>	0	QL(12 ea per fill retail)
<i>ENBREL SOSY</i>	2	SP; PA	<i>aspirin TABS 325 MG</i>	0	
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			<i>aspirin TBEC 81 MG, 325 MG</i>	0	
Analgesic Combinations			<i>diflunisal TABS</i>	1	MP
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1	QL(4 ea daily)	<i>ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin)</i>	0	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	QL(4 ea daily)	<i>ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)</i>	0	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1		<i>ECOTRIN TBEC (Use aspirin)</i>	0	
<i>butalbital-aspirin-caffeine CAPS</i>	1	QL(4 ea daily)	<i>salsalate</i>	1	
Analgesics Other			ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>acetaminophen CHEW</i>	0				
<i>acetaminophen ELIX</i>	0				
<i>acetaminophen LIQD 160 MG/5ML</i>	0				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Opioid Agonists					
codeine sulfate TABS 30 MG	1	QL(2 ea daily)	morphine sulfate TBCR	1	QL(3 ea daily)
CODEINE SULFATE TABS	2	QL(2 ea daily)	OXAYDO TABS 5 MG	2	QL(6 ea daily)
CONZIP CP24 (Use tramadol hcl)	NP	PA	oxycodone hcl CAPS	1	QL(6 ea daily)
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	1	PA	oxycodone hcl CONC 100 MG/5ML	1	QL(6 ml daily)
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	1	10 per month; QL(0.34 ea daily)	oxycodone hcl SOLN	1	
hydrocodone bitartrate CP12	1		oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	1	QL(2 ea daily); PA
HYDROMORPHONE HCL SUPP	2	QL(12 ea per fill retail)	oxycodone hcl TABS	1	QL(6 ea daily)
hydromorphone hcl TABS	1	QL(8 ea daily)	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG	1	
hydromorphone hcl TB24	1	PA	oxymorphone hcl TB12 15 MG	1	PA
meperidine hcl SOLN OR 50 MG/5ML	1	QL(500 ml per fill retail)	QDOLO SOLN (Use tramadol hcl)	2	
meperidine hcl TABS 50 MG	1	QL(6 ea daily)	tramadol hcl CP24 100 MG, 200 MG, 300 MG	2	PA
methadone hcl TABS 5 MG	1	QL(4 ea daily); PA	tramadol hcl SOLN	1	
methadone hcl TABS 10 MG	1	QL(10 ea daily); PA	tramadol hcl TABS 50 MG	1	QL(8 ea daily)
morphine sulfate beads	1	PA	tramadol hcl TABS 100 MG	1	
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	1	PA	tramadol hcl TB24	1	PA
morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML	1	QL(16.67 ml daily)	TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl)	2	
morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML	1	QL(240 ml per fill retail)	Opioid Combinations		
morphine sulfate SUPP	1	QL(24 ea per fill retail)	acetaminophen w/ codeine SOLN	1	QL(30 ml daily)
morphine sulfate TABS	1	QL(6 ea daily)	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	1	QL(180 ml daily)	SUBLOCADE SOSY	2	1 rtl MAX fill; 30 rtl day(s) supply; SP; PA
hydrocodone-acetaminophen TABS 325 MG-7.5 MG	1	QL(8 ea daily)	SUBOXONE FILM SL 3 MG-12 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	2	Generic Alternative Preferred; QL(2 ea daily); PA
hydrocodone-acetaminophen TABS 325 MG-10 MG	1	QL(6 ea daily)	SUBOXONE FILM SL 2 MG-8 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	2	Generic Alternative Preferred; QL(3 ea daily); PA
hydrocodone-acetaminophen TABS 325 MG-5 MG	1	QL(12 ea daily)	SUBOXONE FILM SL 1 MG-4 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	2	Generic Alternative Preferred; QL(6 ea daily); PA
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	QL(6 ea daily)	SUBOXONE FILM SL 0.5 MG-2 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	2	Generic Alternative Preferred; QL(12 ea daily); PA
tramadol-acetaminophen	1	QL(4 ea daily)	ZUBSOLV SUBL 0.36 MG-1.4 MG	2	QL(12 ea daily)
Opioid Partial Agonists			ZUBSOLV SUBL 2.1 MG-8.6 MG	2	QL(2 ea daily)
BRIXADI SOSY	2	SP	ZUBSOLV SUBL 1.4 MG-5.7 MG	2	QL(3 ea daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG	1	QL(12 ea daily)	ZUBSOLV SUBL 2.9 MG-11.4 MG	2	QL(1.5 ea daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG	1	QL(6 ea daily)	ZUBSOLV SUBL 0.18 MG-0.7 MG	2	QL(8 ea daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	1	QL(2 ea daily)	ZUBSOLV SUBL 0.71 MG-2.9 MG	2	QL(6 ea daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	1	QL(3 ea daily)	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	1	QL(12 ea daily)	Androgens		
buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	1	QL(3 ea daily)	ANDROGEL GEL TD 25 MG/2.5GM (<i>Use testosterone</i>)	NP	
buprenorphine hcl SUBL	1	PA	AVEED SOLN	2	SP; PA
buprenorphine PTWK	1	PA	METHITEST TABS	2	
BUTRANS PTWK (<i>Use buprenorphine</i>)	2	PA	TESTOPEL PLLT	2	SP; PA
			<i>testosterone cypionate SOLN IM 200 MG/ML</i>	1	QL(4 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
<i>testosterone GEL TD 1 %</i>	2		Antacids - Aluminum Salts					
<i>testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM</i>	1	PA	ALUMINUM HYDROXIDE SUSP 320 MG/5ML	2				
<i>testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM</i>	1		Antacids - Bicarbonate					
<i>testosterone SOLN</i>	1	PA	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	1	QL(16.53 ea daily)			
<i>VOGELXO PUMP GEL TD (Use testosterone)</i>	NP		Antacids - Calcium Salts					
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)	Antacids - Magnesium Salts					
Rectal Combinations								
<i>phenylephrine-shark liver oil-cocoa butter</i>	1	QL(48 ea per fill retail)	magnesium oxide TABS 400 MG	1				
<i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>	1	QL(12 gm per fill retail)	ANTHELMINTICS - Drugs to Treat Worm Infections					
Rectal Local Anesthetics								
<i>pramoxine hcl (rectal) FOAM EX</i>	1	QL(15 gm per fill retail)	Anthelmintics					
Rectal Steroids			BENZNIDAZOLE	2	SP; PA			
<i>ANUSOL-HC EX (Use hydrocortisone (rectal))</i>	2	QL(30 gm per fill retail)	EMVERM CHEW	2	QL(1 ea per 14 days retail)			
<i>hydrocortisone (rectal) EX 1 %</i>	1		pyrantel pamoate SUSP 144 MG/ML	1	QL(60 ml per fill retail)			
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	QL(30 gm per fill retail)	ANTIANGINAL AGENTS - Drugs to Treat Chest Pain					
<i>PROCTOCORT EX (Use hydrocortisone (rectal))</i>	2		Antianginals-Other					
ANTACIDS			ASPRUZYO SPRINKLE PACK	NP				
Antacid Combinations			ranolazine TB12	1				
<i>alum & mag hydrox-simethicone LIQD</i>	1	QL(16.53 ml daily)	Nitrates					
<i>alum & mag hydrox-simethicone SUSP</i>	1	QL(16.53 ml daily)	<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			
			<i>NITRO-BID OINT</i>	2	MP			
			<i>nitroglycerin CPCR</i>	1	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
<i>nitroglycerin PT24</i>	1	MP	<i>lorazepam TABS 0.5 MG, 2 MG</i>	1	QL(3 ea daily)			
<i>nitroglycerin SUBL</i>	1	MP	<i>LOREEV XR CS24</i>	NP				
ANTIANXIETY AGENTS - Drugs to Treat Anxiety								
Antianxiety Agents - Misc.								
<i>buspirone hcl</i>	1	MP	<i>oxazepam CAPS</i>	1	QL(4 ea daily)			
<i>droperidol SOLN 2.5 MG/ML</i>	1		ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms					
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	1		Antiarrhythmics Type I-A					
<i>hydroxyzine hcl SYRP</i>	1		<i>disopyramide phosphate CAPS</i>	1	MP			
<i>hydroxyzine hcl TABS</i>	1	MP	<i>NORPACE CAPS (Use disopyramide phosphate)</i>	2	MP			
<i>hydroxyzine pamoate CAPS 50 MG</i>	1	MP	<i>quinidine gluconate TBCR</i>	1	MP			
<i>hydroxyzine pamoate CAPS 25 MG, 100 MG</i>	1		<i>quinidine sulfate TABS</i>	1	MP			
<i>meprobamate</i>	1		Antiarrhythmics Type I-C					
Benzodiazepines								
<i>ALPRAZOLAM INTENSOL CONC</i>	2		<i>flecainide acetate</i>	1	MP			
<i>alprazolam TABS</i>	1	QL(4 ea daily)	<i>propafenone hcl TABS</i>	1	MP			
<i>alprazolam TB24</i>	1		Antiarrhythmics Type III					
<i>alprazolam TBDP</i>	1		<i>amiodarone hcl TABS 200 MG</i>	1	MP			
<i>chlordiazepoxide hcl CAPS</i>	1	QL(4 ea daily)	<i>dofetilide</i>	1	MP; PA			
<i>clorazepate dipotassium TABS</i>	1	QL(3 ea daily)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions					
<i>diazepam CONC</i>	1		Antiasthmatic - Monoclonal Antibodies					
<i>DIAZEPAM SOAJ</i>	2		<i>CINQAIR</i>	NP	SP; PA			
<i>diazepam SOLN OR 5 MG/5ML</i>	1	QL(500 ml per fill retail)	<i>FASENRA PEN SOAJ</i>	2	SP; PA			
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML</i>	1		<i>NUCALA SOAJ</i>	NP	SP; PA			
<i>DIAZEPAM SOLN IJ 5 MG/ML</i>	2		<i>NUCALA SOLR</i>	NP	SP; PA			
<i>diazepam TABS</i>	1	QL(4 ea daily)	<i>NUCALA SOSY</i>	NP	SP; PA			
<i>lorazepam CONC</i>	1		<i>TEZSPIRE SOAJ</i>	NP	SP; PA			
<i>lorazepam TABS 1 MG</i>	1	QL(4 ea daily)	<i>TEZSPIRE SOSY</i>	NP	SP; PA			
Anti-Inflammatory Agents			<i>XOLAIR SOLR</i>	2	SP; PA			
<i>cromolyn sodium NEBU</i>			<i>XOLAIR SOSY</i>	2	SP; PA			
Bronchodilators - Anticholinergics								

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA	2	QL(0.867 gm daily)	<i>fluticasone propionate (inhalation) AEPB</i>	1	QL(2 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	QL(15 ml daily)	<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(11 gm per 30 days retail)
SPIRIVA HANDIHALER CAPS (<i>Use tiotropium bromide monohydrate</i>)	2		<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(12 gm per 30 days retail)
<i>tiotropium bromide monohydrate CAPS</i>	1		PULMICORT FLEXHALER AEPB	NP	QL(1 ea per 25 days retail)
Leukotriene Modulators			Sympathomimetics		
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily); MP	ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	2	QL(2 ea daily)
<i>montelukast sodium PACK</i>	1	QL(1 ea daily)	ADVAIR HFA AERO	2	
<i>montelukast sodium TABS</i>	1	QL(1 ea daily); MP	AIRDUO DIGIHALER 113/14	NP	
<i>zafirlukast</i>	1		AIRDUO DIGIHALER 232/14	NP	
<i>zileuton TB12</i>	1		AIRDUO DIGIHALER 55/14	NP	
Steroid Inhalants			AIRDUO RESPICLICK 113/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NP	
ARMONAIR DIGIHALER	NP		AIRDUO RESPICLICK 232/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NP	
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2		AIRDUO RESPICLICK 55/14 AEPB	NP	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2		<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.57 gm daily)
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2		<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(1.2 gm daily)
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2		<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.45 gm daily)
<i>budesonide (inhalation) SUSP</i>	1	QL(4 ml daily); AL(At least 1 yrs old - Up to 8 yrs old)	<i>albuterol sulfate NEBU 0.083 %</i>	1	QL(375 ml per 25 days retail)
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)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	1	QL(375 ml per 30 days retail)	STIOLTO RESPIMAT	2	
albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML	1	QL(2 ea daily)	SYMBICORT (<i>Use budesonide-formoterol fumarate dihydrate</i>)	2	QL(11 gm per 30 days retail)
ALBUTEROL SULFATE NEBU	2	QL(2 ml daily)	terbutaline sulfate TABS	1	MP
albuterol sulfate SYRP	1	MP	VENTOLIN HFA AERS (<i>Use albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(0.54 gm daily)
albuterol sulfate TABS	1		XOPENEX HFA (<i>Use levalbuterol tartrate</i>)	NP	
BEVESPI AEROSPHERE	NP		Xanthines		
BREO ELLIPTA	2		THEO-24 CP24 200 MG, 300 MG, 400 MG	2	
BREZTRI AEROSPHERE	NP		THEO-24 CP24 100 MG	2	MP
budesonide-formoterol fumarate dihydrate	1	QL(11 gm per 30 days retail)	theophylline ELIX	1	
COMBIVENT RESPIMAT AERS	2	QL(4 gm per 30 days retail)	theophylline SOLN	1	QL(475 ml per fill retail); MP
DULERA 50 MCG/ACT-5 MCG/ACT	2		theophylline TB12 450 MG	1	
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	2	QL(13 gm per 30 days retail)	theophylline TB12 100 MG, 200 MG, 300 MG	1	MP
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 ea daily)	theophylline TB24	1	MP
fluticasone-salmeterol AERO	1		ANTICOAGULANTS - Blood Thinners		
ipratropium-albuterol SOLN	1	QL(12 ml daily)	Coumarin Anticoagulants		
levalbuterol hcl	1		warfarin sodium TABS	1	MP
levalbuterol tartrate	2		Direct Factor Xa Inhibitors		
PROAIR DIGIHALER	NP		ELIQUIS STARTER PACK TBPK	2	QL(4 ea daily)
PROAIR HFA AERS (<i>Use albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(0.57 gm daily)	ELIQUIS TABS	2	QL(4 ea daily)
PROVENTIL HFA AERS (<i>Use albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(0.45 gm daily)	XARELTO STARTER PACK TBPK	2	
SEREVENT DISKUS	2	QL(2 ea daily)	XARELTO SUSR	2	
			XARELTO TABS 2.5 MG	2	
			XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
			XARELTO TABS 15 MG	2	QL(2 ea daily)
			Heparins And Heparinoid-Like Agents		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(180 ml per 30 days retail)	VALTOCO 20 MG DOSE LQPK	2	QL(10 ea per 30 days retail); PA	
<i>enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML</i>	1	QL(36 ml per 30 days retail)	VALTOCO 5 MG DOSE LIQD	2	QL(10 ea per 30 days retail); PA	
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(60 ml per 30 days retail)	Anticonvulsants - Misc.			
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1	QL(18 ml per 30 days retail)	BRIVIACT SOLN IV 50 MG/5ML	2	SP; PA	
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	1	QL(48 ml per 30 days retail)	<i>carbamazepine CHEW</i>	1	MP	
<i>fondaparinux sodium</i>	1	PA	<i>carbamazepine CP12</i>	1	MP	
FRAGMIN SOLN 10000 UNIT/4ML	NP	SP	<i>carbamazepine SUSP</i>	1	MP	
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1		<i>carbamazepine TABS</i>	1	MP	
Thrombin Inhibitors			<i>carbamazepine TB12</i>	1	MP	
<i>dabigatran etexilate mesylate CAPS</i>	1		CARBATROL CP12 (<i>Use carbamazepine</i>)	2	MP	
PRADAXA CAPS 75 MG, 150 MG	2		ELEPSIA XR TB24	NP		
PRADAXA CAPS (<i>Use dabigatran etexilate mesylate</i>)	2		EPRONTIA SOLN	NP		
PRADAXA PACK	2	SP	<i>gabapentin CAPS 100 MG</i>	1	QL(9 ea daily); MP	
ANTICONVULSANTS - Drugs to Treat Seizures			<i>gabapentin CAPS 300 MG, 400 MG</i>	1	MP	
Anticonvulsants - Benzodiazepines			<i>gabapentin SOLN</i>	1	MP	
<i>clobazam SUSP</i>	1		<i>gabapentin TABS 600 MG, 800 MG</i>	1	MP	
<i>clobazam TABS</i>	1		<i>lamotrigine CHEW</i>	1	MP	
<i>clonazepam TABS</i>	1	QL(4 ea daily)	<i>lamotrigine KIT 25 MG</i>	1		
<i>clonazepam TBDP</i>	1		<i>lamotrigine TABS</i>	1	MP	
VALTOCO 10 MG DOSE LIQD	2	QL(10 ea per 30 days retail); PA	<i>lamotrigine TB24</i>	1		
VALTOCO 15 MG DOSE LQPK	2	QL(10 ea per 30 days retail); PA	<i>lamotrigine TBDP</i>	1		
			<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1	QL(30 ml daily); MP	
			<i>levetiracetam TABS</i>	1	MP	
			<i>levetiracetam TB24</i>	1	MP	
			<i>oxcarbazepine SUSP</i>	1	MP	
			<i>oxcarbazepine TABS</i>	1	MP	
			<i>pregabalin CAPS</i>	1	PA	
			<i>pregabalin SOLN</i>	1	PA	
			<i>primidone 50 MG, 250 MG</i>	1	MP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>primidone 125 MG</i>	1		DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	2	MP	
<i>rufinamide SUSP</i>	1	SP	<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	MP	
TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	2	MP	<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP	MP	
TOPAMAX SPRINKLE CPSP (<i>Use topiramate</i>)	2	MP	<i>phenytoin CHEW</i>	1	MP	
<i>topiramate CPS</i>	1	MP	<i>phenytoin SUSP</i>	1	MP	
<i>topiramate TABS 50 MG, 100 MG, 200 MG</i>	1	MP	Succinimides			
<i>topiramate TABS 25 MG</i>	1	QL(6 ea daily); MP	CELONTIN (<i>Use methsuximide</i>)	2		
TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	2	MP	<i>ethosuximide CAPS</i>	1	MP	
ZONISADE SUSP	NP		<i>ethosuximide SOLN</i>	1	MP	
<i>zonisamide CAPS</i>	1	MP	<i>methsuximide</i>	1		
ZTALMY	NP		Valproic Acid			
Carbamates						
<i>felbamate SUSP</i>	1		DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	2	MP	
<i>felbamate TABS</i>	1		<i>divalproex sodium CSDR</i>	1	MP	
XCOPRI TBPK	NP		<i>divalproex sodium TB24</i>	1	MP	
GABA Modulators			<i>divalproex sodium TBEC</i>	1	MP	
GABITRIL 12 MG, 16 MG (<i>Use tiagabine hcl</i>)	2		<i>valproate sodium SOLN OR 250 MG/5ML</i>	1	MP	
GABITRIL 2 MG, 4 MG (<i>Use tiagabine hcl</i>)	2	MP	<i>valproic acid CAPS</i>	1	MP	
SABRIL PACK (<i>Use vigabatrin</i>)	2	SP; PA	ANTIDEPRESSANTS - Drugs to Treat Depression			
SABRIL TABS (<i>Use vigabatrin</i>)	2	SP; PA	Alpha-2 Receptor Antagonists (Tetracyclines)			
<i>tiagabine hcl 12 MG, 16 MG</i>	1		<i>mirtazapine TABS</i>	1	MP	
<i>tiagabine hcl 2 MG, 4 MG</i>	1	MP	<i>mirtazapine TBDP</i>	1		
<i>vigabatrin PACK</i>	1	SP; PA	Antidepressant Combinations			
<i>vigabatrin TABS</i>	1	SP; PA	AUVELITY	NP		
Hydantoins			Antidepressants - Misc.			
DILANTIN (<i>Use phenytoin sodium extended</i>)	NP	MP	<i>bupropion hcl TABS</i>	1	MP	
			<i>bupropion hcl TB12 100 MG</i>	1	QL(4 ea daily); MP	
			<i>bupropion hcl TB12 150 MG</i>	1	QL(3 ea daily); MP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
bupropion hcl TB12 200 MG	1	QL(2 ea daily); MP	FLUOXETINE HYDROCHLORIDE TABS (Use fluoxetine hcl)	2	
bupropion hcl TB24 150 MG	1	QL(3 ea daily); MP	fluvoxamine maleate CP24	1	
bupropion hcl TB24 450 MG	1		fluvoxamine maleate TABS	1	
bupropion hcl TB24 450 MG	2		paroxetine hcl TABS	1	MP
bupropion hcl TB24 300 MG	1	QL(1 ea daily); MP	paroxetine hcl TB24	1	
FORFIVO XL TB24 (Use bupropion hcl)	NP		sertraline hcl CONC	1	
GABA Receptor Modulator - Neuroactive Steroid			sertraline hcl TABS	1	MP
ZULRESSO	2	SP; PA	SERTRALINE HYDROCHLORIDE CAPS	2	PA
Monoamine Oxidase Inhibitors (MAOIs)					
phenelzine sulfate	1		Serotonin Modulators		
tranylcypromine sulfate	1		nefazodone hcl	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)			trazodone hcl TABS 50 MG, 100 MG, 150 MG	1	MP
CITALOPRAM HYDROBROMIDE CAPS	2		trazodone hcl TABS 300 MG	1	
citalopram hydrobromide SOLN	1		Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
citalopram hydrobromide TABS	1	MP	CYMBALTA CPEP (Use duloxetine hcl)	NP	QL(1 ea daily); AL(At least 7 yrs old); MP
escitalopram oxalate SOLN	1		DESVENLAFAKINE ER	2	
escitalopram oxalate TABS	1	MP	desvenlafaxine succinate 100 MG	1	QL(4 ea daily); MP
fluoxetine hcl CAPS	1	MP	desvenlafaxine succinate 25 MG, 50 MG	1	QL(1 ea daily); MP
fluoxetine hcl CPDR	1		duloxetine hcl CPEP	1	QL(1 ea daily); AL(At least 7 yrs old); MP
fluoxetine hcl SOLN	1		VENLAFAKINE BESYLATE ER	NP	
fluoxetine hcl TABS 20 MG	1	QL(4 ea daily); AL(At least 7 yrs old)	venlafaxine hcl CP24 150 MG	1	QL(2 ea daily); MP
fluoxetine hcl TABS 60 MG	1		venlafaxine hcl CP24 37.5 MG	1	QL(4 ea daily); MP
fluoxetine hcl TABS 10 MG	1	AL(At least 7 yrs old); MP	venlafaxine hcl CP24 75 MG	1	QL(5 ea daily); MP
			venlafaxine hcl TABS	1	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits		
venlafaxine hcl TB24	1	QL(1 ea daily)	KOMBIGLYZE XR (Use saxagliptin-metformin hcl)	2			
Tricyclic Agents							
amitriptyline hcl TABS	1	MP	OSENI (Use alogliptin-pioglitazone)	2	QL(1 ea daily); MP		
amoxapine	1		pioglitazone hcl-glimepiride	1			
clomipramine hcl	1		pioglitazone hcl-metformin hcl TABS	1	QL(2 ea daily); MP		
desipramine hcl TABS	1		saxagliptin-metformin hcl	1			
doxepin hcl CAPS 150 MG	1		Biguanides				
doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	1	MP	metformin hcl SOLN	1			
doxepin hcl CONC	1		metformin hcl TABS 500 MG, 850 MG, 1000 MG	1	MP		
imipramine hcl TABS	1		metformin hcl TABS 625 MG	1			
imipramine pamoate	1		metformin hcl TB24 500 MG, 1000 MG	1			
nortriptyline hcl CAPS	1		metformin hcl TB24 500 MG, 750 MG	1	MP		
nortriptyline hcl SOLN	1		Diabetic Other				
protriptyline hcl	1		BAQSIMI ONE PACK POWD	2	QL(0.069 ea daily)		
trimipramine maleate CAPS	1		BAQSIMI TWO PACK POWD	2	QL(0.069 ea daily)		
ANTIDIABETICS - Drugs to Regulate Blood Sugar							
Alpha-Glucosidase Inhibitors							
acarbose	1		BD GLUCOSE CHEW	2	QL(1.67 ea daily); MP		
miglitol	1		CVS GLUCOSE CHEW	2	QL(1.67 ea daily); MP		
Antidiabetic Combinations							
alogliptin-metformin hcl	2	QL(2 ea daily); MP	CVS SOFT GLUCOSE CHEW	2	QL(1.67 ea daily); MP		
alogliptin-pioglitazone	1	QL(1 ea daily); MP	DEX4 QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily); MP		
glipizide-metformin hcl	1	MP	diazoxide	1			
glyburide-metformin	1	MP	GLUCAGEN HYPOKIT	2	MP		
GLYXAMBI	2		glucagon (rdna)	1	QL(1 ea per fill retail); MP		
JANUMET XR TB24	2		GLUCAGON EMERGENCY KIT (Use glucagon (rdna))	2	QL(1 ea per fill retail); MP		
JANUMET TABS	2		GLUCO TO GO CHEW	2	QL(1.67 ea daily); MP		
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					

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIGESTIVE ADVANTAGE DAILYDIGESTIVE & IMMUNE SUPPORT CAPS	2	RX/OTC	FORTIFY 50 BILLION PROBIOTIC EXTRA STRENGTH 50+ CPDR	2	
DIGESTIVE ADVANTAGE DAILYPROBIOTICS+GAS DEFENSE CAPS	2	RX/OTC	FORTIFY DAILY PROBIOTIC EXTRA STRENGTH CPDR	2	
DIGESTIVE ADVANTAGE DAILYPROBIOTICS+INTE NSIVE BOWEL SUPPORT CAPS	2	RX/OTC	FORTIFY DAILY PROBIOTIC CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE DAILYPROBIOTICS+LAC TOSE SUPPORT CAPS	2	RX/OTC	FORTIFY OPTIMA PROBIOTIC CPDR	2	
DIGESTIVE ADVANTAGE LACTOSE SUPPORT CAPS	2	RX/OTC	FORTIFY PROBIOTIC WOMENS CPDR	2	
DIGESTIVE ADVANTAGE CAPS	2	RX/OTC	FORTIFY PROBIOTIC WOMENSEXTRA STRENGTH CPDR	2	
ENVIVE CAPS	2	RX/OTC	GENORAVANCE CAPS	2	RX/OTC
EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT CAPS	2	RX/OTC	GNP ACIDOPHILUS HIGH POTENCY CAPS	2	RX/OTC
EQ PROBIOTIC CPDR	2		GNP PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
EQL DAILY PROBIOTIC CAPS	2	RX/OTC	HIGH POTENCY PROBIOTIC CAPS	2	RX/OTC
EQL PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC	JARRO-DOPHILUS ALLERGEN FREE PROBIOTIC CAPS	2	RX/OTC
FEM-DOPHILUS WOMENS CAPS	2	RX/OTC	JARRO-DOPHILUS EPS DIGESTIVE PROBIOTIC CPDR	2	
FLORA VANCE CAPS	2	RX/OTC	JARRO-DOPHILUS EPS PROBIOTIC CPDR	2	
FLORAJEN DIGESTION CAPS	2	RX/OTC	JARRO-DOPHILUS EPS CPDR	2	
FLORAJEN3 CAPS	2	RX/OTC	JARRO-DOPHILUS PROBIOTIC+ PREBIOTIC PLUS FOS CAPS	2	RX/OTC
FLORAJEN4KIDS CAPS	2	RX/OTC	JARRO-DOPHILUS WOMEN VAGINAL PROBIOTIC CPDR	2	
FLORANEX ONE CAPS	2	RX/OTC	LACTEROL CAPS	2	RX/OTC
FLORASAVE CPDR	2		LACTO-PECTIN CAPS	2	RX/OTC
FLORASTOR SELECT GUT BOOST CAPS	2	RX/OTC	MAGE CPDR	2	
FLORASTOR SELECT IMMUNITY BOOST CAPS	2	RX/OTC	MEGA PROBIOTIC CAPS	2	RX/OTC
FORTIFY 30 BILLION PROBIOTIC 50+ CPDR	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
META BIOTIC/BIO-ACTIVE 12 CAPS	2	RX/OTC	PROBIOTIC ACIDOPHILUS CAPS	2	RX/OTC
MICROFLOR 33 CAPS	2	RX/OTC	PROBIOTIC BLEND CAPS	2	RX/OTC
MOMMYS BLISS PROBIOTIC PACK	2		PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
MVW COMPLETE FORMULATION PROBIOTIC MINI'S/KIDS CPDR	2		PROBIOTIC DAILY CAPS	2	RX/OTC
MVW COMPLETE PROBIOTIC FORMULATION CPDR	2		PROBIOTIC DIGESTIVE SUPPORT/INULIN CAPS	2	RX/OTC
NATRUL PROBIOTIC CAPS	2	RX/OTC	PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC
NEXABIOTIC CPDR	2		PROBIOTIC MATURE ADULT CAPS	2	RX/OTC
PEARLS IC CAPS	2	RX/OTC	PROBIOTIC PEARLS ADVANTAGE CAPS	2	RX/OTC
PHILLIPS COLON HEALTH CAPS	2	RX/OTC	PROBIOTIC PEARLS MAX POTENCY CAPS	2	RX/OTC
PREORBOTIC CAPS	2	RX/OTC	PROBIOTIC PEARLS WOMENS CAPS	2	RX/OTC
PRIMADOPHILUS BIFIDUS CPDR	2		PROBIOTIC PEARLS CAPS	2	RX/OTC
PRIMIDAR CAPS	2	RX/OTC	PROBIOTIC/PREBIOTIC/CRANBERRY CAPS	2	RX/OTC
PROBİNATE CAPS	2	RX/OTC	PROBIOTIC+TURMERIC EXTRACT CAPS	2	RX/OTC
PROBIO DEFENSE CAPS	2	RX/OTC	PROBIOTIC-10 ULTIMATE CAPS	2	RX/OTC
PROBIOMAX COMPLETE DF CAPS	2	RX/OTC	PROBIOTIC CAPS	2	RX/OTC
PROBIOMAX DAILY DF CAPS	2	RX/OTC	PROBITROL CAPS	2	RX/OTC
PROBIOMAX IG 26 DF CAPS	2	RX/OTC	PROBIZEN CAPS	2	RX/OTC
PROBIOMAX LEAN DF CAPS	2	RX/OTC	PRODIGEN CAPS	2	RX/OTC
PROBIOMAX SB DF CAPS	2	RX/OTC	PRO-FLORA IMMUNE CAPS	2	RX/OTC
PROBIONEXX CAPS	2	RX/OTC	PROMELLA IN PREBIOTIC CAPS	2	RX/OTC
PROBIOTIC & ACIDOPHILUS FORMULA EXTRA STRENGTH CAPS	2	RX/OTC	PROMEROL CAPS	2	RX/OTC
PROBIOTIC + OMEGA-3 CAPS	2	RX/OTC	QUAD-PROBIOTIC CAPS	2	RX/OTC
PROBIOTIC 10 ULTRA STRENGTH CAPS	2	RX/OTC	RA PROBIOTIC COLON CARE CAPS	2	RX/OTC
			RA PROBIOTIC COMPLEX CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RA PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC	VISBIOME PROBIOTIC HIGH POTENCY CAPS	2	RX/OTC
RA PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC	VSL#3 CAPS	2	RX/OTC
RESTORA CAPS	2	RX/OTC	WELLPRO 31 CAPS	2	RX/OTC
RISAQUAD-2 CAPS	2	RX/OTC	WOMENS 50 BILLION CAPS	2	RX/OTC
RISAQUAD CAPS	2	RX/OTC	XYBIOTIC CAPS	2	RX/OTC
SD PROBIOTIC-10 COMPLEXULTRA CAPS	2	RX/OTC	ZELAC CAPS	2	RX/OTC
SM ACIDOPHILUS PEARLS CAPS	2	RX/OTC	Antidiarrheal/Probiotic Combinations		
SM ADVANCED PROBIOTIC ULTRA POTENCY CAPS	2	RX/OTC	CULTURELLE ADULT ULTIMATEBALANCE CAPS	2	
SUPER PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC	CULTURELLE DIGESTIVE DAILY PROBIOTIC PRO STRENGTH CAPS	2	
SUPER PROBIOTIC CAPS	2	RX/OTC	CULTURELLE DIGESTIVE DAILY PROBIOTIC CAPS	2	
SUPERIOR PROBIOTIC CAPS	2	RX/OTC	CULTURELLE DIGESTIVE HEALTH PROBIOTIC CAPS	2	
TRUBIOTICS DIGESTIVE + IMMUNE HEALTH CAPS	2	RX/OTC	CULTURELLE DIGESTIVE HEALTH CAPS	2	
TRUBIOTICS CAPS	2	RX/OTC	CULTURELLE DIGESTIVE HEALTH CHEW	2	
ULTRAFLORA IMMUNE HEALTH CAPS	2	RX/OTC	CULTURELLE HEALTH & WELLNESS CAPS	2	
UP4 PROBIOTICS ADULT CAPS	2	RX/OTC	CULTURELLE ULTIMATE STRENGTH PROBIOTIC CAPS	2	
UP4 PROBIOTICS MENS CAPS	2	RX/OTC	PROBIOTIC DIGESTIVE SUPPORT EXTRA STRENGTH CAPS	2	
UP4 PROBIOTICS ULTRA CAPS	2	RX/OTC	VIACTIV DIGESTIVE HEALTH CHEW	2	
UP4 PROBIOTICS WOMENS CAPS	2	RX/OTC	Antiperistaltic Agents		
VH ESSENTIALS OPTIBALANCE PROBIOTIC MAINTENACE PACK CAPS	2	RX/OTC	diphenoxylate w/ atropine LIQD	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits						
diphenoxylate w/ atropine TABS	1		OPVEE NA	0	QL(6 ea per 30 days retail); MP						
loperamide hcl CAPS	1	QL(8 ea daily); RX/OTC	VIVITROL	0	SP; MP						
loperamide hcl TABS	1	QL(8 ea daily)	ZIMHI SOSY	0	QL(9 ml per 90 days retail); MP						
ANTIDOTES AND SPECIFIC ANTAGONISTS											
Antidotes - Chelating Agents											
CHEMET	2		ANTIEMETICS - Drugs to Treat Nausea and Vomiting								
deferasirox PACK	1	SP; PA	5-HT3 Receptor Antagonists								
deferasirox TABS	1	SP; PA	granisetron hcl TABS	1							
deferasirox TBSO	1	SP; PA	ondansetron hcl SOLN OR 4 MG/5ML	1	QL(50 ml per fill retail)						
deferiprone TABS	1	SP; PA	ondansetron hcl TABS 4 MG, 8 MG	1	QL(2 ea daily)						
FERRIPROX SOLN	2	SP; PA	ondansetron TBDP	1	QL(2 ea daily)						
Antidotes and Specific Antagonists						Antiemetics - Anticholinergic					
ANDEXXA 200 MG	2	SP; PA	meclizine hcl CHEW	1	RX/OTC						
BRIDION	2	SP; PA	meclizine hcl TABS 12.5 MG, 25 MG	1	RX/OTC						
deferoxamine mesylate	1	SP; PA	Antiemetics - Miscellaneous								
SM IPECAC SYRUP	2		BONJESTA TBCR	2							
VISTOGARD	2		doxylamine-pyridoxine TBEC	1							
Opioid Antagonists						Substance P/Neurokinin 1 (NK1) Receptor Antagonists					
KLOXXADO LIQD	0	QL(18 ea per 90 days retail); MP	APONVIE EMUL	NP							
naloxone hcl LIQD	0	QL(18 ea per 90 days retail); MP; RX/OTC	aprepitant CAPS	1							
naloxone hcl SOCT	0	QL(18 ml per 90 days retail); MP	aprepitant MISC	1							
naloxone hcl SOLN 4 MG/10ML	0	QL(180 ml per 90 days retail); MP	ANTIFUNGALS - Drugs to Treat Fungal Infections								
naloxone hcl SOLN 0.4 MG/ML	0	QL(18 ml per 90 days retail); MP	Antifungals								
naloxone hcl SOSY	0	QL(18 ml per 90 days retail); MP	griseofulvin microsize SUSP	1							
naltrexone hcl	0	MP	griseofulvin microsize TABS	1							
NARCAN LIQD (Use naloxone hcl)	0	QL(18 ea per 90 days retail); MP; RX/OTC	griseofulvin ultramicrosize	1							

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Imidazole-Related Antifungals					
<i>fluconazole SUSR</i>	1	QL(70 ml per fill retail)	<i>cetirizine hcl CHEW</i>	1	QL(1 ea daily)
<i>fluconazole TABS 200 MG</i>	1		<i>cetirizine hcl SOLN OR</i>	1	QL(240 ml per fill retail); RX/OTC
<i>fluconazole TABS 100 MG</i>	1	QL(1 ea daily)	<i>cetirizine hcl SYRP OR</i>	1	QL(240 ml per fill retail); RX/OTC
<i>fluconazole TABS 150 MG</i>	1	QL(2 ea daily)	<i>cetirizine hcl TABS</i>	1	QL(1 ea daily)
<i>fluconazole TABS 50 MG</i>	1	QL(7 ea per fill retail)	<i>desloratadine TBDP</i>	1	
<i>itraconazole CAPS</i>	1	QL(1 ea daily); PA	<i>fexofenadine hcl SUSP</i>	1	
<i>itraconazole SOLN</i>	1	PA	<i>fexofenadine hcl TABS 180 MG</i>	1	QL(1 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies					
Antihistamines - Alkylamines					
<i>chlorpheniramine maleate SYRP</i>	1	QL(60 ml daily)	<i>levocetirizine dihydrochloride SOLN</i>	1	RX/OTC
<i>chlorpheniramine maleate TABS</i>	1	QL(120 ea per fill retail)	<i>loratadine CAPS</i>	1	
<i>dexchlorpheniramine maleate SOLN</i>	1		<i>loratadine CHEW</i>	1	
Antihistamines - Ethanolamines					
<i>BENADRYL ALLERGY EXTRA STRENGTH TABS</i>	2	QL(4 ea daily)	<i>loratadine SOLN</i>	1	QL(240 ml per fill retail)
<i>clemastine fumarate TABS 1.34 MG</i>	1	QL(2 ea daily)	<i>loratadine TABS</i>	1	
<i>DAYHIST ALLERGY 12 HOUR RELIEF TABS</i>	2	QL(2 ea daily)	<i>loratadine TBDP 10 MG</i>	1	
<i>diphenhydramine hcl CAPS</i>	1	QL(4 ea daily)	Antihistamines - Phenothiazines		
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1	QL(240 ml per fill retail)	<i>promethazine hcl SOLN 6.25 MG/5ML</i>	1	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1	QL(240 ml per fill retail)	<i>promethazine hcl SUPP</i>	1	QL(12 ea per fill retail); AL(At least 2 yrs old)
<i>diphenhydramine hcl TABS 25 MG</i>	1	QL(4 ea daily)	<i>promethazine hcl SYRP</i>	1	QL(240 ml per fill retail); AL(At least 2 yrs old)
Antihistamines - Non-Sedating					
<i>cetirizine hcl CAPS</i>	1		<i>promethazine hcl TABS</i>	1	AL(At least 2 yrs old)
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol					
Antihyperlipidemics - Combinations					
<i>ezetimibe-simvastatin</i>	1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits			
Antihyperlipidemics - Misc.								
<i>omega-3-acid ethyl esters</i>	1		<i>lovastatin TABS 40 MG</i>	1	QL(2 ea daily); MP			
Bile Acid Sequestrants								
<i>cholestyramine light PACK</i>	1	MP	<i>pravastatin sodium</i>	1	QL(1 ea daily); MP			
<i>cholestyramine light POWD</i>	1	MP	<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily); MP			
<i>cholestyramine PACK</i>	1	MP	<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(1 ea daily); MP			
<i>cholestyramine POWD</i>	1	MP	<i>simvastatin TABS 80 MG</i>	1	MP			
<i>colestipol hcl GRAN</i>	1	MP	Intestinal Cholesterol Absorption Inhibitors					
<i>colestipol hcl TABS</i>	1	MP	<i>ezetimibe</i>	1				
Fibric Acid Derivatives								
<i>fenofibrate micronized 67 MG</i>	1	QL(2 ea daily); MP	<i>JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG</i>	2	SP; PA			
<i>fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG</i>	1		Nicotinic Acid Derivatives					
<i>fenofibrate micronized 134 MG, 200 MG</i>	1	QL(1 ea daily); MP	<i>niacin (antihyperlipidemic) TBCR</i>	1	MP			
<i>fenofibrate CAPS</i>	2	MP	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors					
<i>fenofibrate TABS 54 MG</i>	1	QL(3 ea daily); MP	<i>PRALUENT SOAJ</i>	2	SP; PA			
<i>fenofibrate TABS 40 MG, 120 MG</i>	1		<i>REPATHA SURECLICK SOAJ</i>	2	SP; PA			
<i>fenofibric acid</i>	1		<i>REPATHA SOSY</i>	2	SP; PA			
<i>FIBRICOR (Use fenofibric acid)</i>	NP		ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure					
<i>gemfibrozil TABS</i>	1	QL(2 ea daily); MP	ACE Inhibitors					
<i>LIPOFEN CAPS (Use fenofibrate)</i>	NP	MP	<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	1	QL(1 ea daily); MP			
HMG CoA Reductase Inhibitors			<i>benazepril hcl 40 MG</i>	1	QL(2 ea daily); MP			
<i>ATORVALIQ SUSP</i>	NP		<i>captopril</i>	1	QL(3 ea daily); MP			
<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily); MP	<i>enalapril maleate TABS</i>	1	QL(2 ea daily); MP			
<i>fluvastatin sodium CAPS</i>	1		<i>fosinopril sodium</i>	1	QL(1 ea daily); MP			
<i>fluvastatin sodium TB24</i>	1		<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	MP			
<i>lovastatin TABS 10 MG, 20 MG</i>	1	QL(1 ea daily); MP						

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>moexipril hcl</i>	1		<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1		<i>atenolol & chlorthalidone</i>	1	QL(1 ea daily); MP
<i>quinapril hcl</i>	1	QL(1 ea daily); MP	<i>benazepril & hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>ramipril CAPS</i>	1	QL(2 ea daily); MP	<i>bisoprolol & hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>trandolapril 4 MG</i>	1	QL(2 ea daily); MP	<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>trandolapril 1 MG, 2 MG</i>	1	QL(1 ea daily); MP	<i>captopril & hydrochlorothiazide</i>	1	QL(2 ea daily); MP
Agents for Pheochromocytoma			<i>enalapril maleate & hydrochlorothiazide</i>	1	QL(2 ea daily); MP
<i>metyrosine</i>	1	SP; PA	<i>EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)</i>	NP	
Angiotensin II Receptor Antagonists			<i>fosinopril sodium & hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>candesartan cilexetil</i>	1		<i>irbesartan-hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>irbesartan</i>	1	QL(1 ea daily); MP	<i>lisinopril & hydrochlorothiazide</i>	1	MP
<i>losartan potassium</i>	1	QL(1 ea daily); MP	<i>losartan potassium & hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>olmesartan medoxomil</i>	1		<i>metoprolol & hydrochlorothiazide TABS</i>	1	QL(2 ea daily); MP
<i>telmisartan</i>	1		<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>valsartan SOLN</i>	1		<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>valsartan TABS</i>	1	QL(1 ea daily); MP	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1	QL(3 ea daily)
Antiadrenergic Antihypertensives			<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1	QL(4 ea daily)
<i>clonidine hcl TABS</i>	1	MP	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)
<i>doxazosin mesylate</i>	1	MP	<i>telmisartan-amlodipine</i>	1	
<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					
<i>ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)</i>	NP	QL(3 ea daily)			
<i>amlodipine besylate-benazepril hcl</i>	1	QL(1 ea daily); MP			
<i>amlodipine besylate-olmesartan medoxomil</i>	1				
<i>amlodipine besylate-valsartan</i>	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
<i>telmisartan-hydrochlorothiazide</i>	1	QL(1 ea daily)	<i>vancomycin hcl SOLR OR 25 MG/ML</i>	1	QL(300 ml per fill retail)			
<i>trandolapril-verapamil hcl</i>	1		Leprostatics					
<i>valsartan-hydrochlorothiazide</i>	1	QL(1 ea daily); MP	<i>dapsone</i>	1				
Antihypertensives - Misc.								
VECAMYL	2	SP; PA	Lincosamides					
Vasodilators								
<i>hydralazine hcl TABS</i>	1	MP	<i>clindamycin hcl 150 MG, 300 MG</i>	1				
<i>minoxidil 2.5 MG, 10 MG</i>	1	MP	<i>clindamycin palmitate hydrochloride</i>	1	QL(100 ml per fill retail)			
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections								
Anti-infective Agents - Misc.								
<i>metronidazole TABS</i>	1		Monobactams					
<i>trimethoprim TABS</i>	1		CAYSTON	NP	SP; PA			
Anti-infective Misc. - Combinations								
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG</i>	1		Oxazolidinones					
<i>sulfamethoxazole-trimethoprim SUSP</i>	1		SIVEXTRO TABS	2	QL(6 ea per fill retail); PA			
<i>sulfamethoxazole-trimethoprim TABS</i>	1		Urinary Anti-infectives					
Carbapenems			<i>methenamine mandelate</i>	1				
<i>ertapenem sodium IJ</i>	1	SP; PA	<i>nitrofurantoin</i>	1	QL(40 ml daily)			
Glycopeptides			<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1				
<i>vancomycin hcl CAPS 250 MG</i>	1	QL(8 ea daily)	<i>nitrofurantoin monohyd macro</i>	1				
<i>vancomycin hcl CAPS 125 MG</i>	1	QL(4 ea daily)	ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)					
<i>vancomycin hcl SOLR IV 500 MG</i>	1	QL(0.467 ea daily)	Antimalarial Combinations					
<i>vancomycin hcl SOLR IV 1 GM, 1000 MG</i>	1	QL(14 ea per fill retail)	COARTEM	2	QL(24 ea per fill retail)			
Antimalarials			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			
			DARAPRIM (Use pyrimethamine)	NP	SP; PA			
			KRINTAFEL	2	QL(2 ea per 30 days retail)			
			<i>mefloquine hcl</i>	1				
			<i>pyrimethamine</i>	1	SP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
ANTIMYASTHENIC/CHOLINERGIC AGENTS								
Antimyasthenic/Cholinergic Agents								
FIRDAPSE	2	SP; PA	KEMOPLAT SOLN	2	SP; PA			
<i>pyridostigmine bromide</i> TABS 60 MG	1		LEUKERAN	2				
<i>pyridostigmine bromide</i> TBCR	1		<i>melphalan</i>	1				
ANTIMYCOPATHIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)								
Antimycobacterial Agents								
<i>ethambutol hcl TABS</i>	1	MP	<i>melphalan hcl</i>	1	SP; PA			
<i>isoniazid SYRP</i>	1	MP	MYLERAN TABS	2				
<i>isoniazid TABS</i>	1	MP	TEMODAR SOLR	2	SP; PA			
<i>pyrazinamide</i>	1		<i>temozolomide CAPS</i>	1	SP; PA			
<i>rifampin CAPS</i>	1		VIVIMUSTA SOLN	2	SP; PA			
TRECATOR	2		YONDELIS	2	SP; PA			
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer								
Alkylating Agents								
BELRAPZO SOLN	2	SP; PA	Antimetabolites					
<i>bendamustine hcl SOLR</i>	1	SP; PA	<i>azacitidine SUSR</i>	1	SP; PA			
BENDAMUSTINE HYDROCHLORIDE SOLN	2	SP; PA	<i>capecitabine</i>	1	SP; PA			
BENDEKA SOLN	2	SP; PA	<i>cladribine 10 MG/10ML</i>	1	SP; PA			
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i>	1	SP; PA	<i>cytarabine SOLN</i>	1	SP; PA			
<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	1	SP; PA	<i>decitabine</i>	1	SP; PA			
CISPLATIN SOLR	2	SP; PA	<i>fludarabine phosphate SOLN</i>	1	SP; PA			
<i>cyclophosphamide CAPS 50 MG</i>	1		FLUDARABINE PHOSPHATE SOLN	2	SP; PA			
CYCLOPHOSPHAMIDE TABS	2		<i>fludarabine phosphate SOLR</i>	1	SP; PA			
EVOMELA	2	SP; PA	FOLOTYN	2	SP; PA			
<i>Antineoplastic - Angiogenesis Inhibitors</i>								
AVASTIN								

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
CYRAMZA	2	SP; PA	ZEVALIN Y-90	2	SP; PA	
INLYTA	2	SP; PA	Antineoplastic - Anti-HER2 Agents			
LENVIMA 10 MG DAILY DOSE	2	SP; PA	KANJINTI 420 MG	2	SP; PA	
LENVIMA 12MG DAILY DOSE	2	SP; PA	PERJETA	2	SP; PA	
LENVIMA 14 MG DAILY DOSE	2	SP; PA	Antineoplastic - BCL-2 Inhibitors			
LENVIMA 18 MG DAILY DOSE	2	SP; PA	VENCLEXTA STARTING PACK TBPK	2	SP; PA	
LENVIMA 20 MG DAILY DOSE	2	SP; PA	VENCLEXTA TABS	2	SP; PA	
LENVIMA 24 MG DAILY DOSE	2	SP; PA	Antineoplastic - Cellular Immunotherapy			
LENVIMA 4 MG DAILY DOSE	2	SP; PA	KYMRIAH	2	SP; PA	
LENVIMA 8 MG DAILY DOSE	2	SP; PA	PROVENGE	2	SP; PA	
MVASI	2	SP; PA	YESCARTA	2	SP; PA	
ZALTRAP	2	SP; PA	Antineoplastic - EGFR Inhibitors			
Antineoplastic - Antibodies			ERBITUX	2	SP; PA	
ADCETRIS	2	SP; PA	<i>erlotinib hcl</i>	1	SP; PA	
ARZERRA	2	SP; PA	<i>gefitinib</i>	1	SP; PA	
BLINCYTO	2	SP; PA	GILOTrif	2	SP; PA	
DARZALEX	2	SP; PA	PORTRAZZA	2	SP; PA	
EMPLICITI	2	SP; PA	TAGRISSO	2	SP; PA	
GAZYVA	2	SP; PA	VECTIBIX 100 MG/5ML, 400 MG/20ML	2	SP; PA	
KADCYLA	2	SP; PA	VIZIMPRO	2	SP; PA	
KEYTRUDA	2	SP; PA	Antineoplastic - Hedgehog Pathway Inhibitors			
LIBTAYO	2	SP; PA	DAURISMO	2	SP; PA	
LUMOXITI	2	SP; PA	ERIVEDGE	2	SP; PA	
OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	2	SP; PA	ODOMZO	2	SP; PA	
POLIVY 140 MG	2	SP; PA	Antineoplastic - Hormonal and Related Agents			
POTELIGEO	2	SP; PA	<i>abiraterone acetate</i>	1	SP; PA	
RITUXAN	2	SP; PA	<i>anastrozole</i>	1	MP	
TECENTRIQ	2	SP; PA	<i>bicalutamide</i>	1	QL(1 ea daily)	
UNITUXIN	2	SP; PA	CAMCEVI	2	SP	
YERVOY	2	SP; PA	ELIGARD SC	2	SP; PA	
			EMCYT	2	SP; PA	
			ERLEADA 60 MG	2	SP; PA	
			EULEXIN	2		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>exemestane</i>	1		<i>valrubicin</i>	1	SP; PA	
FIRMAGON	2	SP; PA	Antineoplastic Combinations			
<i>flutamide</i>	1		HERCEPTIN HYLECTA	2	SP; PA	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	1	QL(41.67 ml daily); AL(At least 16 yrs old); SP; PA	LONSURF	2	SP; PA	
<i>letrozole</i>	1	QL(1 ea daily); MP	Antineoplastic Enzyme Inhibitors			
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE	2	SP; PA	ALECENSA	2	SP; PA	
LEUPROLIDE ACETATE INJ	2		BELEODAQ	2	SP; PA	
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	SP; PA	<i>bortezomib SOLR IJ</i>	1	SP; PA	
LUPRON DEPOT (1-MONTH) KIT IM	2	SP; PA	BORTEZOMIB SOLR IV 3.5 MG	2	SP; PA	
LUPRON DEPOT (3-MONTH) KIT IM	2	SP; PA	BOSULIF TABS 100 MG, 500 MG	2	SP; PA	
LUPRON DEPOT (4-MONTH) IM	2	SP; PA	BRAFTOVI 75 MG	2	SP; PA	
LUPRON DEPOT (6-MONTH) IM	2	SP; PA	CABOMETYX TABS	2	SP; PA	
LYSODREN	2	SP; PA	CAPRELSA	2	SP; PA	
<i>megestrol acetate SUSP</i>	1		COMETRIQ KIT	2	SP; PA	
<i>megestrol acetate TABS</i>	1		COTELLIC	2	SP; PA	
<i>tamoxifen citrate TABS</i>	1	MP	<i>everolimus TABS</i>	1	SP; PA	
<i>toremifene citrate</i>	1	PA	<i>everolimus TBSO</i>	1	SP; PA	
TRELSTAR MIXJECT	2	SP; PA	FARYDAK	2	SP; PA	
XTANDI CAPS	2	SP; PA	IBRANCE CAPS	2	SP; PA	
ZOLADEX	2	SP; PA	ICLUSIG 15 MG, 45 MG	2	SP; PA	
Antineoplastic - Immunomodulators			<i>imatinib mesylate</i>	1	SP; PA	
POMALYST	2	SP; PA	IMBRUWICA CAPS 70 MG	2	QL(1 ea daily); SP; PA	
Antineoplastic Antibiotics			IMBRUWICA CAPS 140 MG	2	SP; PA	
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	2	SP; PA	IMBRUWICA TABS	2	QL(1 ea daily); SP; PA	
ELLENCE SOLN	2	SP; PA	JAKAFI	2	SP; PA	
<i>mitoxantrone hcl 2 MG/ML</i>	1	SP; PA	KYPROLIS	2	SP; PA	
			<i>lapatinib ditosylate</i>	1	SP; PA	
			LORBRENA	2	SP; PA	
			MEKINIST TABS	2	SP; PA	
			MEKTOVI	2	SP; PA	
			NINLARO	2	SP; PA	
			<i>pazopanib hcl</i>	1	SP; PA	
			<i>romidepsin SOLR</i>	1	SP; PA	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
RUBRACA	2	SP; PA	PROLEUKIN	2	SP; PA	
<i>sorafenib tosylate</i>	1	SP; PA	SYNRIBO	2	SP; PA	
SPRYCEL	2	SP; PA	<i>tretinoin (chemotherapy)</i>	1	SP; PA	
STIVARGA	2	SP; PA	Chemotherapy Adjuncts			
<i>sunitinib malate</i>	1	SP; PA	KEPIVANCE 6.25 MG	2	SP; PA	
TAFINLAR CAPS	2	SP; PA	Chemotherapy Rescue/Antidote/Protective Agents			
TALZENNA 0.25 MG, 1 MG	2	SP; PA	<i>dexrazoxane hcl</i>	1	SP; PA	
TASIGNA	2	SP; PA	KHAPZORY	2	SP; PA	
<i>temsirolimus</i>	1	SP; PA	<i>leucovorin calcium TABS 5 MG, 25 MG</i>	1		
TIBSOVO	2	SP; PA	<i>levoleucovorin calcium SOLN</i>	1	SP; PA	
VITRAKVI CAPS	2	SP; PA	<i>levoleucovorin calcium SOLR</i>	1	SP; PA	
VITRAKVI SOLN	2	SP; PA	<i>mesna SOLN</i>	1	SP; PA	
VOTRIENT	2	SP; PA	MESNEX TABS	2	SP; PA	
XALKORI CAPS	2	SP; PA	TTECT	2	SP; PA	
XOSPATA	2	SP; PA	VORAXAZE	2	SP; PA	
ZELBORAF	2	SP; PA	Mitotic Inhibitors			
ZOLINZA	2	SP; PA	ABRAXANE	2	SP; PA	
ZYDELIG	2	SP; PA	<i>docetaxel CONC 160 MG/8ML</i>	1	SP; PA	
ZYKADIA TABS	2	SP; PA	DOCETAXEL CONC 160 MG/8ML	2	SP; PA	
Antineoplastic Enzymes			<i>docetaxel SOLN</i>	1	SP; PA	
ONCASPAR	2	SP; PA	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	SP; PA	
Antineoplastic Radiopharmaceuticals			<i>etoposide CAPS</i>	1	SP; PA	
AZEDRA DOSIMETRIC	2	SP; PA	<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	1	SP; PA	
AZEDRA THERAPEUTIC	2	SP; PA	HALAVEN	2	SP; PA	
LUTATHERA	2	SP; PA	IXEMPRA KIT	2	SP; PA	
Antineoplastics Misc.			JEVTANA	2	SP; PA	
ACTIMMUNE	2	SP; PA	MARQIBO	2	SP; PA	
ALFERON N	2	SP; PA	<i>paclitaxel protein-bound particles</i>	1	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				
MATULANE	2	SP; PA				
PHOTOFRIN	2	SP; PA				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
PACLITAXEL PROTEIN-BOUNDPARTICLES	2	SP; PA	<i>pramipexole dihydrochloride TABS</i>	1	QL(3 ea daily); AL(At least 18 yrs old)			
<i>vincristine sulfate</i>	1	SP; PA	<i>pramipexole dihydrochloride TB24</i>	1				
Oncolytic Viral Agents								
IMLYGIC	2	SP; PA	<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	1	QL(3 ea daily); MP			
Topoisomerase I Inhibitors								
HYCAMTIN CAPS	2	SP; PA	<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	1	QL(6 ea daily); MP			
<i>irinotecan hcl</i>	1	SP; PA	<i>ropinirole hydrochloride TB24</i>	1				
<i>topotecan hcl SOLN</i>	1	SP; PA	Antiparkinson Monoamine Oxidase Inhibitors					
TOPOTECAN HCL SOLN	2	SP; PA	<i>selegiline hcl CAPS</i>	1	MP			
<i>topotecan hcl SOLR</i>	1	SP; PA	<i>selegiline hcl TABS</i>	1	MP			
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease								
Antiparkinson Adjunctive Therapy								
<i>carbidopa</i>	1		ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders					
Antiparkinson Anticholinergics								
<i>benztropine mesylate TABS</i>	1	MP	LITHIUM	2				
<i>trihexyphenidyl hcl SOLN</i>	1	MP	<i>lithium carbonate CAPS</i>	1				
<i>trihexyphenidyl hcl TABS</i>	1	MP	<i>lithium carbonate TABS</i>	1				
Antiparkinson Dopaminergics			<i>lithium carbonate TBCR</i>	1				
<i>amantadine hcl CAPS</i>	1	MP	<i>LITHOBID TBCR (Use lithium carbonate)</i>	2				
<i>amantadine hcl SOLN</i>	1	MP	Antipsychotics - Misc.					
<i>amantadine hcl TABS</i>	1	MP	CAPLYTA	NP				
APOKYN SOCT	2	SP; PA	<i>lurasidone hcl</i>	1				
<i>apomorphine hydrochloride SOCT</i>	1	SP; PA	NUPLAZID CAPS	2	QL(1 ea daily); PA			
<i>bromocriptine mesylate CAPS</i>	1		NUPLAZID TABS 10 MG	2	QL(1 ea daily); PA			
<i>bromocriptine mesylate TABS 2.5 MG</i>	1		<i>ziprasidone hcl</i>	1				
<i>carbidopa-levodopa TABS</i>	1	MP	<i>ziprasidone mesylate</i>	1				
<i>carbidopa-levodopa TBCR</i>	1	MP	Benzisoxazoles					
DHIVY TABS	2	MP	INVEGA HAFYERA	2	SP			
			INVEGA SUSTENNA	2	AL(At least 18 yrs old); SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA	2	1 rtl MAX fill; 84 rtl day(s) supply; AL(At least 18 yrs old); SP	<i>chlorpromazine hcl TABS</i>	1	
<i>paliperidone</i>	1		<i>fluphenazine decanoate</i>	1	
RISPERDAL CONSTA <i>(Use risperidone microspheres)</i>	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>fluphenazine hcl TABS</i>	1	
<i>risperidone microspheres</i>	1	1 rtl MAX fill; 14 rtl day(s) supply; QL(2 ea per 28 days retail); AL(At least 18 yrs old); SP	<i>perphenazine TABS</i>	1	
<i>risperidone SOLN</i>	1		<i>prochlorperazine</i>	1	
<i>risperidone TABS</i>	1		<i>prochlorperazine edisylate 10 MG/2ML</i>	1	
<i>risperidone TBDP</i>	1		<i>prochlorperazine maleate TABS</i>	1	
UZEDY SUSY	2	SP	<i>thioridazine hcl</i>	1	
Butyrophenones			<i>trifluoperazine hcl TABS</i>	1	
<i>haloperidol decanoate</i>	1		Quinolinone Derivatives		
<i>haloperidol lactate CONC</i>	1		ABILIFY ASIMTUFI PRSY	2	SP
<i>haloperidol lactate SOLN</i>	1		ABILIFY MAINTENA PRSY	2	QL(1 ea per 28 days retail); AL(At least 18 yrs old); SP
<i>haloperidol TABS</i>	1		ABILIFY MAINTENA SRER	2	QL(1 ea per 28 days retail); AL(At least 18 yrs old); SP
Dibenzapines			ABILIFY MYCITE	NP	
<i>clozapine TABS</i>	0		ABILIFY MYCITE MAINTENANCE KIT	NP	SP
<i>clozapine TBDP</i>	0		ABILIFY MYCITE STARTER KIT	NP	SP
<i>loxpiprazole succinate</i>	1		<i>ariPIPRAZOLE SOLN OR</i>	1	QL(30 ml daily)
<i>olanzapine SOLR</i>	1		<i>ariPIPRAZOLE TABS</i>	1	QL(1 ea daily)
<i>olanzapine TABS</i>	1	AL(At least 10 yrs old)	<i>ariPIPRAZOLE TBDP</i>	1	QL(2 ea daily)
<i>olanzapine TBDP</i>	1		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
<i>quetiapine fumarate TABS</i>	1		Thioxanthenes		
<i>quetiapine fumarate TB24</i>	1		<i>thiothixene</i>	1	
ZYPREXA RELPREVV	NP	SP	ANTIVIRALS - Drugs to Treat Viral Infections		
Phenothiazines			Antiretrovirals		
			<i>abacavir sulfate-lamivudine</i>	0	QL(1 ea daily)
			<i>abacavir sulfate SOLN</i>	0	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
abacavir sulfate TABS	0	QL(2 ea daily)	etravirine 200 MG	0	QL(2 ea daily)
APTIVUS CAPS	0	QL(4 ea daily)	etravirine 100 MG	0	QL(4 ea daily)
atazanavir sulfate CAPS	0	QL(2 ea daily)	EVOTAZ	0	QL(1 ea daily)
BIKTARVY 120 MG-30 MG-15 MG	2		fosamprenavir calcium TABS	0	QL(4 ea daily)
BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 ea daily)	GENVOYA	0	QL(1 ea daily)
COMBIVIR (<i>Use lamivudine-zidovudine</i>)	0	QL(2 ea daily)	INTELENCE	0	QL(4 ea daily)
COMPLERA	0	QL(1 ea daily)	INTELENCE (<i>Use etravirine</i>)	0	QL(4 ea daily)
darunavir TABS	0	QL(2 ea daily)	INTELENCE 200 MG (<i>Use etravirine</i>)	0	QL(2 ea daily)
DELSTRIGO	0	QL(1 ea daily)	ISENTRESS CHEW 25 MG	0	QL(12 ea daily)
DESCOVY 200 MG-25 MG	0	QL(1 ea daily)	ISENTRESS CHEW 100 MG	0	QL(6 ea daily)
DESCOVY 120 MG-15 MG	2		ISENTRESS PACK	0	QL(2 ea daily)
DOVATO	0		ISENTRESS TABS	0	QL(2 ea daily)
EDURANT	0	QL(1 ea daily)	KALETRA SOLN (<i>Use lopinavir-ritonavir</i>)	0	QL(160 ml per fill retail)
efavirenz CAPS 200 MG	0	QL(1 ea daily)	KALETRA TABS 25 MG-100 MG (<i>Use lopinavir-ritonavir</i>)	0	QL(4 ea daily)
efavirenz CAPS 50 MG	0	QL(2 ea daily)	KALETRA TABS 50 MG-200 MG (<i>Use lopinavir-ritonavir</i>)	0	QL(6 ea daily)
efavirenz-emtricitabine-tenofovir disoproxil fumarate	0	QL(1 ea daily)	lamivudine SOLN	0	QL(30 ml daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate	0	QL(1 ea daily)	lamivudine TABS 150 MG	0	QL(2 ea daily)
efavirenz TABS	0	QL(1 ea daily)	lamivudine TABS 300 MG	0	QL(1 ea daily)
emtricitabine CAPS	0	QL(1 ea daily)	lamivudine-zidovudine	0	QL(2 ea daily)
emtricitabine-tenofovir disoproxil fumarate	0	QL(1 ea daily)	LEXIVA SUSP	0	QL(56 ml daily)
EMTRIVA CAPS (<i>Use emtricitabine</i>)	0	QL(1 ea daily)	LEXIVA TABS (<i>Use fosamprenavir calcium</i>)	0	QL(4 ea daily)
EMTRIVA SOLN	0	QL(24 ml daily)	lopinavir-ritonavir SOLN	0	QL(160 ml per fill retail)
EPIVIR SOLN (<i>Use lamivudine</i>)	0	QL(30 ml daily)	lopinavir-ritonavir TABS 25 MG-100 MG	0	QL(4 ea daily)
EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	0	QL(2 ea daily)	lopinavir-ritonavir TABS 50 MG-200 MG	0	QL(6 ea daily)
EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	0	QL(1 ea daily)	maraviroc TABS 300 MG	0	QL(4 ea daily)
EPZICOM (<i>Use abacavir sulfate-lamivudine</i>)	0	QL(1 ea daily)	maraviroc TABS 150 MG	0	QL(2 ea daily)
			nevirapine SUSP	0	QL(40 ml daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
nevirapine TABS	0	QL(2 ea daily)	SYMF1 (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 ea daily)
nevirapine TB24 100 MG	0	QL(3 ea daily)	SYMF1 LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 ea daily)
nevirapine TB24 400 MG	0	QL(1 ea daily)	SYMTUZA	0	QL(1 ea daily)
NORVIR PACK	0		tenofovir disoproxil fumarate TABS	0	QL(1 ea daily)
NORVIR SOLN	0	QL(15 ml daily)	TIVICAY PD TBSO	0	
NORVIR TABS (<i>Use ritonavir</i>)	0	QL(12 ea daily)	TIVICAY TABS	0	
ODEFSEY	0		TRIUMEQ PD TBSO	0	
PIFELTRO	0	QL(1 ea daily)	TRIUMEQ TABS	0	
PREZCOBIX	0	QL(1 ea daily)	TRIZIVIR	0	QL(2 ea daily)
PREZISTA SUSP	0	QL(12 ml daily)	TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	0	QL(1 ea daily)
PREZISTA TABS (<i>Use darunavir</i>)	0	QL(2 ea daily)	TYBOST	0	QL(1 ea daily)
PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 ea daily)	VIRACEPT TABS 250 MG	0	QL(9 ea daily)
PREZISTA TABS 150 MG	0	QL(3 ea daily)	VIRACEPT TABS 625 MG	0	QL(4 ea daily)
RETROVIR CAPS (<i>Use zidovudine</i>)	0	QL(6 ea daily)	VIRAMUNE XR TB24 400 MG (<i>Use nevirapine</i>)	0	QL(1 ea daily)
RETROVIR SYRP (<i>Use zidovudine</i>)	0	QL(60 ml daily)	VIREAD POWD	0	
REYATAZ CAPS 200 MG, 300 MG (<i>Use atazanavir sulfate</i>)	0	QL(2 ea daily)	VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	0	QL(1 ea daily)
REYATAZ PACK	0	QL(6 ea daily)	VIREAD TABS	0	QL(1 ea daily)
ritonavir TABS	0	QL(12 ea daily)	VOCABRIA	0	
RUKOBIA	0		ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	0	QL(30 ml daily)
SELZENTRY SOLN	0	QL(35 ml daily)	ZIAGEN TABS (<i>Use abacavir sulfate</i>)	0	QL(2 ea daily)
SELZENTRY TABS 25 MG, 75 MG	NP		zidovudine CAPS	0	QL(6 ea daily)
stavudine CAPS	0	QL(2 ea daily)	zidovudine SYRP	0	QL(60 ml daily)
STRIBILD	0		zidovudine TABS	0	QL(2 ea daily)
SUNLENCA TBPK	2	SP	Antiviral Combinations		
SUSTIVA CAPS 200 MG (<i>Use efavirenz</i>)	0	QL(1 ea daily)	PAXLOVID 100 MG-150 MG	0	
SUSTIVA CAPS 50 MG (<i>Use efavirenz</i>)	0	QL(2 ea daily)	CMV Agents		
SUSTIVA TABS (<i>Use efavirenz</i>)	0	QL(1 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREVYMIS SOLN	2	SP; PA	<i>oseltamivir phosphate CAPS 30 MG</i>	1	QL(20 ea per fill retail)
PREVYMIS TABS	2	SP; PA	<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	1	QL(10 ea per fill retail)
<i>valganciclovir hcl TABS</i>	1	QL(2 ea daily)	<i>oseltamivir phosphate SUSR</i>	1	QL(120 ml per fill retail)
Hepatitis Agents					
EPCLUSA PACK	NP	SP; PA	<i>rimantadine hydrochloride TABS</i>	1	PA
EPCLUSA TABS	NP	SP; PA	XOFLUZA	NP	
HARVONI PACK	NP	SP; PA	Misc. Antivirals		
HARVONI TABS	NP	SP; PA	TPOXX CAPS	2	
LEDIPASVIR/SOFOSBUV IR TABS	2	SP	BETA BLOCKERS - Drugs to Treat High Blood Pressure		
MAVYRET PACK	2	SP	Alpha-Beta Blockers		
MAVYRET TABS	2	SP	<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	1	QL(3 ea daily); MP
PEGASYS SOLN	2	SP; PA	<i>carvedilol 25 MG</i>	1	QL(4 ea daily); MP
PEGASYS SOSY	2	SP; PA	<i>carvedilol phosphate</i>	1	QL(1 ea daily); MP
<i>ribavirin (hepatitis c) CAPS</i>	1	SP; PA	<i>labetalol hcl TABS 100 MG</i>	1	QL(3 ea daily); MP
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1	SP; PA	<i>labetalol hcl TABS 300 MG</i>	1	QL(8 ea daily); MP
SOFOSBUVIR/VELPATA SVIR TABS	2	SP	<i>labetalol hcl TABS 200 MG</i>	1	QL(6 ea daily); MP
SOVALDI PACK	NP	SP; PA	Beta Blockers Cardio-Selective		
SOVALDI TABS	NP	SP; PA	<i>acebutolol hcl CAPS</i>	1	MP
VIEKIRA PAK TBPK	NP	SP; PA	<i>atenolol TABS</i>	1	QL(2 ea daily); MP
VOSEVI	NP	SP; PA	<i>betaxolol hcl</i>	1	
ZEPATIER	NP	SP; PA	<i>bisoprolol fumarate</i>	1	QL(1 ea daily); MP
Herpes Agents					
<i>acyclovir CAPS</i>	1	QL(50 ea per 30 days retail)	<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 ea daily); MP
<i>acyclovir SUSP</i>	1	QL(400 ml per 30 days retail)	<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1	QL(4 ea daily); MP
<i>acyclovir TABS OR 800 MG</i>	1	QL(50 ea per 30 days retail)	<i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	1	
<i>acyclovir TABS OR 400 MG</i>	1	QL(3 ea daily)			
<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					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	1	QL(4 ea daily); MP	<i>diltiazem hcl TB24</i>	1	MP			
<i>metoprolol tartrate TABS 100 MG</i>	1	QL(4.5 ea daily); MP	<i>felodipine</i>	1	QL(1 ea daily); MP			
Beta Blockers Non-Selective								
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	MP	<i>isradipine CAPS</i>	1				
<i>pindolol TABS</i>	1	MP	<i>levamlodipine maleate</i>	1				
<i>propranolol hcl CP24</i>	1	QL(2 ea daily); MP	<i>nicardipine hcl CAPS</i>	1	MP			
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1	MP	<i>nifedipine CAPS</i>	1	QL(4 ea daily); MP			
<i>propranolol hcl TABS</i>	1	MP	<i>nifedipine TB24 60 MG</i>	1	QL(2 ea daily); MP			
<i>sotalol hcl (afib/afl)</i>	1	QL(2 ea daily); MP	<i>nifedipine TB24 30 MG, 90 MG</i>	1	QL(1 ea daily); MP			
<i>sotalol hcl TABS 240 MG</i>	1	MP	<i>nimodipine CAPS</i>	1				
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 ea daily); MP	<i>nisoldipine</i>	1				
<i>timolol maleate TABS</i>	1	MP	<i>NORLIQVA SOLN</i>	NP				
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure								
Calcium Channel Blockers								
<i>amlodipine besylate TABS</i>	1	QL(1 ea daily); MP	<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	1	QL(2 ea daily); MP			
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	1	QL(1 ea daily); MP	<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily); MP			
<i>diltiazem hcl coated beads CP24 360 MG</i>	1	MP	<i>verapamil hcl CP24 300 MG</i>	1	MP			
<i>diltiazem hcl coated beads CP24 240 MG</i>	1	QL(2 ea daily); MP	<i>verapamil hcl TABS</i>	1	QL(3 ea daily); MP			
<i>diltiazem hcl extended release beads</i>	1	QL(1 ea daily); MP	<i>verapamil hcl TBCR</i>	1	QL(2 ea daily); MP			
<i>diltiazem hcl CP12</i>	1	QL(2 ea daily); MP	<i>VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl)</i>	2	QL(2 ea daily); MP			
<i>diltiazem hcl CP24 120 MG, 240 MG</i>	1	QL(1 ea daily); MP	<i>VERELAN PM CP24 300 MG (Use verapamil hcl)</i>	NP	MP			
<i>diltiazem hcl CP24 180 MG</i>	1	MP	<i>VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)</i>	NP	QL(2 ea daily); MP			
<i>diltiazem hcl TABS</i>	1	QL(3 ea daily); MP	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm					
Cardiac Glycosides								
<i>digoxin SOLN OR 0.05 MG/ML</i>	1	MP	<i>digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG</i>	1	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LANOXIN TABS 125 MCG, 250 MCG (<i>Use digoxin</i>)	2	MP	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	SP; PA
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			<i>tadalafil (pulmonary hypertension) TABS</i>	1	SP; PA
Cardiovascular Agents Misc. - Combinations			TADLIQ SUSP	NP	SP; PA
<i>amlodipine besylate- atorvastatin calcium</i>	1		Transthyretin Stabilizers		
ENTRESTO	2		VYNDAMAX	2	QL(1 ea daily); SP; PA
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors			VYNDAQEL	2	QL(4 ea daily); SP; PA
INPEFA	NP		CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Prostaglandin Vasodilators			Cephalosporins - 1st Generation		
<i>epoprostenol sodium</i>	1	SP; PA	<i>cefadroxil CAPS</i>	1	
ORENITRAM TITRATION KIT MONTH 1 TEPK	NP	SP	<i>cefadroxil SUSR</i>	1	
ORENITRAM TITRATION KIT MONTH 2 TEPK	NP	SP	<i>cefadroxil TABS</i>	1	
ORENITRAM TITRATION KIT MONTH 3 TEPK	NP	SP	<i>cephalexin CAPS 250 MG, 500 MG</i>	1	
REMODULIN SOLN IJ	NP	SP; PA	<i>cephalexin SUSR</i>	1	
<i>treprostinil SOLN IJ</i>	1	SP; PA	Cephalosporins - 2nd Generation		
Pulmonary Hypertension - Endothelin Receptor Antagonists			CEFACLOR ER TB12	2	
<i>ambrisentan</i>	1	SP; PA	<i>cefaclor CAPS</i>	1	
<i>bosentan TABS</i>	1	SP; PA	<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1	
Pulmonary Hypertension - Phosphodiesterase Inhibitors			<i>cefprozil SUSR</i>	1	QL(75 ml per fill retail); AL(Up to 12 yrs old)
LIQREV SUSP	NP	SP	<i>cefprozil TABS</i>	1	QL(20 ea per fill retail)
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	1	SP; PA	<i>cefuroxime axetil TABS</i>	1	QL(20 ea per fill retail)
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	SP; PA	Cephalosporins - 3rd Generation		
			<i>cefdinir CAPS</i>	1	QL(20 ea per fill retail)
			<i>cefdinir SUSR</i>	1	QL(60 ml per fill retail)
			<i>cefixime CAPS</i>	1	
			<i>cefixime SUSR</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cefpodoxime proxetil SUSR</i>	1		<i>levonorgestrel & eth estradiol TABS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cefpodoxime proxetil TABS</i>	1		<i>levonorgestrel-eth estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	1	QL(3 ea per fill retail)	<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
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>levonorgestrel-ethinyl estradiol (continuous)</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	LO LOESTRIN FE TABS	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; PV	NATAZIA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>drospirenone-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethin acet & estrad-fe CAPS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethin acet & estrad-fe CHEW</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>ethynodiol diacet & eth estrad</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>norethin acet & estrad-fe</i> TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	
<i>norethindrone & eth estradiol 35 MCG-1 MG</i>	0		TYBLUME CHEW	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	
<i>norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Combination Contraceptives - Transdermal			
<i>norethindrone & ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norelgestromin-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	
<i>norethindrone acet & eth estra</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Combination Contraceptives - Vaginal			
<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>etongestrel-ethinyl estradiol</i>	0	PV	
<i>norethindrone-eth estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Copper Contraceptives - IUD			
<i>norgestimate-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; 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			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEXPLANON	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
Progestin Contraceptives - Injectable					
DEPO-SUBQ PROVERA 104 SUSY SC	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV	SKYLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Progestin Contraceptives - Oral					
<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	<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					
KYLEENA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	<i>budesonide TB24</i>	1	
LILETTA 20.1 MCG/DAY	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	<i>CORTISONE ACETATE TABS</i>	2	
<i>deflazacort TABS 6 MG, 18 MG, 30 MG, 36 MG</i>					
<i>DEXAMETHASONE INTENSOL CONC</i>					
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>					
<i>DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML</i>					
<i>dexamethasone ELIX</i>					
<i>dexamethasone SOLN</i>					
<i>dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG</i>					
<i>EMFLAZA SUSP</i>					
<i>hydrocortisone TABS</i>					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone TABS 4 MG, 8 MG</i>	1		<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ml per fill retail)
<i>methylprednisolone TBPK</i>	1		<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ml per fill retail)
<i>prednisolone sodium phosphate SOLN 15 MG/5ML</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>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML</i>	1		<i>guaifenesin-codeine SOLN</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>guaifenesin-codeine SYRP</i>	1	QL(240 ml per fill retail)
<i>prednisolone SOLN</i>	1		<i>MAXI-TUSS PE LIQD</i>	2	
<i>PREDNISONE INTENSOL CONC</i>	2		<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	1	QL(240 ml per fill retail)
<i>prednisone SOLN</i>	1		<i>phenylephrine-dm SOLN</i>	1	QL(240 ml per fill retail)
<i>prednisone TABS</i>	1		<i>promethazine & phenylephrine SYRP</i>	1	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>prednisone TBPK</i>	1		<i>promethazine w/codeine SOLN</i>	1	QL(240 ml per fill retail); AL(At least 6 yrs old)
<i>ZILRETTA SRER</i>	2	SP; PA	<i>promethazine w/codeine SYRP</i>	1	QL(240 ml per fill retail); AL(At least 6 yrs old)
Mineralocorticoids			<i>pseudoephedrine-ibuprofen TABS</i>	1	
<i>fludrocortisone acetate TABS</i>	1		Expectorants		
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			<i>potassium iodide (expectorant) SOLN</i>	1	
Antitussives			Misc. Respiratory Inhalants		
<i>benzonatate 100 MG</i>	1	AL(At least 10 yrs old)	<i>sodium chloride (inhalant) AERS</i>	1	QL(240 ml per fill retail)
<i>benzonatate 200 MG</i>	1	QL(1 ea daily); AL(At least 10 yrs old)	<i>sodium chloride (inhalant) NEBU 0.9 %, 7 %</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1		Mucolytics		
Cough/Cold/Allergy Combinations					
<i>brompheniramine & phenyleph ELIX</i>	1	QL(120 ml per fill retail)			
<i>brompheniramine & pseudoeph ELIX</i>	1	QL(120 ml per fill retail)			
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	1	QL(120 ml per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
acetylcysteine SOLN	1		RETIN-A CREA (<i>Use tretinoin</i>)	2	QL(20 gm per fill retail); AL(Up to 35 yrs old)
DERMATOLOGICALS - Drugs to Treat Skin Conditions					
Acne Products					
ABSORICA 10 MG, 20 MG, 40 MG (<i>Use isotretinoin</i>)	NP	QL(2 ea daily); AL(At least 12 yrs old)	RETIN-A GEL 0.025 % (<i>Use tretinoin</i>)	2	AL(Up to 35 yrs old)
ACNE MEDICATION 10 LOTN	2		RETIN-A GEL 0.01 % (<i>Use tretinoin</i>)	2	QL(15 gm per fill retail); AL(Up to 35 yrs old)
ACNE MEDICATION 5 LOTN	2		sulfacetamide sodium (acne)	1	QL(120 ml per fill retail)
adapalene-benzoyl peroxide GEL	1		sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	1	QL(60 gm per fill retail)
adapalene CREA	1		sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	1	QL(30 gm per fill retail)
adapalene GEL	1		tretinoin microsphere	1	
ADAPALENE SOLN	2		tretinoin CREA 0.025 %	1	AL(Up to 35 yrs old)
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	1		tretinoin CREA 0.025 %, 0.05 %, 0.1 %	1	QL(20 gm per fill retail); AL(Up to 35 yrs old)
benzoyl peroxide LIQD 5 %, 10 %	1		tretinoin GEL 0.05 %	1	
clindamycin phosphate (topical) GEL	1	QL(75 gm per fill retail)	tretinoin GEL 0.025 %	1	AL(Up to 35 yrs old)
clindamycin phosphate (topical) LOTN	1	QL(60 ml per fill retail)	tretinoin GEL 0.01 %	1	QL(15 gm per fill retail); AL(Up to 35 yrs old)
clindamycin phosphate (topical) SOLN	1		Antibiotics - Topical		
clindamycin phosphate-benzoyl peroxide (refrigerate)	1		bacitracin (topical) OINT	1	QL(453.9 gm per fill retail)
clindamycin phosphate-benzoyl peroxide GEL	1		bacitracin zinc OINT	1	QL(453.6 ea per fill retail)
clindamycin phosphate-tretinoin	1		CENTANY OINT	NP	QL(30 gm per fill retail)
DIFFERIN LOTN	2		gentamicin sulfate (topical) CREA	1	QL(30 gm per fill retail)
erythromycin (acne aid) GEL	1	QL(60 gm per fill retail)	gentamicin sulfate (topical) OINT	1	QL(30 gm per fill retail)
erythromycin (acne aid) SOLN	1		mupirocin calcium (topical)	1	
isotretinoin 10 MG, 20 MG, 40 MG	1	QL(2 ea daily); AL(At least 12 yrs old)	mupirocin OINT	1	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits		
<i>neomycin-bacitracin-polymyxin OINT</i>	1	QL(56 gm per fill retail)	Antihistamines-Topical				
<i>neomycin-polymyxin w/pramoxine</i>	1	QL(28.3 gm per fill retail)	ITCH RELIEF CREA	2			
Antifungals - Topical							
<i>ciclopirox SOLN</i>	1	PA	Anti-inflammatory Agents - Topical				
<i>clotrimazole (topical) CREA</i>	1	QL(60 gm per fill retail); RX/OTC	<i>diclofenac sodium (topical) GEL EX</i>	1	QL(6.68 gm daily); RX/OTC		
<i>clotrimazole (topical) SOLN</i>	1	QL(60 ml per fill retail); RX/OTC	Antineoplastic or Premalignant Lesion Agents - Topical				
<i>clotrimazole w/betamethasone CREA</i>	1	QL(45 gm per fill retail)	<i>bexarotene (topical)</i>	1	SP; PA		
<i>clotrimazole w/betamethasone LOTN</i>	1	QL(30 ml per fill retail)	<i>CARAC CREA (Use fluorouracil (topical))</i>	2	QL(30 gm per fill retail)		
<i>econazole nitrate CREA</i>	1	QL(85 gm per fill retail)	<i>fluorouracil (topical) CREA 5 %</i>	1	QL(40 gm per fill retail)		
<i>ketoconazole (topical) CREA</i>	1	QL(60 gm per fill retail)	<i>fluorouracil (topical) CREA 0.5 %</i>	1	QL(30 gm per fill retail)		
<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(120 ml per fill retail)	<i>fluorouracil (topical) SOLN</i>	1	QL(10 ml per fill retail)		
<i>luliconazole</i>	2	PA	<i>LEVULAN KERASTICK SOLR</i>	2	SP; PA		
<i>LUZU (Use luliconazole)</i>	NP	PA	Antipruritics - Topical				
<i>miconazole nitrate (topical) CREA</i>	1	QL(92 gm per fill retail)	<i>camphor & menthol LOTN</i>	1	QL(59 ml per fill retail)		
<i>NIZORAL SHAM</i>	2	QL(200 ml per fill retail)	Antipsoriatics				
<i>nystatin (topical) CREA</i>	1	QL(30 gm per fill retail)	<i>calcipotriene CREA</i>	1	QL(60 gm per fill retail)		
<i>nystatin (topical) OINT</i>	1	QL(30 gm per fill retail)	<i>calcipotriene FOAM</i>	2			
<i>nystatin (topical) POWD EX</i>	1	QL(60 gm per fill retail)	<i>CALCIPOTRIENE FOAM</i>	2			
<i>nystatin-triamcinolone CREA</i>	1	QL(60 gm per fill retail)	<i>calcipotriene OINT</i>	1			
<i>nystatin-triamcinolone OINT</i>	1	QL(60 gm per fill retail)	<i>calcipotriene SOLN</i>	1	QL(60 ml per fill retail)		
<i>oxiconazole nitrate CREA</i>	1	PA	<i>COSENTYX SENSOREADY PEN SOAJ</i>	NP	SP; PA		
<i>terbinafine hcl (topical) CREA</i>	1	QL(42 gm per fill retail)	<i>COSENTYX UNOREADY SOAJ</i>	NP	SP; PA		
<i>tolnaftate CREA</i>	1	QL(30 gm per fill retail)	<i>COSENTYX SOLN</i>	NP	SP; PA		
			<i>COSENTYX SOSY</i>	NP	SP; PA		
			<i>SKYRIZI PEN SOAJ</i>	NP	SP; PA		
			<i>SKYRIZI SOSY</i>	NP	SP; PA		
			<i>SORILUX FOAM</i>	NP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SOTYKTU	NP	SP; PA	<i>betamethasone dipropionate (topical) CREA</i>	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
SPEVIGO	NP	SP; PA	<i>betamethasone dipropionate (topical) LOTN</i>	1	
<i>tazarotene CREA</i>	1	QL(60 gm per fill retail); AL(Up to 21 yrs old)	<i>betamethasone dipropionate (topical) OINT</i>	1	
VTAMA	NP		<i>betamethasone dipropionate augmented CREA</i>	1	QL(50 gm per fill retail)
ZORYVE	NP		<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	
Antiseborheic Products			<i>betamethasone dipropionate augmented LOTN</i>	1	
<i>selenium sulfide LOTN 1 %</i>	1	QL(240 ml per fill retail)	<i>betamethasone dipropionate augmented OINT</i>	1	
<i>selenium sulfide LOTN 2.5 %</i>	1	QL(120 ml per fill retail)	<i>betamethasone valerate CREA</i>	1	QL(45 gm per fill retail)
<i>selenium sulfide SHAM 1 %</i>	1	QL(240 ml per fill retail)	<i>betamethasone valerate FOAM</i>	1	
<i>sulfacetamide sodium LIQD</i>	1	QL(480 gm per fill retail)	<i>betamethasone valerate LOTN</i>	1	QL(60 ml per fill retail)
Antivirals - Topical			<i>betamethasone valerate OINT</i>	1	QL(45 gm per fill retail)
<i>acyclovir topical CREA</i>	1	QL(1 gm daily)	<i>calcipotriene-betamethasone dipropionate OINT</i>	1	
<i>acyclovir topical OINT</i>	1		<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	
<i>DENAVIR (Use penciclovir)</i>	2		<i>clobetasol propionate emollient base 0.05 %</i>	1	QL(60 gm per fill retail)
<i>penciclovir</i>	1		<i>clobetasol propionate emulsion</i>	1	
<i>ZOVIRAX CREA (Use acyclovir topical)</i>	2	QL(1 gm daily)	<i>clobetasol propionate CREA 0.05 %</i>	1	QL(60 gm per fill retail)
<i>ZOVIRAX OINT (Use acyclovir topical)</i>	2		<i>clobetasol propionate FOAM</i>	1	
Burn Products					
<i>silver sulfadiazine</i>	1	QL(85 gm per fill retail)			
Corticosteroids - Topical					
<i>alclometasone dipropionate CREA</i>	1				
<i>alclometasone dipropionate OINT</i>	1				
<i>amcinonide CREA</i>	1				
<i>amcinonide LOTN</i>	1				
<i>amcinonide OINT</i>	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate GEL 0.05 %	1	QL(60 gm per fill retail)	fluocinonide emulsified base	1	QL(60 gm per fill retail)
clobetasol propionate LIQD	1		fluocinonide CREA 0.1 %	1	
clobetasol propionate LOTN	1		fluocinonide CREA 0.05 %	1	QL(60 gm per fill retail)
clobetasol propionate OINT 0.05 %	1	QL(60 gm per fill retail)	fluocinonide GEL	1	QL(60 gm per fill retail)
clobetasol propionate SHAM	1		fluocinonide OINT	1	QL(60 gm per fill retail)
clobetasol propionate SOLN 0.05 %	1	QL(50 ml per fill retail)	fluocinonide SOLN	1	QL(60 ml per fill retail)
clocortolone pivalate	1		flurandrenolide CREA	1	
CLODERM (Use clocortolone pivalate)	NP		flurandrenolide LOTN	1	
CORDRAN OINT	2		fluticasone propionate CREA 0.05 %	1	QL(60 gm per fill retail)
desonide CREA	1	1 rtl pack lmt per fill	fluticasone propionate LOTN	1	
desonide LOTN	1		fluticasone propionate OINT	1	QL(60 gm per fill retail)
desonide OINT	1	1 rtl pack lmt per fill	halcinonide CREA	1	
desoximetasone CREA 0.05 %	1	QL(60 gm per fill retail)	halobetasol propionate CREA	1	
desoximetasone CREA 0.25 %	1		halobetasol propionate FOAM	2	
desoximetasone GEL	1		halobetasol propionate FOAM	1	
desoximetasone LIQD	1		halobetasol propionate OINT	1	
desoximetasone OINT	1		hydrocortisone (topical) CREA 2.5 %	1	QL(453.6 gm per fill retail)
diflorasone diacetate CREA	1	QL(60 gm per fill retail)	hydrocortisone (topical) CREA 1 %	1	QL(85.2 gm per fill retail); RX/OTC
diflorasone diacetate OINT	1	QL(60 gm per fill retail)	hydrocortisone (topical) CREA 0.5 %	1	QL(30 gm per fill retail)
EPIFOAM FOAM	2		hydrocortisone (topical) LOTN 1 %	1	QL(99 gm per fill retail)
fluocinolone acetonide CREA	1		hydrocortisone (topical) LOTN 2.5 %	1	QL(59 ml per fill retail)
fluocinolone acetonide OIL	1		hydrocortisone (topical) OINT 0.5 %	1	
fluocinolone acetonide OINT	1				
fluocinolone acetonide SOLN	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
hydrocortisone (topical) OINT 1 %	1	QL(2 gm daily; 56 gm per fill retail); RX/OTC	triamcinolone acetonide (topical) CREA 0.5 %	1	QL(15 gm per fill retail)
hydrocortisone (topical) OINT 2.5 %	1	QL(454 gm per fill retail)	triamcinolone acetonide (topical) CREA 0.025 %	1	QL(160 gm per fill retail)
hydrocortisone (topical) SOLN 1 %	1		triamcinolone acetonide (topical) CREA 0.1 %	1	QL(85.2 gm per fill retail)
hydrocortisone acetate (topical) CREA 1 %	1		triamcinolone acetonide (topical) LOTN	1	QL(60 ml per fill retail)
hydrocortisone acetate (topical) OINT	1		triamcinolone acetonide (topical) OINT 0.05 %	1	
hydrocortisone butyrate hydrophilic lipo base	1		triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	1	QL(80 gm per fill retail)
hydrocortisone butyrate CREA	1		triamcinolone acetonide (topical) OINT 0.5 %	1	QL(15 gm per fill retail)
hydrocortisone butyrate LOTN	1		triamcinolone acetonide-dimethicone-silicone	1	
hydrocortisone butyrate OINT	1		Eczema Agents		
hydrocortisone butyrate SOLN	1	QL(60 ml per fill retail)	ADBRY	NP	SP; PA
hydrocortisone valerate CREA	1		CIBINQO	NP	SP; PA
hydrocortisone valerate OINT	1		DUPIXENT SOPN	2	SP; PA
HYDROCORTISONE CREA	2		DUPIXENT SOSY	2	SP; PA
IMPEKLO LOTN	NP		OPZELURA	NP	PA
LOCOID LIPOCREAM	2		Emollient/Keratolytic Agents		
mometasone furoate CREA	1	QL(50 gm per fill retail)	urea CREA 40 %	1	QL(85.05 gm per fill retail); RX/OTC
mometasone furoate OINT	1	QL(45 gm per fill retail)	urea LOTN 40 %	1	QL(325 gm per fill retail)
mometasone furoate SOLN	1	QL(60 ml per fill retail)	Emollients		
prednicarbate OINT	1	QL(60 gm per fill retail)	lactic acid (ammonium lactate) CREA	1	QL(385 gm per fill retail); RX/OTC
TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	NP		lactic acid (ammonium lactate) LOTN 12 %	1	QL(57 gm per fill retail); RX/OTC
triamcinolone acetonide (topical) AERS	1		Immunomodulating Agents - Topical		
			imiquimod 5 %	1	QL(48 ea per 180 days retail)
			Immunosuppressive Agents - Topical		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELIDEL (Use pimecrolimus)	2	QL(1 gm daily); AL(At least 2 yrs old); PA	<i>lidocaine-prilocaine CREA</i>	1	QL(5800 gm per fill retail)
<i>pimecrolimus</i>	1	QL(1 gm daily); AL(At least 2 yrs old); PA	RA ARTHRITIS PAIN RELIEF CREA	2	QL(60 gm per fill retail)
PROTOPIC OINT 0.03 % (Use tacrolimus (topical))	2	QL(1 gm daily); AL(At least 2 yrs old); PA	Misc. Topical		
PROTOPIC OINT 0.1 % (Use tacrolimus (topical))	2	PA	<i>lanolin (topical) CREA</i>	1	
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(1 gm daily); AL(At least 2 yrs old); PA	<i>lanolin (topical) OINT</i>	1	
<i>tacrolimus (topical) OINT 0.1 %</i>	1	PA	LANOLOR CREA	2	
Keratolytic/Antimitotic Agents			<i>zinc oxide (topical) OINT 20 %</i>	1	QL(60 gm per fill retail)
<i>podofilox SOLN</i>	1	QL(4 ml per fill retail)	Rosacea Agents		
<i>salicylic acid GEL 6 %</i>	1	QL(40 gm per fill retail)	<i>metronidazole (topical) CREA</i>	1	QL(45 gm per fill retail)
Local Anesthetics - Topical			<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 gm per fill retail)
<i>capsaicin CREA 0.1 %</i>	1	QL(56.6 gm per fill retail)	<i>metronidazole (topical) LOTN</i>	1	
<i>capsaicin CREA 0.025 %, 0.075 %</i>	1	QL(60 gm per fill retail)	Scabicides & Pediculicides		
CAPZASIN-P CREA	2	QL(42.5 gm per fill retail)	LICEMD GEL	2	
CASTIVA WARMING LOTN	2	QL(113 gm per fill retail)	<i>malathion</i>	1	QL(59 ml per fill retail)
<i>dibucaine</i>	1	QL(56.7 gm per fill retail)	NATROBA (Use spinosad)	2	QL(120 ml per fill retail); AL(At least 2 yrs old)
<i>lidocaine hcl CREA 4 %</i>	1	QL(63 gm per fill retail)	NIX LICE KILLING SPRAY LIQD XX	2	
<i>lidocaine hcl CREA 3 %</i>	1	QL(85 gm per fill retail)	<i>permethrin AERO</i>	1	
<i>lidocaine hcl GEL 2 %</i>	1	QL(85 gm per fill retail); RX/OTC	<i>permethrin CREA</i>	1	QL(60 gm per fill retail)
<i>lidocaine hcl PRSY</i>	1	QL(85 ml per fill retail)	<i>permethrin LIQD EX</i>	1	
<i>lidocaine CREA 4 %</i>	1	QL(76.5 gm per fill retail)	<i>permethrin LOTN</i>	1	QL(59 ml per fill retail)
LIDOCAINE CREA	2	QL(85 gm per fill retail)	<i>pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-0.3 %-1.2 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RID ESSENTIAL LICE ELIMINATION KIT KIT EX	2		CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	CO	
SCHOOLTIME SHAMPOO SHAM	2		CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	CO	
spinosad	1	QL(120 ml per fill retail); AL(At least 2 yrs old)	COBAS LIAT SARS-COV-2 ASSAY	CO	
Tar Products			COBAS LIAT SARS-COV-2 CONTROL	CO	RX/OTC
coal tar extract SHAM 0.5 %	1		COVID-19 AG TEST KIT	CO	
Wound Care Products			COVID-19 AT-HOME TEST KIT KIT	CO	
APLIGRAF DISK	2	SP; PA	COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	CO	
DIAGNOSTIC PRODUCTS			COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	CO	
Diagnostic Drugs			CVS COVID-19 AT HOME TESTKIT KIT	CO	
cosyntropin SOLR	1	SP; PA	ECOTEST COVID -19 IGG/IGM RAPID TEST DEVICE	CO	RX/OTC
THYROGEN 0.9 MG	2	SP; PA	ELLUME COVID-19 HOME TEST KIT	CO	
Diagnostic Tests			FASTEPE COVID-19 ANTIGEN HOME TEST KIT	CO	
ACCUA SARS-COV-2	CO		FASTEPE COVID-19 IGG/IGM RAPID TEST DEVICE	CO	RX/OTC
ACST KIT	CO	RX/OTC	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	CO	
ADVIN COVID-19 ANTIGEN HOME TEST KIT	CO		GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	CO	
BD VERITOR AT-HOME COVID-19 TEST KIT	CO		GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	CO	
BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2	CO		GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	CO	
BINAXNOW COVID-19 AG CARD	CO		ID NOW COVID-19	CO	
BINAXNOW COVID-19 AG CARD HOME TEST KIT	CO				
CARESTART COVID-19 ANTIGEN HOME TEST KIT	CO				
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	CO				
CHEMSTRIP-K STRP	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ID NOW COVID-19 2.0	CO		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
ID NOW COVID-19 2.0 CONTROL SWAB KIT	CO	RX/OTC	PILOT COVID-19 AT-HOME TEST KIT	CO	
ID NOW COVID-19 CONTROL SWAB KIT	CO	RX/OTC	QUICKVUE AT-HOME COVID-19 TEST KIT	CO	
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	CO		QUICKVUE SARS ANTIGEN TEST	CO	
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	CO		RAPID RESPONSE COVID-19	CO	RX/OTC
INTELISWAB COVID-19 RAPID TEST KIT	CO		RAPID SARS-COV-2 ANTIGENTEST CARD KIT	CO	
KETONE TEST STRIPS STRP	2		RELION KETONE TEST STRIPS STRP	2	
KETONE STRP	2		SOFIA SARS ANTIGEN FIA	CO	
KETOSTIX STRP	2		SOFIA2 SARS ANTIGEN FIA	CO	
LUCIRA CHECK IT COVID-19TEST KIT KIT	CO	RX/OTC	SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	CO	
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	CO	RX/OTC	XPERT XPRESS SARS-COV-2	CO	
LYRA DIRECT SARS-COV-2 ASSAY	CO		DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
LYRA SARS-COV-2 ASSAY	CO		Digestive Enzymes		
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	CO		CREON CPEP	2	
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	CO		SUCRAID	2	SP; PA
ONETOUCH ULTRA STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2		Thiazides and Thiazide-Like Diuretics		
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure					
Carbonic Anhydrase Inhibitors					
acetazolamide CP12	1	MP	chlorthalidone 25 MG, 50 MG	1	MP
acetazolamide TABS	1	MP	hydrochlorothiazide CAPS	1	MP
methazolamide TABS	1	MP	hydrochlorothiazide TABS 25 MG, 50 MG	1	MP
Diuretic Combinations					
amiloride & hydrochlorothiazide	1	QL(1 ea daily)	indapamide TABS 1.25 MG, 2.5 MG	1	MP
spironolactone & hydrochlorothiazide	1	MP	metolazone	1	MP
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	1	QL(1 ea daily); MP	ENDOCRINE AND METABOLIC AGENTS - MISC.		
triamterene & hydrochlorothiazide TABS	1	QL(1 ea daily); MP	- Drugs to Treat Bone Disease and Regulate Hormones		
Loop Diuretics					
bumetanide TABS	1	MP	Bone Density Regulators		
furosemide SOLN OR 10 MG/ML, 40 MG/5ML	1	MP	alendronate sodium SOLN	1	QL(10.8 ml daily); MP
furosemide TABS	1	MP	alendronate sodium TABS 5 MG, 10 MG	1	QL(1 ea daily); MP
SOAANZ TABS 20 MG	2	MP	alendronate sodium TABS 35 MG, 70 MG	1	QL(0.15 ea daily); MP
torsemide TABS 20 MG	1	MP	calcitonin (salmon) NA	1	QL(4 ml per 30 days retail)
torsemide TABS 5 MG, 10 MG, 100 MG	1	QL(1 ea daily); MP	calcitonin (salmon) IJ	1	QL(2 ml per 30 days retail)
Potassium Sparing Diuretics			EVENITY	2	SP; PA
amiloride hcl TABS	1	QL(4 ea daily)	ibandronate sodium SOLN	1	SP; PA
spironolactone TABS	1	MP	ibandronate sodium TABS	1	PA
			NATPARA	2	SP; PA
			pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	1	SP; PA
			PAMIDRONATE DISODIUM SOLN	2	SP; PA
			PROLIA SOSY	2	SP; PA
			risedronate sodium TABS 35 MG	1	4 per 28 days; QL(4 ea per 28 days retail)
			risedronate sodium TABS 150 MG	1	
			risedronate sodium TABS 5 MG, 30 MG	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
risedronate sodium TBEC	1		INCRELEX	2	SP; PA
teriparatide (recombinant) SOPN	1	SP; PA	LHRH/GnRH Agonist Analog Pituitary Suppressants		
XGEVA SOLN	2	SP; PA	FENSOLVI SC	2	SP; PA
zoledronic acid CONC	1	SP; PA	LUPRON DEPOT-PED (1-MONTH)	2	SP; PA
zoledronic acid SOLN	1	SP; PA	LUPRON DEPOT-PED (3-MONTH)	2	SP; PA
ZOLEDRONIC ACID SOLN	2	SP; PA	LUPRON DEPOT-PED (6-MONTH) IM	2	SP
Corticotropin			SUPPRELIN LA	NP	SP; PA
ACTHAR	2	SP; PA	SYNAREL	2	SP; PA
CORTROPHIN	2	SP; PA	Metabolic Modifiers		
Fertility Regulators			ALDURAZYME	2	SP; PA
CHORIONIC GONADOTROPIN IM	2	PA	<i>betaine</i>	1	SP; PA
NOVAREL IM	2	PA	BUPHENYL POWD (Use sodium phenylbutyrate)	2	SP; PA
PREGNYL IM	2	PA	BUPHENYL TABS (Use sodium phenylbutyrate)	2	SP; PA
PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM	2	PA	<i>calcitriol</i> CAPS	1	
GnRH/LHRH Antagonists			CARBAGLU (Use carglumic acid)	CO	
ORILISSA	2	SP; PA	<i>carglumic acid</i>	CO	
Growth Hormone Receptor Antagonists			<i>cinacalcet hcl</i>	1	SP; PA
SOMAVERT	2	SP; PA	CRYSVITA	CO	
Growth Hormones			ELAPRASE	2	SP; PA
GENOTROPIN MINIQUICK PRSY	2	SP; PA	FABRAZYME	2	SP; PA
GENOTROPIN CART SC	2	SP; PA	GALAFOLD	2	QL(0.5 ea daily); SP; PA
NGENLA	NP	SP; PA	KANUMA	2	SP; PA
NORDITROPIN FLEXPRO SOPN	2	SP; PA	<i>levocarnitine (metabolic modifiers)</i> SOLN OR 1 GM/10ML	1	QL(30 ml daily)
OMNITROPE SOCT	NP	SP; PA	<i>levocarnitine (metabolic modifiers)</i> TABS	1	QL(3 ea daily)
SKYTROFA	NP	SP; PA	LUMIZYME	2	SP; PA
SOGROYA	NP	SP; PA	MYALEPT	2	SP; PA
Hormone Receptor Modulators			NAGLAZYME	2	SP; PA
raloxifene hcl	1	QL(1 ea daily)	<i>nitisinone</i> CAPS	1	SP; PA
Insulin-Like Growth Factors (Somatomedins)					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OLPRUVA THPK	NP	SP	Vasopressin Receptor Antagonists		
ORFADIN SUSP	2	SP; PA	JYNARQUE TABS	2	SP; PA
PALYNZIQ	2	SP; PA	JYNARQUE TBPK	2	SP; PA
<i>paricalcitol</i> SOLN	1	SP; PA	<i>tolvaptan</i> TABS	1	SP; PA
PARSABIV	2	SP; PA	ESTROGENS - Hormone Replacement/Modifying Drugs		
PHEBURANE PLLT	2	PA	Estrogen Combinations		
RAVICTI	CO		COMBIPATCH PTTW	2	QL(8 ea per 28 days retail)
REVCovi	2	SP; PA	<i>estradiol & norethindrone acetate</i> TABS	1	
<i>sapropterin dihydrochloride</i> PACK	1	SP; PA	MYFEMBREE	2	
<i>sapropterin dihydrochloride</i> TABS	1	SP; PA	<i>norethindrone acetate-ethinyl estradiol</i>	0	
<i>sodium phenylbutyrate</i> POWD	1	SP; PA	ORIAHNN	2	PA
<i>sodium phenylbutyrate</i> TABS	1	SP; PA	PREMPHASE	2	QL(1 ea daily)
STRENSIQ	2	SP; PA	PREMPRO	2	QL(1 ea daily)
VIMIZIM	2	SP; PA	Estrogens		
Posterior Pituitary Hormones					
<i>desmopressin acetate</i> spray	1	QL(5 ml per fill retail)	ALORA PTTW	2	QL(0.29 ea daily); MP
<i>desmopressin acetate</i> spray refrigerated	1	QL(5 ml per fill retail)	<i>estradiol</i> PTTW	1	QL(0.29 ea daily); MP
<i>desmopressin acetate</i> SOLN IJ	1	SP; PA	<i>estradiol</i> PTWK	1	QL(0.143 ea daily); MP
DESMOPRESSIN ACETATE SOLN NA	CO		<i>estradiol</i> TABS	1	MP
<i>desmopressin acetate</i> TABS	1	QL(6 ea daily)	PREMARIN TABS	2	QL(1 ea daily)
STIMATE SOLN NA	CO		FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Somatostatic Agents					
LANREOTIDE ACETATE	2	SP; PA	Fluoroquinolones		
<i>octreotide acetate</i> SOLN	1	SP; PA	<i>ciprofloxacin hcl</i> TABS 100 MG	1	QL(6 ea per fill retail)
<i>octreotide acetate</i> SOSY	1	SP; PA	<i>ciprofloxacin hcl</i> TABS 250 MG, 500 MG, 750 MG	1	
SANDOSTATIN LAR DEPOT KIT	2	SP; PA	<i>ciprofloxacin SUSR</i> 5 GM/100ML, 500 MG/5ML	1	
SIGNIFOR	2	SP; PA	CIPRO SUSR	2	
SIGNIFOR LAR	2	SP; PA	<i>levofloxacin</i> SOLN OR	1	
SOMATULINE DEPOT	2	SP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin TABS</i>	1	QL(1 ea daily; 14 ea per fill retail)	CANASA SUPP (<i>Use mesalamine</i>)	2	
<i>moxifloxacin hcl TABS</i>	1		ENTYVIO SOPN	NP	SP; PA
<i>ofloxacin 300 MG, 400 MG</i>	1	QL(56 ea per fill retail)	LIALDA TBEC (<i>Use mesalamine</i>)	2	
GASTROINTESTINAL AGENTS - MISC. -					
Miscellaneous Gastrointestinal Drugs					
Antiflatulents					
<i>simethicone CHEW 80 MG</i>	1		<i>mesalamine w/ cleanser</i>	1	
<i>simethicone LIQD OR 20 MG/0.3ML</i>	1	QL(30 ml per fill retail)	<i>mesalamine ENEM</i>	1	QL(60 ml daily)
<i>simethicone SUSP</i>	1	QL(45 ml per fill retail)	<i>mesalamine SUPP</i>	1	
Bile Acid Synthesis Disorder Agents					
<i>CHOLBAM</i>	2	QL(5 ea daily); SP; PA	<i>mesalamine TBEC 1.2 GM</i>	1	
Farnesoid X Receptor (FXR) Agonists			<i>mesalamine TBEC 800 MG</i>	1	QL(3 ea daily)
<i>OCALIVA</i>	2	SP; PA	SKYRIZI SOCT	NP	SP; PA
Gallstone Solubilizing Agents			SKYRIZI SOLN	NP	SP; PA
<i>CHENODAL</i>	2	SP; PA	<i>sulfasalazine TABS</i>	1	MP
<i>ursodiol CAPS</i>	1	QL(3 ea daily); MP	<i>sulfasalazine TBEC</i>	1	MP
<i>ursodiol TABS 250 MG</i>	1	QL(7 ea daily); MP	Intestinal Acidifiers		
Gastrointestinal Stimulants			<i>lactulose (encephalopathy)</i>	1	
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1		Irritable Bowel Syndrome (IBS) Agents		
<i>metoclopramide hcl TABS 10 MG</i>	1		<i>alosetron hcl</i>	1	PA
<i>metoclopramide hcl TABS 5 MG</i>	1	MP	<i>IBSRELA</i>	NP	PA
Inflammatory Bowel Agents			<i>LINZESS</i>	2	PA
<i>ASACOL HD TBEC (<i>Use mesalamine</i>)</i>	NP	QL(3 ea daily)	Peripheral Opioid Receptor Antagonists		
<i>balsalazide disodium CAPS</i>	1	QL(9 ea daily)	<i>MOVANTIK</i>	2	PA
Phosphate Binder Agents					
<i>calcium acetate (phosphate binder) CAPS</i>					
<i>calcium acetate (phosphate binder) TABS</i>					
<i>lanthanum carbonate CHEW</i>					
<i>RENAGEL (<i>Use sevelamer hcl</i>)</i>					
<i>RENVELA TABS (<i>Use sevelamer carbonate</i>)</i>					
<i>sevelamer carbonate PACK</i>					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sevelamer carbonate</i> TABS	1		Urinary Analgesics		
<i>sevelamer hcl</i>	1		<i>phenazopyridine hcl</i> TABS 100 MG, 100 MG, 200 MG	1	
Short Bowel Syndrome (SBS) Agents		Urinary Stone Agents			
GATTEX	CO		<i>tiopronin TABS</i>	1	SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS -		Vesicoureteral Reflux (VUR) Agents			
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System			DEFLUX	2	SP; PA
Alkalinizers			GOUT AGENTS - Drugs to Treat Gout		
<i>potassium citrate</i> (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG	1		Gout Agent Combinations		
<i>potassium citrate-citric acid PACK</i>	1		<i>colchicine w/ probenecid</i>	1	MP
<i>sodium citrate & citric acid</i>	1	QL(16.67 ml daily); RX/OTC	Gout Agents		
Cystinosis Agents			<i>allopurinol</i>	1	MP
CYSTAGON CAPS	2	SP; PA	<i>colchicine TABS</i>	1	1 fill per 30 days; QL(6 ea per fill retail)
PROCYSBI CPDR	CO		KRYSTEXXA	2	SP; PA
PROCYSBI PACK	CO		Uricosurics		
Genitourinary Irrigants			<i>probenecid</i>	1	MP
<i>sodium chloride (gu irrigant) 0.9 %</i>	1		HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Interstitial Cystitis Agents			Antihemophilic Products		
ELMIRON CAPS	2	QL(3 ea daily)	ADVATE	CO	
Prostatic Hypertrophy Agents			ADYNNOVATE	CO	
<i>alfuzosin hcl</i>	1		AFSTYLA	CO	
<i>dutasteride</i>	1		ALPHANATE SOLR	CO	
<i>dutasteride-tamsulosin hcl</i>	1		ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	CO	
ENTADFI	NP		ALPROLIX	CO	
<i>finasteride</i>	1	QL(1 ea daily); MP	ALTUVIPIO	CO	
RAPAFLO 4 MG (<i>Use silodosin</i>)	NP		BENEFIX KIT	CO	
<i>silodosin</i>	1		COAGADEX	CO	
<i>tamsulosin hcl</i>	1	QL(2 ea daily); MP	CORIFACT	CO	
			ELOCTATE	CO	
			ESPEROCT	CO	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FEIBA	CO		<i>icatibant acetate SOLN</i>	1	SP; PA
FIBRYGA	CO		<i>icatibant acetate SOSY</i>	1	SP; PA
HEMGENIX	CO		Complement Inhibitors		
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	CO		BERINERT KIT	2	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT	CO		CINRYZE SOLR IV	2	SP; PA
HUMATE-P SOLR	CO		RUCONEST	2	SP; PA
IDELVION	CO		SOLIRIS	2	SP; PA
IXINITY SOLR	CO		Hemataologic - Tyrosine Kinase Inhibitors		
JIVI	CO		TAVALISSE	2	SP; PA
KCENTRA	CO		Hematorheologic Agents		
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	CO		<i>pentoxifylline</i>	1	MP
KOATE SOLR	CO		Human Protein C		
KOGENATE FS KIT	CO		CEPROTIN	2	SP; PA
KOVALTRY	CO		Plasma Kallikrein Inhibitors		
NOVOEIGHT	CO		KALBITOR	2	SP; PA
NOVOSEVEN RT	CO		TAKHZYRO SOLN	2	SP; PA
NUWIQ KIT	CO		Plasma Proteins		
NUWIQ SOLR	CO		THROMBATE III	2	SP; PA
OBIZUR	CO		THROMBATE III W/10 ML STERILE WATER	2	SP; PA
PROFILNINE	CO		THROMBATE III W/20 ML STERILE WATER	2	SP; PA
REBINYN	CO		Platelet Aggregation Inhibitors		
RECOMBINATE SOLR	CO		ASPIRIN/OMEPRAZOLE 81 MG-40 MG	2	
RIASTAP	CO		ASPIRIN/OMEPRAZOLE ER	2	
RIXUBIS SOLR	CO		<i>aspirin-dipyridamole</i>	1	
ROCTAVIAN	CO	SP	BRILINTA	2	QL(2 ea daily)
SEVENFACT	CO		<i>cilostazol</i>	1	QL(2 ea daily); MP
TRETEN	CO		<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 ea daily); MP
VONVENDI	CO		<i>clopidogrel bisulfate 300 MG</i>	1	
WILATE KIT	CO		<i>dipyridamole</i>	1	MP
XYNTHA	CO				
XYNTHA SOLOFUSE	CO				
Bradykinin B2 Receptor Antagonists					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>prasugrel hcl</i>	1	QL(1 ea daily)	LEUKINE SOLR IJ	NP	SP; PA
YOSPRALA 81 MG-40 MG	2		MIRCERA 120 MCG/0.3ML	NP	SP
Thrombolytic Agent - Misc					
DEFITELIO	2	SP; PA	MULPLETA	2	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders					
Agents for Gaucher Disease					
CERDELGA	2	SP; PA	NEULASTA ONPRO KIT PSKT	NP	SP; PA
CEREZYME 400 UNIT	2	SP; PA	NEULASTA SOSY	NP	SP; PA
ELELYSO	2	SP; PA	NEUPOGEN SOLN	NP	SP; PA
<i>miglustat</i>	1	SP; PA	NEUPOGEN SOSY	2	SP; PA
VPRIV	2	SP; PA	NIVESTYM SOLN	NP	SP; PA
Agents for Sickle Cell Disease					
DROXIA CAPS	2		NIVESTYM SOSY	NP	SP; PA
SIKLOS TABS	2	PA	NPLATE 250 MCG, 500 MCG	2	SP; PA
Cobalamins			NYVEPRIA	2	SP; PA
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1		PROCRT	NP	SP; PA
Folic Acid/Folates			PROMACTA PACK 12.5 MG	2	SP; PA
<i>folic acid TABS 400 MCG, 800 MCG</i>	1	QL(1 ea daily)	PROMACTA TABS	2	SP; PA
<i>folic acid TABS 1 MG</i>	1	MP; RX/OTC	RELEUKO SOLN	NP	SP
Hematopoietic Gene Therapy			RELEUKO SOSY	NP	SP
ZYNTEGLO	CO		RETACRIT	2	SP; PA
Hematopoietic Growth Factors			RETACRIT	2	SP; PA
DOPTELET	2	SP; PA	ROLVEDON	NP	SP
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA	STIMUFEND	NP	SP
FULPHILA	NP	SP; PA	UDENYCA SOAJ	NP	SP
FYLNETRA	NP	SP	UDENYCA SOSY	NP	SP; PA
GRANIX SOLN	NP	SP; PA	ZARXIO	NP	SP; PA
GRANIX SOSY	NP	SP; PA	ZIEXTENZO	NP	SP
Hematopoietic Mixtures					
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>					
Iron					
FERRETTS TABS					
<i>ferrous fumarate TABS 324 MG</i>					
<i>ferrous gluconate TABS 27 MG, 240 MG</i>					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FERROUS GLUCONATE TABS 324 MG	2		<i>diphenhydramine hcl (sleep) CAPS</i>	1	
<i>ferrous sulfate dried TBCR 160 MG</i>	1		<i>diphenhydramine hcl (sleep) LIQD</i>	1	
<i>ferrous sulfate SOLN 15 MG/ML</i>	1	QL(3.4 ml daily)	<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	1	
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	1	QL(16 ml daily)	<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	1	QL(4 ea daily)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	1	MP	<i>diphenhydramine hcl (sleep) TBDP</i>	1	
<i>ferrous sulfate TBEC 324 MG</i>	1		<i>diphenhydramine-acetaminophen (sleep) TABS</i>	1	
<i>ferrous sulfate TBEC 325 MG</i>	1	MP	<i>doxylamine succinate (sleep)</i>	1	
IRON CHEWS PEDIATRIC CHEW	2		<i>ibuprofen-diphenhydramine citrate</i>	1	
IRON TABS 28 MG	2		<i>ibuprofen-diphenhydramine hcl</i>	1	
<i>polysaccharide iron complex CAPS 150 MG</i>	1	QL(1 ea daily)	<i>naproxen sodium-diphenhydramine hcl</i>	1	
Stem Cell Mobilizers			Barbiturate Hypnotics		
<i>plerixafor</i>	1	SP; PA	<i>phenobarbital ELIX</i>	1	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders			<i>phenobarbital TABS</i>	1	
Hemostatics - Systemic			Hypnotics - Tricyclic Agents		
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	1	SP; PA	<i>doxepin hcl (sleep)</i>	1	
<i>aminocaproic acid TABS 1000 MG</i>	1	SP; PA	Non-Barbiturate Hypnotics		
<i>aminocaproic acid TABS 500 MG</i>	1	QL(24 ea per fill retail); SP; PA	<i>dexmedetomidine hcl in sodium chloride SOLN</i>	1	
<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)	<i>dexmedetomidine hcl SOLN</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			<i>estazolam</i>	1	
Antihistamine Hypnotics			<i>eszopiclone</i>	1	
			<i>flurazepam hcl</i>	1	QL(1 ea daily)
			<i>IGALMI FILM</i>	NP	
			<i>midazolam hcl SOLN IJ</i>	1	
			<i>temazepam 15 MG, 30 MG</i>	1	QL(1 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>temazepam 7.5 MG, 22.5 MG</i>	1		<i>polyethylene glycol 3350 PACK</i>	1	
<i>triazolam</i>	1	QL(1 ea daily)	<i>polyethylene glycol 3350 POWD</i>	1	QL(34 gm daily)
<i>zaleplon</i>	1	QL(1 ea daily)	<i>SORBITOL OR 70 %</i>	2	
<i>ZOLPIDEM TARTRATE CAPS</i>	2		Saline Laxatives		
<i>zolpidem tartrate SUBL</i>	1		<i>magnesium citrate</i>	1	
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily)	<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	1	QL(33 ml daily)
<i>zolpidem tartrate TBCR</i>	1		<i>sodium phosphates ENEM</i>	1	
Orexin Receptor Antagonists			Stimulant Laxatives		
QUVIVIQ	NP		<i>bisacodyl SUPP</i>	1	QL(12 ea per fill retail)
Selective Melatonin Receptor Agonists			<i>bisacodyl TBEC</i>	1	QL(1 ea daily)
<i>ramelteon</i>	1		<i>sennosides TABS 8.6 MG</i>	1	
<i>tasimelteon CAPS</i>	1	SP; PA	Surfactant Laxatives		
LAXATIVES - Bowel Treatment Drugs			<i>docusate sodium CAPS 50 MG</i>	1	
Bulk Laxatives			<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 ea daily)
<i>calcium polycarbophil TABS</i>	1	QL(10 ea daily)	<i>docusate sodium LIQD</i>	1	
<i>NATURAL FIBER LAXATIVE POWD</i>	2		<i>docusate sodium SYRP</i>	1	
<i>psyllium CAPS 0.52 GM</i>	1		<i>DOCUSATE SODIUM SYRP</i>	2	
<i>psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 58.6 %, 100 %</i>	1		<i>docusate sodium TABS</i>	1	
Laxative Combinations			MACROLIDES - Drugs to Treat Bacterial Infections		
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	QL(4000 ml per fill retail)	Azithromycin		
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	QL(4000 ml per fill retail)	<i>azithromycin SUSR 100 MG/5ML</i>	0	QL(15 ml per fill retail)
<i>sennosides-docusate sodium TABS</i>	1	QL(4 ea daily)	<i>azithromycin SUSR 200 MG/5ML</i>	0	QL(30 ml per fill retail)
Laxatives - Miscellaneous			<i>azithromycin TABS 500 MG</i>	0	QL(4 ea daily)
<i>glycerin (laxative) SUPP 2 GM</i>	1		<i>azithromycin TABS 600 MG</i>	0	QL(8 ea per 28 days retail)
<i>lactulose SOLN</i>	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin TABS 250 MG</i>	0	QL(6 ea per fill retail)	AGAMATRIX ULTRA-THIN LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
Clarithromycin			AIMSCO TWIST LANCETS 32G	2	200 / month; QL(6.67 ea daily); RX/OTC
<i>clarithromycin SUSR</i>	1	QL(200 ml per fill retail)	AIMSCO TWIST LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
<i>clarithromycin TABS</i>	1	QL(28 ea per fill retail)	AURORA LANCET SUPER THIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC
<i>clarithromycin TB24</i>	1	QL(14 ea per fill retail)	AURORA LANCET THIN 23G	2	200 / month; QL(6.67 ea daily); RX/OTC
Erythromycins			CAREONE LANCET SUPER THIN/30G	2	200 / month; QL(6.67 ea daily); RX/OTC
E.E.S. GRANULES SUSR <i>(Use erythromycin ethylsuccinate)</i>	2		CAREONE LANCET THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
ERYPED 200 SUSR <i>(Use erythromycin ethylsuccinate)</i>	2		CARESENS LANCETS	2	QL(6.67 ea daily); RX/OTC
<i>erythromycin base CPEP</i>	1		CARETOUCH TWIST LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
<i>erythromycin base TABS</i>	1		CARETOUCH TWIST LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
<i>erythromycin ethylsuccinate SUSR</i>	1		CARETOUCH TWIST LANCETS MULTI COLOR/30G	2	200 / month; QL(6.67 ea daily); RX/OTC
<i>erythromycin ethylsuccinate TABS</i>	1		CLEANLET LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
MEDICAL DEVICES AND SUPPLIES					
Bandages-Dressings-Tape			COMFORT ASSURED LANCETS SUPER THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
ALCOHOL PREP PADS-MISC	2	OTC	COMFORT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
Contraceptives			CVS LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
CONDOMS-MISC	2	QL(36 ea per fill retail)	CVS LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
Diabetic Supplies					
1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC			
1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC			
ACCU TREND PLUS	2				
ADVANCED MOBILE LANCET 30G	2	200 per month; QL(6.67 ea daily); RX/OTC			

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CVS LANCETS MICRO-THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS ORIGINAL	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 32G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 32G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS ULTRA-THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 33G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS ULTRA THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	EQL COLOR LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
DIATHRIVE LANCETS	2	QL(6.67 ea daily); RX/OTC	EQL COLOR LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
DIATHRIVE LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	EQL SUPER THIN LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
DROPLET LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	EQL THIN LANCETS 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
DRUG MART LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
DRUG MART UNILET LANCETSSUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
DRUG MART UNILET LANCETSULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS COLOR	2	200 / month; QL(6.67 ea daily); RX/OTC
DRUG MART UNILET MICRO THIN LANCETS 33G	2	200 per month; QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 26G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 28G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC	E-ZJECT LANCETS MICRO-THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 28G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC	EZ-LETS LANCETS 26G SUPER-SOFT	2	200 / month; QL(6.67 ea daily); RX/OTC

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EZ-LETS LANCETS 28G ULTRA-SOFT	2	200 / month; QL(6.67 ea daily); RX/OTC	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	2	200 / month; QL(6.67 ea daily); RX/OTC
EZ-LETS LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	2	200 / month; QL(6.67 ea daily); RX/OTC
FORA LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	GNP LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	GNP LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	GNP STERILE LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	2	QL(1 ea per 365 days retail); PA	GNP STERILE LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	2	QL(2 ea per 28 days retail); PA	GNP STERILE LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	2	QL(1 ea per 365 days retail); PA	GOJJI STERILE LANCETS 30G	2	QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	2	QL(2 ea per 28 days retail); PA	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	2	QL(2 ea per 28 days retail); PA	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	2	QL(1 ea per 365 days retail); PA	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	2	200 per month; QL(6.67 ea daily); RX/OTC
GAUZE SPONGES	2	RX/OTC	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	2	QL(6.67 ea daily); RX/OTC
GENTLE-LET GP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	2	200 / month; QL(6.67 ea daily); RX/OTC	H-E-B INCONTROL LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	2	200 / month; QL(6.67 ea daily); RX/OTC	H-E-B INCONTROL LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC

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H-E-B INCONTROL LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
HY-VEE LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
HY-VEE THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	LIVE BETTER LANCET SUPERTHIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
KINNEY LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	LIVE BETTER LANCET ULTRATHIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
KINNEY THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	LONGS LANCETS STANDARD	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER HEALTHPRO TWIST LANCETS/26G	2	200 / month; QL(6.67 ea daily); RX/OTC	LONGS LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	MEIJER COLOR LANCETS UNIVERSAL 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	MEIJER LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS MICRO THIN33G	2	200 / month; QL(6.67 ea daily); RX/OTC	MEIJER LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS SUPER THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	MEIJER LANCETS UNIVERSAL21G	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	MEIJER LANCETS UNIVERSAL30G	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	MEIJER LANCETS UNIVERSAL33G	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS ULTRATHIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC	MEIJER SUPER THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	MONOLET LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	MONOLET OPD LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
LANCETS SUPER THIN 28G	2	200 per month; QL(6.67 ea daily); RX/OTC	NOVA SUREFLEX LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELION LANCETS ULTRA-THIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC	STERILANCE TL	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN LANCETS/30G	2	QL(6.67 ea daily); RX/OTC	SUPER THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN LANCETS30G	2	200 / month; QL(6.67 ea daily); RX/OTC	SURELITE LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN PLUS LANCETS 32G	2	200 / month; QL(6.67 ea daily); RX/OTC	TECHLITE AST LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN PLUS LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	TECHLITE LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
REXALL LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	TECHLITE LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
RIGHTEST GL300 LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	TGT LANCET MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
SB LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	TGT LANCET THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
SB LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	TGT LANCET ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
SHOPKO UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	THINLETS GP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
SHOPKO UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	TODAYS HEALTH SUPER THINLANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
SM MICRO THIN LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	TODAYS HEALTH ULTRA THINLANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
SMART SENSE COLOR LANCETS UNIVERSAL 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 28G SUPER THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
SMART SENSE THIN LANCETSUNIVERSAL 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
DROPSAFE ALCOHOL PREP PADS	2	RX/OTC	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(5 ea daily)	
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	2	RX/OTC	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	QL(5 ea daily); RX/OTC	
FIFTY50 ALCOHOL PREP PADS	2	RX/OTC	BD PEN NEEDLES	2	QL (5 ea daily); RX/OTC	
GNP ALCOHOL SWABS	2	RX/OTC	INSULIN SYRINGES	2	QL (5 ea daily); RX/OTC	
HM STERILE ALCOHOL PREP PADS	2	RX/OTC	Respiratory Therapy Supplies			
MEIJER ALCOHOL SWABS EXTRA-THICK	2	RX/OTC	ACE AEROSOL CLOUD ENHANCER MISC	2	QL(1 ea per 360 days retail); RX/OTC	
PRO COMFORT ALCOHOL PADS	2	RX/OTC	ACTIVITY POUCH MISC	2	QL(1 ea per 360 days retail); RX/OTC	
QC ALCOHOL SWABS	2	RX/OTC	ADULT AEROSOL MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC	
RA ALCOHOL SWABS	2	RX/OTC	ADULT MASK LARGE MISC	2	QL(1 ea per 360 days retail); RX/OTC	
REALITY SWABS	2	RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 ea per 365 days retail); RX/OTC	
RELION ALCOHOL SWABS	2	RX/OTC	AEROCHAMBER MINI AEROSOLCHAMBER DEVI	2	QL(2 ea per 365 days retail); RX/OTC	
SB ALCOHOL PREP PADS	2	RX/OTC	AEROCHAMBER MV MISC	2	QL(2 ea per 365 days retail); RX/OTC	
SM ALCOHOL PREP PADS	2	RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 ea per 365 days retail); RX/OTC	
WEBCOL ALCOHOL PREP LARGE 1 PLY	2	RX/OTC	AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	2	QL(2 ea per 365 days retail); RX/OTC	
WEBCOL ALCOHOL PREP LARGE 2 PLY	2	RX/OTC	AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC	
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	2	RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC	
Parenteral Therapy Supplies						
BD AUTOSHIELD DUO 30G X 5MM	2	QL(5 ea daily); RX/OTC				
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	QL(5 ea daily)				
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	QL(5 ea daily); RX/OTC				
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	QL(5 ea daily); RX/OTC				
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	QL(5 ea daily); RX/OTC				

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	QL(2 ea per 365 days retail); RX/OTC	EASIVENT/MASK-SMALL MISC	2	QL(2 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	2	QL(2 ea per 365 days retail); RX/OTC	EASIVENT MISC	2	QL(2 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	2	QL(2 ea per 365 days retail); RX/OTC	EBASE CONTROLLER KIT MISC	2	QL(1 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	2	QL(2 ea per 365 days retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	2	QL(2 ea per 365 days retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	2	QL(1 ea per 360 days retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(2 ea per 365 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC	FILTER AIR PP MISC	2	QL(1 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC	FLEXICHAMBER DEVI	2	QL(2 ea per 365 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEV	2	QL(2 ea per 365 days retail); RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	2	QL(1 ea per 360 days retail); RX/OTC
EASIVENT/MASK-LARGE MISC	2	QL(2 ea per 365 days retail); RX/OTC	FULL KIT NEBULIZER SET MISC	2	QL(1 ea per 360 days retail); RX/OTC
EASIVENT/MASK-MEDIUM MISC	2	QL(2 ea per 365 days retail); RX/OTC	INNOSPIRE REPLACEMENT FILTER MISC	2	QL(1 ea per 360 days retail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	2	QL(2 ea per 365 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	2	QL(1 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	2	QL(2 ea per 365 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	2	QL(2 ea per 365 days retail); RX/OTC	SIDESTREAM PLUS ADULT FACE MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 days retail); RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	2	QL(1 ea per 360 days retail); RX/OTC
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	2	QL(2 ea per 365 days retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	2	QL(1 ea per 360 days retail); RX/OTC
PRONEB ULTRA FILTER SET 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
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	2	QL(2 ea per 365 days retail); RX/OTC	SOOTHENEBO NBL 100 CHILD MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
REPLACEMENT AIR FILTER MISC	2	QL(1 ea per 360 days retail); RX/OTC	SOOTHENEBO NBL 100 MEDICATION CUP MISC	2	QL(1 ea per 360 days retail); RX/OTC
REPLACEMENT FILTERS MISC	2	QL(1 ea per 360 days retail); RX/OTC	SOOTHENEBO NBL 100 MESH CAP MISC	2	QL(1 ea per 360 days retail); RX/OTC
RITEFLO DEVI	2	QL(2 ea per 365 days retail); RX/OTC	SOOTHENEBO NBL100 ADULT MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC	2	QL(1 ea per 360 days retail); RX/OTC	THRESHOLD IMT 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	TUBING/WING TIP 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	VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	2	QL(2 ea per 365 days retail); RX/OTC
			VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	2	QL(2 ea per 365 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 ea per 365 days retail); RX/OTC	<i>rizatriptan benzoate TABS</i>	1	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
WINDMILL TRAINER MISC	2	QL(1 ea per 360 days retail); RX/OTC	<i>rizatriptan benzoate TBDP</i>	1	
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches					
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag					
AJOVY SOAJ	2	SP; PA	<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	1	
AJOVY SOSY	2	SP; PA	<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	1	QL(0.67 ml daily)
EMGALITY SOAJ	2	SP; PA	<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	1	QL(0.67 ml daily)
EMGALITY SOSY 120 MG/ML	2	SP; PA	<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	1	
EMGALITY SOSY 100 MG/ML	NP	SP; PA	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
NURTEC	NP	PA	<i>sumatriptan succinate TABS</i>	1	QL(9 ea per 30 days retail)
QULIPTA	NP	PA	<i>zolmitriptan SOLN 2.5 MG</i>	2	
UBRELVY	2	PA	<i>zolmitriptan TABS</i>	1	QL(6 ea per 30 days retail)
ZAVZPRET	NP	PA	<i>zolmitriptan TBDP</i>	1	QL(6 ea per 30 days retail)
Migraine Combinations					
ergotamine w/ caffeine TABS	1		ZOMIG SOLN 2.5 MG	NP	
<i>sumatriptan-naproxen sodium</i>	1		MINERALS & ELECTROLYTES		
Migraine Products			Calcium		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1		<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG</i>	1	QL(2 ea daily)
Serotonin Agonists			MAGNEBIND 400	NP	
<i>almotriptan malate</i>	1		<i>oyster shell</i>	1	
<i>eletriptan hydrobromide</i>	1	QL(0.2 ea daily)	Fluoride		
<i>frovatriptan succinate</i>	1		<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	1	
<i>naratriptan hcl</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)	<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Magnesium			<i>lenalidomide</i>	1	SP; PA
<i>magnesium oxide (mg supplement) TABS 400 MG</i>	1		REVLIMID	2	SP; PA
Phosphate			THALOMID	2	SP; PA
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	QL(8 ea daily)	Immunosuppressive Agents		
Potassium			ASTAGRAF XL CP24	2	PA
K-TAB TBCR 8 MEQ (<i>Use potassium chloride</i>)	2	MP	ATGAM	2	SP; PA
<i>potassium bicarbonate TBEP</i>	1		<i>azathioprine TABS 75 MG, 100 MG</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	MP	<i>azathioprine TABS 50 MG</i>	1	MP
<i>potassium chloride CPCR 8 MEQ</i>	1	QL(1 ea daily); MP	<i>cyclosporine modified (for microemulsion) CAPS</i>	1	PA
<i>potassium chloride CPCR 10 MEQ</i>	1	MP	<i>cyclosporine modified (for microemulsion) SOLN</i>	1	PA
<i>potassium chloride PACK OR 20 MEQ</i>	1		<i>cyclosporine CAPS</i>	1	PA
<i>potassium chloride SOLN OR 10 %, 20 %</i>	1	MP	<i>cyclosporine SOLN IV 50 MG/ML</i>	1	PA
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1	MP	<i>everolimus (immunosuppressant)</i>	1	PA
Zinc			GAMIFANT 10 MG/2ML, 50 MG/10ML	2	SP; PA
<i>zinc sulfate CAPS</i>	1		<i>mycophenolate mofetil hcl</i>	1	PA
MISCELLANEOUS THERAPEUTIC CLASSES			<i>mycophenolate mofetil CAPS</i>	1	PA
Chelating Agents			<i>mycophenolate mofetil SUSR</i>	1	PA
<i>penicillamine TABS</i>	1		<i>mycophenolate mofetil TABS</i>	1	PA
<i>trientine hcl 250 MG</i>	1	SP; PA	<i>mycophenolate sodium</i>	1	PA
Enzymes			NULOJIX	2	SP; PA
XIAFLEX	2	SP; PA	PROGRAF PACK	2	PA
Fecal Incontinence Bulking Agents			PROGRAF SOLN	2	PA
SOLESTA	2	SP; PA	SANDIMMUNE CAPS (<i>Use cyclosporine</i>)	2	PA
Immunomodulators			SANDIMMUNE SOLN OR	2	PA
			<i>sirolimus SOLN</i>	1	PA
			<i>sirolimus TABS</i>	1	PA
			<i>tacrolimus CAPS</i>	1	PA
			THYMOGLOBULIN	2	SP; PA
			Lymphatic Agents		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SYLVANT	2	SP; PA	<i>triamcinolone acetonide (mouth)</i>	1	QL(5 gm per fill retail)
PIK3CA-Related Overgrowth Spectrum (PROS) Agents			Throat Products - Misc.		
VIJOICE	CO		AQUORAL SOLN	2	QL(900 ml per fill retail); RX/OTC
Potassium Removing Agents			BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	2	QL(900 ml per fill retail); RX/OTC
LOKELMA	2		CAPHOSOL SOLN	2	QL(900 ml per fill retail); RX/OTC
<i>sodium polystyrene sulfonate POWD</i>	1	QL(454 gm per fill retail)	CVS DRY MOUTH SPRAY SOLN	2	QL(900 ml per fill retail); RX/OTC
<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	1		EQL DRY MOUTH ORAL RINSE SOLN	2	QL(900 ml per fill retail); RX/OTC
Systemic Lupus Erythematosus Agents			MOI-STIR SOLN	2	QL(900 ml per fill retail); RX/OTC
BENLYSTA SOLR	2	SP; PA	MOUTH KOTE REMINT SOLN	2	QL(900 ml per fill retail); RX/OTC
MOUTH/THROAT/DENTAL AGENTS			MOUTH KOTE SOLN	2	QL(900 ea per fill retail); RX/OTC
Anesthetics Topical Oral			NUMOISYN LIQD	2	QL(900 ml per fill retail); RX/OTC
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	QL(100 ml per fill retail)	ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	2	QL(900 ml per fill retail); RX/OTC
Anti-infectives - Throat			<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily)
<i>nystatin (mouth-throat)</i>	1	QL(100 ml per fill retail)	RA DRY MOUTH SOLN	2	QL(900 ml per fill retail); RX/OTC
Antiseptics - Mouth/Throat			XEROSTOMIA RELIEF SPRAY SOLN	2	QL(900 ml per fill retail); RX/OTC
<i>chlorhexidine gluconate (mouth-throat)</i>	1		MULTIVITAMINS		
Dental Products			B-Complex Vitamins		
PREVIDENT RINSE SOLN	2		<i>b-complex vitamins CAPS</i>	1	QL(1 ea daily)
<i>sodium fluoride (dental) CREA</i>	1	QL(57 gm per fill retail)	<i>b-complex vitamins TABS</i>	1	QL(1 ea daily)
<i>sodium fluoride (dental) GEL</i>	1	QL(60 gm per fill retail)	B-Complex w/ C		
<i>sodium fluoride (dental) SOLN 0.2 %</i>	1				
<i>stannous fluoride CONC</i>	1	RX/OTC			
Periodontal Products					
ARESTIN	2	SP; PA			
Steroids - Mouth/Throat/Dental					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
b complex w/ c CAPS	1	QL(1 ea daily)	PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	2	QL(1 ea daily); AL(Up to 13 yrs old)
B-Complex w/ Folic Acid			PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC	1	QL(1 ea daily); AL(Up to 13 yrs old)
b-complex w/ c & folic acid CAPS	1	QL(1 ea daily); RX/OTC	PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	2	QL(50ml per fill retail); AL(Up to 13 yrs old)
b-complex w/ c & folic acid TABS	1	QL(1 ea daily); RX/OTC	PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	1	QL(50ml per fill retail); AL(Up to 13 yrs old)
Multiple Vitamins w/ Iron			pediatric vitamins acd w/ fluoride SOLN	1	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
multiple vitamins w/ iron TABS	1	QL(1 ea daily)	Ped MV w/ Iron		
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	2	QL(1 ea daily)	BPROTECTED PEDIA POLY-VITE/IRON SOLN	2	QL(60 ml per fill retail)
Multiple Vitamins w/ Minerals			PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	2	QL(60 ml per fill retail)
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	2	RX/OTC	POLY-VITA/IRON SOLN	2	QL(60 ml per fill retail)
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	1	RX/OTC	Pediatric Multiple Vitamins		
Multivitamins			BPROTECTED PEDIA POLY-VITE SOLN OR	2	
MULTIPLE VITAMINS TABS-ASSORTED BRAND	2	QL(1 ea daily)	MULTIVITAMIN INFANT & TODDLER SOLN OR	2	
MULTIPLE VITAMINS TABS-ASSORTED GENERIC	1	QL(1 ea daily)	MULTIVITAMIN INFANT/TODDLER SOLN OR	2	
Ped Multi Vitamins w/FI & FE			PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	2	
ped multivitamins w/fl & iron SOLN	1	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC	POLY-VI-SOL SOLN OR	2	
Ped Multiple Vitamins w/ Minerals			POLY-VITA SOLN OR	2	
MVW COMPLETE FORMULATIONPEDIATRIC SOLN	2		POLY-VITE PEDIATRIC SOLN OR	2	
Ped MV w/ Fluoride					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Prenatal Vitamins					
PRENATAL VITAMINS-ASSORTED BRAND	2	QL(30 ea per 30 days retail); RX/OTC	cyclobenzaprine hcl TABS 5 MG, 10 MG	1	QL(3 ea daily); MP
PRENATAL VITAMINS-ASSORTED GENERIC	1	QL(30 ea per 30 days retail); RX/OTC	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	2	SP; PA
Vitamins w/ Lipotropics					
vitamins w/ lipotropics CAPS	1	QL(1 ea daily)	LOIRESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	2	SP; PA
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms					
Articular Cartilage Repair Therapy					
MACI	2	SP; PA	LYVISPAH PACK	NP	
Central Muscle Relaxants					
baclofen SOLN OR 5 MG/5ML	1		metaxalone	1	
baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML	1	SP; PA	methocarbamol TABS 750 MG	1	
baclofen SOLN OR 10 MG/5ML	2		methocarbamol TABS 500 MG	1	MP
baclofen SUSP	1		orphenadrine citrate TB12	1	
baclofen TABS 10 MG, 20 MG	1	MP	tizanidine hcl CAPS	1	
baclofen TABS 5 MG	1	PA	tizanidine hcl TABS	1	
carisoprodol TABS 350 MG	1	MP; PA	Direct Muscle Relaxants		
carisoprodol TABS 250 MG	1	PA	dantrolene sodium CAPS	1	
chlorzoxazone TABS 500 MG	1	MP	Fibrodysplasia Ossificans Progressiva (FOP) Agents		
chlorzoxazone TABS 250 MG, 375 MG, 750 MG	1		SOHONOS 5 MG	2	SP; PA
cyclobenzaprine hcl CP24	1		Muscle Relaxant Combinations		
cyclobenzaprine hcl TABS 7.5 MG	1	QL(4 ea daily)	carisoprodol w/ aspirin & codeine	NP	PA
cyclobenzaprine hcl TABS 7.5 MG	NP	QL(4 ea daily)	orphenadrine w/ aspirin & caff	1	
			orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG	NP	
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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
MONOVISC	2	SP; PA	<i>mometasone furoate (nasal) SUSP</i>	1	QL(17 gm per fill retail); AL(At least 2 yrs old); RX/OTC	
ORTHOVISC	2	SP; PA	NASONEX 24HR SUSP	2	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC	
SUPARTZ FX SOSY	2	SP; PA	Sympathomimetic Decongestants			
SYNOJOYNT SOSY	2	SP; PA	<i>epinephrine hcl (nasal)</i>	1		
SYNVISC ONE SOSY	2	SP; PA	<i>phenylephrine hcl (oral) TABS</i>	1	QL(24 ea per fill retail)	
SYNVISC SOSY	2	SP; PA	<i>pseudoephedrine hcl TABS</i>	1		
TRILURON SOSY	2	SP; PA	<i>pseudoephedrine hcl TB12</i>	1	QL(2 ea daily)	
TRIVISC SOSY	2	SP; PA	SUDAFED CHILDRENS LIQD	2		
VISCO-3 SOSY	2	SP; PA	SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	2	QL(120 ml per fill retail)	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus						
Nasal Agent Combinations						
<i>azelastine hcl-fluticasone propionate SUSP</i>	1		NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			
RYALTRIS	NP		ALS Agents			
Nasal Agents - Misc.						
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	2	QL(90 ml per fill retail)	<i>riluzole TABS</i>	1	PA	
<i>saline SOLN</i>	1	QL(90 ml per fill retail)	TEGLUTIK SUSP 50 MG/10ML	2	SP; PA	
Nasal Antiallergy			TIGLUTIK SUSP	2	SP; PA	
<i>azelastine hcl</i>	1	QL(30 ml per fill retail); RX/OTC	Muscular Dystrophy Agents			
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	1	QL(26 ml per fill retail)	ELEVIDYS 10.0-10.4 KG	CO		
<i>olopatadine hcl (nasal)</i>	1		ELEVIDYS 10.5-11.4 KG	CO		
Nasal Anticholinergics			ELEVIDYS 11.5-12.4 KG	CO		
<i>ipratropium bromide (nasal) 0.06 %</i>	1	QL(15 ml per 30 days retail)	ELEVIDYS 12.5-13.4 KG	CO		
<i>ipratropium bromide (nasal) 0.03 %</i>	1	QL(30 ml per 30 days retail)	ELEVIDYS 13.5-14.4 KG	CO		
Nasal Steroids			ELEVIDYS 14.5-15.4 KG	CO		
<i>flunisolide (nasal) 0.025 %</i>	1	QL(25 ml per fill retail)	ELEVIDYS 15.5-16.4 KG	CO		
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(16 ml per fill retail); RX/OTC	ELEVIDYS 16.5-17.4 KG	CO		
			ELEVIDYS 17.5-18.4 KG	CO		
			ELEVIDYS 18.5-19.4 KG	CO		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 19.5-20.4 KG	CO		ELEVIDYS 56.5-57.4 KG	CO	
ELEVIDYS 20.5-21.4 KG	CO		ELEVIDYS 57.5-58.4 KG	CO	
ELEVIDYS 21.5-22.4 KG	CO		ELEVIDYS 58.5-59.4 KG	CO	
ELEVIDYS 22.5-23.4 KG	CO		ELEVIDYS 59.5-60.4 KG	CO	
ELEVIDYS 23.5-24.4 KG	CO		ELEVIDYS 60.5-61.4 KG	CO	
ELEVIDYS 24.5-25.4 KG	CO		ELEVIDYS 61.5-62.4 KG	CO	
ELEVIDYS 25.5-26.4 KG	CO		ELEVIDYS 62.5-63.4 KG	CO	
ELEVIDYS 26.5-27.4 KG	CO		ELEVIDYS 63.5-64.4 KG	CO	
ELEVIDYS 27.5-28.4 KG	CO		ELEVIDYS 64.5-65.4 KG	CO	
ELEVIDYS 28.5-29.4 KG	CO		ELEVIDYS 65.5-66.4 KG	CO	
ELEVIDYS 29.5-30.4 KG	CO		ELEVIDYS 66.5-67.4 KG	CO	
ELEVIDYS 30.5-31.4 KG	CO		ELEVIDYS 67.5-68.4 KG	CO	
ELEVIDYS 31.5-32.4 KG	CO		ELEVIDYS 68.5-69.4 KG	CO	
ELEVIDYS 32.5-33.4 KG	CO		ELEVIDYS 69.5 KG PLUS	CO	
ELEVIDYS 33.5-34.4 KG	CO		EXONDYS 51	2	SP; PA
ELEVIDYS 34.5-35.4 KG	CO		Neuromuscular Blocking Agent - Neurotoxins		
ELEVIDYS 35.5-36.4 KG	CO		BOTOX IJ	2	SP; PA
ELEVIDYS 36.5-37.4 KG	CO		DYSPORT	2	SP; PA
ELEVIDYS 37.5-38.4 KG	CO		MYOBLOC	2	SP; PA
ELEVIDYS 38.5-39.4 KG	CO		XEOMIN	2	SP; PA
ELEVIDYS 39.5-40.4 KG	CO		Spinal Muscular Atrophy Agents (SMA)		
ELEVIDYS 40.5-41.4 KG	CO		SPINRAZA	2	SP; PA
ELEVIDYS 41.5-42.4 KG	CO		ZOLGENSMA 10.1-10.5 KG	CO	
ELEVIDYS 42.5-43.4 KG	CO		ZOLGENSMA 10.6-11.0 KG	CO	
ELEVIDYS 43.5-44.4 KG	CO		ZOLGENSMA 11.1-11.5 KG	CO	
ELEVIDYS 44.5-45.4 KG	CO		ZOLGENSMA 11.6-12.0 KG	CO	
ELEVIDYS 45.5-46.4 KG	CO		ZOLGENSMA 12.1-12.5 KG	CO	
ELEVIDYS 46.5-47.4 KG	CO		ZOLGENSMA 12.6-13.0 KG	CO	
ELEVIDYS 47.5-48.4 KG	CO		ZOLGENSMA 13.1-13.5 KG	CO	
ELEVIDYS 48.5-49.4 KG	CO		ZOLGENSMA 13.6-14.0 KG	CO	
ELEVIDYS 49.5-50.4 KG	CO				
ELEVIDYS 50.5-51.4 KG	CO				
ELEVIDYS 51.5-52.4 KG	CO				
ELEVIDYS 52.5-53.4 KG	CO				
ELEVIDYS 53.5-54.4 KG	CO				
ELEVIDYS 54.5-55.4 KG	CO				
ELEVIDYS 55.5-56.4 KG	CO				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits	
ZOLGENSMA 14.1-14.5 KG	CO		ZOLGENSMA 8.6-9.0 KG	CO		
ZOLGENSMA 14.6-15.0 KG	CO		ZOLGENSMA 9.1-9.5 KG	CO		
ZOLGENSMA 15.1-15.5 KG	CO		ZOLGENSMA 9.6-10.0 KG	CO		
ZOLGENSMA 15.6-16.0 KG	CO		OPHTHALMIC AGENTS - Drugs to Treat the Eye			
ZOLGENSMA 16.1-16.5 KG	CO		Artificial Tears and Lubricants			
ZOLGENSMA 16.6-17.0 KG	CO		<i>polyvinyl alcohol 1.4 %</i>	1	QL(15 ml per fill retail)	
ZOLGENSMA 17.1-17.5 KG	CO		<i>white petrolatum-mineral oil</i>	1	QL(5 gm per fill retail)	
ZOLGENSMA 17.6-18.0 KG	CO		Beta-blockers - Ophthalmic			
ZOLGENSMA 18.1-18.5 KG	CO		<i>betaxolol hcl (ophth) SOLN</i>	1	QL(5 ml per fill retail)	
ZOLGENSMA 18.6-19.0 KG	CO		<i>brimonidine tartrate-timolol maleate</i>	1		
ZOLGENSMA 19.1-19.5 KG	CO		<i>carteolol hcl (ophth)</i>	1		
ZOLGENSMA 19.6-20.0 KG	CO		<i>COMBIGAN (Use brimonidine tartrate-timolol maleate)</i>	2		
ZOLGENSMA 2.6-3.0 KG	CO		<i>COSOPT (Use dorzolamide hcl-timolol maleate)</i>	NP	QL(10 ml per fill retail)	
ZOLGENSMA 20.1-20.5 KG	CO		<i>DORZOLAMIDE HCL/TIMOLOL MALEATE</i>	NP	QL(10 ml per fill retail)	
ZOLGENSMA 20.6-21.0 KG	CO		<i>dorzolamide hcl-timolol maleate</i>	1		
ZOLGENSMA 3.1-3.5 KG	CO		<i>dorzolamide hcl-timolol maleate</i>	1	QL(10 ml per fill retail)	
ZOLGENSMA 3.6-4.0 KG	CO		<i>levobunolol hcl 0.5 %</i>	1		
ZOLGENSMA 4.1-4.5 KG	CO		<i>timolol maleate (ophth) SOLG 0.25 %</i>	1		
ZOLGENSMA 4.6-5.0 KG	CO		<i>timolol maleate (ophth) SOLN</i>	1	QL(5 ml per fill retail)	
ZOLGENSMA 5.1-5.5 KG	CO		<i>timolol maleate (ophth) SOLN 0.5 %</i>	1		
ZOLGENSMA 5.6-6.0 KG	CO		<i>TIMOLOL/BRIMONIDE/D ORZOLAMIDE</i>	2		
ZOLGENSMA 6.1-6.5 KG	CO		<i>TIMOPTIC-XE SOLG 0.25 % (Use timolol maleate (ophth))</i>	NP		
ZOLGENSMA 6.6-7.0 KG	CO		Cycloplegic Mydriatics			
ZOLGENSMA 7.1-7.5 KG	CO					
ZOLGENSMA 7.6-8.0 KG	CO					
ZOLGENSMA 8.1-8.5 KG	CO					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>atropine sulfate (ophthalmic) OINT</i>	1	QL(4 gm per fill retail)	Ophthalmic Anti-infectives		
<i>atropine sulfate (ophthalmic) SOLN</i>	1	QL(5 ml per fill retail)	<i>bacitracin-polymyxin b (ophth)</i>	1	QL(4 gm per fill retail)
ATROPINE SULFATE SOLN 1 %	2	QL(5 ea per fill retail)	<i>ciprofloxacin hcl (ophth) SOLN</i>	1	QL(5 ml per fill retail)
CYCLOGYL 0.5 %	2	QL(15 ml per fill retail)	ERYTHROMYCIN	2	QL(4 gm per fill retail)
<i>cyclopentolate hcl 0.5 %</i>	1	QL(15 ml per fill retail)	<i>erythromycin (ophth)</i>	1	QL(4 gm per fill retail)
<i>cyclopentolate hcl 1 %</i>	1	QL(5 ml per fill retail)	<i>gatifloxacin (ophth)</i>	1	
ISOPTO ATROPINE SOLN	2	QL(5 ml per fill retail)	<i>gentamicin sulfate (ophth) OINT</i>	1	QL(4 gm per fill retail)
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	QL(5 ml per fill retail)	<i>gentamicin sulfate (ophth) SOLN</i>	1	QL(5 ml per fill retail)
<i>tropicamide SOLN 1 %</i>	1	QL(3 ml per fill retail)	<i>levofloxacin (ophth) 0.5 %</i>	1	
<i>tropicamide SOLN 0.5 %</i>	1	QL(15 ml per fill retail)	<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ml per fill retail)
Miotics			<i>neomycin-bacitracin zn-polymyxin</i>	1	QL(4 gm per fill retail)
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1		<i>neomycin-polymyxin-gramicidin</i>	1	QL(10 ml per fill retail)
Ophthalmic - Angiogenesis Inhibitors			<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail)
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	2	SP; PA	<i>polymyxin b-trimethoprim</i>	1	QL(10 ml per fill retail)
BEVACIZUMAB IO 2.75 MG/0.11ML	2	PA	<i>sulfacetamide sodium (ophth) SOLN</i>	1	QL(15 ml per fill retail)
EYLEA SOLN	2	SP; PA	<i>tobramycin (ophth) SOLN</i>	1	QL(5 ml per fill retail)
LUCENTIS SOLN	2	SP; PA	TOBREX OINT	2	QL(4 gm per fill retail)
LUCENTIS SOSY	2	SP; PA	Ophthalmic Decongestants		
Ophthalmic Adrenergic Agents			<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	1	QL(0.5 ml daily)
ALPHAGAN P (Use brimonidine tartrate)	2		<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	1	
<i>apraclonidine hcl</i>	1		<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	1	QL(30 ml per fill retail)
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	1		Ophthalmic Immunomodulators		
<i>brimonidine tartrate 0.2 %</i>	1	QL(5 ml per fill retail)	CEQUA SOLN	NP	
SIMBRINZA	2				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
cyclosporine (ophth) EMUL	1	PA	PRED MILD	2	QL(10 ml per fill retail)			
RESTASIS MULTIDOSE EMUL	2	PA	PRED-G SUSP	2	QL(5 ml per fill retail)			
RESTASIS EMUL (Use cyclosporine (ophth))	2	PA	<i>prednisolone acetate (ophth)</i>	1	QL(5 ml per fill retail)			
Ophthalmic Integrin Antagonists								
XIIDRA	2	PA	PREDNISOLONE ACETATE P-F	2	QL(5 ml per fill retail)			
Ophthalmic Kinase Inhibitors								
ROCKLATAN	2	PA	PREDNISOLONE SODIUM PHOSPHATE	2	QL(10 ml per fill retail)			
Ophthalmic Local Anesthetics			RETISERT	2	SP; PA			
<i>tetracaine hcl (ophth)</i>	1		<i>sulfacetamide sod-prednisolone SOLN</i>	1	QL(5 ml per fill retail)			
Ophthalmic Nerve Growth Factors			TOBRADEX OINT	2	QL(4 gm per fill retail)			
OXERVATE	2	SP; PA	<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ml per fill retail)			
Ophthalmic Photodynamic Therapy Agents			YUTIQ	2	SP			
VISUDYNE	2	SP; PA	Ophthalmics - Misc.					
Ophthalmic Steroids			<i>azelastine hcl (ophth)</i>	1	QL(6 ml per fill retail)			
BLEPHAMIDE S.O.P. OINT	2	QL(4 gm per fill retail)	<i>bromfenac sodium (ophth) 0.09 %</i>	1				
BLEPHAMIDE SUSP	2	QL(5 ml per fill retail)	<i>cromolyn sodium (ophth)</i>	1	QL(10 ml per fill retail)			
<i>dexamethasone sodium phosphate (ophth)</i>	1	QL(5 ml per fill retail)	CYSTARAN	2	SP; PA			
DEXTENZA INST	2	SP; PA	<i>diclofenac sodium (ophth)</i>	1	QL(5 ml per fill retail)			
EYSUVIS SUSP	NP		<i>dorzolamide hcl</i>	1	QL(10 ml per fill retail)			
<i>fluorometholone (ophth) SUSP</i>	1	QL(5 ml per fill retail)	DORZOLAMIDE HCL	2	QL(10 ml per fill retail)			
FML OINT	2	QL(4 gm per fill retail)	<i>epinastine hcl (ophth)</i>	1				
ILUVIEN	2	SP; PA	<i>flurbiprofen sodium</i>	1	QL(3 ml per fill retail)			
<i>neomycin-polymy-dexameth OINT</i>	1	QL(4 gm per fill retail)	ILEVRO	NP				
<i>neomycin-polymy-dexameth SUSP</i>	1	QL(5 ml per fill retail)	<i>ketorolac tromethamine (ophth) 0.4 %</i>	1				
<i>neomycin-polymyxin-hc (ophth)</i>	1	QL(8 ml per fill retail)	<i>ketorolac tromethamine (ophth) 0.5 %</i>	1	QL(5 ml per fill retail)			
OZURDEX IMPL	2	SP; PA	<i>ketotifen fumarate (ophth) 0.035 %</i>	1	QL(5 ml per fill retail)			
			<i>olopatadine hcl</i>	1	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Prostaglandins - Ophthalmic					
<i>bimatoprost SOLN</i>	1		BIVIGAM SOLN 5 GM/50ML	2	PA
TRAVATAN Z SOLN (<i>Use travoprost</i>)	2		BIVIGAM SOLN 10 %	2	SP; PA
<i>travoprost SOLN</i>	1		CUVITRU SOLN	2	SP; PA
OTIC AGENTS - Drugs to Treat the Ear					
Otic Agents - Miscellaneous					
<i>acetic acid (otic)</i>	1	QL(15 ml per fill retail)	CYTOGAM	2	SP; PA
<i>carbamide peroxide (otic) 6.5 %</i>	1	QL(0.5 ml daily)	FLEBOGAMMA DIF SOLN 5 GM/50ML	2	PA
Otic Anti-infectives					
<i>ciprofloxacin hcl (otic)</i>	1		FLEBOGAMMA DIF SOLN	2	SP; PA
<i>ofloxacin (otic)</i>	1	QL(5 ml per fill retail)	GAMASTAN	2	SP; PA
Otic Combinations			GAMMAGARD LIQUID	2	SP; PA
<i>CIPRODEX (Use ciprofloxacin-dexamethasone)</i>	2	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	2	SP; PA
<i>ciprofloxacin-dexamethasone</i>	1	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	2	SP; PA
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	QL(10 ml per fill retail)	GAMMAPLEX SOLN 5 GM/50ML	2	PA
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	QL(10 ml per fill retail)	GAMMAPLEX SOLN	2	SP; PA
Otic Steroids			GAMUNEX-C	2	SP; PA
<i>fluocinolone acetonide (otic)</i>	1	QL(20 ml per fill retail)	HEPAGAM B SOLN IJ	2	SP; PA
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ml per fill retail)	HIZENTRA SOLN	2	SP; PA
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding			HYPERHEP B SOLN IM	2	SP; PA
Oxytocics			HYPERHEP B SOSY	2	SP; PA
<i>methylergonovine maleate TABS</i>	1		HYPERRHO S/D MINI-DOSE SOSY IM	2	SP; PA
PASSIVE IMMUNIZING AND TREATMENT			HYPERRHO S/D SOSY IM 1500 UNIT	2	SP; PA
			MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	2	SP; PA
			NABI-HB SOLN IM	2	SP; PA
			OCTAGAM SOLN	2	SP; PA
			OCTAGAM SOLN 5 GM/50ML	2	PA
			PANZYGA	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	2	SP; PA	<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	1	QL(20 ea per fill retail)	
PRIVIGEN SOLN 5 GM/50ML	2	PA	<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	1	QL(30 ea per fill retail)	
RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA	<i>amoxicillin & pot clavulanate TB12</i>	1	QL(1.34 ea daily)	
RHOPHYLAC SOSY IJ	2	SP; PA	Penicillinase-Resistant Penicillins			
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	2	SP; PA	<i>dicloxacillin sodium</i>	1		
Monoclonal Antibodies						
BEYFORTUS	0	AL(At least 19 yrs old); SP	PHARMACEUTICAL ADJUVANTS			
SYNAGIS SOLN	2	SP; PA	Internal Vehicle Ingredients/Agents			
ZINPLAVA	2	SP; PA	SIMPLYTHICK	2	QL(1816 gm per fill retail); AL(At least 2 yrs old)	
Passive Immunizing Agents - Combinations			SIMPLYTHICK EASY MIX	2	QL(1816 gm per fill retail); AL(At least 2 yrs old)	
HYQVIA	2	SP; PA	SIMPLYTHICK EASYMIX	2	QL(1816 gm per fill retail); AL(At least 2 yrs old)	
PENICILLINS - Drugs to Treat Bacterial Infections						
Aminopenicillins						
<i>amoxicillin CAPS</i>	1		Liquid Vehicles			
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1		<i>glycine diluent</i>	1	SP; PA	
<i>amoxicillin SUSR</i>	1		PH 12 STERILE DILUENT FORFLOLAN	2	SP; PA	
<i>amoxicillin TABS 875 MG</i>	1		Semi Solid Vehicles			
<i>ampicillin CAPS 500 MG</i>	1		<i>lanolin XX</i>	1		
Natural Penicillins			LANOLIN XX	2		
<i>penicillin v potassium SOLR</i>	1		PROGESTINS - Hormone Replacement/Modifying Drugs			
<i>penicillin v potassium TABS</i>	1		Progesterins			
Penicillin Combinations			<i>hydroxyprogesterone caproate OIL</i>	1	SP; PA	
<i>amoxicillin & pot clavulanate CHEW</i>	1	QL(20 ea per fill retail)	MAKENA SOAJ	NP	SP; PA	
<i>amoxicillin & pot clavulanate SUSR</i>	1					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP	<i>memantine hcl SOLN</i>	1	QL(10 ml daily)			
<i>norethindrone acetate TABS</i>	1	MP	<i>memantine hcl TABS</i>	1	QL(2 ea daily); MP			
<i>progesterone CAPS 100 MG</i>	1	QL(1 ea daily)	<i>memantine hcl TABS</i>	2	QL(1 ea per 28 days retail)			
<i>progesterone CAPS 200 MG</i>	1	QL(20 ea per 30 days retail)	<i>NAMENDA TITRATION PAK TABS (Use memantine hcl)</i>	NP	QL(1 ea per 28 days retail)			
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions								
Agents for Chemical Dependency								
<i>acamprosate calcium</i>	1		<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	1	QL(1 ea daily)			
<i>disulfiram 250 MG</i>	1		<i>rivastigmine 13.3 MG/24HR</i>	1				
Anti-Cataplectic Agents								
<i>SODIUM OXYBATE SOLN</i>	2	SP; PA	<i>rivastigmine tartrate CAPS</i>	1	QL(2 ea daily)			
<i>XYREM SOLN</i>	2	SP; PA	Cerebral Adrenoleukodystrophy (CALD) Agents					
Antidementia Agents								
<i>ADLARITY PTWK</i>	NP		<i>SKYSONA</i>	CO				
<i>donepezil hydrochloride TABS 23 MG</i>	1		Combination Psychotherapeutics					
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	QL(1 ea daily); MP	<i>LYBALVI</i>	NP				
<i>donepezil hydrochloride TBDP</i>	1		<i>perphenazine-amitriptyline</i>	1	QL(4 ea daily)			
<i>EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)</i>	2	QL(1 ea daily)	Fibromyalgia Agents					
<i>EXELON 13.3 MG/24HR (Use rivastigmine)</i>	2		<i>SAVELLA TITRATION PACK MISC</i>	2	QL(55 ea per 365 days retail); PA			
<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)	<i>SAVELLA TABS</i>	2	QL(2 ea daily); PA			
<i>galantamine hydrobromide SOLN</i>	1	QL(6 ml daily)	Movement Disorder Drug Therapy					
<i>galantamine hydrobromide TABS</i>	1	QL(2 ea daily)	<i>AUSTEDO PATIENT TITRATION KIT TBPK</i>	2	PA			
<i>memantine hcl CP24</i>	1		<i>AUSTEDO XR PATIENT TITRATION KIT TEPK</i>	2	SP; PA			
Multiple Sclerosis Agents			<i>AUSTEDO XR TB24</i>	2	SP; PA			
AVONEX PEN AJKT			<i>AUSTEDO TABS</i>	2	SP; PA			
AVONEX PSKT			<i>INGREZZA CAPS</i>	2	SP; PA			
BAFIERTAM			<i>tetrabenazine</i>	1	SP; PA			
BRIUMVI								

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
COPAXONE SOSY (Use glatiramer acetate)	2	SP; PA	<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	AL(At least 18 yrs old)	
dalfampridine	1	SP; PA	NICOTROL INHALER INHA	NP	AL(At least 18 yrs old); PA	
dimethyl fumarate CDPK	1	SP; PA	NICOTROL NS SOLN	NP	AL(At least 18 yrs old); PA	
dimethyl fumarate CPDR	1	SP; PA	<i>varenicline tartrate TABS</i>	0	QL(2 ea daily); AL(At least 18 yrs old)	
fingolimod hcl	1	SP; PA	<i>varenicline tartrate TBPK</i>	0	AL(At least 18 yrs old)	
GILENYA	NP	SP; PA	Transthyretin Amyloidosis Agents			
glatiramer acetate SOSY	1	SP; PA	ONPATTRO	2	SP; PA	
KESIMPTA	2	SP; PA	TEGSEDI	2	SP; PA	
MAYZENT STARTER PACK TBPK	NP	SP	Vasomotor Symptom Agents			
MAYZENT TABS	NP	SP	<i>paroxetine mesylate (vasomotor)</i>	1		
PLEGRIDY SOSY IM	NP	SP	RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			
PONVORY 14-DAY STARTER PACK TBPK	NP	SP	Alpha-Proteinase Inhibitor (Human)			
PONVORY TABS	NP	SP	ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA	
TASCENO ODT	NP	SP	GLASSIA SOLN	2	SP; PA	
ZEPOSIA STARTER KIT CPPK	NP	SP	PROLASTIN-C SOLR	2	SP; PA	
Premenstrual Dysphoric Disorder (PMDD) Agents						
<i>fluoxetine hcl (pmdd) TABS</i>	1		ZEMAIRA SOLR 1000 MG	2	SP; PA	
Psychotherapeutic and Neurological Agents - Misc.						
<i>ergoloid mesylates TABS</i>	1		Cystic Fibrosis Agents			
Smoking Deterrents						
APO-VARENICLINE TABS	0	QL(2 ea daily); AL(At least 18 yrs old)	KALYDECO PACK 50 MG, 75 MG	2	SP; PA	
<i>bupropion hcl (smoking deterrent)</i>	0	AL(At least 18 yrs old)	KALYDECO TABS	2	SP; PA	
<i>nicotine polacrilex GUM</i>	0	AL(At least 18 yrs old)	ORKAMBI PACK	2	SP; PA	
<i>nicotine polacrilex LOZG</i>	0	AL(At least 18 yrs old)	ORKAMBI TABS	2	SP; PA	
NICOTINE TRANSDERMAL SYSTEM KIT	0	AL(At least 18 yrs old)	PULMOZYME	2	SP; PA	
<i>nicotine MISC XX</i>	0	AL(At least 18 yrs old)	SYMDEKO	2	SP; PA	
			TRIKAFTA TBPK 100 MG-50 MG	2	QL(3 ea daily); SP; PA	
Pulmonary Fibrosis Agents						
			OFEV	2	SP; PA	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone CAPS</i>	1	SP; PA	NP THYROID 60 TABS	2	MP
<i>pirfenidone TABS 534 MG</i>	1	SP	NP THYROID 90 TABS	2	MP
TETRACYCLINES - Drugs to Treat Bacterial Infections			SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	2	MP
Tetracyclines			THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1		TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	2	
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	1		TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (<i>Use levothyroxine sodium</i>)	2	
<i>doxycycline hyclate CAPS</i>	1		TOXOIDS		
<i>doxycycline hyclate TABS 100 MG</i>	1		Toxoid Combinations		
<i>minocycline hcl CAPS</i>	1		ADACEL SUSP	0	AL (19 years old and older); 1 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			BOOSTRIX SUSP	0	AL (19 years old and older); 1 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)
Antithyroid Agents			BOOSTRIX SUSY	0	AL (19 years old and older); 1 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)
<i>methimazole TABS</i>	1	MP	DAPTACEL	0	AL (19 years old and older); AL(At least 19 yrs old)
<i>propylthiouracil</i>	1	MP			
Thyroid Hormones					
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	2	MP			
ARMOUR THYROID TABS	2	MP			
<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG</i>	1				
<i>levothyroxine sodium TABS</i>	1	MP			
<i>liothyronine sodium TABS</i>	1	MP			
NIVA THYROID TABS	2	MP			
NP THYROID 120 TABS	2	MP			
NP THYROID 15 TABS	2	MP			
NP THYROID 30 TABS	2	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	AL (19 years old and older); AL(At least 19 yrs old)	and Stomach Conditions		
INFANRIX	0	AL (19 years old and older); AL(At least 19 yrs old)	Antispasmodics		
KINRIX SUSY	0	AL (19 years old and older); AL(At least 19 yrs old)	<i>dicyclomine hcl CAPS</i>	1	
PEDIARIX SUSY	0	AL (19 years old and older); AL(At least 19 yrs old)	<i>dicyclomine hcl SOLN OR</i>	1	QL(40 ml daily)
PENTACEL	0	AL (19 years old and older); AL(At least 19 yrs old)	<i>dicyclomine hcl TABS</i>	1	
QUADRACEL SUSP	0	AL (19 years old and older); AL(At least 19 yrs old)	<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	QL(4 ea daily)
QUADRACEL SUSY	0	AL (19 years old and older); AL(At least 19 yrs old)	<i>hyoscyamine sulfate ELIX</i>	1	
TDVAX SUSP	0	AL (19 years old and older); AL(At least 19 yrs old)	<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	1	
TENIVAC INJ	0	AL (19 years old and older); AL(At least 19 yrs old)	<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	0	AL (19 years old and older); AL(At least 19 yrs old)	<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	
VAXELIS SUSP	0	AL (19 years old and older); AL(At least 19 yrs old)	<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	
VAXELIS SUSY	0	AL (19 years old and older); AL(At least 19 yrs old)	H-2 Antagonists		
ULCER DRUGS - Drugs to Treat Bowel, Intestine					
			<i>cimetidine TABS 200 MG</i>	1	MP; RX/OTC
			<i>cimetidine TABS 300 MG, 400 MG</i>	1	
			<i>cimetidine TABS 800 MG</i>	1	QL(500 ea per fill retail)
			<i>famotidine TABS 20 MG, 40 MG</i>	1	MP
			<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 SUSP</i>	1	QL(420 ml per fill retail)
			<i>sucralfate TABS</i>	1	QL(4 ea daily); MP
Proton Pump Inhibitors					
			<i>esomeprazole magnesium CPDR</i>	1	RX/OTC
			<i>esomeprazole magnesium PACK</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ESOMEPRAZOLE STRONIUM 49.3 MG	2		(Anticholinergic)		
<i>lansoprazole CPDR</i>	1	RX/OTC	<i>darifenacin hydrobromide</i>	1	
<i>lansoprazole TBDD</i>	1	PA; RX/OTC	<i>fesoterodine fumarate</i>	1	
NEXIUM 24HR CLEAR MINIS CPDR (<i>Use esomeprazole magnesium</i>)	NP	RX/OTC	<i>oxybutynin chloride SOLN</i>	1	
NEXIUM 24HR CPDR (<i>Use esomeprazole magnesium</i>)	NP	RX/OTC	<i>oxybutynin chloride TABS 5 MG</i>	1	QL(3 ea daily); MP
NEXIUM CPDR 20 MG (<i>Use esomeprazole magnesium</i>)	NP	RX/OTC	<i>oxybutynin chloride TABS 2.5 MG</i>	1	
NEXIUM PACK	2		<i>oxybutynin chloride TB24</i>	1	QL(2 ea daily); MP
NEXIUM PACK (<i>Use esomeprazole magnesium</i>)	2		<i>solifenacin succinate TABS</i>	1	
<i>omeprazole CPDR</i>	1	QL(2 ea daily)	<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily)
<i>omeprazole TBEC</i>	1	QL(1 ea daily)	<i>tolterodine tartrate TABS</i>	1	QL(2 ea daily)
<i>pantoprazole sodium PACK</i>	1		TOVIAZ (<i>Use fesoterodine fumarate</i>)	2	
<i>pantoprazole sodium TBEC 20 MG</i>	1	QL(1 ea daily)	<i>trospium chloride CP24</i>	1	
<i>pantoprazole sodium TBEC 40 MG</i>	1	QL(2 ea daily)	<i>trospium chloride TABS</i>	1	QL(2 ea daily)
PROTONIX PACK (<i>Use pantoprazole sodium</i>)	2		VESICARE LS SUSP	NP	
<i>rabeprazole sodium TBEC</i>	1		Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
Ulcer Drugs - Prostaglandins			GEMTESA	NP	
<i>misoprostol</i>	1		MYRBETRIQ SRER	NP	
Ulcer Therapy Combinations			Urinary Antispasmodics - Cholinergic Agonists		
KONVOMEP SUSR	NP		<i>bethanechol chloride</i>	1	MP
<i>omeprazole-sodium bicarbonate CAPS</i>	1	RX/OTC	Urinary Antispasmodics - Direct Muscle Relaxants		
<i>omeprazole-sodium bicarbonate PACK</i>	1		<i>flavoxate hcl</i>	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			VACCINES		
Urinary Antispasmodic - Antimuscarinics			Bacterial Vaccines		
			ACTHIB SOLR IM	0	AL (19 years old and older); AL(At least 19 yrs old)
			BCG VACCINE	0	AL (19 years old and older); AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BEXSERO	0	AL (19 years old and older); 1 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)	PNEUMOVAX 23	0	AL (19 years old and older); AL(At least 19 yrs old)
BIOTHRAX	0	AL (19 years old and older); AL(At least 19 yrs old)	PNEUMOVAX 23/1 DOSE	0	AL (19 years old and older); AL(At least 19 yrs old)
HIBERIX SOLR IJ	0	AL (19 years old and older); AL(At least 19 yrs old)	PREVNAR 13	0	AL (19 years old and older); AL(At least 19 yrs old)
MENACTRA	0	AL (19 years old and older); 1 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)	PREVNAR 20	0	AL (19 years old and older); AL(At least 19 yrs old)
MENQUADFI	0	AL (19 years old and older); 1 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)	TRUMENBA	0	AL (19 years old and older); 1 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)
MENVEO SOLN	0	AL (19 years old and older); 1 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)	TYPHIM VI SOLN	0	AL (19 years old and older); AL(At least 19 yrs old)
MENVEO SOLR	0	AL (19 years old and older); 1 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)	TYPHIM VI SOSY	0	AL (19 years old and older); AL(At least 19 yrs old)
PEDVAX HIB SUSP	0	AL (19 years old and older); AL(At least 19 yrs old)	VAXCHORA	0	AL (19 years old and older); AL(At least 19 yrs old)
Viral Vaccines					
			ABRYSVO	0	QL(1 ea per fill retail); AL(At least 60 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACAM2000	0	AL (19 years old and older); AL(At least 19 yrs old)	AFLURIA QUADRIVALENT 2023-2024 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)
AFLURIA QUADRIVALENT 2021-2022 SUSP	0	AL (19 years old and older); 1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)	AREXVY	0	QL(1 ea per fill retail); AL(At least 60 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSY	0	AL (19 years old and older); 1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)	COMIRNATY 2023-24 SUSP	CO	
AFLURIA 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)	COMIRNATY 2023-24 SUSY	CO	
AFLURIA 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)	COMIRNATY SUSP	CO	
AFLURIA QUADRIVALENT 2022-2023 SUSP	0	AL (19 years old and older); 1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)	DENGVAXIA	0	AL (19 years old and older); 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)	ENGERIX-B SUSP 20 MCG/ML	0	AL (19 years old and older); 3 rtl MAX fill; 999 rtl day(s) supply; 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)	ENGERIX-B SUSY	0	AL (19 years old and older); 3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2023-2024 SUSP	0	AL (19 years old and older); 1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)	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)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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)	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)
FLUAD QUADRIVALENT 2023-2024	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 2023-2024	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)	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)
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)	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)
FLUARIX QUADRIVALENT 2023-2024 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 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)
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)	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	Drug Name	Drug Tier	Requirements/Limits
FLUCELVAX QUADRIVALENT 2023-2024 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)	FLUZONE HIGH-DOSE PF 2022-2023	0	AL (19 years old and older); 1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2023-2024 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 HIGH-DOSE PF 2023-2024	0	AL (19 years old and older); 1 rtl MAX fill; 180 rtl day(s) supply; 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)	FLUZONE QUADRIVALENT 2021-2022 SUSP	0	AL (19 years old and older); 1 rtl MAX fill; 180 rtl day(s) supply; 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)	FLUZONE 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)
FLULAVAL QUADRIVALENT 2023-2024 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 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 HIGH-DOSE PF 2021-2022	0	AL (19 years old and older); 1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)	FLUZONE QUADRIVALENT 2022-2023 SUSP	0	AL (19 years old and older); 1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUZONE 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)	HAVRIX	0	2 rtl MAX fill; 999 rtl day(s) supply; 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)	HEPLISAV-B SOSY	0	AL (19 years old and older); 3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2023-2024 SUSP	0	AL (19 years old and older); 1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)	IMOVAX RABIES (H.D.C.V.) SUSR	0	AL (19 years old and older); AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2023-2024 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)	IOPOL INACTIVATED IPV	0	AL (19 years old and older); AL(At least 19 yrs old)
GARDASIL 9 SUSP	0	AL (19 years old and older); 3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old - Up to 45 yrs old)	IXIARO	0	AL (19 years old and older); AL(At least 19 yrs old)
GARDASIL 9 SUSY	0	AL (19 years old and older); 3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old - Up to 45 yrs old)	JANSSEN COVID-19 VACCINE	CO	
			JYNNEOS	0	AL (19 years old and older); AL(At least 19 yrs old)
			M-M-R II SOLR	0	AL (19 years old and older); 2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)
			MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	CO	
			MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	CO	
			MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	CO	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	CO		PREHEVBRIOD	0	AL (19 years old or older); 3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)
MODERNA COVID-19 VACCINE6-11Y SUSP	CO		PRIORIX SUSR	0	AL (19 years old and older); AL(At least 19 yrs old)
MODERNA COVID-19 VACCINE6MO-5Y SUSP	CO		PROQUAD SUSR	0	AL (19 years old and older); AL(At least 19 yrs old)
MODERNA COVID-19 VACCINE SUSP	CO		RABAVERT	0	AL (19 years old and older); AL(At least 19 yrs old)
NOVAVAX COVID-19 VACCINE	CO		RECOMBIVAX HB SUSP	0	AL (19 years old and older); 3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)
NOVAVAX COVID-19 VACCINE/2023-24	CO		RECOMBIVAX HB SUSY	0	AL (19 years old and older); 3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	CO		ROTARIX SUSP	0	AL (19 years old and older); AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	CO		ROTARIX SUSR	0	AL (19 years old and older); AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	CO		ROTAQE SOLN	0	AL (19 years old and older); AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	CO		SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	CO	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	CO				
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	CO				
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	CO				
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	CO				
PFIZER-BIONTECH COVID-19VACCINE SUSP	CO				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	CO		VCF VAGINAL CONTRACEPTIVEGEL GEL	2	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	CO		Vaginal Anti-infectives		
SPIKEVAX COVID-19 VACCINE SUSP	CO		<i>clindamycin phosphate vaginal CREA</i>	1	QL(40 gm per fill retail)
STAMARIL SUSR	0	AL (19 years old and older); AL(At least 19 yrs old)	CLINDESSE	2	
TICOVAC	0	AL (19 years old and older); AL(At least 19 yrs old)	<i>clotrimazole vaginal CREA 2 %</i>	1	QL(21 gm per fill retail)
TWINRIX SUSY	0	AL (19 years old and older); AL(At least 19 yrs old)	<i>clotrimazole vaginal CREA 1 %</i>	1	QL(45 gm per fill retail)
VAQTA	0	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)	GYNAZOLE-1	2	
VARIVAX INJ	0	AL (19 years old and older); 2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)	<i>metronidazole vaginal</i>	1	QL(70 gm per fill retail)
YF-VAX INJ	0	AL (19 years old and older); AL(At least 19 yrs old)	<i>miconazole nitrate vaginal CREA 2 %</i>	1	QL(45 gm per fill retail)
VAGINAL AND RELATED PRODUCTS			<i>miconazole nitrate vaginal CREA 4 %</i>	1	QL(15 gm daily)
Spermicides			<i>miconazole nitrate vaginal KIT</i>	1	QL(24 ea per fill retail)
ENCARE SUPP 100 MG	2	QL(12 ea per fill retail)	<i>miconazole nitrate vaginal SUPP 100 MG</i>	1	QL(7 ea per fill retail)
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	2	QL(86 gm per fill retail)	<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	QL(3 ea per fill retail)
VCF VAGINAL CONTRACEPTIVE FILM FILM	2	QL(9 ea per fill retail)	NUVESSA	2	
			<i>terconazole vaginal CREA 0.4 %</i>	1	QL(45 gm per fill retail)
			<i>terconazole vaginal CREA 0.8 %</i>	1	QL(20 gm per fill retail)
			<i>terconazole vaginal SUPP</i>	1	QL(3 ea per fill retail)
			<i>tioconazole vaginal 6.5 %</i>	1	QL(5 gm per fill retail)
			VANDAZOLE	NP	QL(70 gm per fill retail)
			XACIATO GEL	NP	
Vaginal Estrogens					
			<i>estradiol vaginal CREA</i>	1	QL(43 gm per 30 days retail)
			<i>estradiol vaginal TABS</i>	1	
			PREMARIN	2	QL(43 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Vaginal Progestins			<i>cholecalciferol CAPS 125 MG, 5000 UNIT</i>	1	QL(2 ea daily)
CRINONE GEL	2	AL(At least 15 yrs old)	<i>cholecalciferol CAPS 25 MG, 50 MCG, 1000 UNIT, 2000 UNIT</i>	1	
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP	2	AL(At least 15 yrs old)	<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML, 400 UT/0.028ML</i>	1	
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP	2	AL(At least 15 yrs old)	<i>ergocalciferol CAPS</i>	1	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions			<i>KEY-E CHEW</i>	2	QL(2 ea daily)
Anaphylaxis Therapy Agents			<i>phytonadione TABS 5 MG</i>	1	
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(6 ea per 180 days retail)	<i>VITAMIN D3 LIQD OR 5000 UNIT/ML</i>	2	
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 ea per 180 days retail)	<i>vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT</i>	1	QL(2 ea daily)
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 ea per 180 days retail)	<i>VITAMIN E CAPS 200 UNIT</i>	2	QL(2 ea daily)
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	2	QL(6 ea per 180 days retail; 6 ea per 180 days mail)	<i>VITAMIN E CHEW</i>	2	QL(2 ea daily)
Water Soluble Vitamins			Water Soluble Vitamins		
EPIPEN 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	2	QL(6 ea per 180 days retail)	<i>ascorbic acid TABS</i>	1	QL(100 ea per 34 days retail)
EPIPEN-JR 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	2	QL(6 ea per 180 days retail)	<i>B-1 TABS</i>	2	QL(2.94 ea daily)
Neurogenic Orthostatic Hypotension (NOH) - Agents			<i>NIACIN TR TBCR</i>	2	
<i>droxidopa</i>	1	SP; PA	<i>niacin CPCR 250 MG, 500 MG</i>	1	
Vasopressors			<i>niacin TABS 500 MG</i>	1	
<i>midodrine hcl</i>	1		<i>niacin TBCR</i>	1	
VITAMINS			<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	1	
Oil Soluble Vitamins			<i>riboflavin TABS</i>	1	QL(2.94 ea daily)
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT</i>	1	QL(0.267 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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bicalutamide	28	BONJESTA TBCR	22	BRIDION	22
BIKTARVY 120 MG-30 MG-15 MG 33		BOOSTRIX SUSP	85	BRILINTA	55
BIKTARVY 200 MG-50 MG-25 MG 33		BOOSTRIX SUSY	85	brimonidine tartrate 0.1 %, 0.15 %	79
BILAC CAPS	18	bortezomib SOLR IJ	29	brimonidine tartrate 0.2 %	79
bimatoprost SOLN	81	BORTEZOMIB SOLR IV 3.5 MG ..	29	brimonidine tartrate-timolol maleate ..	
BINAXNOW COVID-19 AG CARD 48		bosentan TABS	37	78	
BINAXNOW COVID-19 AG CARD HOME TEST KIT	48	BOSULIF TABS 100 MG, 500 MG	29	BRIUMVI	83
BIOHM PROBIOTIC SUPPLEMENT CAPS	18	BOTOX IJ	77	BRIVIACT SOLN IV 50 MG/5ML ..	12
BIOHM PROBIOTIC SUPPLEMENT/VITAMIN C CAPS .18		BPROTECTED PEDIA POLY-VITE SOLN OR	74	BRIXADI SOSY	7
BIO-KULT CAPS	18	VITE/IRON SOLN	74	bromfenac sodium (ophth) 0.09 %	80
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN ...	73	BRAFTOVI 75 MG	29	bromocriptine mesylate CAPS	31
BIOTHRAX	88	BREATHE COMFORT ANTI-STATIC VALVED HOLDING		bromocriptine mesylate TABS 2.5 MG	31
bisacodyl SUPP	58	CHAMBER/ADULT DEVI	67	brompheniramine & phenyleph ELIX ..	
bisacodyl TBEC	58	VALVED HOLDING CHAMBER/CHILD DEVI	67	41	
bismuth subsalicylate CHEW 262 MG.....18		BREATHE COMFORT ANTI-STATIC VALVED HOLDING		brompheniramine & pseudoeph ELIX 41	
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	18	CHAMBER/CHILD DEVI	67	brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	41
bisoprolol & hydrochlorothiazide ..	25	BREATHE EASE NEBULIZER		BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	67
bisoprolol fumarate	35	MASK/CHILD MISC	67	budesonide (inhalation) SUSP	10
BIVIGAM SOLN 10 %	81	BREATHE EASE NEBULIZER		budesonide TB24	40
BIVIGAM SOLN 5 GM/50ML	81	MASK/INFANT MISC	67	budesonide-formoterol fumarate dihydrate	11
		BREATHE EASE/LARGE MASK DEVI	67	bumetanide TABS	50
		BREATHE EASE/MEDIUM MASK DEVI	67	BUPHENYL POWD (Use sodium phenylbutyrate)	51
		BREATHE EASE/SMALL MASK		BUPHENYL TABS (Use sodium	
		DEVI	67		
		BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI ..	67		

phenylbutyrate)	51	butalbital-aspirin-caffeine w/cod	6	53	
buprenorphine hcl SUBL	7	BUTTRANS PTWK (Use buprenorphine)	7	candesartan cilexetil	25
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG ..	7	BYETTA SOPN 10 MCG/0.04ML ..	16	candesartan cilexetil-hydrochlorothiazide	25
buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG	7	BYETTA SOPN 5 MCG/0.02ML ..	16	capecitabine	27
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	7	CABOMETYX TABS	29	CAPHOSOL SOLN	73
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	7	caffeine citrate SOLN OR	1	CAPLYTA	31
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	7	calcipotriene CREA	43	CAPRELSA	29
buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	7	CALCIPOTRIENE FOAM	43	capsaicin CREA 0.025 %, 0.075 %	47
buprenorphine PTWK	7	calcipotriene OINT	43	capsaicin CREA 0.1 %	47
bupropion hcl (smoking deterrent)	84	calcipotriene-SOLN	43	captopril & hydrochlorothiazide ..	25
bupropion hcl TABS	13	calcipotriene-betamethasone dipropionate OINT	44	captopril	24
bupropion hcl TB12 100 MG	13	calcitonin (salmon) IJ	50	CAPZASIN-P CREA	47
bupropion hcl TB12 150 MG	13	calcitonin (salmon) NA	50	CARAC CREA (Use fluorouracil (topical))	43
bupropion hcl TB12 200 MG	14	calcitriol CAPS	51	CARBAGLU (Use carglumic acid)	51
bupropion hcl TB24 150 MG	14	calcium acetate (phosphate binder)		carbamazepine CHEW	12
bupropion hcl TB24 300 MG	14	CAPS	53	carbamazepine CP12	12
bupropion hcl TB24 450 MG	14	calcium acetate (phosphate binder)		carbamazepine SUSP	12
buspirone hcl	9	TABS	53	carbamazepine TABS	12
butalbital-acetaminophen TABS	50	calcium carbonate (antacid) CHEW		carbamazepine TB12	12
MG-325 MG	5	500 MG	8	carbamide peroxide (otic) 6.5 %	81
butalbital-acetaminophen-caffeine CAPS	40 MG-50 MG-325 MG	calcium carbonate-cholecalciferol		CARBATROL CP12 (Use carbamazepine)	12
butalbital-acetaminophen-caffeine TABS	40 MG-50 MG-325 MG	TABS 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG	71	carbidopa	31
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	6	calcium polycarbophil TABS	58	carbidopa-levodopa TABS	31
butalbital-aspirin-caffeine CAPS	5	CAMCEVI	28	carbidopa-levodopa TBCR	31
		camphor & menthol LOTN	43	carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML	27
		CANASA SUPP (Use mesalamine)		CAREONE LANCET SUPER	

THIN/30G .....	.59	cefixime SUSR .....	.37	chlor diazepoxide hcl CAPS .....	.9
CAREONE LANCET THIN .....	.59	cefpodoxime proxetil SUSR .....	.38	chlorhexidine gluconate (mouth-throat) .....	.73
CARESENS LANCETS .....	.59	cefpodoxime proxetil TABS .....	.38	chloroquine phosphate TABS 250 MG .....	.26
CARESTART COVID-19 ANTIGEN HOME TEST KIT .....	.48	cefprozil SUSR .....	.37	chloroquine phosphate TABS 500 MG .....	.26
CARETOUCH TWIST LANCETS 28G .....	.59	cefprozil TABS .....	.37	chlorpheniramine maleate SYRP ..	.23
CARETOUCH TWIST LANCETS 30G .....	.59	ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG .....	.38	chlorpheniramine maleate TABS ..	.23
CARETOUCH TWIST LANCETS MULTI COLOR/30G .....	.59	cefuroxime axetil TABS .....	.37	chlorpromazine hcl TABS .....	.32
carglumic acid .....	.51	celecoxib .....	.4	chlorthalidone 25 MG, 50 MG .....	.50
carisoprodol TABS 250 MG .....	.75	CELLTRION DIATRUST COVID-19 AG HOME TEST KIT .....	.48	chlorzoxazone TABS 250 MG, 375 MG, 750 MG .....	.75
carisoprodol TABS 350 MG .....	.75	CELONTIN (Use methsuximide) ..	.13	chlorzoxazone TABS 500 MG .....	.75
carisoprodol w/ aspirin & codeine ..	.75	CENTANY OINT .....	.42	CHOLBAM .....	.53
carteolol hcl (ophth) .....	.78	cephalexin CAPS 250 MG, 500 MG	.37	cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT .....	.95
carvedilol 25 MG .....	.35	cephalexin SUSR .....	.37	cholecalciferol CAPS 125 MCG, 5000 UNIT .....	.95
carvedilol 3.125 MG, 6.25 MG, 12.5 MG .....	.35	CEPROTIN .....	.55	cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT .....	.95
carvedilol phosphate .....	.35	CEQUA SOLN .....	.79	cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML, 400 UT/0.028ML ..	.95
CASTIVA WARMING LOTN .....	.47	CERDELGA .....	.56	cholestyramine light PACK .....	.24
CAYSTON .....	.26	CEREZYME 400 UNIT .....	.56	cholestyramine light POWD .....	.24
cefaclor CAPS .....	.37	cetirizine hcl CAPS .....	.23	cholestyramine PACK .....	.24
CEFACLOR ER TB12 .....	.37	cetirizine hcl CHEW .....	.23	cholestyramine POWD .....	.24
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML .....	.37	cetirizine hcl SOLN OR .....	.23	CHORIONIC GONADOTROPIN IM	
cefadroxil CAPS .....	.37	cetirizine hcl SYRP OR .....	.23	51	
cefadroxil SUSR .....	.37	cetirizine hcl TABS .....	.23	CIBINQO .....	.46
cefadroxil TABS .....	.37	CHEMET .....	.22	ciclopirox SOLN .....	.43
cefdinir CAPS .....	.37	CHEMSTRIP-K STRP .....	.48	cilostazol .....	.55
cefdinir SUSR .....	.37	CHENODAL .....	.53	cimetidine TABS 200 MG .....	.86
cefixime CAPS .....	.37	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen) .....	.4		
		CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen) .....	.4		

cimetidine TABS 300 MG, 400 MG 86	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI . 68	clobetasol propionate CREA 0.05 % . 44
cimetidine TABS 800 MG .....86	CLEVER CHOICE ANI- STATICVALVED HOLDING	clobetasol propionate emollient base 0.05 %44
cinacalcet hcl .....51	CLEVER CHOICE ANI- STATICVALVED HOLDING	clobetasol propionate emulsion ...44
CINQAIR .....9	CHAMBER/MEDIUM DEVI .....68	clobetasol propionate FOAM .....44
CINRYZE SOLR IV .....55	CLEVER CHOICE ANI- STATICVALVED HOLDING	clobetasol propionate GEL 0.05 % 45
CIPRO SUSR .....52	CHAMBER/MEDIUM/3 YEA DEVI .68	clobetasol propionate LIQD .....45
CIPRODEX (Use ciprofloxacin- dexamethasone) .....81	CLEVER CHOICE ANI- STATICVALVED HOLDING	clobetasol propionate LOTN .....45
ciprofloxacin hcl (ophth) SOLN ....79	CHAMBER/SMALL DEVI .....68	clobetasol propionate OINT 0.05 % 45
ciprofloxacin hcl (otic) .....81	CLEVER CHOICE ANI- STATICVALVED HOLDING	clobetasol propionate SHAM .....45
ciprofloxacin hcl TABS 100 MG ....52	CHAMBER/SMALL INFANT DEVI .68	clobetasol propionate SOLN 0.05 % . 45
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG .....52	clindamycin hcl 150 MG, 300 MG .26	clocortolone pivalate .....45
ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML .....52	clindamycin palmitate hydrochloride . 26	CLODERM (Use clocortolone pivalate) .....45
ciprofloxacin-dexamethasone .....81	clindamycin phosphate (topical) GEL 42	clomipramine hcl .....15
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML .....27	clindamycin phosphate (topical) LOTN .....42	clonazepam TABS .....12
CISPLATIN SOLR .....27	clindamycin phosphate (topical) SOLN .....42	clonazepam TBDP .....12
CITALOPRAM HYDROBROMIDE CAPS .....14	clindamycin phosphate vaginal CREA.....94	clonidine hcl (adhd) TB12 .....1
citalopram hydrobromide SOLN ...14	clindamycin phosphate-benzoyl peroxide (refrigerate) .....42	clonidine hcl TABS .....25
citalopram hydrobromide TABS ...14	clindamycin phosphate-benzoyl peroxide GEL .....42	clopidogrel bisulfate 300 MG .....55
cladribine 10 MG/10ML .....27	clindamycin phosphate-tretinoin ..42	clopidogrel bisulfate 75 MG .....55
clarithromycin SUSR .....59	CLINDESSE .....94	clorazepate dipotassium TABS .....9
clarithromycin TABS .....59	CLINITEST RAPID COVID- 19ANTIGEN SELF-TEST KIT .....48	clotrimazole (topical) CREA .....43
clarithromycin TB24 .....59	clobazam SUSP .....12	clotrimazole (topical) SOLN .....43
CLEANLET LANCETS 28G .....59	clobazam TABS .....12	clotrimazole vaginal CREA 1 % ...94
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT .....48	clobazam w/ betamethasone CREA .....43	clotrimazole vaginal CREA 2 % ...94
clemastine fumarate TABS 1.34 MG . 23	clobazam w/ betamethasone CREA .....43	clotrimazole w/ betamethasone

LOTN	43	CHAMBER/ANTI-STATIC DEVI	68	1-PACK KIT	48
clozapine TABS	32	COMPACT SPACE		COVID-19 OTC ANTIGEN TESTKIT	
clozapine TBDP	32	CHAMBER/ANTI-STATIC/LARGE		2-PACK KIT	48
CO MONITOR REPLACEMENT		MASK DEVI	68	CREON CPEP	49
TPIECES MISC	68	COMPACT SPACE		CRINONE GEL	95
COAGADEX	54	CHAMBER/ANTI-STATIC/MEDIUM		cromolyn sodium (nasal) 5.2	
coal tar extract SHAM 0.5 %	48	MASK DEVI	68	MG/ACT	76
COARTEM	26	COMPACT SPACE		cromolyn sodium (ophth)	80
COBAS LIAT SARS-COV-2 ASSAY ..	48	CHAMBER/ANTI-STATIC/SMALL		cromolyn sodium NEBU	9
COBAS LIAT SARS-COV-2		MASK DEVI	68	CRYSVITA	51
CONTROL	48	COMPLERA	33	CULTURELLE ADULT	
codeine sulfate TABS 30 MG	6	CONCERTA TBCR (Use		ULTIMATEBALANCE CAPS	21
CODEINE SULFATE TABS	6	methylphenidate hcl)	2	CULTURELLE ADVANCED IMMUNE	
colchicine TABS	54	CONDOMS-MISC	59	DEFENSE CAPS	18
colchicine w/ probenecid	54	CONZIP CP24 (Use tramadol hcl) ..	6	CULTURELLE DIGESTIVE DAILY	
colestipol hcl GRAN	24	COPAXONE SOSY (Use glatiramer		PROBIOTIC CAPS	21
colestipol hcl TABS	24	acetate)	84	CULTURELLE DIGESTIVE DAILY	
COMBIGAN (Use brimonidine		CORDRAN OINT	45	PROBIOTIC PRO STRENGTH	
tartrate-timolol maleate)	78	CORIFACT	54	CAPS	21
COMBIPATCH PTTW	52	CORTISONE ACETATE TABS	40	CULTURELLE DIGESTIVE HEALTH	
COMBIVENT RESPIMAT AERS ..	11	CORTROPHIN	51	CAPS	21
COMBIVIR (Use lamivudine-		COSENTYX SENOREADY PEN		CULTURELLE DIGESTIVE HEALTH	
zidovudine)	33	SOAJ	43	PROBIOTIC CAPS	21
COMETRIQ KIT	29	COSENTYX SOLN	43	CULTURELLE DIGESTIVE HEALTH	
COMFORT ASSURED LANCETS		COSENTYX SOSY	43	PROBIOTIC CAPS	21
SUPER THIN 28G	59	COSENTYX UNOREADY SOAJ ..	43	CULTURELLE HEALTH &	
COMFORT LANCETS	59	COSOPT (Use dorzolamide hcl-		WELLNESS CAPS	21
COMIRNATY 2023-24 SUSP	89	timolol maleate)	78	CULTURELLE KIDS CHEW	18
COMIRNATY 2023-24 SUSY	89	cosyntropin SOLR	48	CULTURELLE KIDS PACK	18
COMIRNATY SUSP	89	COTELLIC	29	CULTURELLE KIDS PROBIOTIC +	
COMPACT SPACE		COVID-19 AG TEST KIT	48	FIBER PACK	18
		COVID-19 AT-HOME TEST KIT KIT .		CULTURELLE KIDS PURELY	
		48	PRBIOTICS CHEW	18	
		COVID-19 OTC ANTIGEN TESTKIT		CULTURELLE KIDS PURELY	
				PROBIOTICS PACK	18

CULTURELLE	60	CYLTEZO PSKT	3
METABOLISM/WEIGHT MANAGEMENT CAPS	18	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	3
CULTURELLE PROBIOTICS KIDS PACK	18	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	3
CULTURELLE PRO-WELL CAPS .18		CYMBALTA CPEP (Use duloxetine hcl)	14
CULTURELLE ULTIMATE STRENGTH PROBIOTIC CAPS ..21		ciproheptadine hcl SYRP	23
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	65	ciproheptadine hcl TABS	23
CUVITRU SOLN	81	CYRAMZA	28
CVS ADULT 50+ PROBIOTIC CAPS 18		CYSTAGON CAPS	54
CVS ADULT PROBIOTIC CAPS ..18		CYSTARAN	80
CVS ALCOHOL PREP PADS	65	cytarabine SOLN	27
CVS COVID-19 AT HOME TESTKIT KIT	48	CYTOGAM	81
CVS DAILY PROBIOTIC CAPS ...18		dabigatran etexilate mesylate CAPS .	
CVS DIGESTIVE PROBIOTIC CAPS	18	cyclobenzaprine hcl CP24	12
CVS DRY MOUTH SPRAY SOLN .73		cyclobenzaprine hcl TABS 5 MG, 10 MG	18
CVS EVERYDAY CARE PROBIOTIC CAPS	18	cyclobenzaprine hcl TABS 7.5 MG 75	18
CVS GLUCOSE CHEW	15	CYCLOGYL 0.5 %	84
CVS LANCETS 21G	59	cyclopentolate hcl 0.5 %	75
CVS LANCETS MICRO THIN 33G 59		cyclopentolate hcl 1 %	79
CVS LANCETS MICRO-THIN 33G 60		cyclophosphamide CAPS 50 MG .27	17
CVS LANCETS ORIGINAL	60	CYCLOPHOSPHAMIDE TABS ....27	26
CVS LANCETS THIN 26G	60	cyclosporine (ophth) EMUL	85
CVS LANCETS ULTRA THIN 30G 60		cyclosporine CAPS	80
CVS LANCETS ULTRA-THIN 30G		cyclosporine modified (for microemulsion) CAPS	72
		cyclosporine modified (for microemulsion) SOLN	72
		cyclosporine SOLN IV 50 MG/ML .72	72
		CYLTEZO AJKT	3
		DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	29
		DAURISMO	28

DAYHIST ALLERGY 12 HOUR RELIEF TABS	23	desmopressin acetate TABS	52	dexchlorpheniramine maleate SOLN	23
decitabine	27	desogestrel & ethinyl estradiol	38	dexmedetomidine hcl in sodium chloride SOLN	57
deferasirox PACK	22	desogestrel-ethinyl estradiol (biphasic)	38	dexmedetomidine hcl SOLN	57
deferasirox TABS	22	desogestrel-ethinyl estradiol (triphasic)	38	dexamethylphenidate hcl CP24	2
deferasirox TBSO	22	desonide CREA	45	dexamethylphenidate hcl TABS	2
deferiprone TABS	22	desonide LOTN	45	dexrazoxane hcl	30
deferoxamine mesylate	22	desonide OINT	45	DEXTENZA INST	80
DEFITELIO	56	desoximetasone CREA 0.05 %	45	dextroamphetamine sulfate CP24 10 MG, 15 MG	1
deflazacort TABS 6 MG, 18 MG, 30 MG, 36 MG	40	desoximetasone CREA 0.25 %	45	dextroamphetamine sulfate CP24 5 MG	1
DEFLUX	54	desoximetasone GEL	45	dextroamphetamine sulfate LIQD	1
DELSTRIGO	33	desoximetasone LIQD	45	dextroamphetamine sulfate SOLN	1
DENAVIR (Use penciclovir)	44	desoximetasone OINT	45	dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	1
DENGVAXIA	89	DESVENLAFAKINE ER	14	dextroamphetamine sulfate TABS 5 MG, 10 MG	1
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	13	desvenlafaxine succinate 100 MG	14	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	41
DEPO-SUBQ PROVERA 104 SUSY SC	40	desvenlafaxine succinate 25 MG, 50 MG	14	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	41
DERMACINRX PROBISOL CAPS .18		DEX4 QUICK DISSOLVE GLUCOSE CHEW	15	DHIVY TABS	31
DERMACINRX PROBITRAN CAPS .18		dexamethasone ELIX	40	DIATHRIVE LANCETS	60
DESCOVY 120 MG-15 MG	33	DEXAMETHASONE INTENSOL CONC	40	DIATHRIVE LANCETS ULTRA THIN 30G	60
DESCOVY 200 MG-25 MG	33	dexamethasone sodium phosphate (ophth)	80	diazepam CONC	9
desipramine hcl TABS	15	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	40	DIAZEPAM SOAJ	9
desloratadine TBDP	23	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	40	diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML	9
desmopressin acetate SOLN IJ	52	dexamethasone SOLN	40		
DESMOPRESSIN ACETATE SOLN NA	52	dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG	40		
desmopressin acetate spray	52				
desmopressin acetate spray refrigerated	52				

DIAZEPAM SOLN IJ 5 MG/ML	9	DIGESTIVE ADVANTAGE	diphenhydramine hcl (sleep) TABS
diazepam SOLN OR 5 MG/5ML	9	DAILYPROBIOTICS+LACTOSE	50 MG
		SUPPORT CAPS	57
diazepam TABS	9	DIGESTIVE ADVANTAGE	diphenhydramine hcl (sleep) TBDP
		LACTOSE SUPPORT CAPS	57
diazoxide	15	DIGESTIVE ADVANTAGE	diphenhydramine hcl CAPS
dibucaine	47	LACTOSE SUPPORT CAPS	23
diclofenac potassium TABS 50 MG .	4	digoxin SOLN OR 0.05 MG/ML	36
diclofenac sodium (ophth)	80	digoxin TABS 0.125 MG, 0.25 MG,	MG/5ML
		125 MCG, 250 MCG	23
diclofenac sodium (topical) GEL EX		dihydroergotamine mesylate SOLN	diphenhydramine hcl LIQD 12.5
43		NA 4 MG/ML	MG/5ML, 25 MG/10ML, 50 MG/20ML
diclofenac sodium TB24	4	DILANTIN (Use phenytoin sodium	..... 23
		extended)	13
diclofenac sodium TBEC	4	DILANTIN INFATABS CHEW (Use	diphenhydramine-acetaminophen
		phenytoin)	(sleep) TABS
dicloxacillin sodium	82	13	57
dicyclomine hcl CAPS	86	diltiazem hcl coated beads CP24 120	diphenoxylate w/ atropine LIQD ...
		MG, 180 MG, 300 MG	21
dicyclomine hcl SOLN OR	86	diltiazem hcl coated beads CP24 240	diphenoxylate w/ atropine TABS ...
		MG	22
dicyclomine hcl TABS	86	36	DIPHTHERIA/TETANUS TOXOIDS
DIFFERIN LOTN	42	diltiazem hcl coated beads CP24 360	ADSORBED PEDIATRIC SUSP ..
DIFF-STAT CAPS	18	MG	86
diflorasone diacetate CREA	45	diltiazem hcl CP12	dipyridamole
		36	55
diflorasone diacetate OINT	45	diltiazem hcl CP24 120 MG, 240 MG	disopyramide phosphate CAPS ..
		36	9
diflunisal TABS	5	diltiazem hcl CP24 180 MG	disulfiram 250 MG
		36	83
DIGESTIVE ADVANTAGE		diltiazem hcl extended release beads	divalproex sodium CSDR
ADVANCED PROBIOTICS MULTI-		..... 36	13
STRAIN SUPPORT CAPS	18	diltiazem hcl TABS	divalproex sodium TB24
DIGESTIVE ADVANTAGE CAPS .	19	36	13
DIGESTIVE ADVANTAGE		diltiazem hcl TB24	divalproex sodium TBEC
DAILYDIGESTIVE & IMMUNE		36	13
SUPPORT CAPS	19	dimethyl fumarate CDPK	docetaxel CONC 160 MG/8ML ..
DIGESTIVE ADVANTAGE		84	30
DAILYPROBIOTICS+GAS		dimethyl fumarate CPDR	DOCETAXEL CONC 160 MG/8ML
DEFENSE CAPS	19	84	30
DIGESTIVE ADVANTAGE		diphenhydramine hcl (sleep) CAPS	DOCETAXEL SOLN 20 MG/2ML, 80
DAILYPROBIOTICS+INTENSIVE		57	MG/8ML, 160 MG/16ML
BOWEL SUPPORT CAPS	19	diphenhydramine hcl (sleep) LIQD	30
		57	58
DIGESTIVE ADVANTAGE		diphenhydramine hcl (sleep) TABS	docusate sodium CAPS 100 MG, 250
DAILYPROBIOTICS+INTENSIVE		25 MG	MG
BOWEL SUPPORT CAPS	19	57	58
		docusate sodium LIQD	58

docusate sodium SYRP	58	DROPLET LANCETS ULTRA THIN 30G	60	EASIVENT/MASK-SMALL MISC ..	68
DOCUSATE SODIUM SYRP	58	DROPSAFE ALCOHOL PREP PADS	66	EASY TOUCH ALCOHOL PREP PADS/MEDIUM	66
docusate sodium TABS	58	drospirenone-ethinyl estradiol ..	38	EASY TOUCH LANCETS 26G/PULL- TOP	60
dofetilide	9	drospirenone-ethinyl estradiol- levomefolate calcium	38	EASY TOUCH LANCETS 28G/PULL- TOP	60
donepezil hydrochloride TABS 23 MG	83	DROXIA CAPS	56	EASY TOUCH LANCETS 28G/TWIST	60
donepezil hydrochloride TABS 5 MG, 10 MG	83	droxidopa	95	EASY TOUCH LANCETS 30G/PULL- TOP	60
donepezil hydrochloride TBDP	83	DRUG MART LANCETS THIN ..	60	EASY TOUCH LANCETS 30G/TWIST	60
DOPTELET	56	DRUG MART UNILET LANCETSSUPER THIN 30G ..	60	EASY TOUCH LANCETS 32G/PULL- TOP	60
dorzolamide hcl	80	DRUG MART UNILET LANCETSULTRA THIN 28G ..	60	EASY TOUCH LANCETS 32G/TWIST	60
DORZOLAMIDE HCL	80	DRUG MART UNILET MICRO THIN LANCETS 33G	60	EASY TOUCH LANCETS 33G/TWIST	60
DORZOLAMIDE HCL/TIMOLOL MALEATE	78	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	11	EBASE CONTROLLER KIT MISC ..	68
dorzolamide hcl-timolol maleate ..	78	DULERA 50 MCG/ACT-5 MCG/ACT ..	11	econazole nitrate CREA	43
DOVATO	33	duloxetine hcl CPEP	14	ECOTEST COVID -19 IGG/IGM RAPID TEST DEVICE	48
doxazosin mesylate	25	DUPIXENT SOPN	46	ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin)	5
doxepin hcl (sleep)	57	DUPIXENT SOSY	46	ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)	5
doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	15	dutasteride	54	ECOTRIN TBEC (Use aspirin)	5
doxepin hcl CAPS 150 MG	15	dutasteride-tamsulosin hcl	54	EDURANT	33
doxepin hcl CONC	15	DYANAVEL XR CHER	1	efavirenz CAPS 200 MG	33
doxycycline (monohydrate) CAPS 50 MG, 100 MG	85	DYSPORT	77	efavirenz CAPS 50 MG	33
doxycycline (monohydrate) TABS 50 MG, 100 MG	85	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) ..	59	efavirenz TABS	33
doxycycline hyclate CAPS	85	EASIVENT MISC	68	efavirenz-emtricitabine-tenofovir disoproxil fumarate	33
doxycycline hyclate TABS 100 MG 85		EASIVENT/MASK-LARGE MISC ..	68		
doxylamine succinate (sleep)	57	EASIVENT/MASK-MEDIUM MISC ..	68		
doxylamine-pyridoxine TBEC	22				
droperidol SOLN 2.5 MG/ML	9				

efavirenz-lamivudine-tenofovir disoproxil fumarate	33	ELEVIDYS 33.5-34.4 KG	77	ELEVIDYS 63.5-64.4 KG	77
ELAPRASE	51	ELEVIDYS 34.5-35.4 KG	77	ELEVIDYS 64.5-65.4 KG	77
ELELYSO	56	ELEVIDYS 35.5-36.4 KG	77	ELEVIDYS 65.5-66.4 KG	77
ELEPSIA XR TB24	12	ELEVIDYS 36.5-37.4 KG	77	ELEVIDYS 66.5-67.4 KG	77
eletiptan hydrobromide	71	ELEVIDYS 37.5-38.4 KG	77	ELEVIDYS 67.5-68.4 KG	77
ELEVIDYS 10.0-10.4 KG	76	ELEVIDYS 38.5-39.4 KG	77	ELEVIDYS 68.5-69.4 KG	77
ELEVIDYS 10.5-11.4 KG	76	ELEVIDYS 39.5-40.4 KG	77	ELEVIDYS 69.5 KG PLUS	77
ELEVIDYS 11.5-12.4 KG	76	ELEVIDYS 40.5-41.4 KG	77	ELIDEL (Use pimecrolimus)	47
ELEVIDYS 12.5-13.4 KG	76	ELEVIDYS 41.5-42.4 KG	77	ELIGARD SC	28
ELEVIDYS 13.5-14.4 KG	76	ELEVIDYS 42.5-43.4 KG	77	ELIQUIS STARTER PACK TBPK .	11
ELEVIDYS 14.5-15.4 KG	76	ELEVIDYS 43.5-44.4 KG	77	ELIQUIS TABS	11
ELEVIDYS 15.5-16.4 KG	76	ELEVIDYS 44.5-45.4 KG	77	ELLA	39
ELEVIDYS 16.5-17.4 KG	76	ELEVIDYS 45.5-46.4 KG	77	ELLENCE SOLN	29
ELEVIDYS 17.5-18.4 KG	76	ELEVIDYS 46.5-47.4 KG	77	ELLUME COVID-19 HOME TEST KIT	48
ELEVIDYS 18.5-19.4 KG	76	ELEVIDYS 47.5-48.4 KG	77	ELMIRON CAPS	54
ELEVIDYS 19.5-20.4 KG	77	ELEVIDYS 48.5-49.4 KG	77	ELOCTATE	54
ELEVIDYS 20.5-21.4 KG	77	ELEVIDYS 49.5-50.4 KG	77	EMCYT	28
ELEVIDYS 21.5-22.4 KG	77	ELEVIDYS 50.5-51.4 KG	77	EMFLAZA SUSP	40
ELEVIDYS 22.5-23.4 KG	77	ELEVIDYS 51.5-52.4 KG	77	EMGALITY SOAJ	71
ELEVIDYS 23.5-24.4 KG	77	ELEVIDYS 52.5-53.4 KG	77	EMGALITY SOSY 100 MG/ML	71
ELEVIDYS 24.5-25.4 KG	77	ELEVIDYS 53.5-54.4 KG	77	EMGALITY SOSY 120 MG/ML	71
ELEVIDYS 25.5-26.4 KG	77	ELEVIDYS 54.5-55.4 KG	77	EMPLICITI	28
ELEVIDYS 26.5-27.4 KG	77	ELEVIDYS 55.5-56.4 KG	77	emtricitabine CAPS	33
ELEVIDYS 27.5-28.4 KG	77	ELEVIDYS 56.5-57.4 KG	77	emtricitabine-tenofovir disoproxil fumarate	33
ELEVIDYS 28.5-29.4 KG	77	ELEVIDYS 57.5-58.4 KG	77	EMTRIVA CAPS (Use emtricitabine) .	
ELEVIDYS 29.5-30.4 KG	77	ELEVIDYS 58.5-59.4 KG	77	33	
ELEVIDYS 30.5-31.4 KG	77	ELEVIDYS 59.5-60.4 KG	77	EMTRIVA SOLN	33
ELEVIDYS 31.5-32.4 KG	77	ELEVIDYS 60.5-61.4 KG	77	EMVERM CHEW	8
ELEVIDYS 32.5-33.4 KG	77	ELEVIDYS 61.5-62.4 KG	77	enalapril maleate &	

hydrochlorothiazide	25	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	95	EQL SUPER THIN LANCETS 30G	
enalapril maleate TABS	24	EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	95	60	
ENBREL MINI SOCT	5	EPIVIR SOLN (Use lamivudine) ...	33	EQL THIN LANCETS 26G	60
ENBREL SOLN	5	EPIVIR TABS 150 MG (Use lamivudine)	33	ERBITUX	28
ENBREL SOLR	5	EPIVIR TABS 300 MG (Use lamivudine)	33	ergocalciferol CAPS	95
ENBREL SOSY	5	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	56	ergoloid mesylates TABS	84
ENBREL SURECLICK SOAJ	5	EPROSTENOL sodium	37	ergotamine w/ caffeine TABS	71
ENCARE SUPP 100 MG	94	EPRONTIA SOLN	12	ERIVEDGE	28
ENGERIX-B SUSP 20 MCG/ML ..	89	EPZICOM (Use abacavir sulfate-lamivudine)	33	ERLEADA 60 MG	28
ENGERIX-B SUSY	89	EQ PROBIOTIC CPDR	19	erlotinib hcl	28
exoxaparin sodium SOLN IJ 300 MG/3ML	12	EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT CAPS	19	ertapenem sodium IJ	26
exoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	12	EQ SPACE CHAMBER ANTI-STATIC DEVI	68	ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	59
exoxaparin sodium SOSY 30 MG/0.3ML	12	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	68	erythromycin (acne aid) GEL	42
exoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML	12	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI ...	68	erythromycin (acne aid) SOLN	42
exoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	12	EQL COLOR LANCETS 21G	60	erythromycin (ophth)	79
ENTADFI	54	EQL COLOR LANCETS MICRO THIN 33G	60	ERYTHROMYCIN	79
ENTRESTO	37	EQL DAILY PROBIOTIC CAPS ...	19	erythromycin base CPEP	59
ENTYVIO SOPN	53	EQL DRY MOUTH ORAL RINSE SOLN	73	erythromycin base TABS	59
ENVIVE CAPS	19	EQL PROBIOTIC COLON SUPPORT CAPS	19	erythromycin ethylsuccinate SUSR	
EPCLUSA PACK	35	ESOMEPPRAZOLE STRONTIUM 49.3 MG	87	59	
EPCLUSA TABS	35	ESPEROCT	54		
EPIFOAM FOAM	45	estazolam	57		
epinastine hcl (ophth)	80	estradiol & norethindrone acetate TABS	52		
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	95	Index 16			
epinephrine (anaphylaxis) SOAJ ..	95				
epinephrine hcl (nasal)	76				

estradiol PTTW	52	exemestane	29	FEIBA	55
estradiol PTWK	52	EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	25	felbamate SUSP	13
estradiol TABS	52	EXONDYS 51	77	felbamate TABS	13
estradiol vaginal CREA	94	EYLEA SOLN	79	felodipine	36
estradiol vaginal TABS	94	EYSUVIS SUSP	80	FEM-DOPHILUS WOMENS CAPS	
eszopiclone	57	E-Z JECT LANCETS	60	19	
ethambutol hcl TABS	27	E-Z JECT LANCETS 21G	60	fenofibrate CAPS	24
ethosuximide CAPS	13	E-Z JECT LANCETS COLOR	60	fenofibrate micronized 134 MG, 200 MG	24
ethosuximide SOLN	13	E-Z JECT LANCETS SUPER THIN 30G	60	fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG	24
ethynodiol diacet & eth estrad	38	E-Z JECT LANCETS THIN 26G ..	60	fenofibrate micronized 67 MG	24
etodolac CAPS	4	ezetimibe	24	fenofibrate TABS 40 MG, 120 MG ..	24
etodolac TABS	4	ezetimibe-simvastatin	23	fenofibrate TABS 54 MG	24
etodolac TB24	4	E-ZJECT LANCETS MICRO-THIN 33G	60	fenofibric acid	24
etonogestrel-ethinyl estradiol	39	EZ-LETS LANCETS 26G SUPER-SOFT	60	FENSOLVI SC	51
etoposide CAPS	30	EZ-LETS LANCETS 28G ULTRA-SOFT	61	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	6
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	30	EZ-LETS LANCETS 30G	61	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	6
etravirine 100 MG	33	FABRAZYME	51	FERRETTS TABS	56
etravirine 200 MG	33	famciclovir	35	FERRIPROX SOLN	22
EUFLEXXA SOSY	75	famotidine TABS 10 MG	86	ferrous fumarate TABS 324 MG ..	56
EULEXIN	28	famotidine TABS 20 MG, 40 MG ..	86	ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS	56
EVENITY	50	FARXIGA	17	ferrous gluconate TABS 27 MG, 240 MG	56
everolimus (immunosuppressant)	72	FARYDAK	29	FERROUS GLUCONATE TABS 324 MG	57
everolimus TABS	29	FASENRA PEN SOAJ	9	ferrous sulfate dried TBCR 160 MG ..	57
everolimus TBSO	29	FASTEP COVID-19 ANTIGEN HOME TEST KIT	48	ferrous sulfate SOLN 15 MG/ML ..	57
EVOMELA	27	FASTEP COVID-19 IGG/IGM RAPID TEST DEVICE	48		
EVOTAZ	33				
EXELON 13.3 MG/24HR (Use rivastigmine)	83				
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	83				

ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	57	FLORAJEN3 CAPS	19	2021-2022 SUSY	90
ferrous sulfate TABS 65 MG, 325 MG	57	FLORAJEN4KIDS CAPS	19	FLUCELVAX QUADRIVALENT 2022-2023 SUSP	90
ferrous sulfate TBEC 324 MG	57	FLORANEX ONE CAPS	19	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	90
ferrous sulfate TBEC 325 MG	57	FLORASAVE CPDR	19	FLUCELVAX QUADRIVALENT 2023-2024 SUSP	91
fesoterodine fumarate	87	FLORASTOR SELECT GUT BOOST CAPS	19	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	91
FEVERALL JUNIOR STRENGTH SUPP	5	FLORASTOR SELECT IMMUNITY BOOST CAPS	19	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	91
fexofenadine hcl SUSP	23	FLOVENT DISKUS AEPB	10	fluconazole SUSR	23
fexofenadine hcl TABS 180 MG ..	23	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	10	fluconazole TABS 100 MG	23
fexofenadine hcl TABS 60 MG ..	23	FLOVENT HFA 44 MCG/ACT	10	fluconazole TABS 150 MG	23
FIBRICOR (Use fenofibric acid) ..	24	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	48	fluconazole TABS 200 MG	23
FIBRYGA	55	FLUAD QUADRIVALENT 2021-2022	89	fluconazole TABS 50 MG	23
FIFTY50 ALCOHOL PREP PADS ..	66	FLUAD QUADRIVALENT 2022-2023		fludarabine phosphate SOLN	27
FILTER AIR PP MISC	68	FLUARIX QUADRIVALENT 2021- 2022 SUSY	90	FLUDARABINE PHOSPHATE SOLN	27
finasteride	54	FLUAD QUADRIVALENT 2023-2024	90	fludarabine phosphate SOLR	27
fingolimod hcl	84	FLUARIX QUADRIVALENT 2022- 2023 SUSY	90	fludrocortisone acetate TABS	41
FIRDAPSE	27	FLUARIX QUADRIVALENT 2021- 2022 SUSY	90	FLULALVAL QUADRIVALENT 2021- 2022 SUSY	91
FIRMAGON	29	FLUBLOK QUADRIVALENT 2021- 2022	90	FLULALVAL QUADRIVALENT 2022- 2023 SUSY	91
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP	95	FLUBLOK QUADRIVALENT 2022- 2023 SUSY	90	FLULALVAL QUADRIVALENT 2023- 2024 SUSY	91
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP	95	FLUARIX QUADRIVALENT 2023- 2024 SUSY	90	flunisolide (nasal) 0.025 %	76
flavoxate hcl	87	FLUBLOK QUADRIVALENT 2021- 2022	90	fluocinolone acetonide (otic)	81
FLEBOGAMMA DIF SOLN 5 GM/50ML	81	FLUBLOK QUADRIVALENT 2022- 2023	90	fluocinolone acetonide CREA	45
FLEBOGAMMA DIF SOLN	81	FLUBLOK QUADRIVALENT 2023- 2024	90	fluocinolone acetonide OIL	45
flecainide acetate	9	FLUBLOK QUADRIVALENT 2023- 2024	90	fluocinolone acetonide OINT	45
FLEXICHAMBER DEVI	68	FLUCELVAX QUADRIVALENT 2021-2022 SUSP	90	fluocinolone acetonide SOLN	45
FLORA VANCE CAPS	19	FLUCELVAX QUADRIVALENT		fluocinonide CREA 0.05 %	45
FLORAJEN DIGESTION CAPS ..	19	FLUCELVAX QUADRIVALENT		fluocinonide CREA 0.1 %	45

fluocinonide emulsified base	45	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	10	FLYP HYPERSONIQ CARTRIDGE MISC	68
fluocinonide GEL	45	fluticasone propionate hfa 44 MCG/ACT	10	FML OINT	80
fluocinonide OINT	45	fluticasone propionate LOTN	45	FOCALIN XR CP24 (Use dexmethylphenidate hcl)	2
fluocinonide SOLN	45	fluticasone propionate OINT	45	folic acid TABS 1 MG	56
fluorometholone (ophth) SUSP	80	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250		folic acid TABS 400 MCG, 800 MCG ..	
fluorouracil (topical) CREA 0.5 % ..	43	MCG/ACT-50 MCG/ACT, 500		56	
fluorouracil (topical) CREA 5 %	43	MCG/ACT-50 MCG/ACT	11	FOLOTYN	27
fluorouracil (topical) SOLN	43	fluticasone-salmeterol AERO	11	fondaparinux sodium	12
fluoxetine hcl (pmdd) TABS	84	fluvastatin sodium CAPS	24	FORA LANCETS	61
fluoxetine hcl CAPS	14	fluvastatin sodium TB24	24	FORFIVO XL TB24 (Use bupropion hcl)	14
fluoxetine hcl CPDR	14	fluvoxamine maleate CP24	14	FORTIFY 30 BILLION PROBIOTIC 50+ CPDR	19
fluoxetine hcl SOLN	14	fluvoxamine maleate TABS	14	FORTIFY 50 BILLION PROBIOTIC EXTRA STRENGTH 50+ CPDR ...	19
fluoxetine hcl TABS 10 MG	14	FLUZONE HIGH-DOSE PF 2021- 2022	91	FORTIFY DAILY PROBIOTIC CAPS ..	
fluoxetine hcl TABS 20 MG	14	FLUZONE HIGH-DOSE PF 2022- 2023	91	19	
fluoxetine hcl TABS 60 MG	14	FLUZONE QUADRIVALENT 2021- 2022 SUSP	91	FORTIFY DAILY PROBIOTIC EXTRA STRENGTH CPDR	19
FLUOXETINE HYDROCHLORIDE TABS (Use fluoxetine hcl)	14	FLUZONE QUADRIVALENT 2021- 2023 SUSY	91	FORTIFY OPTIMA PROBIOTIC CPDR	19
fluphenazine decanoate	32	FLUZONE QUADRIVALENT 2023- 2024	91	FORTIFY PROBIOTIC WOMENS CPDR	19
fluphenazine hcl TABS	32	FLUZONE QUADRIVALENT 2021- 2022 SUSP	91	CPDR	19
flurandrenolide CREA	45	FLUZONE QUADRIVALENT 2021- 2022 SUSY	91	FORTIFY PROBIOTIC WOMENS CPDR	19
flurandrenolide LOTN	45	FLUZONE QUADRIVALENT 2021- 2022 SUSY	91	CPDR	19
flurazepam hcl	57	FLUZONE QUADRIVALENT 2021- 2022 SUSY	91	FORTIFY PROBIOTIC WOMENSEXTRA STRENGTH CPDR	19
flurbiprofen sodium	80	FLUZONE QUADRIVALENT 2022- 2023 SUSP	91	CPDR	19
flurbiprofen TABS	4	FLUZONE QUADRIVALENT 2022- 2023 SUSP	91	fosamprenavir calcium TABS	33
flutamide	29	FLUZONE QUADRIVALENT 2022- 2023 SUSP	92	fosinopril sodium & hydrochlorothiazide	25
fluticasone propionate (inhalation) AEPB	10	FLUZONE QUADRIVALENT 2022- 2023 SUSY	92	fosinopril sodium	24
fluticasone propionate (nasal) SUSP ..	76	FLUZONE QUADRIVALENT 2023- 2024 SUSP	92	FRAGMIN SOLN 10000 UNIT/4ML 12	
fluticasone propionate CREA 0.05 %	45	FLUZONE QUADRIVALENT 2023- 2024 SUSY	92	FREDS PHARMACY UNILET	

LANCETS SUPER THIN 30G	61	GABITRIL 2 MG, 4 MG (Use tiagabine hcl)	13	TEST KIT 1-PACK KIT	48
FREDS PHARMACY UNILET		GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	75	GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	48
LANCETS ULTRA THIN 28G	61	GALAFOLD	51	GENORAVANCE CAPS	19
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	61	galantamine hydrobromide CP24 ..	83	GENOTROPIN CART SC	51
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	61	galantamine hydrobromide SOLN ..	83	GENOTROPIN MINIQUICK PRSY ..	51
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	61	galantamine hydrobromide TABS ..	83	gentamicin sulfate (ophth) OINT ..	79
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	61	GAMASTAN	81	gentamicin sulfate (ophth) SOLN ..	79
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	61	GAMIFANT 10 MG/2ML, 50 MG/10ML	72	gentamicin sulfate (topical) CREA ..	42
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	61	GAMMAGARD LIQUID	81	gentamicin sulfate (topical) OINT ..	42
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	61	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	81	GENTLE-LET GP LANCETS	61
frovatriptan succinate	71	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	81	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT ..	61
FULL KIT NEBULIZER SET MISC ..	68	GAMMAPLEX SOLN 5 GM/50ML ..	81	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT ..	61
FULPHILA	56	GAMMAPLEX SOLN	81	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	61
furosemide SOLN OR 10 MG/ML, 40 MG/5ML	50	GAMUNEX-C	81	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	61
furosemide TABS	50	GARDASIL 9 SUSP	92	GENVISC 850 SOSY	75
FYLNETRA	56	GARDASIL 9 SUSY	92	GENVOYA	33
gabapentin CAPS 100 MG	12	GATTEX	54	GILENYA	84
gabapentin CAPS 300 MG, 400 MG ..	12	GAUZE SPONGES	61	GILOTrif	28
gabapentin SOLN	12	GAZYVA	28	ginger (zingiber officinalis) CAPS 250 MG	2
gabapentin TABS 600 MG, 800 MG ..	12	gefitinib	28	GLASSIA SOLN	84
GABITRIL 12 MG, 16 MG (Use tiagabine hcl)	13	GEL-ONE	75	glatiramer acetate SOSY	84
		GELSYN-3 SOSY	75	glimepiride 1 MG, 2 MG	17
		gemfibrozil TABS	24	glimepiride 4 MG	17
		GEMTESA	87	glipizide TABS 2.5 MG	17
		GENABIO COVID-19 RAPID SELF		glipizide TABS 5 MG, 10 MG	17

glipizide TB24	17	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	61	haloperidol TABS	32
glipizide-metformin hcl	15	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	61	HARVONI PACK	35
GLUCAGEN HYPOKIT	15	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	61	HARVONI TABS	35
glucagon (rdna)	15	GOTOKNOW COVID-19		HAVRIX	92
GLUCAGON EMERGENCY KIT (Use glucagon (rdna))	15	ANTIGENRAPID TEST KIT	48	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	61
GLUCO TO GO CHEW	15	granisetron hcl TABS	22	H-E-B INCONTROL LANCETS MICRO THIN 33G	61
GLUCOSE CHEW	16	GRANIX SOLN	56	H-E-B INCONTROL LANCETS SUPER THIN 30G	61
glyburide micronized 1.5 MG, 3 MG, 6 MG	17	GRANIX SOSY	56	H-E-B INCONTROL LANCETS ULTRA THIN 28G	62
glyburide TABS	17	griseofulvin microsize SUSP	22	HEMGENIX	55
glyburide-metformin	15	griseofulvin microsize TABS	22	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	55
glycerin (laxative) SUPP 2 GM	58	griseofulvin ultramicrosize	22	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT	55
glycine diluent	82	guaifenesin-codeine LIQD 10 MG/5ML-100 MG/5ML	41	HEPAGAM B SOLN IJ	81
glycopyrrolate TABS 1 MG, 2 MG .	86	guaifenesin-codeine SOLN	41	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	12
GLYXAMBI	15	guaifenesin-codeine SYRP	41	HEPLISAV-B SOSY	92
GNP ACIDOPHILUS HIGH POTENCY CAPS	19	guanfacine hcl (adhd)	1	HERCEPTIN HYLECTA	29
GNP ALCOHOL SWABS	66	guanfacine hcl	25	HIBERIX SOLR IJ	88
GNP GLUCOSE CHEW	16	GVOKE KIT SOLN	16	HIGH POTENCY PROBIOTIC CAPS 19	
GNP LANCETS 21G	61	GYNAZOLE-1	94	HIZENTRA SOLN	81
GNP LANCETS THIN 26G	61	HADLIMA PUSHTOUCH SOAJ	3	HM STERILE ALCOHOL PREP PADS	66
GNP PROBIOTIC COLON SUPPORT CAPS	19	HADLIMA SOSY	3	HULIO AJKT	3
GNP QUICK DISSOLVE GLUCOSE CHEW	16	HALAVEN	30	HULIO PSKT	3
GNP STERILE LANCETS 28G ...	61	halcinonide CREA	45		
GNP STERILE LANCETS 30G ...	61	halobetasol propionate CREA	45		
GNP STERILE LANCETS 33G ...	61	halobetasol propionate FOAM	45		
GOJJI STERILE LANCETS 30G ..	61	halobetasol propionate OINT	45		
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL ..	61	haloperidol decanoate	32		
		haloperidol lactate CONC	32		
		haloperidol lactate SOLN	32		

HUMALOG JUNIOR KWIKPEN SOPN	16	hydralazine hcl TABS hydrochlorothiazide CAPS	26 50	hydrocortisone (topical) SOLN 1 % 46
HUMALOG KWIKPEN SOPN 100 UNIT/ML	16	hydrochlorothiazide TABS 25 MG, 50 MG	50	hydrocortisone acetate (topical) CREA 1 %46
HUMALOG MIX 50/50 KWIKPEN SUPN	16	hydrocodone bitartrate CP12	6	hydrocortisone acetate (topical) OINT .....46
HUMALOG MIX 50/50 SUSP	16	hydrocodone bitartrate-homatropine methylbromide SOLN	41	hydrocortisone butyrate CREA ....46
HUMALOG MIX 75/25 KWIKPEN SUPN	16	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217		hydrocortisone butyrate hydrophilic lipo base .....46
HUMALOG MIX 75/25 SUSP	16	MG/10ML-5 MG/10ML, 325		hydrocortisone butyrate LOTN ....46
HUMALOG SOLN IJ	16	MG/15ML-7.5 MG/15ML	7	hydrocortisone butyrate OINT .....46
HUMALOG TEMPO PEN SOPN ..	16	hydrocodone-acetaminophen TABS 325 MG-10 MG	7	hydrocortisone butyrate SOLN ....46
HUMATE-P SOLR	55	hydrocodone-acetaminophen TABS 325 MG-5 MG	7	HYDROCORTISONE CREA .....46
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	3	hydrocodone-acetaminophen TABS 325 MG-7.5 MG	7	hydrocortisone TABS .....40
HUMIRA PEN PNKT	3	hydrocortisone (intrarectal)	8	hydrocortisone valerate CREA ....46
HUMIRA PEN-CD/UC/HS STARTER PNKT	3	hydrocortisone (rectal) EX 1 %	8	hydrocortisone valerate OINT .....46
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	3	hydrocortisone (rectal) EX 2.5 % ...8		hydrocortisone w/acetic acid .....81
HUMIRA PEN-PS/UV STARTER PNKT	3	hydrocortisone (topical) CREA 0.5 % 45		HYDROMORPHONE HCL SUPP ...6
HUMIRA PSKT	3	hydrocortisone (topical) CREA 1 % 45		hydromorphone hcl TABS .....6
HUMULIN 70/30 SUSP	16	hydrocortisone (topical) CREA 2.5 % 45		hydromorphone hcl TB24 .....6
HUMULIN N SUSP	16	hydrocortisone (topical) LOTN 1 %		hydroxyprogesterone caproate (antineoplastic) .....29
HUMULIN R SOLN IJ	16	45		hydroxyprogesterone caproate OIL 82
HUMULIN R U-500 (CONCENTRATED) SOLN SC ..	16	hydrocortisone (topical) LOTN 2.5 % .45		hydroxyurea .....30
HUMULIN R U-500 KWIKPEN SOPN SC ..	16	hydrocortisone (topical) OINT 0.5 % .45		hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML
HYALGAN SOLN	75	hydrocortisone (topical) OINT 1 % .46		9
HYALGAN SOSY	75	hydrocortisone (topical) OINT 2.5 % .46		hydroxyzine hcl SYRP .....9
HYCAMTIN CAPS	31			hydroxyzine hcl TABS .....9
				hydroxyzine pamoate CAPS 25 MG, 100 MG
				9
				hydroxyzine pamoate CAPS 50 MG 9
				HYMOVIS .....75

hyoscyamine sulfate ELIX	86	HY-VEE THIN LANCETS	62	ILEVRO	80
hyoscyamine sulfate SOLN OR 0.125 MG/ML	86	ibandronate sodium SOLN	50	ILUVIEN	80
hyoscyamine sulfate SUBL 0.125 MG	86	ibandronate sodium TABS	50	imatinib mesylate	29
hyoscyamine sulfate TABS 0.125 MG	86	IBRANCE CAPS	29	IMBRUICA CAPS 140 MG	29
hyoscyamine sulfate TB12 0.375 MG	86	IBSRELA	53	IMBRUICA CAPS 70 MG	29
ibuprofen CHEW	4	ibuprofen SUSP	4	IMBRUICA TABS	29
ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	4	IMCIVREE	1	imipramine hcl TABS	15
ibuprofen-diphenhydramine citrate	4	imipramine pamoate	15	imiquimod 5 %	46
HYPERHEP B SOLN IM	81	ibuprofen-diphenhydramine hcl	57	IMLYGIC	31
HYPERRHO S/D MINI-DOSE SOSY IM	81	icatibant acetate SOLN	55	IMOVAX RABIES (H.D.C.V.) SUSR 92	
HYPERRHO S/D SOSY IM 1500 UNIT	81	icatibant acetate SOSY	55	IMEPEKLO LOTN	46
HYQVIA	82	ICLUSIG 15 MG, 45 MG	29	INCRELEX	51
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	3	ID NOW COVID-19	48	indapamide TABS 1.25 MG, 2.5 MG	
HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	3	ID NOW COVID-19 2.0	49	50	
HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	4	ID NOW COVID-19 CONTROL SWAB KIT	49	INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	49
HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ	4	ID NOW COVID-19 CONTROL SWAB KIT	49	indomethacin CAPS 25 MG, 50 MG	4
HYRIMOZ SENSOREADY PENS SOAJ	4	IDACIO (2 PEN) AJKT 40 MG/0.8ML	4	indomethacin CPCR	4
HYRIMOZ SOAJ	4	IDACIO (2 SYRINGE) PSKT 40 MG/0.8ML	4	INFANRIX	86
HYRIMOZ SOSY	4	IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	4	INFANTS ADVIL SUSP (Use ibuprofen)	4
HY-VEE LANCETS	62	IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	4	INGREZZA CAPS	83
IGALMI FILM	57	IDELVION	55	INLYTA	28
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	49	IHEALTH COVID-19 ANTIGENRAPID TEST KIT	49	INNOSPIRE REPLACEMENT FILTER MISC	68
INSPIREASE DRUG DELIVERYSYSTEM MISC	68	INPEFA	37		

INSPIREASE RESERVOIR BAGS	IPOL INACTIVATED IPV	92	IXINITY SOLR	55
68	ipratropium bromide (nasal) 0.03 %		JAKAFI	29
INSULIN ASPART	76		JANSSEN COVID-19 VACCINE ..	92
PROTAMINE/INSULIN ASPART			JANUMET TABS	15
FLEXPEN SUPN	ipratropium bromide (nasal) 0.06 %		JANUMET XR TB24	15
16	76		JANUVIA	16
INSULIN ASPART	ipratropium bromide SOLN 0.02 %	10	JARDIANC E	17
PROTAMINE/INSULIN ASPART			JARRO-DOPHILUS ALLERGEN	
SUSP	ipratropium-albuterol SOLN	11	FREE PROBIOTIC CAPS	19
17			JARRO-DOPHILUS EPS CPDR ..	19
INSULIN GLARGINE SOLN	irbesartan	25	JARRO-DOPHILUS EPS	
17			DIGESTIVE PROBIOTIC CPDR ..	19
INSULIN GLARGINE SOLOSTAR	irbesartan-hydrochlorothiazide ..	25	JARRO-DOPHILUS EPS	
SOPN 100 UNIT/ML	irinotecan hcl	31	PROBIOTIC CPDR	19
17			JARRO-DOPHILUS PROBIOTIC+	
INSULIN GLARGINE-YFGN SOLN	IRON CHEWS PEDIATRIC CHEW		PREBIOTIC PLUS FOS CAPS ..	19
17	57		JARRO-DOPHILUS WOMEN	
INSULIN GLARGINE-YFGN SOPN	IRON TABS 28 MG	57	VAGINAL PROBIOTIC CPDR ..	19
17			JENTADUETO TABS	15
INSULIN LISPRO JUNIOR	ISENTRESS CHEW 100 MG	33	JEVTANA	30
KWIKPEN SOPN	ISENTRESS CHEW 25 MG	33	JIVI	55
17			JUXTAPID 5 MG, 10 MG, 20 MG,	
INSULIN LISPRO KWIKPEN SOPN .	ISENTRESS PACK	33	30 MG	24
17			JYNARQUE TABS	52
INSULIN LISPRO	ISENTRESS TABS	33	JYNARQUE TBPK	52
PROTAMINE/INSULIN LISPRO	isoniazid SYRP	27	JYNNEOS	92
KWIKPEN SUPN	isoniazid TABS	27	KADCYLA	28
17			KALBITOR	55
INSULIN LISPRO SOLN IJ	ISOPTO ATROPINE SOLN	79	KALETRA SOLN (Use lopinavir-	
17			ritonavir)	33
INSULIN SYRINGES	isosorbide dinitrate TABS 5 MG, 10		KALETRA TABS 25 MG-100 MG	
66	MG, 20 MG, 30 MG	8	(Use lopinavir-ritonavir)	33
INTELENCE (Use etravirine)	isosorbide mononitrate TABS	8	KALETRA TABS 50 MG-200 MG	
33				
INTELENCE	isosorbide mononitrate TB24	8		
33				
INTELENCE 200 MG (Use etravirine)	isotretinoin 10 MG, 20 MG, 40 MG	42		
.....	CAPS	36		
33				
INTELISWAB COVID-19 RAPID	ITCH RELIEF CREA	43		
TEST KIT	itraconazole CAPS	23		
49				
INTRON A SOLR	itraconazole SOLN	23		
30				
INVEGA HAFYERA	IXEMPRA KIT	30		
31				
INVEGA SUSTENNA	IXIARO	92		
31				
INVEGA TRINZA				
32				
INVOKANA				
17				

(Use lopinavir-ritonavir)	33	KITABIS PAK NEBU (Use tobramycin)	2	LACTEROL CAPS	19
KALYDECO PACK 50 MG, 75 MG	84	KLOXXADO LIQD	22	lactic acid (ammonium lactate) CREA	
KALYDECO TABS	84	KOATE SOLR	55	.....	46
KANJINTI 420 MG	28	KOATE-DVI SOLR 500 UNIT, 1000		lactic acid (ammonium lactate) LOTN	
KANUMA	51	UNIT	55	12 %	46
KAZANO (Use alogliptin-metformin hcl)	15	KOGENATE FS KIT	55	LACTO-PECTIN CAPS	19
KCENTRA	55	KOMBIGLYZE XR (Use saxagliptin- metformin hcl)	15	lactulose (encephalopathy)	53
KEMOPLAT SOLN	27	KONVOMEPE SUSR	87	lactulose SOLN	58
KEPIVANCE 6.25 MG	30	KOVALTRY	55	lamivudine SOLN	33
KESIMPTA	84	KRINTAFEL	26	lamivudine TABS 150 MG	33
ketoconazole (topical) CREA	43	KROGER HEALTHPRO TWIST		lamivudine TABS 300 MG	33
ketoconazole (topical) SHAM 2 % .	43	LANCETS/26G	62	lamivudine-zidovudine	33
KETONE STRP	49	KROGER LANCETS	62	lamotrigine CHEW	12
KETONE TEST STRIPS STRP ...	49	KROGER LANCETS 21G	62	lamotrigine KIT 25 MG	12
ketoprofen CAPS 50 MG, 75 MG ...	4	KROGER LANCETS MICRO		lamotrigine TABS	12
ketoprofen CP24	4	THIN33G	62	lamotrigine TB24	12
kеторолак трометамол (опт) 0.4 %	80	KROGER LANCETS SUPER THIN		lamotrigine TBDP	12
kеторолак трометамол (опт) 0.5 %	80	62	LANCETS	62	
kеторолак трометамол (опт)	4	KROGER LANCETS THIN	62	LANCETS 30G	62
KETOSTIX STRP	49	KROGER LANCETS THIN 26G	62	LANCETS SUPER THIN 28G	62
ketotifen fumarate (ophth) 0.035 %		KROGER LANCETS		LANCETS THIN	62
80		ULTRATHIN30G	62	LANCETS ULTRA THIN	62
KEY-E CHEW	95	KRYSTEXXA	54	lanolin (topical) CREA	47
KEYTRUDA	28	K-TAB TBCR 8 MEQ (Use potassium chloride)	72	lanolin (topical) OINT	47
KHAPZORY	30	KYLEENA	40	lanolin XX	82
KINNEY LANCETS	62	KYMRIAH	28	LANOLIN XX	82
KINNEY THIN LANCETS	62	KYPROLIS	29	LANOLOR CREA	47
KINRIX SUSY	86	labetalol hcl TABS 100 MG	35	LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)	37
		labetalol hcl TABS 200 MG	35	LANREOTIDE ACETATE	52
		labetalol hcl TABS 300 MG	35	lansoprazole CPDR	87

lansoprazole TBDD	87	LEVEMIR FLEXTOUCH SOPN	17	LEXIVA SUSP	33
lanthanum carbonate CHEW	53	LEVEMIR SOLN	17	LEXIVA TABS (Use fosamprenavir calcium)	33
lapatinib ditosylate	29	levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	12	LIALDA TBEC (Use mesalamine) ..	53
LEADER QUICK DISSOLVE GLUCOSE CHEW	16	levetiracetam TABS	12	LIBTAYO	28
LEDIPASVIR/SOFOSBUVIR TABS 35		levetiracetam TB24	12	LICEMD GEL	47
leflunomide	5	levobunolol hcl 0.5 %	78	lidocaine CREA 4 %	47
lenalidomide	72	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	51	LIDOCAINE CREA	47
LENVIMA 10 MG DAILY DOSE ..	28	levocarnitine (metabolic modifiers) TABS	51	lidocaine hcl (mouth-throat) 2 % ..	73
LENVIMA 12MG DAILY DOSE ..	28	levocetirizine dihydrochloride SOLN 23		lidocaine hcl CREA 3 %	47
LENVIMA 14 MG DAILY DOSE ..	28	levofloxacin (ophth) 0.5 %	79	lidocaine hcl CREA 4 %	47
LENVIMA 18 MG DAILY DOSE ..	28	levofloxacin SOLN OR	52	lidocaine hcl GEL 2 %	47
LENVIMA 20 MG DAILY DOSE ..	28	levofloxacin TABS	53	lidocaine hcl PRSY	47
LENVIMA 24 MG DAILY DOSE ..	28	levoleucovorin calcium SOLN	30	lidocaine-prilocaine CREA	47
LENVIMA 4 MG DAILY DOSE ..	28	levoleucovorin calcium SOLR	30	LILETTA 20.1 MCG/DAY	40
LENVIMA 8 MG DAILY DOSE ..	28	levonorgestrel & eth estradiol TABS 38		LINZESS	53
letrozole	29	levonorgestrel (emergency oc) 1.5 MG	39	LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	75
leucovorin calcium TABS 5 MG, 25 MG	30	levonorgestrel-eth estradiol (triphasic)	38	liothyronine sodium TABS	85
LEUKERAN	27	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	38	LIPOFEN CAPS (Use fenofibrate) ..	24
LEUKINE SOLR IJ	56	levonorgestrel-ethinyl estradiol (continuous)	38	LIQREV SUSP	37
LEUPROLIDE ACETATE INJ	29	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	85	lisdexamfetamine dimesylate CAPS 1	
leuprolide acetate KIT IJ 1 MG/0.2ML	29	levothyroxine sodium TABS	85	lisdexamfetamine dimesylate CHEW .. 1	
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE	29	levulanic acid TOPICAL SOLN	43	lisinopril & hydrochlorothiazide ...	25
levalbuterol hcl	11	levulanic acid TOPICAL SOLN	43	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	24
levalbuterol tartrate	11	levulanic acid TOPICAL SOLN	43	LITETOUGH MASK LARGE MISC ..	68
levamlodipine maleate	36	levthyroxine sodium TABS	85	LITETOUGH MASK MEDIUM MISC .. 68	
LEVEMIR FLEXPEN SOPN	17	LEVULAN KERASTICK SOLR	43	LITETOUGH MASK SMALL MISC ..	69
				LITHIUM	31

lithium carbonate CAPS	31	LORBRENA	29	LYRA DIRECT SARS-COV-2 ASSAY	49
lithium carbonate TABS	31	LOREEV XR CS24	9	LYRA SARS-COV-2 ASSAY	49
lithium carbonate TBCR	31	losartan potassium & hydrochlorothiazide	25	LYSODREN	29
LITHOBID TBCR (Use lithium carbonate)	31	losartan potassium	25	LYUMJEV TEMPO PEN SOPN ...	17
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	76	lovastatin TABS 10 MG, 20 MG ...	24	LYVISPAH PACK	75
LIVE BETTER LANCET SUPERTHIN 30G	62	lovastatin TABS 40 MG	24	MACI	75
LIVE BETTER LANCET ULTRATHIN 28G	62	loxapine succinate	32	MAGE CPDR	19
LO LOESTRIN FE TABS	38	LUCENTIS SOLN	79	MAGNEBIND 400	71
LOCOID LIPOCREAM	46	LUCENTIS SOSY	79	magnesium citrate	58
LOKELMA	73	LUCIRA CHECK IT COVID-19TEST KIT KIT	49	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	58
LONGS LANCETS STANDARD ..	62	LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	49	magnesium oxide (mg supplement) TABS 400 MG	72
LONGS LANCETS THIN	62	Iuliconazole	43	magnesium oxide TABS 400 MG ...	8
LONSURF	29	LUMIZYME	51	MAKENA SOAJ	82
loperamide hcl CAPS	22	LUMOXITI	28	malathion	47
loperamide hcl TABS	22	LUPRON DEPOT (1-MONTH) KIT IM	29	maraviroc TABS 150 MG	33
lopinavir-ritonavir SOLN	33	LUPRON DEPOT (3-MONTH) KIT IM	29	maraviroc TABS 300 MG	33
lopinavir-ritonavir TABS 25 MG-100 MG	33	LUPRON DEPOT (4-MONTH) IM ..	29	MARQIBO	30
lopinavir-ritonavir TABS 50 MG-200 MG	33	LUPRON DEPOT (6-MONTH) IM ..	29	MATULANE	30
loratadine CAPS	23	LUPRON DEPOT-PED (1-MONTH) ..	51	MAVYRET PACK	35
loratadine CHEW	23	LUPRON DEPOT-PED (3-MONTH) ..	51	MAVYRET TABS	35
loratadine SOLN	23	LUPRON DEPOT-PED (6-MONTH) ..	51	MAXI-TUSS PE LIQD	41
loratadine TABS	23	IM	51	MAYZENT STARTER PACK TBPK ..	84
loratadine TBDP 10 MG	23	Iurasidone hcl	31	MAYZENT TABS	84
lorazepam CONC	9	LUTATHERA	30	meclizine hcl CHEW	22
lorazepam TABS 0.5 MG, 2 MG ..	9	LUZU (Use Iuliconazole)	43	meclizine hcl TABS 12.5 MG, 25 MG	22
lorazepam TABS 1 MG	9	LYBALVI	83	medroxyprogesterone acetate	83

(contraceptive) SUSP IM	40	MENQUADFI	88	sod phos-phenyl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG	26
medroxyprogesterone acetate		MENVEO SOLN	88		
(contraceptive) SUSY IM	40	MENVEO SOLR	88		
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	83	meperidine hcl SOLN OR 50 MG/5ML	6	methimazole TABS	85
mefloquine hcl	26	meperidine hcl TABS 50 MG	6	METHITEST TABS	7
MEGA PROBIOTIC CAPS	19	meprobamate	9	methocarbamol TABS 500 MG	75
megestrol acetate SUSP	29	mercaptopurine TABS	27	methocarbamol TABS 750 MG	75
megestrol acetate TABS	29	mesalamine ENEM	53	METHOTREXATE	3
MEIJER ALCOHOL SWABS EXTRA-THICK	66	mesalamine SUPP	53	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	27
MEIJER COLOR LANCETS UNIVERSAL 33G	62	mesalamine TBEC 1.2 GM	53	methotrexate sodium TABS 2.5 MG	
MEIJER LANCETS	62	mesalamine TBEC 800 MG	53	27	
MEIJER LANCETS THIN	62	mesalamine w/ cleanser	53	methsuximide	13
MEIJER LANCETS UNIVERSAL21G	62	mesna SOLN	30	methyldopa TABS	25
MEIJER LANCETS UNIVERSAL30G	62	MESNEX TABS	30	methylergonovine maleate TABS	81
MEIJER LANCETS UNIVERSAL33G	62	META BIOTIC/BIO-ACTIVE 12 CAPS	20	METHYLIN SOLN (Use methylphenidate hcl)	2
MEIJER SUPER THIN LANCETS	62	metaxalone	75	methylphenidate hcl CHEW	2
MEKINIST TABS	29	metformin hcl SOLN	15	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG	2
MEKTOVI	29	metformin hcl TABS 500 MG, 850 MG, 1000 MG	15	methylphenidate hcl CP24 60 MG	2
melatonin TABS 3 MG, 5 MG	2	metformin hcl TABS 625 MG	15	methylphenidate hcl CP24	2
meloxicam TABS	4	metformin hcl TB24 500 MG, 1000 MG	15	methylphenidate hcl CPCR	2
melphalan	27	metformin hcl TB24 500 MG, 750 MG	15	methylphenidate hcl SOLN	2
melphalan hcl	27	methadone hcl TABS 10 MG	6	methylphenidate hcl TABS	2
memantine hcl CP24	83	methadone hcl TABS 5 MG	6	methylphenidate hcl TB24	2
memantine hcl SOLN	83	methamphetamine hcl	1	methylphenidate hcl TBCR 10 MG, 20 MG	2
memantine hcl TABS	83	methazolamide TABS	50	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	2
MENACTRA	88	methenamine mandelate	26	METHYLPHENIDATE HYDROCHLORIDE ER TBCR 45	
		methenamine-hyosc-methylene blue-			

MG, 63 MG	2	miconazole nitrate vaginal SUPP 100 MG	92
methylprednisolone TABS 4 MG, 8 MG	41	miconazole nitrate vaginal SUPP 200 MG	94
methylprednisolone TBPK	41	MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	81
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	53	MICROCHAMBER DEVI	69
metoclopramide hcl TABS 10 MG ..	53	MICROCHAMBER MISC	69
metoclopramide hcl TABS 5 MG ..	53	MICROFLOR 33 CAPS	20
metolazone	50	MICROSPACER MISC	69
metoprolol & hydrochlorothiazide TABS	25	midazolam hcl SOLN IJ	57
metoprolol succinate TB24 200 MG ..	35	midodrine hcl	95
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	35	mifepristone (hyperglycemia)	16
metoprolol tartrate TABS 100 MG ..	36	miglitol	15
metoprolol tartrate TABS 25 MG, 50 MG	36	miglustat	56
metoprolol tartrate TABS 37.5 MG, 75 MG	35	MINIELITE FILTER REPLACEMENTS MISC	69
metronidazole (topical) CREA	47	minocycline hcl CAPS	85
metronidazole (topical) GEL 0.75 % ..	47	minoxidil 2.5 MG, 10 MG	26
metronidazole (topical) LOTN	47	MIRCERA 120 MCG/0.3ML	56
metronidazole TABS	26	MIRENA	40
metronidazole vaginal	94	mirtazapine TABS	13
metyrosine	25	mirtazapine TBDP	13
miconazole nitrate (topical) CREA ..	43	misoprostol	87
miconazole nitrate vaginal CREA 2 % ..	94	mitoxantrone hcl 2 MG/ML	29
miconazole nitrate vaginal CREA 4 % ..	94	M-M-R II SOLR	92
miconazole nitrate vaginal KIT ..	94	MODERNA COVID-19 VACCINE SUSP	93
		MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	92
		MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	6
		MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y	92
		MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 ..	93
		MODERNA COVID-19 VACCINE6-11Y SUSP	93
		MODERNA COVID-19 VACCINE6MO-5Y SUSP	93
		moexipril hcl	25
		MOI-STIR SOLN	73
		mometasone furoate (nasal) SUSP	76
		mometasone furoate CREA	46
		mometasone furoate OINT	46
		mometasone furoate SOLN	46
		MOMMYS BLISS PROBIOTIC PACK	20
		MONOLET LANCETS	62
		MONOLET OPD LANCETS	62
		MONOVISC	76
		montelukast sodium CHEW	10
		montelukast sodium PACK	10
		montelukast sodium TABS	10
		morphine sulfate beads	6
		morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	6
		morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML ..	6
		morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML	6
		morphine sulfate SUPP	6

morphine sulfate TABS	6	MVW COMPLETE FORMULATIONPROBIOTIC MINI'S/KIDS CPDR	20	naproxen sodium TABS 220 MG ...	4
morphine sulfate TBCR	6			naproxen sodium TABS 275 MG, 550 MG	4
MOTRIN CHILDRENS CHEW (Use ibuprofen)	4	MVW COMPLETE PROBIOTIC FORMULATION CPDR	20	naproxen sodium-diphenhydramine hcl	57
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	4	MYALEPT	51	naproxen SUSP	4
MOUNJARO	16	mycophenolate mofetil CAPS	72	naproxen TABS	4
MOUTH KOTE REMINT SOLN	73	mycophenolate mofetil hcl	72	naproxen TBEC	5
MOUTH KOTE SOLN	73	mycophenolate mofetil SUSR	72	naproxen-esomeprazole magnesium	4
MOVANTIK	53	mycophenolate mofetil TABS	72	naratriptan hcl	71
moxifloxacin hcl (ophth) SOLN OP	79	mycophenolate sodium	72	NARCAN LIQD (Use naloxone hcl) 22	
moxifloxacin hcl TABS	53	MYFEMBREE	52	NASONEX 24HR SUSP	76
MULPLETA	56	MYLERAN TABS	27	NATAZIA	38
MULTIPLE VITAMINS TABS- ASSORTED BRAND	74	MYOBLOC	77	nateglinide	17
MULTIPLE VITAMINS TABS- ASSORTED GENERIC	74	MYRBETRIQ SRER	87	NATPARA	50
multiple vitamins w/ iron TABS ..	74	NABI-HB SOLN IM	81	NATROBA (Use spinosad)	47
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	74	nabumetone	4	NATRUL PROBIOTIC CAPS	20
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	74	nadolol TABS 20 MG, 40 MG, 80 MG	36	NATURAL FIBER LAXATIVE POWD 58	
MULTIVITAMIN INFANT & TODDLER SOLN OR	74	NAGLAZYME	51	NEBULIZER AIR TUBE/PLUGS MISC	69
MULTIVITAMIN INFANT/TODDLER SOLN OR	74	naloxone hcl LIQD	22	nefazodone hcl	14
mupirocin calcium (topical)	42	naloxone hcl SOCT	22	neomycin sulfate TABS	2
mupirocin OINT	42	naloxone hcl SOLN 0.4 MG/ML ...	22	neomycin-bacitracin zn-polymyxin	79
MVASI	28	naloxone hcl SOLN 4 MG/10ML ...	22	neomycin-bacitracin-polymyxin OINT 43	
MVW COMPLETE FORMULATIONPEDIATRIC SOLN 74		naloxone hcl SOSY	22	neomycin-polmy-dexameth OINT 80	
		naltrexone hcl	22	neomycin-polmy-dexameth SUSP 80	
		NAMENDA TITRATION PAK TABS (Use memantine hcl)	83	neomycin-polmyxin w/ pramoxine 43	
		naphazoline w/ pheniramine 0.3 % 0.025 %	79		
		naphazoline w/ pheniramine 0.315 %-0.027 %	79		

neomycin-polymyxin-gramicidin	79	NIACIN TR TBCR	95	NIZORAL SHAM	43
neomycin-polymyxin-hc (ophth)	80	nicardipine hcl CAPS	36	NORDITROPIN FLEXPRO SOPN	.51
neomycin-polymyxin-hc (otic) SOLN	81	nicotine MISC XX	84	norelgestromin-ethinyl estradiol	..39
		nicotine polacrilex GUM	84	norethrin acet & estrad-fe CAPS	38
neomycin-polymyxin-hc (otic) SUSP	81	nicotine polacrilex LOZG	84	norethrin acet & estrad-fe CHEW	..38
NESINA (Use alogliptin benzoate)	16	nicotine PT24 TD 7 MG/24HR, 14		norethrin acet & estrad-fe TABS 1	
NEULASTA ONPRO KIT PSKT	56	MG/24HR, 21 MG/24HR	84	MG-20 MCG-75 MG, 1.5 MG-30	
NEULASTA SOSY	56	NICOTINE TRANSDERMAL		MCG-75 MG	39
NEUPOGEN SOLN	56	SYSTEM KIT	84	norethindrone & eth estradiol	35
NEUPOGEN SOSY	56	NICOTROL INHALER INHA	84	MCG-0.4 MG, 35 MCG-0.5 MG	..39
nevirapine SUSP	33	NICOTROL NS SOLN	84	norethindrone & eth estradiol	35
nevirapine TABS	34	nifedipine CAPS	36	MCG-1 MG	..39
nevirapine TB24 100 MG	34	nifedipine TB24 30 MG, 90 MG	36	norethindrone & ethinyl estradiol-fe	
nevirapine TB24 400 MG	34	nifedipine TB24 60 MG	36	39	
NEXABIOTIC CPDR	20	nimodipine CAPS	36	norethindrone (contraceptive)	..40
NEXIUM 24HR CLEAR MINIS CPDR		NINLARO	29	norethindrone acet & eth estra	..39
(Use esomeprazole magnesium)	87	nisoldipine	36	norethindrone acetate TABS	..83
NEXIUM 24HR CPDR (Use		nitisinone CAPS	51	norethindrone acetate-ethinyl	
esomeprazole magnesium)	87	NITRO-BID OINT	8	estradiol	52
NEXIUM CPDR 20 MG (Use		nitrofurantoin	26	norethindrone acetate-ethinyl	
esomeprazole magnesium)	87	nitrofurantoin macrocrystal 50 MG,		estradiol-fe	..39
NEXIUM PACK (Use esomeprazole		100 MG	26	norethindrone-eth estradiol (triphasic)	
magnesium)	87	nitrofurantoin monohyd macro	26	.....	39
NEXIUM PACK	87	nitroglycerin CPCR	8	norgestimate-ethinyl estradiol	
NEXPLANON	40	nitroglycerin PT24	9	(triphasic)	39
NGENLA	51	nitroglycerin SUBL	9	norgestimate-ethinyl estradiol	..39
niacin (antihyperlipidemic) TBCR	24	NIVA THYROID TABS	85	norgestrel & ethinyl estradiol 30	
niacin CPCR 250 MG, 500 MG	95	NIVESTYM SOLN	56	MCG-0.3 MG	..39
niacin TABS 500 MG	95	NIVESTYM SOSY	56	NORLIQVA SOLN	36
niacin TBCR	95	NIX LICE KILLING SPRAY LIQD XX		NORPACE CAPS (Use disopyramide	
		47		phosphate)	9
				nortriptyline hcl CAPS	15
				nortriptyline hcl SOLN	..15
				NORVIR PACK	34

NORVIR SOLN	34	NUVESSA	94	olopatadine hcl (nasal)	76
NORVIR TABS (Use ritonavir)	34	NUWIQ KIT	55	olopatadine hcl	80
NOSE CLIP MISC	69	NUWIQ SOLR	55	OLPRUVA THPK	52
NOVA SUREFLEX LANCETS	62	nystatin (mouth-throat)	73	OLUMIANT	3
NOVAREL IM	51	nystatin (topical) CREA	43	omega-3-acid ethyl esters	24
NOVAVAX COVID-19 VACCINE ..	93	nystatin (topical) OINT	43	omeprazole CPDR	87
NOVAVAX COVID-19 VACCINE/2023-24	93	nystatin (topical) POWD EX	43	omeprazole TBEC	87
NOVOEIGHT	55	nystatin TABS	22	omeprazole-sodium bicarbonate CAPS	87
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	17	nystatin-triamcinolone CREA	43	omeprazole-sodium bicarbonate PACK	87
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	17	nystatin-triamcinolone OINT	43	OMNITROPE SOCT	51
NOVOLOG MIX 70/30 RELION SUSP	17	NYVEPRIA	56	ON/GO COVID-19 ANTIGEN SELF- TEST KIT	49
NOVOLOG MIX 70/30 SUSP	17	OBIZUR	55	ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	49
NOVOSEVEN RT	55	OCALIVA	53	ONCASPAR	30
NP THYROID 120 TABS	85	OCTAGAM SOLN 5 GM/50ML	81	ondansetron hcl SOLN OR 4 MG/5ML	22
NP THYROID 15 TABS	85	OCTAGAM SOLN	81	ondansetron hcl TABS 4 MG, 8 MG 22	22
NP THYROID 30 TABS	85	octreotide acetate SOLN	52	ODEFSEY	34
NP THYROID 60 TABS	85	octreotide acetate SOSY	52	ODOMZO	28
NP THYROID 90 TABS	85	OFEV	84	ondansetron TBDP	22
NPLATE 250 MCG, 500 MCG	56	ofloxacin (ophth)	79	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	63
NUCALA SOAJ	9	ofloxacin (otic)	81	ONETOUCH DELICA PLUS LANCETS FINE 30G	63
NUCALA SOLR	9	ofloxacin 300 MG, 400 MG	53	ONETOUCH ULTRA 2 KIT	63
NUCALA SOSY	9	olanzapine SOLR	32	ONETOUCH ULTRA STRP	49
NULOJIX	72	olanzapine TABS	32	olanzapine TBDP	32
NUMOISYN LIQD	73	olmesartan medoxomil	25	olmesartan medoxomil-amlodipine- hydrochlorothiazide	25
NUPLAZID CAPS	31	olmesartan medoxomil- hydrochlorothiazide	25	olmesartan medoxomil- hydrochlorothiazide	25
NUPLAZID TABS 10 MG	31	olmesartan medoxomil- hydrochlorothiazide	25	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	63
NURTEC	71	olmesartan medoxomil- hydrochlorothiazide	25	ONETOUCH ULTRASOFT LANCETS	63
				ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM	

KIT	63	ORENITRAM TITRATION KIT MONTH 3 TEPK	37	oxybutynin chloride TB24	87
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD	63	ORFADIN SUSP	52	oxycodone hcl CAPS	6
ONETOUCH VERIO REFLECT KIT 63		ORIAHNN	52	oxycodone hcl CONC 100 MG/5ML	6
ONETOUCH VERIO TEST STRIPS STRP	49	ORILISSA	51	oxycodone hcl SOLN	6
ONGLYZA (Use saxagliptin hcl) ..	16	ORKAMBI PACK	84	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	6
ONPATRO	84	ORKAMBI TABS	84	oxycodone hcl TABS	6
OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	28	orphenadrine citrate TB12	75	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7
OPTICHAMBER DIAMOND DEVI .	69	orphenadrine w/ aspirin & caff	75	oxymorphone hcl TB12 15 MG	6
OPTICHAMBER DIAMOND MISC .	69	orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG	75	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG	6
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	69	ORTHOVISC	76	oyster shell	71
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	69	oseltamivir phosphate CAPS 30 MG . 35		OZEMPIC SOPN	16
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	69	oseltamivir phosphate CAPS 45 MG, 75 MG	35	OZURDEX IMPL	80
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	94	oseltamivir phosphate SUSR	35	paclitaxel protein-bound particles	.30
OPVEE NA	22	OSENI (Use alogliptin-pioglitazone) . 15		PACLITAXEL PROTEIN- BOUND PARTICLES	31
OPZELURA	46	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	paliperidone	32
ORAL RELIEF SPRAY FOR DRYMOUHT & DISCOMFORT SOLN	73	oxaprozin TABS	5	PALYNZIQ	52
ORALAIR ADULT STARTER PACK SUBL	2	OXAYDO TABS 5 MG	6	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	50
ORALAIR SUBL	2	oxazepam CAPS	9	PAMIDRONATE DISODIUM SOLN 50	
ORENITRAM TITRATION KIT MONTH 1 TEPK	37	oxcarbazepine SUSP	12	pantoprazole sodium PACK	87
ORENITRAM TITRATION KIT MONTH 2 TEPK	37	oxcarbazepine TABS	12	pantoprazole sodium TBEC 20 MG	
		OXERVATE	80	pantoprazole sodium TBEC 40 MG	
		oxiconazole nitrate CREA	43	87	
		oxybutynin chloride SOLN	87	PANZYGA	81
		oxybutynin chloride TABS 2.5 MG	.87	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	
		oxybutynin chloride TABS 5 MG ..	87	.....	39

PARI ALTERA NEBULIZER	PEDIATRIC	permethrin LIQD EX	47
HANDSET MISC	MOUTHPIECE/DISPOSABLE MISC .	permethrin LOTN	47
PARI BABY CONVERSION KITSIZE	69	perphenazine TABS	32
1 MISC	69	perphenazine-amitriptyline	83
PARI BABY CONVERSION KITSIZE	PEDIATRIC MULTIVITAMINS W/FL	PFIZER-BIONTECH COVID-	
2 MISC	CHEW-ASSORTED BRAND .....74	19VACCINE SUSP	93
PARI BABY CONVERSION KITSIZE	PEDIATRIC MULTIVITAMINS W/FL	PFIZER-BIONTECH COVID-	
3 MISC	CHEW-ASSORTED GENERIC ...74	19VACCINE/5-11Y SUSP	93
PARI ERAPID NEBULIZER	PEDIATRIC MULTIVITAMINS W/FL	PFIZER-BIONTECH COVID-	
HANDSET MISC	SOLN-ASSORTED BRAND .....74	19VACCINE/5-11Y/2023-24 SUSP	
PARI EXPIRATORY FILTER VALVE	PEDIATRIC MULTIVITAMINS W/FL	93	
SET DEVI	SOLN-ASSORTED GENERIC ....74	PFIZER-BIONTECH COVID-	
PARI MASK SET MISC	pediatric vitamins acd w/ fluoride	19VACCINE/6MO-4Y SUSP	93
PARI SOFT PLASTIC ADULT MASK	SOLN	PFIZER-BIONTECH COVID-	
MISC	PEDVAX HIB SUSP	19VACCINE/6MO-4Y/2023-24 SUSP	
PARI SOFT PLASTIC PEDIATRIC	peg 3350-kcl-sod bicarb-sod	93	
MASK MISC	chloride-sod sulfate SOLR	PFIZER-BIONTECH COVID-	
PARI VORTEX ADULT MASK	peg 3350-potassium chloride-sod	19VACCINE/ADULT RTU SUSP ..93	
paricalcitol SOLN	bicarbonate-sod chloride	PFIZER-BIONTECH COVID-	
paroxetine hcl TABS	PEGASYS SOLN	19VACCINE/BIVALENT/5-11Y ...93	
paroxetine hcl TB24	PEGASYS SOSY	PFIZER-BIONTECH COVID-	
paroxetine mesylate (vasomotor) .	pemetrexed disodium SOLR 100 MG,	19VACCINE/BIVALENT/6M-4Y ...93	
PARSABIV	500 MG	PFIZER-BIONTECH COVID-	
PAXLOVID 100 MG-150 MG	27	19VACCINE/BIVALENT/6M-4Y ...93	
pazopanib hcl	penciclovir	PFIZER-BIONTECH COVID-	
PC LANCETS SUPER THIN 30G .	penicillamine TABS	19VACCINE/BIVALENT/BA.4/BA.5	
63	penicillin v potassium SOLR	93	
PC PEDIATRIC POLY-VITAMIN	penicillin v potassium TABS	PFLEX MISC	69
DROPS SOLN OR	PERFECT LANCETS 30G	PH 12 STERILE DILUENT	
74	PENTACEL	FORFROLAN	82
PEARLS IC CAPS	pentoxifylline	PHARMACIST CHOICE	
20	PERFECT LANCETS 30G	NEBULIZER/CPAP/INHALER	
ped multivitamins w/fl & iron SOLN	perindopril erbumine	CHAMBER MASK WIPES MISC ..69	
74	PERJETA	PHARMACY COUNTER LANCETS .	
PEDIARIX SUSY	permethrin AERO	63	
86	permethrin CREA	PHEBURANE PLLT	52
	47	phenazopyridine hcl TABS 100 MG,	
	47	100 MG, 200 MG	54

phenelzine sulfate	14	pindolol TABS	36	PORTRAZZA	28
phenobarbital ELIX	57	pioglitazone hcl	17	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	72
phenobarbital TABS	57	pioglitazone hcl-glimepiride ..	15	potassium bicarbonate TBEF	72
phenylephrine hcl (mydriatic) SOLN 2.5 %	79	pioglitazone hcl-metformin hcl TABS . 15		potassium chloride CPCR 10 MEQ 72	
phenylephrine hcl (oral) TABS	76	pirfenidone CAPS	85	potassium chloride CPCR 8 MEQ .72	
phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	41	pirfenidone TABS 534 MG	85	potassium chloride microencapsulated crystals er ..	72
phenylephrine-dm SOLN	41	piroxicam CAPS	5	potassium chloride PACK OR 20 MEQ	72
phenylephrine-shark liver oil-cocoa butter	8	PLEGRIDY SOSY IM	84	potassium chloride SOLN OR 10 %, 20 %	72
phenylephrine-shark liver oil-mineral oil-petrolatum	8	plerixafor	57	potassium chloride TBCR 8 MEQ, 10 MEQ	72
phenytoin CHEW	13	PNEUMOVAX 23	88	potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG	54
phenytoin sodium extended 100 MG, 200 MG, 300 MG	13	PNEUMOVAX 23/1 DOSE	88	potassium citrate-citric acid PACK .54	
phenytoin sodium extended 200 MG, 300 MG	13	POCKET CHAMBER DEVI	69	potassium iodide (expectorant) SOLN.....41	
phenytoin SUSP	13	POCKET SPACER DEVI	69	POTELIGEO	28
PHILLIPS COLON HEALTH CAPS 20		podofilox SOLN	47	PRADAXA CAPS (Use dabigatran etexilate mesylate)	12
PHOTOFRIN	30	POLIVY 140 MG	28	PRADAXA CAPS 75 MG, 150 MG 12	
phytonadione TABS 5 MG	95	polyethylene glycol 3350 PACK ...	58	PRADAXA PACK	12
PIFELTRO	34	polyethylene glycol 3350 POWD ..	58	pralatrexate	27
PILLOW MASK/ADULT MISC	69	polymyxin b-trimethoprim	79	PRALUENT SOAJ	24
PILLOW MASK/CHILD MISC	69	polysaccharide iron complex CAPS 150 MG	57	pramipexole dihydrochloride TABS 31	
PILLOW MASK/PEDIATRIC MISC 69		polyvinyl alcohol 1.4 %	78	pramipexole dihydrochloride TB24 31	
pilocarpine hcl (oral) 5 MG	73	POLY-VI-SOL SOLN OR	74	pramoxine hcl (rectal) FOAM EX ...8	
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 79		POLY-VITA SOLN OR	74	prasugrel hcl	56
PILOT COVID-19 AT-HOME TEST KIT	49	POLY-VITA/IRON SOLN	74	pravastatin sodium	24
pimecrolimus	47	POLY-VITE PEDIATRIC SOLN OR 74			
		POMALYST	29		
		PONVORY 14-DAY STARTER PACK TBPK	84		
		PONVORY TABS	84		

prazosin hcl CAPS	25	PREMARIN TABS	52	CHAMBER ADULT MISC	70
PRECISION THINS GP LANCET	63	PREMPHASE	52	PRO COMFORT INHALER SPACER	
PRED MILD	80	PREMPRO	52	CHAMBER CHILD MISC	70
PRED-G SUSP	80	PRENATAL VITAMINS-ASSORTED BRAND	75	PRO COMFORT INHALER SPACER	
prednicarbate OINT	46	PRENATAL VITAMINS-ASSORTED GENERIC	75	CHAMBER INFANT DEVI	70
prednisolone acetate (ophth)	80	PREORBOTIC CAPS	20	PROAIR DIGIHALER	11
PREDNISOLONE ACETATE P-F	80	PREVIDENT RINSE SOLN	73	PROAIR HFA AERS (Use albuterol sulfate)	11
PREDNISOLONE SODIUM PHOSPHATE	80	PREVNAR 13	88	probenecid	54
prednisolone sodium phosphate SOLN 15 MG/5ML	41	PREVNAR 20	88	PROBINATE CAPS	20
prednisolone sodium phosphate SOLN 20 MG/5ML	41	PREVYMIS SOLN	35	PROBIO DEFENSE CAPS	20
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML	41	PREVYMIS TABS	35	PROBIOMAX COMPLETE DF CAPS	20
prednisolone SOLN	41	PREZCOBIX	34	PROBIOMAX DAILY DF CAPS	20
PREDNISONE INTENSOL CONC	41	PREZISTA SUSP	34	PROBIOMAX IG 26 DF CAPS	20
prednisone SOLN	41	PREZISTA TABS (Use darunavir)	34	PROBIOMAX LEAN DF CAPS	20
prednisone TABS	41	PREZISTA TABS 150 MG	34	PROBIOMAX SB DF CAPS	20
prednisone TBPK	41	PREZISTA TABS 75 MG, 600 MG, 800 MG	34	PROBIONEXX CAPS	20
PREFERRED PLUS LANCETS COLORED 21G	63	PRIALT	5	PROBIOTIC & ACIDOPHILUS FORMULA EXTRA STRENGTH CAPS	20
PREFERRED PLUS LANCETS SUPER THIN 30G	63	PRIMADOPHILUS BIFIDUS CPDR 20		PROBIOTIC + OMEGA-3 CAPS	20
PREFERRED PLUS LANCETS THIN 26G	63	PRIMIDAR CAPS	20	PROBIOTIC 10 ULTRA STRENGTH CAPS	20
pregabalin CAPS	12	primidone 125 MG	13	PROBIOTIC ACIDOPHILUS CAPS 20	
pregabalin SOLN	12	primidone 50 MG, 250 MG	12	PROBIOTIC BLEND CAPS	20
PREGNYL IM	51	PRIORIX SUSR	93	PROBIOTIC CAPS	20
PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM	51	PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	82	PROBIOTIC COLON SUPPORT CAPS	20
PREHEVBARIO	93	PRIVIGEN SOLN 5 GM/50ML	82	PROBIOTIC DAILY CAPS	20
PREMARIN	94	PRO COMFORT ALCOHOL PADS 66		PROBIOTIC DIGESTIVE SUPPORT CAPS	20
		PRO COMFORT INHALER SPACER			

PROBIOTIC DIGESTIVE SUPPORT EXTRA STRENGTH CAPS	21	PROCYSBI PACK	54	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	36
PROBIOTIC DIGESTIVE SUPPORT/INULIN CAPS	20	PRODIGEN CAPS	20	propranolol hcl TABS	36
PROBIOTIC MATURE ADULT CAPS	20	PRODIGY TWIST TOP LANCETS 63		propylthiouracil	85
PROBIOTIC PEARLS ADVANTAGE CAPS	20	PROFILNINE	55	PROQUAD SUSR	93
PROBIOTIC PEARLS CAPS	20	PRO-FLORA IMMUNE CAPS	20	PROTONIX PACK (Use pantoprazole sodium)	87
PROBIOTIC PEARLS CAPS	20	progesterone CAPS 100 MG	83	PROTOPIC OINT 0.03 % (Use tacrolimus (topical))	47
PROBIOTIC PEARLS MAX POTENCY CAPS	20	progesterone CAPS 200 MG	83	PROTOPIC OINT 0.1 % (Use tacrolimus (topical))	47
PROBIOTIC PEARLS WOMENS CAPS	20	PROGLYCEM (Use diazoxide) ...	16	protriptyline hcl	15
PROBIOTIC/PREBIOTIC/CRANBERRY CAPS	20	PROGRAF PACK	72	PROVENGE	28
PROBIOTIC+TURMERIC EXTRACT CAPS	20	PROGRAF SOLN	72	PROVENTIL HFA AERS (Use albuterol sulfate)	11
PROBIOTIC-10 ULTIMATE CAPS 20		PROLASTIN-C SOLR	84	pseudoephedrine hcl TABS	76
PROBITROL CAPS	20	PROLEUKIN	30	pseudoephedrine hcl TB12	76
PROBIZEN CAPS	20	PROLIA SOSY	50	pseudoephedrine-ibuprofen TABS 41	
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	70	PROMACTA PACK 12.5 MG	56	PSS SELECT GP LANCETS	63
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	70	PROMACTA TABS	56	PSS SELECT SAFETY LANCETS 63	
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	70	PROMELLA IN PREBIOTIC CAPS 20		psyllium CAPS 0.52 GM	58
prochlorperazine	32	PROMEROL CAPS	20	psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 58.6 %, 100 % .58	
prochlorperazine edisylate 10 MG/2ML	32	promethazine & phenylephrine SYRP	41	PULMICORT FLEXHALER AEPB .10	
prochlorperazine maleate TABS ..	32	promethazine hcl SOLN 6.25 MG/5ML	23	PULMOZYME	84
PROCRIT	56	promethazine hcl SUPP	23	PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI 70	
PROCTOCORT EX (Use hydrocortisone (rectal))	8	promethazine hcl SYRP	23	PURIXAN SUSP	27
PROCYSBI CPDR	54	promethazine hcl TABS	23	PX LANCETS MICROTHIN 33G ..	63
		promethazine w/codeine SOLN ..	41	PX LANCETS ULTRA THIN	63
		promethazine w/codeine SYRP ..	41	pyrantel pamoate SUSP 144 MG/ML	
		PRONEB ULTRA FILTER SET MISC	70		
		propafenone hcl TABS	9		
		propranolol hcl CP24	36		

8	quinapril hcl	25	ramipril CAPS	25	
pyrazinamide	27	quinapril-hydrochlorothiazide 12.5 MG-10 MG	25	ranitidine hcl TABS 75 MG, 150 MG ..	
pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-0.3 %-1.2 %	47	quinapril-hydrochlorothiazide 12.5 MG-20 MG	25	86	
pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %	47	quinapril-hydrochlorothiazide 25 MG-20 MG	25	ranolazine TB12	8
pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %-0.5 %	47	quinidine gluconate TBCR	9	RAPAFLO 4 MG (Use silodosin) ..	54
pyridostigmine bromide TABS 60 MG	27	quinidine sulfate TABS	9	RAPID RESPONSE COVID-19 ..	49
pyridostigmine bromide TBCR	27	QULIPTA	71	RAPID SARS-COV-2 ANTIGENTEST CARD KIT	49
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	95	QUVIVIQ	58	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3
pyrimethamine	26	RA ALCOHOL SWABS	66	RAVICTI	52
QC ALCOHOL SWABS	66	RA ARTHRITIS PAIN RELIEF CREA 47		REALITY LANCETS	63
QC LANCETS SUPER THIN	63	RA DRY MOUTH SOLN	73	REALITY SWABS	66
QC LANCETS ULTRA THIN	63	RA E-ZJECT LANCETS 28G	63	REBINYN	55
QC UNILET LANCETS 28G/ULTRA THIN	63	RA E-ZJECT LANCETS THIN 26G 63		RECOMBINATE SOLR	55
QC UNILET LANCETS 33G/MICRO THIN	63	RA E-ZJECT LANCETS THIN 28G 63		RECOMBIVAX HB SUSP	93
QDOLO SOLN (Use tramadol hcl) ..	6	RA E-ZJECT LANCETS ULTRATHIN 30G	63	RECOMBIVAX HB SUSY	93
QELBREE	1	RA PROBIOTIC COLON CARE CAPS	20	RELEUKO SOLN	56
QUAD-PROBIOTIC CAPS	20	RA PROBIOTIC COMPLEX CAPS 20		RELEUKO SOSY	56
QUADRACEL SUSP	86	RA PROBIOTIC DIGESTIVE SUPPORT CAPS	21	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2
QUADRACEL SUSY	86	RA PROBIOTIC MAXIMUM STRENGTH CAPS	21	RELEXXII TBCR 45 MG, 63 MG ..	2
quetiapine fumarate TABS	32	RABAVERT	93	RELION ALCOHOL SWABS	66
quetiapine fumarate TB24	32	rabeprazole sodium TBEC	87	RELION KETONE TEST STRIPS STRP	49
QUICKVUE AT-HOME COVID-19 TEST KIT	49	raloxifene hcl	51	RELION LANCETS MICRO-THIN33G	63
QUICKVUE SARS ANTIGEN TEST ..	49	ramelteon	58	RELION LANCETS THIN 26G	63
				RELION LANCETS ULTRA-THIN30G	64

RELION ULTRA THIN LANCETS/30G	64	REVLIMID	72	risperidone TABS	32
RELION ULTRA THIN LANCETS30G	64	REXALL LANCETS ULTRA THIN	64	risperidone TBDP	32
RELION ULTRA THIN PLUS LANCETS 32G	64	REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	34	RITEFLO DEVI	70
RELION ULTRA THIN PLUS LANCETS 33G	64	REYATAZ PACK	34	ritonavir TABS	34
REMODULIN SOLN IJ	37	REZVOGLAR KWIKPEN	17	RITUXAN	28
RENAGEL (Use sevelamer hcl) ..	53	RHOGAM ULTRA-FILTERED PLUS SOSY IM	82	rivastigmine 13.3 MG/24HR	83
RENVELA TABS (Use sevelamer carbonate)	53	RHOPHYLAC SOSY IJ	82	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	83
repaglinide	17	RIASTAP	55	rivastigmine tartrate CAPS	83
REPATHA SOSY	24	ribavirin (hepatitis c) CAPS	35	RIXUBIS SOLR	55
REPATHA SURECLICK SOAJ	24	ribavirin (hepatitis c) TABS 200 MG	35	rizatriptan benzoate TABS	71
REPLACEMENT AIR FILTER MISC ..	70	riboflavin TABS	95	rizatriptan benzoate TBDP	71
REPLACEMENT FILTERS MISC ..	70	RID ESSENTIAL LICE ELIMINATION KIT KIT EX	48	ROCKLATAN	80
RESTASIS EMUL (Use cyclosporine (ophth))	80	rifampin CAPS	27	ROCTAVIAN	55
RESTASIS MULTIDOSE EMUL	80	RIGHTEST GL300 LANCETS	64	ROLVEDON	56
RESTORA CAPS	21	riluzole TABS	76	romidepsin SOLR	29
RETACRIT	56	rimantadine hydrochloride TABS	35	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	31
RETIN-A CREA (Use tretinoin)	42	RINVOQ	3	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	31
RETIN-A GEL 0.01 % (Use tretinoin)	42	RISAQUAD CAPS	21	ropinirole hydrochloride TB24	31
RETIN-A GEL 0.025 % (Use tretinoin)	42	RISAQUAD-2 CAPS	21	rosuvastatin calcium TABS	24
RETISERT	80	risedronate sodium TABS 150 MG	50	ROTARIX SUSP	93
RETROVIR CAPS (Use zidovudine) ..	34	risedronate sodium TABS 35 MG	50	ROTARIX SUSR	93
RETROVIR SYRP (Use zidovudine) ..	34	risedronate sodium TABS 5 MG, 30 MG	50	ROTATEQ SOLN	93
REVCOVI	52	risedronate sodium TBEC	51	RUBRACA	30
		RISPERDAL CONSTA (Use risperidone microspheres)	32	RUCONEST	55
		risperidone microspheres	32	rufinamide SUSP	13
		risperidone SOLN	32	RUKOBIA	34
				RYALTRIS	76
				SABRIL PACK (Use vigabatrin) ..	13

SABRIL TABS (Use vigabatrin)	13	SELZENTRY SOLN	34	SIGNIFOR LAR	52
salicylic acid GEL 6 %	47	SELZENTRY TABS 25 MG, 75 MG 34		SIKLOS TABS	56
saline SOLN	76			sildenafil citrate (pulmonary hypertension) SOLN	37
salsalate	5	SEMGLEE SOLN	17	sildenafil citrate (pulmonary hypertension) SUSR	37
SAMI THE SEAL		SEMGLEE SOPN	17	sildenafil citrate (pulmonary hypertension) TABS	37
REPLACEMENTFILTERS MISC ..	70	sennosides TABS 8.6 MG	58	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	70
SANDIMMUNE CAPS (Use cyclosporine)	72	sennosides-docusate sodium TABS 58		SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	70
SANDIMMUNE SOLN OR	72	SEREVENT DISKUS	11	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	70
SANDOSTATIN LAR DEPOT KIT .	52	sertraline hcl CONC	14	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	70
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT .	93	sertraline hcl TABS	14	SILICONE MASK FOR BREATHRITE CHAMBER/INFANT MISC	70
sapropterin dihydrochloride PACK	52	SERTRALINE HYDROCHLORIDE CAPS	14	SILICONE MASK FOR BREATHRITE CHAMBER/PEDIATRIC MISC	70
sapropterin dihydrochloride TABS	52	sevelamer carbonate PACK	53	SILICONE MASK FOR BREATHRITE CHAMBER/PEDIATRIC MISC	70
SAVELLA TABS	83	sevelamer carbonate TABS	54	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	70
SAVELLA TITRATION PACK MISC	83	sevelamer hcl	54	SILICONE MASK FOR BREATHRITE CHAMBER/INFANT MISC	70
saxagliptin hcl	16	SEVENFACT	55	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	70
saxagliptin-metformin hcl	15	SHOPKO UNILET LANCETS SUPER THIN 30G	64	silodosin	54
SAXENDA	1	SHOPKO UNILET LANCETS ULTRA THIN 28G	64	silver sulfadiazine	44
SB ALCOHOL PREP PADS	66	SIDESTREAM ADULT FACE MASK MISC	70	SIMBRINZA	79
SB LANCETS THIN	64	SIDESTREAM PEDIATRIC FACEMASK MISC	70	simethicone CHEW 80 MG	53
SB LANCETS ULTRA THIN	64	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC .		simethicone LIQD OR 20 MG/0.3ML .	53
SCHOOLTIME SHAMPOO SHAM	48			simethicone SUSP	53
SD PROBIOTIC-10 COMPLEXULTRA CAPS	21	70		SIMPLYTHICK	82
selegiline hcl CAPS	31	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	70	SIMPLYTHICK EASY MIX	82
selegiline hcl TABS	31	SIDESTREAM PLUS ADULT FACE MASK MISC	70	SIMPLYTHICK EASYMIX	82
selenium sulfide LOTN 1 %	44			simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	24
selenium sulfide LOTN 2.5 %	44			simvastatin TABS 80 MG	24
selenium sulfide SHAM 1 %	44	SIGNIFOR	52	sirolimus SOLN	72

sirolimus TABS	72	sodium fluoride (dental) CREA	73	SOOTHENE NBL100 ADULT MASK MISC	70
SIVEXTRO TABS	26	sodium fluoride (dental) GEL	73	sorafenib tosylate	30
SKYLA	40	sodium fluoride (dental) SOLN 0.2 %	73	SORBITOL OR 70 %	58
SKYRIZI PEN SOAJ	43	sodium fluoride CHEW 0.25 MG, 0.5		SORILUX FOAM	43
SKYRIZI SOCT	53	MG, 1 MG, 2.2 MG	71	sotalol hcl (afib/afl)	36
SKYRIZI SOLN	53	sodium fluoride SOLN 0.125		sotalol hcl TABS 240 MG	36
SKYRIZI SOSY	43	MG/DROP, 0.5 MG/ML	71	sotalol hcl TABS 80 MG, 120 MG,	
SKYSONA	83	SODIUM OXYBATE SOLN	83	160 MG	36
SKYTROFA	51	sodium phenylbutyrate POWD	52	SOTYKTU	44
SM ACIDOPHILUS PEARLS CAPS		sodium phenylbutyrate TABS	52	SOVALDI PACK	35
21		sodium phosphates ENEM	58	SOVALDI TABS	35
SM ADVANCED PROBIOTIC ULTRA		sodium polystyrene sulfonate POWD		SPEEDY SWAB RAPID COVID-19	
POTENCY CAPS	21	73		ANTIGEN SELF-TEST KIT	49
SM ALCOHOL PREP PADS	66	sodium polystyrene sulfonate SUSP		SPEVIGO	44
SM GLUCOSE CHEW	16	OR 15 GM/60ML	73	SPIKEVAX COVID-19 VACCINE	
SM IPECAC SYRUP	22	SOFIA SARS ANTIGEN FIA	49	SUSP	94
SM MICRO THIN LANCETS 33G	.64	SOFIA2 SARS ANTIGEN FIA	49	SPIKEVAX COVID-19	
SMART SENSE COLOR LANCETS		SOFOSBUVIR/VELPATASVIR TABS		VACCINE/2023-24 SUSP	94
UNIVERSAL 33G .....	.64	.....	35	SPIKEVAX COVID-19	
SMART SENSE STANDARD		SOGROYA	51	VACCINE/2023-24 SUSY	94
LANCETS UNIVERSAL 21G .....	.64	SOHONOS 5 MG	75	spinosad	48
SMART SENSE SUPER THIN		SOLESTA	72	SPINRAZA	77
LANCETS UNIVERSAL 30G .....	.64	solifenacin succinate TABS	87	SPIRIVA HANDIHALER CAPS (Use	
SMART SENSE THIN		SOLIRIS	55	tiotropium bromide monohydrate) .	10
LANCETSUNIVERSAL 26G .....	.64	SOMATULINE DEPOT	52	spironolactone & hydrochlorothiazide	
SOAANZ TABS 20 MG	50	SOMAVERT	51	.....	50
sodium bicarbonate (antacid) TABS		SOOTHENE NBL 100 CHILD		spironolactone TABS	50
325 MG, 650 MG	8	MASK MISC	70	SPRYCEL	30
sodium chloride (gu irrigant) 0.9 %	54	SOOTHENE NBL 100		STAMARIL SUSR	94
sodium chloride (inhalant) AERS ..	41	MEDICATION CUP MISC	70	stannous fluoride CONC	73
sodium chloride (inhalant) NEBU 0.9		SOOTHENE NBL 100 MESH CAP		stavudine CAPS	34
% , 7 %	41	MISC	70	STERILANCE TL	64
sodium citrate & citric acid	54				

STIMATE SOLN NA	52	SOLN	80	SUSTIVA CAPS 50 MG (Use efavirenz)	34
STIMUFEND	56	sulfamethoxazole-trimethoprim SUSP	26	SUSTIVA TABS (Use efavirenz) ..	34
STIOLTO RESPIMAT	11	sulfamethoxazole-trimethoprim TABS	26	SYLVANT	73
STIVARGA	30	sulfasalazine TABS	53	SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	11
STRENSIQ	52	sulfasalazine TBEC	53	SYMDEKO	84
STRIBILD	34	sulindac TABS	5	SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	34
SUBLOCADE SOSY	7	sumatriptan	71	SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	34
SUBOXONE FILM SL 0.5 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	7	sumatriptan succinate SOAJ 4 MG/0.5ML	71	SYMTUZA	34
SUBOXONE FILM SL 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	7	sumatriptan succinate SOAJ 6 MG/0.5ML	71	SYNAGIS SOLN	82
SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	7	sumatriptan succinate SOCT 4 MG/0.5ML	71	SYNAREL	51
SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	7	sumatriptan succinate SOCT 6 MG/0.5ML	71	SYNOJOYNT SOSY	76
SUCRAID	49	sumatriptan succinate SOLN 6 MG/0.5ML	71	SYNRIBO	30
sucralfate SUSP	86	sumatriptan succinate TABS	71	SYNTHROID TABS (Use levothyroxine sodium)	85
sucralfate TABS	86	sumatriptan-naproxen sodium	71	SYNVISC ONE SOSY	76
SUDAFED CHILDRENS LIQD	76	sunitinib malate	30	SYNVISC SOSY	76
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	76	SUNLENCA TBPK	34	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	74
sulfacetamide sodium (acne)	42	SUPARTZ FX SOSY	76	TABLOID	27
sulfacetamide sodium (ophth) SOLN ..	79	SUPER PROBIOTIC CAPS	21	TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	46
sulfacetamide sodium LIQD	44	SUPER PROBIOTIC DIGESTIVE SUPPORT CAPS	21	tacrolimus (topical) OINT 0.03 % ..	47
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	42	SUPER THIN LANCETS	64	tacrolimus (topical) OINT 0.1 % ..	47
sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	42	SUPERIOR PROBIOTIC CAPS ..	21	tacrolimus CAPS	72
sulfacetamide sod-prednisolone		SUPPRELIN LA	51	tadalafil (pulmonary hypertension) TABS	37
		SURELITE LANCETS	64	TADLIQ SUSP	37
		SUSTIVA CAPS 200 MG (Use efavirenz)	34		

TAFINLAR CAPS	30	terazosin hcl	25	400 MG	11
TAGRISSO	28	terbinafine hcl (topical) CREA	43	theophylline ELIX	11
TAKHYRO SOLN	55	terbinafine hcl TABS	22	theophylline SOLN	11
TALZENNA 0.25 MG, 1 MG	30	terbutaline sulfate TABS	11	theophylline TB12 100 MG, 200 MG, 300 MG	11
tamoxifen citrate TABS	29	terconazole vaginal CREA 0.4 % ..	94	theophylline TB12 450 MG	11
tamsulosin hcl	54	terconazole vaginal CREA 0.8 % ..	94	theophylline TB24	11
TASCENO ODT	84	terconazole vaginal SUPP	94	thiamine hcl TABS	95
TASIGNA	30	teriparatide (recombinant) SOPN ..	51	thiamine mononitrate TABS	95
tasimelteon CAPS	58	TESTOPEL PLLT	7	THINLETS GP LANCETS	64
TAVALISSE	55	testosterone cypionate SOLN IM 200 MG/ML	7	thioridazine hcl	32
tazarotene CREA	44	testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	8	thiothixene	32
TDVAX SUSP	86	testosterone GEL TD 1 %	8	THRESHOLD IMT MISC	70
TECENTRIQ	28	testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM	8	THROMBATE III	55
TECHLITE AST LANCETS	64	testosterone SOLN	8	THROMBATE III W/10 ML STERILE WATER	55
TECHLITE LANCETS	64	TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT SUSP	86	THROMBATE III W/20 ML STERILE WATER	55
TECHLITE LANCETS 30G	64	tetrabenazine	83	THYMOGLOBULIN	72
TEGLUTIK SUSP 50 MG/10ML ..	76	tetracaine hcl (ophth)	80	THYROGEN 0.9 MG	48
TEGRETOL-XR TB12 (Use carbamazepine)	13	tetrahydrozoline hcl (ophth) 0.05 %	79	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	85
TEGSEDI	84	TEZSPIRE SOAJ	9	tiagabine hcl 12 MG, 16 MG	13
telmisartan	25	TEZSPIRE SOSY	9	tiagabine hcl 2 MG, 4 MG	13
telmisartan-amlodipine	25	TGT LANCET MICRO THIN 33G ..	64	TIBSOVO	30
telmisartan-hydrochlorothiazide ..	26	TGT LANCET THIN 26G	64	TICOVAC	94
temazepam 15 MG, 30 MG	57	TGT LANCET ULTRA THIN 30G ..	64	TIGLUTIK SUSP	76
temazepam 7.5 MG, 22.5 MG	58	THALOMID	72	timolol maleate (ophth) SOLG 0.25 %	78
TEMODAR SOLR	27	THEO-24 CP24 100 MG	11	timolol maleate (ophth) SOLN 0.5 % .	78
temozolomide CAPS	27	THEO-24 CP24 200 MG, 300 MG,		timolol maleate (ophth) SOLN	78
temsirolimus	30				
TENIVAC INJ	86				
tenofovir disoproxil fumarate TABS					

timolol maleate TABS	36	THINLANCETS 28G	64	SOLN (Use tramadol hcl)	6
TIMOLOL/BRIMONIDE/DORZOLAMI DE	78	tolmetin sodium CAPS	5	tramadol-acetaminophen	7
TIMOPTIC-XE SOLG 0.25 % (Use timolol maleate (ophth))	78	tolmetin sodium TABS 600 MG	5	trandolapril 1 MG, 2 MG	25
tioconazole vaginal 6.5 %	94	tolnaftate CREA	43	trandolapril 4 MG	25
tiopronin TABS	54	tolterodine tartrate CP24	87	trandolapril-verapamil hcl	26
tiotropium bromide monohydrate CAPS	10	tolterodine tartrate TABS	87	tranexamic acid TABS	57
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (Use levothyroxine sodium)	85	tolvaptan TABS	52	tranylcypromine sulfate	14
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	85	TOPAMAX SPRINKLE CPSP (Use topiramate)	13	TRAVATAN Z SOLN (Use travoprost)	81
TIVICAY PD TBSO	34	topiramate CPSP	13	travoprost SOLN	81
TIVICAY TABS	34	topiramate TABS 25 MG	13	trazodone hcl TABS 300 MG	14
tizanidine hcl CAPS	75	topiramate TABS 50 MG, 100 MG, 200 MG	13	trazodone hcl TABS 50 MG, 100 MG, 150 MG	14
tizanidine hcl TABS	75	topotecan hcl SOLN	31	TRECATOR	27
TOBI NEBU (Use tobramycin)	2	TOPOTECAN HCL SOLN	31	TRELSTAR MIXJECT	29
TOBRADEX OINT	80	topotecan hcl SOLR	31	treprostинil SOLN IJ	37
tobramycin (ophth) SOLN	79	toremifene citrate	29	tretinoin (chemotherapy)	30
tobramycin NEBU	2	torsemide TABS 20 MG	50	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	42
tobramycin sulfate SOLN IJ	2	torsemide TABS 5 MG, 10 MG, 100 MG	50	tretinoin CREA 0.025 %	42
TOBREX OINT	79	TOTECT	30	tretinoin GEL 0.01 %	42
TODAYS HEALTH SUPER THINLANCETS 30G	64	TOVIAZ (Use fesoterodine fumarate)	87	tretinoin GEL 0.025 %	42
TODAYS HEALTH ULTRA		TPOXX CAPS	35	tretinoin GEL 0.05 %	42
		TRADJENTA	16	tretinoin microsphere	42
		tramadol hcl CP24 100 MG, 200 MG, 300 MG	6	TRETEN	55
		tramadol hcl SOLN	6	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	27
		tramadol hcl TABS 100 MG	6	triamcinolone acetonide (mouth) ..	73
		tramadol hcl TABS 50 MG	6	triamcinolone acetonide (topical)	
		tramadol hcl TB24	6	AERS	46
		TRAMADOL HYDROCHLORIDE		triamcinolone acetonide (topical) CREA 0.025 %	46

triamcinolone acetonide (topical) CREA 0.1 %	46	tropicamide SOLN 0.5 %	79	UDENYCA SOAJ	56
triamcinolone acetonide (topical) CREA 0.5 %	46	tropicamide SOLN 1 %	79	UDENYCA SOSY	56
triamcinolone acetonide (topical) LOTN	46	trospium chloride CP24	87	ULTILET CLASSIC LANCETS ..	65
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	46	trospium chloride TABS	87	ULTRAFLORA IMMUNE HEALTH CAPS	21
triamcinolone acetonide (topical) OINT 0.05 %	46	TRUBIOTICS CAPS	21	UNILET COMFORTOUCH LANCET 65	
triamcinolone acetonide (topical) OINT 0.5 %	46	TRUBIOTICS DIGESTIVE + IMMUNE HEALTH CAPS	21	UNILET EXCELITE	65
triamcinolone acetonide (topical) TRUEPLUS GLUCOSE CHEW	16	TRUEPLUS GLUCOSE ON THE GO CHEW	16	UNILET EXCELITE II	65
triamcinolone acetonide-dimethicone- silicone	46	TRUEPLUS LANCETS 26G	64	UNILET G.P. LANCET	65
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	50	TRUEPLUS LANCETS 28G	64	UNILET G.P. SUPERLITE LANCET ..	65
triamterene & hydrochlorothiazide TABS	50	TRUEPLUS LANCETS 28G SUPER THIN	64	UNILET GP 28 ULTRA THIN	65
triazolam	58	TRUEPLUS LANCETS 30G	64	UNILET LANCET	65
trientine hcl 250 MG	72	TRUEPLUS LANCETS 30G ULTRA THIN	65	UNILET LANCETS MICRO-THIN33G	65
trifluoperazine hcl TABS	32	TRUEPLUS LANCETS 33G	65	UNILET LANCETS SUPER- THIN30G	65
trihexyphenidyl hcl SOLN	31	TRULICITY	16	UNILET LANCETS ULTRA-THIN 28G	65
trihexyphenidyl hcl TABS	31	TRUMENBA	88	UNILET SUPERLITE LANCET ..	65
TRIKAFTA TBPK 100 MG-50 MG ..	84	TRUVADA (Use emtricitabine- tenofovir disoproxil fumarate) ..	34	UNITUXIN	28
TRILEPTAL SUSP (Use oxcarbazepine)	13	TUBING/WING TIP MISC	70	UNIVERSAL 1 LANCETS THIN26G ..	65
TRILURON SOSY	76	TWINRIX SUSY	94	UNIVERSAL 1 LANCETS ULTRA THIN 30G	65
trimethoprim TABS	26	TYBLUME CHEW	39	TYBOST	34
trimipramine maleate CAPS	15	TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW		TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW	65
TRIUMEQ PD TBSO	34	(Use acetaminophen)	5	UP4 PROBIOTICS ADULT CAPS ..	21
TRIUMEQ TABS	34	TYPHIM VI SOLN	88	UP4 PROBIOTICS MENS CAPS ..	21
TRIVISC SOSY	76	TYPHIM VI SOSY	88	UP4 PROBIOTICS ULTRA CAPS ..	21
TRIZIVIR	34	UBRELVY	71	UP4 PROBIOTICS WOMENS CAPS ..	21

urea CREA 40 %	46	MG	26	MG, 180 MG, 200 MG, 240 MG ...	36
urea LOTN 40 %	46	vancomycin hcl SOLR IV 500 MG .	26	verapamil hcl CP24 300 MG	36
ursodiol CAPS	53	vancomycin hcl SOLR OR 25 MG/ML		verapamil hcl CP24 360 MG	36
ursodiol TABS 250 MG	53	.....	26	verapamil hcl TABS	36
UZEDY SUSY	32	VANDAZOLE	94	verapamil hcl TBCR	36
valacyclovir hcl 1 GM, 1000 MG ..	35	VAQTA	94	VERAPAMIL HYDROCHLORIDE ER	
valacyclovir hcl 500 MG	35	varenicline tartrate TABS	84	CP24 (Use verapamil hcl)	36
valganciclovir hcl TABS	35	varenicline tartrate TBPK	84	VERELAN PM CP24 100 MG, 200	
valproate sodium SOLN OR 250		VARIVAX INJ	94	MG (Use verapamil hcl)	36
MG/5ML	13	VAXCHORA	88	VERELAN PM CP24 300 MG (Use	
valproic acid CAPS	13	VAXELIS SUSP	86	verapamil hcl)	36
valrubicin	29	VAXELIS SUSY	86	VESICARE LS SUSP	87
valsartan SOLN	25	VAXNEUVANCE	88	VH ESSENTIALS OPTIBALANCE	
valsartan TABS	25	VCF VAGINAL CONTRACEPTIVE		PROBIOTIC MAINTENACE PACK	
valsartan-hydrochlorothiazide ..	26	FILM FILM	94	CAPS	21
VALTOCO 10 MG DOSE LIQD ..	12	VCF VAGINAL		VIACTIV DIGESTIVE HEALTH	
VALTOCO 15 MG DOSE LQPK ..	12	CONTRACEPTIVEGEL GEL	94	CHEW	21
VALTOCO 20 MG DOSE LQPK ..	12	VECAMYL	26	VICTOZA	16
VALTOCO 5 MG DOSE LIQD ..	12	VECTIBIX 100 MG/5ML, 400		VIDA MIA UNILET LANCETS	
VALUE PLUS LANCETS		MG/20ML	28	SUPER THIN 30G	65
STANDARD 21G	65	VENCLEXTA STARTING PACK		VIDA MIA UNILET LANCETS ULTRA	
VALUE PLUS LANCETS		TBPK	28	THIN 28G	65
SUPERTHIN 30G	65	VENCLEXTA TABS	28	VIEKIRA PAK TBPK	35
VALUE PLUS LANCETS THIN 26G ..	65	VENLAFAXINE BESYLATE ER ..	14	vigabatrin PACK	13
VALUMARK LANCET SUPER THIN		venlafaxine hcl CP24 150 MG ..	14	vigabatrin TABS	13
30G	65	venlafaxine hcl CP24 37.5 MG ..	14	VIJOICE	73
VALUMARK LANCET ULTRA THIN		venlafaxine hcl CP24 75 MG ..	14	VIMIZIM	52
28G	65	venlafaxine hcl TABS	14	vincristine sulfate	31
vancomycin hcl CAPS 125 MG ..	26	venlafaxine hcl TB24	15	VIRACEPT TABS 250 MG	34
vancomycin hcl CAPS 250 MG ..	26	VENTOLIN HFA AERS (Use		VIRACEPT TABS 625 MG	34
vancomycin hcl SOLR IV 1 GM, 1000		albuterol sulfate)	11	VIRAMUNE XR TB24 400 MG (Use	
		verapamil hcl CP24 100 MG, 120		nevirapine)	34
				VIREAD POWD	34

VIREAD TABS (Use tenofovir disoproxil fumarate)	34	VORTEX VALVED HOLDING CHAMBER DEVI	71	UNIT/4.4ML, 15000 UNIT/13ML	82
VIREAD TABS	34	VOSEVI	35	WOMENS 50 BILLION CAPS	21
VISBIOME PROBIOTIC HIGH POTENCY CAPS	21	VOTRIENT	30	XACIATO GEL	94
VISCO-3 SOSY	76	VPRIIV	56	XALKORI CAPS	30
VISTOGARD	22	VSL#3 CAPS	21	XARELTO STARTER PACK TBPK 11	
VISUDYNE	80	VTAMA	44	XARELTO SUSR	11
VITAMIN D3 LIQD OR 5000 UNIT/ML	95	VYNDAMAX	37	XARELTO TABS 10 MG, 20 MG	11
VITAMIN E CAPS 200 UNIT	95	VYNDAQEL	37	XARELTO TABS 15 MG	11
vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT	95	VYVANSE CAPS	1	XARELTO TABS 2.5 MG	11
VITAMIN E CHEW	95	VYVANSE CHEW	1	XCOPRI TBPK	13
vitamins w/ lipotropics CAPS	75	WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	65	XELJANZ SOLN	3
VITRAKVI CAPS	30	WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	65	XELSTRYM	1
VITRAKVI SOLN	30	WALGREENS GLUCOSE CHEW .16	16	XEOMIN	77
VIVIMUSTA SOLN	27	WALGREENS THIN LANCETS ..	65	XGEVA SOLN	51
VIVITROL	22	warfarin sodium TABS	11	XIAFLEX	72
VIVOTIF	88	WEBCOL ALCOHOL PREP LARGE 1 PLY	66	XiIDRA	80
VIZIMPRO	28	WEBCOL ALCOHOL PREP LARGE 2 PLY	66	XOFLUZA	35
VOCABRIA	34	WEBCOL ALCOHOL PREP MEDIUM 2 PLY	66	XOLAIR SOLR	9
VOGELXO PUMP GEL TD (Use testosterone)	8	WEBCOL ALCOHOL PREP MEDIUM 2 PLY	66	XOLAIR SOSY	9
VONVENDI	55	WEGOVY	1	XOPENEX HFA (Use levalbuterol tartrate)	11
VORAXAZE	30	WELLPRO 31 CAPS	21	XOSPATA	30
VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	70	white petrolatum-mineral oil	78	XPERT XPRESS SARS-COV-2 ..	49
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	70	WILATE KIT	55	XTANDI CAPS	29
		WINDMILL TRAINER MISC	71	XYBIOTIC CAPS	21
		WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000		XYNTHA	55
		UNIT/4.4ML, 15000 UNIT/13ML		XYNTHA SOLOFUSE	55
				XYREM SOLN	83

YERVOY	28	ZEPOSIA STARTER KIT CPPK	84	ZOLGENSMA 14.6-15.0 KG	78
YESCARTA	28	ZEVALIN Y-90	28	ZOLGENSMA 15.1-15.5 KG	78
YF-VAX INJ	94	ZIAGEN SOLN (Use abacavir sulfate)	34	ZOLGENSMA 15.6-16.0 KG	78
YONDELIS	27	ZIAGEN TABS (Use abacavir sulfate)	34	ZOLGENSMA 16.1-16.5 KG	78
YOSPRALA 81 MG-40 MG	56	zidovudine CAPS	34	ZOLGENSMA 16.6-17.0 KG	78
YUFLYMA 1-PEN KIT AJKT	4	zidovudine SYRP	34	ZOLGENSMA 17.1-17.5 KG	78
YUFLYMA 2-PEN KIT AJKT	4	zidovudine TABS	34	ZOLGENSMA 17.6-18.0 KG	78
YUFLYMA 2-SYRINGE KIT PSKT	.4	ZIEXTENZO	56	ZOLGENSMA 18.1-18.5 KG	78
YUFLYMA AJKT	4	zileuton TB12	10	ZOLGENSMA 18.6-19.0 KG	78
YUFLYMA CD/UC/HS STARTER AJKT	.4	ZILRETTA SRER	41	ZOLGENSMA 19.1-19.5 KG	78
YUSIMRY	4	ZIMHI SOSY	22	ZOLGENSMA 19.6-20.0 KG	78
YUTIQ	80	zinc oxide (topical) OINT 20 %	47	ZOLGENSMA 2.6-3.0 KG	78
zaflurkast	10	zinc sulfate CAPS	72	ZOLGENSMA 20.1-20.5 KG	78
zaleplon	.58	ZINPLAVA	82	ZOLGENSMA 20.6-21.0 KG	78
ZALTRAP	.28	ziprasidone hcl	31	ZOLGENSMA 3.1-3.5 KG	78
ZARXIO	.56	ziprasidone mesylate	31	ZOLGENSMA 3.6-4.0 KG	78
ZAVZPRET	.71	ZOLADEX	29	ZOLGENSMA 4.1-4.5 KG	78
ZEGALOGUE SOAJ	.16	zoledronic acid CONC	51	ZOLGENSMA 4.6-5.0 KG	78
ZEGALOGUE SOSY	.16	zoledronic acid SOLN	51	ZOLGENSMA 5.1-5.5 KG	78
ZELAC CAPS	.21	ZOLEDRONIC ACID SOLN	51	ZOLGENSMA 5.6-6.0 KG	78
ZELBORA F	.30	ZOLGENSMA 10.1-10.5 KG	77	ZOLGENSMA 6.1-6.5 KG	78
ZEMAIRA SOLR 1000 MG	.84	ZOLGENSMA 10.6-11.0 KG	77	ZOLGENSMA 6.6-7.0 KG	78
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	.50	ZOLGENSMA 11.1-11.5 KG	77	ZOLGENSMA 7.1-7.5 KG	78
ZEPATIER	.35	ZOLGENSMA 11.6-12.0 KG	77	ZOLGENSMA 7.6-8.0 KG	78
		ZOLGENSMA 12.1-12.5 KG	77	ZOLGENSMA 8.1-8.5 KG	78
		ZOLGENSMA 12.6-13.0 KG	77	ZOLGENSMA 8.6-9.0 KG	78
		ZOLGENSMA 13.1-13.5 KG	77	ZOLGENSMA 9.1-9.5 KG	78
		ZOLGENSMA 13.6-14.0 KG	77	ZOLGENSMA 9.6-10.0 KG	78
		ZOLGENSMA 14.1-14.5 KG	78	ZOLINZA	30
				zolmitriptan SOLN 2.5 MG	71

zolmitriptan TABS	71
zolmitriptan TBDP	71
ZOLPIDEM TARTRATE CAPS	58
zolpidem tartrate SUBL	58
zolpidem tartrate TABS	58
zolpidem tartrate TBCR	58
ZOMIG SOLN 2.5 MG	71
ZONISADE SUSP	13
zonisamide CAPS	13
ZORYVE	44
ZOVIRAX CREA (Use acyclovir topical)	44
ZOVIRAX OINT (Use acyclovir topical)	44
ZTALMY	13
ZUBSOLV SUBL 0.18 MG-0.7 MG .	7
ZUBSOLV SUBL 0.36 MG-1.4 MG .	7
ZUBSOLV SUBL 0.71 MG-2.9 MG .	7
ZUBSOLV SUBL 1.4 MG-5.7 MG ...	7
ZUBSOLV SUBL 2.1 MG-8.6 MG ...	7
ZUBSOLV SUBL 2.9 MG-11.4 MG .	7
ZULRESSO	14
ZYDELIG	30
ZYKADIA TABS	30
ZYNTEGLO	56
ZYPREXA RELPREVV	32