

Comprehensive Drug List

The Absolute Total Care Comprehensive Drug List (CDL) lists drugs covered by your prescription benefit. The CDL is updated often and may change. For more information, you may view the latest CDL on our website at absolutetotalcare.com or call us at 1-866-433-6041 (TTY: 711).

Comprehensive Drug List Medication Locator Instructions:

1. With the PDF open, click on the Edit menu, then click Find.
2. In the Find box type the name of the medicine you want to locate.
3. Click the Next button until you find the medicine(s) you are looking for.

Notice of Non-Discrimination

Absolute Total Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Absolute Total Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Absolute Total Care:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages
- If you need these services, contact Member Services, by mail at: 100 Center Point Circle, Suite 100, Columbia, SC 29210; by phone at: 1-866-433-6041 (TTY: 711); or by email at: ATCMBRSVC@centene.com.

If you believe that **Absolute Total Care** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

1557 Coordinator

PO Box 31384, Tampa, FL 33631

855-577-8234 (TTY: 711)

FAX: 866-388-1769

SM_Section1557Coord@centene.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our **1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>

This notice is available at **Absolute Total Care's** website:

<https://www.absolutetotalcare.com/members/medicaid/nondiscrimination-notice.html>

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-866-433-6041 (TTY: 711).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-433-6041 (TTY: 711).

إذا كانت لغتك الأساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:

1-866-433-6041 (رقم هاتف الصم والبكم 711)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-433-6041 (TTY: 711).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-433-6041 (телетайп: 711).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-433-6041 (TTY: 711).

Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-866-433-6041 (TTY: 711)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-433-6041 (TTY: 711)

Falam tawng thiam tu na si le tawng let nak asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in na ko thei.

धयद आप हद्दी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-866-433-6041 (TTY: 711) पर कॉल कर।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-433-6041 (TTY: 711)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-433-6041 (ATS: 711).

နမူကတိကညီ ကျိအလိ, နမူနီ ကျိအတိမၤစၢလၢ တလံာ်ဘျုးလၢ်စ့ၤ နီတမံၤဘျုးသ့န့ၣ်လီၤ. ကိး 866-433-6041 (TTY: 711)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚክሳው ቁጥር ይደውሉ 1-866-433-6041 (መስማት ለተሳናቸው: 711)፡

အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ၎င်းအတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-866-433-6041 (TTY: 711) သို့ ခေါ်ဆိုပါ။

Pharmacy Program

It's important to Absolute Total Care that our members receive medications that are appropriate and high quality. We work hard to make sure you have access to safe and effective medications that are proven to help you get healthy and stay healthy.

The pharmacy program does not cover all medicines. Some medicines require prior authorization (PA). Some have limits on age, dosage and maximum quantities.

Comprehensive Drug List (CDL)

The Absolute Total Care CDL is the list of covered drugs. The CDL applies to drugs you can receive at retail pharmacies. The Absolute Total Care CDL is reviewed often by Absolute Total Care to make sure the use of medicines is appropriate.

Pharmacy Benefit Manager

Absolute Total Care works with Pharmacy Services to process pharmacy claims for prescribed drugs. Some drugs on the Absolute Total Care CDL may require PA. Pharmacy Services is responsible for the PA process. Express Scripts is our Pharmacy Benefit Manager (PBM).

Specialty Drugs

The preferred specialty pharmacy provider of Absolute Total Care is AcariaHealth Specialty Pharmacy. All specialty drugs must have PA to be approved for payment by Absolute Total Care. The Absolute Total Care Medical Director and Absolute Total Care Pharmacy Director are in charge of the clinical review of these PA requests.

AcariaHealth Specialty Pharmacy provides the following services:

- Delivers drugs to your home or provider's office
- Provides staff pharmacists. The pharmacists can help you 24 hours a day, seven days a week to answer your questions and offer help with your drugs
- Gives you information, materials and ongoing support to help you take the drugs to manage your health condition
- Hepatitis C agents

Dispensing Limits

Drugs may be filled up to a maximum of 31 days' supply for each new prescription or refill. A total of 80% of the days' supply or 25 days must have passed before the prescription can be refilled for non-controlled-substance CDL drugs. A total of 90% of the days' supply must have passed before the prescription can be refilled for controlled substances and narcotic CDL drugs.

Appropriate Use and Safety Edits

The health and safety of our members is important to Absolute Total Care. One way we make sure our members are safe is through point-of-sale (POS) edits. This happens at the time a prescription is

processed at the pharmacy. These edits are based on U.S. Food and Drug Administration (FDA) recommendations. They promote safe and effective medicine use.

Prior Authorizations (PAs)

Some medicines listed on the Absolute Total Care CDL may need PA. The information for PAs should be sent to Pharmacy Services. The information should be sent by your provider or pharmacist. They can fill this information out on the **Medication Prior Authorization Form**. This form should be **faxed to Pharmacy Services at 1-833-982-4001**. This document can be found on the Absolute Total Care website, absolutetotalcare.com. All completed authorizations are reviewed within 24 hours from the time of receipt.

Absolute Total Care will cover the medicine if it is determined that:

1. There is a medical reason the member needs the specific medicine.
2. Depending on the medicine, other medicines on the CDL have not worked.

PA requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Centene Corporate P&T Committee. If the request is approved, the provider will be notified by fax. If the information provided does not meet the criteria for the requested medicine, member and their provider will be notified. Alternative options and appeal process information will also be provided.

Step Therapy

Sometimes Absolute Total Care requires you to do step therapy. This means you will have to try medicines in the CDL in a certain order before we cover another medicine.

If Absolute Total Care has record that the first medicine was tried and did not work, the next medicine is automatically covered. If Absolute Total Care does not have a record that the required medicine was tried, the provider may have to send more information about the request.

If Absolute Total Care does not approve the PA, we will notify the member and their provider. We will also send information about the appeal process.

Quantity Limits

Sometimes, Absolute Total Care limits how much of a certain medicine a member can get at once. If your provider thinks that you have a reason to get more than the limit, they can submit a PA. If Absolute Total Care does not approve the PA, we will notify the member and their provider. They will also send information about the appeal process.

Age Limits

Sometimes, medicines on the Absolute Total Care CDL have age limits. This is because of drug maker, FDA or clinical guidelines. It is to keep you healthy and safe. Age limits meet FDA alerts for the appropriate use of pharmaceuticals. They also align with South Carolina Healthy Connections Medicaid Guidelines.

Medical Necessity Requests

Sometimes, a member needs a medicine that is not listed in the CDL. When this happens, the member's provider can make a medical necessity (MN) request for the medicine. A MN request does not happen often. This is because the list of medicines on the CDL treat most medical conditions.

For a MN request, Absolute Total Care requires:

- Documented failure of at least two CDL drugs within the same therapeutic class for the same diagnosis. This is required as long as two drugs are listed in the same category with comparable labeled indications; or
- Documented intolerance or contraindication to at least two CDL drugs within the same therapeutic class. This is required as long as two drugs are listed in the same category with comparable labeled indications; or
- Documented clinical history or presentation where the patient is not a candidate for any of the CDL drugs for the indication.

These requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Centene Corporate P&T Committee. If the request is approved, the provider will be notified by fax. If the information provided does not meet the criteria for the requested medicine, member and provider will be notified. Alternative options and appeal process information will also be provided.

Emergency Supply Policy

State and federal law require that a pharmacy fill a 72-hour supply of CDL medicine to any member awaiting PA determination. This is so the member's therapy is not interrupted or delayed. All participating pharmacies are authorized to provide a 72-hour supply of medicine. They are reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication. They are reimbursed whether or not the PA request ends up being approved or denied. If the pharmacy has any questions, they may call the Pharmacy Help Desk at **1-833-750-4506**.

Exclusions

The following drug categories are not part of the Absolute Total Care CDL, unless noted as covered on the CDL. They are also not covered by the 72-hour emergency supply policy:

- Weight control products
- Pharmaceuticals used for cosmetic purposes or hair growth
- Investigational pharmaceuticals or products
- Immunizing agents
- Drug Efficacy Study Implementation (DESI) and Identical, Related, and Similar (IRS) drugs that are classified as ineffective
- Fertility products
- Erectile dysfunction products prescribed to treat impotence

- Nutritional supplements
- Injectables (except those listed in the CDL)
- Infusion supplies
- Gender transition pharmaceuticals or products

Medicaid Drug Rebate Program

Absolute Total Care only covers rebated drugs that are in the Medicaid Drug Rebate program and Food and Drug Administration (FDA) approved are covered on the pharmacy benefit. Requests for coverage of a non-rebated drug will require an appeal for medical necessity review on a case-by-case basis

340B Program

Per SCDHHS Pharmacy Services Provider Manual “340B Program Effective with dates of service on or after July 1, 2019, the following policy will apply regarding the submission of claims for drugs purchased through the 340B Program, as described in Section 340B of the Public Health Act of 1992.

For drugs purchased through the 340B Program, covered entities must submit a value of “20” in the Submission Clarification Code field (420-DK). When submitting Medicaid FFS claims, an amount not to exceed the 340B ceiling price plus an enhanced 340B dispensing fee should be submitted in the usual and customary field.

Claims submitted by covered entities without a value of “20” in the Submission Clarification Code field will be considered eligible for Medicaid rebates. This policy applies to all covered entities, regardless.”

Newly-Approved Products

Absolute Total Care reviews new drugs before adding them to the CDL. While the new drugs are being reviewed, access to them will be considered through the PA review process. If

Absolute Total Care does not approve PA, we will notify the member and their practitioner. We will also provide information about the appeal process.

Over-The-Counter (OTC) Medications

Absolute Total Care covers many OTC medicines. These medicines can be found in the Absolute Total Care CDL. These products are covered as long as you have a prescription from a licensed practitioner that meets all the legal requirements for a prescription.

Generic Drugs

Generic drugs are made up of the same active ingredient as brand-name drugs. When generic drugs are available, the brand-name drug will not be covered without Absolute Total Care PA unless the Brand name drug is preferred by the SCDHHS Single PDL.

If you or your provider think a brand-name drug is medically necessary, the provider must request the drug using the PA process. Absolute Total Care will cover the brand-name drug according to our clinical guidelines if there is a medical reason the member needs the particular brand-name drug. If Absolute Total Care does not approve the PA, we will notify the member and their provider. We will also send information about the appeal process.

Drug Efficacy Study Implementation (DESI) Drugs

DESI products and known related drug products are defined as less than effective by the FDA. This is because there is not much evidence that it is effective for all labeling indications. It is also because *justification* for their medical need has not been established. DESI products are not covered by Absolute Total Care.

Filling a Prescription

Members can have prescriptions filled at an Absolute Total Care network pharmacy. You can find a network pharmacy near you by contacting **Absolute Total Care Member Services at 1-866-433--6041 (TTY: 711)**. You can also visit Absolute Total Care's website at absolutetotalcare.com and click Find a Provider to locate a pharmacy. You can type in your address or zip code and see pharmacies that are close by. At the pharmacy, you will need to provide your prescription and your Absolute Total Care member ID card.

If members are traveling more than 30 miles from the South Carolina border, they can have a one-time fill of their medicine. All necessary prescriptions are required to be filled on the same day for a maximum 31-day supply.

Copayments

Effective July 1, 2024, Absolute Total Care charges \$0.00 for each prescription.

Drug Tiers

The following notations define the comprehensive drug list status in the Drug Tier column.

P:	Preferred
NP:	Non-preferred
PA:	Preferred with Clinical PA

Non-managed/Supplemental (clinical criteria may apply):

C:	Non-Managed Covered
NC:	Non-Managed Not Covered
X:	Pharmacy Benefit Exclusion

Abbreviations

The following notations and abbreviations may be found in the drug listing requirements/limits column.

Abbreviations		
AL	Age Limit	Drug is limited to specific age.
QL	Quantity Limit	There is a limit on the amount of drug covered per prescription or within a specific timeframe.
Max Day(s) Supply	Day(s) Supply	There is a limit on the amount of the drug that is covered per time.
Max Fill	Fill Limit	There is a limit on the number of times the drug can be filled.
Opioid Smart PA	Unique Limits for Opioid Drugs	There may be limits on use such as maximum seven-day supply for short-acting opioids or prior authorization required. Exceptions exist for specific diagnoses and/or history of use.
PA, Smart PA	Prior Authorization	Prior authorization is required before prescription can be filled.
Pack Lmt	Package Limit	There is a limit on the number of packages covered per prescription.
Rtl	Retail	The limit or restriction applies to coverage at a retail pharmacy.
RX/OTC	Prescription/Over-the-Counter	The drug is available as both prescription and over-the-counter.
SP	Specialty Drug	High-cost drugs used to treat complex or rare conditions such as multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia.
ST	Step Therapy	Requires trial and failure of one or more preferred products prior to coverage.

Clinical Edit Descriptions

Edit Name	Edit Description
Opioid	Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records. Treatment-Naïve* Limits: • Daily Dose Max = 90 MME** • Day Supply Max = 7 days • Must use short-acting opioids before long-acting opioids *Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent
Test Strips	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days.

Contact Information

Contact Information	
Absolute Total Care	Phone: 1-866-433-6041 Fax: 1-855-865-9469 Website: www.absolutetotalcare.com
AcariaHealth Specialty Pharmacy	Phone: 1-855-535-1815 Fax: 1-855-217-0926 Website: www.acariahealth.com
Pharmacy Services	PA Phone: 1-866-399-0928 PA Fax: 1-833-982-4001 Help Desk: 1-800-460-8988
Pharmacy Help Desk	Phone: 1-833-750-4506

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			<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	NP	QL(2 EA daily); AL(At least 3 yrs old)
Amphetamines			<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	NP	
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG</i>	P	
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	P	QL(2 EA daily); AL(At least 3 yrs old)	DYANAVEL XR SUER	P	
ADZENYS XR-ODT TBED	NP		DYANAVEL XR TBCR	NP	
<i>amphetamine sulfate TABS</i>	NP		EVEKEO TABS (<i>amphetamine sulfate</i>)	NP	
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	<i>lisdexamfetamine dimesylate CAPS</i>	NP	Brand Preferred; QL(1 EA daily)
<i>amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	NP		<i>lisdexamfetamine dimesylate CHEW</i>	NP	Brand Preferred
<i>amphetamine-dextroamphetamine TABS</i>	P	QL(2 EA daily); AL(At least 3 yrs old)	<i>methamphetamine hcl</i>	NP	
<i>amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG</i>	NP		MYDAYIS CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	
DEXEDRINE CP24 10 MG, 15 MG (<i>dextroamphetamine sulfate</i>)	NP	QL(2 EA daily); AL(At least 6 yrs old)	VYVANSE CAPS	P	Brand Preferred; QL(1 EA daily)
<i>dextroamphetamine sulfate CP24 5 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	VYVANSE CHEW	P	Brand Preferred
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	P	QL(2 EA daily); AL(At least 6 yrs old)	XELSTRYM	NP	
<i>dextroamphetamine sulfate SOLN</i>	NP		Analeptics		
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	P	QL(2 EA daily); AL(At least 3 yrs old)	<i>caffeine citrate SOLN PO</i>	C	Limit 2 fills per Lifetime; QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail
			Anti-Obesity Agents		
			<i>liraglutide (weight management) 18 MG/3ML</i>	NP	
			SAXENDA 18 MG/3ML (<i>liraglutide (weight management)</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	PA	QL(3 ML per 28 day(s) retail; 2 ML per 28 days mail); PA	FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	NP	
WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA	FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	NP	QL(2 EA daily); AL(At least 6 yrs old)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents			JORNAY PM CP24	NP	
<i>atomoxetine hcl</i>	P	AL(At least 6 yrs old)	METHYLIN SOLN (<i>methylphenidate hcl</i>)	NP	
<i>clonidine hcl (adhd) TB12</i>	P		<i>methylphenidate hcl CHEW</i>	NP	
<i>guanfacine hcl (adhd)</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i>	P	
INTUNIV (<i>guanfacine hcl (adhd)</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>methylphenidate hcl CP24</i>	NP	
ONYDA XR SUER	NP		<i>methylphenidate hcl CPCR</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
QELBREE	NP		<i>methylphenidate hcl SOLN</i>	P	
STRATTERA (<i>atomoxetine hcl</i>)	NP	AL(At least 6 yrs old)	<i>methylphenidate hcl TABS 5 MG</i>	P	QL(6 EA daily); AL(At least 3 yrs old)
Stimulants - Misc.			<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	P	QL(3 EA daily); AL(At least 3 yrs old)
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	NP		<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	P	QL(1 EA daily)
<i>armodafinil</i>	NP		<i>methylphenidate hcl TB24 36 MG</i>	P	QL(2 EA daily)
AZSTARYS	NP		<i>methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
CONCERTA TBCR 18 MG, 27 MG, 54 MG (<i>methylphenidate hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG</i>	P	QL(2 EA daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (<i>methylphenidate hcl</i>)	NP	QL(2 EA daily); AL(At least 6 yrs old)	<i>methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG</i>	NP	
COTEMPLA XR-ODT TBED	NP		<i>methylphenidate PTCH</i>	NP	Brand Preferred
DAYTRANA PTCH (<i>methylphenidate</i>)	P	Brand Preferred	<i>modafinil</i>	NP	
<i>dexmethylphenidate hcl CP24</i>	P		NUVIGIL (<i>armodafinil</i>)	NP	
<i>dexmethylphenidate hcl TABS</i>	P	QL(2 EA daily); AL(At least 6 yrs old)	PROVIGIL (<i>modafinil</i>)	NP	
			QUILLICHEW ER CHER	P	

Drug Name	Drug Tier	Requirements/ Limits
QUILLIVANT XR SRER	P	
RELEXXII TBCR 36 MG	NP	QL(2 EA daily); AL(At least 6 yrs old)
RELEXXII TBCR 18 MG, 27 MG, 54 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
RELEXXII TBCR 45 MG, 63 MG, 72 MG	NP	
RELEXXII TBCR 45 MG, 63 MG, 72 MG (methylphenidate hcl)	NP	
RITALIN LA CP24 (methylphenidate hcl)	NP	
RITALIN TABS 10 MG, 20 MG (methylphenidate hcl)	NP	QL(3 EA daily); AL(At least 3 yrs old)
RITALIN TABS 5 MG (methylphenidate hcl)	NP	QL(6 EA daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASSTK SUBL	C	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old)
RAGWITEK SUBL	C	QL(1 EA daily); AL(At least 18 yrs old - Up to 65 yrs old)
AMEBICIDES		
Amebicides		
SOLOSEC	NP	ST
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	NP	SP
BETHKIS NEBU (tobramycin)	NP	SP
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin)	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
neomycin sulfate TABS	NP	
TOBI PODHALER CAPS	PA	SP; PA
TOBI NEBU (tobramycin)	NP	SP
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 10 MG/ML, 80 MG/2ML	C	PA
tobramycin sulfate SOLR	C	PA
tobramycin NEBU	PA	SP; PA
tobramycin NEBU	PA	PA
tobramycin NEBU	NP	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP
RINVOQ LQ SOLN	NP	SP
RINVOQ TB24	NP	SP
XELJANZ XR TB24	NP	SP
XELJANZ SOLN	NP	SP
XELJANZ TABS	NP	SP
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	NP	SP
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	P	SP
Anti-TNF-alpha - Monoclonal Antibodies		
ABRILADA (1 PEN) AJKT	NP	SP
ABRILADA (2 PEN) AJKT	NP	SP
ABRILADA (2 SYRINGE) PSKT	NP	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP	AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP	AMJEVITA SOAJ	NP	SP
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP	AMJEVITA SOSY	NP	SP
ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP	CYLTEZO (2 PEN) AJKT	NP	SP
ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP	CYLTEZO (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP	CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP		CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP
ADALIMUMAB-ADAZ SOAJ	NP	SP	HADLIMA PUSHTOUCH SOAJ	NP	SP
ADALIMUMAB-ADAZ SOSY	NP	SP	HADLIMA SOSY	NP	SP
ADALIMUMAB-ADAZ SOSY 10 MG/0.1ML	NP		HULIO (2 PEN) AJKT	NP	SP
ADALIMUMAB-ADBM (2 PEN) AJKT	NP	SP	HULIO (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	NP	SP	HUMIRA (2 PEN) AJKT 80 MG/0.8ML	P	QL(4 EA per 365 day(s) retail); AL(At least 2 yrs old); SP
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	NP	SP	HUMIRA (2 PEN) AJKT 40 MG/0.8ML	P	QL(0.14 EA daily; 4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	NP	SP	HUMIRA (2 PEN) AJKT 40 MG/0.4ML	P	QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP	HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML	P	QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP	HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	P	QL(0.14 EA daily; 4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP			
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP			
AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML	P	QL(2 EA per 28 day(s) retail); AL(At least 2 yrs old); SP	YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	P	QL(3 EA per 365 day(s) retail); AL(At least 2 yrs old); SP	YUSIMRY	NP	SP
HUMIRA-PSORIASIS/UEIT STARTER AJKT	P	QL(3 EA per 365 day(s) retail); AL(At least 2 yrs old); SP	Interleukin-1 Blockers		
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP	ARCALYST	NP	SP
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP	Interleukin-1 Receptor Antagonist (IL-1Ra)		
HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP	KINERET SOSY	NP	SP
HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	SP	Interleukin-6 Receptor Inhibitors		
HYRIMOZ SOAJ	NP	SP	ACTEMRA ACTPEN SOAJ	NP	SP
HYRIMOZ SOSY	NP	SP	ACTEMRA SOLN	C	SP; PA
IDACIO (2 PEN) AJKT	NP	SP	ACTEMRA SOSY	NP	SP
IDACIO-CROHNS/UC STARTER AJKT	NP	SP	KEVZARA SOAJ	NP	SP
IDACIO-PSORIASIS STARTER AJKT	NP	SP	KEVZARA SOSY	NP	SP
SIMLANDI (1 PEN) AJKT	NP	SP	TYENNE SOAJ	NP	SP
SIMLANDI (1 SYRINGE) PSKT	NP	SP	TYENNE SOSY	NP	
SIMLANDI (2 PEN) AJKT	NP	SP	TYENNE SOSY	NP	SP
SIMLANDI (2 SYRINGE) PSKT	NP	SP	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
SIMPONI SOAJ	NP	SP	ARTHROTEC TBEC (diclofenac w/ misoprostol)	NP	
SIMPONI SOSY	NP	SP	celecoxib	C	QL(2 EA daily); PA
YUFLYMA (1 PEN) AJKT	NP	SP	DAYPRO TABS (oxaprozin)	NP	
YUFLYMA (2 PEN) AJKT	NP	SP	diclofenac potassium CAPS	NP	
YUFLYMA (2 SYRINGE) PSKT	NP	SP	diclofenac potassium TABS	NP	
			diclofenac sodium TB24	P	
			diclofenac sodium TBEC	P	
			diclofenac w/ misoprostol TBEC	NP	
			etodolac CAPS	NP	
			etodolac TABS	NP	
			etodolac TB24	NP	
			fenoprofen calcium CAPS 400 MG	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fenoprofen calcium TABS</i>	NP		<i>naproxen sodium TABS 275 MG, 550 MG</i>	NP	
FENOPRON CAPS	NP		<i>naproxen sodium TABS 220 MG</i>	C	QL(2 EA daily)
<i>flurbiprofen TABS 100 MG</i>	NP		<i>naproxen sodium TB24</i>	NP	
<i>ibuprofen CHEW</i>	C		<i>naproxen-esomeprazole magnesium</i>	NP	
<i>ibuprofen-famotidine</i>	NP		<i>naproxen SUSP</i>	P	
<i>ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML</i>	C		<i>naproxen TABS</i>	P	
<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	P	RX/OTC	<i>naproxen TBEC</i>	P	QL(2 EA daily)
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	P		<i>oxaprozin TABS</i>	NP	
<i>ibuprofen TABS 200 MG</i>	C		<i>piroxicam CAPS</i>	P	
<i>ibuprofen TABS 300 MG</i>	NP		RELAFEN DS	NP	
<i>indomethacin CAPS 25 MG, 50 MG</i>	P		<i>sulindac TABS</i>	P	
<i>indomethacin CPCR</i>	NP		<i>tolmetin sodium CAPS</i>	NP	
<i>indomethacin SUPP</i>	NP		<i>tolmetin sodium TABS 600 MG</i>	NP	
<i>indomethacin SUSP</i>	NP		VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	NP	
<i>ketoprofen CAPS 25 MG</i>	NP		Phosphodiesterase 4 (PDE4) Inhibitors		
<i>ketoprofen CP24</i>	NP		OTEZLA TABS	NP	SP
<i>ketorolac tromethamine TABS</i>	P	QL(20 EA per 31 day(s) retail); AL(At least 17 yrs old)	OTEZLA TBPK	NP	SP
LURBIRO TABS 100 MG (<i>flurbiprofen</i>)	NP		Pyrimidine Synthesis Inhibitors		
<i>meclofenamate sodium CAPS</i>	NP		<i>leflunomide</i>	C	QL(1 EA daily)
<i>mefenamic acid CAPS</i>	NP		Selective Costimulation Modulators		
<i>meloxicam CAPS</i>	NP		ORENCIA CLICKJECT SOAJ	NP	SP
<i>meloxicam TABS</i>	P		ORENCIA SOSY	NP	SP
<i>nabumetone</i>	P		Soluble Tumor Necrosis Factor Receptor Agents		
NALFON CAPS (<i>fenoprofen calcium</i>)	NP		ENBREL MINI SOCT	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
NALFON TABS 600 MG	NP		ENBREL SURECLICK SOAJ	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
NAPRELAN TB24 (<i>naproxen sodium</i>)	NP				
NAPROSYN SUSP (<i>naproxen</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENBREL SOLN	P	QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP	<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	C	QL(240 ML per fill retail)
ENBREL SOSY 25 MG/0.5ML	P	QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP	<i>acetaminophen SUPP 120 MG, 650 MG</i>	C	QL(12 EA per 31 day(s) retail)
ENBREL SOSY 50 MG/ML	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP	<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	C	
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			<i>acetaminophen TABS 325 MG, 500 MG</i>	C	
Analgesic Combinations			FEVERALL JUNIOR STRENGTH SUPP	C	QL(12 EA per 31 day(s) retail)
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	C	QL(4 EA daily)	Salicylates		
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	C	QL(4 EA daily)	<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	C	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	C		<i>aspirin CHEW</i>	C	
<i>butalbital-aspirin-caffeine CAPS</i>	C	QL(4 EA daily)	ASPIRIN SUPP 300 MG	C	QL(12 EA per 31 day(s) retail)
Analgesics - Sodium Channel Pain Signal Inhibitors			<i>aspirin TABS 325 MG</i>	C	
JOURNAVX	P	Does not exceed healthplan QL; QL(30 EA per 60 day(s) retail; 30 EA per 60 days mail); AL(At least 18 yrs old)	<i>aspirin TBEC 81 MG, 325 MG</i>	C	
Analgesics Other			<i>diflunisal TABS</i>	NP	
<i>acetaminophen CHEW</i>	C		<i>salsalate</i>	C	
<i>acetaminophen LIQD 160 MG/5ML</i>	C		ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
			Opioid Agonists		
			<i>codeine sulfate TABS 30 MG</i>	P	Opioid Smart PA; AL(At least 12 yrs old)
			CODEINE SULFATE TABS	P	Opioid Smart PA; AL(At least 12 yrs old)
			CONZIP CP24 (<i>tramadol hcl</i>)	NP	Opioid Smart PA
			DILAUDID LIQD (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA
			DILAUDID TABS 4 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA
			DILAUDID TABS 8 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA; QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
DILAUDID TABS 2 MG (hydromorphone hcl)	NP	Opioid Smart PA; QL(8 EA daily)
fentanyl citrate LPOP	NP	Opioid Smart PA
fentanyl citrate TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG	NP	Opioid Smart PA
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	NP	
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	P	QL(0.34 EA daily)
hydrocodone bitartrate CP12	NP	Opioid Smart PA
hydrocodone bitartrate T24A	NP	Opioid Smart PA
hydromorphone hcl LIQD	P	Opioid Smart PA
HYDROMORPHONE HCL SUPP	P	Opioid Smart PA; QL(2 EA daily)
hydromorphone hcl TABS 8 MG	P	Opioid Smart PA; QL(4 EA daily)
hydromorphone hcl TABS 2 MG	P	Opioid Smart PA; QL(8 EA daily)
hydromorphone hcl TABS 4 MG	P	Opioid Smart PA
hydromorphone hcl TB24	NP	Opioid Smart PA
HYSINGLA ER T24A	NP	Opioid Smart PA
levorphanol tartrate TABS	NP	Opioid Smart PA
levorphanol tartrate TABS 2 MG	NP	
meperidine hcl SOLN PO 50 MG/5ML	P	Opioid Smart PA
meperidine hcl TABS 50 MG	P	Opioid Smart PA; QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
methadone hcl TABS 5 MG	C	Opioid Smart PA; QL(4 EA daily); PA
methadone hcl TABS 10 MG	C	Opioid Smart PA; QL(10 EA daily); PA
morphine sulfate beads	NP	Opioid Smart PA
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	NP	Opioid Smart PA
morphine sulfate SOLN PO 10 MG/5ML	P	QL(16.67 ML daily)
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	P	Opioid Smart PA; QL(16.67 ML daily)
morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	P	Opioid Smart PA
morphine sulfate SUPP	P	Opioid Smart PA; QL(0.78 EA daily)
morphine sulfate TABS	P	Opioid Smart PA; QL(6 EA daily)
morphine sulfate TBCR	P	Opioid Smart PA; QL(3 EA daily)
MS CONTIN TBCR (morphine sulfate)	NP	Opioid Smart PA; QL(3 EA daily)
oxycodone hcl CAPS	P	Opioid Smart PA; QL(6 EA daily)
oxycodone hcl CONC 100 MG/5ML	P	Opioid Smart PA; QL(4 ML daily)
oxycodone hcl CONC 100 MG/5ML	P	QL(4 ML daily)
oxycodone hcl SOLN	P	Opioid Smart PA
oxycodone hcl SOLN	P	
oxycodone hcl T12A 10 MG, 20 MG, 40 MG	NP	Brand Preferred; Opioid Smart PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone hcl TABS</i>	P	Opioid Smart PA; QL(6 EA daily)	<i>acetaminophen w/ codeine SOLN</i>	P	QL(30 ML daily); AL(At least 12 yrs old)
OXYCONTIN T12A	P	Brand Preferred; Opioid Smart PA	<i>acetaminophen w/ codeine TABS</i>	P	QL(6 EA daily); AL(At least 12 yrs old)
<i>oxymorphone hcl TABS</i>	NP	Opioid Smart PA	<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	Opioid Smart PA; QL(6 EA daily); AL(At least 12 yrs old)
<i>oxymorphone hcl TB12</i>	NP	Opioid Smart PA	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NP	Opioid Smart PA
ROXICODONE TABS 15 MG, 30 MG (<i>oxycodone hcl</i>)	NP	Opioid Smart PA; QL(6 EA daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	P	Opioid Smart PA
ROXYBOND TABA	NP	Opioid Smart PA	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	P	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	Opioid Smart PA	<i>butalbital-aspirin-caffeine w/cod</i>	NP	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)
<i>tramadol hcl SOLN</i>	NP	Opioid Smart PA	<i>butalbital-aspirin-caffeine w/cod</i>	P	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)
TRAMADOL HCL SOLN (<i>tramadol hcl</i>)	NP	Opioid Smart PA	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NP	Opioid Smart PA
<i>tramadol hcl TABS 75 MG, 100 MG</i>	NP		<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	P	Opioid Smart PA; QL(180 ML daily)
<i>tramadol hcl TABS 50 MG</i>	P	QL(8 EA daily); AL(At least 18 yrs old)			
<i>tramadol hcl TABS 50 MG</i>	P	Opioid Smart PA; QL(8 EA daily); AL(At least 18 yrs old)			
<i>tramadol hcl TABS 25 MG</i>	P	Opioid Smart PA			
<i>tramadol hcl TB24</i>	P	Opioid Smart PA			
<i>tramadol hcl TB24</i>	NP	Opioid Smart PA			
Opioid Combinations					
<i>acetaminophen w/ codeine SOLN</i>	P	Opioid Smart PA; QL(30 ML daily); AL(At least 12 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	P	Opioid Smart PA
<i>hydrocodone-acetaminophen SOLN</i>	P	
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	P	Opioid Smart PA
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	QL(10 EA daily)
<i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>	P	
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Opioid Smart PA; QL(10 EA daily)
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	P	Opioid Smart PA
NALOCET TABS	NP	Opioid Smart PA
<i>oxycodone w/ acetaminophen TABS</i>	P	QL(6 EA daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	P	Opioid Smart PA
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Opioid Smart PA; QL(6 EA daily)
PERCOCET TABS 325 MG-2.5 MG (<i>oxycodone w/ acetaminophen</i>)	NP	Opioid Smart PA
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	NP	Opioid Smart PA; QL(6 EA daily)
PROLATE TABS	NP	Opioid Smart PA

Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol-acetaminophen</i>	P	Opioid Smart PA; QL(4 EA daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	NP	Opioid Smart PA
BRIXADI (WEEKLY) SOSY	P	Opioid Smart PA; SP
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	Opioid Smart PA; SP
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	NP	Brand Preferred; Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	NP	Brand Preferred; QL(3 EA daily); AL(At least 16 yrs old)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	NP	Brand Preferred; Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	P	Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	P	Opioid Smart PA; QL(12 EA daily); AL(At least 16 yrs old)
<i>buprenorphine hcl SUBL</i>	P	Opioid Smart PA

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine PTWK</i>	NP	Brand Preferred; Opioid Smart PA
<i>butorphanol tartrate NA 10 MG/ML</i>	NP	Opioid Smart PA
BUTRANS PTWK (<i>buprenorphine</i>)	P	Brand Preferred; Opioid Smart PA
<i>pentazocine w/ naloxone hcl</i>	NP	Opioid Smart PA
SUBLOCADE SOSY	P	Opioid Smart PA; SP
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	P	Brand Preferred; Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)
SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	P	Brand Preferred; Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old)
ZUBSOLV SUBL	NP	Opioid Smart PA; AL(At least 16 yrs old)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL PUMP GEL TD (<i>testosterone</i>)	NP	
<i>methyltestosterone TABS</i>	C	
NATESTO GEL NA	NP	
TESTIM GEL TD (<i>testosterone</i>)	PA	Brand Preferred; PA
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	C	QL(4 ML per 31 day(s) retail)
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	C	QL(0.2858 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>testosterone enanthate SOLN IM</i>	C	QL(0.1429 ML daily)
<i>testosterone GEL TD 1.62 %, 1.62 %</i>	PA	PA
<i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM</i>	NP	
<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	NP	Brand Preferred
<i>testosterone SOLN</i>	NP	
VOGELXO PUMP GEL TD (<i>testosterone</i>)	NP	
VOGELXO GEL TD (<i>testosterone</i>)	NP	Brand Preferred
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	NP	
<i>hydrocortisone (intrarectal)</i>	C	
Rectal Steroids		
<i>hydrocortisone (rectal) EX 2.5 %</i>	C	
<i>hydrocortisone (rectal) EX 1 %</i>	C	1 package(s) per fill retail; RX/OTC
PREPARATION H EX 1 %	C	1 package(s) per fill retail; RX/OTC
PREPARATION H SOOTHING RELIEF EX 1 %	C	1 package(s) per fill retail; RX/OTC
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone LIQD</i>	C	QL(24 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML</i>	C	QL(24 ML daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	C	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	C	QL(3.34 EA daily)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	C	
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	C	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
EMVERM CHEW	C	QL(1 EA per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12</i>	P	
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	C	
<i>isosorbide mononitrate TABS</i>	C	QL(2 EA daily)
ISOSORBIDE MONONITRATE TABS	C	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>isosorbide mononitrate TB24</i>	C	QL(1 EA daily)
NITRO-BID OINT	C	
<i>nitroglycerin CPCR</i>	C	
<i>nitroglycerin PT24</i>	C	
<i>nitroglycerin SUBL</i>	C	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 15 MG</i>	C	QL(4 EA daily)
<i>buspirone hcl 7.5 MG, 30 MG</i>	C	QL(3 EA daily)
<i>buspirone hcl 5 MG, 10 MG</i>	C	QL(6 EA daily)
<i>hydroxyzine hcl SYRP</i>	C	
<i>hydroxyzine hcl TABS</i>	C	
<i>hydroxyzine pamoate CAPS</i>	C	
<i>meprobamate</i>	C	
Benzodiazepines		
<i>alprazolam TABS</i>	C	QL(3 EA daily)
<i>chlordiazepoxide hcl CAPS</i>	C	QL(4 EA daily)
<i>clorazepate dipotassium TABS</i>	C	QL(3 EA daily)
<i>diazepam SOLN PO 5 MG/5ML</i>	C	
<i>diazepam TABS</i>	C	QL(4 EA daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	C	QL(3 EA daily)
<i>lorazepam TABS 1 MG</i>	C	QL(4 EA daily)
<i>oxazepam CAPS</i>	C	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	C	
NORPACE CR CP12 150 MG	C	

Drug Name	Drug Tier	Requirements/ Limits
<i>quinidine gluconate TBCR</i>	C	
<i>quinidine sulfate TABS</i>	C	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	C	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	C	
<i>propafenone hcl CP12</i>	C	
<i>propafenone hcl TABS</i>	C	
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG</i>	C	
<i>dofetilide</i>	C	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	PA	Brand Preferred; SP; PA
FASENRA SOSY	PA	Brand Preferred; SP; PA
NUCALA SOAJ	NP	SP
NUCALA SOLR	NP	SP
NUCALA SOSY	NP	SP
TEZSPIRE SOAJ	NP	SP
TEZSPIRE SOSY	NP	SP
XOLAIR SOAJ	PA	Brand Preferred; SP; PA
XOLAIR SOLR	PA	Brand Preferred; SP; PA
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	PA	PA
XOLAIR SOSY	PA	Brand Preferred; SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	C	QL(8 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	1 package(s) per 31 day(s) retail
INCRUSE ELLIPTA	P	1 package(s) per 31 day(s) retail
<i>ipratropium bromide SOLN 0.02 %</i>	P	QL(375 ML per 25 day(s) retail)
SPIRIVA HANDIHALER CAPS IN (<i>tiotropium bromide</i>)	P	Brand Preferred
SPIRIVA RESPIMAT AERS IN	NP	
<i>tiotropium bromide CAPS IN 18 MCG</i>	NP	Brand Preferred
TUDORZA PRESSAIR	NP	1 package(s) per 31 day(s) retail
YUPELRI	NP	
Leukotriene Modulators		
ACCOLATE (<i>zafirlukast</i>)	NP	
<i>montelukast sodium CHEW</i>	P	QL(1 EA daily)
<i>montelukast sodium PACK</i>	P	QL(1 EA daily)
<i>montelukast sodium TABS</i>	P	QL(1 EA daily)
SINGULAIR CHEW (<i>montelukast sodium</i>)	NP	QL(1 EA daily)
SINGULAIR PACK (<i>montelukast sodium</i>)	NP	QL(1 EA daily)
SINGULAIR TABS (<i>montelukast sodium</i>)	NP	QL(1 EA daily)
<i>zafirlukast</i>	P	
<i>zileuton TB12</i>	NP	
ZYFLO TABS	NP	
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
OHTUVAYRE	NP	SP
Selective Phosphodiesterase 4 (PDE4) Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DALIRESP (<i>roflumilast</i>)	NP	QL(1 EA daily)	PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	NP	QL(120 ML per fill retail); AL(Up to 8 yrs old)
<i>roflumilast</i>	NP	QL(1 EA daily)	QVAR REDHALER 80 MCG/ACT	P	QL(0.72 GM daily)
Steroid Inhalants			QVAR REDHALER 40 MCG/ACT	P	QL(0.36 GM daily)
ALVESCO	P		Sympathomimetics		
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	P	QL(1 EA daily)	ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	P	Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old)
ASMANEX (120 METERED DOSES) AEPB	P		ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	P	Brand Preferred
ASMANEX (14 METERED DOSES) AEPB	P		AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	
ASMANEX (30 METERED DOSES) AEPB	P		AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	
ASMANEX (60 METERED DOSES) AEPB	P		AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	
ASMANEX HFA AERO	P	QL(0.44 GM daily)	AIRSUPRA	NP	
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	P	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)	<i>albuterol sulfate AERS</i>	P	QL(13.4 GM per 30 day(s) retail)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML</i>	P	QL(120 ML per fill retail); AL(Up to 8 yrs old)	<i>albuterol sulfate AERS</i>	P	QL(36 GM per 30 day(s) retail; 36 GM per 30 days mail)
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	NP	QL(1 EA daily)	<i>albuterol sulfate AERS</i>	P	QL(17 GM per 30 day(s) retail; 17 GM per 30 days mail)
<i>fluticasone propionate (inhalation) AEPB</i>	NP		<i>albuterol sulfate NEBU 0.083 %</i>	P	QL(12.5 ML daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(12 GM per 25 day(s) retail)	<i>albuterol sulfate NEBU</i>	P	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(11 GM per 25 day(s) retail)	<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	P	QL(375 ML per 31 day(s) retail)
PULMICORT FLEXHALER AEPB	P	1 package(s) per fill retail	<i>albuterol sulfate SYRP</i>	P	
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	NP	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate TABS</i>	P		<i>fluticasone-salmeterol AERO</i>	NP	Brand Preferred
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	P	Brand Preferred	<i>formoterol fumarate NEBU</i>	NP	
<i>arformoterol tartrate</i>	P		<i>ipratropium-albuterol SOLN</i>	P	QL(12 ML daily)
BEVESPI AEROSPHERE	NP		<i>levalbuterol hcl</i>	NP	
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	NP		<i>levalbuterol tartrate</i>	NP	QL(0.5 GM daily; 30 GM per 30 day(s) retail)
BREO ELLIPTA	NP		PERFOROMIST NEBU (<i>formoterol fumarate</i>)	NP	
BREZTRI AEROSPHERE	NP		PROAIR RESPICLIK AEPB	P	QL(2 EA per 30 day(s) retail)
BROVANA (<i>arformoterol tartrate</i>)	NP		SEREVENT DISKUS	P	1 package(s) per fill retail
<i>budesonide-formoterol fumarate dihydrate</i>	NP	Brand Preferred; QL(30.6 GM per 30 day(s) retail)	STIOLTO RESPIMAT	P	
<i>budesonide-formoterol fumarate dihydrate</i>	NP	Brand Preferred; QL(30.9 GM per 30 day(s) retail)	STRIVERDI RESPIMAT	NP	
COMBIVENT RESPIMAT AERS	P	QL(4 GM per 31 day(s) retail)	SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	P	Brand Preferred; QL(20.7 GM per 30 day(s) retail)
DUAKLIR PRESSAIR	NP		SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	P	Brand Preferred; QL(18 GM per 30 day(s) retail)
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	P	QL(26.4 GM per 30 day(s) retail)	SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	P	Brand Preferred; QL(30.6 GM per 30 day(s) retail)
DULERA	P	QL(39 GM per 30 day(s) retail)	<i>terbutaline sulfate TABS</i>	NP	ST
<i>fluticasone furoate-vilanterol</i>	NP		TRELEGY ELLIPTA	NP	
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	NP	Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old)	<i>umeclidinium-vilanterol</i>	NP	Brand Preferred
<i>fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT</i>	NP		VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	P	QL(16 GM per 30 day(s) retail)
			VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	P	QL(36 GM per 30 day(s) retail)
			XOPENEX HFA (<i>levalbuterol tartrate</i>)	NP	QL(0.5 GM daily; 30 GM per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Xanthines			<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	P	QL(42 ML per 180 day(s) retail); SP
THEO-24 CP24	C		<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	P	QL(25.2 ML per 180 day(s) retail); SP
<i>theophylline ELIX</i>	C		<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(16.8 ML per 180 day(s) retail); SP
<i>theophylline SOLN</i>	C	QL(475 ML per fill retail)	<i>fondaparinux sodium</i>	NP	SP
<i>theophylline TB12 300 MG, 450 MG</i>	C		FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	SP
<i>theophylline TB24</i>	C		FRAGMIN SOSY	NP	SP
ANTICOAGULANTS - Blood Thinners			<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	C	
Coumarin Anticoagulants			HEPARIN SODIUM (PORCINE) SOSY IJ	C	
<i>warfarin sodium TABS</i>	P		LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(126 ML per 180 day(s) retail); SP
Direct Factor Xa Inhibitors			LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	QL(126 ML per 180 day(s) retail); SP
ELIQUIS DVT/PE STARTER PACK TBPK	P	QL(2.47 EA daily)	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	NP	QL(33.6 ML per 180 day(s) retail); SP
ELIQUIS TABS	P	QL(2 EA daily)	LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	NP	QL(25.2 ML per 180 day(s) retail); SP
<i>rivaroxaban SUSR 1 MG/ML</i>	NP	Brand Preferred	LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NP	QL(42 ML per 180 day(s) retail); SP
<i>rivaroxaban TABS 2.5 MG</i>	NP	Brand Preferred	LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(16.8 ML per 180 day(s) retail); SP
SAVAYSA	NP				
XARELTO STARTER PACK TBPK	P	Brand Preferred			
XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	P	Brand Preferred			
XARELTO TABS	P	Brand Preferred			
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	P	Brand Preferred			
Heparins And Heparinoid-Like Agents					
ARIXTRA (<i>fondaparinux sodium</i>)	NP	SP			
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	QL(126 ML per 180 day(s) retail); SP			
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	P	QL(33.6 ML per 180 day(s) retail); SP			
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	P	QL(12.6 ML per 180 day(s) retail); SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(33.6 ML per 180 day(s) retail); SP	<i>perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG</i>	NP	Brand Preferred
LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(12.6 ML per 180 day(s) retail); SP	Anticonvulsants - Benzodiazepines		
LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(25.2 ML per 180 day(s) retail); SP	<i>clobazam SUSP</i>	P	PA
LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(42 ML per 180 day(s) retail); SP	<i>clobazam TABS</i>	P	PA
LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NP	QL(12.6 ML per 180 day(s) retail); SP	<i>clonazepam TABS</i>	C	QL(4 EA daily)
LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NP	QL(16.8 ML per 180 day(s) retail); SP	<i>diazepam (anticonvulsant) GEL 10 MG, 20 MG</i>	P	QL(1 EA per fill retail); AL(At least 2 yrs old)
Thrombin Inhibitors			LIBERVANT FILM	NP	
<i>dabigatran etexilate mesylate CAPS</i>	NP	Brand Preferred	NAYZILAM	P	QL(10 EA per 30 day(s) retail)
PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	P	Brand Preferred	ONFI SUSP (<i>clobazam</i>)	NP	
PRADAXA PACK	NP	Brand Preferred; SP	ONFI TABS (<i>clobazam</i>)	NP	
ANTICONVULSANTS - Drugs to Treat Seizures			SYMPAZAN FILM	NP	
AMPA Glutamate Receptor Antagonists			VALTOCO 10 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail)
FYCOMPA SUSP	PA	PA	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	P	QL(10 EA per 30 day(s) retail)
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (<i>perampanel</i>)	PA	Brand Preferred; PA	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	P	QL(10 EA per 30 day(s) retail)
			VALTOCO 5 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail)
			Anticonvulsants - Misc.		
			APTOM 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NP	
			BANZEL SUSP (<i>rufinamide</i>)	NP	SP; PA
			BANZEL TABS (<i>rufinamide</i>)	PA	Brand Preferred; SP; PA
			BRIVIACT SOLN PO 10 MG/ML	NP	SP
			BRIVIACT TABS	NP	SP
			<i>carbamazepine CHEW</i>	P	
			<i>carbamazepine CP12</i>	NP	Brand Preferred
			<i>carbamazepine SUSP</i>	NP	
			<i>carbamazepine TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine TB12</i>	NP	Brand Preferred	LAMICTAL ODT TBDP (<i>lamotrigine</i>)	NP	
CARBATROL CP12 (<i>carbamazepine</i>)	P	Brand Preferred	LAMICTAL STARTER KIT 25 MG (<i>lamotrigine</i>)	NP	
DIACOMIT CAPS 500 MG	NP	QL(6 EA daily); SP	LAMICTAL XR KIT	NP	
DIACOMIT CAPS 250 MG	NP	QL(12 EA daily); SP	LAMICTAL XR TB24 (<i>lamotrigine</i>)	NP	QL(1 EA daily)
DIACOMIT PACK 250 MG	NP	QL(12 EA daily); SP	LAMICTAL CHEW (<i>lamotrigine</i>)	NP	
DIACOMIT PACK 500 MG	NP	QL(6 EA daily); SP	LAMICTAL TABS (<i>lamotrigine</i>)	NP	
ELEPSIA XR TB24	NP		<i>lamotrigine CHEW</i>	P	
EPIDIOLEX	NP	SP	<i>lamotrigine KIT 25 MG</i>	NP	
EPRONTIA SOLN 25 MG/ML (<i>topiramate</i>)	NP		<i>lamotrigine TABS</i>	P	
<i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i>	NP		<i>lamotrigine TABS</i>	NP	
FINTEPLA	NP	SP	<i>lamotrigine TB24</i>	P	QL(1 EA daily)
<i>gabapentin CAPS</i>	P	QL(9 EA daily)	<i>lamotrigine TBDP</i>	P	
<i>gabapentin SOLN</i>	P		<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	P	QL(16 ML daily)
<i>gabapentin TABS 800 MG</i>	P	QL(4 EA daily)	<i>levetiracetam TABS 250 MG, 750 MG</i>	P	QL(4 EA daily)
<i>gabapentin TABS 600 MG</i>	P	QL(6 EA daily)	<i>levetiracetam TABS 1000 MG</i>	P	
GABARONE TABS 100 MG, 400 MG	NP		<i>levetiracetam TABS 500 MG</i>	P	QL(6 EA daily)
KEPPRA XR TB24 (<i>levetiracetam</i>)	NP		<i>levetiracetam TB24</i>	P	
KEPPRA SOLN PO 100 MG/ML (<i>levetiracetam</i>)	NP	QL(16 ML daily)	LEVETIRACETAM TB3D	NP	
KEPPRA TABS 500 MG (<i>levetiracetam</i>)	NP	QL(6 EA daily)	LYRICA CAPS (<i>pregabalin</i>)	NP	
KEPPRA TABS 250 MG, 750 MG (<i>levetiracetam</i>)	NP	QL(4 EA daily)	LYRICA SOLN (<i>pregabalin</i>)	NP	
KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	NP		MOTPOLY XR CP24	NP	
<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	P		NEURONTIN CAPS (<i>gabapentin</i>)	NP	QL(9 EA daily)
<i>lacosamide TABS</i>	P		NEURONTIN SOLN (<i>gabapentin</i>)	NP	
LAMICTAL ODT KIT (<i>lamotrigine</i>)	NP		NEURONTIN TABS 800 MG (<i>gabapentin</i>)	NP	QL(4 EA daily)
			NEURONTIN TABS 600 MG (<i>gabapentin</i>)	NP	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxcarbazepine SUSP</i>	NP	Brand Preferred	<i>topiramate TABS 25 MG, 50 MG</i>	P	QL(6 EA daily)
<i>oxcarbazepine TABS</i>	P		<i>topiramate TABS 100 MG</i>	P	QL(4 EA daily)
<i>oxcarbazepine TB24</i>	NP		TRILEPTAL SUSP (<i>oxcarbazepine</i>)	P	Brand Preferred
OXTELLAR XR TB24 (<i>oxcarbazepine</i>)	NP		TRILEPTAL TABS (<i>oxcarbazepine</i>)	NP	
<i>pregabalin CAPS</i>	P		TROKENDI XR CP24 (<i>topiramate</i>)	NP	
<i>pregabalin SOLN</i>	NP		VIMPAT SOLN PO 10 MG/ML (<i>lacosamide</i>)	NP	PA
<i>primidone</i>	P		VIMPAT TABS (<i>lacosamide</i>)	NP	PA
QUDEXY XR CS24 (<i>topiramate</i>)	NP		ZONISADE SUSP	NP	
<i>rufinamide SUSP</i>	PA	SP; PA	<i>zonisamide CAPS</i>	P	
<i>rufinamide SUSP</i>	PA	PA	ZTALMY	NP	
<i>rufinamide TABS</i>	NP	Brand Preferred; SP	Carbamates		
SPRITAM TB3D	NP		<i>felbamate SUSP</i>	P	
SPRITAM TB3D	NP		<i>felbamate TABS</i>	P	
TEGRETOL SUSP (<i>carbamazepine</i>)	NP		FELBATOL TABS (<i>felbamate</i>)	NP	
TEGRETOL TABS (<i>carbamazepine</i>)	NP		XCOPRI (250 MG DAILY DOSE) TBPk	NP	
TEGRETOL-XR TB12 (<i>carbamazepine</i>)	P	Brand Preferred	XCOPRI (350 MG DAILY DOSE) TBPk	NP	
TOPAMAX SPRINKLE CPSP 25 MG (<i>topiramate</i>)	NP	QL(8 EA daily)	XCOPRI TABS	NP	
TOPAMAX SPRINKLE CPSP 15 MG (<i>topiramate</i>)	NP	QL(6 EA daily)	XCOPRI TBPk	NP	
TOPAMAX TABS 100 MG (<i>topiramate</i>)	NP	QL(4 EA daily)	GABA Modulators		
TOPAMAX TABS 200 MG (<i>topiramate</i>)	NP	QL(2 EA daily)	SABRIL PACK (<i>vigabatrin</i>)	PA	Brand Preferred; SP; PA
TOPAMAX TABS 25 MG, 50 MG (<i>topiramate</i>)	NP	QL(6 EA daily)	SABRIL TABS (<i>vigabatrin</i>)	NP	SP; PA
<i>topiramate CP24</i>	NP		<i>tiagabine hcl</i>	PA	PA
<i>topiramate CPSP 50 MG</i>	P		<i>vigabatrin PACK</i>	NP	Brand Preferred; SP
<i>topiramate CPSP 25 MG</i>	P	QL(8 EA daily)	<i>vigabatrin PACK</i>	PA	Brand Preferred; SP; PA
<i>topiramate CPSP 15 MG</i>	P	QL(6 EA daily)	<i>vigabatrin TABS</i>	PA	SP; PA
<i>topiramate CS24</i>	NP		<i>vigabatrin TABS</i>	NP	SP
<i>topiramate SOLN 25 MG/ML</i>	NP				
<i>topiramate TABS 200 MG</i>	P	QL(2 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIGAFYDE SOLN	NP	SP	DEPAKOTE TBEC 500 MG (<i>divalproex sodium</i>)	NP	QL(7 EA daily)
Hydantoins			<i>divalproex sodium CSDR</i>	P	QL(8 EA daily)
DILANTIN (<i>phenytoin sodium extended</i>)	NP		<i>divalproex sodium TB24 500 MG</i>	P	QL(7 EA daily)
DILANTIN	NP		<i>divalproex sodium TB24 250 MG</i>	P	QL(3 EA daily)
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	NP		<i>divalproex sodium TBEC 125 MG</i>	P	QL(2 EA daily)
DILANTIN-125 SUSP (<i>phenytoin</i>)	NP		<i>divalproex sodium TBEC 250 MG</i>	P	QL(3 EA daily)
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	P		<i>divalproex sodium TBEC 500 MG</i>	P	QL(7 EA daily)
<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP		<i>valproate sodium SOLN PO 500 MG/10ML</i>	NP	
<i>phenytoin CHEW</i>	P		<i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i>	C	PA
<i>phenytoin SUSP 125 MG/5ML</i>	P		<i>valproate sodium SOLN PO 250 MG/5ML</i>	P	
Succinimides			<i>valproic acid CAPS</i>	P	
CELONTIN (<i>methsuximide</i>)	P	Brand Preferred	ANTIDEPRESSANTS - Drugs to Treat Depression		
<i>ethosuximide CAPS</i>	P		Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>ethosuximide SOLN</i>	P		<i>mirtazapine TABS 7.5 MG, 45 MG</i>	P	QL(1 EA daily)
<i>methsuximide</i>	NP	Brand Preferred	<i>mirtazapine TABS 15 MG</i>	P	QL(3 EA daily)
ZARONTIN CAPS (<i>ethosuximide</i>)	NP		<i>mirtazapine TABS 30 MG</i>	P	QL(1.5 EA daily)
ZARONTIN SOLN (<i>ethosuximide</i>)	NP		<i>mirtazapine TBDP 30 MG</i>	P	QL(1.5 EA daily)
Valproic Acid			<i>mirtazapine TBDP 15 MG</i>	P	QL(3 EA daily)
DEPAKOTE ER TB24 250 MG (<i>divalproex sodium</i>)	NP	QL(3 EA daily)	<i>mirtazapine TBDP 45 MG</i>	P	QL(1 EA daily)
DEPAKOTE ER TB24 500 MG (<i>divalproex sodium</i>)	NP	QL(7 EA daily)	REMERON SOLTAB TBDP 45 MG (<i>mirtazapine</i>)	NP	QL(1 EA daily)
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	NP	QL(8 EA daily)	REMERON SOLTAB TBDP 30 MG (<i>mirtazapine</i>)	NP	QL(1.5 EA daily)
DEPAKOTE TBEC 125 MG (<i>divalproex sodium</i>)	NP	QL(2 EA daily)	REMERON SOLTAB TBDP 15 MG (<i>mirtazapine</i>)	NP	QL(3 EA daily)
DEPAKOTE TBEC 250 MG (<i>divalproex sodium</i>)	NP	QL(3 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
REMERON TABS 30 MG (mirtazapine)	NP	QL(1.5 EA daily)
REMERON TABS 15 MG (mirtazapine)	NP	QL(3 EA daily)
Antidepressant Combinations		
AUVELITY	NP	
Antidepressants - Misc.		
bupropion hcl TABS	P	QL(3 EA daily)
bupropion hcl TB12 100 MG	P	QL(4 EA daily)
bupropion hcl TB12 200 MG	P	QL(2 EA daily)
bupropion hcl TB12 150 MG	P	QL(3 EA daily)
bupropion hcl TB24 300 MG	P	QL(1 EA daily)
bupropion hcl TB24 150 MG	P	QL(3 EA daily)
bupropion hcl TB24 450 MG	NP	
FORFIVO XL TB24 (bupropion hcl)	NP	
WELLBUTRIN SR TB12 150 MG (bupropion hcl)	NP	QL(3 EA daily)
WELLBUTRIN SR TB12 200 MG (bupropion hcl)	NP	QL(2 EA daily)
WELLBUTRIN SR TB12 100 MG (bupropion hcl)	NP	QL(4 EA daily)
GABA Receptor Modulator - Neuroactive Steroid		
ZURZUVAE	NP	SP
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	NP	
MARPLAN	NP	
NARDIL (phenelzine sulfate)	NP	
phenelzine sulfate	P	
tranylcypromine sulfate	NP	
Selective Serotonin Reuptake Inhibitors (SSRIs)		

Drug Name	Drug Tier	Requirements/ Limits
CELEXA TABS 40 MG (citalopram hydrobromide)	NP	QL(1 EA daily); AL(At least 7 yrs old)
CELEXA TABS 20 MG (citalopram hydrobromide)	NP	QL(2 EA daily); AL(At least 7 yrs old)
CELEXA TABS 10 MG (citalopram hydrobromide)	NP	QL(4 EA daily)
CITALOPRAM HYDROBROMIDE CAPS	NP	
citalopram hydrobromide SOLN	P	
citalopram hydrobromide TABS 10 MG	P	QL(4 EA daily)
citalopram hydrobromide TABS 20 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
citalopram hydrobromide TABS 40 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
escitalopram oxalate SOLN	NP	
escitalopram oxalate TABS 5 MG	P	QL(4 EA daily)
escitalopram oxalate TABS 10 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
escitalopram oxalate TABS 20 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
fluoxetine hcl CAPS 10 MG, 20 MG	P	QL(4 EA daily)
fluoxetine hcl CAPS 40 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
fluoxetine hcl CPDR	NP	
fluoxetine hcl SOLN	P	QL(120 ML per fill retail)
fluoxetine hcl TABS 60 MG	NP	
fluoxetine hcl TABS 10 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
fluoxetine hcl TABS 20 MG	P	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUOXETINE HCL TABS (fluoxetine hcl)	NP		<i>sertraline hcl CAPS 150 MG, 200 MG</i>	NP	
<i>fluvoxamine maleate CP24</i>	NP		SERTRALINE HCL CAPS 150 MG, 200 MG (<i>sertraline hcl</i>)	NP	
<i>fluvoxamine maleate TABS 100 MG</i>	P	QL(3 EA daily)	<i>sertraline hcl CONC</i>	NP	QL(186 ML per 31 day(s) retail)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)	<i>sertraline hcl TABS 100 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)
LEXAPRO TABS 10 MG (<i>escitalopram oxalate</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)	<i>sertraline hcl TABS 25 MG, 50 MG</i>	P	QL(4 EA daily)
LEXAPRO TABS 20 MG (<i>escitalopram oxalate</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)	ZOLOFT CONC (<i>sertraline hcl</i>)	NP	QL(186 ML per 31 day(s) retail)
LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	NP	QL(4 EA daily)	ZOLOFT TABS 25 MG, 50 MG (<i>sertraline hcl</i>)	NP	QL(4 EA daily)
<i>paroxetine hcl SUSP</i>	NP	QL(40 ML daily)	ZOLOFT TABS 100 MG (<i>sertraline hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)
<i>paroxetine hcl TABS 20 MG</i>	P	QL(3 EA daily)	Serotonin Modulators		
<i>paroxetine hcl TABS 30 MG, 40 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)	<i>nefazodone hcl</i>	P	
<i>paroxetine hcl TABS 10 MG</i>	P	QL(6 EA daily)	RALDESY SOLN PO 10 MG/ML	NP	
<i>paroxetine hcl TB24</i>	NP	QL(1 EA daily); AL(At least 7 yrs old)	<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	P	
PAXIL CR TB24 (<i>paroxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)	<i>trazodone hcl TABS 300 MG</i>	P	QL(2 EA daily)
PAXIL SUSP (<i>paroxetine hcl</i>)	NP	QL(40 ML daily)	TRINTELLIX	NP	QL(1 EA daily); AL(At least 18 yrs old)
PAXIL TABS 20 MG (<i>paroxetine hcl</i>)	NP	QL(3 EA daily)	VIIBRYD TABS (<i>vilazodone hcl</i>)	NP	QL(1 EA daily)
PAXIL TABS 10 MG (<i>paroxetine hcl</i>)	NP	QL(6 EA daily)	<i>vilazodone hcl TABS</i>	P	QL(1 EA daily)
PAXIL TABS 30 MG, 40 MG (<i>paroxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	NP	QL(4 EA daily)	CYMBALTA CPEP (<i>duloxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)
PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)	DESVENLAFAXINE ER	NP	
			<i>desvenlafaxine succinate 25 MG, 50 MG</i>	P	QL(1 EA daily)
			<i>desvenlafaxine succinate 100 MG</i>	P	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
DRIZALMA SPRINKLE CSDR	NP	
<i>duloxetine hcl CPEP 40 MG</i>	NP	
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)
EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	NP	QL(2 EA daily)
EFFEXOR XR CP24 75 MG (<i>venlafaxine hcl</i>)	NP	QL(5 EA daily)
EFFEXOR XR CP24 37.5 MG (<i>venlafaxine hcl</i>)	NP	QL(4 EA daily)
FETZIMA TITRATION C4PK	NP	
FETZIMA CP24	NP	
PRISTIQ 100 MG (<i>desvenlafaxine succinate</i>)	NP	QL(4 EA daily)
PRISTIQ 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NP	QL(1 EA daily)
VENLAFAXINE BESYLATE ER	NP	
<i>venlafaxine hcl CP24 150 MG</i>	P	QL(2 EA daily)
<i>venlafaxine hcl CP24 75 MG</i>	P	QL(5 EA daily)
<i>venlafaxine hcl CP24 37.5 MG</i>	P	QL(4 EA daily)
<i>venlafaxine hcl TABS</i>	P	
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	NP	QL(1 EA daily); AL(At least 7 yrs old)
<i>venlafaxine hcl TB24 150 MG</i>	NP	QL(1 EA daily)
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	C	
<i>amoxapine</i>	C	
<i>clomipramine hcl 75 MG</i>	C	
<i>desipramine hcl TABS 25 MG</i>	C	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	C	
<i>doxepin hcl CAPS</i>	C	
<i>doxepin hcl CONC</i>	C	
<i>imipramine hcl TABS</i>	C	
<i>nortriptyline hcl CAPS</i>	C	
<i>nortriptyline hcl SOLN</i>	C	QL(20 ML daily)
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	P	
<i>miglitol</i>	NP	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	P	QL(11 ML per 31 day(s) retail; 11 ML per 31 days mail); ST
SYMLINPEN 60 SOPN	P	QL(6 ML per 31 day(s) retail; 6 ML per 31 days mail); ST
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	NP	QL(2 EA daily)
<i>alogliptin-metformin hcl</i>	NP	QL(2 EA daily)
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	QL(1 EA daily)
<i>dapagliflozin propanediol-metformin hcl</i>	NP	Brand Preferred
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP	
<i>glipizide-metformin hcl</i>	NP	
<i>glyburide-metformin</i>	P	
GLYXAMBI	NP	
INVOKAMET XR TB24	NP	
INVOKAMET TABS	P	ST

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JANUMET XR TB24	NP		<i>metformin hcl TABS 850 MG</i>	P	QL(3 EA daily)
JANUMET TABS	P	ST	<i>metformin hcl TABS 750 MG</i>	P	
JENTADUETO XR TB24	NP		<i>metformin hcl TABS 1000 MG</i>	P	QL(2 EA daily)
JENTADUETO TABS	P	ST	<i>metformin hcl TABS 500 MG</i>	P	QL(5 EA daily)
KAZANO (<i>alogliptin-metformin hcl</i>)	NP	QL(2 EA daily)	<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (<i>alogliptin-pioglitazone</i>)	NP	QL(1 EA daily)	<i>metformin hcl TB24 750 MG</i>	P	QL(3 EA daily)
<i>pioglitazone hcl-glimepiride</i>	NP		<i>metformin hcl TB24 500 MG</i>	P	QL(4 EA daily)
<i>pioglitazone hcl-metformin hcl TABS</i>	NP	QL(2 EA daily)	RIOMET SOLN (<i>metformin hcl</i>)	NP	
QTERN	NP		Diabetic Other		
<i>saxagliptin-metformin hcl</i>	NP	QL(1 EA daily)	BAQSIMI ONE PACK POWD	P	
SEGLUROMET	NP	QL(2 EA daily)	BAQSIMI TWO PACK POWD	P	
SITAGLIPT BASE-METFORM HCL ER TB24	NP		<i>diazoxide</i>	NP	Brand Preferred
SITAGLIPTIN BASE-METFORMIN HCL TABS	NP		GLUCAGON EMERGENCY	NP	
SOLIQUA	NP	QL(18 ML per 31 day(s) retail)	<i>glucagon SOLR IJ 1 MG</i>	P	QL(4 EA per 365 day(s) retail)
STEGLUJAN	NP		GVOKE HYPOPEN 1-PACK SOAJ	P	
SYNJARDY XR TB24	NP		GVOKE HYPOPEN 2-PACK SOAJ	P	
SYNJARDY TABS	NP		GVOKE KIT SOLN	NP	
TRIJARDY XR	NP		GVOKE PFS SOSY 1 MG/0.2ML	NP	
XIGDUO XR 1000 MG-2.5 MG, 500 MG-10 MG, 500 MG-5 MG	P	Brand Preferred; ST	PROGLYCEM (<i>diazoxide</i>)	P	
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	P	Brand Preferred	ZEGALOGUE SOAJ	P	
XULTOPHY	NP		ZEGALOGUE SOSY	P	
ZITUVIMET XR TB24	NP		Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
ZITUVIMET TABS	NP		<i>alogliptin benzoate</i>	NP	QL(1 EA daily)
Biguanides					
<i>metformin hcl SOLN</i>	NP				
<i>metformin hcl TABS 625 MG</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits
BRYNOVIN SOLN PO 25 MG/ML	NP	
JANUVIA	P	ST
NESINA (<i>alogliptin benzoate</i>)	NP	QL(1 EA daily)
<i>saxagliptin hcl</i>	NP	QL(1 EA daily)
SITAGLIPTIN	NP	
TRADJENTA	P	ST
ZITUVIO	NP	
Incretin Mimetic Agents		
BYDUREON BCISE AUIJ	NP	QL(3.4 ML per 28 day(s) retail)
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (<i>exenatide</i>)	NP	QL(2.4 ML per 31 day(s) retail); AL(At least 18 yrs old)
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (<i>exenatide</i>)	NP	QL(1.2 ML per 31 day(s) retail); AL(At least 18 yrs old)
<i>exenatide SOPN 5 MCG/0.02ML</i>	NP	QL(1.2 ML per 31 day(s) retail); AL(At least 18 yrs old)
<i>exenatide SOPN 10 MCG/0.04ML</i>	NP	QL(2.4 ML per 31 day(s) retail); AL(At least 18 yrs old)
<i>liraglutide</i>	NP	Brand Preferred; QL(12 ML per 28 day(s) retail); AL(At least 10 yrs old)
MOUNJARO	NP	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	PA	PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
OZEMPIC (2 MG/DOSE) SOPN	PA	PA
RYBELSUS TABS	NP	
TRULICITY	PA	QL(2 ML per 28 day(s) retail); PA
VICTOZA (<i>liraglutide</i>)	PA	Brand Preferred; QL(12 ML per 28 day(s) retail); AL(At least 10 yrs old); PA
Insulin		
ADMELOG SOLOSTAR SOPN	NP	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
ADMELOG SOLN IJ	NP	USE BRAND NAME or Authorized Generic; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
AFREZZA POWD	NP	
APIDRA SOLOSTAR SOPN	P	
APIDRA SOLN	NP	
BASAGLAR KWIKPEN SOPN	NP	Brand Preferred
FIASP FLEXTOUCH SOPN	NP	
FIASP PENFILL SOCT	NP	
FIASP SOLN	NP	
HUMALOG JUNIOR KWIKPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	HUMULIN N SUSP	P	Limit 40mls per month
			HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	
			HUMULIN R U-500 KWIKPEN SOPN SC	P	
HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	USE BRAND NAME or Authorized Generic	HUMULIN R SOLN IJ	P	Limit 40mls per month
HUMALOG MIX 50/50 KWIKPEN SUPN	P	USE BRAND NAME or Authorized Generic	INSULIN ASP PROT & ASP FLEXPEN SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
HUMALOG MIX 75/25 KWIKPEN SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	INSULIN ASPART FLEXPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
HUMALOG MIX 75/25 SUSP	P	USE BRAND NAME or Authorized Generic	INSULIN ASPART PENFILL SOCT	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
HUMALOG TEMPO PEN SOPN	P	USE BRAND NAME or Authorized Generic	INSULIN ASPART PROT & ASPART SUSP	P	Brand Preferred; QL(40 ML per 31 day(s) retail)
HUMALOG SOCT	P	USE BRAND NAME or Authorized Generic	INSULIN ASPART SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
HUMALOG SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)	INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	NP	Brand Preferred; QL(0.9 ML daily)
HUMULIN 70/30 KWIKPEN SUPN	P	QL(1 ML daily)	INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	NP	Brand Preferred; QL(1.5 ML daily)
HUMULIN 70/30 SUSP	P	Limit 40mls per month	INSULIN DEGLUDEC SOLN	NP	Brand Preferred; QL(1.5 ML daily)
HUMULIN N KWIKPEN SUPN	P	QL(1 ML daily)			

Drug Name	Drug Tier	Requirements/ Limits
INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	
INSULIN GLARGINE-YFGN SOLN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
INSULIN GLARGINE-YFGN SOPN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
INSULIN LISPRO (1 UNIT DIAL) SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
INSULIN LISPRO PROT & LISPRO SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
INSULIN LISPRO SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
KIRSTY SOLN IJ 100 UNIT/ML	NP	
KIRSTY SOPN SC 100 UNIT/ML	NP	

Drug Name	Drug Tier	Requirements/ Limits
LANTUS SOLOSTAR SOPN	P	Brand Preferred
LANTUS SOLN	P	Brand Preferred
LEVEMIR FLEXPEN SOPN	P	
LEVEMIR SOLN	P	
LYUMJEV KWIKPEN SOPN	NP	
LYUMJEV TEMPO PEN SOPN	NP	
LYUMJEV SOLN	NP	
MERIOLOG SOLOSTAR SOPN SC 100 UNIT/ML	NP	
MERIOLOG SOLN SC 100 UNIT/ML	NP	
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(1 ML daily)
NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(1 ML daily)
NOVOLIN 70/30 RELION SUSP	NP	
NOVOLIN 70/30 SUSP	NP	Limit 40mls per month
NOVOLIN N FLEXPEN RELION SUPN	NP	QL(1 ML daily)
NOVOLIN N FLEXPEN SUPN	NP	QL(1 ML daily)
NOVOLIN N RELION SUSP	NP	
NOVOLIN N SUSP	NP	Limit 40mls per month
NOVOLIN R FLEXPEN RELION SOPN IJ	NP	
NOVOLIN R FLEXPEN SOPN IJ	NP	
NOVOLIN R RELION SOLN IJ	NP	
NOVOLIN R SOLN IJ	NP	Limit 40mls per month

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG 70/30 FLEXPEN RELION SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	REZVOGLAR KWIKPEN	NP	Brand Preferred
NOVOLOG FLEXPEN RELION SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	SEMGLEE (YFGN) SOLN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
NOVOLOG FLEXPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	SEMGLEE (YFGN) SOPN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
NOVOLOG MIX 70/30 FLEXPEN SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	TOUJEO MAX SOLOSTAR SOPN	NP	
NOVOLOG MIX 70/30 RELION SUSP	P	USE BRAND NAME or Authorized Generic	TOUJEO SOLOSTAR SOPN	NP	
NOVOLOG MIX 70/30 SUSP	P	USE BRAND NAME or Authorized Generic	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	P	Brand Preferred; QL(1.5 ML daily)
NOVOLOG PENFILL SOCT	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	P	Brand Preferred; QL(0.9 ML daily)
NOVOLOG RELION SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	TRESIBA SOLN	P	Brand Preferred; QL(1.5 ML daily)
NOVOLOG SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	Insulin Sensitizing Agents		
			ACTOS (<i>pioglitazone hcl</i>)	NP	QL(1 EA daily)
			<i>pioglitazone hcl</i>	P	QL(1 EA daily)
			Meglitinide Analogues		
			<i>nateglinide</i>	P	QL(3 EA daily)
			<i>repaglinide</i>	NP	
			Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
			<i>dapagliflozin propanediol</i>	NP	Brand Preferred; ST
			FARXIGA (<i>dapagliflozin propanediol</i>)	P	Brand Preferred; ST
			INVOKANA	P	ST
			JARDIANCE	P	ST

Drug Name	Drug Tier	Requirements/ Limits
STEGLATRO	NP	QL(1 EA daily)
Sulfonylureas		
<i>glimepiride 1 MG, 2 MG</i>	P	QL(4 EA daily)
<i>glimepiride 3 MG</i>	P	
<i>glimepiride 4 MG</i>	P	QL(2 EA daily)
<i>glipizide TABS</i>	P	
<i>glipizide TB24</i>	P	
GLUCOTROL XL TB24 5 MG, 10 MG (<i>glipizide</i>)	NP	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	P	
<i>glyburide TABS</i>	P	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate CHEW 262 MG</i>	C	
<i>bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML</i>	C	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	C	
<i>diphenoxylate w/ atropine TABS</i>	C	
<i>loperamide hcl CAPS</i>	C	QL(8 EA daily); RX/OTC
<i>loperamide hcl TABS</i>	C	QL(8 EA daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	C	
<i>deferasirox PACK</i>	C	SP; PA
<i>deferasirox TABS</i>	C	SP; PA
<i>deferasirox TBSO</i>	C	SP; PA
Opioid Antagonists		
KLOXXADO LIQD	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>naloxone hcl LIQD</i>	NP	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC
<i>naloxone hcl SOCT</i>	P	QL(2 ML per 90 day(s) retail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(2 ML per 90 day(s) retail)
<i>naloxone hcl SOSY 2 MG/2ML</i>	P	QL(4 ML per 90 day(s) retail)
<i>naloxone hcl SOSY 0.4 MG/ML</i>	P	
<i>naltrexone hcl</i>	C	
NARCAN LIQD (<i>naloxone hcl</i>)	P	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC
OPVEE NA	NP	
REXTOVY LIQD	NP	
VIVITROL	P	QL(1 EA per 30 day(s) retail); SP
ZIMHI SOSY	NP	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl TABS</i>	NP	
<i>ondansetron hcl SOLN IJ</i>	C	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per 31 day(s) retail)
<i>ondansetron hcl SOSY</i>	C	
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(20 EA per 31 day(s) retail)
<i>ondansetron TBDP 16 MG</i>	P	
<i>ondansetron TBDP 4 MG, 8 MG</i>	P	QL(20 EA per 31 day(s) retail; 20 EA per 31 days mail)
SANCUSO PTCH	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antiemetics - Anticholinergic			<i>griseofulvin ultramicrosize</i>	P	
ANTIVERT CHEW (<i>meclizine hcl</i>)	NP	RX/OTC	<i>nystatin TABS</i>	P	QL(6 EA daily)
ANTIVERT TABS 50 MG (<i>meclizine hcl</i>)	NP		<i>terbinafine hcl TABS</i>	P	QL(1 EA daily; 90 EA per 120 day(s) retail)
<i>meclizine hcl TABS 12.5 MG, 25 MG, 50 MG</i>	NP	RX/OTC	Imidazole-Related Antifungals		
<i>scopolamine</i>	P		CRESEMBA CAPS	NP	
TRANSDERM-SCOP (<i>scopolamine</i>)	NP		DIFLUCAN SUSR 40 MG/ML (<i>fluconazole</i>)	NP	QL(70 ML per fill retail)
<i>trimethobenzamide hcl CAPS</i>	NP		<i>fluconazole SUSR</i>	P	QL(70 ML per fill retail)
Antiemetics - Miscellaneous			<i>fluconazole TABS 100 MG, 200 MG</i>	P	
AKYNZEO	NP		<i>fluconazole TABS 150 MG</i>	P	QL(2 EA per fill retail)
BONJESTA TBCR	NP		<i>fluconazole TABS 50 MG</i>	P	QL(3 EA per 14 day(s) retail)
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	NP		<i>itraconazole CAPS</i>	NP	QL(1 EA daily)
<i>doxylamine-pyridoxine TBEC</i>	NP		<i>itraconazole SOLN</i>	NP	
<i>dronabinol CAPS</i>	NP		<i>ketoconazole</i>	NP	
MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	NP		SPORANOX CAPS (<i>itraconazole</i>)	NP	QL(1 EA daily)
Substance P/Neurokinin 1 (NK1) Receptor Antagonists			VFEND SUSR (<i>voriconazole</i>)	NP	
<i>aprepitant CAPS</i>	P		<i>voriconazole SUSR</i>	NP	
EMEND BIPACK CAPS 80 MG (<i>aprepitant</i>)	NP		<i>voriconazole TABS</i>	NP	
EMEND TRIPACK CAPS (<i>aprepitant</i>)	NP		ANTIHIISTAMINES - Drugs to Treat Allergies		
EMEND SUSR	NP		Antihistamines - Alkylamines		
ANTIFUNGALS - Drugs to Treat Fungal Infections			<i>chlorpheniramine maleate SYRP</i>	C	
Antifungal - Glucan Synthesis Inhibitors			<i>dexchlorpheniramine maleate SOLN</i>	C	
BREXAFEMME	NP		Antihistamines - Ethanolamines		
Antifungals			<i>diphenhydramine hcl CAPS</i>	C	QL(4 EA daily)
<i>griseofulvin microsize SUSP</i>	P		<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	C	QL(240 ML per fill retail)
<i>griseofulvin microsize TABS</i>	NP		<i>diphenhydramine hcl TABS 25 MG</i>	C	QL(4 EA daily)
			Antihistamines - Non-Sedating		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cetirizine hcl CHEW</i>	C	QL(1 EA daily)	<i>ezetimibe-simvastatin</i>	NP	QL(1 EA daily)
<i>cetirizine hcl SOLN PO</i>	P	QL(300 ML per fill retail); AL(Up to 12 yrs old); RX/OTC	VYTORIN (<i>ezetimibe-simvastatin</i>)	NP	QL(1 EA daily)
<i>cetirizine hcl TABS</i>	P	QL(1 EA daily)	Antihyperlipidemics - Misc.		
CLARINEX TABS (<i>desloratadine</i>)	NP		<i>icosapent ethyl</i>	P	
<i>desloratadine TABS</i>	NP		<i>omega-3-acid ethyl esters</i>	P	
<i>desloratadine TBDP</i>	NP	AL(Up to 12 yrs old)	Bile Acid Sequestrants		
<i>fexofenadine hcl TABS 180 MG</i>	C	QL(1 EA daily)	<i>cholestyramine light PACK</i>	P	
<i>fexofenadine hcl TABS 60 MG</i>	C	QL(2 EA daily)	<i>cholestyramine light PACK</i>	NP	
<i>levocetirizine dihydrochloride SOLN</i>	NP	AL(Up to 12 yrs old); RX/OTC	<i>cholestyramine light POWD</i>	NP	
<i>levocetirizine dihydrochloride TABS</i>	P	QL(1 EA daily); RX/OTC	<i>cholestyramine light POWD</i>	P	
<i>loratadine CHEW</i>	P		<i>cholestyramine PACK</i>	P	
<i>loratadine TABS</i>	P	QL(1 EA daily)	<i>cholestyramine POWD</i>	P	
<i>loratadine TBDP 10 MG</i>	P	QL(1 EA daily); AL(Up to 12 yrs old)	<i>colesevelam hcl PACK</i>	NP	
Antihistamines - Phenothiazines			<i>colesevelam hcl TABS</i>	NP	
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	P	QL(240 ML per fill retail); AL(At least 2 yrs old)	COLESTID GRAN (<i>colestipol hcl</i>)	NP	
PROMETHAZINE HCL SOLN PO 6.25 MG/5ML	P		COLESTID TABS (<i>colestipol hcl</i>)	NP	
<i>promethazine hcl SUPP</i>	P	QL(12 EA per fill retail); AL(At least 2 yrs old)	<i>colestipol hcl GRAN</i>	P	
<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)	<i>colestipol hcl PACK</i>	P	
Antihistamines - Piperidines			<i>colestipol hcl TABS</i>	P	
<i>cypheptadine hcl SYRP</i>	C		QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NP	
<i>cypheptadine hcl TABS</i>	C		QUESTRAN PACK (<i>cholestyramine</i>)	NP	
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			QUESTRAN POWD (<i>cholestyramine</i>)	NP	
Antihyperlipidemics - Combinations			WELCHOL PACK (<i>colesevelam hcl</i>)	NP	
			WELCHOL TABS (<i>colesevelam hcl</i>)	NP	
			Fibric Acid Derivatives		
			<i>choline fenofibrate</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibrate micronized 134 MG, 200 MG</i>	NP	QL(1 EA daily)
<i>fenofibrate micronized 67 MG</i>	NP	QL(2 EA daily)
<i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>	NP	
<i>fenofibrate CAPS</i>	NP	
<i>fenofibrate TABS 160 MG</i>	NP	QL(1 EA daily)
<i>fenofibrate TABS 48 MG, 145 MG</i>	P	
<i>fenofibrate TABS 40 MG, 120 MG</i>	NP	
<i>fenofibrate TABS 54 MG</i>	NP	QL(3 EA daily)
<i>fenofibric acid</i>	NP	
<i>FIBRICOR (fenofibric acid)</i>	NP	
<i>gemfibrozil TABS</i>	P	QL(2 EA daily)
<i>LIPOFEN CAPS (fenofibrate)</i>	NP	
<i>LOPID TABS (gemfibrozil)</i>	NP	QL(2 EA daily)
<i>TRICOR TABS (fenofibrate)</i>	NP	
HMG CoA Reductase Inhibitors		
<i>ALTOPREV TB24 20 MG, 40 MG, 60 MG</i>	NP	
<i>ATORVALIQ SUSP</i>	NP	
<i>atorvastatin calcium TABS</i>	P	QL(1 EA daily)
<i>CRESTOR TABS (rosuvastatin calcium)</i>	NP	QL(1 EA daily)
<i>fluvastatin sodium CAPS</i>	P	
<i>fluvastatin sodium TB24</i>	NP	
<i>LESCOL XL TB24 (fluvastatin sodium)</i>	NP	
<i>LIPITOR TABS (atorvastatin calcium)</i>	NP	QL(1 EA daily)
<i>LIVALO (pitavastatin calcium)</i>	NP	
<i>lovastatin TABS 40 MG</i>	P	QL(2 EA daily)
<i>lovastatin TABS 10 MG, 20 MG</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>pitavastatin calcium</i>	NP	
<i>pravastatin sodium</i>	P	QL(1 EA daily)
<i>rosuvastatin calcium TABS</i>	P	QL(1 EA daily)
<i>simvastatin TABS 80 MG</i>	P	
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	P	QL(1 EA daily)
<i>ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)</i>	NP	QL(1 EA daily)
<i>ZYPITAMAG 2 MG, 4 MG</i>	NP	
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	P	
<i>ZETIA (ezetimibe)</i>	NP	
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	NP	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>ACCUPRIL (quinapril hcl)</i>	NP	
<i>ALTACE CAPS 1.25 MG, 5 MG, 10 MG (ramipril)</i>	NP	QL(2 EA daily)
<i>benazepril hcl 40 MG</i>	P	QL(2 EA daily)
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	P	QL(1 EA daily)
<i>captopril</i>	P	QL(3 EA daily)
<i>enalapril maleate SOLN</i>	NP	
<i>enalapril maleate TABS</i>	P	QL(2 EA daily)
<i>EPANED SOLN (enalapril maleate)</i>	NP	
<i>fosinopril sodium</i>	NP	QL(1 EA daily)
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	
<i>LOTENSIN 10 MG, 20 MG (benazepril hcl)</i>	NP	QL(1 EA daily)
<i>LOTENSIN 40 MG (benazepril hcl)</i>	NP	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>moexipril hcl</i>	NP		<i>methyldopa TABS</i>	P	
<i>perindopril erbumine</i>	NP		NEXICLON XR TB24 (<i>clonidine</i>)	NP	
QBRELIS SOLN	NP		<i>prazosin hcl CAPS</i>	C	
<i>quinapril hcl</i>	NP		<i>terazosin hcl</i>	P	
<i>ramipril CAPS</i>	P	QL(2 EA daily)	TEZRULY PO 1 MG/ML	NP	
<i>trandolapril 1 MG, 2 MG</i>	NP	QL(1 EA daily)	Antihypertensive Combinations		
<i>trandolapril 4 MG</i>	NP	QL(2 EA daily)	ACCURETIC 12.5 MG-10 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(3 EA daily)
ZESTRIL TABS (<i>lisinopril</i>)	NP		ACCURETIC 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(4 EA daily)
Angiotensin II Receptor Antagonists			<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 EA daily)
ATACAND (<i>candesartan cilexetil</i>)	NP		<i>amlodipine besylate-olmesartan medoxomil</i>	NP	ST
AVAPRO 150 MG, 300 MG (<i>irbesartan</i>)	NP	QL(1 EA daily)	<i>amlodipine besylate-olmesartan medoxomil</i>	NP	
BENICAR (<i>olmesartan medoxomil</i>)	NP	QL(1 EA daily)	<i>amlodipine besylate-valsartan 10 MG-160 MG, 10 MG-320 MG, 5 MG-320 MG</i>	P	
<i>candesartan cilexetil</i>	NP		<i>amlodipine besylate-valsartan 5 MG-160 MG</i>	P	
COZAAR (<i>losartan potassium</i>)	NP	QL(1 EA daily)	<i>amlodipine-valsartan-hydrochlorothiazide</i>	P	
DIOVAN TABS (<i>valsartan</i>)	NP	QL(1 EA daily)	ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	NP	
EDARBI	NP		<i>atenolol & chlorthalidone</i>	P	QL(2 EA daily)
<i>irbesartan</i>	P	QL(1 EA daily)	AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
<i>losartan potassium</i>	P	QL(1 EA daily)	AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>)	NP	ST
MICARDIS (<i>telmisartan</i>)	NP		<i>benazepril & hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>olmesartan medoxomil</i>	P	QL(1 EA daily)	BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
<i>telmisartan</i>	P				
<i>valsartan SOLN</i>	NP				
<i>valsartan TABS</i>	P	QL(1 EA daily)			
Antiadrenergic Antihypertensives					
CARDURA (<i>doxazosin mesylate</i>)	NP				
<i>clonidine hcl TABS</i>	P				
<i>clonidine PTWK</i>	P				
<i>clonidine TB24</i>	NP				
<i>doxazosin mesylate</i>	P				
<i>guanfacine hcl</i>	P				
<i>methyldopa TABS 500 MG</i>	C				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG</i>	P		LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>)	NP	QL(1 EA daily)
<i>bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG</i>	P	QL(1 EA daily)	<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG</i>	NP	QL(2 EA daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	NP		<i>metoprolol & hydrochlorothiazide TABS 50 MG-100 MG</i>	NP	QL(1 EA daily)
<i>captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG</i>	NP	QL(2 EA daily)	MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
<i>captopril & hydrochlorothiazide 25 MG-50 MG</i>	NP	QL(3 EA daily)	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP	ST
DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)	<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	QL(1 EA daily)
EDARBYCLOR	NP		<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	NP	QL(3 EA daily)
<i>enalapril maleate & hydrochlorothiazide</i>	P	QL(2 EA daily)	<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	NP	QL(4 EA daily)
EXFORGE (<i>amlodipine besylate-valsartan</i>)	NP		<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	NP	QL(2 EA daily)
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP		<i>telmisartan-amlodipine</i>	NP	ST
<i>fosinopril sodium & hydrochlorothiazide</i>	NP	QL(1 EA daily)	<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	NP	QL(1 EA daily)	TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NP	QL(2 EA daily)
<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 EA daily)	TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NP	QL(2 EA daily)
<i>lisinopril & hydrochlorothiazide</i>	P		<i>trandolapril-verapamil hcl</i>	P	
<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 EA daily)	TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	ST
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	NP	QL(1 EA daily)	<i>valsartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
			ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	NP	Brand Preferred; ST
TEKTURNA (<i>aliskiren fumarate</i>)	P	Brand Preferred; ST
Vasodilators		
<i>hydralazine hcl TABS</i>	C	
<i>minoxidil 10 MG</i>	C	QL(10 EA daily)
<i>minoxidil 2.5 MG</i>	C	QL(3 EA daily)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	NP	
FLAGYL CAPS (<i>metronidazole</i>)	NP	
LIKMEZ SUSP	NP	
<i>metronidazole CAPS</i>	P	
<i>metronidazole TABS</i>	P	
<i>tinidazole</i>	NP	ST
<i>trimethoprim TABS</i>	C	
Anti-infective Misc. - Combinations		
<i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS 81.6 MG</i>	C	
<i>sulfamethoxazole-trimethoprim SUSP</i>	C	
<i>sulfamethoxazole-trimethoprim TABS</i>	C	
URETRON D/S TABS 81.6 MG	C	
Antiprotozoal Agents		
<i>nitazoxanide TABS</i>	NP	ST
Glycopeptides		
FIRVANQ SOLR PO (<i>vancomycin hcl</i>)	NP	QL(300 ML per fill retail; 300 per fill mail); ST

Drug Name	Drug Tier	Requirements/ Limits
VANCOCIN CAPS 250 MG (<i>vancomycin hcl</i>)	NP	QL(8 EA daily); ST
VANCOCIN CAPS 125 MG (<i>vancomycin hcl</i>)	NP	QL(4 EA daily); ST
<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 EA daily); ST
<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 EA daily); ST
<i>vancomycin hcl SOLR IV 500 MG</i>	C	QL(14 EA per 31 day(s) retail)
<i>vancomycin hcl SOLR IV 1 GM</i>	C	QL(14 EA per fill retail)
<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	P	QL(300 ML per fill retail; 300 per fill mail); ST
VANCOMYCIN HCL SOLR IV 1 GM	C	QL(14 EA per fill retail)
VANCOMYCIN HCL SOLR IV 500 MG	C	QL(14 EA per 31 day(s) retail)
Leprostatics		
<i>dapsone</i>	C	
Lincosamides		
<i>clindamycin hcl 150 MG, 300 MG</i>	C	
<i>clindamycin palmitate hydrochloride</i>	C	QL(300 ML per fill retail)
Monobactams		
CAYSTON	NP	SP
Oxazolidinones		
SIVEXTRO TABS	C	QL(6 EA per fill retail); PA
Urinary Anti-infectives		
<i>methenamine mandelate</i>	C	
<i>nitrofurantoin</i>	C	QL(40 ML daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	C	
<i>nitrofurantoin monohyd macro</i>	C	

Drug Name	Drug Tier	Requirements/ Limits
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	C	QL(24 EA per fill retail)
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	C	
<i>chloroquine phosphate TABS 500 MG</i>	C	QL(1 EA daily)
<i>hydroxychloroquine sulfate 100 MG, 200 MG</i>	C	
KRINTAFEL	C	QL(0.67 EA daily)
<i>mefloquine hcl</i>	C	
<i>primaquine phosphate TABS</i>	C	
SOVUNA 200 MG	C	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
<i>pyridostigmine bromide TABS 60 MG</i>	C	
<i>pyridostigmine bromide TBCR</i>	C	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	C	
<i>isoniazid SYRP</i>	C	
<i>isoniazid TABS</i>	C	
<i>pyrazinamide</i>	C	
<i>rifabutin</i>	C	
<i>rifampin CAPS</i>	C	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
LEUKERAN	C	

Drug Name	Drug Tier	Requirements/ Limits
MYLERAN TABS	C	
Antimetabolites		
JYLAMVO SOLN PO	NP	SP
<i>mercaptopurine SUSP 2000 MG/100ML</i>	C	
<i>mercaptopurine TABS</i>	C	
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P	
<i>methotrexate sodium SOLR</i>	P	
<i>methotrexate sodium TABS 2.5 MG</i>	P	
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	NP	
XATMEP SOLN PO	NP	
Antineoplastic - Angiogenesis Inhibitors		
MVASI	C	SP; PA
ZIRABEV	C	SP; PA
Antineoplastic - Antibodies		
ENHERTU	C	SP; PA
PADCEV	C	SP; PA
RUXIENCE	C	SP; PA
TRUXIMA	C	SP; PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI	C	SP; PA
OGIVRI	C	SP; PA
TRAZIMERA 420 MG	C	SP; PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	C	SP; PA
<i>anastrozole</i>	C	
<i>bicalutamide</i>	C	QL(1 EA daily)
EULEXIN	C	
<i>exemestane</i>	C	
<i>letrozole</i>	C	
<i>megestrol acetate SUSP</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>megestrol acetate TABS</i>	C	
<i>tamoxifen citrate TABS</i>	C	
<i>toremifene citrate</i>	C	PA
Antineoplastic Combinations		
PHESGO	C	SP; PA
Antineoplastic Enzyme Inhibitors		
BRAFTOVI 75 MG	C	SP; PA
IBRANCE CAPS	C	SP; PA
IBRANCE TABS	C	SP; PA
ICLUSIG	C	QL(1 EA daily); SP; PA
INREBIC	C	SP; PA
MEKTOVI	C	SP; PA
ROZLYTREK CAPS	C	SP; PA
Antineoplastic Enzymes		
ASPARLAS	C	SP; PA
Antineoplastics Misc.		
<i>hydroxyurea</i>	P	
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium TABS</i>	C	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	C	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	C	
<i>trihexyphenidyl hcl SOLN</i>	C	QL(16.67 ML daily)
<i>trihexyphenidyl hcl TABS</i>	C	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	C	
<i>amantadine hcl SOLN</i>	C	
<i>bromocriptine mesylate CAPS</i>	C	

Drug Name	Drug Tier	Requirements/ Limits
<i>bromocriptine mesylate TABS 2.5 MG</i>	C	
<i>carbidopa-levodopa TABS</i>	C	
<i>carbidopa-levodopa TBCR</i>	C	
DHIVY TABS	C	
NEUPRO	NP	
<i>pramipexole dihydrochloride TABS</i>	P	QL(3 EA daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride TB24</i>	NP	
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	P	QL(3 EA daily)
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	P	QL(6 EA daily)
<i>ropinirole hydrochloride TB24</i>	NP	
Antiparkinson Monoamine Oxidase Inhibitors		
<i>selegiline hcl CAPS</i>	C	
<i>selegiline hcl TABS</i>	C	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	C	QL(10 ML daily)
<i>lithium carbonate CAPS</i>	C	
LITHIUM CARBONATE POWD	C	
<i>lithium carbonate TABS</i>	C	
<i>lithium carbonate TBCR</i>	C	
Antipsychotics - Misc.		
CAPLYTA	NP	AL(At least 18 yrs old); ST
EQUETRO	NP	
GEODON (<i>ziprasidone hcl</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LATUDA (<i>lurasidone hcl</i>)	NP	AL(At least 10 yrs old)	FANAPT TITRATION PACK B	NP	
<i>lurasidone hcl</i>	P	AL(At least 10 yrs old)	FANAPT TITRATION PACK C	NP	
<i>lurasidone hcl</i>	P	AL(At least 10 yrs old)	INVEGA 3 MG, 6 MG, 9 MG (<i>paliperidone</i>)	NP	AL(At least 12 yrs old); ST
NUPLAZID CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old); ST	INVEGA HAFYERA	P	AL(At least 18 yrs old); SP
NUPLAZID TABS 10 MG	NP	QL(1 EA daily); AL(At least 18 yrs old); ST	INVEGA SUSTENNA 117 MG/0.75ML	P	QL(1.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
VRAYLAR CAPS	P	AL(At least 18 yrs old)	INVEGA SUSTENNA 39 MG/0.25ML	P	QL(0.25 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
<i>ziprasidone hcl</i>	P	QL(2 EA daily); AL(At least 18 yrs old)	INVEGA SUSTENNA 78 MG/0.5ML	P	QL(0.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
<i>ziprasidone mesylate</i>	NP	AL(At least 18 yrs old); ST	INVEGA SUSTENNA 156 MG/ML	P	QL(2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
Benzisoxazoles			INVEGA SUSTENNA 234 MG/1.5ML	P	QL(3 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 351 MG/2.25ML	NP	AL(At least 18 yrs old); SP	INVEGA TRINZA 410 MG/1.32ML	P	QL(1.4 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
ERZOFRI 156 MG/ML	NP	QL(2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	INVEGA TRINZA 546 MG/1.75ML	P	QL(1.8 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
ERZOFRI 78 MG/0.5ML	NP	QL(0.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	INVEGA TRINZA 819 MG/2.63ML	P	QL(2.7 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
ERZOFRI 234 MG/1.5ML	NP	QL(3 ML per 28 day(s) retail); AL(At least 18 yrs old); SP			
ERZOFRI 39 MG/0.25ML	NP	QL(0.25 ML per 28 day(s) retail); AL(At least 18 yrs old); SP			
ERZOFRI 117 MG/0.75ML	NP	QL(1.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP			
FANAPT	NP	AL(At least 18 yrs old); ST			
FANAPT TITRATION PACK A	NP	AL(At least 18 yrs old); ST			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INVEGA TRINZA 273 MG/0.88ML	P	QL(0.88 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP	<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	C	QL(3 EA daily)
<i>paliperidone</i>	NP	AL(At least 12 yrs old); ST	Dibenzapines		
PERSERIS PRSY	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP	ADASUVE	NP	AL(At least 18 yrs old); ST
RISPERDAL CONSTA (<i>risperidone microspheres</i>)	P	2 max fill(s) per 28 day(s) retail; AL(At least 18 yrs old); SP	<i>asenapine maleate</i>	P	AL(At least 10 yrs old)
RISPERDAL SOLN (<i>risperidone</i>)	NP	QL(4 ML daily); AL(At least 7 yrs old); ST	<i>clozapine TABS 100 MG</i>	P	QL(9 EA daily); AL(At least 18 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	NP	QL(4 EA daily); AL(At least 7 yrs old)	<i>clozapine TABS 25 MG, 50 MG, 200 MG</i>	P	QL(3 EA daily); AL(At least 18 yrs old)
<i>risperidone SOLN</i>	P	QL(4 ML daily); AL(At least 7 yrs old); ST	<i>clozapine TBDP</i>	NP	AL(At least 18 yrs old); ST
<i>risperidone TABS 2 MG, 3 MG, 4 MG</i>	P	QL(4 EA daily); AL(At least 7 yrs old)	CLOZARIL TABS 100 MG (<i>clozapine</i>)	NP	QL(9 EA daily); AL(At least 18 yrs old)
<i>risperidone TABS 0.25 MG</i>	P	QL(4 EA daily); AL(At least 7 yrs old); ST	CLOZARIL TABS 25 MG, 50 MG, 200 MG (<i>clozapine</i>)	NP	QL(3 EA daily); AL(At least 18 yrs old)
<i>risperidone TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	P	QL(4 EA daily); AL(At least 7 yrs old)	<i>loxapine succinate</i>	C	QL(4 EA daily); AL(At least 18 yrs old)
<i>risperidone TBDP</i>	P	QL(2 EA daily); AL(At least 7 yrs old)	<i>olanzapine TABS 2.5 MG, 5 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old)
RYKINDO SRER	NP	AL(At least 18 yrs old); SP	<i>olanzapine TABS 7.5 MG, 10 MG</i>	P	QL(2 EA daily); AL(At least 10 yrs old)
UZEDY SUSY	NP	AL(At least 18 yrs old); SP	<i>olanzapine TABS 15 MG, 20 MG</i>	P	QL(1 EA daily); AL(At least 10 yrs old)
Butyrophenones			<i>olanzapine TBDP</i>	NP	AL(At least 10 yrs old); ST
<i>haloperidol decanoate</i>	C		<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	P	QL(2 EA daily); AL(At least 10 yrs old)
<i>haloperidol lactate CONC</i>	C		<i>quetiapine fumarate TABS 150 MG</i>	P	AL(At least 10 yrs old); ST
<i>haloperidol TABS 20 MG</i>	C		<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old)
			<i>quetiapine fumarate TB24</i>	P	AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SAPHRIS (<i>asenapine maleate</i>)	NP	AL(At least 10 yrs old)	<i>trifluoperazine hcl TABS</i>	C	QL(2 EA daily)
SECUADO	NP	AL(At least 18 yrs old); ST	Quinolinone Derivatives		
SEROQUEL XR TB24 (<i>quetiapine fumarate</i>)	NP	AL(At least 10 yrs old)	ABILIFY ASIMTUFII PRSY	P	AL(At least 18 yrs old); SP
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (<i>quetiapine fumarate</i>)	NP	QL(4 EA daily); AL(At least 10 yrs old)	ABILIFY MAINTENA PRSY	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	NP	QL(2 EA daily); AL(At least 10 yrs old)	ABILIFY MAINTENA SRER	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
VERSACLOZ SUSP	NP	AL(At least 18 yrs old); ST	ABILIFY MAINTENA SRER	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old)
ZYPREXA RELPREVV	NP	AL(At least 18 yrs old); SP	ABILIFY MYCITE MAINTENANCE KIT	NP	AL(At least 18 yrs old); SP; ST
ZYPREXA TABS 20 MG (<i>olanzapine</i>)	NP	QL(1 EA daily); AL(At least 10 yrs old)	ABILIFY MYCITE STARTER KIT	NP	AL(At least 18 yrs old); SP; ST
ZYPREXA TABS 2.5 MG, 5 MG (<i>olanzapine</i>)	NP	QL(4 EA daily); AL(At least 10 yrs old)	ABILIFY TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG (<i>aripiprazole</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)
Muscarinic Agents			ABILIFY TABS 5 MG (<i>aripiprazole</i>)	NP	QL(1.5 EA daily); AL(At least 7 yrs old)
COBENFY STARTER PACK CPPK	NP	AL(At least 18 yrs old); ST	<i>aripiprazole SOLN PO</i>	NP	QL(750 ML per 31 day(s) retail; 750 ML per 31 days mail); AL(At least 7 yrs old); ST
COBENFY CAPS	NP	AL(At least 18 yrs old)	<i>aripiprazole TABS 5 MG</i>	P	QL(1.5 EA daily); AL(At least 7 yrs old)
Phenothiazines			<i>aripiprazole TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	C	QL(3 EA daily)	<i>aripiprazole TBDP</i>	NP	QL(1 EA daily); AL(At least 7 yrs old); ST
<i>chlorpromazine hcl TABS 10 MG</i>	C	QL(10 EA daily)	ARISTADA 1064 MG/3.9ML	P	QL(4 ML per fill retail); 1 max fill(s) per 56 day(s) retail; AL(At least 18 yrs old); SP
<i>fluphenazine decanoate</i>	C				
<i>fluphenazine hcl TABS</i>	C				
<i>perphenazine TABS</i>	C	QL(4 EA daily); AL(At least 12 yrs old)			
<i>prochlorperazine</i>	NP				
<i>prochlorperazine</i>	P				
<i>prochlorperazine maleate TABS</i>	P				
<i>thioridazine hcl</i>	C	QL(3 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARISTADA 662 MG/2.4ML	P	QL(2.4 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	P	QL(2 EA daily)
ARISTADA 441 MG/1.6ML	P	QL(1.6 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	<i>atazanavir sulfate CAPS 200 MG</i>	C	QL(2 EA daily)
ARISTADA 882 MG/3.2ML	P	QL(3.2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	BIKTARVY	P	QL(1 EA daily)
ARISTADA INITIO	P	QL(2.5 ML per fill retail); 1 max fill(s) per 180 day(s) retail; AL(At least 18 yrs old); SP	CIMDUO	P	QL(1 EA daily)
OPIPZA FILM	NP	AL(At least 7 yrs old); ST	COMPLERA 200 MG-300 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
REXULTI	NP	AL(At least 13 yrs old); ST	<i>darunavir TABS 600 MG</i>	P	QL(2 EA daily)
Thioxanthenes			<i>darunavir TABS 800 MG</i>	P	QL(1 EA daily)
<i>thiothixene</i>	C	QL(3 EA daily)	DELSTRIGO	P	QL(1 EA daily)
ANTISEPTICS & DISINFECTANTS			DESCOVY 200 MG-25 MG	P	QL(1 EA daily)
Chlorine Antiseptics			DESCOVY 120 MG-15 MG	P	QL(1 EA daily); PA
<i>chlorhexidine gluconate SOLN EX 4 %</i>	C		DOVATO	P	QL(1 EA daily)
ANTIVIRALS - Drugs to Treat Viral Infections			EDURANT	P	QL(1 EA daily)
Antiretrovirals			EDURANT PED PO 2.5 MG	P	
<i>abacavir sulfate-lamivudine</i>	P	QL(1 EA daily)	<i>efavirenz CAPS 50 MG</i>	P	QL(2 EA daily)
<i>abacavir sulfate SOLN</i>	P	QL(30 ML daily)	<i>efavirenz CAPS 200 MG</i>	P	QL(1 EA daily)
<i>abacavir sulfate TABS</i>	C	QL(2 EA daily)	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
<i>abacavir sulfate TABS</i>	P	QL(2 EA daily)	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
APTIVUS CAPS	P	QL(4 EA daily)	<i>efavirenz TABS</i>	P	QL(1 EA daily)
<i>atazanavir sulfate CAPS 300 MG</i>	P		<i>efavirenz TABS</i>	C	QL(1 EA daily)
			<i>emtricitabine CAPS</i>	P	QL(1 EA daily)
			<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
			<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	C	QL(1 EA daily)
			<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	P		KALETRA TABS 25 MG-100 MG (<i>lopinavir-ritonavir</i>)	P	QL(4 EA daily)
EMTRIVA CAPS (<i>emtricitabine</i>)	P	QL(1 EA daily)	KALETRA TABS 25 MG-100 MG (<i>lopinavir-ritonavir</i>)	P	QL(4 EA daily)
EMTRIVA SOLN	P	QL(24 ML daily)	<i>lamivudine SOLN</i>	C	QL(30 ML daily)
EPIVIR SOLN (<i>lamivudine</i>)	P	QL(30 ML daily)	<i>lamivudine SOLN</i>	P	QL(30 ML daily)
EPIVIR TABS 150 MG (<i>lamivudine</i>)	P	QL(2 EA daily)	<i>lamivudine TABS 150 MG</i>	P	QL(2 EA daily)
EPIVIR TABS 300 MG (<i>lamivudine</i>)	P	QL(1 EA daily)	<i>lamivudine TABS 150 MG</i>	C	QL(2 EA daily)
<i>etravirine 100 MG</i>	P	QL(4 EA daily)	<i>lamivudine TABS 300 MG</i>	P	QL(1 EA daily)
<i>etravirine 200 MG</i>	P	QL(2 EA daily)	<i>lamivudine-zidovudine</i>	P	
EVOTAZ	P	QL(1 EA daily)	LEXIVA SUSP	C	QL(56 ML daily)
<i>fosamprenavir calcium TABS</i>	P	QL(4 EA daily)	<i>lopinavir-ritonavir SOLN</i>	P	QL(16 ML daily)
FUZEON SOLR	NP	SP	<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	P	QL(6 EA daily)
GENVOYA	P	QL(1 EA daily)	<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	P	QL(4 EA daily)
INTELENCE	P	QL(4 EA daily)	<i>maraviroc TABS 150 MG</i>	C	QL(2 EA daily)
INTELENCE (<i>etravirine</i>)	P	QL(4 EA daily)	<i>maraviroc TABS 150 MG</i>	P	QL(2 EA daily)
INTELENCE 200 MG (<i>etravirine</i>)	P	QL(2 EA daily)	<i>maraviroc TABS 300 MG</i>	P	QL(4 EA daily)
ISENTRESS HD TABS	P		<i>maraviroc TABS 300 MG</i>	C	QL(4 EA daily)
ISENTRESS CHEW 100 MG	P	QL(6 EA daily)	<i>nevirapine SUSP</i>	P	QL(40 ML daily)
ISENTRESS CHEW 25 MG	P	QL(12 EA daily)	<i>nevirapine TABS</i>	P	QL(2 EA daily)
ISENTRESS PACK	P	QL(2 EA daily)	<i>nevirapine TB24 400 MG</i>	P	QL(1 EA daily)
ISENTRESS TABS	P	QL(2 EA daily)	NORVIR PACK	P	
JULUCA	P	QL(1 EA daily)	NORVIR TABS (<i>ritonavir</i>)	P	QL(12 EA daily)
KALETRA SOLN	P	QL(16 ML daily)	ODEFSEY	P	
KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	P	QL(6 EA daily)	PIFELTRO	P	QL(1 EA daily)
KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	P	QL(6 EA daily)	PREZCOBIX	P	
			PREZCOBIX	P	QL(1 EA daily)
			PREZISTA SUSP	P	QL(12 ML daily)
			PREZISTA TABS 150 MG	P	QL(3 EA daily)
			PREZISTA TABS 75 MG, 600 MG	P	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREZISTA TABS (<i>darunavir</i>)	P	QL(2 EA daily)	TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	P	
PREZISTA TABS 800 MG (<i>darunavir</i>)	P	QL(1 EA daily)	TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
RETROVIR CAPS (<i>zidovudine</i>)	P	QL(6 EA daily)	TYBOST	P	QL(1 EA daily); AL(At least 18 yrs old)
RETROVIR SYRP (<i>zidovudine</i>)	P	QL(60 ML daily)	VIRACEPT TABS 625 MG	P	QL(4 EA daily)
REYATAZ CAPS 300 MG (<i>atazanavir sulfate</i>)	P		VIRACEPT TABS 250 MG	P	QL(9 EA daily)
REYATAZ CAPS 200 MG (<i>atazanavir sulfate</i>)	P	QL(2 EA daily)	VIREAD POWD	P	QL(8 GM daily)
REYATAZ PACK	P	QL(6 EA daily)	VIREAD TABS	P	QL(1 EA daily)
<i>ritonavir</i> TABS	P	QL(12 EA daily)	VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
RUKOBIA	P		ZIAGEN SOLN (<i>abacavir sulfate</i>)	P	QL(30 ML daily)
SELZENTRY SOLN	P	QL(35 ML daily)	ZIAGEN TABS (<i>abacavir sulfate</i>)	C	QL(2 EA daily)
SELZENTRY TABS 300 MG (<i>maraviroc</i>)	P	QL(4 EA daily)	<i>zidovudine</i> CAPS	P	QL(6 EA daily)
SELZENTRY TABS 150 MG (<i>maraviroc</i>)	P	QL(2 EA daily)	<i>zidovudine</i> SYRP	P	QL(60 ML daily)
STRIBILD	P	QL(1 EA daily)	<i>zidovudine</i> TABS	P	QL(2 EA daily)
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)	Antiviral Combinations		
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)	PAXLOVID (150/100)	C	1 package(s) per 90 day(s) retail; 1 package(s) per 90 day(s) mail; AL(At least 18 yrs old)
SYMTUZA	P		PAXLOVID (300/100 & 150/100)	C	1 package(s) per 90 day(s) retail; 1 package(s) per 90 day(s) mail; AL(At least 18 yrs old)
<i>tenofovir disoproxil fumarate</i> TABS	P	QL(1 EA daily)			
<i>tenofovir disoproxil fumarate</i> TABS	C	QL(1 EA daily)			
TIVICAY PD TBSO	P				
TIVICAY TABS 50 MG	P				
TRIUMEQ PD TBSO	P				
TRIUMEQ TABS	P	QL(1 EA daily); AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits
PAXLOVID (300/100)	C	1 package(s) per 90 day(s) retail; 1 package(s) per 90 day(s) mail; AL(At least 18 yrs old)
CMV Agents		
<i>valganciclovir hcl TABS</i>	C	QL(2 EA daily)
Hepatitis Agents		
<i>adefovir dipivoxil</i>	NP	
BARACLUDE SOLN	P	
BARACLUDE TABS (<i>entecavir</i>)	NP	
<i>entecavir TABS</i>	P	
EPCLUSA PACK	PA	SP; PA
EPCLUSA TABS 50 MG-200 MG	PA	SP; PA
EPCLUSA TABS 100 MG-400 MG	NP	QL(1 EA daily); SP
HARVONI PACK	NP	SP
HARVONI TABS	NP	SP
HARVONI TABS	NP	SP
<i>lamivudine (hcv) TABS</i>	P	
LEDIPASVIR-SOFOSBUVIR TABS	NP	SP
MAVYRET PACK	PA	QL(6 EA daily); SP; PA
MAVYRET TABS	PA	QL(3 EA daily); PA
MAVYRET TABS	PA	QL(3 EA daily); SP; PA
PEGASYS SOLN	NP	SP
PEGASYS SOSY	NP	SP
<i>ribavirin (hepatitis c) CAPS</i>	NP	SP
<i>ribavirin (hepatitis c) TABS 200 MG</i>	NP	SP
SOFOSBUVIR-VELPATASVIR TABS	PA	QL(1 EA daily); SP; PA
SOVALDI PACK	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
SOVALDI TABS	NP	SP
VEMLIDY	P	SP
VOSEVI	PA	SP; PA
ZEPATIER	NP	SP
Herpes Agents		
<i>acyclovir CAPS</i>	P	QL(50 EA per 31 day(s) retail)
<i>acyclovir SUSP</i>	P	QL(400 ML per 31 day(s) retail; 400 ML per 31 days mail)
<i>acyclovir TABS PO 400 MG</i>	P	QL(3 EA daily)
<i>acyclovir TABS PO 800 MG</i>	P	QL(50 EA per 31 day(s) retail)
<i>famciclovir</i>	NP	
<i>valacyclovir hcl 1 GM</i>	P	QL(42 EA per 21 day(s) retail)
<i>valacyclovir hcl 500 MG</i>	P	QL(2 EA daily)
VALTREX 500 MG (<i>valacyclovir hcl</i>)	NP	QL(2 EA daily)
VALTREX 1 GM (<i>valacyclovir hcl</i>)	NP	QL(42 EA per 21 day(s) retail)
Influenza Agents		
<i>oseltamivir phosphate CAPS 30 MG</i>	C	QL(20 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	C	QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>oseltamivir phosphate SUSP</i>	C	QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
RELENZA DISKHALER	C	1 package(s) per 31 day(s) retail; AL(At least 5 yrs old)
BETA BLOCKERS - Drugs to Treat High Blood		

Drug Name	Drug Tier	Requirements/ Limits
Pressure		
Alpha-Beta Blockers		
<i>carvedilol 25 MG</i>	P	QL(4 EA daily)
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	P	QL(2 EA daily)
<i>carvedilol phosphate</i>	NP	QL(1 EA daily)
<i>labetalol hcl TABS 400 MG</i>	P	
<i>labetalol hcl TABS 300 MG</i>	P	QL(8 EA daily)
<i>labetalol hcl TABS 200 MG</i>	P	QL(6 EA daily)
<i>labetalol hcl TABS 100 MG</i>	P	QL(3 EA daily)
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	P	
<i>atenolol TABS</i>	P	QL(2 EA daily)
<i>betaxolol hcl</i>	NP	
<i>bisoprolol fumarate 2.5 MG</i>	P	
<i>bisoprolol fumarate</i>	P	QL(1 EA daily)
BYSTOLIC (<i>nebivolol hcl</i>)	NP	
KAPSPARGO SPRINKLE CS24	NP	
LOPRESSOR SOLN PO 10 MG/ML	NP	
LOPRESSOR TABS 100 MG (<i>metoprolol tartrate</i>)	NP	QL(4.5 EA daily)
LOPRESSOR TABS 50 MG (<i>metoprolol tartrate</i>)	NP	QL(4 EA daily)
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	P	QL(4 EA daily)
<i>metoprolol succinate TB24 200 MG</i>	P	QL(2 EA daily)
<i>metoprolol tartrate TABS 100 MG</i>	P	QL(4.5 EA daily)
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	P	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	P	
<i>nebivolol hcl</i>	NP	
TENORMIN TABS (<i>atenolol</i>)	NP	QL(2 EA daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>metoprolol succinate</i>)	NP	QL(4 EA daily)
TOPROL XL TB24 200 MG (<i>metoprolol succinate</i>)	NP	QL(2 EA daily)
Beta Blockers Non-Selective		
BETAPACE AF (<i>sotalol hcl (afib/afll)</i>)	NP	QL(2 EA daily)
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NP	
HEMANGEOL SOLN PO	NP	SP
INDERAL LA CP24 (<i>propranolol hcl</i>)	NP	QL(2 EA daily)
INDERAL XL	NP	
INNOPRAN XL	NP	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	QL(2 EA daily)
<i>pindolol TABS</i>	NP	
<i>propranolol hcl CP24</i>	P	QL(2 EA daily)
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	P	
<i>propranolol hcl TABS</i>	P	
<i>sotalol hcl (afib/afll)</i>	P	QL(2 EA daily)
<i>sotalol hcl TABS</i>	P	
SOTYLIZE SOLN PO	NP	
<i>timolol maleate TABS</i>	NP	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	P	QL(1 EA daily)
<i>diltiazem hcl coated beads CP24 240 MG</i>	P	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl coated beads CP24 360 MG</i>	P		PROCARDIA XL TB24 60 MG (<i>nifedipine</i>)	NP	QL(2 EA daily)
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	P	QL(1 EA daily)	SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NP	
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	P	QL(1 EA daily)	VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	NP	
<i>diltiazem hcl extended release beads 240 MG</i>	P	QL(2 EA daily)	<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	
<i>diltiazem hcl CP12</i>	P	QL(2 EA daily)	<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	P	QL(1 EA daily)
<i>diltiazem hcl CP24 120 MG, 180 MG</i>	P	QL(1 EA daily)	<i>verapamil hcl TABS</i>	P	QL(3 EA daily)
<i>diltiazem hcl CP24 240 MG</i>	P	QL(2 EA daily)	<i>verapamil hcl TBCR</i>	P	QL(2 EA daily)
<i>diltiazem hcl TABS</i>	P	QL(3 EA daily)	VERELAN PM CP24 (<i>verapamil hcl</i>)	NP	
<i>diltiazem hcl TB24</i>	P		CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP		Cardiac Glycosides		
<i>felodipine</i>	P	QL(1 EA daily)	<i>digoxin SOLN PO 0.05 MG/ML</i>	C	
<i>isradipine CAPS</i>	P		<i>digoxin TABS 125 MCG, 250 MCG</i>	C	
KATERZIA	NP		CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
<i>levamlodipine maleate</i>	NP		Cardiovascular Agents Misc. - Combinations		
<i>nicardipine hcl CAPS</i>	P		<i>amlodipine besylate-atorvastatin calcium</i>	NP	
<i>nifedipine CAPS</i>	NP	QL(4 EA daily)	CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NP	
<i>nifedipine TB24 30 MG, 90 MG</i>	P	QL(1 EA daily)	ENTRESTO CPSP	P	Brand Preferred
<i>nifedipine TB24 60 MG</i>	P	QL(2 EA daily)	ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (<i>sacubitril-valsartan</i>)	P	Brand Preferred
<i>nimodipine CAPS</i>	NP		OPSYNVI	NP	SP
<i>nimodipine SOLN</i>	NP				
<i>nisoldipine</i>	NP				
NORLIQVA SOLN	NP				
NORVASC TABS (<i>amlodipine besylate</i>)	NP	QL(1 EA daily)			
NYMALIZE SOLN 6 MG/ML	NP				
PROCARDIA XL TB24 30 MG, 90 MG (<i>nifedipine</i>)	NP	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
<i>sacubitril-valsartan TABS</i>	NP	Brand Preferred
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 TEPK	NP	SP
ORENITRAM MONTH 2 TEPK	NP	SP
ORENITRAM MONTH 3 TEPK	NP	SP
ORENITRAM TBCR	NP	SP
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	P	SP
<i>bosentan TABS</i>	P	SP
<i>bosentan TBSO 32 MG</i>	NP	
LETAIRIS (<i>ambrisentan</i>)	NP	SP
OPSUMIT	NP	SP
TRACLEER TABS (<i>bosentan</i>)	NP	SP
TRACLEER TBSO 32 MG (<i>bosentan</i>)	NP	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	NP	SP
REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	NP	SP
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	PA	PA
<i>tadalafil (pulmonary hypertension) TABS</i>	PA	SP; PA
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPk	NP	SP
UPTRAVI SOLR	C	SP; PA
UPTRAVI TABS	NP	SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP
Transthyretin Stabilizers		
VYNDAMAX	C	SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	P	
<i>cefadroxil SUSR</i>	P	
<i>cefadroxil TABS</i>	NP	
<i>cephalexin CAPS</i>	P	
<i>cephalexin CAPS</i>	P	
<i>cephalexin SUSR</i>	P	
<i>cephalexin TABS</i>	P	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
<i>cefaclor CAPS</i>	P	
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	P	
<i>cefprozil SUSR 250 MG/5ML</i>	P	1 package(s) per fill retail; AL(Up to 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cefprozil SUSR 125 MG/5ML</i>	P	2 package(s) per fill retail; AL(Up to 12 yrs old)	<i>ethynodiol diacet & eth estrad 35 MCG-1 MG</i>	C	
<i>cefprozil TABS</i>	P	QL(20 EA per fill retail)	<i>ethynodiol diacet & eth estrad 50 MCG-1 MG</i>	C	QL(1 EA daily)
<i>cefuroxime axetil TABS 500 MG</i>	P	QL(20 EA per fill retail)	<i>levonorgestrel & eth estradiol TABS</i>	C	
<i>cefuroxime axetil TABS 250 MG</i>	P	QL(20 EA per fill retail; 20 per fill mail)	<i>levonorgestrel-eth estradiol (triphasic)</i>	C	
Cephalosporins - 3rd Generation			<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	C	
<i>cefdinir CAPS</i>	P	QL(20 EA per fill retail)	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	C	
<i>cefdinir SUSR</i>	P	1 package(s) per fill retail	<i>norethindrone & eth estradiol</i>	C	
<i>cefixime CAPS</i>	P		<i>norethindrone & ethinyl estradiol-fe</i>	C	
<i>cefixime SUSR</i>	P		<i>norethindrone acet & eth estra TABS</i>	C	
<i>cefpodoxime proxetil SUSR</i>	P		<i>norethindrone acetate-ethinyl estradiol-fe</i>	C	
<i>cefpodoxime proxetil TABS</i>	P		<i>norethindrone-eth estradiol (triphasic)</i>	C	
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	C	QL(3 EA per fill retail); 1 max fill(s) per 31 day(s) retail	<i>norgestimate-ethinyl estradiol</i>	C	
CHEMICALS			<i>norgestimate-ethinyl estradiol (triphasic)</i>	C	
Bulk Chemicals - H's			<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	C	QL(2 EA daily)
HYDROXYUREA	P		TYBLUME CHEW	C	
CONTRACEPTIVES - Drugs to Prevent Pregnancy			Combination Contraceptives - Transdermal		
Combination Contraceptives - Oral			<i>norelgestromin-ethinyl estradiol</i>	C	
<i>desogestrel & ethinyl estradiol</i>	C		Combination Contraceptives - Vaginal		
<i>desogestrel-ethinyl estradiol (biphasic)</i>	C		<i>etonogestrel-ethinyl estradiol</i>	C	QL(6 EA per fill retail)
<i>desogestrel-ethinyl estradiol (triphasic)</i>	C		Emergency Contraceptives		
<i>drospirenone-ethinyl estradiol 0.02 MG-3 MG</i>	C	QL(1 EA daily)			
<i>drospirenone-ethinyl estradiol 0.03 MG-3 MG</i>	C				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELLA	C	QL(4 EA per 365 day(s) retail)	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	C	QL(150 ML per 31 day(s) retail)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	C	QL(1 EA per 21 day(s) retail); 4 max fill(s) per 365 day(s) retail	<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	C	QL(150 ML per 31 day(s) retail)
Progestin Contraceptives - Injectable			<i>dexamethasone ELIX</i>	P	
DEPO-SUBQ PROVERA 104 SUSY SC	C	QL(1 ML per fill retail)	<i>dexamethasone SOLN</i>	P	
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	C	QL(1 ML per fill retail)	<i>dexamethasone TABS</i>	P	
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	C	QL(1 ML per fill retail)	<i>dexamethasone TBPk</i>	P	
Progestin Contraceptives - Oral			<i>dexamethasone TBPk</i>	NP	
<i>norethindrone (contraceptive)</i>	C		EMFLAZA SUSP (deflazacort)	NP	SP
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			EMFLAZA TABS (deflazacort)	NP	SP
Glucocorticosteroids			EOHILIA SUSP	NP	
AGAMREE	NP	SP	HEMADY TABS	NP	
ALKINDI SPRINKLE CPSP	NP		<i>hydrocortisone TABS</i>	P	
<i>budesonide CPEP</i>	P		KHINDIVI SOLN PO 1 MG/ML	NP	PA
<i>budesonide TB24</i>	NP		MEDROL TABS (methylprednisolone)	NP	
CORTEF TABS (hydrocortisone)	NP		MEDROL TABS	NP	
CORTISONE ACETATE TABS	P		MEDROL TBPk (methylprednisolone)	NP	
<i>deflazacort SUSP</i>	NP	SP	<i>methylprednisolone TABS</i>	P	
<i>deflazacort TABS</i>	NP	SP	<i>methylprednisolone TBPk</i>	P	
<i>deflazacort TABS</i>	NP		<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	P	
DEXAMETHASONE INTENSOL CONC	NP		<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail)
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	C	QL(150 ML per 31 day(s) retail)	<i>prednisolone SOLN</i>	P	
			<i>prednisolone SOLN</i>	NP	
			<i>prednisolone TABS</i>	NP	
			PREDNISONE INTENSOL CONC	NP	
			<i>prednisone SOLN</i>	P	
			<i>prednisone TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisone TBPk</i>	P		<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	C	QL(240 ML per fill retail)
RAYOS TBEC	NP		<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	C	QL(2 EA daily)
TARPEYO CPDR	NP	SP	<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	C	
Mineralocorticoids			ED BRON GP LIQD	C	QL(240 ML per 6 day(s) retail)
<i>fludrocortisone acetate TABS</i>	C		<i>guaifenesin-codeine SOLN</i>	C	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			<i>guaifenesin-codeine SYRP</i>	C	
Antitussives			LOHIST-D LIQD	C	
<i>benzonatate 200 MG</i>	C	QL(3 EA daily); 1 max fill(s) per 31 day(s) retail; AL(At least 10 yrs old)	<i>loratadine & pseudoephedrine TB12</i>	C	QL(2 EA daily)
<i>benzonatate 100 MG</i>	C	QL(6 EA daily); AL(At least 10 yrs old)	MAXI-TUSS PE MAX LIQD	C	QL(240 ML per 6 day(s) retail)
<i>dextromethorphan polistirex SUEr</i>	C	QL(240 ML per 6 day(s) retail)	<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	C	QL(240 ML per fill retail)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	C	AL(At least 18 yrs old)	<i>promethazine & phenylephrine SYRP</i>	C	QL(240 ML per 6 day(s) retail); AL(At least 2 yrs old)
Cough/Cold/Allergy Combinations			<i>promethazine w/codeine SOLN</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
<i>brompheniramine & phenyleph ELIX</i>	C	QL(120 ML per fill retail); 1 max fill(s) per 31 day(s) retail	<i>promethazine w/codeine SYRP</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
<i>cetirizine-pseudoephedrine</i>	C	QL(2 EA daily)	<i>promethazine-dm SYRP</i>	C	QL(240 ML per fill retail); AL(At least 2 yrs old)
CLARINEX-D 12 HOUR TB12	NP		<i>promethazine-phenylephrine-codeine</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
<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>	C	QL(240 ML per fill retail)	<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	C	QL(240 ML per fill retail)
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-10 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	C				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG</i>	C		<i>benzoyl peroxide LOTN 5 %, 10 %</i>	C	
<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	C	QL(210 EA per fill retail)	BENZOYL PEROXIDE LOTN 5 %, 10 %	C	
Expectorants			CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	NP	
<i>guaifenesin TB12 1200 MG</i>	C		<i>clindamycin phosphate (topical) FOAM</i>	NP	
<i>guaifenesin TB12 600 MG</i>	C	QL(40 EA per fill retail); 1 max fill(s) per 31 day(s) retail	<i>clindamycin phosphate (topical) GEL</i>	NP	QL(60 ML per fill retail; 60 per fill mail)
<i>potassium iodide (expectorant) SOLN</i>	C		<i>clindamycin phosphate (topical) LOTN</i>	NP	
Misc. Respiratory Inhalants			<i>clindamycin phosphate (topical) SOLN</i>	P	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	C		<i>clindamycin phosphate (topical) SWAB</i>	NP	
Mucolytics			<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	NP	
<i>acetylcysteine SOLN</i>	C		<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions			<i>clindamycin phosphate-benzoyl peroxide GEL</i>	NP	
Acne Products			<i>clindamycin phosphate-tretinoin</i>	NP	
<i>adapalene-benzoyl peroxide GEL</i>	NP		<i>dapsone (topical)</i>	NP	
<i>adapalene CREA</i>	NP		DIFFERIN CREA (<i>adapalene</i>)	NP	
<i>adapalene GEL 0.3 %</i>	P		DIFFERIN GEL (<i>adapalene</i>)	NP	RX/OTC
<i>adapalene GEL 0.3 %</i>	NP		DIFFERIN LOTN	NP	
AKLIEF	NP		EPIDUO FORTE GEL (<i>adapalene-benzoyl peroxide</i>)	NP	
AVAR LS CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP		EPSOLAY CREA	NP	
<i>benzoyl peroxide-erythromycin GEL</i>	NP		ERYGEL GEL (<i>erythromycin (acne aid)</i>)	NP	1 package(s) per fill retail
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	C		<i>erythromycin (acne aid) GEL</i>	NP	1 package(s) per fill retail
BENZOYL PEROXIDE GEL	C				
<i>benzoyl peroxide LIQD 5 %, 10 %</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin (acne aid) PADS</i>	P		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	Brand Preferred; QL(20 GM per fill retail); AL(Up to 35 yrs old)
<i>erythromycin (acne aid) SOLN</i>	P				
FABIOR FOAM	NP		<i>tretinoin GEL 0.01 %</i>	P	Brand Preferred; QL(45 GM per fill retail); AL(Up to 35 yrs old)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	C	QL(2 EA daily); AL(At least 12 yrs old); PA			
<i>sulfacetamide sodium (acne)</i>	NP	QL(118 ML per fill retail)	<i>tretinoin GEL 0.01 %, 0.025 %</i>	P	Brand Preferred; AL(Up to 35 yrs old)
<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP		<i>tretinoin GEL 0.05 %</i>	NP	Brand Preferred
<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP		TWYNEO	NP	
<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP		WINLEVI	NP	
<i>sulfacetamide sodium w/ sulfur LIQD</i>	NP		ZMA CLEAR SUSP	NP	
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	NP		Agents for External Genital and Perianal Warts		
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	NP	1 package(s) per 31 day(s) retail	VEREGEN	NP	
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	NP	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail	Antibiotics - Topical		
<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NP		<i>bacitracin (topical) OINT</i>	C	1 package(s) per fill retail
SULFACETAMIDE SODIUM-SULFUR SUSP	NP		<i>bacitracin zinc OINT</i>	C	1 package(s) per fill retail
SUMADAN	NP		CENTANY AT KIT	NP	
SUMADAN WASH LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP		<i>gentamicin sulfate (topical) CREA</i>	C	QL(1 GM daily; 30 GM per fill retail)
SUMADAN XLT KIT	NP		<i>gentamicin sulfate (topical) OINT</i>	P	QL(1 GM daily; 30 GM per fill retail)
SUMAXIN CP	NP		<i>mupirocin calcium (topical)</i>	NP	1 package(s) per 31 day(s) retail
SUMAXIN PADS	NP		<i>mupirocin OINT</i>	P	QL(30 GM per 31 day(s) retail)
TAZAROTENE FOAM	NP		<i>neomycin-bacitracin-polymyxin OINT</i>	C	QL(60 GM per 31 day(s) retail)
<i>tretinoin microsphere</i>	NP	Brand Preferred	<i>neomycin-polymyxin w/ pramoxine</i>	C	1 package(s) per fill retail
			XEPI	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antifungals - Topical			<i>nystatin (topical) CREA</i>	P	1 package(s) per 31 day(s) retail
<i>ciclopirox olamine CREA</i>	P		<i>nystatin (topical) OINT</i>	P	1 package(s) per fill retail
<i>ciclopirox olamine SUSP</i>	P		<i>nystatin (topical) POWD EX</i>	P	1 package(s) per 31 day(s) retail
<i>ciclopirox GEL</i>	NP		<i>nystatin-triamcinolone CREA</i>	P	1 package(s) per fill retail
<i>ciclopirox KIT</i>	NP		<i>nystatin-triamcinolone OINT</i>	P	1 package(s) per fill retail
<i>ciclopirox SHAM</i>	NP		<i>oxiconazole nitrate CREA</i>	NP	
<i>ciclopirox SOLN</i>	NP		OXISTAT LOTN	NP	
<i>ciclopirox SOLN</i>	P		<i>tavaborole</i>	NP	
<i>clotrimazole (topical) CREA</i>	P	QL(60 GM per 31 day(s) retail; 60 GM per 31 days mail); RX/OTC	<i>terbinafine hcl (topical) CREA</i>	C	
<i>clotrimazole (topical) SOLN</i>	P	1 package(s) per fill retail; RX/OTC	<i>tolnaftate CREA</i>	C	QL(30 GM per fill retail)
<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 GM per 31 day(s) retail)	VUSION (<i>miconazole-zinc oxide-white petrolatum</i>)	NP	
<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(31 ML per 31 day(s) retail)	Anti-inflammatory Agents - Topical		
<i>econazole nitrate CREA</i>	P	QL(30 GM per fill retail)	<i>diclofenac epolamine PTCH EX</i>	NP	
ERTACZO	NP		<i>diclofenac sodium (topical) GEL EX</i>	P	QL(6.68 GM daily); RX/OTC
<i>ketoconazole (topical) CREA</i>	P	1 package(s) per 31 day(s) retail	<i>diclofenac sodium (topical) SOLN EX</i>	NP	
<i>ketoconazole (topical) FOAM</i>	NP		PENNSAID SOLN EX 2 % (<i>diclofenac sodium (topical)</i>)	NP	
<i>ketoconazole (topical) SHAM 2 %</i>	P	QL(120 ML per fill retail)	Antineoplastic or Premalignant Lesion Agents - Topical		
KETODAN	NP		<i>fluorouracil (topical) CREA 0.5 %</i>	C	
LOPROX	NP		<i>fluorouracil (topical) CREA 5 %</i>	C	QL(40 GM per 31 day(s) retail)
LOPROX SUSP (<i>ciclopirox olamine</i>)	NP		<i>fluorouracil (topical) SOLN</i>	C	QL(10 ML per 31 day(s) retail)
<i>miconazole nitrate (topical) CREA</i>	C	QL(200 GM per 31 day(s) retail)	Antipruritics - Topical		
<i>miconazole-zinc oxide-white petrolatum</i>	NP				
<i>naftifine hcl CREA</i>	NP				
<i>naftifine hcl GEL 2 %</i>	NP				
NAFTIN GEL 2 % (<i>naftifine hcl</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>camphor & menthol LOTN</i>	C	1 package(s) per fill retail	SOTYKTU	NP	SP
Antipsoriatics			SPEVIGO SOSY	NP	SP
BIMZELX SOAJ	NP	SP	STELARA SOSY	NP	SP
BIMZELX SOSY	NP	SP	STEQEYMA	NP	SP
<i>calcipotriene CREA</i>	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail	TALTZ SOAJ	NP	SP
CALCIPOTRIENE FOAM	NP		TALTZ SOSY	NP	SP
<i>calcipotriene OINT</i>	P		<i>tazarotene CREA 0.05 %</i>	NP	AL(Up to 18 yrs old)
<i>calcipotriene SOLN</i>	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail	<i>tazarotene CREA 0.1 %</i>	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)
<i>calcitriol (topical)</i>	NP		<i>tazarotene GEL</i>	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)
COSENTYX (300 MG DOSE) SOSY	NP	SP	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	NP	SP
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP	TREMFYA PEN SOAJ 100 MG/ML	NP	
COSENTYX SENSOREADY PEN SOAJ	NP	SP	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	
COSENTYX UNOREADY SOAJ	NP	SP	USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	
COSENTYX SOSY	NP	SP	USTEKINUMAB-TTWE	NP	
IMULDOSA SOSY SC 45 MG/0.5ML	NP		VECTICAL (<i>calcitriol (topical)</i>)	NP	
IMULDOSA SOSY SC 90 MG/ML	NP	SP	VTAMA	NP	
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP	YESINTEK SOLN 45 MG/0.5ML	NP	SP
PYZCHIVA SC 45 MG/0.5ML	NP	SP	YESINTEK SOSY	NP	SP
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP	Antiseborrheic Products		
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP	OVACE PLUS WASH GEL (<i>sulfacetamide sodium</i>)	NP	
SKYRIZI PEN SOAJ	NP	SP	OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	NP	
SKYRIZI SOSY	NP	SP	OVACE PLUS CREA	NP	
SORILUX FOAM	NP		OVACE PLUS LOTN	NP	
			OVACE PLUS SHAM (<i>sulfacetamide sodium</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OVACE WASH LIQD (sulfacetamide sodium)	NP		<i>betamethasone dipropionate augmented CREA</i>	P	1 package(s) per fill retail
<i>selenium sulfide LOTN 2.5 %</i>	C	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail	<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	
<i>selenium sulfide LOTN 1 %</i>	C	1 package(s) per fill retail	<i>betamethasone dipropionate augmented LOTN</i>	NP	
<i>selenium sulfide SHAM 1 %</i>	C	1 package(s) per fill retail	<i>betamethasone dipropionate augmented OINT</i>	NP	
<i>sulfacetamide sodium GEL</i>	NP		<i>betamethasone valerate CREA</i>	P	
<i>sulfacetamide sodium LIQD</i>	NP		<i>betamethasone valerate FOAM</i>	NP	
<i>sulfacetamide sodium SHAM 10 %</i>	NP		<i>betamethasone valerate LOTN</i>	P	
Antivirals - Topical			<i>betamethasone valerate OINT</i>	NP	
<i>acyclovir topical CREA</i>	P	1 package(s) per 31 day(s) retail	<i>calcipotriene-betamethasone dipropionate OINT</i>	NP	
<i>acyclovir topical OINT</i>	NP	1 package(s) per fill retail	<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP	
DENAVIR (<i>penciclovir</i>)	NP		CAPEX SHAM	NP	
<i>penciclovir</i>	NP		<i>clobetasol propionate emollient base 0.05 %</i>	P	1 package(s) per fill retail
Burn Products			<i>clobetasol propionate emulsion</i>	NP	
<i>silver sulfadiazine</i>	C		<i>clobetasol propionate CREA 0.05 %</i>	P	1 package(s) per fill retail
Corticosteroids - Topical			<i>clobetasol propionate CREA 0.025 %</i>	P	
<i>alclometasone dipropionate CREA</i>	P		<i>clobetasol propionate FOAM</i>	NP	
<i>alclometasone dipropionate OINT</i>	P		<i>clobetasol propionate GEL 0.05 %</i>	P	1 package(s) per fill retail
<i>amcinonide CREA</i>	NP		<i>clobetasol propionate LIQD</i>	NP	
APEXICON E CREA	NP		<i>clobetasol propionate LOTN</i>	NP	
<i>betamethasone dipropionate (topical) CREA</i>	P	1 package(s) per 30 day(s) retail			
<i>betamethasone dipropionate (topical) LOTN</i>	P				
<i>betamethasone dipropionate (topical) OINT</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate OINT 0.05 %</i>	P	1 package(s) per fill retail	<i>fluocinolone acetonide SOLN</i>	P	
<i>clobetasol propionate SHAM</i>	NP		<i>fluocinonide emulsified base</i>	P	1 package(s) per fill retail
<i>clobetasol propionate SOLN 0.05 %</i>	P	1 package(s) per fill retail	<i>fluocinonide CREA 0.05 %</i>	P	1 package(s) per fill retail
CLOBEX SPRAY LIQD (<i>clobetasol propionate</i>)	NP		<i>fluocinonide CREA 0.1 %</i>	P	
CLOBEX SHAM (<i>clobetasol propionate</i>)	NP		<i>fluocinonide GEL</i>	P	1 package(s) per fill retail
<i>clocortolone pivalate</i>	NP		<i>fluocinonide OINT</i>	NP	1 package(s) per fill retail
DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	NP		<i>fluocinonide SOLN</i>	P	1 package(s) per fill retail
DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	NP		<i>flurandrenolide LOTN</i>	NP	
<i>desonide CREA</i>	P	QL(2 GM daily)	<i>fluticasone propionate CREA 0.05 %</i>	P	1 package(s) per 31 day(s) retail
<i>desonide LOTN</i>	P		<i>fluticasone propionate LOTN</i>	NP	
<i>desonide OINT</i>	P	QL(2 GM daily)	<i>fluticasone propionate OINT</i>	P	1 package(s) per fill retail
<i>desoximetasone CREA</i>	NP	1 package(s) per fill retail	<i>halcinonide CREA</i>	NP	
<i>desoximetasone GEL</i>	NP		<i>halcinonide SOLN 0.1 %</i>	NP	
<i>desoximetasone LIQD</i>	NP		<i>halobetasol propionate CREA</i>	P	
<i>desoximetasone OINT</i>	NP		<i>halobetasol propionate FOAM</i>	NP	
<i>diflorasone diacetate CREA</i>	NP		<i>halobetasol propionate OINT</i>	P	
<i>diflorasone diacetate OINT</i>	NP		HALOG CREA (<i>halcinonide</i>)	NP	
DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	NP		HALOG OINT	NP	
ENSTILAR FOAM	NP		<i>hydrocortisone (topical) CREA 1 %</i>	P	1 package(s) per fill retail; RX/OTC
EPIFOAM FOAM	C		<i>hydrocortisone (topical) CREA 0.5 %</i>	C	1 package(s) per fill retail
<i>fluocinolone acetonide CREA 0.025 %</i>	P		<i>hydrocortisone (topical) CREA 2.5 %</i>	P	QL(120 GM per 31 day(s) retail)
<i>fluocinolone acetonide CREA 0.01 %</i>	NP		<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	1 package(s) per fill retail
<i>fluocinolone acetonide OIL</i>	P		<i>hydrocortisone (topical) OINT 2.5 %</i>	P	
<i>fluocinolone acetonide OINT</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (topical) OINT 1 %</i>	P	QL(2 GM daily); 1 package(s) per 31 day(s) retail; RX/OTC	TOPICORT CREA (<i>desoximetasone</i>)	NP	1 package(s) per fill retail
<i>hydrocortisone (topical) SOLN 2.5 %</i>	NP		TOPICORT GEL (<i>desoximetasone</i>)	NP	
<i>hydrocortisone butyrate CREA</i>	NP		TOPICORT OINT (<i>desoximetasone</i>)	NP	
<i>hydrocortisone butyrate LOTN</i>	NP		<i>triamcinolone acetonide (topical) AERS</i>	NP	
<i>hydrocortisone butyrate OINT</i>	P		<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	P	
<i>hydrocortisone butyrate SOLN</i>	P		<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	P	1 package(s) per fill retail
<i>hydrocortisone valerate CREA</i>	P		<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	P	QL(30 GM per fill retail)
<i>hydrocortisone valerate OINT</i>	NP		<i>triamcinolone acetonide (topical) LOTN</i>	P	1 package(s) per fill retail
HYDROXYM GEL	NP		<i>triamcinolone acetonide (topical) OINT 0.05 %, 0.1 %</i>	P	
KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	NP		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.5 %</i>	P	1 package(s) per fill retail
<i>mometasone furoate CREA</i>	P	1 package(s) per fill retail	ULTRAVATE LOTN	NP	
<i>mometasone furoate OINT</i>	P	1 package(s) per fill retail	Eczema Agents		
<i>mometasone furoate SOLN</i>	P	1 package(s) per fill retail	ADBRY SOAJ	PA	SP; PA
PANDEL	NP		ADBRY SOSY	PA	SP; PA
SYNALAR CREA (<i>fluocinolone acetonide</i>)	NP		ANZUPGO CREA EX 20 MG/GM	NP	
SYNALAR OINT (<i>fluocinolone acetonide</i>)	NP		CIBINQO	NP	SP
SYNALAR SOLN (<i>fluocinolone acetonide</i>)	NP		DUPIXENT SOAJ	PA	SP; PA
TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	NP		DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	PA	SP; PA
TOPICORT SPRAY LIQD (<i>desoximetasone</i>)	NP		EBGLYSS SOAJ	NP	SP
			EBGLYSS SOSY	NP	SP
			OPZELURA	NP	
			Emollient/Keratolytic Agents		
			<i>urea CREA 40 %</i>	C	RX/OTC
			Emollients		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lactic acid (ammonium lactate) CREA</i>	C	QL(385 GM per 31 day(s) retail); RX/OTC	CONDYLOX GEL (<i>podofilox</i>)	NP	
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	C	QL(567 GM per 31 day(s) retail); RX/OTC	<i>podofilox GEL</i>	NP	
Hair Growth Agents			<i>podofilox SOLN</i>	NP	
LEQSELVI TABS PO 8 MG	NP	SP	<i>salicylic acid GEL 6 %</i>	C	
LITFULO	NP	SP	SALICYLIC ACID OINT	NP	RX/OTC
Immunomodulating Agents - Systemic			Local Anesthetics - Topical		
NEMLUVIO	NP	SP	<i>capsaicin CREA 0.025 %, 0.075 %, 0.1 %</i>	C	1 package(s) per fill retail
Immunomodulating Agents - Topical			<i>dibucaine</i>	C	1 package(s) per fill retail
<i>imiquimod 3.75 %</i>	NP		<i>lidocaine hcl CREA 3 %, 4 %</i>	C	1 package(s) per fill retail; RX/OTC
<i>imiquimod 5 %</i>	P	QL(48 EA per 180 day(s) retail)	<i>lidocaine hcl GEL 2 %</i>	C	
Immunosuppressive Agents - Topical			<i>lidocaine CREA 4 %</i>	C	1 package(s) per fill retail
ELIDEL (<i>pimecrolimus</i>)	P	QL(100 GM per 31 day(s) retail); AL(At least 2 yrs old)	<i>lidocaine-prilocaine CREA</i>	C	1 package(s) per fill retail
HYFTOR	NP		Misc. Topical		
<i>pimecrolimus</i>	P	QL(100 GM per 31 day(s) retail; 100 GM per 31 days mail); AL(At least 2 yrs old)	<i>zinc oxide (topical) OINT 20 %</i>	C	1 package(s) per fill retail
<i>tacrolimus (topical) OINT 0.03 %</i>	P	QL(100 GM per 31 day(s) retail; 100 GM per 31 days mail); AL(At least 2 yrs old)	Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
<i>tacrolimus (topical) OINT 0.1 %</i>	P	QL(100 GM per 31 day(s) retail; 100 GM per 31 days mail); AL(At least 16 yrs old)	EUCRISA	NP	
Keratolytic/Antimitotic/Vesicant Agents			ZORYVE CREA EX	NP	
			Rosacea Agents		
			<i>azelaic acid GEL</i>	P	
			<i>brimonidine tartrate (topical)</i>	NP	
			<i>doxycycline (rosacea)</i>	NP	
			FINACEA FOAM	NP	
			<i>ivermectin (rosacea)</i>	NP	
			METROCREAM CREA (<i>metronidazole (topical)</i>)	NP	QL(45 GM per 31 day(s) retail)
			METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	NP	
			<i>metronidazole (topical) CREA</i>	P	QL(45 GM per 31 day(s) retail)
			<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 GM per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole (topical) GEL 1 %</i>	NP		ACCU-CHEK AVIVA PLUS STRP	P	RX/OTC
<i>metronidazole (topical) GEL 1 %</i>	P		ACCU-CHEK GUIDE TEST STRP	P	RX/OTC
<i>metronidazole (topical) LOTN</i>	P		ACCU-CHEK SMARTVIEW STRP	P	RX/OTC
MIRVASO (<i>brimonidine tartrate (topical)</i>)	NP		CHEMSTRIP K STRP	C	
ORACEA (<i>doxycycline (rosacea)</i>)	NP		KETONE TEST STRP	C	
RHOFADE	NP		KETOSTIX STRP	C	
SOOLANTRA (<i>ivermectin (rosacea)</i>)	NP		RELION KETONE TEST STRP	C	
Scabicides & Pediculicides			RELION TRUE METRIX TEST STRIPS STRP	P	RX/OTC
<i>crotamiton LOTN</i>	NP	1 package(s) per fill retail	TRUE METRIX BLOOD GLUCOSE TEST STRP	P	RX/OTC
ELIMITE CREA (<i>permethrin</i>)	NP	QL(60 GM per fill retail)	DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
<i>malathion</i>	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail	Digestive Enzymes		
NATROBA (<i>spinosad</i>)	P	Brand Preferred	CREON CPEP 15000 UNIT-9500 UNIT-3000 UNIT	P	
OVIDE (<i>malathion</i>)	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail	CREON CPEP 120000 UNIT-76000 UNIT-24000 UNIT, 180000 UNIT-114000 UNIT-36000 UNIT, 30000 UNIT-19000 UNIT-6000 UNIT, 60000 UNIT-38000 UNIT-12000 UNIT	P	Smart PA
<i>permethrin CREA</i>	P	QL(60 GM per fill retail)	PERTZYE CPEP	NP	
<i>permethrin LIQD EX</i>	P		VIOKACE TABS	NP	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	C		ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P	
<i>spinosad</i>	NP	Brand Preferred			
Tar Products					
<i>coal tar extract SHAM 0.5 %</i>	C				
DIAGNOSTIC PRODUCTS					
Diagnostic Tests					

Drug Name	Drug Tier	Requirements/ Limits
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	C	
<i>acetazolamide TABS</i>	C	
<i>methazolamide TABS</i>	C	
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	C	QL(1 EA daily)
<i>spironolactone & hydrochlorothiazide</i>	C	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	C	
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	C	
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	C	QL(2 EA daily)
Loop Diuretics		
<i>bumetanide TABS</i>	C	
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	C	
<i>furosemide TABS</i>	C	
<i>SOAANZ TABS 20 MG</i>	C	
<i>torsemide TABS 5 MG, 10 MG, 100 MG</i>	C	QL(1 EA daily)
<i>torsemide TABS 20 MG</i>	C	
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	C	QL(4 EA daily)
<i>spironolactone TABS</i>	C	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	C	
<i>hydrochlorothiazide CAPS</i>	C	
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	C	

Drug Name	Drug Tier	Requirements/ Limits
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	C	
<i>metolazone</i>	C	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>ACTONEL TABS 150 MG (risedronate sodium)</i>	NP	
<i>ACTONEL TABS 35 MG (risedronate sodium)</i>	NP	QL(4 EA per 28 day(s) retail)
<i>alendronate sodium SOLN</i>	NP	QL(10.8 ML daily)
<i>alendronate sodium TABS 10 MG</i>	P	QL(1 EA daily)
<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.15 EA daily)
<i>ATELVIA TBEC (risedronate sodium)</i>	NP	QL(4 EA per 28 day(s) retail)
<i>BINOSTO TBEF</i>	NP	
<i>BONSITY SOPN 560 MCG/2.24ML</i>	NP	
<i>calcitonin (salmon) IJ</i>	C	QL(2 ML per fill retail)
<i>calcitonin (salmon) NA</i>	P	1 package(s) per fill retail
<i>FORTEO SOPN (teriparatide)</i>	NP	
<i>FORTEO SOPN (teriparatide)</i>	NP	SP
<i>FOSAMAX PLUS D</i>	NP	
<i>FOSAMAX TABS 70 MG (alendronate sodium)</i>	NP	QL(0.15 EA daily)
<i>ibandronate sodium TABS</i>	P	
<i>risedronate sodium TABS 5 MG, 30 MG</i>	NP	QL(1 EA daily)
<i>risedronate sodium TABS 150 MG</i>	NP	
<i>risedronate sodium TABS 35 MG</i>	NP	QL(4 EA per 28 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium TBEC</i>	NP	QL(4 EA per 28 day(s) retail)
<i>teriparatide SOPN</i>	P	SP
TERIPARATIDE SOPN	P	SP
TYMLOS	NP	SP
Growth Hormones		
GENOTROPIN MINISYN PRSY	PA	SP; PA
GENOTROPIN CART SC	PA	SP; PA
HUMATROPE CART IJ	NP	SP
NGENLA	NP	SP
NORDITROPIN FLEXPRO SOPN	PA	SP; PA
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP
OMNITROPE SOCT	NP	SP
OMNITROPE SOLR SC	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA	NP	SP
SOGROYA	NP	SP
ZOMACTON SOLR SC	NP	SP
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	NP	QL(1 EA daily)
<i>raloxifene hcl</i>	NP	QL(1 EA daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	NP	
INCRELEX	NP	SP
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	C	SP; PA
Metabolic Modifiers		

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol CAPS</i>	C	
GALAFOLD	C	QL(0.5 EA daily); SP; PA
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	C	QL(30 ML daily)
<i>levocarnitine (metabolic modifiers) TABS</i>	C	QL(3 EA daily)
XPHOZAH	NP	SP
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	C	QL(5 ML per fill retail); PA
<i>desmopressin acetate spray refrigerated 0.01 %</i>	C	QL(5 ML per fill retail); PA
<i>desmopressin acetate TABS</i>	C	QL(6 EA daily)
Somatostatic Agents		
<i>octreotide acetate KIT</i>	C	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
COMBIPATCH PTTW	C	Limit 8 patches per month; QL(0.286 EA daily)
<i>estradiol & norethindrone acetate TABS</i>	C	QL(1 EA daily)
<i>norethindrone acetate-ethinyl estradiol</i>	C	
PREMPRO	C	
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	C	Limit 8 patches per month; QL(0.286 EA daily)
<i>estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</i>	C	Limit 8 patches per month; QL(0.286 EA daily)
<i>estradiol PTTW 0.0375 MG/24HR</i>	C	QL(0.286 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol PTWK</i>	C	Limit 4 patches per month; QL(0.143 EA daily)
<i>estradiol TABS</i>	C	
PREMARIN TABS	C	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	NP	
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P	
CIPRO SUSR	NP	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NP	
<i>levofloxacin SOLN PO</i>	NP	
<i>levofloxacin TABS</i>	P	QL(14 EA per fill retail)
<i>moxifloxacin hcl TABS</i>	NP	
<i>ofloxacin 300 MG</i>	NP	
<i>ofloxacin 400 MG</i>	NP	QL(56 EA per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY (<i>prucalopride succinate</i>)	NP	
<i>prucalopride succinate</i>	NP	
Antiflatulents		
<i>simethicone CHEW 80 MG</i>	C	
<i>simethicone SUSP</i>	C	
Gallstone Solubilizing Agents		
<i>ursodiol CAPS</i>	C	
<i>ursodiol TABS 250 MG</i>	C	QL(7 EA daily)
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>lubiprostone</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>lubiprostone</i>	P	
Gastrointestinal Stimulants		
GIMOTI SOLN NA	NP	SP
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	P	
<i>metoclopramide hcl TABS</i>	P	
REGLAN TABS (<i>metoclopramide hcl</i>)	NP	
Inflammatory Bowel Agents		
AVSOLA	C	SP; PA
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NP	
AZULFIDINE TABS (<i>sulfasalazine</i>)	NP	
<i>balsalazide disodium CAPS</i>	P	QL(9 EA daily)
CANASA SUPP (<i>mesalamine</i>)	NP	
CIMZIA (2 SYRINGE) PSKT	NP	SP
CIMZIA KIT	NP	SP
CIMZIA-STARTER PSKT	NP	SP
DIPENTUM	NP	
ENTYVIO PEN SOAJ	NP	SP
INFLECTRA SOLR	C	SP; PA
LIALDA TBEC (<i>mesalamine</i>)	NP	
<i>mesalamine w/ cleanser</i>	NP	
<i>mesalamine CP24</i>	P	Brand Preferred
<i>mesalamine CPCR</i>	NP	Brand Preferred
<i>mesalamine CPDR</i>	NP	
<i>mesalamine ENEM</i>	P	QL(60 ML daily)
<i>mesalamine SUPP</i>	P	
<i>mesalamine TBEC 800 MG</i>	NP	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>mesalamine TBEC 1.2 GM</i>	NP	
OMVOH (300 MG DOSE) SOAJ	NP	SP
OMVOH (300 MG DOSE) SOSY	NP	SP
OMVOH SOAJ	NP	SP
OMVOH SOSY	NP	SP
PENTASA CPCR	P	Brand Preferred
RENFLEXIS	C	SP; PA
ROWASA (<i>mesalamine w/ cleanser</i>)	NP	
SFROWASA ENEM	NP	
SKYRIZI SOCT	NP	SP
<i>sulfasalazine TABS</i>	P	
<i>sulfasalazine TBEC</i>	P	
TREMFYA PEN SOAJ SC 200 MG/2ML	NP	SP
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	
TREMFYA SOSY SC	NP	SP
USTEKINUMAB 130 MG/26ML	NP	SP
VELSIPITY	NP	SP
ZYMFENTRA (1 PEN) AJKT	NP	SP
ZYMFENTRA (2 PEN) AJKT	NP	SP
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	P	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	NP	
IBSRELA	NP	
LINZESS	P	

Drug Name	Drug Tier	Requirements/ Limits
LOTRONEX (<i>alosetron hcl</i>)	NP	
VIBERZI	NP	
Peripheral Opioid Receptor Antagonists		
MOVANTIK	P	
SYMPROIC	NP	
Phosphate Binder Agents		
AURYXIA 210 MG (<i>ferric citrate</i>)	NP	
<i>calcium acetate (phosphate binder) CAPS</i>	P	
<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC
<i>calcium acetate (phosphate binder) TABS</i>	P	RX/OTC
FOSRENOL CHEW (<i>lanthanum carbonate</i>)	NP	
FOSRENOL PACK	NP	
<i>lanthanum carbonate CHEW</i>	NP	
RENVELA PACK (<i>sevelamer carbonate</i>)	NP	
RENVELA TABS (<i>sevelamer carbonate</i>)	NP	
<i>sevelamer carbonate PACK</i>	NP	
<i>sevelamer carbonate TABS</i>	P	
<i>sevelamer hcl</i>	NP	
VELPHORO	NP	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	C	
<i>sodium citrate & citric acid</i>	C	QL(16.67 ML daily); RX/OTC
Genitourinary Irrigants		

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium chloride (gu irrigant) 0.9 %</i>	C	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	P	
CARDURA XL	NP	
<i>dutasteride</i>	P	
<i>dutasteride-tamsulosin hcl</i>	NP	
<i>finasteride</i>	P	QL(1 EA daily)
PROSCAR (<i>finasteride</i>)	NP	QL(1 EA daily)
RAPAFLO (<i>silodosin</i>)	NP	
<i>silodosin</i>	NP	
<i>tamsulosin hcl</i>	P	QL(2 EA daily)
Urinary Analgesics		
<i>phenazopyridine hcl</i> TABS 100 MG, 200 MG	C	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	
Gout Agents		
<i>allopurinol 100 MG, 300 MG</i>	P	
<i>allopurinol 200 MG</i>	NP	
<i>colchicine CAPS</i>	NP	
<i>colchicine TABS</i>	P	QL(6 EA per fill retail); 1 max fill(s) per 31 day(s) retail
COLCRYS TABS (<i>colchicine</i>)	NP	QL(6 EA per fill retail); 1 max fill(s) per 31 day(s) retail
<i>febuxostat</i>	NP	
GLOPERBA SOLN PO	NP	
MITIGARE CAPS (<i>colchicine</i>)	NP	
ULORIC (<i>febuxostat</i>)	NP	
ZYLOPRIM 100 MG (<i>allopurinol</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
Uricosurics		
<i>probenecid</i>	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Aminolevulinate Synthase 1-Directed siRNA		
GIVLAARI	C	SP; PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOSY</i>	C	SP; PA
Complement Inhibitors		
HAEGARDA SOLR SC	C	SP; PA
TAVNEOS	NP	SP
Hematorheologic Agents		
<i>pentoxifylline</i>	C	
Platelet Aggregation Inhibitors		
<i>aspirin-dipyridamole</i>	NP	
BRILINTA 60 MG, 90 MG (<i>ticagrelor</i>)	P	Brand Preferred; QL(2 EA daily)
<i>cilostazol</i>	C	QL(2 EA daily)
<i>clopidogrel bisulfate 75 MG</i>	P	QL(1 EA daily)
<i>clopidogrel bisulfate 300 MG</i>	P	
<i>dipyridamole</i>	NP	
EFFIENT (<i>prasugrel hcl</i>)	NP	QL(1 EA daily)
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	NP	QL(1 EA daily)
<i>prasugrel hcl</i>	P	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	NP	Brand Preferred; QL(2 EA daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	C	SP; PA
CEREZYME 400 UNIT	C	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Agents for Sickie Cell Disease		
ADAKVEO	C	SP; PA
CASGEVY	PA	SP; PA
DROXIA CAPS	P	Brand Preferred
ENDARI (<i>glutamine (sickle cell)</i>)	PA	SP; PA
<i>glutamine (sickle cell)</i>	PA	SP; PA
LYFGENIA	PA	SP; PA
SIKLOS TABS	P	Brand Preferred
XROMI SOLN PO 100 MG/ML	P	SP
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	C	QL(10 ML per 270 day(s) retail)
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	C	RX/OTC
<i>folic acid TABS 400 MCG</i>	C	QL(1 EA daily)
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN	NP	SP
ARANESP (ALBUMIN FREE) SOSY	NP	SP
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP
MIRCERA	NP	SP
PROCRIT	NP	SP
PROCRIT	NP	SP
REBLOZYL	C	SP
RETACRIT	P	SP
VAFSEO	NP	SP
ZARXIO	C	SP; PA
Iron		
<i>ferrous fumarate TABS</i>	C	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
FERROUS GLUCONATE TABS 324 MG	C	QL(3.34 EA daily)
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	C	
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	C	QL(3.4 ML daily)
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	C	
<i>ferrous sulfate TBEC</i>	C	
IRON CHEWS PEDIATRIC CHEW	C	
<i>polysaccharide iron complex CAPS</i>	C	QL(1 EA daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>tranexamic acid TABS</i>	C	QL(30 EA per 5 day(s) retail); 1 max fill(s) per 31 day(s) retail; AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	C	QL(1 EA daily)
<i>doxylamine succinate (sleep)</i>	C	
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	C	
<i>phenobarbital TABS</i>	C	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	NP	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	NP	
AMBIEN TABS (<i>zolpidem tartrate</i>)	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DORAL (<i>quazepam</i>)	NP		HETLIOZ CAPS (<i>tasimelteon</i>)	NP	SP
EDLUAR SUBL	NP		<i>ramelteon</i>	NP	
<i>estazolam</i>	NP		ROZEREM (<i>ramelteon</i>)	NP	
<i>eszopiclone</i>	NP		<i>tasimelteon</i> CAPS	NP	SP
<i>flurazepam hcl</i>	NP	QL(1 EA daily)	LAXATIVES - Bowel Treatment Drugs		
HALCION 0.25 MG (<i>triazolam</i>)	NP		Bulk Laxatives		
IGALMI FILM	NP		<i>calcium polycarbophil</i> TABS	C	QL(10 EA daily)
<i>midazolam hcl SOLN IJ</i>	C		Laxative Combinations		
MIDAZOLAM HCL SOLN IJ	C		CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	NP	
<i>quazepam</i>	NP		GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP	1 package(s) per fill retail
RESTORIL 15 MG, 30 MG (<i>temazepam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	NP	
RESTORIL 7.5 MG, 22.5 MG (<i>temazepam</i>)	NP		<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	1 package(s) per fill retail
<i>temazepam 15 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	NP	1 package(s) per fill retail
<i>temazepam 7.5 MG, 22.5 MG</i>	P		<i>sennosides-docusate sodium</i> TABS	C	QL(4 EA daily)
<i>triazolam</i>	NP		<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NP	
<i>zaleplon 5 MG</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	SUFLAVE	NP	
<i>zaleplon 10 MG</i>	NP	QL(2 EA daily); AL(At least 18 yrs old)	SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	NP	
ZOLPIDEM TARTRATE CAPS	NP		SUTAB	NP	
<i>zolpidem tartrate SUBL</i>	NP		Laxatives - Miscellaneous		
<i>zolpidem tartrate TABS</i>	P	QL(1 EA daily)	<i>glycerin (laxative) SUPP 2 GM</i>	C	
<i>zolpidem tartrate TBCR</i>	NP		<i>lactulose</i> PACK	NP	
Orexin Receptor Antagonists			<i>lactulose</i> SOLN	P	
BELSOMRA	NP				
DAYVIGO	NP				
QUVIVIQ	NP				
Selective Melatonin Receptor Agonists					
HETLIOZ LQ SUSP	NP	SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>polyethylene glycol 3350 PACK</i>	P		<i>azithromycin TABS 600 MG</i>	P	QL(8 EA per 28 day(s) retail)
<i>polyethylene glycol 3350 POWD</i>	P	QL(34 GM daily)	ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	NP	QL(4 EA daily)
Saline Laxatives			ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	NP	QL(6 EA per fill retail)
<i>magnesium citrate 1.745 GM/30ML</i>	P		ZITHROMAX PACK	NP	QL(2 EA per fill retail)
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	C	QL(32 ML daily)	ZITHROMAX SUSR 200 MG/5ML (<i>azithromycin</i>)	NP	QL(60 ML per fill retail)
<i>sodium phosphates ENEM</i>	C		ZITHROMAX SUSR 100 MG/5ML (<i>azithromycin</i>)	NP	1 package(s) per fill retail
Stimulant Laxatives			ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	NP	QL(4 EA daily)
<i>bisacodyl SUPP</i>	C	QL(12 EA per fill retail)	ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	NP	QL(6 EA per fill retail)
<i>bisacodyl TBEC</i>	C	QL(1 EA daily)	Clarithromycin		
<i>sennosides TABS 8.6 MG</i>	C		<i>clarithromycin SUSR 250 MG/5ML</i>	P	2 package(s) per fill retail
Surfactant Laxatives			<i>clarithromycin SUSR 125 MG/5ML</i>	P	1 package(s) per fill retail
<i>docusate sodium CAPS 50 MG</i>	C		<i>clarithromycin TABS</i>	P	QL(28 EA per fill retail)
<i>docusate sodium CAPS 100 MG, 250 MG</i>	C	QL(3 EA daily)	<i>clarithromycin TB24</i>	NP	QL(14 EA per fill retail)
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	C		Erythromycins		
DOCUSATE SODIUM SYRP	C		E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
<i>docusate sodium TABS</i>	C		ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
MACROLIDES - Drugs to Treat Bacterial Infections			ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
Azithromycin			<i>erythromycin base CPEP</i>	NP	
<i>azithromycin PACK</i>	P	QL(2 EA per fill retail)	<i>erythromycin base TABS</i>	NP	
<i>azithromycin SUSR 200 MG/5ML</i>	P	QL(60 ML per fill retail)	<i>erythromycin base TBEC</i>	NP	
<i>azithromycin SUSR 100 MG/5ML</i>	P	1 package(s) per fill retail	<i>erythromycin ethylsuccinate SUSR</i>	P	
<i>azithromycin TABS 250 MG</i>	P	QL(6 EA per fill retail)	<i>erythromycin ethylsuccinate TABS</i>	NP	
<i>azithromycin TABS 500 MG</i>	P	QL(4 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin stearate</i> TABS 250 MG	P		AUTOLET MINI MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
Fidaxomicin			AUTOLET PLUS MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
DIFICID SUSR	P	Brand Preferred	CARDIOCOM LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
DIFICID TABS 200 MG (fidaxomicin)	P	Brand Preferred	CAREONE ADVANCED LANCING DEV MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
<i>fidaxomicin</i> TABS 200 MG	NP	Brand Preferred	CARETOUCH LANCING/EJECTOR MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
MEDICAL DEVICES AND SUPPLIES			CHOSEN LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
Diabetic Supplies			CVS LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
ACCU-CHEK GUIDE ME KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC	DEXCOM G6 RECEIVER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
ACCU-CHEK GUIDE KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC	DEXCOM G6 SENSOR	PA	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; PA
ACCU-CHEK SOFTCLIX LANCETS	P	RX/OTC	DEXCOM G6 TRANSMITTER	PA	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA
ADJUSTABLE LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	DEXCOM G7 RECEIVER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
ADVOCATE LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)			
ADVOCATE RAPID-SAFE LANCING MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)			
AUTO-LANCET MINI MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)			
AUTO-LANCET MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)			
AUTOLET LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)			
AUTOLET LITE LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEXCOM G7 SENSOR	PA	QL(9 EA per 90 day(s) retail); PA	FREESTYLE LIBRE 2 PLUS SENSOR	PA	QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA
DIATHRIVE LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	FREESTYLE LIBRE 2 READER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
DROPLET GENTEEL LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	FREESTYLE LIBRE 2 SENSOR	PA	QL(6 EA per 90 day(s) retail); PA
DROPLET LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	FREESTYLE LIBRE 3 PLUS SENSOR	PA	QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA
DRUG MART LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	FREESTYLE LIBRE 3 READER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
EASY MINI EJECT LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	FREESTYLE LIBRE 3 SENSOR	PA	QL(6 EA per 90 day(s) retail); PA
EASY MINI LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	GENTEEL PLUS LANCING (BLACK) MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
EASY TOUCH LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	GENTEEL PLUS LANCING (PURPLE) MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
EMBRACE LANCING DEVICE/EJECTOR MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	GENTEEL PLUS LANCING (WHITE) MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
FORA LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	GENTEEL PLUS LANCING DEV(BLUE) MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
FREESTYLE LIBRE 14 DAY READER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	GENTEEL PLUS LANCING DEV(PINK) MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
FREESTYLE LIBRE 14 DAY SENSOR	PA	QL(6 EA per 90 day(s) retail); PA	GLOBAL LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP LANCING SYSTEM DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	LITE TOUCH LANCING PEN MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
GOJJI LANCING DEVICE/CLEAR CAP MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	MICROLET NEXT LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
H-E-B INCONTROL ADV LANCING MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	MINI LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
IHEALTH LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	MM LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
IN TOUCH LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	MULTI-LANCET DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
KROGER AUTOLET LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	NOVA SUREFLEX LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
LANCET DEVICE WITH EJECTOR MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
LANCET DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	PA	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA
LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	OMNIPOD 5 G7 INTRO (GEN 5) KIT	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
LANZO MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	OMNIPOD 5 G7 PODS (GEN 5) MISC	PA	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA
LEADER ADVANCED LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)			
LIBERTY MINI LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	SELECT-LITE LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	PA	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA	SIMPLE DIAGNOSTICS LANCING DEV MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
OMNIPOD DASH INTRO (GEN 4) KIT	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	SM TRUEDRAW LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
OMNIPOD DASH PODS (GEN 4) MISC	PA	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA	SMART DIABETES VANTAGE LANCING MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
PRODIGY LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	SOLUS V2 LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
PX ADVANCED LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	SURE COMFORT LANCING PEN MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
PX LANCET AUTO INJECTOR MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	TODAYS HEALTH LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
QC ADVANCED LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	TRUE METRIX AIR GLUCOSE METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
RELION LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	TRUE METRIX METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
RELION TRUE MET AIR GLUC METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC	TRUEDRAW LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
RIGHTTEST GD500 LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	ULTI-LANCE AUTOMATIC MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
			VIVAGUARD LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
			Parenteral Therapy Supplies		
			BD AUTOSHIELD DUO	C	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BD PEN NEEDLE MICRO ULTRAFINE	C	QL(5 EA daily)	AEROCHAMBER PLUS FLO-VU LARGE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
BD PEN NEEDLE MINI ULTRAFINE	C	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	C	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	C	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	C	QL(5 EA daily)	AEROCHAMBER PLUS FLO-VU SMALL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EMBECTA AUTOSHIELD DUO	C	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU W/MASK MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	C	RX/OTC	AEROCHAMBER PLUS FLO-VU MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	C	RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EMBECTA PEN NEEDLE NANO	C	QL(5 EA daily); RX/OTC	AEROCHAMBER W/FLOWSIGNAL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	C	QL(5 EA daily); RX/OTC	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	C	QL(5 EA daily)	AEROCHAMBER Z-STAT PLUS/LARGE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER MV MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER2GO ANTI-STATIC DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	AEROVENT PLUS DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC			
AEROCHAMBER PLUS FLO-VU LARGE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BREATHE COMFORT CHAMBER/ADULT DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC M DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC S DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE EASE LARGE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE EASE MEDIUM DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	C	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE EASE SMALL DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	C	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHRITE VALVED MDI CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	C	QL(2 EA per 360 day(s) retail); RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	FLEXICHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	INSPIREASE RESERVOIR BAGS	C	QL(3 EA per 180 day(s) retail)
COMPACT SPACE CHAMBER/MED MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	INSPIREASE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	MASK VORTEX/CHILD/FROG	C	QL(2 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	MASK VORTEX/TODDLER/LAD YBUG	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK LARGE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	MICROCHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK MEDIUM MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	MICROCHAMBER MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK SMALL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	MICROSPACER MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-LG MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OPTICHAMBER DIAMOND-MD MASK MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	PROCHAMBER VHC DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	PURE COMFORT SPACER CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	RITEFLO DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PANDA MASK LARGE	C	QL(2 EA per 360 day(s) retail); RX/OTC	VORTEX HOLD CHMBR/MASK/CHILD DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PANDA MASK MEDIUM	C	QL(2 EA per 360 day(s) retail); RX/OTC	VORTEX HOLD CHMBR/MASK/TODDLER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PANDA MASK SMALL	C	QL(2 EA per 360 day(s) retail); RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PARI VORTEX ADULT MASK	C	QL(2 EA per 360 day(s) retail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PARI VORTEX PEDIATRIC MASK	C	QL(2 EA per 360 day(s) retail); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
PEDIATRIC PANDA MASK	C	QL(2 EA per 360 day(s) retail); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
POCKET CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	AIMOVIG	NP	SP
POCKET SPACER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	AJOVY SOAJ	P	SP
PRO COMFORT SPACER ADULT MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	AJOVY SOSY	P	SP
PRO COMFORT SPACER CHILD MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	EMGALITY (300 MG DOSE) SOSY	NP	SP
PRO COMFORT SPACER INFANT DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	EMGALITY SOAJ	PA	SP; PA
PROCARE SPACER/ADULT MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	EMGALITY SOSY	PA	SP; PA
PROCARE SPACER/CHILD MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	NURTEC	NP	
			QULIPTA	P	
			UBRELVY	PA	PA
			ZAVZPRET	NP	
			Migraine Combinations		
			<i>sumatriptan-naproxen sodium</i>	NP	
			SYMBRAVO TABS PO	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Serotonin Agonists			RELPAx (<i>eletriptan hydrobromide</i>)	P	Brand Preferred; QL(6 EA per 31 day(s) retail)
<i>almotriptan malate</i>	NP		RELPAx 20 MG (<i>eletriptan hydrobromide</i>)	P	QL(6 EA per 31 day(s) retail)
<i>eletriptan hydrobromide</i>	NP	Brand Preferred; QL(6 EA per 31 day(s) retail)	<i>rizatriptan benzoate TABS</i>	P	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)
FROVA (<i>frovatriptan succinate</i>)	NP		<i>rizatriptan benzoate TBDP</i>	P	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)
<i>frovatriptan succinate</i>	NP		<i>sumatriptan 5 MG/ACT</i>	NP	5 MG/ACT; Brand Preferred; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP		<i>sumatriptan 20 MG/ACT</i>	NP	20 MG/ACT; Brand Preferred; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)	<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	P	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)	<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	P	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP		<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	P	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)
IMITREX TABS (<i>sumatriptan succinate</i>)	NP	QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)	<i>sumatriptan succinate TABS</i>	P	QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	NP	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)	TOSYMRA	NP	Brand Preferred
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	NP	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)	TOSYMRA	NP	
<i>naratriptan hcl</i>	NP	QL(9 EA per 31 day(s) retail); AL(At least 18 yrs old)			
RELPAx (<i>eletriptan hydrobromide</i>)	P	Brand Preferred ; QL(6 EA per 31 day(s) retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZEMBRACE SYMTOUCH SOAJ	NP		GNP ELECTROLYTE SOLUTION SOLN 280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML, 9 GM/360ML-280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML	C	
<i>zolmitriptan SOLN 5 MG</i>	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)	GOODSENSE ELECTROLYTE ADV CARE SOLN	C	
<i>zolmitriptan SOLN 2.5 MG</i>	NP		HYDRALYTE FREEZER POPS SOLN	C	
<i>zolmitriptan TABS</i>	NP	QL(6 EA per 31 day(s) retail)	HYDRALYTE SOLN	C	
<i>zolmitriptan TBDP</i>	NP	QL(6 EA per 31 day(s) retail)	KINDERLYTE PREMAX SOLN	C	
ZOMIG SOLN 5 MG (<i>zolmitriptan</i>)	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)	KINDERLYTE SOLN	C	
ZOMIG SOLN 2.5 MG (<i>zolmitriptan</i>)	NP		<i>oral electrolytes SOLN</i>	C	
MINERALS & ELECTROLYTES			PEDIALYTE IMMUNE SUPPORT SOLN	C	
Calcium			TRUELYTE SOLN	C	
<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG</i>	C	QL(2 EA daily)	Fluoride		
<i>calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG</i>	C		<i>sodium fluoride CHEW</i>	C	
<i>oyster shell</i>	C		<i>sodium fluoride SOLN 0.5 MG/ML</i>	C	RX/OTC
Electrolyte Mixtures			SOLUVITA SOLN	C	RX/OTC
BIOLYTE SOLN	C		Magnesium		
CERASPORT EX1 SOLN	C		<i>magnesium oxide (mg supplement) TABS</i>	C	
CERASPORT SOLN	C		Phosphate		
ENFAMIL ENFALYTE SOLN	C		<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	C	QL(8 EA daily)
FT ELECTROLYTE SOLN	C		Potassium		
			<i>potassium bicarbonate TBEF</i>	C	
			<i>potassium chloride microencapsulated crystals er</i>	C	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride CPCR 10 MEQ</i>	C		<i>mycophenolate mofetil SUSR</i>	P	
<i>potassium chloride CPCR 8 MEQ</i>	C	QL(1 EA daily)	<i>mycophenolate mofetil TABS</i>	P	
<i>potassium chloride PACK PO 20 MEQ</i>	C		<i>mycophenolate sodium</i>	P	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	C		MYFORTIC (<i>mycophenolate sodium</i>)	NP	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	C		MYHIBBIN SUSP	NP	
MISCELLANEOUS THERAPEUTIC CLASSES			NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	NP	
Chelating Agents			NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	NP	
<i>penicillamine TABS</i>	C		PROGRAF CAPS (<i>tacrolimus</i>)	NP	
Immunomodulators			PROGRAF PACK	NP	
REZUROCK	NP	SP	SANDIMMUNE CAPS (<i>cyclosporine</i>)	P	
Immunosuppressive Agents			<i>sirolimus SOLN</i>	P	
ASTAGRAF XL CP24	NP		<i>sirolimus TABS</i>	P	
<i>azathioprine TABS</i>	P		<i>tacrolimus CAPS</i>	P	
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	NP		ZORTRESS (<i>everolimus (immunosuppressant)</i>)	NP	
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	NP		Potassium Removing Agents		
CELLCEPT TABS (<i>mycophenolate mofetil</i>)	NP		LOKELMA	P	Brand Preferred
<i>cyclosporine modified (for microemulsion) CAPS</i>	P		<i>sodium polystyrene sulfonate POWD</i>	P	
<i>cyclosporine modified (for microemulsion) SOLN</i>	P		<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P	
<i>cyclosporine CAPS</i>	P	USE BRAND NAME or Authorized Generic	<i>sodium polystyrene sulfonate SUSP PR 30 GM/120ML</i>	P	
ENSPRYNG	NP	SP	VELTASSA	P	Brand Preferred
ENVARUSUS XR TB24	NP		MOUTH/THROAT/DENTAL AGENTS		
<i>everolimus (immunosuppressant)</i>	NP		Anesthetics Topical Oral		
IMURAN TABS (<i>azathioprine</i>)	NP		<i>lidocaine hcl (mouth-throat) 2 %</i>	C	QL(100 ML per fill retail)
<i>mycophenolate mofetil CAPS</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Anti-infectives - Throat			ALIVE EVERYDAY IMMUNE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
NYSTATIN (<i>nystatin</i> (mouth-throat))	P	2 package(s) per fill retail	ALIVE HAIR, SKIN & NAILS CAPS	C	QL(1 EA daily); RX/OTC
<i>nystatin</i> (mouth-throat)	P	2 package(s) per fill retail	ALIVE MAX 6 POTENCY CAPS	C	QL(1 EA daily); RX/OTC
Antiseptics - Mouth/Throat			APETIBEX CAPS	C	QL(1 EA daily); RX/OTC
<i>chlorhexidine gluconate</i> (mouth-throat)	C		APPE-CURB CAPS	C	QL(1 EA daily); RX/OTC
Dental Products			BARIATRIC MULTIVITAMINS/IRON CAPS	C	QL(1 EA daily); RX/OTC
<i>sodium fluoride</i> (dental) CREA	C	QL(113 GM per 60 day(s) retail)	BARIATRIC MULTIVITAMINS CAPS	C	QL(1 EA daily); RX/OTC
<i>sodium fluoride</i> (dental) GEL	C	QL(113 GM per 60 day(s) retail)	BIO-35 GLUTEN-FREE CAPS	C	QL(1 EA daily); RX/OTC
<i>sodium fluoride</i> (dental) PSTE DT	C	QL(113 GM per 60 day(s) retail)	BIO-35 IRON FREE CAPS	C	QL(1 EA daily); RX/OTC
Steroids - Mouth/Throat/Dental			BIOCAL CAPS	C	QL(1 EA daily); RX/OTC
<i>triamcinolone acetonide</i> (mouth)	C	1 package(s) per fill retail	BIOTECT PLUS CAPS	C	QL(1 EA daily); RX/OTC
Throat Products - Misc.			BONEUP 3 PER DAY CAPS	C	QL(1 EA daily); RX/OTC
<i>pilocarpine hcl</i> (oral) 5 MG	C	QL(6 EA daily)	BONEUP CAPS	C	QL(1 EA daily); RX/OTC
MULTIVITAMINS			BOOSTNOW IMMUNE SUPPORT CAPS	C	QL(1 EA daily); RX/OTC
B-Complex Vitamins			CELEBRATE MULTI-COMplete 18 CAPS	C	QL(1 EA daily); RX/OTC
<i>b-complex vitamins</i> CAPS	C	QL(1 EA daily)	CELEBRATE MULTI-COMplete 36 CAPS	C	QL(1 EA daily); RX/OTC
<i>b-complex vitamins</i> TABS	C	QL(1 EA daily)	CELEBRATE MULTI-COMplete 45 CAPS	C	QL(1 EA daily); RX/OTC
B-Complex w/ Folic Acid			CELEBRATE MULTI-COMplete 60 CAPS	C	QL(1 EA daily); RX/OTC
<i>b-complex w/ c & folic acid</i> CAPS	C	QL(1 EA daily); RX/OTC	CHOICEFUL MULTIVITAMIN CAPS	C	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Calcium			CULTURELLE PROBIOTIC MEN DAILY CAPS	C	QL(1 EA daily); RX/OTC
<i>multiple vitamins w/ calcium</i> TABS	C	QL(1 EA daily)	CVS ADULT 50+ EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Minerals					
ACTIVNUTRIENTS PERFORMANCE CAPS	C	QL(1 EA daily); RX/OTC			
ACTIVNUTRIENTS W/O IRON CAPS	C	QL(1 EA daily); RX/OTC			
ACTIVNUTRIENTS CAPS	C	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS EYE HEALTH ADULT 50+ CAPS	C	QL(1 EA daily); RX/OTC	MULTIA CAPS	C	QL(1 EA daily); RX/OTC
CVS IMMUNE SUPPORT CAPS	C	QL(1 EA daily); RX/OTC	<i>multiple vitamins w/ minerals CAPS</i>	C	QL(1 EA daily); RX/OTC
CVS VISION HEALTH CAPS	C	QL(1 EA daily); RX/OTC	MVW COMPLETE FORMULATION D3000 CAPS	C	QL(1 EA daily); RX/OTC
DECUBI-VITE CAPS	C	QL(1 EA daily); RX/OTC	MVW COMPLETE FORMULATION D5000 CAPS	C	QL(1 EA daily); RX/OTC
DEKAS PLUS OCEAN CAPS	C	QL(1 EA daily); RX/OTC	MVW COMPLETE FORMULATION MINIS CAPS	C	QL(1 EA daily); RX/OTC
DEKAS PLUS CAPS	C	QL(1 EA daily); RX/OTC	MVW COMPLETE FORMULATION CAPS	C	QL(1 EA daily); RX/OTC
DEPLIN MA CAPS	C	QL(1 EA daily); RX/OTC	MVW MODULATOR FORMULATION MINI CAPS	C	QL(1 EA daily); RX/OTC
DEPLINPRO MOOD HEALTH CAPS	C	QL(1 EA daily); RX/OTC	MVW MODULATOR FORMULATION CAPS	C	QL(1 EA daily); RX/OTC
DEXATRAM CAPS	C	QL(1 EA daily); RX/OTC	OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	C	QL(1 EA daily); RX/OTC
EYE HEALTH AREDS 2 CAPS	C	QL(1 EA daily); RX/OTC	OCUVITE ADULT 50+ CAPS	C	QL(1 EA daily); RX/OTC
EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC	OCUVITE ADULT FORMULA CAPS	C	QL(1 EA daily); RX/OTC
FOLAGENT DHA CAPS	C	QL(1 EA daily); RX/OTC	OCUVITE-LUTEIN CAPS	C	QL(1 EA daily); RX/OTC
FOLAMED DHA CAPS	C	QL(1 EA daily); RX/OTC	ONE-DAILY MULTI CAPS CAPS	C	QL(1 EA daily); RX/OTC
FT EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC	PRESCRIPTION SUPPORT MULTIVIT CAPS	C	QL(1 EA daily); RX/OTC
GENADEK STEP 1 CAPS	C	QL(1 EA daily); RX/OTC	PRESERVISION AREDS 2+COQ10 CAPS	C	QL(1 EA daily); RX/OTC
GENADEK STEP 2 CAPS	C	QL(1 EA daily); RX/OTC	PRESERVISION AREDS 2+MULTI VIT CAPS	C	QL(1 EA daily); RX/OTC
HAIR/SKIN/NAILS CAPS	C	QL(1 EA daily); RX/OTC	PRESERVISION AREDS 2 CAPS	C	QL(1 EA daily); RX/OTC
HEALTHY EYES SUPERVISION 2 CAPS	C	QL(1 EA daily); RX/OTC	PRESERVISION AREDS CAPS	C	QL(1 EA daily); RX/OTC
IMMUNE ESSENTIALS DAILY CAPS	C	QL(1 EA daily); RX/OTC	PRESERVISION/LUTEIN CAPS	C	QL(1 EA daily); RX/OTC
MENATROL CAPS	C	QL(1 EA daily); RX/OTC			
MENS 50+ ADVANCED CAPS	C	QL(1 EA daily); RX/OTC			
MOOD FOOD ES CAPS	C	QL(1 EA daily); RX/OTC			
MOOD FOOD CAPS	C	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROBIOTICS + BARIATRIC MULTI CAPS	C	QL(1 EA daily); RX/OTC	VITEYES CLASSIC MACULAR SUPPOR CAPS	C	QL(1 EA daily); RX/OTC
PRORENAL + D W/ OMEGA-3 CAPS	C	QL(1 EA daily); RX/OTC	VITEYES CLASSIC+OMEGA-3 CAPS	C	QL(1 EA daily); RX/OTC
PROTECT CARDIO AF CAPS	C	QL(1 EA daily); RX/OTC	Multivitamins		
PROTECT PLUS SO CAPS	C	QL(1 EA daily); RX/OTC	ALTRIXA TABS	C	QL(1 EA daily); RX/OTC
PROTEGRA CAPS	C	QL(1 EA daily); RX/OTC	AMLADEX TABS	C	QL(1 EA daily); RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	C	QL(1 EA daily); RX/OTC	CENTRUM MENOPAUSE MIND/MOOD TABS	C	QL(1 EA daily); RX/OTC
REMEDIENT CAPS	C	QL(1 EA daily); RX/OTC	DAILY MULTIPLE VITAMINS TABS	C	QL(1 EA daily); RX/OTC
SKIN HAIR & NAILS ADVANCED CAPS	C	QL(1 EA daily); RX/OTC	DAVIMET-M CHEW	C	QL(1 EA daily); RX/OTC
SUPER ANTIOXIDANT CAPS	C	QL(1 EA daily); RX/OTC	DERMACINRX DAVIMET CHEW	C	QL(1 EA daily); RX/OTC
SUPPORT-500 CAPS	C	QL(1 EA daily); RX/OTC	DERMACINRX MULTIVITAMIN CHEW	C	QL(1 EA daily); RX/OTC
THERAMILL FORTE CAPS	C	QL(1 EA daily); RX/OTC	ESTROFACTORS TABS	C	QL(1 EA daily); RX/OTC
THERANATAL LACTATION ONE CAPS	C	QL(1 EA daily); RX/OTC	FOLAWISE TABS	C	QL(1 EA daily); RX/OTC
VISION HEALTH CAPS	C	QL(1 EA daily); RX/OTC	FOLCYTEINE TABS	C	QL(1 EA daily); RX/OTC
VISION OPTIMIZER CAPS	C	QL(1 EA daily); RX/OTC	GENICIN VITA-Q TABS	C	QL(1 EA daily); RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	C	QL(1 EA daily); RX/OTC	HIGH POTENCY MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	C	QL(1 EA daily); RX/OTC	MINCORA TABS	C	QL(1 EA daily); RX/OTC
VITABEX PLUS CAPS	C	QL(1 EA daily); RX/OTC	MULTI VITAMIN W/D-3 TABS	C	QL(1 EA daily); RX/OTC
VITABEX CAPS	C	QL(1 EA daily); RX/OTC	MULTI VITAMIN TABS	C	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA +MULTI CAPS	C	QL(1 EA daily); RX/OTC	<i>multiple vitamin TABS</i>	C	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA CAPS	C	QL(1 EA daily); RX/OTC	MULTIVITAMIN ADULT TABS	C	QL(1 EA daily); RX/OTC
VITEYES CLASSIC ADVANCED CAPS	C	QL(1 EA daily); RX/OTC	MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
			NEOMULTIVITE TABS	C	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEVVITE TABS	C	QL(1 EA daily); RX/OTC	POLY-VITE/IRON SOLN	C	QL(60 ML per fill retail)
OMNICAP TABS	C	QL(1 EA daily); RX/OTC	Pediatric Multiple Vitamins		
ONE DAILY ESSENTIALS TABS	C	QL(1 EA daily); RX/OTC	BPROTECTED PEDIA POLY-VITE SOLN PO	C	QL(50 ML per fill retail)
ONE DAILY ESSENTIAL TABS	C	QL(1 EA daily); RX/OTC	MULTIVITAMIN INFANT & TODDLER SOLN PO	C	QL(50 ML per fill retail)
ONE VITE DAILY MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	C	QL(50 ML per fill retail)
ONE-A-DAY ADULT VITACRAVES+DHA CHEW	C	QL(1 EA daily); RX/OTC	POLY-VI-SOL SOLN PO	C	QL(50 ML per fill retail)
QUINTABS TABS	C	QL(1 EA daily); RX/OTC	POLY-VITA SOLN PO	C	QL(50 ML per fill retail)
RELCARE TABS	C	QL(1 EA daily); RX/OTC	POLY-VITE PEDIATRIC SOLN PO	C	QL(50 ML per fill retail)
STRESS FORMULA/ZINC/ENERGY TABS	C	QL(1 EA daily); RX/OTC	Prenatal Vitamins		
THERA TABS	C	QL(1 EA daily); RX/OTC	SELECT-OB+DHA MISC	C	QL(1 EA daily)
THEREMS TABS	C	QL(1 EA daily); RX/OTC	VITAFOL-ONE CAPS	C	QL(1 EA daily)
TM-DAILY VITE TABS	C	QL(1 EA daily); RX/OTC	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
TRUE MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC	Central Muscle Relaxants		
VIREXA TABS	C	QL(1 EA daily); RX/OTC	AMRIX CP24 (cyclobenzaprine hcl)	NP	
Ped Multi Vitamins w/FI & FE			baclofen SOLN PO 5 MG/5ML, 10 MG/5ML	NP	AL(Up to 12 yrs old)
ped multivitamins w/fi & iron SOLN	C	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC	baclofen SUSP	NP	
Ped MV w/ Iron			baclofen TABS	P	
BPROTECTED PEDIA POLY-VITE/FE SOLN	C	QL(60 ML per fill retail)	carisoprodol TABS	NP	
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	C	QL(60 ML per fill retail)	chlorzoxazone TABS	P	
MULTIVITAMIN DROPS/IRON SOLN	C	QL(60 ML per fill retail)	chlorzoxazone TABS 375 MG, 750 MG	NP	
MULTIVITAMIN INFANT & TODDLER SOLN	C	QL(60 ML per fill retail)	cyclobenzaprine hcl CP24	NP	
			cyclobenzaprine hcl TABS 5 MG, 10 MG	P	QL(3 EA daily)
			cyclobenzaprine hcl TABS 7.5 MG	P	QL(4 EA daily)
			cyclobenzaprine hcl TABS 7.5 MG	NP	QL(4 EA daily)
			FLEQSUVY SUSP (baclofen)	NP	

Drug Name	Drug Tier	Requirements/ Limits
LYVISPAH PACK	NP	
<i>metaxalone</i>	NP	
METAXALONE 640 MG	NP	
<i>methocarbamol TABS 1000 MG</i>	NP	
<i>methocarbamol TABS</i>	P	
<i>orphenadrine citrate TB12</i>	P	QL(2 EA daily)
OZOBAX DS SOLN PO (<i>baclofen</i>)	NP	AL(Up to 12 yrs old)
OZOBAX SOLN PO (<i>baclofen</i>)	NP	AL(Up to 12 yrs old)
SOMA TABS (<i>carisoprodol</i>)	NP	
<i>tizanidine hcl CAPS</i>	NP	
<i>tizanidine hcl TABS</i>	P	
ZANAFLEX CAPS (<i>tizanidine hcl</i>)	NP	
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	NP	
<i>dantrolene sodium CAPS</i>	P	
Muscle Relaxant Combinations		
<i>orphenadrine w/ aspirin & caff</i>	NP	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	NP	
DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		
<i>saline SOLN 0.65 %</i>	C	1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/ Limits
Nasal Antiallergy		
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	P	1 package(s) per 31 day(s) retail; 1 package(s) per 31 day(s) mail
<i>azelastine hcl 0.15 %</i>	NP	1 package(s) per 31 day(s) retail; RX/OTC
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	C	QL(26 ML per 31 day(s) retail)
<i>olopatadine hcl (nasal)</i>	NP	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.06 %</i>	P	QL(15 ML per 31 day(s) retail)
<i>ipratropium bromide (nasal) 0.03 %</i>	P	QL(31 ML per 31 day(s) retail)
Nasal Steroids		
<i>budesonide (nasal)</i>	C	QL(9 ML per 31 day(s) retail)
<i>flunisolide (nasal)</i>	NP	QL(25 ML per 31 day(s) retail)
<i>fluticasone propionate (nasal) SUSP</i>	P	1 package(s) per fill retail; RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	P	RX/OTC
OMNARIS SUSP	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
<i>triamcinolone acetanide (nasal) AERO</i>	C	QL(17 ML per 31 day(s) retail); AL(At least 2 yrs old)
XHANCE EXHU	NP	
ZETONNA AERS	NP	
Sympathomimetic Decongestants		
<i>pseudoephedrine hcl TABS</i>	C	
<i>pseudoephedrine hcl TB12</i>	C	QL(2 EA daily)
NEUROMUSCULAR AGENTS - Drugs to		

Drug Name	Drug Tier	Requirements/ Limits
Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole TABS</i>	C	PA
Muscular Dystrophy Agents		
VYONDYS 53	C	SP; PA
NUTRIENTS		
Misc. Nutritional Substances		
<i>omega-3 fatty acids CAPS 1000 MG</i>	C	QL(6 EA daily)
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>polyvinyl alcohol 1.4 %</i>	C	
<i>white petrolatum-mineral oil</i>	C	1 package(s) per fill retail
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	P	1 package(s) per 31 day(s) retail
BETIMOL (<i>timolol</i>)	NP	
BETIMOL	NP	
BETOPTIC-S SUSP	NP	
<i>brimonidine tartrate-timolol maleate</i>	NP	Brand Preferred
<i>carteolol hcl (ophth)</i>	P	1 max fill(s) per 31 day(s) retail
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	P	Brand Preferred
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ML per 31 day(s) retail)
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NP	
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ML per 31 day(s) retail)
<i>dorzolamide hcl-timolol maleate</i>	NP	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>levobunolol hcl 0.5 %</i>	P	QL(15 ML per 31 day(s) retail)
<i>timolol</i>	NP	
<i>timolol maleate (ophth) SOLG</i>	P	
<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP	
<i>timolol maleate (ophth) SOLN</i>	P	QL(15 ML per 31 day(s) retail)
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NP	QL(15 EA per 31 day(s) retail)
Cholinergic Agonists		
TYRVAYA	NP	
Cycloplegic Mydriatics		
<i>atropine sulfate (ophthalmic) OINT</i>	C	QL(4 GM per fill retail)
<i>atropine sulfate (ophthalmic) SOLN</i>	C	
ATROPINE SULFATE SOLN 1 %	C	
CYCLOGYL 0.5 %	C	
CYCLOGYL 2 %	C	1 package(s) per 31 day(s) retail
<i>cyclopentolate hcl 1 %</i>	C	
ISOPTO ATROPINE SOLN	C	
<i>tropicamide SOLN</i>	C	
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	C	
Ophthalmic - Angiogenesis Inhibitors		
EYLEA SOSY	C	SP; PA
Ophthalmic Adrenergic Agents		
ALPHAGAN P (<i>brimonidine tartrate</i>)	P	Brand Preferred
<i>apraclonidine hcl</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	NP	Brand Preferred	<i>sulfacetamide sodium (ophth) SOLN</i>	P	QL(15 ML per 31 day(s) retail)
<i>brimonidine tartrate 0.2 %</i>	P	1 package(s) per 31 day(s) retail	<i>sulfacetamide sodium (ophth) SOLN</i>	C	QL(15 ML per 31 day(s) retail)
IOPIDINE	NP		<i>tobramycin (ophth) SOLN</i>	NP	QL(5 ML per 31 day(s) retail)
SIMBRINZA	NP		TOBREX OINT	NP	
Ophthalmic Anti-infectives			<i>trifluridine</i>	C	QL(8 ML per 31 day(s) retail)
AZASITE	NP		VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NP	QL(3 ML per fill retail)
<i>bacitracin (ophthalmic)</i>	P	QL(4 GM per 31 day(s) retail)	Ophthalmic Decongestants		
<i>bacitracin-polymyxin b (ophth)</i>	P	QL(4 GM per 31 day(s) retail)	<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	C	
BESIVANCE	NP		<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	C	QL(15 ML per 31 day(s) retail)
CILOXAN OINT	NP	1 package(s) per fill retail	<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	C	1 package(s) per 31 day(s) retail
<i>ciprofloxacin hcl (ophth) SOLN</i>	P	1 package(s) per fill retail	Ophthalmic Immunomodulators		
<i>erythromycin (ophth)</i>	P		CEQUA SOLN	NP	
<i>gatifloxacin (ophth)</i>	NP		<i>cyclosporine (ophth) EMUL</i>	NP	Brand Preferred
<i>gentamicin sulfate (ophth) SOLN</i>	P	2 package(s) per fill retail	RESTASIS MULTIDOSE EMUL	P	Brand Preferred
<i>levofloxacin (ophth) 0.5 %</i>	NP		RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	P	Brand Preferred
<i>moxifloxacin hcl (ophth) SOLN OP</i>	P	QL(3 ML per fill retail)	VERKAZIA EMUL	NP	
<i>neomycin-bacitracin zn-polymyxin</i>	P	QL(4 GM per 31 day(s) retail)	VEVYE SOLN	NP	
<i>neomycin-polymyxin-gramicidin</i>	P	1 package(s) per fill retail	Ophthalmic Integrin Antagonists		
OCUFLOX (<i>ofloxacin (ophth)</i>)	NP	QL(10 ML per 31 day(s) retail)	XIIDRA	P	
<i>ofloxacin (ophth)</i>	P	QL(10 ML per 31 day(s) retail)	Ophthalmic Kinase Inhibitors		
<i>polymyxin b-trimethoprim</i>	P	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail	RHOPRESSA	P	
POLYTRIM (<i>polymyxin b-trimethoprim</i>)	NP	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail	ROCKLATAN	P	
<i>sulfacetamide sodium (ophth) OINT</i>	P	QL(4 GM per 31 day(s) retail)	Ophthalmic Local Anesthetics		
			<i>tetracaine hcl (ophth)</i>	C	
			Ophthalmic Steroids		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALREX SUSP (loteprednol etabonate)	NP		neomycin-polymy-dexameth SUSP	P	QL(10 ML per 31 day(s) retail)
bacitracin-poly-neomycin-hc	P		neomycin-polymyxin-hc (ophth)	P	QL(15 ML per 31 day(s) retail)
dexamethasone sodium phosphate (ophth)	P		PRED FORTE (prednisolone acetate (ophth))	NP	QL(15 ML per 31 day(s) retail)
difluprednate	NP	Brand Preferred	PRED MILD	P	1 package(s) per 31 day(s) retail
difluprednate	NP		prednisolone acetate (ophth)	P	QL(15 ML per 31 day(s) retail)
DUREZOL (difluprednate)	P	Brand Preferred	PREDNISOLONE ACETATE P-F	C	QL(15 ML per 31 day(s) retail)
EYSUVIS SUSP	NP		PREDNISOLONE SODIUM PHOSPHATE	NP	1 package(s) per 31 day(s) retail
FLAREX	P		sulfacetamide sod-prednisolone SOLN	P	QL(10 ML per 31 day(s) retail)
fluorometholone (ophth) SUSP	P	1 package(s) per 31 day(s) retail	TOBRADEX ST SUSP	NP	
FML FORTE SUSP	NP		TOBRADEX OINT	NP	QL(4 GM per 31 day(s) retail)
FML LIQUIFILM SUSP (fluorometholone (ophth))	NP	1 package(s) per 31 day(s) retail	tobramycin-dexamethasone SUSP	P	1 package(s) per 31 day(s) retail
INVELTYS SUSP	NP		ZYLET	NP	
LOTEMAX SM GEL	NP		Ophthalmics - Misc.		
LOTEMAX GEL (loteprednol etabonate)	NP		ACULAR (ketorolac tromethamine (ophth))	NP	1 package(s) per 31 day(s) retail
LOTEMAX OINT	NP		ACULAR LS (ketorolac tromethamine (ophth))	NP	1 max fill(s) per 31 day(s) retail
LOTEMAX SUSP (loteprednol etabonate)	NP		ACUVAIL	NP	
loteprednol etabonate GEL	NP		azelastine hcl (ophth)	NP	QL(6 ML per 31 day(s) retail)
loteprednol etabonate SUSP	NP		AZOPT (brinzolamide)	P	Brand Preferred; 1 package(s) per 31 day(s) retail
MAXIDEX SUSP OP	P		bepotastine besilate	NP	
MAXITROL OINT (neomycin-polymy-dexameth)	NP	QL(4 GM per 31 day(s) retail)	BEPREVE (bepotastine besilate)	NP	
MAXITROL SUSP (neomycin-polymy-dexameth)	NP	QL(10 ML per 31 day(s) retail)	brinzolamide	NP	1 package(s) per 31 day(s) retail
MAXITROL SUSP (neomycin-polymy-dexameth)	NP	QL(10 ML per 31 day(s) retail)			
neomycin-polymy-dexameth OINT	P	QL(4 GM per 31 day(s) retail)			

Drug Name	Drug Tier	Requirements/ Limits
<i>brinzolamide</i>	NP	Brand Preferred; 1 package(s) per 31 day(s) retail
<i>bromfenac sodium (ophth)</i>	NP	
BROMSITE (<i>bromfenac sodium (ophth)</i>)	NP	
<i>cromolyn sodium (ophth)</i>	P	QL(10 ML per 31 day(s) retail)
<i>diclofenac sodium (ophth)</i>	P	QL(3 ML per 31 day(s) retail)
<i>dorzolamide hcl</i>	P	QL(10 ML per 31 day(s) retail)
<i>epinastine hcl (ophth)</i>	NP	
<i>flurbiprofen sodium</i>	P	QL(5 ML per 31 day(s) retail)
ILEVRO	NP	
<i>ketorolac tromethamine (ophth) 0.5 %</i>	P	1 package(s) per 31 day(s) retail
<i>ketorolac tromethamine (ophth) 0.4 %</i>	P	1 max fill(s) per 31 day(s) retail
<i>ketotifen fumarate (ophth) 0.035 %</i>	P	QL(10 ML per 31 day(s) retail)
MIEBO	NP	
NEVANAC	P	
<i>olopatadine hcl 0.2 %</i>	P	RX/OTC
PROLENSA (<i>bromfenac sodium (ophth)</i>)	NP	
TRYPTYR SOLN OP 0.003 %	NP	
ZADITOR 0.035 % (<i>ketotifen fumarate (ophth)</i>)	P	QL(10 ML per 31 day(s) retail)
ZERVIAE	NP	
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	NP	
IYUZEH SOLN	NP	
<i>latanoprost SOLN</i>	P	QL(5 ML per 31 day(s) retail)
LUMIGAN SOLN 0.01 %	P	Brand Preferred
<i>tafluprost</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
TRAVATAN Z SOLN (<i>travoprost</i>)	P	Brand Preferred
<i>travoprost SOLN</i>	NP	Brand Preferred
VYZULTA	NP	
XALATAN SOLN (<i>latanoprost</i>)	NP	QL(5 ML per 31 day(s) retail)
XELPROS EMUL	NP	
ZIOPTAN (<i>tafluprost</i>)	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	C	QL(15 ML per 31 day(s) retail)
<i>carbamide peroxide (otic) 6.5 %</i>	C	QL(15 ML per 31 day(s) retail)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	P	1 package(s) per fill retail
Otic Combinations		
CIPRO HC	NP	
<i>ciprofloxacin-dexamethasone</i>	P	Brand Preferred; QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciprofloxacin-fluocinolone acetamide</i>	NP	
CORTISPORIN-TC	NP	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ML per fill retail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	1 package(s) per fill retail
Otic Steroids		
<i>fluocinolone acetamide (otic)</i>	C	1 package(s) per 31 day(s) retail
<i>hydrocortisone w/acetic acid</i>	C	QL(20 ML per 31 day(s) retail)
OXYTOCICS - Drugs to Prevent/Control Uterine		

Drug Name	Drug Tier	Requirements/ Limits
Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	C	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMMAGARD	C	SP; PA
GAMMAGARD S/D LESS IGA SOLR	C	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA
HYPERRHO S/D SOSY IM 1500 UNIT	C	SP
OCTAGAM SOLN 30 GM/300ML	C	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	C	SP
XEMBIFY	C	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>amoxicillin SUSR</i>	P	
<i>amoxicillin TABS</i>	P	
<i>ampicillin CAPS 500 MG</i>	P	
Natural Penicillins		
EXTENCILLINE SUSR	C	QL(1 EA per 28 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
LENTOCILIN SUSR	C	QL(1 EA per 28 day(s) retail)
<i>penicillin v potassium SOLR</i>	P	
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	P	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 62.5 MG/5ML-250 MG/5ML</i>	P	1 package(s) per fill retail
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>	P	2 package(s) per fill retail
<i>amoxicillin & pot clavulanate TABS 125 MG-875 MG</i>	P	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	P	QL(30 EA per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	P	QL(40 EA per 31 day(s) retail)
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	NP	2 package(s) per fill retail
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	1 package(s) per fill retail
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	1 package(s) per fill retail
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	NP	QL(30 EA per fill retail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
SORBITOL XX 70 %	C	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
Semi Solid Vehicles		
LANOLIN XX	C	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	C	
<i>megestrol acetate (appetite)</i>	NP	
<i>norethindrone acetate TABS</i>	C	
<i>progesterone CAPS</i>	C	QL(1 EA daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>disulfiram 250 MG</i>	C	
Antidementia Agents		
ADLARITY PTWK	NP	
ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>)	NP	
ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	NP	QL(1 EA daily)
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 EA daily)
<i>donepezil hydrochloride TABS 23 MG</i>	NP	
<i>donepezil hydrochloride TBDP</i>	P	
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	P	Brand Preferred; QL(1 EA daily)
EXELON 13.3 MG/24HR (<i>rivastigmine</i>)	P	Brand Preferred
<i>galantamine hydrobromide CP24</i>	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>galantamine hydrobromide SOLN</i>	NP	QL(6 ML daily)
<i>galantamine hydrobromide TABS</i>	NP	QL(2 EA daily)
<i>memantine hcl CP24</i>	NP	
<i>memantine hcl-donepezil hcl CP24</i>	NP	
<i>memantine hcl SOLN</i>	P	QL(10 ML daily)
<i>memantine hcl TABS</i>	NP	
<i>memantine hcl TABS</i>	P	QL(2 EA daily)
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NP	Titration pack
NAMENDA XR CP24 7 MG (<i>memantine hcl</i>)	NP	
NAMZARIC CP24	NP	
NAMZARIC CP24 (<i>memantine hcl-donepezil hcl</i>)	NP	
<i>rivastigmine 13.3 MG/24HR</i>	NP	Brand Preferred
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	Brand Preferred; QL(1 EA daily)
<i>rivastigmine tartrate CAPS</i>	P	QL(2 EA daily)
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
Combination Psychotherapeutics		
LYBALVI	NP	AL(At least 18 yrs old); ST
<i>olanzapine-fluoxetine hcl 25 MG-12 MG, 50 MG-12 MG, 50 MG-6 MG</i>	NP	ST
<i>olanzapine-fluoxetine hcl 25 MG-3 MG, 25 MG-6 MG</i>	NP	AL(At least 10 yrs old); ST
<i>perphenazine-amitriptyline</i>	C	QL(4 EA daily)
Fibromyalgia Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SAVELLA TITRATION PACK MISC	NP	QL(55 EA per 365 day(s) retail)	<i>glatiramer acetate SOSY 20 MG/ML</i>	NP	Brand Preferred; SP
SAVELLA TABS	NP	QL(2 EA daily)	<i>glatiramer acetate SOSY 40 MG/ML</i>	NP	SP
Movement Disorder Drug Therapy			<i>glatiramer acetate SOSY</i>	NP	
AUSTEDO XR PATIENT TITRATION TEPK	NP	SP	KESIMPTA	PA	SP; PA
AUSTEDO XR TB24	P	SP	MAVENCLAD (10 TABS)	NP	SP
AUSTEDO TABS	P	SP	MAVENCLAD (4 TABS)	NP	SP
INGREZZA CAPS	P	SP	MAVENCLAD (5 TABS)	NP	SP
INGREZZA CPPK	P	SP	MAVENCLAD (6 TABS)	NP	SP
INGREZZA CPSP	P	SP	MAVENCLAD (7 TABS)	NP	SP
<i>tetrabenazine</i>	P	SP	MAVENCLAD (8 TABS)	NP	SP
XENAZINE (<i>tetrabenazine</i>)	NP	SP	MAVENCLAD (9 TABS)	NP	SP
Multiple Sclerosis Agents			MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
AMPYRA (<i>dalfampridine</i>)	NP	SP	MAYZENT TABS	NP	SP
AUBAGIO (<i>teriflunomide</i>)	NP	QL(1 EA daily); SP	PLEGRIDY STARTER PACK SOAJ	NP	SP
AVONEX PEN AJKT	P	SP	PLEGRIDY STARTER PACK SOSY SC	NP	SP
AVONEX PREFILLED PSKT	P	SP	PLEGRIDY SOAJ	NP	SP
BAFIERTAM	NP	SP	PLEGRIDY SOSY IM	NP	SP
BETASERON KIT	P	SP	PONVORY STARTER PACK TBPK	NP	
COPAXONE SOSY 20 MG/ML (<i>glatiramer acetate</i>)	P	Brand Preferred; SP	PONVORY STARTER PACK TBPK	NP	SP
COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>)	NP	SP	PONVORY TABS	NP	
<i>dalfampridine</i>	P	SP	PONVORY TABS	NP	SP
<i>dalfampridine</i>	P		REBIF REBIDOSE TITRATION PACK SOAJ	NP	SP
<i>dimethyl fumarate CDPK</i>	P	SP	REBIF REBIDOSE SOAJ	NP	SP
<i>dimethyl fumarate CPDR</i>	P		REBIF TITRATION PACK SOSY	NP	SP
<i>dimethyl fumarate CPDR</i>	P	SP	REBIF SOSY	NP	SP
<i> fingolimod hcl</i>	P	QL(1 EA daily); SP	TASCENSO ODT	NP	SP
GILENYA 0.25 MG	NP	SP	TECFIDERA CDPK (<i>dimethyl fumarate</i>)	NP	SP
GILENYA (<i>fingolimod hcl</i>)	NP	QL(1 EA daily); SP	TECFIDERA CPDR (<i>dimethyl fumarate</i>)	NP	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>teriflunomide</i>	P	QL(1 EA daily); SP	<i>nicotine polacrilex GUM</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(24 EA daily)
VUMERITY	NP	SP	<i>nicotine polacrilex LOZG</i>	P	QL(20 EA daily)
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP	<i>nicotine polacrilex LOZG</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(20 EA daily)
ZEPOSIA STARTER KIT CPPK	NP	SP	NICOTINE KIT	P	Limit: 2 Smoking Cessation Treatments per Year; QL(56 EA per fill retail); 2 max fill(s) per 365 day(s) retail
ZEPOSIA CAPS	NP	SP	<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	QL(1 EA daily)
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents			<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(1 EA daily)
<i>gabapentin (once-daily) TABS</i>	NP		NICOTROL NS SOLN	P	Limit: 2 Smoking Cessation Treatments per Year; QL(4 ML daily); SL
GRALISE TABS	NP		<i>varenicline tartrate TABS 1 MG</i>	P	QL(2 EA daily; 56 EA per 30 day(s) retail)
GRALISE TABS (<i>gabapentin (once-daily)</i>)	NP		<i>varenicline tartrate TABS 0.5 MG</i>	P	QL(2 EA daily)
LYRICA CR (<i>pregabalin (once-daily)</i>)	NP		<i>varenicline tartrate TABS 1 MG</i>	C	QL(2 EA daily; 56 EA per 30 day(s) retail)
<i>pregabalin (once-daily)</i>	NP		<i>varenicline tartrate TABS 0.5 MG</i>	C	QL(2 EA daily)
Premenstrual Dysphoric Disorder (PMDD) Agents					
<i>fluoxetine hcl (pmdd) TABS</i>	P				
Restless Leg Syndrome (RLS) Agents					
HORIZANT	NP				
Smoking Deterrents					
APO-VARENICLINE TABS 1 MG	C	QL(2 EA daily; 56 EA per 30 day(s) retail)			
APO-VARENICLINE TABS 0.5 MG	C	QL(2 EA daily)			
<i>bupropion hcl (smoking deterrent)</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(2 EA daily)			
<i>nicotine polacrilex GUM</i>	P	QL(24 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
<i>varenicline tartrate TBPk</i>	C	QL(2 EA daily; 53 EA per 30 day(s) retail); 2 max fill(s) per 365 day(s) retail
<i>varenicline tartrate TBPk</i>	P	QL(2 EA daily; 53 EA per 30 day(s) retail); 2 max fill(s) per 365 day(s) retail
Transthyretin Amyloidosis Agents		
TEGSEDI	C	SP; PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
ORKAMBI PACK	C	SP; PA
ORKAMBI TABS	C	SP; PA
SYMDEKO	C	SP; PA
TRIKAFTA TBPk	C	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	C	SP; PA
<i>pirfenidone CAPS</i>	C	SP; PA
<i>pirfenidone TABS</i>	C	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS	NP	
Tetracyclines		
<i>demeclocycline hcl TABS</i>	NP	
DORYX MPC TBEC 60 MG	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline (monohydrate) CAPS</i>	NP	
<i>doxycycline (monohydrate) SUSR</i>	NP	
<i>doxycycline (monohydrate) TABS</i>	NP	
<i>doxycycline hyclate CAPS</i>	P	
<i>doxycycline hyclate TABS</i>	P	
<i>doxycycline hyclate TBEC</i>	NP	
<i>minocycline hcl CAPS</i>	P	
<i>minocycline hcl TABS</i>	P	
<i>minocycline hcl TB24</i>	NP	
<i>tetracycline hcl CAPS</i>	P	
TETRACYCLINE HCL TABS	P	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	C	
<i>propylthiouracil</i>	C	
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
ARMOUR THYROID TABS	C	
<i>levothyroxine sodium TABS</i>	C	
<i>liothyronine sodium TABS</i>	C	
NIVA THYROID TABS	C	
NP THYROID TABS	C	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
TOXOIDS		
Toxoid Combinations		

Drug Name	Drug Tier	Requirements/ Limits
ADACEL SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
BOOSTRIX SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
BOOSTRIX SUSY	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
TDVAX SUSP	C	QL(0.5 ML per fill retail; 1.5 per fill mail)
TENIVAC SUSP 2 LFU-5 LFU	C	
TETANUS-DIPHThERIA TOXOIDS TD SUSP	C	QL(0.5 ML per fill retail; 1.5 per fill mail)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>dicyclomine hcl CAPS</i>	C	
<i>dicyclomine hcl SOLN PO</i>	C	QL(496 ML per 31 day(s) retail)
<i>dicyclomine hcl TABS</i>	C	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	C	QL(4 EA daily)
<i>hyoscyamine sulfate ELIX</i>	C	
<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	C	
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	C	
<i>hyoscyamine sulfate TABS 0.125 MG</i>	C	
<i>hyoscyamine sulfate TB12 0.375 MG</i>	C	QL(4 EA daily)
H-2 Antagonists		
<i>cimetidine hcl PO 300 MG/5ML</i>	NP	
<i>cimetidine TABS</i>	NP	RX/OTC
<i>famotidine SUSR</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>famotidine TABS 20 MG, 40 MG</i>	P	RX/OTC
<i>famotidine TABS 10 MG</i>	C	
<i>nizatidine CAPS</i>	NP	
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	C	QL(420 ML per fill retail)
<i>sucralfate TABS</i>	C	QL(4 EA daily)
Proton Pump Inhibitors		
<i>DEXILANT (dexlansoprazole)</i>	P	Brand Preferred
<i>dexlansoprazole</i>	NP	Brand Preferred
<i>esomeprazole magnesium CPDR 40 MG</i>	NP	
<i>esomeprazole magnesium CPDR 20 MG</i>	NP	QL(2 EA daily); RX/OTC
<i>esomeprazole magnesium PACK</i>	P	
<i>lansoprazole CPDR 15 MG</i>	NP	QL(4 EA daily); RX/OTC
<i>lansoprazole CPDR 30 MG</i>	NP	QL(2 EA daily)
<i>lansoprazole TBDD</i>	NP	RX/OTC
<i>NEXIUM CPDR 20 MG (esomeprazole magnesium)</i>	NP	QL(2 EA daily); RX/OTC
<i>NEXIUM CPDR 40 MG (esomeprazole magnesium)</i>	NP	
<i>NEXIUM PACK (esomeprazole magnesium)</i>	NP	
<i>omeprazole magnesium TBEC</i>	C	QL(1 EA daily)
<i>omeprazole CPDR</i>	P	QL(2 EA daily)
<i>omeprazole TBEC</i>	C	QL(1 EA daily)
<i>pantoprazole sodium PACK</i>	NP	Brand Preferred
<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>pantoprazole sodium TBEC 20 MG</i>	P	QL(1 EA daily)
PREVACID SOLUTAB TBDD (<i>lansoprazole</i>)	NP	RX/OTC
PREVACID CPDR 30 MG (<i>lansoprazole</i>)	NP	QL(2 EA daily)
PRILOSEC PACK	NP	
PROTONIX PACK (<i>pantoprazole sodium</i>)	P	Brand Preferred
PROTONIX TBEC 20 MG (<i>pantoprazole sodium</i>)	NP	QL(1 EA daily)
PROTONIX TBEC 40 MG (<i>pantoprazole sodium</i>)	NP	QL(2 EA daily)
<i>rabeprazole sodium TBEC</i>	NP	
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	C	PA
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	C	14 day(s) max supply per 365 day(s) retail
KONVOMEK SUSR	NP	
<i>omeprazole-sodium bicarbonate CAPS</i>	NP	RX/OTC
<i>omeprazole-sodium bicarbonate PACK</i>	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	NP	
DETROL LA CP24 (<i>tolterodine tartrate</i>)	NP	QL(1 EA daily)
DETROL TABS (<i>tolterodine tartrate</i>)	NP	QL(2 EA daily)
<i>fesoterodine fumarate</i>	P	
<i>oxybutynin chloride SOLN</i>	P	
<i>oxybutynin chloride TABS 5 MG</i>	P	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride TABS 2.5 MG</i>	P	
<i>oxybutynin chloride TB24</i>	P	QL(2 EA daily)
OXYTROL PTTW	NP	RX/OTC
<i>solifenacin succinate TABS</i>	P	
<i>tolterodine tartrate CP24</i>	NP	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	NP	QL(2 EA daily)
TOVIAZ (<i>fesoterodine fumarate</i>)	NP	
<i>trospium chloride CP24</i>	NP	
<i>trospium chloride TABS</i>	NP	QL(2 EA daily)
VESICARE LS SUSP	NP	
VESICARE TABS (<i>solifenacin succinate</i>)	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
<i>mirabegron TB24</i>	NP	Brand Preferred
MYRBETRIQ SRER	NP	Brand Preferred
MYRBETRIQ TB24 (<i>mirabegron</i>)	P	Brand Preferred
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	C	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	NP	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	C	
BCG VACCINE	C	
BEXSERO 0.5 ML	C	
BIOTHRAX	C	AL(Up to 65 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CAPVAXIVE	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)	PREVNAR 13	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
HIBERIX SOLR IJ	C		PREVNAR 20	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
MENACTRA	C	AL(Up to 55 yrs old)			
MENQUADFI 0.5 ML	C				
MENVEO SOLN	C	AL(Up to 55 yrs old)			
MENVEO SOLR	C	AL(Up to 55 yrs old)			
PEDVAX HIB SUSP	C				
PENBRAYA	C	AL(Up to 25 yrs old)			
PENMENVY SUSR IM	C		TRUMENBA 0.5 ML	C	
PNEUMOVAX 23 SOLN	P	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)	TYPHIM VI SOLN	C	
			TYPHIM VI SOSY	C	
			VAXCHORA	C	
			VAXNEUVANCE	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
PNEUMOVAX 23 SOSY	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)	VIVOTIF	C	
			Viral Vaccines		
			ABRYSVO	C	AL(At least 60 yrs old)
			ACAM2000	C	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AFLURIA PRESERVATIVE FREE SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUCELVAX SUSP	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AFLURIA SUSP	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUCELVAX SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AREXVY	C	AL(At least 60 yrs old)	FLULAVAL SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AUDENZ EMUL	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUMIST	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AUDENZ PRSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUZONE HIGH-DOSE SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	C		FLUZONE SUSP	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COMIRNATY SUSP	C		FLUZONE SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COMIRNATY SUSY	C		GARDASIL 9 SUSP 0.5 ML	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
ENGERIX-B SUSP 20 MCG/ML	C	3 max fill(s) per 999 day(s) retail	GARDASIL 9 SUSY 0.5 ML	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
ENGERIX-B SUSY	C	3 max fill(s) per 999 day(s) retail	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	C	
ERVEBO	C		HEPLISAV-B SOSY	C	3 max fill(s) per 999 day(s) retail
FLUAD	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	IMOVAX RABIES SUSR	C	
FLUARIX SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail			
FLUBLOK SOSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IPOLEIJ	C		RECOMBIVAX HB SUSY	C	3 max fill(s) per 999 day(s) retail
IXIARO	C		SHINGRIX	C	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
JYNNEOS	C		SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	C	
M-M-R II SOLR	C		SPIKEVAX SUSP	C	
MNEXSPIKE SUSY 10 MCG/0.2ML	C		SPIKEVAX SUSY	C	
MODERNA COVID-19 BIVALENT	C		STAMARIL SUSR	C	
MODERNA COVID-19 VAC 6M-11Y SUSP	C		TICOVAC	C	
MODERNA COVID-19 VAC 6M-11Y SUSY	C		TWINRIX SUSY	C	
MODERNA COVID-19 VACCINE SUSP	C		VAQTA	C	
MRESVIA	C	AL(Up to 60 yrs old)	VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	C	
NOVAVAX COVID-19 VACCINE SUSP	C		VARIVAX SUSR	C	2 max fill(s) per 999 day(s) retail
NOVAVAX COVID-19 VACCINE SUSY	C	1 max fill(s) per 180 day(s) mail	YF-VAX SUSR	C	
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	C	1 max fill(s) per 180 day(s) mail	VAGINAL AND RELATED PRODUCTS		
PFIZER COVID-19 VAC BIVALENT	C		Vaginal Anti-infectives		
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	C		<i>clindamycin phosphate vaginal CREA</i>	C	
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	C		<i>clotrimazole vaginal CREA 2 %</i>	C	QL(21 GM per 31 day(s) retail)
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	C		<i>clotrimazole vaginal CREA 1 %</i>	C	QL(45 GM per 31 day(s) retail)
PFIZER-BIONTECH COVID-19 VACC SUSP	C		GYNAZOLE-1	C	
PREHEVBRIO	C	3 max fill(s) per 999 day(s) retail	<i>metronidazole vaginal</i>	C	
PRIORIX SUSR	C		MICONAZOLE 7 SUPP 100 MG	C	QL(7 EA per 31 day(s) retail)
RABAVERT	C		<i>miconazole nitrate vaginal CREA 2 %</i>	C	QL(45 GM per 31 day(s) retail)
RECOMBIVAX HB SUSP	C	3 max fill(s) per 999 day(s) retail	<i>miconazole nitrate vaginal KIT</i>	C	1 package(s) per fill retail
			<i>miconazole nitrate vaginal SUPP 200 MG</i>	C	QL(3 EA per fill retail; 3 EA per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>miconazole nitrate vaginal SUPP 100 MG</i>	C	QL(7 EA per 31 day(s) retail)
<i>terconazole vaginal CREA</i>	C	
<i>terconazole vaginal SUPP</i>	C	
<i>tioconazole vaginal 6.5 %</i>	C	
VANDAZOLE	C	
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	C	QL(43 GM per 31 day(s) retail)
<i>estradiol vaginal TABS</i>	C	
PREMARIN	C	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.1 MG/0.1ML, 0.15 MG/0.15ML	NP	Brand Preferred
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	NP	Brand Preferred
<i>epinephrine (anaphylaxis) SOAJ</i>	P	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	NP	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	NP	QL(0.067 EA daily; 4 EA per 365 day(s) retail)
EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	P	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
EPIPEN JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	P	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
Vasopressors		
<i>midodrine hcl</i>	C	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS</i>	C	QL(100 EA per fill retail)
<i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	C	QL(8 EA per 31 day(s) retail)
<i>cholecalciferol LIQD PO 10 MCG/ML</i>	C	
<i>ergocalciferol CAPS</i>	C	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	C	QL(60 ML per 90 day(s) retail)
<i>phytonadione TABS 5 MG</i>	C	
<i>vitamin e CAPS 180 MG, 200 UNIT, 400 UNIT, 90 MG, 90 MG, 180 MG</i>	C	QL(2 EA daily)
Water Soluble Vitamins		
<i>ascorbic acid TABS</i>	C	QL(3.34 EA daily)
B-1 TABS	C	QL(3.34 EA daily)
<i>niacin CPCR 250 MG</i>	C	

Drug Name	Drug Tier	Requirements/ Limits
<i>niacin TABS 500 MG</i>	C	
<i>niacin TBCR</i>	C	
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	C	
<i>riboflavin TABS</i>	C	QL(3.34 EA daily)
<i>thiamine hcl TABS 100 MG</i>	C	QL(3.34 EA daily)
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BANZEL SUSP (rufinamide)	17	benazepril hcl 5 MG, 10 MG, 20 MG .	32	betamethasone dipropionate augmented OINT	55
BANZEL TABS (rufinamide)	17	BENICAR (olmesartan medoxomil)	33	betamethasone valerate CREA . . .	55
BAQSIMI ONE PACK POWD	24	BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide) . .	33	betamethasone valerate FOAM . . .	55
BAQSIMI TWO PACK POWD	24	benzonatate 100 MG	50	betamethasone valerate LOTN	55
BARACLUDE SOLN	44	benzonatate 200 MG	50	betamethasone valerate OINT	55
BARACLUDE TABS (entecavir) . . .	44	benzoyl peroxide GEL 2.5 %, 5 %, 10 %	51	BETAPACE AF (sotalol hcl (afib/af))	45
BARIATRIC MULTIVITAMINS CAPS	78	BENZOYL PEROXIDE GEL	51	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	45
BARIATRIC MULTIVITAMINS/IRON CAPS	78	benzoyl peroxide LIQD 5 %, 10 % .	51	BETASERON KIT	89
BASAGLAR KWIKPEN SOPN	25	benzoyl peroxide LOTN 5 %, 10 %	51	betaxolol hcl (ophth) SOLN	83
BAXDELA TABS	62	BENZOYL PEROXIDE LOTN 5 %, 10 %	51	betaxolol hcl	45
BCG VACCINE	93	benzoyl peroxide-erythromycin GEL .	51	bethanechol chloride	93
b-complex vitamins CAPS	78	benztropine mesylate TABS	37	BETHKIS NEBU (tobramycin)	3
b-complex vitamins TABS	78	bepotastine besilate	85	BETIMOL (timolol)	83
b-complex w/ c & folic acid CAPS .	78	BEPREVE (bepotastine besilate) .	85	BETIMOL	83
BD AUTOSHIELD DUO	71	BESIVANCE	84	BETOPTIC-S SUSP	83
BD PEN NEEDLE MICRO ULTRAFINE	72	betamethasone dipropionate (topical) CREA	55	BEVESPI AEROSPHERE	15
BD PEN NEEDLE MINI ULTRAFINE	72	betamethasone dipropionate (topical) LOTN	55	BEXSERO 0.5 ML	93
BD PEN NEEDLE NANO 2ND GEN .	72	betamethasone dipropionate (topical) OINT	55	bicalutamide	36
BD PEN NEEDLE NANO ULTRAFINE	72	betamethasone dipropionate augmented CREA	55	BIKTARVY	41
BD PEN NEEDLE ORIG ULTRAFINE	72	betamethasone dipropionate augmented GEL 0.05 %	55	bimatoprost SOLN	86
BD PEN NEEDLE SHORT ULTRAFINE	72	betamethasone dipropionate augmented LOTN	55	BIMZELX SOAJ	54
BELBUCA FILM	10			BIMZELX SOSY	54
BELSOMRA	66			BINOSTO TBEF	60
benazepril & hydrochlorothiazide .	33			BIO-35 GLUTEN-FREE CAPS	78
benazepril hcl 40 MG	32			BIO-35 IRON FREE CAPS	78
				BIOCAL CAPS	78
				BIOLYTE SOLN	76
				BIOTECT PLUS CAPS	78

BIOTHRAX	93	BREATHE EASE LARGE DEVI ...	73	BRYNOVIN SOLN PO 25 MG/ML ..	25
bisacodyl SUPP	67	BREATHE EASE MEDIUM DEVI ..	73	budesonide (inhalation) SUSP 0.25	
bisacodyl TBEC	67	BREATHE EASE SMALL DEVI ...	73	MG/2ML, 0.5 MG/2ML	14
bismuth subsalicylate CHEW 262 MG		BREATHERITE VALVED MDI		budesonide (inhalation) SUSP 1	
.....	29	CHAMBER DEVI	73	MG/2ML	14
bismuth subsalicylate SUSP 525		BREO ELLIPTA (fluticasone furoate-		budesonide (intrarectal)	11
MG/15ML, 1050 MG/30ML	29	vilanterol)	15	budesonide (nasal)	82
bisoprolol & hydrochlorothiazide 6.25		BREO ELLIPTA	15	budesonide CPEP	49
MG-10 MG, 6.25 MG-5 MG	34	BREXAFEMME	30	budesonide TB24	49
bisoprolol & hydrochlorothiazide 6.25		BREZTRI AEROSPHERE	15	budesonide-formoterol fumarate	
MG-2.5 MG	34	BRILINTA 60 MG, 90 MG (ticagrelor)		dihydrate	15
bisoprolol fumarate	45	64		bumetanide TABS	60
bisoprolol fumarate 2.5 MG	45	brimonidine tartrate (topical)	58	buprenorphine hcl SUBL	10
BONEUP 3 PER DAY CAPS	78	brimonidine tartrate 0.1 %, 0.15 %	84	buprenorphine hcl-naloxone hcl	
BONEUP CAPS	78	brimonidine tartrate 0.2 %	84	dihydrate FILM SL 0.5 MG-2 MG, 1	
BONJESTA TBCR	30	brimonidine tartrate-timolol maleate .		MG-4 MG, 2 MG-8 MG	10
BONSITY SOPN 560 MCG/2.24ML		83		buprenorphine hcl-naloxone hcl	
60		brinzolamide	85	dihydrate FILM SL 3 MG-12 MG ...	10
BOOSTNOW IMMUNE SUPPORT		brinzolamide	86	buprenorphine hcl-naloxone hcl	
CAPS	78	BRIVIACT SOLN PO 10 MG/ML ...	17	dihydrate FILM SL	10
BOOSTRIX SUSP	92	BRIVIACT TABS	17	buprenorphine hcl-naloxone hcl	
BOOSTRIX SUSY	92	BRIXADI (WEEKLY) SOSY	10	dihydrate SUBL 0.5 MG-2 MG	10
bosentan TABS	47	BRIXADI SOSY 64 MG/0.18ML, 96		buprenorphine hcl-naloxone hcl	
bosentan TBSO 32 MG	47	MG/0.27ML, 128 MG/0.36ML	10	dihydrate SUBL 2 MG-8 MG	10
BPROTECTED PEDIA POLY-VITE		bromfenac sodium (ophth)	86	buprenorphine PTWK	11
SOLN PO	81	bromocriptine mesylate CAPS	37	bupropion hcl (smoking deterrent)	90
BPROTECTED PEDIA POLY-		bromocriptine mesylate TABS 2.5		bupropion hcl TABS	21
VITE/FE SOLN	81	MG	37	bupropion hcl TB12 100 MG	21
BRAFTOVI 75 MG	37	brompheniramine & phenyleph ELIX .		bupropion hcl TB12 150 MG	21
BREATHE COMFORT		50		bupropion hcl TB12 200 MG	21
CHAMBER/ADULT DEVI	73	BROMSITE (bromfenac sodium		bupropion hcl TB24 150 MG	21
BREATHE COMFORT		(ophth))	86	bupropion hcl TB24 300 MG	21
CHAMBER/CHILD DEVI	73	BROVANA (arformoterol tartrate) .	15	bupropion hcl TB24 450 MG	21

buspirone hcl 15 MG12	calcipotriene OINT54	25 MG34
buspirone hcl 5 MG, 10 MG12	calcipotriene SOLN54	captopril & hydrochlorothiazide 25 MG-50 MG34
buspirone hcl 7.5 MG, 30 MG12	calcipotriene-betamethasone dipropionate OINT55	captopril32
butalbital-acetaminophen TABS 50 MG-325 MG7	calcipotriene-betamethasone dipropionate SUSP55	CAPVAXIVE94
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG7	calcitonin (salmon) IJ60	carbamazepine CHEW17
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG7	calcitonin (salmon) NA60	carbamazepine CP1217
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG9	calcitriol (topical)54	carbamazepine SUSP17
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG9	calcitriol CAPS61	carbamazepine TABS17
butalbital-aspirin-caffeine CAPS7	calcium acetate (phosphate binder) CAPS63	carbamazepine TB1218
butalbital-aspirin-caffeine w/cod9	calcium acetate (phosphate binder) TABS63	carbamide peroxide (otic) 6.5 % ...86
butorphanol tartrate NA 10 MG/ML 11	calcium carbonate (antacid) CHEW 500 MG12	CARBATROL CP12 (carbamazepine)18
BUTRANS PTWK (buprenorphine) 11	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT- 600 MG76	carbidopa37
BYDUREON BCISE AUIJ25	calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 5 MCG- 500 MG, 500 MG-5 MCG76	carbidopa-levodopa TABS37
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (exenatide)25	calcium polycarbophil TABS66	carbidopa-levodopa TBCR37
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (exenatide)25	camphor & menthol LOTN54	CARDIOCOM LANCING DEVICE MISC68
BYSTOLIC (nebivolol hcl)45	CANASA SUPP (mesalamine)62	CARDURA (doxazosin mesylate) .33
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium)46	candesartan cilexetil33	CARDURA XL64
caffeine citrate SOLN PO1	candesartan cilexetil- hydrochlorothiazide34	CAREONE ADVANCED LANCING DEV MISC68
calcipotriene CREA54	CAPEX SHAM55	CARETOUCH LANCING/EJECTOR MISC68
CALCIPOTRIENE FOAM54	CAPLYTA37	carisoprodol TABS81
	capsaicin CREA 0.025 %, 0.075 %, 0.1 %58	carteolol hcl (ophth)83
	captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-	carvedilol 25 MG45
		carvedilol 3.125 MG, 6.25 MG, 12.5 MG45
		carvedilol phosphate45
		CASGEVY65
		CAYSTON35

cefaclor CAPS	47	CELEZA TABS 40 MG (citalopram hydrobromide)	21	chloroquine phosphate TABS 500 MG	36
CEFACTOR ER TB12	47	CELLCEPT CAPS (mycophenolate mofetil)	77	chlorpheniramine maleate SYRP ..	30
cefaclor SUSR 125 MG/5ML, 375 MG/5ML	47	CELLCEPT SUSR (mycophenolate mofetil)	77	chlorpromazine hcl TABS 10 MG ..	40
cefadroxil CAPS	47	CELLCEPT TABS (mycophenolate mofetil)	77	chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG	40
cefadroxil SUSR	47	CELONTIN (methsuximide)	20	chlorthalidone 25 MG, 50 MG	60
cefadroxil TABS	47	CENTANY AT KIT	52	chlorzoxazone TABS 375 MG, 750 MG	81
cefdinir CAPS	48	CENTRUM MENOPAUSE MIND/MOOD TABS	80	chlorzoxazone TABS	81
cefdinir SUSR	48	cephalexin CAPS	47	CHOICEFUL MULTIVITAMIN CAPS .	78
cefixime CAPS	48	cephalexin SUSR	47	cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT	97
cefixime SUSR	48	cephalexin TABS	47	cholecalciferol CAPS	97
cefpodoxime proxetil SUSR	48	CEQUA SOLN	84	cholecalciferol LIQD PO 10 MCG/ML	97
cefpodoxime proxetil TABS	48	CERASPORT EX1 SOLN	76	cholestyramine light PACK	31
cefprozil SUSR 125 MG/5ML	48	CERASPORT SOLN	76	cholestyramine light POWD	31
cefprozil SUSR 250 MG/5ML	47	CERDELGA	64	cholestyramine PACK	31
cefprozil TABS	48	CEREZYME 400 UNIT	64	cholestyramine POWD	31
ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	48	cetirizine hcl CHEW	31	choline fenofibrate	31
cefuroxime axetil TABS 250 MG ..	48	cetirizine hcl SOLN PO	31	CHOSEN LANCING DEVICE MISC	68
cefuroxime axetil TABS 500 MG ..	48	cetirizine hcl TABS	31	CIBINQO	57
CELEBRATE MULTI-COMPLETE 18 CAPS	78	cetirizine-pseudoephedrine	50	ciclopirox GEL	53
CELEBRATE MULTI-COMPLETE 36 CAPS	78	CHEMET	29	ciclopirox KIT	53
CELEBRATE MULTI-COMPLETE 45 CAPS	78	CHEMSTRIP K STRP	59	ciclopirox olamine CREA	53
CELEBRATE MULTI-COMPLETE 60 CAPS	78	chlordiazepoxide hcl CAPS	12	ciclopirox olamine SUSP	53
celecoxib	5	chlorhexidine gluconate (mouth-throat)	78	ciclopirox SHAM	53
CELEZA TABS 10 MG (citalopram hydrobromide)	21	chlorhexidine gluconate SOLN EX 4 %	41	ciclopirox SOLN	53
CELEZA TABS 20 MG (citalopram hydrobromide)	21	chloroquine phosphate TABS 250 MG	36	cilostazol	64

CILOXAN OINT	84	clarithromycin TB24	67	clobetasol propionate emulsion	55
CIMDUO	41	CLENPIQ SOLN 12 GM/175ML-3.5		clobetasol propionate FOAM	55
cimetidine hcl PO 300 MG/5ML	92	GM/175ML-10 MG/175ML	66	clobetasol propionate GEL 0.05 %	55
cimetidine TABS	92	CLEOCIN-T LOTN (clindamycin		clobetasol propionate LIQD	55
CIMZIA (2 SYRINGE) PSKT	62	phosphate (topical))	51	clobetasol propionate LOTN	55
CIMZIA KIT	62	CLEVER CHOICE HOLDING		clobetasol propionate OINT 0.05 %	56
CIMZIA-STARTER PSKT	62	CHAMBER DEVI	73	clobetasol propionate SHAM	56
CIPRO HC	86	clindamycin hcl 150 MG, 300 MG .	35	clobetasol propionate SOLN 0.05 % .	56
CIPRO SUSR	62	clindamycin palmitate hydrochloride .	35	CLOBEX SHAM (clobetasol	
CIPRO TABS 250 MG, 500 MG		clindamycin phosphate (topical)		propionate)	56
(ciprofloxacin hcl)	62	FOAM	51	CLOBEX SPRAY LIQD (clobetasol	
ciprofloxacin hcl (ophth) SOLN	84	clindamycin phosphate (topical) GEL	51	propionate)	56
ciprofloxacin hcl (otic)	86	51		clocortolone pivalate	56
ciprofloxacin hcl TABS 250 MG, 500		clindamycin phosphate (topical)		clomipramine hcl 75 MG	23
MG, 750 MG	62	LOTN	51	clonazepam TABS	17
ciprofloxacin-dexamethasone	86	clindamycin phosphate (topical)		clonidine hcl (adhd) TB12	2
ciprofloxacin-fluocinolone acetonide .	86	SOLN	51	clonidine hcl TABS	33
86		clindamycin phosphate (topical)		clonidine PTWK	33
CITALOPRAM HYDROBROMIDE		SWAB	51	clonidine TB24	33
CAPS	21	clindamycin phosphate vaginal CREA		clopidogrel bisulfate 300 MG	64
citalopram hydrobromide SOLN ...	21		96	clopidogrel bisulfate 75 MG	64
citalopram hydrobromide TABS 10		clindamycin phosphate-benzoyl		clorazepate dipotassium TABS	12
MG	21	peroxide (refrigerate)	51	clotrimazole (topical) CREA	53
citalopram hydrobromide TABS 20		clindamycin phosphate-benzoyl		clotrimazole (topical) SOLN	53
MG	21	peroxide GEL	51	clotrimazole vaginal CREA 1 % ...	96
citalopram hydrobromide TABS 40		clindamycin phosphate-tretinoin ..	51	clotrimazole vaginal CREA 2 % ...	96
MG	21	clobazam SUSP	17	clotrimazole w/ betamethasone	
CLARINEX TABS (desloratadine) .	31	clobazam TABS	17	CREA	53
CLARINEX-D 12 HOUR TB12	50	clobetasol propionate CREA 0.025 %		clotrimazole w/ betamethasone	
clarithromycin SUSR 125 MG/5ML	67		55	LOTN	53
clarithromycin SUSR 250 MG/5ML	67	clobetasol propionate CREA 0.05 % .			
clarithromycin TABS	67	55			
		clobetasol propionate emollient base			
		0.05 %	55		

clozapine TABS 100 MG39	COMIRNATY SUSP 95	COSOPT (dorzolamide hcl-timolol maleate)83
clozapine TABS 25 MG, 50 MG, 200 MG 39	COMIRNATY SUSY 95	COSOPT PF (dorzolamide hcl-timolol maleate)83
clozapine TBDP39	COMPACT SPACE CHAMBER DEVI73	COTEMPLA XR-ODT TBED2
CLOZARIL TABS 100 MG (clozapine) 39	COMPACT SPACE CHAMBER/LG MASK DEVI73	COZAAR (losartan potassium)33
CLOZARIL TABS 25 MG, 50 MG, 200 MG (clozapine)39	COMPACT SPACE CHAMBER/MED MASK DEVI73	CREON CPEP 120000 UNIT-76000 UNIT-24000 UNIT, 180000 UNIT-114000 UNIT-36000 UNIT, 30000 UNIT-19000 UNIT-6000 UNIT, 60000 UNIT-38000 UNIT-12000 UNIT59
coal tar extract SHAM 0.5 %59	COMPACT SPACE CHAMBER/SM MASK DEVI73	CREON CPEP 15000 UNIT-9500 UNIT-3000 UNIT59
COARTEM 36	COMPLERA 200 MG-300 MG-25 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)41	CRESEMBA CAPS 30
COBENFY CAPS40	CONCERTA TBCR 18 MG, 27 MG, 54 MG (methylphenidate hcl) 2	CRESTOR TABS (rosuvastatin calcium)32
COBENFY STARTER PACK CPPK 40	CONCERTA TBCR 36 MG (methylphenidate hcl) 2	cromolyn sodium (nasal) 5.2 MG/ACT82
codeine sulfate TABS 30 MG 7	CONDYLOX GEL (podofilox)58	cromolyn sodium (ophth)86
CODEINE SULFATE TABS7	CONZIP CP24 (tramadol hcl)7	cromolyn sodium NEBU 13
colchicine CAPS 64	COPAXONE SOSY 20 MG/ML (glatiramer acetate) 89	crotamiton LOTN59
colchicine TABS64	COPAXONE SOSY 40 MG/ML (glatiramer acetate)89	CULTURELLE PROBIOTIC MEN DAILY CAPS78
colchicine w/ probenecid64	CORTEF TABS (hydrocortisone) ..49	CVS ADULT 50+ EYE HEALTH CAPS78
COLCRYS TABS (colchicine)64	CORTISONE ACETATE TABS ...49	CVS EYE HEALTH ADULT 50+ CAPS79
colesevelam hcl PACK31	CORTISPORIN-TC86	CVS IMMUNE SUPPORT CAPS ..79
colesevelam hcl TABS31	COSENTYX (300 MG DOSE) SOSY . 54	CVS LANCING DEVICE MISC68
COLESTID GRAN (colestipol hcl) .31	COSENTYX SENSOREADY (300 MG) SOAJ54	CVS VISION HEALTH CAPS79
COLESTID TABS (colestipol hcl) ..31	COSENTYX SENSOREADY PEN SOAJ54	cyanocobalamin SOLN IJ 1000 MCG/ML65
colestipol hcl GRAN31	COSENTYX SOSY 54	cyclobenzaprine hcl CP2481
colestipol hcl PACK31	COSENTYX UNOREADY SOAJ ..54	cyclobenzaprine hcl TABS 5 MG, 10 MG 81
colestipol hcl TABS31		
COMBIGAN (brimonidine tartrate-timolol maleate)83		
COMBIPATCH PTTW61		
COMBIVENT RESPIMAT AERS .. 15		
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML95		

cyclobenzaprine hcl TABS 7.5 MG	81	dapsone	35	DEPLIN MA CAPS	79
CYCLOGYL 0.5 %	83	darifenacin hydrobromide	93	DEPLINPRO MOOD HEALTH CAPS	79
CYCLOGYL 2 %	83	darunavir TABS 600 MG	41	DEPO-SUBQ PROVERA 104 SUSY	49
cyclopentolate hcl 1 %	83	darunavir TABS 800 MG	41	SC	49
cyclosporine (ophth) EMUL	84	DAVIMET-M CHEW	80	DERMACINRX DAVIMET CHEW	80
cyclosporine CAPS	77	DAYPRO TABS (oxaprozin)	5	DERMACINRX MULTIVITAMIN	80
cyclosporine modified (for		DAYTRANA PTCH		CHEW	80
microemulsion) CAPS	77	(methylphenidate)	2	DERMA-SMOOTH/FS BODY OIL	56
cyclosporine modified (for		DAYVIGO	66	(fluocinolone acetonide)	56
microemulsion) SOLN	77	DECUBI-VITE CAPS	79	DERMA-SMOOTH/FS SCALP OIL	56
CYLTEZO (2 PEN) AJKT	4	deferasirox PACK	29	(fluocinolone acetonide)	56
CYLTEZO (2 SYRINGE) PSKT	4	deferasirox TABS	29	DESCOVY 120 MG-15 MG	41
CYLTEZO-CD/UC/HS STARTER		deferasirox TBSO	29	DESCOVY 200 MG-25 MG	41
AJKT	4	deflazacort SUSP	49	desipramine hcl TABS 10 MG, 50	
CYLTEZO-PSORIASIS/UV		deflazacort TABS	49	MG, 75 MG, 100 MG, 150 MG	23
STARTER AJKT	4	DEKAS PLUS CAPS	79	desipramine hcl TABS 25 MG	23
CYMBALTA CPEP (duloxetine hcl)		DEKAS PLUS OCEAN CAPS	79	desloratadine TABS	31
22		DELSTRIGO	41	desloratadine TBDP	31
cyproheptadine hcl SYRP	31	demeclocycline hcl TABS	91	desmopressin acetate spray	61
cyproheptadine hcl TABS	31	DENAVIR (penciclovir)	55	desmopressin acetate spray	61
dabigatran etexilate mesylate CAPS	17	DEPAKOTE ER TB24 250 MG		refrigerated 0.01 %	61
DAILY MULTIPLE VITAMINS TABS	80	(divalproex sodium)	20	desmopressin acetate TABS	61
dalfampridine	89	DEPAKOTE ER TB24 500 MG		desogestrel & ethinyl estradiol	48
DALIRESP (roflumilast)	14	(divalproex sodium)	20	desogestrel-ethinyl estradiol	48
DANTRIUM CAPS 25 MG		DEPAKOTE SPRINKLES CSDR		(biphasic)	48
(dantrolene sodium)	82	(divalproex sodium)	20	desogestrel-ethinyl estradiol	48
dantrolene sodium CAPS	82	DEPAKOTE TBEC 125 MG		(triphasic)	48
dapagliflozin propanediol	28	(divalproex sodium)	20	desonide CREA	56
dapagliflozin propanediol-metformin		DEPAKOTE TBEC 250 MG		desonide LOTN	56
hcl	23	(divalproex sodium)	20	desonide OINT	56
dapsone (topical)	51	DEPAKOTE TBEC 500 MG		desoximetasone CREA	56
		(divalproex sodium)	20	desoximetasone GEL	56

desoximetasone LIQD56	DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate)1	DIACOMIT CAPS 250 MG18
desoximetasone OINT56	DEXILANT (dexlansoprazole)92	DIACOMIT CAPS 500 MG18
DESVENLAFAXINE ER22	dexlansoprazole92	DIACOMIT PACK 250 MG18
desvenlafaxine succinate 100 MG .22	dexmethylphenidate hcl CP242	DIACOMIT PACK 500 MG18
desvenlafaxine succinate 25 MG, 50 MG22	dexmethylphenidate hcl TABS2	DIATHRIVE LANCING DEVICE MISC69
DETROL LA CP24 (tolterodine tartrate)93	dextroamphetamine sulfate CP24 10 MG, 15 MG1	diazepam (anticonvulsant) GEL 10 MG, 20 MG17
DETROL TABS (tolterodine tartrate) . 93	dextroamphetamine sulfate CP24 5 MG1	diazepam SOLN PO 5 MG/5ML ... 12
dexamethasone ELIX49	dextroamphetamine sulfate SOLN ..1	diazepam TABS12
DEXAMETHASONE INTENSOL CONC49	dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG1	diazoxide24
dexamethasone sodium phosphate (ophth)85	dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1	dibucaine58
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML49	dextroamphetamine sulfate TABS 5 MG, 10 MG1	DICLEGIS TBEC (doxylamine- pyridoxine)30
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..49	dextromethorphan polistirex SUER 50	diclofenac epolamine PTCH EX ...53
dexamethasone sodium phosphate SOSY IJ 4 MG/ML49	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML50	diclofenac potassium CAPS5
dexamethasone SOLN49	dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-10 MG/5ML, 200 MG/5ML- 30 MG/5ML, 400 MG/20ML-20 MG/20ML50	diclofenac potassium TABS5
dexamethasone TABS49	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML50	diclofenac sodium (ophth)86
dexamethasone TBPK49	dextromethorphan-guaifenesin TB12 600 MG-30 MG50	diclofenac sodium (topical) GEL EX 53
DEXATRAN CAPS79	dextromethorphan-phenylephrine- acetaminophen CAPS50	diclofenac sodium (topical) SOLN EX53
dexchlorpheniramine maleate SOLN . 30	DHIVY TABS37	diclofenac sodium TB245
DEXCOM G6 RECEIVER68		diclofenac sodium TBEC5
DEXCOM G6 SENSOR68		diclofenac w/ misoprostol TBEC5
DEXCOM G6 TRANSMITTER68		dicloxacillin sodium87
DEXCOM G7 RECEIVER68		dicyclomine hcl CAPS92
DEXCOM G7 SENSOR69		dicyclomine hcl SOLN PO92
		dicyclomine hcl TABS92
		DIFFERIN CREA (adapalene)51
		DIFFERIN GEL (adapalene)51
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fenofibric acid	32	fidaxomicin TABS 200 MG	68	fluconazole TABS 150 MG	30
fenoprofen calcium CAPS 400 MG .	5	FINACEA FOAM	58	fluconazole TABS 50 MG	30
fenoprofen calcium TABS	6	finasteride	64	fludrocortisone acetate TABS	50
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fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	8	FLAREX	85	fluocinolone acetonide CREA 0.025 %	56
ferrous fumarate TABS	65	flavoxate hcl	93	fluocinolone acetonide OIL	56
FERROUS GLUCONATE TABS 324 MG	65	flecainide acetate	13	fluocinolone acetonide OINT	56
				fluocinolone acetonide SOLN	56
				fluocinonide CREA 0.05 %	56
				fluocinonide CREA 0.1 %	56

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fluocinonide GEL56	fluticasone propionate CREA 0.05 %	FOLAMED DHA CAPS 79
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fluorometholone (ophth) SUSP85	MCG/ACT, 220 MCG/ACT14	folic acid TABS 1 MG65
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GVOKE HYOPEN 2-PACK SOAJ 24	HEMANGEOL SOLN PO 45	HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML 5
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STARTER AJKT	5	hydrocodone-acetaminophen TABS 325 MG-2.5 MG	10	hydromorphone hcl TABS 8 MG	8
HUMULIN 70/30 KWIKPEN SUPN	26	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG .	10	hydromorphone hcl TB24	8
HUMULIN 70/30 SUSP	26	10		hydroxychloroquine sulfate 100 MG, 200 MG	36
HUMULIN N KWIKPEN SUPN	26	hydrocortisone (intrarectal)	11	HYDROXYM GEL	57
HUMULIN N SUSP	26	hydrocortisone (rectal) EX 1 %	11	hydroxyurea	37
HUMULIN R SOLN IJ	26	hydrocortisone (rectal) EX 2.5 % ..	11	HYDROXYUREA	48
HUMULIN R U-500 (CONCENTRATED) SOLN SC	26	hydrocortisone (topical) CREA 0.5 %	56	hydroxyzine hcl SYRP	12
HUMULIN R U-500 KWIKPEN SOPN SC	26	hydrocortisone (topical) CREA 1 %	56	hydroxyzine hcl TABS	12
hydralazine hcl TABS	35	hydrocortisone (topical) CREA 2.5 %	56	hydroxyzine pamoate CAPS	12
HYDRALYTE FREEZER POPS SOLN	76	hydrocortisone (topical) LOTN 2.5 % .	56	HYFTOR	58
HYDRALYTE SOLN	76	hydrocortisone (topical) OINT 1 % .	57	hyoscyamine sulfate ELIX	92
hydrochlorothiazide CAPS	60	hydrocortisone (topical) OINT 2.5 % .	56	hyoscyamine sulfate SOLN PO 0.125 MG/ML	92
hydrochlorothiazide TABS 25 MG, 50 MG	60	hydrocortisone (topical) SOLN 2.5 %	57	hyoscyamine sulfate SUBL 0.125 MG	92
hydrocodone bitartrate CP12	8	hydrocortisone butyrate CREA	57	hyoscyamine sulfate TABS 0.125 MG	92
hydrocodone bitartrate T24A	8	hydrocortisone butyrate LOTN	57	hyoscyamine sulfate TB12 0.375 MG	92
hydrocodone bitartrate-homatropine methylbromide SOLN	50	hydrocortisone butyrate OINT	57	HYPERRHO S/D SOSY IM 1500 UNIT	87
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	9	hydrocortisone butyrate SOLN	57	HYRIMOZ SOAJ	5
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	10	hydrocortisone TABS	49	HYRIMOZ SOSY	5
hydrocodone-acetaminophen SOLN . 10		hydrocortisone valerate CREA	57	HYRIMOZ-CROHNS/UC STARTER SOAJ	5
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	10	hydrocortisone valerate OINT	57	HYRIMOZ-PED<40KG CROHN STARTER SOSY	5
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	10	hydrocortisone w/acetic acid	86	HYRIMOZ-PED>=40KG CROHN START SOSY	5
		hydromorphone hcl LIQD	8	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	5
		HYDROMORPHONE HCL SUPP ..	8	HYSINGLA ER T24A	8
		hydromorphone hcl TABS 2 MG	8		
		hydromorphone hcl TABS 4 MG	8		

HYZAAR (losartan potassium & hydrochlorothiazide)	34	75	INGREZZA CPPK	89
ibandronate sodium TABS	60	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (sumatriptan succinate) .	INGREZZA CPSP	89
IBRANCE CAPS	37	75	INNOPRAN XL	45
IBRANCE TABS	37	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (sumatriptan succinate)	INPEFA	47
IBSRELA	63	75	INREBIC	37
ibuprofen CHEW	6	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate)	INSPIREASE MISC	73
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML	6	75	INSPIREASE RESERVOIR BAGS	73
ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML	6	IMITREX TABS (sumatriptan succinate)	INSULIN ASP PROT & ASP FLEXPEN SUPN	26
ibuprofen TABS 200 MG	6	75	INSULIN ASPART FLEXPEN SOPN .	26
ibuprofen TABS 300 MG	6	IMMUNE ESSENTIALS DAILY CAPS	26	INSULIN ASPART PENFILL SOCT
ibuprofen TABS 400 MG, 600 MG, 800 MG	6	79	26	26
ibuprofen-famotidine	6	IMOVAX RABIES SUSR	INSULIN ASPART PROT & ASPART SUSP	26
icatibant acetate SOSY	64	95	INSULIN ASPART SOLN IJ	26
ICLUSIG	37	IMULDOSA SOSY SC 45 MG/0.5ML	INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	26
icosapent ethyl	31	54	INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	26
IDACIO (2 PEN) AJKT	5	IMULDOSA SOSY SC 90 MG/ML .	INSULIN DEGLUDEC SOLN	26
IDACIO-CROHNS/UC STARTER AJKT	5	54	INSULIN GLARGINE MAX SOLOSTAR SOPN	27
IDACIO-PSORIASIS STARTER AJKT	5	IMURAN TABS (azathioprine)	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	27
IGALMI FILM	66	77	INSULIN GLARGINE-YFGN SOLN	27
IHEALTH LANCING DEVICE MISC	70	IN TOUCH LANCING DEVICE MISC	INSULIN GLARGINE-YFGN SOPN	27
ILEVRO	86	70	27	27
imipramine hcl TABS	23	INCRELEX	INSULIN LISPRO (1 UNIT DIAL) SOPN	27
imiquimod 3.75 %	58	61	INSULIN LISPRO JUNIOR KWIKPEN SOPN	27
imiquimod 5 %	58	13		
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (sumatriptan succinate) .		INDOMETHACIN CAPS 25 MG, 50 MG 6		
		60		
		INDOMETHACIN CPCR		
		6		
		INDOMETHACIN SUPP		
		6		
		INDOMETHACIN SUSP		
		6		
		INFLECTRA SOLR		
		62		
		INGREZZA CAPS		
		89		

INSULIN LISPRO PROT & LISPRO SUPN	27	ipratropium bromide SOLN 0.02 %	13	JANUVIA	25
INSULIN LISPRO SOLN IJ	27	ipratropium-albuterol SOLN	15	JARDIANCE	28
INTELENCE (etravirine)	42	irbesartan	33	JENTADUETO TABS	24
INTELENCE	42	irbesartan-hydrochlorothiazide	34	JENTADUETO XR TB24	24
INTELENCE 200 MG (etravirine) ..	42	IRON CHEWS PEDIATRIC CHEW		JORNAY PM CP24	2
INTUNIV (guanfacine hcl (adhd)) ..	2	65		JOURNAVX	7
INVEGA 3 MG, 6 MG, 9 MG (paliperidone)	38	ISENTRESS CHEW 100 MG	42	JULUCA	42
INVEGA HAFYERA	38	ISENTRESS CHEW 25 MG	42	JYLAMVO SOLN PO	36
INVEGA SUSTENNA 117 MG/0.75ML	38	ISENTRESS HD TABS	42	JYNNEOS	96
INVEGA SUSTENNA 156 MG/ML ..	38	ISENTRESS PACK	42	KALETRA SOLN	42
INVEGA SUSTENNA 234 MG/1.5ML	38	ISENTRESS TABS	42	KALETRA TABS 25 MG-100 MG (lopinavir-ritonavir)	42
INVEGA SUSTENNA 39 MG/0.25ML	38	isoniazid SYRP	36	KALETRA TABS 50 MG-200 MG (lopinavir-ritonavir)	42
INVEGA SUSTENNA 78 MG/0.5ML	38	isoniazid TABS	36	KANJINTI	36
INVEGA TRINZA 273 MG/0.88ML	39	ISOPTO ATROPINE SOLN	83	KAPSPARGO SPRINKLE CS24 ..	45
INVEGA TRINZA 410 MG/1.32ML	38	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	12	KATERZIA	46
INVEGA TRINZA 546 MG/1.75ML	38	isosorbide mononitrate TABS	12	KAZANO (alogliptin-metformin hcl)	24
INVEGA TRINZA 819 MG/2.63ML	38	ISOSORBIDE MONONITRATE TABS	12	KENALOG AERS (triamcinolone acetonide (topical))	57
INVELTYS SUSP	85	isosorbide mononitrate TB24	12	KEPPRA SOLN PO 100 MG/ML (levetiracetam)	18
INVOKAMET TABS	23	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	52	KEPPRA TABS 1000 MG (levetiracetam)	18
INVOKAMET XR TB24	23	isradipine CAPS	46	KEPPRA TABS 250 MG, 750 MG (levetiracetam)	18
INVOKANA	28	ISTALOL SOLN (timolol maleate (ophth))	83	KEPPRA TABS 500 MG (levetiracetam)	18
IOPIDINE	84	itraconazole CAPS	30	KEPPRA XR TB24 (levetiracetam)	18
IPOL IJ	96	itraconazole SOLN	30	KESIMPTA	89
ipratropium bromide (nasal) 0.03 %	82	ivermectin (rosacea)	58	ketoconazole (topical) CREA	53
ipratropium bromide (nasal) 0.06 %	82	IXIARO	96	ketoconazole (topical) FOAM	53
		IYUZEH SOLN	86		
		JANUMET TABS	24		
		JANUMET XR TB24	24		

ketoconazole (topical) SHAM 2 % .53	labetalol hcl TABS 400 MG45	MISC70
ketoconazole30	lacosamide SOLN PO 10 MG/ML, 50	LANCING DEVICE MISC70
KETODAN53	MG/5ML, 100 MG/10ML18	LANOLIN XX88
KETONE TEST STRP59	lacosamide TABS18	lansoprazole CPDR 15 MG92
ketoprofen CAPS 25 MG6	lactic acid (ammonium lactate) CREA	lansoprazole CPDR 30 MG92
ketoprofen CP246	58	lansoprazole TBDD92
ketorolac tromethamine (ophth) 0.4	lactic acid (ammonium lactate) LOTN	lanthanum carbonate CHEW63
%86	12 %58	LANTUS SOLN27
ketorolac tromethamine (ophth) 0.5	lactulose (encephalopathy)63	LANTUS SOLOSTAR SOPN27
%86	lactulose PACK66	LANZO MISC70
ketorolac tromethamine TABS6	lactulose SOLN66	latanoprost SOLN86
KETOSTIX STRP59	LAMICTAL CHEW (lamotrigine) ...18	LATUDA (lurasidone hcl)38
ketotifen fumarate (ophth) 0.035 %	LAMICTAL ODT KIT (lamotrigine) .18	LEADER ADVANCED LANCING
86	LAMICTAL ODT TBDP (lamotrigine) .	DEVICE MISC70
KEVZARA SOAJ5	18	LEDIPASVIR-SOFOSBUVIR TABS
KEVZARA SOSY5	LAMICTAL STARTER KIT 25 MG	44
KHINDIVI SOLN PO 1 MG/ML49	(lamotrigine)18	leflunomide6
KINDERLYTE PREMAX SOLN76	LAMICTAL TABS (lamotrigine)18	LENTOCILIN SUSR87
KINDERLYTE SOLN76	LAMICTAL XR KIT18	LEQSELVI TABS PO 8 MG58
KINERET SOSY5	LAMICTAL XR TB24 (lamotrigine) .18	LESCOL XL TB24 (fluvastatin
KIRSTY SOLN IJ 100 UNIT/ML ...27	lamivudine (hbv) TABS44	sodium)32
KIRSTY SOPN SC 100 UNIT/ML .27	lamivudine SOLN42	LETAIRIS (ambrisentan)47
KITABIS PAK (W/ NEBULIZER)	lamivudine TABS 150 MG42	letrozole36
NEBU 300 MG/5ML (tobramycin) ...3	lamivudine TABS 300 MG42	leucovorin calcium TABS37
KLOXXADO LIQD29	lamivudine-zidovudine42	LEUKERAN36
KONVOMEF SUSR93	lamotrigine CHEW18	levalbuterol hcl15
KRINTAFEL36	lamotrigine KIT 25 MG18	levalbuterol tartrate15
KROGER AUTOLET LANCING	lamotrigine TABS18	levamlodipine maleate46
DEVICE MISC70	lamotrigine TB2418	LEVEMIR FLEXPEN SOPN27
labetalol hcl TABS 100 MG45	lamotrigine TBDP18	LEVEMIR SOLN27
labetalol hcl TABS 200 MG45	LANCET DEVICE MISC70	levetiracetam SOLN PO 100 MG/ML,
labetalol hcl TABS 300 MG45	LANCET DEVICE WITH EJECTOR	

500 MG/5ML	18	LEXAPRO TABS 5 MG (escitalopram oxalate)	22	LITHIUM CARBONATE POWD ...	37
levetiracetam TABS 1000 MG	18	LEXIVA SUSP	42	lithium carbonate TABS	37
levetiracetam TABS 250 MG, 750 MG	18	LIALDA TBEC (mesalamine)	62	lithium carbonate TBCR	37
levetiracetam TABS 500 MG	18	LIBERTY MINI LANCING DEVICE MISC	70	LIVALO (pitavastatin calcium)	32
levetiracetam TB24	18	LIBERVANT FILM	17	LOHIST-D LIQD	50
LEVETIRACETAM TB3D	18	lidocaine CREA 4 %	58	LOKELMA	77
levobunolol hcl 0.5 %	83	lidocaine hcl (mouth-throat) 2 % ...	77	loperamide hcl CAPS	29
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	61	lidocaine hcl CREA 3 %, 4 %	58	loperamide hcl TABS	29
levocarnitine (metabolic modifiers) TABS	61	lidocaine hcl GEL 2 %	58	LOPID TABS (gemfibrozil)	32
levocetirizine dihydrochloride SOLN 31		lidocaine-prilocaine CREA	58	lopinavir-ritonavir SOLN	42
levocetirizine dihydrochloride TABS 31		LIKMEZ SUSP	35	lopinavir-ritonavir TABS 25 MG-100 MG	42
levofloxacin (ophth) 0.5 %	84	LINZESS	63	lopinavir-ritonavir TABS 50 MG-200 MG	42
levofloxacin SOLN PO	62	liothyronine sodium TABS	91	LOPRESSOR SOLN PO 10 MG/ML .	45
levofloxacin TABS	62	LIPITOR TABS (atorvastatin calcium)	32	LOPRESSOR TABS 100 MG (metoprolol tartrate)	45
levonorgestrel & eth estradiol TABS 48		LIPOFEN CAPS (fenofibrate)	32	LOPRESSOR TABS 50 MG (metoprolol tartrate)	45
levonorgestrel (emergency oc) 1.5 MG	49	liraglutide (weight management) 18 MG/3ML	1	LOPROX	53
levonorgestrel-eth estradiol (triphasic)	48	liraglutide	25	LOPROX SUSP (ciclopirox olamine) .	53
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	48	lisdexamfetamine dimesylate CAPS 1		loratadine & pseudoephedrine TB12 .	50
levorphanol tartrate TABS 2 MG	8	lisdexamfetamine dimesylate CHEW .	1	loratadine CHEW	31
levorphanol tartrate TABS	8	lisinopril & hydrochlorothiazide ...	34	loratadine TABS	31
levothyroxine sodium TABS	91	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	32	loratadine TBDP 10 MG	31
LEXAPRO TABS 10 MG (escitalopram oxalate)	22	LITE TOUCH LANCING PEN MISC 70		lorazepam TABS 0.5 MG, 2 MG ...	12
LEXAPRO TABS 20 MG (escitalopram oxalate)	22	LITFULO	58	lorazepam TABS 1 MG	12
		lithium	37	losartan potassium & hydrochlorothiazide	34
		lithium carbonate CAPS	37	losartan potassium	33

LOTEMAX GEL (loteprednol etabonate)	85	(enoxaparin sodium)	16	maraviroc TABS 300 MG	42
LOTEMAX OINT	85	LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium)	17	MARINOL CAPS 2.5 MG (dronabinol)	30
LOTEMAX SM GEL	85	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ...	16	MARPLAN	21
LOTEMAX SUSP (loteprednol etabonate)	85	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ...	17	MASK VORTEX/CHILD/FROG ...	73
LOTENSIN 10 MG, 20 MG (benazepril hcl)	32	loxapine succinate	39	MASK VORTEX/TODDLER/LADYBUG ..	73
LOTENSIN 40 MG (benazepril hcl) 32		lubiprostone	62	MAVENCLAD (10 TABS)	89
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 34		LUMIGAN SOLN 0.01 %	86	MAVENCLAD (4 TABS)	89
loteprednol etabonate GEL	85	lurasidone hcl	38	MAVENCLAD (5 TABS)	89
loteprednol etabonate SUSP	85	LURBIRO TABS 100 MG (flurbiprofen)	6	MAVENCLAD (6 TABS)	89
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) .	34	LYBALVI	88	MAVENCLAD (7 TABS)	89
LOTRONEX (alosetron hcl)	63	LYFGENIA	65	MAVENCLAD (8 TABS)	89
lovastatin TABS 10 MG, 20 MG ...	32	LYRICA CAPS (pregabalin)	18	MAVENCLAD (9 TABS)	89
lovastatin TABS 40 MG	32	LYRICA CR (pregabalin (once-daily))	90	MAVYRET PACK	44
LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)	16	LYRICA SOLN (pregabalin)	18	MAVYRET TABS	44
LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium)	16	LYUMJEV KWIKPEN SOPN	27	MAXALT TABS 10 MG (rizatriptan benzoate)	75
LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium)	17	LYUMJEV SOLN	27	MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	75
LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium)	17	LYUMJEV TEMPO PEN SOPN ...	27	MAXIDEX SUSP OP	85
LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium)	16	LYVISPAH PACK	82	MAXITROL OINT (neomycin-polymy-dexameth)	85
LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium)	17	magnesium citrate 1.745 GM/30ML 67		MAXITROL SUSP (neomycin-polymy-dexameth)	85
LOVENOX SOSY 60 MG/0.6ML		magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	67	MAXI-TUSS PE MAX LIQD	50
		magnesium oxide (mg supplement) TABS	76	MAYZENT STARTER PACK TBPK 0.25 MG	89
		magnesium oxide TABS 400 MG ..	12	MAYZENT TABS	89
		malathion	59	meclizine hcl TABS 12.5 MG, 25 MG, 50 MG	30
		maraviroc TABS 150 MG	42	meclofenamate sodium CAPS	6
				MEDROL TABS	

(methylprednisolone)	49	meprobamate	12	methazolamide TABS	60
MEDROL TABS	49	mercaptopurine SUSP 2000		methenamine mandelate	35
MEDROL TBPk		MG/100ML	36	methenamine-hyosc-methylene blue-	
(methylprednisolone)	49	mercaptopurine TABS	36	sod phos-phenyl sal TABS 81.6 MG .	35
medroxyprogesterone acetate		MERILOG SOLN SC 100 UNIT/ML		methimazole TABS	91
(contraceptive) SUSP IM	49	27		methocarbamol TABS 1000 MG . . .	82
medroxyprogesterone acetate		MERILOG SOLOSTAR SOPN SC		methocarbamol TABS	82
(contraceptive) SUSY IM	49	100 UNIT/ML	27	methotrexate sodium SOLN 1	
medroxyprogesterone acetate 2.5		mesalamine CP24	62	GM/40ML, 50 MG/2ML, 250	
MG, 5 MG, 10 MG	88	mesalamine CPCR	62	MG/10ML, 1000 MG/40ML	36
mefenamic acid CAPS	6	mesalamine CPDR	62	methotrexate sodium SOLR	36
mefloquine hcl	36	mesalamine CPDR	62	methotrexate sodium TABS 2.5 MG	36
megestrol acetate (appetite)	88	mesalamine ENEM	62	36	
megestrol acetate SUSP	36	mesalamine SUPP	62	methsuximide	20
megestrol acetate TABS	37	mesalamine TBEC 1.2 GM	63	methyldopa TABS 500 MG	33
MEKTOVI	37	mesalamine TBEC 800 MG	62	methyldopa TABS	33
meloxicam CAPS	6	mesalamine w/ cleanser	62	methylergonovine maleate TABS . .	87
meloxicam TABS	6	metaxalone	82	METHYLIN SOLN (methylphenidate	
memantine hcl CP24	88	METAXALONE 640 MG	82	hcl)	2
memantine hcl SOLN	88	metformin hcl SOLN	24	methylphenidate hcl CHEW	2
memantine hcl TABS	88	metformin hcl TABS 1000 MG	24	methylphenidate hcl CP24 10 MG, 20	
memantine hcl-donepezil hcl CP24		metformin hcl TABS 500 MG	24	MG, 30 MG, 40 MG, 60 MG	2
88		metformin hcl TABS 625 MG	24	methylphenidate hcl CP24	2
MENACTRA	94	metformin hcl TABS 750 MG	24	methylphenidate hcl CPCR	2
MENATROL CAPS	79	metformin hcl TABS 850 MG	24	methylphenidate hcl SOLN	2
MENQUADFI 0.5 ML	94	metformin hcl TB24 500 MG, 1000		methylphenidate hcl TABS 10 MG,	
MENS 50+ ADVANCED CAPS	79	MG	24	20 MG	2
MENVEO SOLN	94	metformin hcl TB24 500 MG	24	methylphenidate hcl TABS 5 MG . . .	2
MENVEO SOLR	94	metformin hcl TB24 750 MG	24	methylphenidate hcl TB24 18 MG, 27	
meperidine hcl SOLN PO 50		methadone hcl TABS 10 MG	8	MG, 54 MG	2
MG/5ML	8	methadone hcl TABS 5 MG	8	methylphenidate hcl TB24 36 MG . .	2
meperidine hcl TABS 50 MG	8	methamphetamine hcl	1	methylphenidate hcl TBCR 10 MG,	

20 MG, 36 MG	2	metronidazole (topical) GEL 1 % ..	59	minocycline hcl CAPS	91
methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	2	metronidazole (topical) LOTN	59	minocycline hcl TABS	91
methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG	2	metronidazole CAPS	35	minocycline hcl TB24	91
methylphenidate PTCH	2	metronidazole TABS	35	minoxidil 10 MG	35
methylprednisolone TABS	49	metronidazole vaginal	96	minoxidil 2.5 MG	35
methylprednisolone TBPk	49	mexiletine hcl	13	mirabegron TB24	93
methyltestosterone TABS	11	MICARDIS (telmisartan)	33	MIRCERA	65
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	62	MICARDIS HCT (telmisartan- hydrochlorothiazide)	34	mirtazapine TABS 15 MG	20
metoclopramide hcl TABS	62	MICONAZOLE 7 SUPP 100 MG ..	96	mirtazapine TABS 30 MG	20
metolazone	60	miconazole nitrate (topical) CREA	53	mirtazapine TABS 7.5 MG, 45 MG	20
metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG	34	miconazole nitrate vaginal CREA 2 %	96	mirtazapine TBPd 15 MG	20
metoprolol & hydrochlorothiazide TABS 50 MG-100 MG	34	miconazole nitrate vaginal KIT	96	mirtazapine TBPd 30 MG	20
metoprolol succinate TB24 200 MG 45		miconazole nitrate vaginal SUPP 100 MG	97	mirtazapine TBPd 45 MG	20
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	45	miconazole nitrate vaginal SUPP 200 MG	96	MIRVASO (brimonidine tartrate (topical))	59
metoprolol tartrate TABS 100 MG	45	miconazole-zinc oxide-white petrolatum	53	misoprostol	93
metoprolol tartrate TABS 25 MG, 50 MG	45	MICROCHAMBER DEVI	73	MITIGARE CAPS (colchicine)	64
metoprolol tartrate TABS 37.5 MG, 75 MG	45	MICROCHAMBER MISC	73	MM LANCING DEVICE MISC	70
METROCREAM CREA (metronidazole (topical))	58	MICROLET NEXT LANCING DEVICE MISC	70	M-M-R II SOLR	96
METROGEL GEL 1 % (metronidazole (topical))	58	MICROSPACER MISC	73	MNEXSPIKE SUSY 10 MCG/0.2ML . 96	
metronidazole (topical) CREA	58	midazolam hcl SOLN IJ	66	modafinil	2
metronidazole (topical) GEL 0.75 % 58		MIDAZOLAM HCL SOLN IJ	66	MODERNA COVID-19 BIVALENT 96	
		midodrine hcl	97	MODERNA COVID-19 VAC 6M-11Y SUSP	96
		MIEBO	86	MODERNA COVID-19 VAC 6M-11Y SUSY	96
		miglitol	23	MODERNA COVID-19 VACCINE SUSP	96
		MINCORA TABS	80	moexipril hcl	33
		MINI LANCING DEVICE MISC	70	mometasone furoate (nasal) SUSP	

82	MULTI VITAMIN TABS	80	mycophenolate mofetil TABS	77	
mometasone furoate CREA	57	MULTI VITAMIN W/D-3 TABS	80	mycophenolate sodium	77
mometasone furoate OINT	57	MULTIA CAPS	79	MYDAYIS CP24 (amphetamine- dextroamphetamine)	1
mometasone furoate SOLN	57	MULTI-LANCET DEVICE MISC ...	70	MYFORTIC (mycophenolate sodium)	77
montelukast sodium CHEW	13	multiple vitamin TABS	80	MYHIBBIN SUSP	77
montelukast sodium PACK	13	multiple vitamins w/ calcium TABS	78	MYLERAN TABS	36
montelukast sodium TABS	13	multiple vitamins w/ minerals CAPS	79	MYRBETRIQ SRER	93
MOOD FOOD CAPS	79	MULTIVITAMIN ADULT TABS	80	MYRBETRIQ TB24 (mirabegron) ..	93
MOOD FOOD ES CAPS	79	MULTIVITAMIN DROPS/IRON SOLN	81	nabumetone	6
morphine sulfate beads	8	MULTIVITAMIN INFANT & TODDLER SOLN PO	81	nadolol TABS 20 MG, 40 MG, 80 MG	45
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	8	MULTIVITAMIN INFANT & TODDLER SOLN	81	naftifine hcl CREA	53
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	8	MULTIVITAMIN TABS	80	naftifine hcl GEL 2 %	53
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morphine sulfate TABS	8	MVW COMPLETE FORMULATION CAPS	79	NALOCET TABS	10
morphine sulfate TBCR	8	MVW COMPLETE FORMULATION D3000 CAPS	79	naloxone hcl LIQD	29
MOTEGRITY (prucalopride succinate)	62	MVW COMPLETE FORMULATION D5000 CAPS	79	naloxone hcl SOCT	29
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MOUNJARO	25	MVW MODULATOR FORMULATION CAPS	79	naloxone hcl SOSY 0.4 MG/ML ...	29
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naproxen sodium TABS 220 MG ...	6	neomycin-polymyxin-hc (otic) SOLN .	86	niacin TBCR	98
naproxen sodium TABS 275 MG, 550 MG	6	neomycin-polymyxin-hc (otic) SUSP .	86	nicardipine hcl CAPS	46
naproxen sodium TB24	6	NEORAL CAPS (cyclosporine modified (for microemulsion))	77	NICOTINE KIT	90
naproxen SUSP	6	NEORAL SOLN (cyclosporine modified (for microemulsion))	77	nicotine polacrilex GUM	90
naproxen TABS	6	NESINA (alogliptin benzoate)	25	nicotine polacrilex LOZG	90
naproxen TBEC	6	NEUPRO	37	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	90
naproxen-esomeprazole magnesium	6	NEURONTIN CAPS (gabapentin) .	18	NICOTROL NS SOLN	90
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NATESTO GEL NA	11	nevirapine SUSP	42	nimodipine SOLN	46
NATROBA (spinosad)	59	nevirapine TABS	42	nisoldipine	46
NAYZILAM	17	nevirapine TB24 400 MG	42	nitazoxanide TABS	35
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PRO COMFORT SPACER CHILD MISC	74	promethazine hcl SUPP	31	prucalopride succinate	62
PRO COMFORT SPACER INFANT DEVI	74	promethazine hcl TABS	31	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 50	
PROAIR RESPICLICK AEPB	15	promethazine w/codeine SOLN ...	50	pseudoephedrine hcl TABS	82
probenecid	64	promethazine w/codeine SYRP ...	50	pseudoephedrine hcl TB12	82
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PROGRAF CAPS (tacrolimus)	77	PROTEGRA CAPS	80	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	98
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PROLENSA (bromfenac sodium (ophth))	86	PROTONIX TBEC 40 MG (pantoprazole sodium)	93		
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quetiapine fumarate TABS 300 MG, 400 MG39	RAPAFLO (silodosin)64	REMERON SOLTAB TBDP 30 MG (mirtazapine)20
quetiapine fumarate TB2439	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/0.6ML3	REMERON SOLTAB TBDP 45 MG (mirtazapine)20
QUILLICHEW ER CHER2	RAYOS TBEC50	REMERON TABS 15 MG (mirtazapine)21
QUILLIVANT XR SRER3	REBIF REBIDOSE SOAJ89	REMERON TABS 30 MG (mirtazapine)21
quinapril hcl33	REBIF REBIDOSE TITRATION PACK SOAJ89	RENFLEXIS63
quinapril-hydrochlorothiazide 12.5 MG-10 MG34	REBIF SOSY89	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG91
quinapril-hydrochlorothiazide 12.5 MG-20 MG34	REBIF TITRATION PACK SOSY ..89	
quinapril-hydrochlorothiazide 25 MG- 20 MG34	REBLOZYL65	
	RECOMBIVAX HB SUSP96	
	RECOMBIVAX HB SUSY96	
	REGLAN TABS (metoclopramide hcl)62	

RENVELA PACK (sevelamer carbonate)	63	riboflavin TABS	98	ritonavir TABS	43
RENVELA TABS (sevelamer carbonate)	63	rifabutin	36	rivaroxaban SUSR 1 MG/ML	16
repaglinide	28	rifampin CAPS	36	rivaroxaban TABS 2.5 MG	16
RESTASIS EMUL (cyclosporine (ophth))	84	RIGHTEST GD500 LANCING DEVICE MISC	71	rivastigmine 13.3 MG/24HR	88
RESTASIS MULTIDOSE EMUL ...	84	riluzole TABS	83	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	88
RESTORIL 15 MG, 30 MG (temazepam)	66	RINVOQ LQ SOLN	3	rivastigmine tartrate CAPS	88
RESTORIL 7.5 MG, 22.5 MG (temazepam)	66	RINVOQ TB24	3	rizatriptan benzoate TABS	75
RETACRIT	65	RIOMET SOLN (metformin hcl) ...	24	rizatriptan benzoate TBDP	75
RETROVIR CAPS (zidovudine) ...	43	risedronate sodium TABS 150 MG	60	ROCKLATAN	84
RETROVIR SYRP (zidovudine) ...	43	risedronate sodium TABS 35 MG	.60	roflumilast	14
REVATIO TABS (sildenafil citrate (pulmonary hypertension))	47	risedronate sodium TABS 5 MG, 30 MG	60	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	37
REXTOVY LIQD	29	risedronate sodium TBEC	61	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	37
REXULTI	41	RISPERDAL CONSTA (risperidone microspheres)	39	ropinirole hydrochloride TB24	37
REYATAZ CAPS 200 MG (atazanavir sulfate)	43	RISPERDAL SOLN (risperidone) ..	39	rosuvastatin calcium TABS	32
REYATAZ CAPS 300 MG (atazanavir sulfate)	43	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)	39	ROWASA (mesalamine w/ cleanser) 63	
REYATAZ PACK	43	risperidone SOLN	39	ROXICODONE TABS 15 MG, 30 MG (oxycodone hcl)	9
REZUROCK	77	risperidone TABS 0.25 MG	39	ROXYBOND TABA	9
REZVOGLAR KWIKPEN	28	risperidone TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	39	ROZEREM (ramelteon)	66
RHOFADE	59	risperidone TABS 2 MG, 3 MG, 4 MG	39	ROZLYTREK CAPS	37
RHOGAM ULTRA-FILTERED PLUS SOSY IM	87	risperidone TBDP	39	rufinamide SUSP	19
RHOPRESSA	84	RITALIN LA CP24 (methylphenidate hcl)	3	rufinamide TABS	19
ribavirin (hepatitis c) CAPS	44	RITALIN TABS 10 MG, 20 MG (methylphenidate hcl)	3	RUKOBIA	43
ribavirin (hepatitis c) TABS 200 MG	44	RITALIN TABS 5 MG (methylphenidate hcl)	3	RUXIENCE	36
		RITEFLO DEVI	74	RYALTRIS	82
				RYBELSUS TABS	25
				RYKINDO SRER	39
				SABRIL PACK (vigabatrin)	19

SABRIL TABS (vigabatrin)	19	SELZENTRY TABS 150 MG (maraviroc)	43	hypertension) SUSR	47
sacubitril-valsartan TABS	47	SELZENTRY TABS 300 MG (maraviroc)	43	sildenafil citrate (pulmonary hypertension) TABS	47
salicylic acid GEL 6 %	58	SEMGLEE (YFGN) SOLN	28	silodosin	64
SALICYLIC ACID OINT	58	SEMGLEE (YFGN) SOPN	28	silver sulfadiazine	55
saline SOLN 0.65 %	82	sennosides TABS 8.6 MG	67	SIMBRINZA	84
salsalate	7	sennosides-docusate sodium TABS 66		simethicone CHEW 80 MG	62
SANCUSO PTCH	29	SEREVENT DISKUS	15	simethicone SUSP	62
SANDIMMUNE CAPS (cyclosporine) 77		SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (quetiapine fumarate)	40	SIMLANDI (1 PEN) AJKT	5
SAPHRIS (asenapine maleate) ...	40	SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate)	40	SIMLANDI (1 SYRINGE) PSKT	5
SAVAYSA	16	SEROQUEL XR TB24 (quetiapine fumarate)	40	SIMLANDI (2 PEN) AJKT	5
SAVELLA TABS	89	SEROSTIM SC 4 MG, 5 MG, 6 MG 61		SIMLANDI (2 SYRINGE) PSKT	5
SAVELLA TITRATION PACK MISC 89		SERTRALINE HCL CAPS 150 MG, 200 MG (sertraline hcl)	22	SIMPLE DIAGNOSTICS LANCING DEV MISC	71
saxagliptin hcl	25	sertraline hcl CAPS 150 MG, 200 MG	22	SIMPONI SOAJ	5
saxagliptin-metformin hcl	24	sertraline hcl CONC	22	SIMPONI SOSY	5
SAXENDA 18 MG/3ML (liraglutide (weight management))	1	sertraline hcl TABS 100 MG	22	simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	32
scopolamine	30	sertraline hcl TABS 25 MG, 50 MG 22		simvastatin TABS 80 MG	32
SECUADO	40	sevelamer carbonate PACK	63	SINGULAIR CHEW (montelukast sodium)	13
SEGLUROMET	24	sevelamer carbonate TABS	63	SINGULAIR PACK (montelukast sodium)	13
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	54	sevelamer hcl	63	SINGULAIR TABS (montelukast sodium)	13
SELECT-LITE LANCING DEVICE MISC	71	SFROWASA ENEM	63	sirolimus SOLN	77
SELECT-OB+DHA MISC	81	SHINGRIX	96	sirolimus TABS	77
selegiline hcl CAPS	37	SIKLOS TABS	65	SITAGLIPT BASE-METFORM HCL ER TB24	24
selegiline hcl TABS	37	sildenafil citrate (pulmonary		SITAGLIPTIN	25
selenium sulfide LOTN 1 %	55			SITAGLIPTIN BASE-METFORMIN HCL TABS	24
selenium sulfide LOTN 2.5 %	55			SIVEXTRO TABS	35
selenium sulfide SHAM 1 %	55				
SELZENTRY SOLN	43				

SKIN HAIR & NAILS ADVANCED CAPS	80	SOGROYA	61	SPRITAM TB3D	19
SKYRIZI PEN SOAJ	54	solifenacin succinate TABS	93	STAMARIL SUSR	96
SKYRIZI SOCT	63	SOLQUA	24	STEGLATRO	29
SKYRIZI SOSY	54	SOLOSEC	3	STEGLUJAN	24
SKYTROFA	61	SOLUS V2 LANCING DEVICE MISC 71		STELARA SOSY	54
SM TRUEDRAW LANCING DEVICE MISC	71	SOLUVITA SOLN	76	STEQEYMA	54
SMART DIABETES VANTAGE LANCING MISC	71	SOMA TABS (carisoprodol)	82	STIOLTO RESPIMAT	15
SOAANZ TABS 20 MG	60	SOOLANTRA (ivermectin (rosacea))	59	STRATTERA (atomoxetine hcl)	2
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	12	SORBITOL XX 70 %	87	STRESS FORMULA/ZINC/ENERGY TABS	81
sodium chloride (gu irrigant) 0.9 %	64	SORILUX FOAM	54	STRIBILD	43
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	51	sotalol hcl (afib/af)	45	STRIVERDI RESPIMAT	15
sodium citrate & citric acid	63	sotalol hcl TABS	45	SUBLOCADE SOSY	11
sodium fluoride (dental) CREA	78	SOTYKTU	54	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	11
sodium fluoride (dental) GEL	78	SOTYLIZE SOLN PO	45	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	11
sodium fluoride (dental) PSTE DT .	78	SOVALDI PACK	44	sucalfate SUSP	92
sodium fluoride CHEW	76	SOVALDI TABS	44	sucalfate TABS	92
sodium fluoride SOLN 0.5 MG/ML .	76	SOVUNA 200 MG	36	SUFLAVE	66
sodium phosphates ENEM	67	SPEVIGO SOSY	54	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	46
sodium polystyrene sulfonate POWD 77		SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	96	sulfacetamide sodium (acne)	52
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	77	SPIKEVAX SUSP	96	sulfacetamide sodium (ophth) OINT 84	
sodium polystyrene sulfonate SUSP PR 30 GM/120ML	77	SPIKEVAX SUSY	96	sulfacetamide sodium (ophth) SOLN . 84	
sodium sulfate-potassium sulfate-magnesium sulfate	66	spinosad	59	sulfacetamide sodium GEL	55
SOFOSBUVIR-VELPATASVIR TABS	44	SPIRIVA HANDIHALER CAPS IN (tiotropium bromide)	13	sulfacetamide sodium LIQD	55
		SPIRIVA RESPIMAT AERS IN	13	sulfacetamide sodium SHAM 10 %	
		spironolactone & hydrochlorothiazide	60		
		spironolactone TABS	60		
		SPORANOX CAPS (itraconazole) .	30		

55	sumatriptan succinate SOAJ 6	SYMPAZAN FILM	17
sulfacetamide sodium w/ sulfur	MG/0.5ML	SYMPROIC	63
CREA 10 %-2 %, 10 %-5 %	52	SYMTUZA	43
sulfacetamide sodium w/ sulfur	sumatriptan succinate SOCT 6	SYNALAR CREA (fluocinolone	
EMUL 10 %-1 %	52	acetonide)	57
sulfacetamide sodium w/ sulfur	MG/0.5ML	SYNALAR OINT (fluocinolone	
FOAM	52	acetonide)	57
sulfacetamide sodium w/ sulfur LIQD	sumatriptan succinate SOLN 6	SYNALAR SOLN (fluocinolone	
52	MG/0.5ML	acetonide)	57
sulfacetamide sodium w/ sulfur LOTN	sumatriptan succinate TABS	SYNJARDY TABS	24
10 %-5 %	52	SYNJARDY XR TB24	24
sulfacetamide sodium w/ sulfur LOTN	sumatriptan-naproxen sodium	TACLONEX SUSP (calcipotriene-	
9.8 %-4.8 %	52	betamethasone dipropionate)	57
sulfacetamide sodium w/ sulfur SUSP	SUMAXIN CP	tacrolimus (topical) OINT 0.03 % ..	58
10 %-5 %	52	tacrolimus (topical) OINT 0.1 % ...	58
sulfacetamide sodium w/ sulfur SUSP	SUMAXIN PADS	tacrolimus CAPS	77
8 %-4 %	52	tadalafil (pulmonary hypertension)	
SULFACETAMIDE SODIUM-	SUPER ANTIOXIDANT CAPS	TABS	47
SULFUR SUSP	80	TADLIQ SUSP	47
sulfacetamide sod-prednisolone	SUPPORT-500 CAPS	tafluprost	86
SOLN	80	TALTZ SOAJ	54
sulfamethoxazole-trimethoprim SUSP	SUPREP BOWEL PREP KIT	TALTZ SOSY	54
.....	(sodium sulfate-potassium sulfate-	tamoxifen citrate TABS	37
sulfamethoxazole-trimethoprim TABS	magnesium sulfate)	tamsulosin hcl	64
.....	66	TARPEYO CPDR	50
sulfasalazine TABS	SURE COMFORT LANCING PEN	TASCENSO ODT	89
sulfasalazine TBEC	MISC	tasimelteon CAPS	66
sulindac TABS	71	tavaborole	53
SUMADAN	66	TAVNEOS	64
SUMADAN WASH LIQD	SUTAB	tazarotene CREA 0.05 %	54
(sulfacetamide sodium w/ sulfur) ..	52	tazarotene CREA 0.1 %	54
SUMADAN XLT KIT	52	TAZAROTENE FOAM	52
sumatriptan 20 MG/ACT	75		
sumatriptan 5 MG/ACT	75		
	SYMBICORT (budesonide-		
	formoterol fumarate dihydrate)		
	15		
	SYMBICORT 160 MCG/ACT-4.5		
	MCG/ACT (budesonide-formoterol		
	fumarate dihydrate)		
	15		
	SYMBICORT 80 MCG/ACT-4.5		
	MCG/ACT (budesonide-formoterol		
	fumarate dihydrate)		
	15		
	SYMBRAVO TABS PO		
	74		
	SYMDEKO		
	91		
	SYMFI (efavirenz-lamivudine-		
	tenofovir disoproxil fumarate)		
	43		
	SYMFI LO (efavirenz-lamivudine-		
	tenofovir disoproxil fumarate)		
	43		
	SYMLINPEN 120 SOPN		
	23		
	SYMLINPEN 60 SOPN		
	23		

tazarotene GEL	54	teriflunomide	90	theophylline TB24	16
TDVAX SUSP	92	teriparatide SOPN	61	THERA TABS	81
TECFIDERA CDPK (dimethyl fumarate)	89	TERIPARATIDE SOPN	61	THERAMILL FORTE CAPS	80
TECFIDERA CPDR (dimethyl fumarate)	89	TESTIM GEL TD (testosterone) ...	11	THERANATAL LACTATION ONE CAPS	80
TEGRETOL SUSP (carbamazepine) .	19	testosterone cypionate SOLN IM 100 MG/ML	11	THEREMS TABS	81
TEGRETOL TABS (carbamazepine) .	19	testosterone cypionate SOLN IM 200 MG/ML	11	thiamine hcl TABS 100 MG	98
TEGRETOL-XR TB12 (carbamazepine)	19	testosterone enanthate SOLN IM ..	11	thiamine mononitrate TABS 100 MG .	98
TEGSEDI	91	testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM	11	thioridazine hcl	40
TEKTURNA (aliskiren fumarate) ..	35	testosterone GEL TD 1 %, 50 MG/5GM	11	thiothixene	41
telmisartan	33	testosterone GEL TD 1.62 %, 1.62 %	11	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	91
telmisartan-amlodipine	34	testosterone SOLN	11	tiagabine hcl	19
telmisartan-hydrochlorothiazide ...	34	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	92	ticagrelor 60 MG, 90 MG	64
temazepam 15 MG, 30 MG	66	tetrabenazine	89	TICOVAC	96
temazepam 7.5 MG, 22.5 MG	66	tetracaine hcl (ophth)	84	timolol	83
TENIVAC SUSP 2 LFU-5 LFU	92	tetracycline hcl CAPS	91	timolol maleate (ophth) SOLG	83
tenofovir disoproxil fumarate TABS 43		TETRACYCLINE HCL TABS	91	timolol maleate (ophth) SOLN 0.5 % .	83
TENORETIC 100 (atenolol & chlorthalidone)	34	tetrahydrozoline hcl (ophth) 0.05 % 84		timolol maleate (ophth) SOLN	83
TENORETIC 50 (atenolol & chlorthalidone)	34	TEZRULY PO 1 MG/ML	33	timolol maleate TABS	45
TENORMIN TABS (atenolol)	45	TEZSPIRE SOAJ	13	TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth))	83
terazosin hcl	33	TEZSPIRE SOSY	13	tinidazole	35
terbinafine hcl (topical) CREA	53	THEO-24 CP24	16	tioconazole vaginal 6.5 %	97
terbinafine hcl TABS	30	theophylline ELIX	16	tiotropium bromide CAPS IN 18 MCG	13
terbutaline sulfate TABS	15	theophylline SOLN	16	TIVICAY PD TBSO	43
terconazole vaginal CREA	97	theophylline TB12 300 MG, 450 MG .	16	TIVICAY TABS 50 MG	43
terconazole vaginal SUPP	97			tizanidine hcl CAPS	82
				tizanidine hcl TABS	82

TM-DAILY VITE TABS	81	57	TRAMADOL HCL SOLN (tramadol hcl)	9
TOBI NEBU (tobramycin)	3	TOPICORT OINT (desoximetasone) .	tramadol hcl SOLN	9
TOBI PODHALER CAPS	3	57	tramadol hcl TABS 25 MG	9
TOBRADEX OINT	85	TOPICORT SPRAY LIQD	tramadol hcl TABS 50 MG	9
TOBRADEX ST SUSP	85	(desoximetasone)	tramadol hcl TABS 75 MG, 100 MG	9
tobramycin (ophth) SOLN	84	57	tramadol hcl TB24	9
tobramycin NEBU	3	topiramate CP24	tramadol-acetaminophen	10
tobramycin sulfate SOLN IJ 1.2		19	trandolapril 1 MG, 2 MG	33
GM/30ML, 10 MG/ML, 80 MG/2ML .	3	topiramate CPSP 15 MG	trandolapril 4 MG	33
tobramycin sulfate SOLR	3	19	trandolapril-verapamil hcl	34
tobramycin-dexamethasone SUSP		topiramate CPSP 25 MG	tranexamic acid TABS	65
85		19	TRANSDERM-SCOP (scopolamine)	
TOBREX OINT	84	topiramate CPSP 50 MG	30	
TODAYS HEALTH LANCING		19	tranylcypromine sulfate	21
DEVICE MISC	71	topiramate CS24	TRAVATAN Z SOLN (travoprost) .	86
tolmetin sodium CAPS	6	19	travoprost SOLN	86
tolmetin sodium TABS 600 MG	6	topiramate SOLN 25 MG/ML	TRAZIMERA 420 MG	36
tolnaftate CREA	53	19	trazodone hcl TABS 300 MG	22
tolterodine tartrate CP24	93	topiramate TABS 100 MG	trazodone hcl TABS 50 MG, 100 MG,	
tolterodine tartrate TABS	93	19	150 MG	22
TOPAMAX SPRINKLE CPSP 15 MG		topiramate TABS 200 MG	TRELEGY ELLIPTA	15
(topiramate)	19	19	TREMFYA ONE-PRESS SOPN SC	
TOPAMAX SPRINKLE CPSP 25 MG		topiramate TABS 25 MG, 50 MG .	100 MG/ML	54
(topiramate)	19	19	TREMFYA PEN SOAJ 100 MG/ML	
TOPAMAX TABS 100 MG		TOPROL XL TB24 200 MG	54	
(topiramate)	19	(metoprolol succinate)	TREMFYA PEN SOAJ SC 200	
TOPAMAX TABS 200 MG		45	MG/2ML	63
(topiramate)	19	TOPROL XL TB24 25 MG, 50 MG,	TREMFYA SOSY SC	63
TOPAMAX TABS 25 MG, 50 MG		100 MG (metoprolol succinate) ...	TREMFYA-CD/UC INDUCTION	
(topiramate)	19	45	SOAJ SC 200 MG/2ML	63
TOPICORT CREA (desoximetasone)		toremifene citrate	TRESIBA FLEXTOUCH SOPN 100	
.....	57	37	UNIT/ML	28
TOPICORT GEL (desoximetasone)		toremifene citrate		
		37		
		60		
		60		
		75		
		28		
		28		
		93		
		47		
		47		
		25		
		9		

TRESIBA FLEXTOUCH SOPN 200 UNIT/ML28	TRIBENZOR (olmesartan medoxomil-amlodipine- hydrochlorothiazide)34	TRULICITY25
TRESIBA SOLN28	TRICOR TABS (fenofibrate)32	TRUMENBA 0.5 ML94
tretinoin CREA 0.025 %, 0.05 %, 0.1 %52	trifluoperazine hcl TABS40	TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate)43
tretinoin GEL 0.01 %, 0.025 %52	trifluridine84	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)43
tretinoin GEL 0.01 %52	trihexyphenidyl hcl SOLN37	TRUXIMA36
tretinoin GEL 0.05 %52	trihexyphenidyl hcl TABS37	TRYPTYR SOLN OP 0.003 %86
tretinoin microsphere52	TRIJARDY XR24	TUDORZA PRESSAIR13
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG36	TRIKAFTA TBPK91	TWINRIX SUSY96
triamcinolone acetonide (mouth) ..78	TRILEPTAL SUSP (oxcarbazepine) 19	TWYNEO52
triamcinolone acetonide (nasal) AERO82	TRILEPTAL TABS (oxcarbazepine) 19	TYBLUME CHEW48
triamcinolone acetonide (topical) AERS57	trimethobenzamide hcl CAPS30	TYBOST43
triamcinolone acetonide (topical) CREA 0.025 %57	trimethoprim TABS35	TYENNE SOAJ5
triamcinolone acetonide (topical) CREA 0.1 %57	TRINTELLIX22	TYENNE SOSY5
triamcinolone acetonide (topical) CREA 0.5 %57	TRIUMEQ PD TBSO43	TYMLOS61
triamcinolone acetonide (topical) CREA 0.5 %57	TRIUMEQ TABS43	TYPHIM VI SOLN94
triamcinolone acetonide (topical) LOTN57	TROKENDI XR CP24 (topiramate) 19	TYPHIM VI SOSY94
triamcinolone acetonide (topical) OINT 0.025 %, 0.5 %57	tropicamide SOLN83	TYRVAYA83
triamcinolone acetonide (topical) OINT 0.05 %, 0.1 %57	trospium chloride CP2493	UBRELVY74
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG60	trospium chloride TABS93	ULORIC (febuxostat)64
triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG60	TRUE METRIX AIR GLUCOSE METER KIT71	ULTI-LANCE AUTOMATIC MISC .71
triamterene & hydrochlorothiazide TABS 50 MG-75 MG60	TRUE METRIX BLOOD GLUCOSE TEST STRP59	ULTRAVATE LOTN57
triazolam66	TRUE METRIX METER KIT71	umeclidinium-vilanterol15
	TRUE MULTIVITAMIN TABS81	UPTRAVI SOLR47
	TRUEDRAW LANCING DEVICE MISC71	UPTRAVI TABS47
	TRUELYTE SOLN76	UPTRAVI TITRATION TBPK47
		urea CREA 40 %57
		URETRON D/S TABS 81.6 MG ...35

ursodiol CAPS	62	(vancomycin hcl)	35	venlafaxine hcl TABS	23
ursodiol TABS 250 MG	62	VANCOCIN CAPS 250 MG		venlafaxine hcl TB24 150 MG	23
USTEKINUMAB 130 MG/26ML	63	(vancomycin hcl)	35	venlafaxine hcl TB24 37.5 MG, 75	
USTEKINUMAB SOSY 45		vancomycin hcl CAPS 125 MG	35	MG, 225 MG	23
MG/0.5ML, 90 MG/ML	54	vancomycin hcl CAPS 250 MG	35	VENTOLIN HFA AERS (albuterol	
USTEKINUMAB-AEKN SOSY SC 45		vancomycin hcl SOLR IV 1 GM	35	sulfate)	15
MG/0.5ML, 90 MG/ML	54	VANCOMYCIN HCL SOLR IV 1 GM .	35	verapamil hcl CP24 100 MG, 200	
USTEKINUMAB-TTWE	54	35		MG, 300 MG	46
UZEDY SUSY	39	vancomycin hcl SOLR IV 500 MG .	35	verapamil hcl CP24 120 MG, 180	
VAFSEO	65	VANCOMYCIN HCL SOLR IV 500		MG, 240 MG, 360 MG	46
valacyclovir hcl 1 GM	44	MG	35	VERAPAMIL HCL ER CP24	
valacyclovir hcl 500 MG	44	vancomycin hcl SOLR PO 25		(verapamil hcl)	46
valganciclovir hcl TABS	44	MG/ML, 50 MG/ML, 250 MG/5ML .	35	verapamil hcl TABS	46
valproate sodium SOLN IV 100		VANDAZOLE	97	verapamil hcl TBCR	46
MG/ML, 500 MG/5ML	20	VAQTA	96	VEREGEN	52
valproate sodium SOLN PO 250		VAQTA IM 25 UNIT/0.5ML, 50		VERELAN PM CP24 (verapamil hcl) .	46
MG/5ML	20	UNIT/ML	96	VERKAZIA EMUL	84
valproate sodium SOLN PO 500		varenicline tartrate TABS 0.5 MG .	90	VERSACLOZ SUSP	40
MG/10ML	20	varenicline tartrate TABS 1 MG ...	90	VESICARE LS SUSP	93
valproic acid CAPS	20	varenicline tartrate TBPk	91	VESICARE TABS (solifenacin	
valsartan SOLN	33	VARIVAX SUSR	96	succinate)	93
valsartan TABS	33	VAXCHORA	94	VEVYE SOLN	84
valsartan-hydrochlorothiazide	34	VAXNEUVANCE	94	VFEND SUSR (voriconazole)	30
VALTOCO 10 MG DOSE LIQD	17	VECTICAL (calcitriol (topical))	54	VIBERZI	63
VALTOCO 15 MG DOSE LQPK 7.5		VELPHORO	63	VICTOZA (liraglutide)	25
MG/0.1ML	17	VELSIPITY	63	vigabatrin PACK	19
VALTOCO 20 MG DOSE LQPK 10		VELTASSA	77	vigabatrin TABS	19
MG/0.1ML	17	VEMLIDY	44	VIGAFYDE SOLN	20
VALTOCO 5 MG DOSE LIQD	17	VENLAFAXINE BESYLATE ER ..	23	VIGAMOX SOLN OP (moxifloxacin	
VALTREX 1 GM (valacyclovir hcl) .	44	venlafaxine hcl CP24 150 MG	23	hcl (ophth))	84
VALTREX 500 MG (valacyclovir hcl) .	44	venlafaxine hcl CP24 37.5 MG	23	VIIBRYD TABS (vilazodone hcl) ...	22
VANCOCIN CAPS 125 MG		venlafaxine hcl CP24 75 MG	23	vilazodone hcl TABS	22

VIMOVO (naproxen-esomeprazole magnesium)	6	CAPS	80	WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	2
VIMPAT SOLN PO 10 MG/ML (lacosamide)	19	VIVAGUARD LANCING DEVICE MISC	71	WELCHOL PACK (colesevelam hcl) .	31
VIMPAT TABS (lacosamide)	19	VIVITROL	29	WELCHOL TABS (colesevelam hcl) .	31
VIOKACE TABS	59	VIVOTIF	94	WELLBUTRIN SR TB12 100 MG (bupropion hcl)	21
VIRACEPT TABS 250 MG	43	VOGELXO GEL TD (testosterone) ..	11	WELLBUTRIN SR TB12 150 MG (bupropion hcl)	21
VIRACEPT TABS 625 MG	43	VOGELXO PUMP GEL TD (testosterone)	11	WELLBUTRIN SR TB12 200 MG (bupropion hcl)	21
VIREAD POWD	43	voriconazole SUSR	30	white petrolatum-mineral oil	83
VIREAD TABS (tenofovir disoproxil fumarate)	43	voriconazole TABS	30	WINLEVI	52
VIREAD TABS	43	VORTEX HOLD CHMBR/MASK/CHILD DEVI	74	XALATAN SOLN (latanoprost)	86
VIREXA TABS	81	VORTEX HOLD CHMBR/MASK/TODDLER DEVI ..	74	XARELTO STARTER PACK TBPK 16	
VISION HEALTH CAPS	80	VORTEX VALVE CHAMBER-PEDI MASK DEVI	74	XARELTO SUSR 1 MG/ML (rivaroxaban)	16
VISION OPTIMIZER CAPS	80	VORTEX VALVED HOLDING CHAMBER DEVI	74	XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (rivaroxaban)	16
VISTA ADVANCED AREDS2 FORMULA CAPS	80	VOSEVI	44	XARELTO TABS	16
VISTA ADVANCED DRY EYE FORMULA CAPS	80	VRAYLAR CAPS	38	XATMEP SOLN PO	36
VITABEX CAPS	80	VTAMA	54	XCOPRI (250 MG DAILY DOSE) TBPK	19
VITABEX PLUS CAPS	80	VUMERITY	90	XCOPRI (350 MG DAILY DOSE) TBPK	19
VITAFOL-ONE CAPS	81	VUSION (miconazole-zinc oxide-white petrolatum)	53	XCOPRI TABS	19
vitamin e CAPS 180 MG, 200 UNIT, 400 UNIT, 90 MG, 90 MG, 180 MG 97		VYNDAMAX	47	XELJANZ SOLN	3
VITEYES AREDS 2 FORMULA +MULTI CAPS	80	VYONDYS 53	83	XELJANZ TABS	3
VITEYES AREDS 2 FORMULA CAPS	80	VYTORIN (ezetimibe-simvastatin) ..	31	XELJANZ XR TB24	3
VITEYES CLASSIC ADVANCED CAPS	80	VYVANSE CAPS	1	XELPROS EMUL	86
VITEYES CLASSIC MACULAR SUPPOR CAPS	80	VYVANSE CHEW	1	XELSTRYM	1
VITEYES CLASSIC+OMEGA-3		VYZULTA	86		
		warfarin sodium TABS	16		
		WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	2		

XEMBIFY	87	zaleplon 10 MG	66	ZIAGEN TABS (abacavir sulfate) ..	43
XENAZINE (tetrabenazine)	89	zaleplon 5 MG	66	zidovudine CAPS	43
XEPI	52	ZANAFLEX CAPS (tizanidine hcl) ..	82	zidovudine SYRP	43
XHANCE EXHU	82	ZANAFLEX TABS 4 MG (tizanidine hcl)	82	zidovudine TABS	43
XIGDUO XR (dapagliflozin propanediol-metformin hcl)	24	ZARONTIN CAPS (ethosuximide) ..	20	zileuton TB12	13
XIGDUO XR 1000 MG-2.5 MG, 500 MG-10 MG, 500 MG-5 MG	24	ZARONTIN SOLN (ethosuximide) ..	20	ZIMHI SOSY	29
XIIDRA	84	ZARXIO	65	zinc oxide (topical) OINT 20 %	58
XOLAIR SOAJ	13	ZAVZPRET	74	ZIOPTAN (tafluprost)	86
XOLAIR SOLR	13	ZEGALOGUE SOAJ	24	ziprasidone hcl	38
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	13	ZEGALOGUE SOSY	24	ziprasidone mesylate	38
XOLAIR SOSY	13	ZEMBRACE SYMTOUCH SOAJ ..	76	ZIRABEV	36
XOPENEX HFA (levalbuterol tartrate)	15	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	59	ZITHROMAX PACK	67
XPHOZAH	61	ZEPATIER	44	ZITHROMAX SUSR 100 MG/5ML (azithromycin)	67
XROMI SOLN PO 100 MG/ML	65	ZEPOSIA 7-DAY STARTER PACK CPPK	90	ZITHROMAX SUSR 200 MG/5ML (azithromycin)	67
XULTOPHY	24	ZEPOSIA CAPS	90	ZITHROMAX TABS 250 MG (azithromycin)	67
YESINTEK SOLN 45 MG/0.5ML ..	54	ZEPOSIA STARTER KIT CPPK ..	90	ZITHROMAX TABS 500 MG (azithromycin)	67
YESINTEK SOSY	54	ZERVIAE	86	ZITHROMAX TRI-PAK TABS (azithromycin)	67
YF-VAX SUSR	96	ZESTORETIC (lisinopril & hydrochlorothiazide)	34	ZITHROMAX Z-PAK TABS (azithromycin)	67
YUFLYMA (1 PEN) AJKT	5	ZESTRIL TABS (lisinopril)	33	ZITUVIMET TABS	24
YUFLYMA (2 PEN) AJKT	5	ZETIA (ezetimibe)	32	ZITUVIMET XR TB24	24
YUFLYMA (2 SYRINGE) PSKT	5	ZETONNA AERS	82	ZITUVIO	25
YUFLYMA-CD/UC/HS STARTER AJKT	5	ZIAGEN SOLN (abacavir sulfate) ..	43	ZMA CLEAR SUSP	52
YUPELRI	13			ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	32
YUSIMRY	5			zolmitriptan SOLN 2.5 MG	76
ZADITOR 0.035 % (ketotifen fumarate (ophth))	86			zolmitriptan SOLN 5 MG	76
zafirlukast	13				

zolmitriptan TABS	76	ZYPREXA RELPREVV	40
zolmitriptan TBDP	76	ZYPREXA TABS 2.5 MG, 5 MG	
ZOLOFT CONC (sertraline hcl) ...	22	(olanzapine)	40
ZOLOFT TABS 100 MG (sertraline		ZYPREXA TABS 20 MG (olanzapine)	
hcl)	22		40
ZOLOFT TABS 25 MG, 50 MG			
(sertraline hcl)	22		
ZOLPIDEM TARTRATE CAPS	66		
zolpidem tartrate SUBL	66		
zolpidem tartrate TABS	66		
zolpidem tartrate TBCR	66		
ZOMACTON SOLR SC	61		
ZOMIG SOLN 2.5 MG (zolmitriptan) .			
76			
ZOMIG SOLN 5 MG (zolmitriptan) .	76		
ZONISADE SUSP	19		
zonisamide CAPS	19		
ZORTRESS (everolimus			
(immunosuppressant))	77		
ZORYVE CREA EX	58		
ZTALMY	19		
ZUBSOLV SUBL	11		
ZUNVEYL TBEC PO 5 MG, 10 MG,			
15 MG	88		
ZURZUVAE	21		
ZYFLO TABS	13		
ZYLET	85		
ZYLOPRIM 100 MG (allopurinol) ..	64		
ZYMFENTRA (1 PEN) AJKT	63		
ZYMFENTRA (2 PEN) AJKT	63		
ZYMFENTRA (2 SYRINGE) PSKT	63		
ZYPITAMAG 2 MG, 4 MG	32		