

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 हदी 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 တလံာ်ဘျုးလၢစၢ နီတမံၤဘျုးသ့န့ၣ်လီၤ. ကိး 866-433-6041 (TTY: 711)

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

အကယ်၍ သင်သည် မြန်မာစကား ကို 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
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (amphetamine-dextroamphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)
ADDERALL TABS (amphetamine-dextroamphetamine)	P	QL(2 EA daily); AL(At least 3 yrs old)
ADZENYS XR-ODT TBED	NP	
amphetamine sulfate TABS	NP	
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	NP	
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine TABS	P	QL(2 EA daily); AL(At least 3 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate)	NP	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 5 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 10 MG, 15 MG	P	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate SOLN	NP	
dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	P	
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	NP	

Drug Name	Drug Tier	Requirements/ Limits
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	QL(2 EA daily); AL(At least 3 yrs old)
dextroamphetamine sulfate TABS 5 MG, 10 MG	P	QL(2 EA daily); AL(At least 3 yrs old)
DYANAVAL XR SUER	P	
DYANAVAL XR TBCR	NP	
EVEKEO TABS (amphetamine sulfate)	NP	
lisdexamfetamine dimesylate CAPS	NP	Brand Preferred; QL(1 EA daily)
lisdexamfetamine dimesylate CAPS 10 MG	NP	QL(1 EA daily)
lisdexamfetamine dimesylate CHEW	NP	Brand Preferred
lisdexamfetamine dimesylate CHEW	NP	
methamphetamine hcl	NP	
MYDAYIS CP24 (amphetamine-dextroamphetamine)	NP	
VYVANSE CAPS	P	Brand Preferred; QL(1 EA daily)
VYVANSE CHEW	P	Brand Preferred
XELSTRYM	NP	
Analeptics		
caffeine citrate SOLN PO	C	Limit 2 fills per Lifetime; QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail
Anti-Obesity Agents		
SAXENDA	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

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 TABS (dexamethylphenidate hcl)	NP	QL(2 EA daily); AL(At least 6 yrs old)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents			JORNAY PM CP24	NP	
atomoxetine hcl	P	AL(At least 6 yrs old)	METHYLIN SOLN (methylphenidate hcl)	NP	
clonidine hcl (adhd) TB12	P		methylphenidate hcl CHEW	NP	
guanfacine hcl (adhd)	P	QL(1 EA daily); AL(At least 6 yrs old)	methylphenidate hcl CP24	NP	
INTUNIV (guanfacine hcl (adhd))	NP	QL(1 EA daily); AL(At least 6 yrs old)	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	P	
ONYDA XR SUER	NP		methylphenidate hcl CPCR	P	QL(1 EA daily); AL(At least 6 yrs old)
QELBREE	NP		methylphenidate hcl SOLN	P	
STRATTERA (atomoxetine hcl)	NP	AL(At least 6 yrs old)	methylphenidate hcl TABS 10 MG, 20 MG	P	QL(3 EA daily); AL(At least 3 yrs old)
Stimulants - Misc.			methylphenidate hcl TABS 5 MG	P	QL(6 EA daily); AL(At least 3 yrs old)
APTENSIO XR CP24 (methylphenidate hcl)	NP		methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	P	QL(1 EA daily)
armodafinil	NP		methylphenidate hcl TB24 36 MG	P	QL(2 EA daily)
AZSTARYS	NP		methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG	NP	
CONCERTA TBCR 18 MG, 27 MG, 54 MG (methylphenidate hcl)	NP	QL(1 EA daily); AL(At least 6 yrs old)	methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG	P	QL(2 EA daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (methylphenidate hcl)	NP	QL(2 EA daily); AL(At least 6 yrs old)	methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
COTEMPLA XR-ODT TBED	NP		methylphenidate PTCH	NP	Brand Preferred
DAYTRANA PTCH (methylphenidate)	P	Brand Preferred	modafinil	NP	
dexamethylphenidate hcl CP24	P		NUVIGIL (armodafinil)	NP	
dexamethylphenidate hcl TABS	P	QL(2 EA daily); AL(At least 6 yrs old)	PROVIGIL (modafinil)	NP	
FOCALIN XR CP24 (dexamethylphenidate hcl)	NP		QUILLICHEW ER CHER	P	
			QUILLIVANT XR SRER	P	

Drug Name	Drug Tier	Requirements/ Limits
RELEXXII TBCR 45 MG, 63 MG, 72 MG (methylphenidate hcl)	NP	
RELEXXII TBCR 45 MG, 63 MG, 72 MG	NP	
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)
RITALIN LA CP24 (methylphenidate hcl)	NP	
RITALIN TABS 5 MG (methylphenidate hcl)	NP	QL(6 EA daily); AL(At least 3 yrs old)
RITALIN TABS 10 MG, 20 MG (methylphenidate hcl)	NP	QL(3 EA daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK 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	
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 10 MG/0.1ML	NP		HADLIMA SOSY	NP	SP
ADALIMUMAB-ADAZ SOSY	NP	SP	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 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(CD/UC/HS STRT) AJKT	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(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 10 MG/0.1ML, 20 MG/0.2ML	P	QL(2 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 40 MG/0.4ML	P	QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP	YUFLYMA (2 SYRINGE) PSKT	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	YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP
HUMIRA-PSORIASIS/UEIT STARTER AJKT	P	QL(3 EA per 365 day(s) retail); AL(At least 2 yrs old); SP	YUSIMRY	NP	SP
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP	Interleukin-1 Blockers		
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP	ARCALYST	NP	SP
HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP	Interleukin-1 Receptor Antagonist (IL-1Ra)		
HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	SP	KINERET SOSY	NP	SP
HYRIMOZ SOAJ	NP	SP	Interleukin-6 Receptor Inhibitors		
HYRIMOZ SOSY	NP	SP	ACTEMRA ACTPEN SOAJ	NP	SP
IDACIO (2 PEN) AJKT	NP	SP	ACTEMRA SOLN	C	SP; PA
IDACIO (2 SYRINGE) PSKT	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	SP
SIMLANDI (2 PEN) AJKT	NP	SP	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
SIMLANDI (2 SYRINGE) PSKT	NP	SP	ARTHROTEC TBEC (diclofenac w/ misoprostol)	NP	
SIMPONI SOAJ	NP	SP	celecoxib	C	QL(2 EA daily); PA
SIMPONI SOSY	NP	SP	DAYPRO TABS (oxaprozin)	NP	
YUFLYMA (1 PEN) AJKT	NP	SP	diclofenac potassium CAPS	NP	
YUFLYMA (2 PEN) AJKT	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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fenoprofen calcium CAPS 400 MG</i>	NP		<i>naproxen sodium TABS 220 MG</i>	C	QL(2 EA daily)
<i>fenoprofen calcium TABS</i>	NP		<i>naproxen sodium TB24</i>	NP	
FENOPRON CAPS	NP		<i>naproxen-esomeprazole magnesium</i>	NP	
<i>flurbiprofen TABS 100 MG</i>	NP		<i>naproxen SUSP</i>	P	
<i>ibuprofen CHEW</i>	C		<i>naproxen TABS</i>	P	
<i>ibuprofen-famotidine</i>	NP		<i>naproxen TBEC</i>	P	QL(2 EA daily)
<i>ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML</i>	C		<i>oxaprozin TABS</i>	NP	
<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	P	RX/OTC	<i>piroxicam CAPS</i>	P	
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	P		RELAFEN DS	NP	
<i>ibuprofen TABS 200 MG</i>	C		<i>sulindac TABS</i>	P	
<i>indomethacin CAPS 25 MG, 50 MG</i>	P		<i>tolmetin sodium CAPS</i>	NP	
<i>indomethacin CPCR</i>	NP		<i>tolmetin sodium TABS 600 MG</i>	NP	
<i>indomethacin SUPP</i>	NP		VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	NP	
<i>indomethacin SUSP</i>	NP		Phosphodiesterase 4 (PDE4) Inhibitors		
<i>ketoprofen CAPS 25 MG</i>	NP		OTEZLA TABS	NP	SP
<i>ketoprofen CP24</i>	NP		OTEZLA TBPK	NP	SP
<i>ketorolac tromethamine TABS</i>	P	QL(20 EA per 31 day(s) retail); AL(At least 17 yrs old)	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		ENBREL SOLN	P	QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
NAPROSYN SUSP (<i>naproxen</i>)	NP				
<i>naproxen sodium TABS 275 MG, 550 MG</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENBREL SOSY 25 MG/0.5ML	P	QL(4 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	
ENBREL SOSY 50 MG/ML	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP	<i>acetaminophen TABS 325 MG, 500 MG</i>	C	
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			FEVERALL JUNIOR STRENGTH SUPP	C	QL(12 EA per 31 day(s) retail)
Analgesic Combinations			Salicylates		
<i>butalbital-acetaminophen-caffeine CAPS 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-caffeine TABS 40 MG-50 MG-325 MG</i>	C	QL(4 EA daily)	<i>aspirin CHEW</i>	C	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	C		ASPIRIN SUPP 300 MG	C	QL(12 EA per 31 day(s) retail)
<i>butalbital-aspirin-caffeine CAPS</i>	C	QL(4 EA daily)	<i>aspirin TABS 325 MG</i>	C	
Analgesics - Sodium Channel Pain Signal Inhibitors			<i>aspirin TBEC 81 MG, 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>diflunisal TABS</i>	NP	
Analgesics Other			<i>salsalate</i>	C	
<i>acetaminophen CHEW</i>	C		ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>acetaminophen LIQD 160 MG/5ML</i>	C		Opioid Agonists		
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	C	QL(240 ML per fill retail)	<i>codeine sulfate TABS 30 MG</i>	P	Opioid Smart PA; AL(At least 12 yrs old)
<i>acetaminophen SUPP 120 MG, 650 MG</i>	C	QL(12 EA per 31 day(s) retail)	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 2 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA; QL(8 EA daily)
			DILAUDID TABS 8 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA; QL(4 EA daily)
			<i>fentanyl citrate LPOP</i>	NP	Opioid Smart PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl citrate TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG</i>	NP	Opioid Smart PA	<i>morphine sulfate beads</i>	NP	Opioid Smart PA
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP		<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	NP	Opioid Smart PA
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	P	QL(0.34 EA daily)	<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	P	Opioid Smart PA
FENTORA TABS (<i>fentanyl citrate</i>)	NP	Opioid Smart PA	<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	P	Opioid Smart PA; QL(16.67 ML daily)
<i>hydrocodone bitartrate CP12</i>	NP	Opioid Smart PA	<i>morphine sulfate SUPP</i>	P	Opioid Smart PA; QL(0.78 EA daily)
<i>hydrocodone bitartrate T24A</i>	NP	Opioid Smart PA	<i>morphine sulfate TABS</i>	P	Opioid Smart PA; QL(6 EA daily)
<i>hydromorphone hcl LIQD</i>	P	Opioid Smart PA	<i>morphine sulfate TBCR</i>	P	Opioid Smart PA; QL(3 EA daily)
HYDROMORPHONE HCL SUPP	P	Opioid Smart PA; QL(2 EA daily)	MS CONTIN TBCR (<i>morphine sulfate</i>)	NP	Opioid Smart PA; QL(3 EA daily)
<i>hydromorphone hcl TABS 8 MG</i>	P	Opioid Smart PA; QL(4 EA daily)	<i>oxycodone hcl CAPS</i>	P	Opioid Smart PA; QL(6 EA daily)
<i>hydromorphone hcl TABS 4 MG</i>	P	Opioid Smart PA	<i>oxycodone hcl CONC 100 MG/5ML</i>	P	QL(4 ML daily)
<i>hydromorphone hcl TABS 2 MG</i>	P	Opioid Smart PA; QL(8 EA daily)	<i>oxycodone hcl CONC 100 MG/5ML</i>	P	Opioid Smart PA; QL(4 ML daily)
<i>hydromorphone hcl TB24</i>	NP	Opioid Smart PA	<i>oxycodone hcl SOLN</i>	P	
HYSINGLA ER T24A	NP	Opioid Smart PA	<i>oxycodone hcl SOLN</i>	P	Opioid Smart PA
<i>levorphanol tartrate TABS</i>	NP	Opioid Smart PA	<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG</i>	NP	Brand Preferred; Opioid Smart PA
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	P	Opioid Smart PA	<i>oxycodone hcl TABS</i>	P	Opioid Smart PA; QL(6 EA daily)
<i>meperidine hcl TABS 50 MG</i>	P	Opioid Smart PA; QL(6 EA daily)	OXYCONTIN T12A	P	Brand Preferred; Opioid Smart PA
<i>methadone hcl TABS 10 MG</i>	C	Opioid Smart PA; QL(10 EA daily); PA	<i>oxymorphone hcl TABS</i>	NP	Opioid Smart PA
<i>methadone hcl TABS 5 MG</i>	C	Opioid Smart PA; QL(4 EA daily); PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxymorphone hcl TB12</i>	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)
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-aspirin-caffeine w/cod</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	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NP	Opioid Smart PA
TRAMADOL HCL SOLN (<i>tramadol hcl</i>)	NP	Opioid Smart PA	<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	P	Opioid Smart PA
<i>tramadol hcl TABS 50 MG</i>	P	Opioid Smart PA; QL(8 EA daily); AL(At least 18 yrs old)	<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 75 MG, 100 MG</i>	NP		HYDROCODONE-ACETAMINOPHEN SOLN	P	
<i>tramadol hcl TABS 50 MG</i>	P	QL(8 EA daily); AL(At least 18 yrs old)	<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>tramadol hcl TABS 25 MG</i>	P	Opioid Smart PA	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	P	Opioid Smart PA
<i>tramadol hcl TB24</i>	P	Opioid Smart PA	<i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>	P	
<i>tramadol hcl TB24</i>	NP	Opioid Smart PA			
Opioid Combinations					
<i>acetaminophen w/ codeine SOLN</i>	P	QL(30 ML daily); AL(At least 12 yrs old)			
<i>acetaminophen w/ codeine SOLN</i>	P	Opioid Smart PA; QL(30 ML daily); AL(At least 12 yrs old)			
<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>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NP	Opioid Smart PA			

Drug Name	Drug Tier	Requirements/ Limits
<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-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 SOLN</i>	NP	Opioid Smart PA
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	P	Opioid Smart PA
<i>oxycodone w/ acetaminophen TABS</i>	P	QL(6 EA daily)
<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 SOLN	NP	Opioid Smart PA
PROLATE TABS	NP	Opioid Smart PA
SEGLENTIS	NP	Opioid Smart PA
<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

Drug Name	Drug Tier	Requirements/ Limits
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 2 MG-8 MG, 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	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</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
<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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG (buprenorphine hcl-naloxone hcl dihydrate)	P	Brand Preferred; Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)	VOGELXO GEL TD (testosterone)	NP	Brand Preferred
SUBOXONE FILM SL 2 MG-8 MG, 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	P	Brand Preferred; Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old)	ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
ZUBSOLV SUBL	NP	Opioid Smart PA; AL(At least 16 yrs old)	Intrarectal Steroids		
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			budesonide (intrarectal)	NP	
Androgens			hydrocortisone (intrarectal)	C	
ANDROGEL PUMP GEL TD (testosterone)	NP		UCERIS (budesonide (intrarectal))	NP	
methyltestosterone TABS	C		Rectal Steroids		
NATESTO GEL NA	NP		hydrocortisone (rectal) EX 2.5 %	C	
TESTIM GEL TD (testosterone)	PA	Brand Preferred; PA	hydrocortisone (rectal) EX 1 %	C	1 package(s) per fill retail; RX/OTC
testosterone cypionate SOLN IM 200 MG/ML	C	QL(4 ML per 31 day(s) retail)	PREPARATION H EX 1 %	C	1 package(s) per fill retail; RX/OTC
testosterone cypionate SOLN IM 100 MG/ML	C	QL(0.2858 ML daily)	PREPARATION H SOOTHING RELIEF EX 1 %	C	1 package(s) per fill retail; RX/OTC
testosterone enanthate SOLN IM	C	QL(0.1429 ML daily)	ANTACIDS		
testosterone GEL TD 1 %, 50 MG/5GM	NP	Brand Preferred	Antacid Combinations		
testosterone GEL TD 1.62 %, 1.62 %	PA	PA	alum & mag hydrox-simethicone LIQD	C	QL(24 ML daily)
testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM	NP		alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML	C	QL(24 ML daily)
testosterone SOLN	NP		Antacids - Aluminum Salts		
VOGELXO PUMP GEL TD (testosterone)	NP		ALUMINUM HYDROXIDE GEL SUSP	C	
			Antacids - Bicarbonate		
			sodium bicarbonate (antacid) TABS 325 MG, 650 MG	C	QL(3.34 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antacids - Calcium Salts			<i>hydroxyzine hcl TABS</i>	C	
<i>calcium carbonate (antacid) CHEW 500 MG</i>	C		<i>hydroxyzine pamoate CAPS</i>	C	
Antacids - Magnesium Salts			<i>meprobamate</i>	C	
<i>magnesium oxide TABS 400 MG</i>	C		Benzodiazepines		
ANTHELMINTICS - Drugs to Treat Worm Infections			<i>alprazolam TABS</i>	C	QL(3 EA daily)
Anthelmintics			<i>chlordiazepoxide hcl CAPS</i>	C	QL(4 EA daily)
<i>EMVERM CHEW</i>	C	QL(1 EA per fill retail)	<i>clorazepate dipotassium TABS</i>	C	QL(3 EA daily)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain			<i>diazepam SOLN PO 5 MG/5ML</i>	C	
Antianginals-Other			<i>diazepam TABS</i>	C	QL(4 EA daily)
<i>ranolazine TB12</i>	P		<i>lorazepam TABS 1 MG</i>	C	QL(4 EA daily)
Nitrates			<i>lorazepam TABS 0.5 MG, 2 MG</i>	C	QL(3 EA daily)
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	C		<i>oxazepam CAPS</i>	C	QL(4 EA daily)
<i>isosorbide mononitrate TABS</i>	C	QL(2 EA daily)	ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
<i>ISOSORBIDE MONONITRATE TABS</i>	C	QL(2 EA daily)	Antiarrhythmics Type I-A		
<i>isosorbide mononitrate TB24</i>	C	QL(1 EA daily)	<i>disopyramide phosphate CAPS</i>	C	
<i>NITRO-BID OINT</i>	C		<i>NORPACE CR CP12 150 MG</i>	C	
<i>nitroglycerin CPCR</i>	C		<i>quinidine gluconate TBCR</i>	C	
<i>nitroglycerin PT24</i>	C		<i>quinidine sulfate TABS</i>	C	
<i>nitroglycerin SUBL</i>	C		Antiarrhythmics Type I-B		
ANTIANXIETY AGENTS - Drugs to Treat Anxiety			<i>mexiletine hcl</i>	C	
Antianxiety Agents - Misc.			Antiarrhythmics Type I-C		
<i>buspirone hcl 15 MG</i>	C	QL(4 EA daily)	<i>flecainide acetate</i>	C	
<i>buspirone hcl 5 MG, 10 MG</i>	C	QL(6 EA daily)	<i>propafenone hcl CP12</i>	C	
<i>buspirone hcl 7.5 MG, 30 MG</i>	C	QL(3 EA daily)	<i>propafenone hcl TABS</i>	C	
<i>hydroxyzine hcl SYRP</i>	C		Antiarrhythmics Type III		
			<i>amiodarone hcl TABS 200 MG</i>	C	
			<i>dofetilide</i>	C	
			ASTHMATIC AND BRONCHODILATOR		

Drug Name	Drug Tier	Requirements/Limits
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)
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 (<i>tiotropium bromide monohydrate</i>)	P	Brand Preferred
SPIRIVA RESPIMAT AERS	NP	
<i>tiotropium bromide monohydrate CAPS</i>	NP	Brand Preferred

Drug Name	Drug Tier	Requirements/Limits
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		
DALIRESP (<i>roflumilast</i>)	NP	QL(1 EA daily)
<i>roflumilast</i>	NP	QL(1 EA daily)
Steroid Inhalants		
ALVESCO	P	
ARNUITY ELLIPTA	P	QL(1 EA daily)
ASMANEX (120 METERED DOSES) AEPB	P	
ASMANEX (14 METERED DOSES) AEPB	P	
ASMANEX (30 METERED DOSES) AEPB	P	
ASMANEX (60 METERED DOSES) AEPB	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASMANEX HFA AERO	P	QL(0.44 GM daily)	AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	P	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)	AIRSUPRA	NP	
<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>	NP	Brand Preferred - Ventolin HFA; QL(36 GM per 30 day(s) retail)
<i>fluticasone propionate (inhalation) AEPB</i>	NP		<i>albuterol sulfate AERS</i>	NP	Brand Preferred - Ventolin HFA; QL(17 GM per 30 day(s) retail)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(12 GM per 25 day(s) retail)	<i>albuterol sulfate AERS</i>	P	Brand Preferred - Ventolin HFA; QL(13.4 GM per 30 day(s) retail)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(11 GM per 25 day(s) retail)	<i>albuterol sulfate NEBU</i>	P	
PULMICORT FLEXHALER AEPB	NP	1 package(s) per fill retail	<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	P	QL(375 ML per 31 day(s) retail)
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	NP	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)	<i>albuterol sulfate NEBU 0.083 %</i>	P	QL(12.5 ML 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>albuterol sulfate SYRP</i>	P	
QVAR REDHALER 40 MCG/ACT	P	QL(0.36 GM daily)	<i>albuterol sulfate TABS</i>	P	
QVAR REDHALER 80 MCG/ACT	P	QL(0.72 GM daily)	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	P	Brand Preferred
Sympathomimetics			<i>arformoterol tartrate</i>	P	
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	P	Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old)	BEVESPI AEROSPHERE	NP	
ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	P	Brand Preferred	BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	NP	
AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	NP		BREO ELLIPTA	NP	
AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	NP		BREZTRI AEROSPHERE	NP	
			BROVANA (<i>arformoterol tartrate</i>)	NP	
			<i>budesonide-formoterol fumarate dihydrate</i>	NP	Brand Preferred; QL(30.6 GM per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide-formoterol fumarate dihydrate</i>	NP	Brand Preferred; QL(30.9 GM per 30 day(s) retail)
COMBIVENT RESPIMAT AERS	P	QL(4 GM per 31 day(s) retail)
DUAKLIR PRESSAIR	NP	
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	P	QL(26.4 GM per 30 day(s) retail)
DULERA	P	QL(39 GM per 30 day(s) retail)
<i>fluticasone furoate-vilanterol</i>	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>fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT</i>	NP	
<i>fluticasone-salmeterol AERO</i>	NP	Brand Preferred
<i>formoterol fumarate NEBU</i>	NP	
<i>ipratropium-albuterol SOLN</i>	P	QL(12 ML daily)
<i>levalbuterol hcl</i>	NP	
<i>levalbuterol tartrate</i>	NP	QL(0.5 GM daily; 30 GM per 30 day(s) retail)
PERFOROMIST NEBU (<i>formoterol fumarate</i>)	NP	
PROAIR RESPIClick AEPB	P	QL(2 EA per 30 day(s) retail)
SEREVENT DISKUS	P	1 package(s) per fill retail
STIOLTO RESPIMAT	P	

Drug Name	Drug Tier	Requirements/ Limits
STRIVERDI RESPIMAT	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)
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)
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	P	Brand Preferred; QL(30.6 GM per 30 day(s) retail)
<i>terbutaline sulfate TABS</i>	NP	ST
TRELEGY ELLIPTA	NP	
<i>umeclidinium-vilanterol</i>	NP	Brand Preferred
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	P	Brand Preferred; QL(36 GM per 30 day(s) retail)
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	P	Brand Preferred; QL(16 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)
Xanthines		
THEO-24 CP24	C	
<i>theophylline ELIX</i>	C	
<i>theophylline SOLN</i>	C	QL(475 ML per fill retail)
<i>theophylline TB12</i>	C	
<i>theophylline TB24</i>	C	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	P	
Direct Factor Xa Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS DVT/PE STARTER PACK TBPK	P	QL(2.47 EA daily)
ELIQUIS TABS	P	QL(2 EA daily)
<i>rivaroxaban TABS 2.5 MG</i>	NP	Brand Preferred
SAVAYSA	NP	
XARELTO STARTER PACK TBPK	P	Brand Preferred
XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	P	Brand Preferred
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	P	Brand Preferred
XARELTO TABS	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 60 MG/0.6ML</i>	P	QL(25.2 ML per 180 day(s) retail); SP
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	P	QL(42 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
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(16.8 ML per 180 day(s) retail); SP
<i>fondaparinux sodium</i>	NP	SP
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	SP
FRAGMIN SOSY	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	C	
HEPARIN SODIUM (PORCINE) SOSY IJ	C	
LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	QL(126 ML per 180 day(s) retail); SP
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
LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NP	QL(16.8 ML per 180 day(s) retail); SP
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
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
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
LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	NP	QL(25.2 ML per 180 day(s) retail); SP
LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NP	QL(42 ML per 180 day(s) retail); SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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>diazepam (anticonvulsant) GEL</i>	P	QL(1 EA per fill retail); AL(At least 2 yrs old)
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	LIBERVANT FILM	NP	
LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NP	QL(12.6 ML per 180 day(s) retail); SP	NAYZILAM	P	QL(10 EA per 30 day(s) retail)
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	ONFI SUSP (<i>clobazam</i>)	NP	
Thrombin Inhibitors			ONFI TABS (<i>clobazam</i>)	NP	
<i>dabigatran etexilate mesylate CAPS</i>	NP	Brand Preferred	SYMPAZAN FILM	NP	
<i>dabigatran etexilate mesylate CAPS</i>	NP		VALTOCO 10 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail)
PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	P	Brand Preferred	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	P	QL(10 EA per 30 day(s) retail)
PRADAXA PACK	NP	Brand Preferred; SP	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	P	QL(10 EA per 30 day(s) retail)
ANTICONVULSANTS - Drugs to Treat Seizures			VALTOCO 5 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail)
AMPA Glutamate Receptor Antagonists			Anticonvulsants - Misc.		
FYCOMPA SUSP	PA	PA	APTiom 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NP	
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (<i>perampanel</i>)	PA	Brand Preferred; PA	BANZEL SUSP (<i>rufinamide</i>)	NP	SP; PA
<i>perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG</i>	NP	Brand Preferred	BANZEL TABS (<i>rufinamide</i>)	PA	Brand Preferred; SP; PA
Anticonvulsants - Benzodiazepines			BRIVIACT SOLN PO 10 MG/ML	NP	SP
<i>clobazam SUSP</i>	P	PA	BRIVIACT TABS	NP	SP
<i>clobazam TABS</i>	P	PA	<i>carbamazepine CHEW</i>	P	
<i>clonazepam TABS</i>	C	QL(4 EA daily)	<i>carbamazepine CP12</i>	NP	Brand Preferred
			<i>carbamazepine SUSP</i>	NP	
			<i>carbamazepine TABS</i>	P	
			<i>carbamazepine TB12</i>	NP	Brand Preferred
			CARBATROL CP12 (<i>carbamazepine</i>)	P	Brand Preferred
			DIACOMIT CAPS 250 MG	NP	QL(12 EA daily); SP
			DIACOMIT CAPS 500 MG	NP	QL(6 EA daily); SP

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pregabalin CAPS</i>	P		VIMPAT SOLN PO 10 MG/ML (<i>lacosamide</i>)	NP	PA
<i>pregabalin SOLN</i>	NP		VIMPAT TABS (<i>lacosamide</i>)	NP	PA
<i>primidone</i>	P		ZONISADE SUSP	NP	
QUDEXY XR CS24 (<i>topiramate</i>)	NP		<i>zonisamide CAPS</i>	P	
<i>rufinamide SUSP</i>	PA	SP; 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 15 MG (<i>topiramate</i>)	NP	QL(6 EA daily)	XCOPRI TABS	NP	
TOPAMAX SPRINKLE CPSP 25 MG (<i>topiramate</i>)	NP	QL(8 EA daily)	XCOPRI TBPk	NP	
TOPAMAX TABS 25 MG, 50 MG (<i>topiramate</i>)	NP	QL(6 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 100 MG (<i>topiramate</i>)	NP	QL(4 EA daily)	SABRIL TABS (<i>vigabatrin</i>)	NP	SP; PA
<i>topiramate CP24</i>	NP		<i>tiagabine hcl</i>	PA	PA
<i>topiramate CPSP 25 MG</i>	P	QL(8 EA daily)	<i>vigabatrin PACK</i>	PA	Brand Preferred; SP; PA
<i>topiramate CPSP 50 MG</i>	P		<i>vigabatrin PACK</i>	NP	Brand Preferred; SP
<i>topiramate CPSP 15 MG</i>	P	QL(6 EA daily)	<i>vigabatrin TABS</i>	NP	SP
<i>topiramate CS24</i>	NP		<i>vigabatrin TABS</i>	PA	SP; PA
<i>topiramate TABS 100 MG</i>	P	QL(4 EA daily)	VIGAFYDE SOLN	NP	SP
<i>topiramate TABS 25 MG, 50 MG</i>	P	QL(6 EA daily)	Hydantoins		
<i>topiramate TABS 200 MG</i>	P	QL(2 EA daily)	DILANTIN (<i>phenytoin sodium extended</i>)	NP	
TRILEPTAL SUSP (<i>oxcarbazepine</i>)	P	Brand Preferred	DILANTIN	NP	
TRILEPTAL TABS (<i>oxcarbazepine</i>)	NP		DILANTIN INFATABS CHEW (<i>phenytoin</i>)	NP	
TROKENDI XR CP24 (<i>topiramate</i>)	NP		DILANTIN-125 SUSP (<i>phenytoin</i>)	NP	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl TABS</i>	P	QL(3 EA daily)	CELEXA TABS 10 MG (<i>citalopram hydrobromide</i>)	NP	QL(4 EA daily)
<i>bupropion hcl TB12 150 MG</i>	P	QL(3 EA daily)	CITALOPRAM HYDROBROMIDE CAPS	NP	
<i>bupropion hcl TB12 100 MG</i>	P	QL(4 EA daily)	<i>citalopram hydrobromide SOLN</i>	P	
<i>bupropion hcl TB12 200 MG</i>	P	QL(2 EA daily)	<i>citalopram hydrobromide TABS 40 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)
<i>bupropion hcl TB24 450 MG</i>	NP		<i>citalopram hydrobromide TABS 10 MG</i>	P	QL(4 EA daily)
<i>bupropion hcl TB24 150 MG</i>	P	QL(3 EA daily)	<i>citalopram hydrobromide TABS 20 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)
<i>bupropion hcl TB24 300 MG</i>	P	QL(1 EA daily)	<i>escitalopram oxalate SOLN</i>	NP	
FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP		<i>escitalopram oxalate TABS 20 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)
WELLBUTRIN SR TB12 150 MG (<i>bupropion hcl</i>)	NP	QL(3 EA daily)	<i>escitalopram oxalate TABS 5 MG</i>	P	QL(4 EA daily)
WELLBUTRIN SR TB12 200 MG (<i>bupropion hcl</i>)	NP	QL(2 EA daily)	<i>escitalopram oxalate TABS 10 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)
WELLBUTRIN SR TB12 100 MG (<i>bupropion hcl</i>)	NP	QL(4 EA daily)	<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	P	QL(4 EA daily)
WELLBUTRIN XL TB24 300 MG (<i>bupropion hcl</i>)	NP	QL(1 EA daily)	<i>fluoxetine hcl CAPS 40 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)
WELLBUTRIN XL TB24 150 MG (<i>bupropion hcl</i>)	NP	QL(3 EA daily)	<i>fluoxetine hcl CPDR</i>	NP	
GABA Receptor Modulator - Neuroactive Steroid			<i>fluoxetine hcl SOLN</i>	P	QL(120 ML per fill retail)
ZURZUVAE	NP	SP	<i>fluoxetine hcl TABS 10 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluoxetine hcl TABS 60 MG</i>	NP	
EMSAM	NP		<i>fluoxetine hcl TABS 20 MG</i>	P	QL(4 EA daily)
MARPLAN	NP		FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>)	NP	
NARDIL (<i>phenelzine sulfate</i>)	NP		<i>fluvoxamine maleate CP24</i>	NP	
<i>phenelzine sulfate</i>	P		<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)
<i>tranylcypromine sulfate</i>	NP				
Selective Serotonin Reuptake Inhibitors (SSRIs)					
CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)			
CELEXA TABS 40 MG (<i>citalopram hydrobromide</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluvoxamine maleate</i> TABS 100 MG	P	QL(3 EA daily)	<i>sertraline hcl</i> TABS 100 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	NP	QL(4 EA daily)	ZOLOFT CONC (<i>sertraline hcl</i>)	NP	QL(186 ML per 31 day(s) retail)
LEXAPRO TABS 20 MG (<i>escitalopram oxalate</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)	ZOLOFT TABS 25 MG, 50 MG (<i>sertraline hcl</i>)	NP	QL(4 EA daily)
LEXAPRO TABS 10 MG (<i>escitalopram oxalate</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)	ZOLOFT TABS 100 MG (<i>sertraline hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)
<i>paroxetine hcl</i> SUSP	NP	QL(40 ML daily)	Serotonin Modulators		
<i>paroxetine hcl</i> TABS 10 MG	P	QL(6 EA daily)	<i>nefazodone hcl</i>	P	
<i>paroxetine hcl</i> TABS 20 MG	P	QL(3 EA daily)	RALDESY SOLN PO 10 MG/ML	NP	
<i>paroxetine hcl</i> TABS 30 MG, 40 MG	P	QL(2 EA daily); AL(At least 7 yrs old)	<i>trazodone hcl</i> TABS 300 MG	P	QL(2 EA daily)
<i>paroxetine hcl</i> TB24	NP	QL(1 EA daily); AL(At least 7 yrs old)	<i>trazodone hcl</i> TABS 50 MG, 100 MG, 150 MG	P	
PAXIL CR TB24 (<i>paroxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)	TRINTELLIX	NP	QL(1 EA daily); AL(At least 18 yrs old)
PAXIL SUSP (<i>paroxetine hcl</i>)	NP	QL(40 ML daily)	VIIBRYD TABS (<i>vilazodone hcl</i>)	NP	QL(1 EA daily)
PAXIL TABS 20 MG (<i>paroxetine hcl</i>)	NP	QL(3 EA daily)	<i>vilazodone hcl</i> TABS	P	QL(1 EA daily)
PAXIL TABS 10 MG (<i>paroxetine hcl</i>)	NP	QL(6 EA daily)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
PAXIL TABS 30 MG, 40 MG (<i>paroxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)	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	
PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	NP	QL(4 EA daily)	<i>desvenlafaxine succinate</i> 100 MG	P	QL(4 EA daily)
SERTRALINE HCL CAPS 150 MG, 200 MG (<i>sertraline hcl</i>)	NP		<i>desvenlafaxine succinate</i> 25 MG, 50 MG	P	QL(1 EA daily)
<i>sertraline hcl</i> CONC	NP	QL(186 ML per 31 day(s) retail)	DRIZALMA SPRINKLE CSDR	NP	
<i>sertraline hcl</i> TABS 25 MG, 50 MG	P	QL(4 EA daily)	<i>duloxetine hcl</i> CPEP 40 MG	NP	
			<i>duloxetine hcl</i> CPEP 20 MG, 30 MG, 60 MG	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)

Drug Name	Drug Tier	Requirements/ Limits
EFFEXOR XR CP24 37.5 MG (<i>venlafaxine hcl</i>)	NP	QL(4 EA daily)
EFFEXOR XR CP24 75 MG (<i>venlafaxine hcl</i>)	NP	QL(5 EA daily)
FETZIMA TITRATION C4PK	NP	
FETZIMA CP24	NP	
PRISTIQ 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NP	QL(1 EA daily)
PRISTIQ 100 MG (<i>desvenlafaxine succinate</i>)	NP	QL(4 EA daily)
VENLAFAXINE BESYLATE ER	NP	
<i>venlafaxine hcl</i> CP24 75 MG	P	QL(5 EA daily)
<i>venlafaxine hcl</i> CP24 37.5 MG	P	QL(4 EA daily)
<i>venlafaxine hcl</i> CP24 150 MG	P	QL(2 EA daily)
<i>venlafaxine hcl</i> TABS	P	
<i>venlafaxine hcl</i> TB24 37.5 MG, 75 MG, 225 MG	NP	QL(1 EA daily); AL(At least 7 yrs old)
<i>venlafaxine hcl</i> TB24 150 MG	NP	QL(1 EA daily)
Tricyclic Agents		
<i>amitriptyline hcl</i> TABS	C	
<i>amoxapine</i>	C	
<i>clomipramine hcl</i> 75 MG	C	
<i>desipramine hcl</i> TABS 25 MG	C	QL(2 EA daily)
<i>desipramine hcl</i> TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	C	
<i>doxepin hcl</i> CAPS	C	
<i>doxepin hcl</i> CONC	C	
<i>imipramine hcl</i> TABS	C	
<i>nortriptyline hcl</i> CAPS	C	
<i>nortriptyline hcl</i> SOLN	C	QL(20 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
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</i> 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	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
JANUMET XR TB24	NP	
JANUMET TABS	P	ST
JENTADUETO XR TB24	NP	
JENTADUETO TABS	P	ST
KAZANO (<i>alogliptin-metformin hcl</i>)	NP	QL(2 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits
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 10 MCG/0.04ML</i>	NP	QL(2.4 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>liraglutide</i>	NP	QL(12 ML per 28 day(s) retail); AL(At least 10 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
OZEMPIC (2 MG/DOSE) SOPN	PA	PA
RYBELSUS TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
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)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	USE BRAND NAME or Authorized Generic

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 R U-500 KWIKPEN SOPN SC	P	
			HUMULIN R SOLN IJ	P	Limit 40mls per month
			INSULIN ASP PROT & ASP FLEXPEN SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
HUMALOG MIX 50/50 KWIKPEN SUPN	P	USE BRAND NAME or Authorized Generic	INSULIN ASPART FLEXPEN SOPN	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 PENFILL SOCT	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 PROT & ASPART SUSP	P	Brand Preferred; QL(40 ML per 31 day(s) retail)
HUMALOG TEMPO PEN SOPN	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 SOCT	P	USE BRAND NAME or Authorized Generic	INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	NP	Brand Preferred; QL(1.5 ML daily)
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 SOLN	NP	Brand Preferred; QL(1.5 ML daily)
HUMULIN 70/30 SUSP	P	Limit 40mls per month	INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	
HUMULIN N KWIKPEN SUPN	P	QL(1 ML daily)	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	
HUMULIN N SUSP	P	Limit 40mls per month			
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSULIN GLARGINE-YFGN SOLN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	LYUMJEV TEMPO PEN SOPN	NP	
INSULIN GLARGINE-YFGN SOPN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	LYUMJEV SOLN	NP	
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)	MERIOLOG SOLOSTAR SOPN SC 100 UNIT/ML	NP	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	MERIOLOG SOLN SC 100 UNIT/ML	NP	
INSULIN LISPRO PROT & LISPRO SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(1 ML daily)
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)	NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(1 ML daily)
LANTUS SOLOSTAR SOPN	P	Brand Preferred	NOVOLIN 70/30 RELION SUSP	NP	
LANTUS SOLN	P	Brand Preferred	NOVOLIN 70/30 SUSP	NP	Limit 40mls per month
LEVEMIR FLEXPEN SOPN	P		NOVOLIN N FLEXPEN RELION SUPN	NP	QL(1 ML daily)
LEVEMIR SOLN	P		NOVOLIN N FLEXPEN SUPN	NP	QL(1 ML daily)
LYUMJEV KWIKPEN SOPN	NP		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
			NOVOLOG 70/30 FLEXPEN RELION SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
			NOVOLOG FLEXPEN RELION 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
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		
REZVOGLAR KWIKPEN	NP	Brand Preferred	ACTOS (<i>pioglitazone hcl</i>)	NP	QL(1 EA daily)
SEMGLEE (YFGN) SOLN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	<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 5 MG</i>	NP	Brand Preferred; ST
			<i>dapagliflozin propanediol 10 MG</i>	NP	ST
			FARXIGA (<i>dapagliflozin propanediol</i>)	P	Brand Preferred; ST
			INVOKANA	P	ST
			JARDIANCE	P	ST
			STEGLATRO	NP	QL(1 EA daily)
			Sulfonylureas		
			<i>glimepiride 1 MG, 2 MG</i>	P	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>glimepiride 4 MG</i>	P	QL(2 EA daily)	<i>naloxone hcl LIQD</i>	NP	QL(4 EA per 90 day(s) retail); RX/OTC
<i>glimepiride 3 MG</i>	P		<i>naloxone hcl SOCT</i>	P	QL(2 ML per 90 day(s) retail)
<i>glipizide TABS</i>	P		<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(2 ML per 90 day(s) retail)
<i>glipizide TB24</i>	P		<i>naloxone hcl SOSY 2 MG/2ML</i>	P	QL(4 ML per 90 day(s) retail)
GLUCOTROL XL TB24 5 MG, 10 MG (<i>glipizide</i>)	NP		<i>naloxone hcl SOSY 0.4 MG/ML</i>	P	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	P		<i>naltrexone hcl</i>	C	
<i>glyburide TABS</i>	P		NARCAN LIQD (<i>naloxone hcl</i>)	P	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea			OPVEE NA	NP	
Antidiarrheal/Probiotic Agents - Misc.			REXTOVY LIQD	NP	
<i>bismuth subsalicylate CHEW 262 MG</i>	C		VIVITROL	P	QL(1 EA per 30 day(s) retail); SP
<i>bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML</i>	C		ZIMHI SOSY	NP	
Antiperistaltic Agents			ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
<i>diphenoxylate w/ atropine LIQD</i>	C		5-HT3 Receptor Antagonists		
<i>diphenoxylate w/ atropine TABS</i>	C		<i>granisetron hcl TABS</i>	NP	
<i>loperamide hcl CAPS</i>	C	QL(8 EA daily); RX/OTC	<i>ondansetron hcl SOLN IJ</i>	C	
<i>loperamide hcl TABS</i>	C	QL(8 EA daily)	<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per 31 day(s) retail)
ANTIDOTES AND SPECIFIC ANTAGONISTS			<i>ondansetron hcl SOSY</i>	C	
Antidotes - Chelating Agents			<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(20 EA per 31 day(s) retail)
CHEMET	C		<i>ondansetron TBDP 16 MG</i>	P	
<i>deferasirox PACK</i>	C	SP; PA	<i>ondansetron TBDP 4 MG, 8 MG</i>	P	QL(20 EA per 31 day(s) retail)
<i>deferasirox TABS</i>	C	SP; PA	SANCUSO PTCH	NP	
<i>deferasirox TBSO</i>	C	SP; PA	Antiemetics - Anticholinergic		
Opioid Antagonists			ANTIVERT CHEW (<i>meclizine hcl</i>)	NP	RX/OTC
KLOXXADO LIQD	NP				
<i>naloxone hcl LIQD</i>	NP	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC			

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

Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	C	QL(240 ML per fill retail)
<i>diphenhydramine hcl TABS 25 MG</i>	C	QL(4 EA daily)
Antihistamines - Non-Sedating		
<i>cetirizine hcl CHEW</i>	C	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
<i>cetirizine hcl TABS</i>	P	QL(1 EA daily)
CLARINEX TABS (desloratadine)	NP	
<i>desloratadine TABS</i>	NP	
<i>desloratadine TBDP</i>	NP	AL(Up to 12 yrs old)
<i>fexofenadine hcl TABS 60 MG</i>	C	QL(2 EA daily)
<i>fexofenadine hcl TABS 180 MG</i>	C	QL(1 EA daily)
<i>levocetirizine dihydrochloride SOLN</i>	NP	AL(Up to 12 yrs old); RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	P	QL(1 EA daily); RX/OTC
<i>loratadine CHEW</i>	P	
<i>loratadine TABS</i>	P	QL(1 EA daily)
<i>loratadine TBDP 10 MG</i>	P	QL(1 EA daily); AL(Up to 12 yrs old)
Antihistamines - Phenothiazines		
<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)
<i>promethazine hcl SUPP</i>	P	QL(12 EA per fill retail); AL(At least 2 yrs old)
PROMETHAZINE HCL SYRP 6.25 MG/5ML	P	
<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	C	

Drug Name	Drug Tier	Requirements/ Limits
<i>cyproheptadine hcl TABS</i>	C	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	NP	QL(1 EA daily)
VYTORIN (<i>ezetimibe-simvastatin</i>)	NP	QL(1 EA daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	P	
<i>omega-3-acid ethyl esters</i>	P	
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	NP	
<i>cholestyramine light PACK</i>	P	
<i>cholestyramine light POWD</i>	NP	
<i>cholestyramine light POWD</i>	P	
<i>cholestyramine PACK</i>	P	
<i>cholestyramine POWD</i>	P	
<i>colesevelam hcl PACK</i>	NP	
<i>colesevelam hcl TABS</i>	NP	
COLESTID GRAN (<i>colestipol hcl</i>)	NP	
COLESTID TABS (<i>colestipol hcl</i>)	NP	
<i>colestipol hcl GRAN</i>	P	
<i>colestipol hcl PACK</i>	P	
<i>colestipol hcl TABS</i>	P	
QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NP	
QUESTRAN PACK (<i>cholestyramine</i>)	NP	
QUESTRAN POWD (<i>cholestyramine</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WELCHOL PACK (colesevelam hcl)	NP		EZALLOR SPRINKLE CPSP	NP	
WELCHOL TABS (colesevelam hcl)	NP		FLOLIPID SUSP	NP	
Fibric Acid Derivatives			fluvastatin sodium CAPS	P	
choline fenofibrate	NP		fluvastatin sodium TB24	NP	
fenofibrate micronized 134 MG, 200 MG	NP	QL(1 EA daily)	LESCOL XL TB24 (fluvastatin sodium)	NP	
fenofibrate micronized 43 MG, 90 MG, 130 MG	NP		LIPITOR TABS (atorvastatin calcium)	NP	QL(1 EA daily)
fenofibrate micronized 67 MG	NP	QL(2 EA daily)	LIVALO (pitavastatin calcium)	NP	
fenofibrate CAPS	NP		lovastatin TABS 40 MG	P	QL(2 EA daily)
fenofibrate TABS 48 MG, 145 MG	P		lovastatin TABS 10 MG, 20 MG	P	QL(1 EA daily)
fenofibrate TABS 40 MG, 120 MG	NP		pitavastatin calcium	NP	
fenofibrate TABS 54 MG	NP	QL(3 EA daily)	pravastatin sodium	P	QL(1 EA daily)
fenofibrate TABS 160 MG	NP	QL(1 EA daily)	rosuvastatin calcium TABS	P	QL(1 EA daily)
fenofibric acid	NP		simvastatin TABS 10 MG, 20 MG, 40 MG, 80 MG	P	
FENOGLIDE TABS (fenofibrate)	NP		simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	P	QL(1 EA daily)
FIBRICOR (fenofibric acid)	NP		ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	NP	QL(1 EA daily)
gemfibrozil TABS	P	QL(2 EA daily)	ZYPITAMAG 2 MG, 4 MG	NP	
LIPOFEN CAPS (fenofibrate)	NP		Intestinal Cholesterol Absorption Inhibitors		
LOPID TABS (gemfibrozil)	NP	QL(2 EA daily)	ezetimibe	P	
TRICOR TABS (fenofibrate)	NP		ZETIA (ezetimibe)	NP	
TRILIPIX (choline fenofibrate)	NP		Nicotinic Acid Derivatives		
HMG CoA Reductase Inhibitors			niacin (antihyperlipidemic) TBCR	NP	
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP		ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ATORVALIQ SUSP	NP		ACE Inhibitors		
atorvastatin calcium TABS	P	QL(1 EA daily)	ACCUPRIL (quinapril hcl)	NP	
CRESTOR TABS (rosuvastatin calcium)	NP	QL(1 EA daily)	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril)	NP	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	P	QL(1 EA daily)	<i>losartan potassium</i>	P	QL(1 EA daily)
<i>benazepril hcl 40 MG</i>	P	QL(2 EA daily)	MICARDIS (<i>telmisartan</i>)	NP	
<i>captopril</i>	P	QL(3 EA daily)	<i>olmesartan medoxomil</i>	P	QL(1 EA daily)
<i>enalapril maleate SOLN</i>	NP		<i>telmisartan</i>	P	
<i>enalapril maleate TABS</i>	P	QL(2 EA daily)	<i>valsartan SOLN</i>	NP	
EPANED SOLN (<i>enalapril maleate</i>)	NP		<i>valsartan TABS</i>	P	QL(1 EA daily)
<i>fosinopril sodium</i>	NP	QL(1 EA daily)	Antiadrenergic Antihypertensives		
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P		CARDURA (<i>doxazosin mesylate</i>)	NP	
LOTENSIN 40 MG (<i>benazepril hcl</i>)	NP	QL(2 EA daily)	<i>clonidine hcl TABS</i>	P	
LOTENSIN 10 MG, 20 MG (<i>benazepril hcl</i>)	NP	QL(1 EA daily)	<i>clonidine PTWK</i>	P	
<i>moexipril hcl</i>	NP		<i>clonidine TB24</i>	NP	
<i>perindopril erbumine</i>	NP		<i>doxazosin mesylate</i>	P	
QBRELIS SOLN	NP		<i>guanfacine hcl</i>	P	
<i>quinapril hcl</i>	NP		<i>methyldopa TABS</i>	P	
<i>ramipril CAPS</i>	NP	QL(2 EA daily)	<i>methyldopa TABS 500 MG</i>	C	
<i>trandolapril 1 MG, 2 MG</i>	NP	QL(1 EA daily)	NEXICLON XR TB24 (<i>clonidine</i>)	NP	
<i>trandolapril 4 MG</i>	NP	QL(2 EA daily)	<i>prazosin hcl CAPS</i>	C	
VASOTEC TABS (<i>enalapril maleate</i>)	NP	QL(2 EA daily)	<i>terazosin hcl</i>	P	
ZESTRIL TABS (<i>lisinopril</i>)	NP		TEZRULY PO 1 MG/ML	NP	
Angiotensin II Receptor Antagonists			Antihypertensive Combinations		
ATACAND (<i>candesartan cilexetil</i>)	NP		ACCURETIC 12.5 MG-10 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(3 EA daily)
AVAPRO 150 MG, 300 MG (<i>irbesartan</i>)	NP	QL(1 EA daily)	ACCURETIC 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(4 EA daily)
BENICAR (<i>olmesartan medoxomil</i>)	NP	QL(1 EA daily)	<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 EA daily)
<i>candesartan cilexetil</i>	NP		<i>amlodipine besylate-olmesartan medoxomil</i>	NP	ST
COZAAR (<i>losartan potassium</i>)	NP	QL(1 EA daily)	<i>amlodipine besylate-valsartan</i>	P	
DIOVAN TABS (<i>valsartan</i>)	NP	QL(1 EA daily)	<i>amlodipine-valsartan-hydrochlorothiazide</i>	P	
EDARBI	NP				
<i>irbesartan</i>	P	QL(1 EA daily)			

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

Drug Name	Drug Tier	Requirements/ Limits
<i>telmisartan-amlodipine</i>	NP	ST
<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NP	QL(2 EA daily)
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NP	QL(2 EA daily)
<i>trandolapril-verapamil hcl</i>	P	
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	ST
<i>valsartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	NP	QL(2 EA daily)
ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>)	NP	
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	
LIKMEZ SUSP	NP	
<i>metronidazole CAPS</i>	P	
<i>metronidazole TABS</i>	P	
<i>tinidazole</i>	NP	ST
<i>trimethoprim TABS</i>	C	
XIFAXAN	NP	
Anti-infective Misc. - Combinations		

Drug Name	Drug Tier	Requirements/ Limits
<i>methenamine-hyosc-methylene blue-sod phos-phenyl 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)
VANCOCIN CAPS 250 MG (<i>vancomycin hcl</i>)	NP	QL(8 EA daily)
VANCOCIN CAPS 125 MG (<i>vancomycin hcl</i>)	NP	QL(4 EA daily)
<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 EA daily)
<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 EA daily)
<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)
VANCOMYCIN HCL SOLR IV 500 MG	C	QL(14 EA per 31 day(s) retail)
VANCOMYCIN HCL SOLR IV 1 GM	C	QL(14 EA per fill retail)
Leprostatics		
<i>dapsone</i>	C	
Lincosamides		
<i>clindamycin hcl 150 MG, 300 MG</i>	C	

Drug Name	Drug Tier	Requirements/ Limits
<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	QL(40 ML daily)
<i>nitrofurantoin</i>	C	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	C	
<i>nitrofurantoin monohyd macro</i>	C	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	C	QL(24 EA per fill retail)
Antimalarials		
<i>chloroquine phosphate TABS 500 MG</i>	C	QL(1 EA daily)
<i>chloroquine phosphate TABS 250 MG</i>	C	
<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	

Drug Name	Drug Tier	Requirements/ Limits
<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	
TRECATOR	C	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
LEUKERAN	C	
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		

Drug Name	Drug Tier	Requirements/ Limits
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	
<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		

Drug Name	Drug Tier	Requirements/ Limits
<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	
<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	
OSMOLEX ER TB24 129 MG, 193 MG	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		

Drug Name	Drug Tier	Requirements/ Limits
<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)
LATUDA (<i>lurasidone hcl</i>)	NP	AL(At least 10 yrs old)
<i>lurasidone hcl</i>	P	AL(At least 10 yrs old)
NUPLAZID CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old); ST
NUPLAZID TABS 10 MG	NP	QL(1 EA daily); AL(At least 18 yrs old); ST
VRAYLAR CAPS	P	AL(At least 18 yrs old)
<i>ziprasidone hcl</i>	P	QL(2 EA daily); AL(At least 18 yrs old)
<i>ziprasidone mesylate</i>	NP	AL(At least 18 yrs old); ST
Benzisoxazoles		
ERZOFRI 351 MG/2.25ML	NP	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

Drug Name	Drug Tier	Requirements/ Limits
ERZOFRI 78 MG/0.5ML	NP	QL(0.5 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 234 MG/1.5ML	NP	QL(3 ML per 28 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
FANAPT	NP	AL(At least 18 yrs old); ST
FANAPT TITRATION PACK A	NP	AL(At least 18 yrs old); ST
INVEGA 3 MG, 6 MG, 9 MG (<i>paliperidone</i>)	NP	AL(At least 12 yrs old); ST
INVEGA HAFYERA	P	AL(At least 18 yrs old); SP
INVEGA SUSTENNA 156 MG/ML	P	QL(2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
INVEGA SUSTENNA 234 MG/1.5ML	P	QL(3 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
INVEGA SUSTENNA 39 MG/0.25ML	P	QL(0.25 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
INVEGA SUSTENNA 78 MG/0.5ML	P	QL(0.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
INVEGA SUSTENNA 117 MG/0.75ML	P	QL(1.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine TABS 15 MG, 20 MG</i>	P	QL(1 EA daily); AL(At least 10 yrs old)	<i>chlorpromazine hcl TABS 10 MG</i>	C	QL(10 EA daily)
<i>olanzapine TBDP</i>	NP	AL(At least 10 yrs old); ST	<i>fluphenazine decanoate</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>fluphenazine hcl TABS</i>	C	
<i>quetiapine fumarate TABS 150 MG</i>	P	AL(At least 10 yrs old); ST	<i>perphenazine TABS</i>	C	QL(4 EA daily); AL(At least 12 yrs old)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	P	QL(2 EA daily); AL(At least 10 yrs old)	<i>prochlorperazine</i>	P	
<i>quetiapine fumarate TB24</i>	P	AL(At least 10 yrs old)	<i>prochlorperazine</i>	NP	
<i>SAPHRIS (asenapine maleate)</i>	NP	AL(At least 10 yrs old)	<i>prochlorperazine maleate TABS</i>	P	
<i>SECUADO</i>	NP	AL(At least 18 yrs old); ST	<i>thioridazine hcl</i>	C	QL(3 EA daily)
<i>SEROQUEL XR TB24 (quetiapine fumarate)</i>	NP	AL(At least 10 yrs old)	<i>trifluoperazine hcl TABS</i>	C	QL(2 EA daily)
<i>SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate)</i>	NP	QL(2 EA daily); AL(At least 10 yrs old)	Quinolinone Derivatives		
<i>SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (quetiapine fumarate)</i>	NP	QL(4 EA daily); AL(At least 10 yrs old)	<i>ABILIFY ASIMTUFII PRSY</i>	P	AL(At least 18 yrs old); SP
<i>VERSACLOZ SUSP</i>	NP	AL(At least 18 yrs old); ST	<i>ABILIFY MAINTENA PRSY</i>	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
<i>ZYPREXA TABS 2.5 MG, 5 MG (olanzapine)</i>	NP	QL(4 EA daily); AL(At least 10 yrs old)	<i>ABILIFY MAINTENA SRER</i>	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old)
<i>ZYPREXA TABS 20 MG (olanzapine)</i>	NP	QL(1 EA daily); AL(At least 10 yrs old)	<i>ABILIFY MAINTENA SRER</i>	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
Muscarinic Agents			<i>ABILIFY MYCITE MAINTENANCE KIT</i>	NP	AL(At least 18 yrs old); SP; ST
<i>COBENFY STARTER PACK CPPK</i>	NP	AL(At least 18 yrs old); ST	<i>ABILIFY MYCITE STARTER KIT</i>	NP	AL(At least 18 yrs old); SP; ST
<i>COBENFY CAPS</i>	NP	AL(At least 18 yrs old)	<i>ABILIFY TABS 5 MG (aripiprazole)</i>	NP	QL(1.5 EA daily); AL(At least 7 yrs old)
Phenothiazines			<i>ABILIFY TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG (aripiprazole)</i>	NP	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 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

Drug Name	Drug Tier	Requirements/ Limits
<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)
<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>aripiprazole TABS 5 MG</i>	P	QL(1.5 EA daily); AL(At least 7 yrs old)
<i>aripiprazole TBDP</i>	NP	QL(1 EA daily); AL(At least 7 yrs old); ST
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
ARISTADA 662 MG/2.4ML	P	QL(2.4 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ARISTADA 882 MG/3.2ML	P	QL(3.2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ARISTADA 441 MG/1.6ML	P	QL(1.6 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
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
OPIPZA FILM	NP	AL(At least 7 yrs old); ST
REXULTI	NP	AL(At least 13 yrs old); ST
Thioxanthenes		
<i>thiothixene</i>	C	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ANTISEPTICS & DISINFECTANTS		
Chlorine Antiseptics		
<i>chlorhexidine gluconate SOLN EX 4 %</i>	C	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	P	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	P	QL(30 ML daily)
<i>abacavir sulfate TABS</i>	C	QL(2 EA daily)
<i>abacavir sulfate TABS</i>	P	QL(2 EA daily)
APTIVUS CAPS	P	QL(4 EA daily)
<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	P	QL(2 EA daily)
<i>atazanavir sulfate CAPS 300 MG</i>	P	
<i>atazanavir sulfate CAPS 200 MG</i>	C	QL(2 EA daily)
BIKTARVY	P	QL(1 EA daily)
CIMDUO	P	QL(1 EA daily)
COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
<i>darunavir TABS 600 MG</i>	P	QL(2 EA daily)
<i>darunavir TABS 800 MG</i>	P	QL(1 EA daily)
DELSTRIGO	P	QL(1 EA daily)
DESCOVY 200 MG-25 MG	P	QL(1 EA daily)
DESCOVY 120 MG-15 MG	P	QL(1 EA daily); PA
DOVATO	P	QL(1 EA daily)
EDURANT	P	QL(1 EA daily)
EDURANT PED PO 2.5 MG	P	
<i>efavirenz CAPS 200 MG</i>	P	QL(1 EA daily)
<i>efavirenz CAPS 50 MG</i>	P	QL(2 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>maraviroc TABS 300 MG</i>	C	QL(4 EA daily)	SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
<i>maraviroc TABS 300 MG</i>	P	QL(4 EA daily)	SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
<i>maraviroc TABS 150 MG</i>	C	QL(2 EA daily)	SYMTUZA	P	
<i>nevirapine SUSP</i>	P	QL(40 ML daily)	<i>tenofovir disoproxil fumarate TABS</i>	P	QL(1 EA daily)
<i>nevirapine TABS</i>	P	QL(2 EA daily)	<i>tenofovir disoproxil fumarate TABS</i>	C	QL(1 EA daily)
<i>nevirapine TB24 100 MG</i>	P	QL(3 EA daily)	TIVICAY PD TBSO	P	
<i>nevirapine TB24 400 MG</i>	P	QL(1 EA daily)	TIVICAY TABS 50 MG	P	
NORVIR PACK	P		TRIUMEQ PD TBSO	P	
NORVIR TABS (<i>ritonavir</i>)	P	QL(12 EA daily)	TRIUMEQ TABS	P	QL(1 EA daily); AL(At least 18 yrs old)
ODEFSEY	P		TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	P	
PIFELTRO	P	QL(1 EA daily)	TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
PREZCOBIX	P	QL(1 EA daily)	TYBOST	P	QL(1 EA daily); AL(At least 18 yrs old)
PREZISTA SUSP	P	QL(12 ML daily)	VIRACEPT TABS 625 MG	P	QL(4 EA daily)
PREZISTA TABS (<i>darunavir</i>)	P	QL(2 EA daily)	VIRACEPT TABS 250 MG	P	QL(9 EA daily)
PREZISTA TABS 800 MG (<i>darunavir</i>)	P	QL(1 EA daily)	VIREAD POWD	P	QL(8 GM daily)
PREZISTA TABS 75 MG, 600 MG	P	QL(2 EA daily)	VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
PREZISTA TABS 150 MG	P	QL(3 EA daily)	VIREAD TABS	P	QL(1 EA daily)
RETROVIR CAPS (<i>zidovudine</i>)	P	QL(6 EA daily)	ZIAGEN SOLN (<i>abacavir sulfate</i>)	P	QL(30 ML daily)
RETROVIR SYRP (<i>zidovudine</i>)	P	QL(60 ML daily)	ZIAGEN TABS (<i>abacavir sulfate</i>)	C	QL(2 EA daily)
REYATAZ CAPS 300 MG (<i>atazanavir sulfate</i>)	P		<i>zidovudine CAPS</i>	P	QL(6 EA daily)
REYATAZ CAPS 200 MG (<i>atazanavir sulfate</i>)	P	QL(2 EA daily)	<i>zidovudine SYRP</i>	P	QL(60 ML daily)
REYATAZ PACK	P	QL(6 EA daily)	<i>zidovudine TABS</i>	P	QL(2 EA daily)
<i>ritonavir TABS</i>	P	QL(12 EA daily)			
RUKOBIA	P	PA			
SELZENTRY SOLN	P	QL(35 ML daily)			
SELZENTRY TABS 150 MG (<i>maraviroc</i>)	P	QL(2 EA daily)			
SELZENTRY TABS 300 MG (<i>maraviroc</i>)	P	QL(4 EA daily)			
STRIBILD	P	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antiviral Combinations			PEGASYS SOLN	NP	SP
PAXLOVID (150/100)	C	QL(2 EA per 90 day(s) retail; 2 EA per 90 days mail)	PEGASYS SOSY	NP	SP
PAXLOVID (150/100)	C	QL(20 EA per 90 day(s) retail; 20 EA per 90 days mail)	<i>ribavirin (hepatitis c) CAPS</i>	NP	SP
PAXLOVID (150/100)	C		<i>ribavirin (hepatitis c) TABS 200 MG</i>	NP	SP
PAXLOVID (300/100)	C	QL(30 EA per 90 day(s) retail; 30 EA per 90 days mail)	SOFOSBUVIR-VELPATASVIR TABS	PA	QL(1 EA daily); SP; PA
PAXLOVID (300/100)	C	QL(3 EA per 90 day(s) retail; 3 EA per 90 days mail)	SOVALDI PACK	NP	SP
PAXLOVID (300/100)	C		SOVALDI TABS	NP	SP
CMV Agents			VEMLIDY	P	SP
<i>valganciclovir hcl TABS</i>	C	QL(2 EA daily)	VOSEVI	PA	SP; PA
Hepatitis Agents			ZEPATIER	NP	SP
<i>adefovir dipivoxil</i>	NP		Herpes Agents		
BARACLUDE SOLN	P		<i>acyclovir CAPS</i>	P	QL(50 EA per 31 day(s) retail)
BARACLUDE TABS (<i>entecavir</i>)	NP		<i>acyclovir SUSP</i>	P	QL(400 ML per 31 day(s) retail; 400 ML per 31 days mail)
<i>entecavir TABS</i>	P		<i>acyclovir TABS PO 800 MG</i>	P	QL(50 EA per 31 day(s) retail)
EPCLUSA PACK	PA	SP; PA	<i>acyclovir TABS PO 400 MG</i>	P	QL(3 EA daily)
EPCLUSA TABS 100 MG-400 MG	NP	QL(1 EA daily); SP	<i>famciclovir</i>	NP	
EPCLUSA TABS 50 MG-200 MG	PA	SP; PA	<i>valacyclovir hcl 1 GM</i>	P	QL(42 EA per 21 day(s) retail)
HARVONI PACK	NP	SP	<i>valacyclovir hcl 1 GM</i>	P	
HARVONI TABS	NP	SP	<i>valacyclovir hcl 500 MG</i>	P	QL(2 EA daily)
HARVONI TABS	NP	SP	VALTREX 1 GM (<i>valacyclovir hcl</i>)	NP	QL(42 EA per 21 day(s) retail)
<i>lamivudine (hbv) TABS</i>	P		VALTREX 500 MG (<i>valacyclovir hcl</i>)	NP	QL(2 EA daily)
LEDIPASVIR-SOFOSBUVIR TABS	NP	SP	Influenza Agents		
MAVYRET PACK	PA	QL(6 EA daily); SP; PA	<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
MAVYRET TABS	PA	QL(3 EA daily); SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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	LOPRESSOR TABS 50 MG (<i>metoprolol tartrate</i>)	NP	QL(4 EA daily)
<i>oseltamivir phosphate SUSR</i>	C	QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail	<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	P	QL(4 EA daily)
RELENZA DISKHALER	C	1 package(s) per 31 day(s) retail; AL(At least 5 yrs old)	<i>metoprolol succinate TB24</i>	P	
BETA BLOCKERS - Drugs to Treat High Blood Pressure			<i>metoprolol succinate TB24 200 MG</i>	P	QL(2 EA daily)
Alpha-Beta Blockers			<i>metoprolol tartrate TABS 25 MG, 50 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>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	P	QL(4.5 EA daily)
<i>carvedilol 25 MG</i>	P	QL(4 EA daily)	<i>metoprolol tartrate TABS 100 MG</i>	P	
<i>carvedilol phosphate</i>	NP	QL(1 EA daily)	<i>nebivolol hcl</i>	NP	
<i>labetalol hcl TABS 300 MG</i>	P	QL(8 EA daily)	TENORMIN TABS (<i>atenolol</i>)	NP	QL(2 EA daily)
<i>labetalol hcl TABS 200 MG</i>	P	QL(6 EA daily)	TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>metoprolol succinate</i>)	NP	QL(4 EA daily)
<i>labetalol hcl TABS 400 MG</i>	P		TOPROL XL TB24 200 MG (<i>metoprolol succinate</i>)	NP	QL(2 EA daily)
<i>labetalol hcl TABS 100 MG</i>	P	QL(3 EA daily)	Beta Blockers Non-Selective		
Beta Blockers Cardio-Selective			BETAPACE AF (<i>sotalol hcl (afib/afl)</i>)	NP	QL(2 EA daily)
<i>acebutolol hcl CAPS</i>	P		BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NP	
<i>atenolol TABS</i>	P	QL(2 EA daily)	HEMANGEOL SOLN PO	NP	SP
<i>betaxolol hcl</i>	NP		INDERAL LA CP24 (<i>propranolol hcl</i>)	NP	QL(2 EA daily)
<i>bisoprolol fumarate</i>	P	QL(1 EA daily)	INDERAL XL	NP	
<i>bisoprolol fumarate 2.5 MG</i>	P		INNOPRAN XL	NP	
BYSTOLIC (<i>nebivolol hcl</i>)	NP		<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	QL(2 EA daily)
KAPSPARGO SPRINKLE CS24	NP		<i>pindolol TABS</i>	NP	
LOPRESSOR TABS 100 MG (<i>metoprolol tartrate</i>)	NP	QL(4.5 EA daily)	<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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sotalol hcl (afib/afl)</i>	P	QL(2 EA daily)	<i>diltiazem hcl TABS</i>	P	QL(3 EA daily)
<i>sotalol hcl TABS</i>	P		<i>diltiazem hcl TB24</i>	P	
SOTYLIZE SOLN PO	NP		<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP	
<i>timolol maleate TABS</i>	NP		<i>felodipine</i>	P	QL(1 EA daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>isradipine CAPS</i>	P	
Calcium Channel Blockers			KATERZIA	NP	
<i>amlodipine besylate TABS</i>	P	QL(1 EA daily)	<i>levamlodipine maleate</i>	NP	
CARDIZEM CD CP24 360 MG (<i>diltiazem hcl coated beads</i>)	NP		<i>nicardipine hcl CAPS</i>	P	
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (<i>diltiazem hcl coated beads</i>)	NP	QL(1 EA daily)	<i>nifedipine CAPS</i>	NP	QL(4 EA daily)
CARDIZEM CD CP24 240 MG (<i>diltiazem hcl coated beads</i>)	NP	QL(2 EA daily)	<i>nifedipine TB24 30 MG, 90 MG</i>	P	QL(1 EA daily)
CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	NP		<i>nifedipine TB24 60 MG</i>	P	QL(2 EA daily)
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	NP	QL(3 EA daily)	<i>nimodipine CAPS</i>	NP	
<i>diltiazem hcl coated beads CP24 360 MG</i>	P		<i>nimodipine SOLN</i>	NP	
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	P	QL(1 EA daily)	<i>nisoldipine</i>	NP	
<i>diltiazem hcl coated beads CP24 240 MG</i>	P	QL(2 EA daily)	NORLIQVA SOLN	NP	
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	P	QL(1 EA daily)	NORVASC TABS (<i>amlodipine besylate</i>)	NP	QL(1 EA daily)
<i>diltiazem hcl extended release beads 240 MG</i>	P	QL(2 EA daily)	NYMALIZE SOLN 6 MG/ML	NP	
<i>diltiazem hcl CP12</i>	P	QL(2 EA daily)	PROCARDIA XL TB24 30 MG, 90 MG (<i>nifedipine</i>)	NP	QL(1 EA daily)
<i>diltiazem hcl CP24 240 MG</i>	P	QL(2 EA daily)	PROCARDIA XL TB24 60 MG (<i>nifedipine</i>)	NP	QL(2 EA daily)
<i>diltiazem hcl CP24 120 MG, 180 MG</i>	P	QL(1 EA daily)	SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NP	
			TIAZAC 240 MG (<i>diltiazem hcl extended release beads</i>)	NP	QL(2 EA daily)
			TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl extended release beads</i>)	NP	QL(1 EA daily)
			VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	NP	
			<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	

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

Drug Name	Drug Tier	Requirements/ Limits
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
LETAIRIS (<i>ambrisentan</i>)	NP	SP
OPSUMIT	NP	SP
TRACLEER TABS (<i>bosentan</i>)	NP	SP
TRACLEER TBSO	NP	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	NP	SP
REVATIO SUSR (<i>sildenafil citrate (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
<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

Drug Name	Drug Tier	Requirements/ Limits
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)
<i>cefprozil SUSR 125 MG/5ML</i>	P	2 package(s) per fill retail; AL(Up to 12 yrs old)
<i>cefprozil TABS</i>	P	QL(20 EA per fill retail)
<i>cefuroxime axetil TABS</i>	P	QL(20 EA per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	P	QL(20 EA per fill retail)
<i>cefdinir SUSR</i>	P	1 package(s) per fill retail
<i>cefixime CAPS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefixime SUSR</i>	P	
<i>cefpodoxime proxetil SUSR</i>	P	
<i>cefpodoxime proxetil TABS</i>	P	
<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
CHEMICALS		
Bulk Chemicals - H's		
HYDROXYUREA	P	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	C	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	C	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	C	
<i>drospirenone-ethinyl estradiol 0.03 MG-3 MG</i>	C	
<i>drospirenone-ethinyl estradiol 0.02 MG-3 MG</i>	C	QL(1 EA daily)
<i>ethynodiol diacet & eth estrad 35 MCG-1 MG</i>	C	
<i>ethynodiol diacet & eth estrad 50 MCG-1 MG</i>	C	QL(1 EA daily)
<i>levonorgestrel & eth estradiol TABS</i>	C	
<i>levonorgestrel-eth estradiol (triphasic)</i>	C	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	C	
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	C	
<i>norethindrone & eth estradiol</i>	C	

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone & ethinyl estradiol-fe</i>	C	
<i>norethindrone acet & eth estra TABS</i>	C	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	C	
<i>norethindrone-eth estradiol (triphasic)</i>	C	
<i>norgestimate-ethinyl estradiol</i>	C	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	C	
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	C	QL(2 EA daily)
TYBLUME CHEW	C	
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	C	
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol</i>	C	QL(6 EA per fill retail)
Emergency Contraceptives		
ELLA	C	QL(4 EA per 365 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
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSY SC	C	QL(1 ML per fill retail)
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	C	QL(1 ML per fill retail)
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	C	QL(1 ML per fill retail)
Progestin Contraceptives - Oral		

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone (contraceptive)</i>	C	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	NP	SP
ALKINDI SPRINKLE CPSP	NP	
<i>budesonide CPEP</i>	P	
<i>budesonide TB24</i>	NP	
CORTEF TABS (<i>hydrocortisone</i>)	NP	
CORTISONE ACETATE TABS	P	
<i>deflazacort SUSP</i>	NP	SP
<i>deflazacort TABS</i>	NP	SP
<i>deflazacort TABS</i>	NP	
DEXAMETHASONE INTENSOL CONC	NP	
<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)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	C	QL(150 ML per 31 day(s) retail)
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	C	QL(150 ML per 31 day(s) retail)
<i>dexamethasone ELIX</i>	P	
<i>dexamethasone SOLN</i>	P	
<i>dexamethasone TABS</i>	P	
<i>dexamethasone TBPk</i>	P	
<i>dexamethasone TBPk</i>	NP	
EMFLAZA SUSP (<i>deflazacort</i>)	NP	SP
EMFLAZA TABS (<i>deflazacort</i>)	NP	SP
EOHILIA SUSP	NP	
HEMADY TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone TABS</i>	P	
MEDROL TABS (<i>methylprednisolone</i>)	NP	
MEDROL TABS	NP	
MEDROL TBPk (<i>methylprednisolone</i>)	NP	
<i>methylprednisolone TABS</i>	P	
<i>methylprednisolone TBPk</i>	P	
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail)
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	P	
<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	
<i>prednisone TBPk</i>	P	
RAYOS TBEC	NP	
TARPEYO CPDR	NP	SP
UCERIS TB24 (<i>budesonide</i>)	NP	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	C	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<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)

Drug Name	Drug Tier	Requirements/ Limits
<i>benzonatate 100 MG</i>	C	QL(6 EA daily); AL(At least 10 yrs old)
<i>dextromethorphan polistirex SUER</i>	C	QL(240 ML per 6 day(s) retail)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	C	AL(At least 18 yrs old)
Cough/Cold/Allergy Combinations		
<i>brompheniramine & phenyleph ELIX</i>	C	QL(120 ML per fill retail); 1 max fill(s) per 31 day(s) retail
<i>cetirizine-pseudoephedrine</i>	C	QL(2 EA daily)
CLARINEX-D 12 HOUR TB12	NP	
<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>dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	C	
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	C	QL(240 ML per fill retail)
<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	C	QL(2 EA daily)
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	C	
ED BRON GP LIQD	C	QL(240 ML per 6 day(s) retail)
<i>guaifenesin-codeine SOLN</i>	C	
<i>guaifenesin-codeine SYRP</i>	C	
LOHIST-D LIQD	C	

Drug Name	Drug Tier	Requirements/ Limits
<i>loratadine & pseudoephedrine TB12</i>	C	QL(2 EA daily)
MAXI-TUSS PE MAX LIQD	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>promethazine & phenylephrine SYRP</i>	C	QL(240 ML per 6 day(s) retail); AL(At least 2 yrs old)
<i>promethazine w/codeine SOLN</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
<i>promethazine w/codeine SYRP</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
<i>promethazine-dm SYRP</i>	C	QL(240 ML per fill retail); AL(At least 2 yrs old)
<i>promethazine-phenylephrine-codeine</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	C	QL(240 ML per fill retail)
<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG</i>	C	
<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	C	QL(210 EA per fill retail)
Expectorants		
<i>guaifenesin TB12 1200 MG</i>	C	
<i>guaifenesin TB12 600 MG</i>	C	QL(40 EA per fill retail); 1 max fill(s) per 31 day(s) retail
<i>potassium iodide (expectorant) SOLN</i>	C	
Misc. Respiratory Inhalants		

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium chloride (inhalant) NEBU 0.9 %, 10 %</i>	C	
Mucolytics		
<i>acetylcysteine SOLN</i>	C	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
<i>ACANYA GEL (clindamycin phosphate-benzoyl peroxide)</i>	NP	
<i>adapalene-benzoyl peroxide GEL</i>	NP	
<i>adapalene CREA</i>	NP	
<i>adapalene GEL 0.3 %</i>	P	
<i>adapalene GEL 0.3 %</i>	NP	
<i>AKLIEF</i>	NP	
<i>ALTRENO LOTN</i>	NP	
<i>ARAZLO LOTN</i>	NP	
<i>ATRALIN GEL (tretinoin)</i>	NP	Brand Preferred
<i>AVAR LS CLEANSER LIQD (sulfacetamide sodium w/ sulfur)</i>	NP	
<i>AVAR-E LS CREA (sulfacetamide sodium w/ sulfur)</i>	NP	
<i>BENZAMYCIN GEL (benzoyl peroxide-erythromycin)</i>	NP	
<i>benzoyl peroxide-erythromycin GEL</i>	NP	
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	C	
<i>BENZOYL PEROXIDE GEL</i>	C	
<i>benzoyl peroxide LIQD 5 %, 10 %</i>	P	
<i>benzoyl peroxide LOTN 5 %, 10 %</i>	C	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BENZOYL PEROXIDE LOTN 5 %	C		<i>erythromycin (acne aid) GEL</i>	NP	1 package(s) per fill retail
CABTREO	NP		<i>erythromycin (acne aid) PADS</i>	P	
CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	NP		<i>erythromycin (acne aid) SOLN</i>	P	
CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	NP	QL(60 ML per fill retail; 60 per fill mail)	FABIOR FOAM	NP	
<i>clindamycin phosphate (topical) FOAM</i>	NP		<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	C	QL(2 EA daily); AL(At least 12 yrs old); PA
<i>clindamycin phosphate (topical) GEL</i>	NP	QL(60 ML per fill retail; 60 per fill mail)	KLARON (<i>sulfacetamide sodium (acne)</i>)	NP	QL(118 ML per fill retail)
<i>clindamycin phosphate (topical) LOTN</i>	NP		ONEXTON GEL (<i>clindamycin phosphate-benzoyl peroxide</i>)	NP	
<i>clindamycin phosphate (topical) SOLN</i>	P		RETIN-A MICRO (<i>tretinoin microsphere</i>)	NP	Brand Preferred
<i>clindamycin phosphate (topical) SWAB</i>	NP		RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>)	NP	Brand Preferred
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	P		RETIN-A MICRO PUMP	NP	Brand Preferred
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	NP		RETIN-A CREA (<i>tretinoin</i>)	P	Brand Preferred; QL(20 GM per fill retail); AL(Up to 35 yrs old)
<i>clindamycin phosphate-benzoyl peroxide GEL</i>	NP		RETIN-A GEL 0.025 % (<i>tretinoin</i>)	P	Brand Preferred; AL(Up to 35 yrs old)
<i>clindamycin phosphate-tretinoin</i>	NP		RETIN-A GEL 0.01 % (<i>tretinoin</i>)	P	Brand Preferred; QL(45 GM per fill retail); AL(Up to 35 yrs old)
<i>dapsone (topical)</i>	NP		<i>sulfacetamide sodium (acne)</i>	NP	QL(118 ML per fill retail)
DIFFERIN CREA (<i>adapalene</i>)	NP		<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP	
DIFFERIN GEL (<i>adapalene</i>)	NP	RX/OTC	<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP	
DIFFERIN LOTN	NP		<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP	
EPIDUO FORTE GEL (<i>adapalene-benzoyl peroxide</i>)	NP				
EPSOLAY CREA	NP				
ERYGEL GEL (<i>erythromycin (acne aid)</i>)	NP	1 package(s) per fill retail			

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate LIQD</i>	NP		<i>fluocinolone acetonide OIL</i>	P	
<i>clobetasol propionate LOTN</i>	NP		<i>fluocinolone acetonide OINT</i>	NP	
<i>clobetasol propionate OINT 0.05 %</i>	P	1 package(s) per fill retail	<i>fluocinolone acetonide SOLN</i>	NP	
<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 0.1 %</i>	P	
CLOBEX SPRAY LIQD (<i>clobetasol propionate</i>)	NP		<i>fluocinonide CREA 0.05 %</i>	P	1 package(s) per fill retail
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>	NP	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>	NP	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	
DUOBRII	NP		<i>hydrocortisone (topical) CREA 0.5 %</i>	C	1 package(s) per fill retail
ENSTILAR FOAM	NP		<i>hydrocortisone (topical) CREA 2.5 %</i>	P	QL(120 GM per 31 day(s) retail)
EPIFOAM FOAM	C		<i>hydrocortisone (topical) CREA 1 %</i>	P	1 package(s) per fill retail; RX/OTC
<i>fluocinolone acetonide CREA</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	1 package(s) per fill retail	TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	NP	
<i>hydrocortisone (topical) OINT 1 %</i>	P	QL(2 GM daily); 1 package(s) per 31 day(s) retail; RX/OTC	TOPICORT SPRAY LIQD (<i>desoximetasone</i>)	NP	
<i>hydrocortisone (topical) OINT 2.5 %</i>	P		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 0.025 %</i>	P	QL(30 GM per fill retail)
<i>hydrocortisone valerate CREA</i>	P		<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	P	1 package(s) 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 0.025 %, 0.5 %</i>	P	1 package(s) per fill retail
KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	NP		<i>triamcinolone acetonide (topical) OINT 0.05 %, 0.1 %</i>	P	
LOCOID LIPOCREAM	NP		ULTRAVATE LOTN	NP	
<i>mometasone furoate CREA</i>	P	1 package(s) per fill retail	VANOS CREA (<i>fluocinonide</i>)	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		CIBINQO	NP	SP
SYNALAR OINT (<i>fluocinolone acetonide</i>)	NP		DUPIXENT SOAJ	PA	SP; PA
SYNALAR SOLN (<i>fluocinolone acetonide</i>)	NP		DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	PA	SP; PA
			EBGLYSS SOAJ	NP	SP
			EBGLYSS SOSY	NP	SP
			OPZELURA	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Emollient/Keratolytic Agents			<i>tacrolimus (topical) OINT 0.03 %</i>	NP	QL(100 GM per 31 day(s) retail); AL(At least 2 yrs old)
<i>urea CREA 40 %</i>	C	RX/OTC	<i>tacrolimus (topical) OINT 0.1 %</i>	NP	QL(100 GM per 31 day(s) retail); AL(At least 16 yrs old)
Emollients			Keratolytic/Antimitotic/Vesicant Agents		
<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		<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 5 %</i>	P	QL(48 EA per 180 day(s) retail)	<i>lidocaine hcl CREA 3 %, 4 %</i>	C	1 package(s) per fill retail
<i>imiquimod 3.75 %</i>	NP		<i>lidocaine hcl GEL 2 %</i>	C	
ZYCLARA (<i>imiquimod</i>)	NP		<i>lidocaine CREA 4 %</i>	C	1 package(s) per fill retail
ZYCLARA PUMP	NP		<i>lidocaine-prilocaine CREA</i>	C	1 package(s) per fill retail
ZYCLARA PUMP (<i>imiquimod</i>)	NP		Misc. Topical		
Immunosuppressive Agents - Topical			<i>zinc oxide (topical) OINT 20 %</i>	C	1 package(s) per fill retail
ELIDEL (<i>pimecrolimus</i>)	P	Brand Preferred; QL(100 GM per 31 day(s) retail); AL(At least 2 yrs old)	Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
HYFTOR	NP		EUCRISA	NP	
<i>pimecrolimus</i>	NP	Brand Preferred; QL(100 GM per 31 day(s) retail); AL(At least 2 yrs old)	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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ivermectin (rosacea)</i>	NP		<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	C	
METROCREAM CREA (<i>metronidazole (topical)</i>)	NP	QL(45 GM per 31 day(s) retail)	<i>spinosad</i>	NP	Brand Preferred
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	NP		Tar Products		
<i>metronidazole (topical) CREA</i>	P	QL(45 GM per 31 day(s) retail)	<i>coal tar extract SHAM 0.5 %</i>	C	
<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 GM per 31 day(s) retail)	DIAGNOSTIC PRODUCTS		
<i>metronidazole (topical) GEL 1 %</i>	NP		Diagnostic Tests		
<i>metronidazole (topical) GEL 1 %</i>	P		ACCU-CHEK AVIVA PLUS STRP	P	RX/OTC
<i>metronidazole (topical) LOTN</i>	P		ACCU-CHEK GUIDE TEST STRP	NP	RX/OTC
MIRVASO (<i>brimonidine tartrate (topical)</i>)	NP		ACCU-CHEK GUIDE TEST STRP	P	RX/OTC
NORITATE CREA	NP		ACCU-CHEK SMARTVIEW STRP	P	RX/OTC
ORACEA (<i>doxycycline (rosacea)</i>)	NP		ACCUTREND GLUCOSE STRP	NP	RX/OTC
RHOFADE	NP		ADVANCE INTUITION TEST STRP	NP	RX/OTC
SOOLANTRA (<i>ivermectin (rosacea)</i>)	NP		ADVANCE MICRO-DRAW TEST STRP	NP	RX/OTC
Scabicides & Pediculicides			ADVOCATE REDI-CODE+ TEST STRP	NP	RX/OTC
<i>crotamiton LOTN</i>	NP	1 package(s) per fill retail	ADVOCATE REDI-CODE STRP	NP	RX/OTC
ELIMITE CREA (<i>permethrin</i>)	NP	QL(60 GM per fill retail)	ADVOCATE TEST STRP	NP	RX/OTC
<i>malathion</i>	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail	AGAMATRIX AMP TEST STRP	NP	RX/OTC
NATROBA (<i>spinosad</i>)	P	Brand Preferred	AGAMATRIX JAZZ TEST STRP	NP	RX/OTC
OVIDE (<i>malathion</i>)	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail	AGAMATRIX PRESTO TEST STRP	NP	RX/OTC
<i>permethrin CREA</i>	P	QL(60 GM per fill retail)	ASSURE 3 TEST STRP	NP	RX/OTC
<i>permethrin LIQD EX</i>	P		ASSURE 4 TEST STRP	NP	RX/OTC
			ASSURE II CHECK STRP	NP	RX/OTC
			ASSURE II STRP	NP	RX/OTC
			ASSURE PLATINUM STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASSURE PRISM MULTI TEST STRP	NP	RX/OTC	D-CARE BLOOD GLUCOSE STRP	NP	RX/OTC
ASSURE PRO TEST STRP	NP	RX/OTC	DIATHRIVE BLOOD GLUCOSE TEST STRP	NP	RX/OTC
BIOTEL CARE TEST STRIPS STRP	NP	RX/OTC	DIATHRIVE GLUCOSE TEST STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS 333 STRP	NP	RX/OTC	DIATHRIVE+ GLUCOSE TEST STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRP	NP	RX/OTC	DIATRUE PLUS TEST STRP	NP	RX/OTC
BLULINK GLUCOSE TEST STRP	NP	RX/OTC	DUO-CARE TEST STRP	NP	RX/OTC
CARESENS N GLUCOSE TEST STRP	NP	RX/OTC	EASY MAX BLOOD GLUCOSE TEST STRP	NP	RX/OTC
CARETOUCH TEST STRP	NP	RX/OTC	EASY PLUS II GLUCOSE TEST STRP	NP	RX/OTC
CHEMSTRIP K STRP	C		EASY STEP TEST STRP	NP	RX/OTC
CLEVER CHEK AUTO-CODE TEST STRP	NP	RX/OTC	EASY TALK BLOOD GLUCOSE TEST STRP	NP	RX/OTC
CLEVER CHEK AUTO-CODE VOICE STRP	NP	RX/OTC	EASY TALK PLUS II TEST STRIPS STRP	NP	RX/OTC
CLEVER CHEK TEST STRP	NP	RX/OTC	EASY TOUCH HEALTHPRO GLUCOSE STRP	NP	RX/OTC
CLEVER CHOICE AUTO-CODE TEST STRP	NP	RX/OTC	EASY TOUCH TEST STRP	NP	RX/OTC
CLEVER CHOICE MICRO TEST STRP	NP	RX/OTC	EASY TRAK BLOOD GLUCOSE TEST STRP	NP	RX/OTC
CLEVER CHOICE NO CODING STRP	NP	RX/OTC	EASY TRAK II GLUCOSE TEST STRP	NP	RX/OTC
CLEVER CHOICE TALK SYSTEM STRP	NP	RX/OTC	EASYGLUCO STRP	NP	RX/OTC
CONTOUR NEXT TEST STRP	NP	RX/OTC	EASYMAX 15 TEST STRP	NP	RX/OTC
CONTOUR PLUS TEST STRP	NP	RX/OTC	EASYMAX TEST STRP	NP	RX/OTC
CONTOUR TEST STRP	NP	RX/OTC	EASYPRO BLOOD GLUCOSE TEST STRP	NP	RX/OTC
COOL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	EASYPRO PLUS STRP	NP	RX/OTC
CVS ADVANCED GLUCOSE TEST STRP	NP	RX/OTC	ELEMENT COMPACT TEST STRP	NP	RX/OTC
CVS GLUCOSE METER TEST STRIPS STRP	NP	RX/OTC	ELEMENT TEST STRP	NP	RX/OTC
			EMBRACE BLOOD GLUCOSE TEST STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMBRACE EVO BLOOD GLUCOSE TEST STRP	NP	RX/OTC	FORA V20 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EMBRACE PRO GLUCOSE TEST STRP	NP	RX/OTC	FORA V30A BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EMBRACE TALK GLUCOSE TEST STRP	NP	RX/OTC	FORACARE GD40 TEST STRP	NP	RX/OTC
EMBRACE WAVE BLOOD GLUCOSE STRP	NP	RX/OTC	FORACARE PREMIUM V10 TEST STRP	NP	RX/OTC
EQ BLOOD GLUCOSE TEST STRP	NP	RX/OTC	FORACARE TEST N GO TEST STRP	NP	RX/OTC
EVOLUTION AUTOCODE STRP	NP	RX/OTC	FORTISCARE G1 TEST STRIP STRP	NP	RX/OTC
FIFTY50 GLUCOSE TEST 2.0 STRP	NP	RX/OTC	FORTISCARE TEST STRP	NP	RX/OTC
FORA 6 CONNECT/GTEL TEST STRP	NP	RX/OTC	FREESTYLE INSULINX TEST STRP	NP	RX/OTC
FORA 6 CONNECT STRP	NP	RX/OTC	FREESTYLE LITE TEST STRP	NP	RX/OTC
FORA BLOOD GLUCOSE TEST STRP	NP	RX/OTC	FREESTYLE PRECISION NEO TEST STRP	NP	RX/OTC
FORA D15G BLOOD GLUCOSE TEST STRP	NP	RX/OTC	FREESTYLE TEST STRP	NP	RX/OTC
FORA D20 BLOOD GLUCOSE TEST STRP	NP	RX/OTC	GE100 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
FORA D40/G31 BLOOD GLUCOSE STRP	NP	RX/OTC	GENULTIMATE TEST STRP	NP	RX/OTC
FORA G20 BLOOD GLUCOSE TEST STRP	NP	RX/OTC	GHT TEST STRP	NP	RX/OTC
FORA G30/PREM V10 GLUCOSE TEST STRP	NP	RX/OTC	GLUCO PERFECT 3 TEST STRP	NP	RX/OTC
FORA GD20 TEST STRP	NP	RX/OTC	GLUCOCARD 01 SENSOR PLUS STRP	NP	RX/OTC
FORA GD50 BLOOD GLUCOSE TEST STRP	NP	RX/OTC	GLUCOCARD EXPRESSION TEST STRP	NP	RX/OTC
FORA GTEL BLOOD GLUCOSE TEST STRP	NP	RX/OTC	GLUCOCARD SHINE TEST STRP	NP	RX/OTC
FORA TN'G ADVANCE PRO STRP	NP	RX/OTC	GLUCOCARD VITAL TEST STRP	NP	RX/OTC
FORA TN'G/TN'G VOICE STRP	NP	RX/OTC	GLUCOCARD X-SENSOR STRP	NP	RX/OTC
FORA V10 BLOOD GLUCOSE TEST STRP	NP	RX/OTC	GLUCOCOM TEST STRP	NP	RX/OTC
FORA V12 BLOOD GLUCOSE TEST STRP	NP	RX/OTC	GLUCONAVII BLOOD GLUCOSE TEST STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLUCOSE METER TEST STRP	NP	RX/OTC	NEUTEK 2TEK TEST STRP	NP	RX/OTC
GNP EASY TOUCH GLUCOSE TEST STRP	NP	RX/OTC	NOVA MAX GLUCOSE TEST STRP	NP	RX/OTC
GNP TRUETRACK SMART SYSTEM STRP	NP	RX/OTC	ON CALL EXPRESS BLOOD GLUCOSE STRP	NP	RX/OTC
GNP TRUETRACK TEST STRIPS STRP	NP	RX/OTC	ONE DROP TEST STRP	NP	RX/OTC
GOJJI BLOOD GLUCOSE TEST STRP	NP	RX/OTC	OPTIUMEZ TEST STRP	NP	RX/OTC
GOJJI BLOOD TEST STRIP/LANCETS STRP	NP	RX/OTC	PHARMACIST CHOICE AUTOCODE STRP	NP	RX/OTC
HW EMBRACE PRO GLUCOSE TEST STRP	NP	RX/OTC	PHARMACIST CHOICE NO CODING STRP	NP	RX/OTC
HW EMBRACE TALK GLUCOSE TEST STRP	NP	RX/OTC	PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
IGLUCOSE TEST STRIPS STRP	NP	RX/OTC	POCKETCHEM EZ TEST STRP	NP	RX/OTC
IHEALTH BLOOD GLUCOSE TEST STR STRP	NP	RX/OTC	PRECISION XTRA BLOOD GLUCOSE STRP	NP	RX/OTC
IN TOUCH BLOOD GLUCOSE TEST STRP	NP	RX/OTC	PRO VOICE V8/V9 GLUCOSE STRP	NP	RX/OTC
INFINITY BLOOD GLUCOSE TEST STRP	NP	RX/OTC	PRODIGY NO CODING BLOOD GLUC STRP	NP	RX/OTC
INFINITY VOICE STRP	NP	RX/OTC	PTS PANELS EGLU TEST STRP	NP	RX/OTC
KETONE TEST STRP	C		QUICKTEK TEST STRP	NP	RX/OTC
KETOSTIX STRP	C		QUINTET AC BLOOD GLUCOSE TEST STRP	NP	RX/OTC
KROGER HEALTHPRO GLUCOSE TEST STRP	NP	RX/OTC	QUINTET BLOOD GLUCOSE TEST STRP	NP	RX/OTC
LIBERTY TEST STRP	NP	RX/OTC	REFUAH PLUS BLOOD GLUCOSE TEST STRP	NP	RX/OTC
MEIJER TRUETEST TEST STRP	NP	RX/OTC	RELION BLOOD GLUCOSE TEST STRP	NP	RX/OTC
MEIJER TRUETRACK TEST STRP	NP	RX/OTC	RELION CONFIRM/MICRO TEST STRP	NP	RX/OTC
MICRODOT TEST STRP	NP	RX/OTC	RELION GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MM BLULINK GLUCOSE TEST STRP	NP	RX/OTC	RELION KETONE TEST STRP	C	
MM EASY TOUCH GLUCOSE STRP	NP	RX/OTC	RELION PREMIER TEST STRP	NP	RX/OTC
MYGLUCOHEALTH TEST STRP	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELION PRIME TEST STRP	NP	RX/OTC	VIOKACE TABS	NP	
RELION TRUE METRIX TEST STRIPS STRP	P	RX/OTC	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P	
RELION ULTIMA TEST STRP	NP	RX/OTC	DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
RIGHTEST GS100 BLOOD GLUCOSE STRP	NP	RX/OTC	Carbonic Anhydrase Inhibitors		
RIGHTEST GS300 BLOOD GLUCOSE STRP	NP	RX/OTC	<i>acetazolamide CP12</i>	C	
RIGHTEST GS550 BLOOD GLUCOSE STRP	NP	RX/OTC	<i>acetazolamide TABS</i>	C	
RIGHTEST GT333 BLOOD GLUCOSE STRP	NP	RX/OTC	<i>methazolamide TABS</i>	C	
RIGHTEST GT333 GLUCOSE TEST STRP	NP	RX/OTC	Diuretic Combinations		
SMARTTEST BLOOD GLUCOSE TEST STRP	NP	RX/OTC	<i>amiloride & hydrochlorothiazide</i>	C	QL(1 EA daily)
SOLUS V2 TEST STRP	NP	RX/OTC	<i>spironolactone & hydrochlorothiazide</i>	C	
SUPREME TEST STRP	NP	RX/OTC	<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	C	
TRUE FOCUS BLOOD GLUCOSE STRIP STRP	NP	RX/OTC	<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	C	
TRUE METRIX BLOOD GLUCOSE TEST STRP	P	RX/OTC	<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	C	QL(2 EA daily)
TRUETEST TEST STRP	NP	RX/OTC	Loop Diuretics		
TRUETRACK TEST STRP	NP	RX/OTC	<i>bumetanide TABS</i>	C	
UNISTrip1 GENERIC STRP	NP	RX/OTC	<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	C	
VERASENS BLOOD GLUCOSE TEST STRP	NP	RX/OTC	<i>furosemide TABS</i>	C	
VIVAGUARD INO TEST STRIPS STRP	NP	RX/OTC	SOAANZ TABS 20 MG	C	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes					
Digestive Enzymes					
CREON CPEP 15000 UNIT-9500 UNIT-3000 UNIT	P				
CREON CPEP	P	Smart PA			
PERTZYE CPEP	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>torsemide TABS 5 MG, 10 MG, 100 MG</i>	C	QL(1 EA daily)	CONEXXENCE SOSY SC 60 MG/ML	NP	
<i>torsemide TABS 20 MG</i>	C		FORTEO SOPN (<i>teriparatide</i>)	NP	SP
Potassium Sparing Diuretics			FOSAMAX PLUS D	NP	
<i>amiloride hcl TABS</i>	C	QL(4 EA daily)	FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	NP	QL(0.15 EA daily)
<i>spironolactone TABS</i>	C		<i>ibandronate sodium TABS</i>	P	
Thiazides and Thiazide-Like Diuretics			JUBBONTI SOSY SC 60 MG/ML	NP	SP
<i>chlorthalidone 25 MG, 50 MG</i>	C		PROLIA SOSY	NP	SP
<i>hydrochlorothiazide CAPS</i>	C		<i>risedronate sodium TABS 5 MG, 30 MG</i>	NP	QL(1 EA daily)
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	C		<i>risedronate sodium TABS 150 MG</i>	NP	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	C		<i>risedronate sodium TABS 35 MG</i>	NP	QL(4 EA per 28 day(s) retail)
<i>metolazone</i>	C		<i>risedronate sodium TBEC</i>	NP	QL(4 EA per 28 day(s) retail)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones			<i>teriparatide SOPN</i>	P	SP
Bone Density Regulators			TERIPARATIDE SOPN	P	SP
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	NP		TYMLOS	NP	SP
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	NP	QL(4 EA per 28 day(s) retail)	Growth Hormones		
<i>alendronate sodium SOLN</i>	NP	QL(10.8 ML daily)	GENOTROPIN MINIQUICK PRSY	PA	SP; PA
<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.15 EA daily)	GENOTROPIN CART SC	PA	SP; PA
<i>alendronate sodium TABS 10 MG</i>	P	QL(1 EA daily)	HUMATROPE CART IJ	NP	SP
ATELVIA TBEC (<i>risedronate sodium</i>)	NP	QL(4 EA per 28 day(s) retail)	NGENLA	NP	SP
BINOSTO TBEF	NP		NORDITROPIN FLEXPPO SOPN	PA	SP; PA
BONSITY SOPN 560 MCG/2.24ML	NP		NUTROPIN AQ NUSPIN 10 SOPN	NP	SP
<i>calcitonin (salmon) NA</i>	P	1 package(s) per fill retail	NUTROPIN AQ NUSPIN 20 SOPN	NP	SP
<i>calcitonin (salmon) IJ</i>	C	QL(2 ML per fill retail)	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

Drug Name	Drug Tier	Requirements/ Limits
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	SP
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	C	SP; PA
Metabolic Modifiers		
<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		

Drug Name	Drug Tier	Requirements/ Limits
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)
<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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ofloxacin 400 MG</i>	NP	QL(56 EA per fill retail)	<i>balsalazide disodium CAPS</i>	P	QL(9 EA daily)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			CANASA SUPP (<i>mesalamine</i>)	NP	
5-HT4 Receptor Agonists			CIMZIA (2 SYRINGE) PSKT	NP	SP
MOTEGRITY (<i>prucalopride succinate</i>)	NP		CIMZIA KIT	NP	SP
<i>prucalopride succinate</i>	NP		CIMZIA-STARTER PSKT	NP	SP
Agents for Chronic Idiopathic Constipation (CIC)			COLAZAL CAPS (<i>balsalazide disodium</i>)	NP	QL(9 EA daily)
TRULANCE	NP		DIPENTUM	NP	
Antiflatulents			ENTYVIO PEN SOAJ	NP	SP
<i>simethicone CHEW 80 MG</i>	C		INFLECTRA SOLR	C	SP; PA
<i>simethicone SUSP</i>	C		LIALDA TBEC (<i>mesalamine</i>)	NP	
Gallstone Solubilizing Agents			<i>mesalamine w/ cleanser</i>	NP	
<i>ursodiol CAPS</i>	C		<i>mesalamine CP24</i>	NP	Brand Preferred
<i>ursodiol TABS 250 MG</i>	C	QL(7 EA daily)	<i>mesalamine CPCR</i>	NP	Brand Preferred
Gastrointestinal Chloride Channel Activators			<i>mesalamine CPDR</i>	NP	
AMITIZA (<i>lubiprostone</i>)	NP		<i>mesalamine ENEM</i>	P	QL(60 ML daily)
<i>lubiprostone</i>	P		<i>mesalamine SUPP</i>	P	
Gastrointestinal Stimulants			<i>mesalamine TBEC 1.2 GM</i>	NP	
GIMOTI SOLN NA	NP	SP	<i>mesalamine TBEC 800 MG</i>	NP	QL(3 EA daily)
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	P		OMVOH (300 MG DOSE) SOAJ	NP	SP
<i>metoclopramide hcl TABS</i>	P		OMVOH (300 MG DOSE) SOSY	NP	SP
REGLAN TABS (<i>metoclopramide hcl</i>)	NP		OMVOH SOAJ	NP	SP
Inflammatory Bowel Agents			OMVOH SOSY	NP	SP
APRISO CP24 (<i>mesalamine</i>)	P	Brand Preferred	PENTASA CPCR	P	Brand Preferred
AVSOLA	C	SP; PA	RENFLEXIS	C	SP; PA
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NP		ROWASA (<i>mesalamine w/ cleanser</i>)	NP	
AZULFIDINE TABS (<i>sulfasalazine</i>)	NP		SFROWASA ENEM	NP	
			SKYRIZI SOCT	NP	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sulfasalazine TABS</i>	P		<i>calcium acetate (phosphate binder) TABS</i>	P	RX/OTC
<i>sulfasalazine TBEC</i>	P		<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	NP		FOSRENOL CHEW (<i>lanthanum carbonate</i>)	NP	
TREMFYA PEN SOAJ SC 200 MG/2ML	NP	SP	FOSRENOL PACK	NP	
TREMFYA SOSY SC	NP	SP	<i>lanthanum carbonate CHEW</i>	NP	
USTEKINUMAB 130 MG/26ML	NP	SP	RENVELA PACK (<i>sevelamer carbonate</i>)	NP	
VELSIPITY	NP	SP	RENVELA TABS (<i>sevelamer carbonate</i>)	NP	
ZYMFENTRA (1 PEN) AJKT	NP	SP	<i>sevelamer carbonate PACK</i>	NP	
ZYMFENTRA (2 PEN) AJKT	NP	SP	<i>sevelamer carbonate TABS</i>	P	
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP	<i>sevelamer hcl</i>	NP	
Intestinal Acidifiers			VELPHORO	NP	
<i>lactulose (encephalopathy)</i>	P		GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Irritable Bowel Syndrome (IBS) Agents			Alkalinizers		
<i>alosetron hcl</i>	NP		<i>potassium citrate (alkalinizer) TBCR</i>	C	
IBSRELA	NP		<i>sodium citrate & citric acid</i>	C	QL(16.67 EA daily); RX/OTC
LINZESS	P		Genitourinary Irrigants		
LOTRONEX (<i>alosetron hcl</i>)	NP		<i>sodium chloride (gu irrigant) 0.9 %</i>	C	
VIBERZI	NP		Prostatic Hypertrophy Agents		
Peripheral Opioid Receptor Antagonists			<i>alfuzosin hcl</i>	P	
MOVANTIK	P		CARDURA XL	NP	
RELISTOR SOLN	NP		<i>dutasteride</i>	P	
RELISTOR TABS	NP		<i>dutasteride-tamsulosin hcl</i>	NP	
SYMPROIC	NP		<i>finasteride</i>	P	QL(1 EA daily)
Phosphate Binder Agents			PROSCAR (<i>finasteride</i>)	NP	QL(1 EA daily)
AURYXIA 210 MG (<i>ferric citrate</i>)	NP		RAPAFLO (<i>silodosin</i>)	NP	
<i>calcium acetate (phosphate binder) CAPS</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
<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</i> 100 MG, 300 MG	P	
<i>allopurinol</i> 200 MG	NP	
<i>colchicine</i> CAPS	NP	
<i>colchicine</i> TABS	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	
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</i> SOSY	C	SP; PA
Complement Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
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</i> 75 MG	P	QL(1 EA daily)
<i>clopidogrel bisulfate</i> 300 MG	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</i> 60 MG, 90 MG	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
Agents for Sick 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

Drug Name	Drug Tier	Requirements/ Limits
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 400 MCG</i>	C	QL(1 EA daily)
<i>folic acid TABS 1 MG</i>	C	RX/OTC
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)
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	

Drug Name	Drug Tier	Requirements/ Limits
<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)
DORAL (<i>quazepam</i>)	NP	
EDLUAR SUBL	NP	
<i>estazolam</i>	NP	
<i>eszopiclone</i>	NP	
<i>flurazepam hcl</i>	NP	QL(1 EA daily)
HALCION 0.25 MG (<i>triazolam</i>)	NP	
IGALMI FILM	NP	
<i>midazolam hcl SOLN IJ</i>	C	

Drug Name	Drug Tier	Requirements/ Limits
MIDAZOLAM HCL SOLN IJ	C	
<i>quazepam</i>	NP	
RESTORIL 15 MG, 30 MG (<i>temazepam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
RESTORIL 7.5 MG, 22.5 MG (<i>temazepam</i>)	NP	
<i>temazepam</i> 7.5 MG, 22.5 MG	P	
<i>temazepam</i> 15 MG, 30 MG	P	QL(1 EA daily); AL(At least 18 yrs old)
<i>triazolam</i>	NP	
<i>zaleplon</i> 10 MG	NP	QL(2 EA daily); AL(At least 18 yrs old)
<i>zaleplon</i> 5 MG	NP	QL(1 EA daily); AL(At least 18 yrs old)
ZOLPIDEM TARTRATE CAPS	NP	
<i>zolpidem tartrate</i> SUBL	NP	
<i>zolpidem tartrate</i> TABS	P	QL(1 EA daily)
<i>zolpidem tartrate</i> TBCR	NP	
Orexin Receptor Antagonists		
BELSOMRA	NP	
DAYVIGO	NP	
QUVIVIQ	NP	
Selective Melatonin Receptor Agonists		
HETLIOZ LQ SUSP	NP	SP
HETLIOZ CAPS (<i>tasimelteon</i>)	NP	SP
<i>ramelteon</i>	NP	
ROZEREM (<i>ramelteon</i>)	NP	
<i>tasimelteon</i> CAPS	NP	SP
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil</i> TABS	C	QL(10 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Laxative Combinations		
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	NP	
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP	1 package(s) per fill retail
MOVIPREP (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	NP	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	NP	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> SOLR	P	1 package(s) per fill retail
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	NP	1 package(s) per fill retail
PLENVU	NP	
<i>sennosides-docusate sodium</i> TABS	C	QL(4 EA daily)
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NP	
SUFLAVE	NP	
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	NP	
SUTAB	NP	
Laxatives - Miscellaneous		
<i>glycerin (laxative)</i> SUPP 2 GM	C	
<i>lactulose</i> PACK	NP	
<i>lactulose</i> SOLN	P	
<i>polyethylene glycol 3350</i> PACK	P	
<i>polyethylene glycol 3350</i> POWD	P	QL(34 GM daily)
Saline Laxatives		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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 100 MG/5ML (<i>azithromycin</i>)	NP	1 package(s) per fill retail
<i>sodium phosphates ENEM</i>	C		ZITHROMAX SUSR 200 MG/5ML (<i>azithromycin</i>)	NP	QL(60 ML per fill retail)
Stimulant Laxatives			ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	NP	QL(6 EA per fill retail)
<i>bisacodyl SUPP</i>	C	QL(12 EA per fill retail)	ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	NP	QL(4 EA daily)
<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 100 MG, 250 MG</i>	C	QL(3 EA daily)	<i>clarithromycin TABS</i>	P	QL(28 EA per fill retail)
<i>docusate sodium CAPS 50 MG</i>	C		<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 100 MG/5ML</i>	P	1 package(s) per fill retail	<i>erythromycin base TBEC</i>	NP	
<i>azithromycin SUSR 200 MG/5ML</i>	P	QL(60 ML 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)	<i>erythromycin stearate TABS 250 MG</i>	P	
<i>azithromycin TABS 600 MG</i>	P	QL(8 EA per 28 day(s) retail)	Fidaxomicin		
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	NP	QL(4 EA daily)	DIFICID SUSR	P	Brand Preferred
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	NP	QL(6 EA per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits
DIFICID TABS 200 MG (fidaxomicin)	P	Brand Preferred
MEDICAL DEVICES AND SUPPLIES		
Diabetic Supplies		
ACCU-CHEK GUIDE ME KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
ACCU-CHEK GUIDE KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	P	RX/OTC
ADJUSTABLE LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
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)
AUTOLET MINI MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
AUTOLET PLUS MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)

Drug Name	Drug Tier	Requirements/ Limits
CARDIOCOM LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
CAREONE ADVANCED LANCING DEV MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
CARETOUCH LANCING/EJECTOR MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
CHOSEN LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
CVS LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
DEXCOM G6 RECEIVER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
DEXCOM G6 SENSOR	PA	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; PA
DEXCOM G6 TRANSMITTER	PA	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA
DEXCOM G7 RECEIVER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
DEXCOM G7 SENSOR	PA	QL(9 EA per 90 day(s) retail); PA
DIATHRIVE 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
DROPLET GENTEEL LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	FREESTYLE LIBRE 2 PLUS SENSOR	PA	QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA
DROPLET 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
DRUG MART 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
EASY MINI EJECT 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
EASY MINI 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 TOUCH 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
EMBRACE LANCING DEVICE/EJECTOR MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	FREESTYLE LITE KIT	NP	QL(1 EA per 365 day(s) retail); RX/OTC
FORA LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	FREESTYLE PRECISION NEO SYSTEM KIT	NP	QL(1 EA per 365 day(s) retail); RX/OTC
FREDS PHARMACY AUTOLET LANCING 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)
FREESTYLE FREEDOM LITE KIT	NP	QL(1 EA per 365 day(s) retail); RX/OTC	GENTEEL PLUS LANCING (PURPLE) 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 (WHITE) 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	GENTEEL PLUS LANCING DEV(BLUE) MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
			GENTEEL PLUS LANCING DEV(PINK) 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
GLOBAL LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	LEADER ADVANCED LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
GNP LANCING SYSTEM 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)
GOJJI LANCING DEVICE/CLEAR CAP 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)
HEALTHY ACCENTS LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	LIVE BETTER ADV 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)	MICROLET NEXT 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)	MINI 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)	MM LANCING 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)	MULTI-LANCET 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)	NOVA SUREFLEX LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
LANCET DEVICE 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); PA
LANCING 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	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; PA
LANZO MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	OMNIPOD 5 G7 INTRO (GEN 5) KIT	PA	PA
			OMNIPOD 5 G7 PODS (GEN 5) MISC	PA	PA

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); PA	SIMPLE DIAGNOSTICS LANCING DEV MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	PA	QL(10 EA per 30 day(s) retail); PA	SM TRUEDRAW LANCING DEVICE 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); PA	SMART DIABETES VANTAGE LANCING MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
OMNIPOD DASH PODS (GEN 4) MISC	PA	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; PA	SOLUS V2 LANCING DEVICE 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)	SURE COMFORT LANCING PEN 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)	TODAYS HEALTH LANCING DEVICE 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)	TRUE METRIX AIR GLUCOSE METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
QC ADVANCED 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 LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	TRUEDRAW LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
RELION TRUE MET AIR GLUC METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC	ULTI-LANCE AUTOMATIC 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)	VIDA MIA AUTOLET LANCING DEV MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
SELECT-LITE LANCING DEVICE 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)
SHOPKO AUTOLET 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	INSPIRACHAMBER/LARGE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	INSPIRACHAMBER/MEDIUM DEVI	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	INSPIRACHAMBER/MOUTHPIECE DEVI	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	INSPIRACHAMBER/SMALL DEVI	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	INSPIREASE RESERVOIR BAGS	C	QL(3 EA per 180 day(s) retail)
EASIVENT MASK MEDIUM MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	INSPIREASE 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	MASK VORTEX/CHILD/FROG	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	MASK VORTEX/TODDLER/LADYBUG	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	MICROCHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MICROCHAMBER MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	PRO COMFORT SPACER CHILD 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	PRO COMFORT SPACER INFANT DEVI	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	PROCARE SPACER/ADULT MASK 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	PROCARE SPACER/CHILD MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
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	NP	SP
PRO COMFORT SPACER ADULT MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	AJOVY SOSY	NP	SP
			EMGALITY (300 MG DOSE) SOSY	NP	SP
			EMGALITY SOAJ	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMGALITY SOSY	PA	SP; PA	MAXALT TABS 10 MG (rizatriptan benzoate)	NP	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)
NURTEC	NP				
QULIPTA	NP		<i>naratriptan hcl</i>	NP	QL(9 EA per 31 day(s) retail); AL(At least 18 yrs old)
UBRELVY	PA	PA			
ZAVZPRET	NP		REL PAX 20 MG (eletriptan hydrobromide)	P	QL(6 EA per 31 day(s) retail)
Migraine Combinations			REL PAX (eletriptan hydrobromide)	P	Brand Preferred ; QL(6 EA per 31 day(s) retail)
<i>sumatriptan-naproxen sodium</i>	NP				
SYMBRAVO TABS PO	NP		REL PAX (eletriptan hydrobromide)	P	Brand Preferred; QL(6 EA per 31 day(s) retail)
Serotonin Agonists					
<i>almotriptan malate</i>	NP		REL PAX (eletriptan hydrobromide)	P	Brand Preferred; 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>frovatriptan succinate</i>	NP		<i>rizatriptan benzoate TBDP</i>	P	QL(12 EA per 31 day(s) retail); AL(At least 6 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)			
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 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)			
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>sumatriptan 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 TABS (<i>sumatriptan succinate</i>)	NP	QL(9 EA 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)
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	NP	QL(12 EA per 31 day(s) retail); AL(At least 6 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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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)	ENFAMIL ENFALYTE SOLN	C	
<i>sumatriptan succinate TABS</i>	P	QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)	FT ELECTROLYTE SOLN	C	
TOSYMRA	NP	Brand Preferred	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	
TOSYMRA	NP		GOODSENSE ELECTROLYTE ADV CARE SOLN	C	
ZEMBRACE SYMTOUCH SOAJ	NP		HYDRALYTE FREEZER POPS SOLN	C	
<i>zolmitriptan SOLN 5 MG</i>	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)	HYDRALYTE SOLN	C	
<i>zolmitriptan SOLN 2.5 MG</i>	NP		KINDERLYTE PREMAX SOLN	C	
<i>zolmitriptan TABS</i>	NP	QL(6 EA per 31 day(s) retail)	KINDERLYTE SOLN	C	
<i>zolmitriptan TBDP</i>	NP	QL(6 EA per 31 day(s) retail)	<i>oral electrolytes SOLN</i>	C	
ZOMIG SOLN 2.5 MG (<i>zolmitriptan</i>)	NP		PEDIALYTE IMMUNE SUPPORT SOLN	C	
ZOMIG SOLN 5 MG (<i>zolmitriptan</i>)	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)	TRUELYTE SOLN	C	
MINERALS & ELECTROLYTES			Fluoride		
Calcium			<i>sodium fluoride CHEW</i>	C	
<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG</i>	C	QL(2 EA daily)	<i>sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML</i>	C	RX/OTC
<i>calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG</i>	C		SOLUVITA SOLN	C	RX/OTC
<i>oyster shell</i>	C		Magnesium		
Electrolyte Mixtures			<i>magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG, 400 MG</i>	C	
BIOLYTE SOLN	C		Phosphate		
CERASPORT EX1 SOLN	C		<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	C	QL(8 EA daily)
CERASPORT SOLN	C		Potassium		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>potassium bicarbonate TBEF</i>	C		ENVARSUS XR TB24	NP	
<i>potassium chloride microencapsulated crystals er</i>	C		<i>everolimus (immunosuppressant)</i>	NP	
<i>potassium chloride CPCR 8 MEQ</i>	C	QL(1 EA daily)	IMURAN TABS (azathioprine)	NP	
<i>potassium chloride CPCR 10 MEQ</i>	C		<i>mycophenolate mofetil CAPS</i>	P	
<i>potassium chloride PACK PO 20 MEQ</i>	C		<i>mycophenolate mofetil SUSR</i>	P	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	C		<i>mycophenolate mofetil TABS</i>	P	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	C		<i>mycophenolate sodium</i>	P	
MISCELLANEOUS THERAPEUTIC CLASSES			MYFORTIC (mycophenolate sodium)	NP	
Chelating Agents			MYHIBBIN SUSP	NP	
<i>penicillamine TABS</i>	C		NEORAL CAPS (cyclosporine modified (for microemulsion))	NP	
Immunomodulators			NEORAL SOLN (cyclosporine modified (for microemulsion))	NP	
REZUROCK	NP	SP	PROGRAF CAPS (tacrolimus)	NP	
Immunosuppressive Agents			PROGRAF PACK	NP	
ASTAGRAF XL CP24	NP		SANDIMMUNE CAPS (cyclosporine)	P	
<i>azathioprine TABS 75 MG, 100 MG</i>	NP		<i>sirolimus SOLN</i>	P	
<i>azathioprine TABS</i>	P		<i>sirolimus TABS</i>	P	
CELLCEPT CAPS (mycophenolate mofetil)	NP		<i>tacrolimus CAPS</i>	P	
CELLCEPT SUSR (mycophenolate mofetil)	NP		ZORTRESS (everolimus (immunosuppressant))	NP	
CELLCEPT TABS (mycophenolate mofetil)	NP		Potassium Removing Agents		
<i>cyclosporine modified (for microemulsion) CAPS</i>	P		LOKELMA	P	Brand Preferred
<i>cyclosporine modified (for microemulsion) SOLN</i>	P		<i>sodium polystyrene sulfonate POWD</i>	P	
<i>cyclosporine CAPS</i>	P	USE BRAND NAME or Authorized Generic	<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P	
ENSPRYNG	NP	SP	<i>sodium polystyrene sulfonate SUSP PR 30 GM/120ML</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
VELTASSA	P	Brand Preferred
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	C	QL(100 ML per fill retail)
Anti-infectives - Throat		
NYSTATIN (<i>nystatin (mouth-throat)</i>)	P	2 package(s) per fill retail
<i>nystatin (mouth-throat)</i>	P	2 package(s) per fill retail
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	C	
Dental Products		
<i>sodium fluoride (dental) CREA</i>	C	QL(113 GM per 60 day(s) retail)
<i>sodium fluoride (dental) GEL</i>	C	QL(113 GM per 60 day(s) retail)
<i>sodium fluoride (dental) PSTE DT</i>	C	QL(113 GM per 60 day(s) retail)
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	C	1 package(s) per fill retail
Throat Products - Misc.		
<i>pilocarpine hcl (oral) 5 MG</i>	C	QL(6 EA daily)
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins CAPS</i>	C	QL(1 EA daily)
<i>b-complex vitamins TABS</i>	C	QL(1 EA daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid CAPS</i>	C	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Calcium		
<i>multiple vitamins w/ calcium TABS</i>	C	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
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
ALIVE EVERYDAY IMMUNE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
ALIVE HAIR, SKIN & NAILS CAPS	C	QL(1 EA daily); RX/OTC
ALIVE MAX 6 POTENCY CAPS	C	QL(1 EA daily); RX/OTC
APETIBEX CAPS	C	QL(1 EA daily); RX/OTC
APPE-CURB CAPS	C	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	C	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS CAPS	C	QL(1 EA daily); RX/OTC
BIO-35 GLUTEN-FREE CAPS	C	QL(1 EA daily); RX/OTC
BIO-35 IRON FREE CAPS	C	QL(1 EA daily); RX/OTC
BIOCAL CAPS	C	QL(1 EA daily); RX/OTC
BIOTECT PLUS CAPS	C	QL(1 EA daily); RX/OTC
BONEUP 3 PER DAY CAPS	C	QL(1 EA daily); RX/OTC
BONEUP CAPS	C	QL(1 EA daily); RX/OTC
BOOSTNOW IMMUNE SUPPORT CAPS	C	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMPLETE 18 CAPS	C	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMPLETE 36 CAPS	C	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMPLETE 45 CAPS	C	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMPLETE 60 CAPS	C	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CHOICEFUL MULTIVITAMIN CAPS	C	QL(1 EA daily); RX/OTC	MENS 50+ ADVANCED CAPS	C	QL(1 EA daily); RX/OTC
CULTURELLE PROBIOTIC MEN DAILY CAPS	C	QL(1 EA daily); RX/OTC	MOOD FOOD ES CAPS	C	QL(1 EA daily); RX/OTC
CVS ADULT 50+ EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC	MOOD FOOD CAPS	C	QL(1 EA daily); RX/OTC
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
DEXATRAN CAPS	C	QL(1 EA daily); RX/OTC	MVW MODULATOR FORMULATION CAPS	C	QL(1 EA daily); RX/OTC
EYE HEALTH AREDS 2 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 CAPS	C	QL(1 EA daily); RX/OTC	OCUVITE ADULT 50+ CAPS	C	QL(1 EA daily); RX/OTC
FOLAGENT DHA CAPS	C	QL(1 EA daily); RX/OTC	OCUVITE ADULT FORMULA CAPS	C	QL(1 EA daily); RX/OTC
FOLAMED DHA CAPS	C	QL(1 EA daily); RX/OTC	OCUVITE-LUTEIN CAPS	C	QL(1 EA daily); RX/OTC
FT EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC	ONE-DAILY MULTI CAPS	C	QL(1 EA daily); RX/OTC
GENADEK STEP 1 CAPS	C	QL(1 EA daily); RX/OTC	PRESCRIPTION SUPPORT MULTIVIT 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			
IMMUNE ESSENTIALS DAILY CAPS	C	QL(1 EA daily); RX/OTC			
MENATROL CAPS	C	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRESERVISION AREDS CAPS	C	QL(1 EA daily); RX/OTC	VITEYES AREDS 2 FORMULA CAPS	C	QL(1 EA daily); RX/OTC
PRESERVISION/LUTEIN CAPS	C	QL(1 EA daily); RX/OTC	VITEYES CLASSIC ADVANCED CAPS	C	QL(1 EA daily); RX/OTC
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	DAILY MULTIPLE VITAMINS TABS	C	QL(1 EA daily); RX/OTC
REMEDIENT CAPS	C	QL(1 EA daily); RX/OTC	DAVIMET-M CHEW	C	QL(1 EA daily); RX/OTC
SKIN HAIR & NAILS ADVANCED CAPS	C	QL(1 EA daily); RX/OTC	DERMACINRX DAVIMET CHEW	C	QL(1 EA daily); RX/OTC
SUPER ANTIOXIDANT CAPS	C	QL(1 EA daily); RX/OTC	DERMACINRX MULTIVITAMIN CHEW	C	QL(1 EA daily); RX/OTC
SUPPORT-500 CAPS	C	QL(1 EA daily); RX/OTC	ESTROFACTORS TABS	C	QL(1 EA daily); RX/OTC
THERAMILL FORTE CAPS	C	QL(1 EA daily); RX/OTC	FOLAWISE TABS	C	QL(1 EA daily); RX/OTC
THERANATAL LACTATION ONE CAPS	C	QL(1 EA daily); RX/OTC	FOLCYTEINE TABS	C	QL(1 EA daily); RX/OTC
VISION HEALTH CAPS	C	QL(1 EA daily); RX/OTC	GENICIN VITA-Q TABS	C	QL(1 EA daily); RX/OTC
VISION OPTIMIZER CAPS	C	QL(1 EA daily); RX/OTC	HIGH POTENCY MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	C	QL(1 EA daily); RX/OTC	MINCORA TABS	C	QL(1 EA daily); RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	C	QL(1 EA daily); RX/OTC	MULTI VITAMIN W/D-3 TABS	C	QL(1 EA daily); RX/OTC
VITABEX PLUS CAPS	C	QL(1 EA daily); RX/OTC	MULTI VITAMIN TABS	C	QL(1 EA daily); RX/OTC
VITABEX CAPS	C	QL(1 EA daily); RX/OTC	<i>multiple vitamin TABS</i>	C	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA +MULTI CAPS	C	QL(1 EA daily); RX/OTC	MULTIVITAMIN ADULT TABS	C	QL(1 EA daily); RX/OTC
			MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEOMULTIVITE TABS	C	QL(1 EA daily); RX/OTC	Pediatric Multiple Vitamins		
OMNICAP TABS	C	QL(1 EA daily); RX/OTC	BPROTECTED PEDIA POLY-VITE SOLN PO	C	QL(50 ML per fill retail)
ONE DAILY ESSENTIALS TABS	C	QL(1 EA daily); RX/OTC	MULTIVITAMIN INFANT & TODDLER SOLN PO	C	QL(50 ML per fill retail)
ONE DAILY ESSENTIAL TABS	C	QL(1 EA daily); RX/OTC	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	C	QL(50 ML per fill retail)
ONE VITE DAILY MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC	POLY-VI-SOL SOLN PO	C	QL(50 ML per fill retail)
ONE-A-DAY ADULT VITACRAVES+DHA CHEW	C	QL(1 EA daily); RX/OTC	POLY-VITA SOLN PO	C	QL(50 ML per fill retail)
QUINTABS TABS	C	QL(1 EA daily); RX/OTC	POLY-VITE PEDIATRIC SOLN PO	C	QL(50 ML per fill retail)
RELCARE TABS	C	QL(1 EA daily); RX/OTC	Prenatal Vitamins		
STRESS FORMULA/ZINC/ENERGY TABS	C	QL(1 EA daily); RX/OTC	SELECT-OB+DHA MISC	C	QL(1 EA daily)
THERA TABS	C	QL(1 EA daily); RX/OTC	VITAFOL-ONE CAPS	C	QL(1 EA daily)
THEREMS TABS	C	QL(1 EA daily); RX/OTC	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
TM-DAILY VITE TABS	C	QL(1 EA daily); RX/OTC	Central Muscle Relaxants		
TRUE MULTIVITAMIN 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 375 MG, 750 MG	NP	
MULTIVITAMIN DROPS/IRON SOLN	C	QL(60 ML per fill retail)	chlorzoxazone TABS	P	
MULTIVITAMIN INFANT & TODDLER SOLN	C	QL(60 ML per fill retail)	cyclobenzaprine hcl CP24	NP	
POLY-VITE/IRON SOLN	C	QL(60 ML per fill retail)	cyclobenzaprine hcl TABS 7.5 MG	P	QL(4 EA daily)
			cyclobenzaprine hcl TABS 7.5 MG	NP	QL(4 EA daily)
			cyclobenzaprine hcl TABS 5 MG, 10 MG	P	QL(3 EA daily)
			FLEQSUVY SUSP (baclofen)	NP	
			LYVISPAH PACK	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>metaxalone</i>	NP	
METAXALONE 640 MG	NP	
<i>methocarbamol TABS</i>	P	
<i>methocarbamol TABS 1000 MG</i>	NP	
<i>orphenadrine citrate TB12</i>	P	QL(2 EA daily)
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
Nasal Antiallergy		
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	P	1 package(s) per 31 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
<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)</i>	P	
<i>ipratropium bromide (nasal) 0.03 %</i>	P	QL(31 ML per 31 day(s) retail)
<i>ipratropium bromide (nasal) 0.06 %</i>	P	QL(15 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 acetonide (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 Relax/Paralyze Muscles		
ALS Agents		

Drug Name	Drug Tier	Requirements/ Limits
<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	
<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	
<i>levobunolol hcl 0.5 %</i>	P	QL(15 ML per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
<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 2 %	C	1 package(s) per 31 day(s) retail
CYCLOGYL 0.5 %	C	
<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	
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	NP	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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>sulfacetamide sodium (ophth) SOLN</i>	P	QL(15 ML per 31 day(s) retail)
SIMBRINZA	NP		<i>tobramycin (ophth) SOLN</i>	NP	QL(5 ML per 31 day(s) retail)
Ophthalmic Anti-infectives			TOBREX OINT	NP	
AZASITE	NP		<i>trifluridine</i>	C	QL(8 ML per 31 day(s) retail)
<i>bacitracin (ophthalmic)</i>	P	QL(4 GM per 31 day(s) retail)	VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NP	QL(3 ML per fill retail)
<i>bacitracin-polymyxin b (ophth)</i>	P	QL(4 GM per 31 day(s) retail)	Ophthalmic Decongestants		
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>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	C	
<i>ciprofloxacin hcl (ophth) SOLN</i>	P	1 package(s) per fill retail	<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	C	1 package(s) per 31 day(s) retail
ERYTHROMYCIN	P		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
DUREZOL (difluprednate)	P	Brand Preferred	prednisolone acetate (ophth)	P	QL(15 ML per 31 day(s) retail)
EYSUVIS SUSP	NP		PREDNISOLONE ACETATE P-F	C	QL(15 ML per 31 day(s) retail)
FLAREX	P		PREDNISOLONE SODIUM PHOSPHATE	NP	1 package(s) per 31 day(s) retail
fluorometholone (ophth) SUSP	P	1 package(s) per 31 day(s) retail	sulfacetamide sod-prednisolone SOLN	P	QL(10 ML per 31 day(s) retail)
FML FORTE SUSP	NP		TOBRADEX ST SUSP	NP	
FML LIQUIFILM SUSP (fluorometholone (ophth))	NP	1 package(s) per 31 day(s) retail	TOBRADEX OINT	NP	QL(4 GM per 31 day(s) retail)
INVELTYS SUSP	NP		tobramycin-dexamethasone SUSP	P	1 package(s) per 31 day(s) retail
LOTEMAX SM GEL	NP		ZYLET	NP	
LOTEMAX GEL (loteprednol etabonate)	NP		Ophthalmics - Misc.		
LOTEMAX OINT	NP		ACULAR (ketorolac tromethamine (ophth))	NP	1 package(s) per 31 day(s) retail
LOTEMAX SUSP (loteprednol etabonate)	NP		ACULAR LS (ketorolac tromethamine (ophth))	NP	1 max fill(s) per 31 day(s) retail
loteprednol etabonate GEL	NP		ACUVAIL	NP	
loteprednol etabonate SUSP	NP		azelastine hcl (ophth)	NP	QL(6 ML per 31 day(s) retail)
MAXIDEX SUSP OP	P		AZOPT (brinzolamide)	P	Brand Preferred; 1 package(s) per 31 day(s) retail
MAXITROL OINT (neomycin-polymy-dexameth)	NP	QL(4 GM per 31 day(s) retail)	bepotastine besilate	NP	
MAXITROL SUSP (neomycin-polymy-dexameth)	NP	QL(10 ML per 31 day(s) retail)	BEPREVE (bepotastine besilate)	NP	
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	Drug Name	Drug Tier	Requirements/ Limits
<i>brinzolamide</i>	NP	Brand Preferred; 1 package(s) per 31 day(s) retail	<i>travoprost SOLN</i>	NP	
<i>bromfenac sodium (ophth)</i>	NP		<i>travoprost SOLN</i>	NP	Brand Preferred
BROMSITE (<i>bromfenac sodium (ophth)</i>)	NP		VYZULTA	NP	
<i>cromolyn sodium (ophth)</i>	P	QL(10 ML per 31 day(s) retail)	XALATAN SOLN (<i>latanoprost</i>)	NP	QL(5 ML per 31 day(s) retail)
<i>diclofenac sodium (ophth)</i>	P	QL(3 ML per 31 day(s) retail)	XELPROS EMUL	NP	
<i>dorzolamide hcl</i>	P	QL(10 ML per 31 day(s) retail)	ZIOPTAN (<i>tafluprost</i>)	NP	
<i>epinastine hcl (ophth)</i>	NP		OTIC AGENTS - Drugs to Treat the Ear		
<i>flurbiprofen sodium</i>	P	QL(5 ML per 31 day(s) retail)	Otic Agents - Miscellaneous		
ILEVRO	NP		<i>acetic acid (otic)</i>	C	QL(15 ML per 31 day(s) retail)
<i>ketorolac tromethamine (ophth) 0.4 %</i>	P	1 max fill(s) per 31 day(s) retail	<i>carbamide peroxide (otic) 6.5 %</i>	C	QL(15 ML per 31 day(s) retail)
<i>ketorolac tromethamine (ophth) 0.5 %</i>	P	1 package(s) per 31 day(s) retail	Otic Anti-infectives		
<i>ketotifen fumarate (ophth) 0.035 %</i>	P	QL(10 ML per 31 day(s) retail)	<i>ciprofloxacin hcl (otic)</i>	NP	
MIEBO	NP		<i>ofloxacin (otic)</i>	P	1 package(s) per fill retail
NEVANAC	P		Otic Combinations		
<i>olopatadine hcl 0.2 %</i>	P	RX/OTC	CIPRO HC	NP	
PROLENSA (<i>bromfenac sodium (ophth)</i>)	NP		<i>ciprofloxacin-dexamethasone</i>	P	Brand Preferred; QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
ZADITOR 0.035 % (<i>ketotifen fumarate (ophth)</i>)	P	QL(10 ML per 31 day(s) retail)	<i>ciprofloxacin-fluocinolone acetamide</i>	NP	
ZERVIAE	NP		CORTISPORIN-TC	NP	
Prostaglandins - Ophthalmic			<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ML per fill retail)
<i>bimatoprost SOLN</i>	NP		<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	1 package(s) per fill retail
IYUZEH SOLN	NP		Otic Steroids		
<i>latanoprost SOLN</i>	P	QL(5 ML per 31 day(s) retail)	<i>fluocinolone acetamide (otic)</i>	C	1 package(s) per 31 day(s) retail
LUMIGAN SOLN 0.01 %	P	Brand Preferred	<i>hydrocortisone w/acetic acid</i>	C	QL(20 ML per 31 day(s) retail)
<i>tafluprost</i>	NP		OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
TRAVATAN Z SOLN (<i>travoprost</i>)	P	Brand Preferred			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Oxytocics			EXTENCILLINE SUSR	C	QL(1 EA per 28 day(s) retail)
<i>methylergonovine maleate</i> TABS	C		LENTOCILIN SUSR	C	QL(1 EA per 28 day(s) retail)
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			<i>penicillin v potassium</i> SOLR	P	
Immune Serums			<i>penicillin v potassium</i> TABS	P	
GAMMAGARD	C	SP; PA	Penicillin Combinations		
GAMMAGARD S/D LESS IGA SOLR	C	SP; PA	<i>amoxicillin & pot clavulanate</i> CHEW	P	QL(20 EA per fill retail)
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA	<i>amoxicillin & pot clavulanate</i> SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML	P	2 package(s) per fill retail
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA	<i>amoxicillin & pot clavulanate</i> SUSR 28.5 MG/5ML-200 MG/5ML, 62.5 MG/5ML-250 MG/5ML	P	1 package(s) per fill retail
HYPERRHO S/D SOSY IM 1500 UNIT	C	SP	<i>amoxicillin & pot clavulanate</i> TABS 125 MG-875 MG	P	QL(20 EA per fill retail)
OCTAGAM SOLN 30 GM/300ML	C	SP; PA	<i>amoxicillin & pot clavulanate</i> TABS 125 MG-250 MG, 125 MG-500 MG	P	QL(30 EA per fill retail)
RHOGAM ULTRA-FILTERED PLUS SOSY IM	C	SP	<i>amoxicillin & pot clavulanate</i> TB12	P	QL(40 EA per 31 day(s) retail)
XEMBIFY	C	SP; PA	AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	NP	2 package(s) per fill retail
Monoclonal Antibodies			AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	1 package(s) per fill retail
SYNAGIS SOLN	C	SP; PA	AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	1 package(s) per fill retail
PENICILLINS - Drugs to Treat Bacterial Infections			AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	NP	QL(30 EA per fill retail)
Aminopenicillins			Penicillinase-Resistant Penicillins		
<i>amoxicillin</i> CAPS	P		<i>dicloxacillin sodium</i>	P	
<i>amoxicillin</i> CAPS	P		PHARMACEUTICAL ADJUVANTS		
<i>amoxicillin</i> CHEW 125 MG, 250 MG	P		Liquid Vehicles		
<i>amoxicillin</i> SUSR	P				
<i>amoxicillin</i> TABS	P				
<i>ampicillin</i> CAPS 500 MG	P				
Natural Penicillins					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SORBITOL XX 70 %	C	RX/OTC	<i>galantamine hydrobromide CP24</i>	NP	QL(1 EA daily)
Semi Solid Vehicles			<i>galantamine hydrobromide SOLN</i>	NP	QL(6 ML daily)
<i>Ianolin XX</i>	C		<i>galantamine hydrobromide TABS</i>	NP	QL(2 EA daily)
LANOLIN XX	C		<i>memantine hcl CP24</i>	NP	
PROGESTINS - Hormone Replacement/Modifying Drugs			<i>memantine hcl-donepezil hcl CP24</i>	NP	
Progestins			<i>memantine hcl SOLN</i>	P	QL(10 ML daily)
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	C		<i>memantine hcl TABS</i>	NP	
<i>megestrol acetate (appetite)</i>	NP		<i>memantine hcl TABS</i>	P	QL(2 EA daily)
<i>norethindrone acetate TABS</i>	C		NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NP	Titration pack
<i>progesterone CAPS</i>	C	QL(1 EA daily)	NAMENDA XR CP24 7 MG (<i>memantine hcl</i>)	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions			NAMZARIC C4PK	NP	
Agents for Chemical Dependency			NAMZARIC CP24 (<i>memantine hcl-donepezil hcl</i>)	NP	
<i>disulfiram 250 MG</i>	C		NAMZARIC CP24	NP	
Antidementia Agents			<i>rivastigmine 13.3 MG/24HR</i>	NP	Brand Preferred
ADLARITY PTWK	NP		<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	Brand Preferred; QL(1 EA daily)
ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	NP	QL(1 EA daily)	<i>rivastigmine tartrate CAPS</i>	P	QL(2 EA daily)
ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>)	NP		ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 EA daily)	Combination Psychotherapeutics		
<i>donepezil hydrochloride TABS 23 MG</i>	NP		LYBALVI	NP	AL(At least 18 yrs old); ST
<i>donepezil hydrochloride TBDP</i>	P		<i>olanzapine-fluoxetine hcl 25 MG-12 MG, 50 MG-12 MG, 50 MG-6 MG</i>	NP	ST
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	P	Brand Preferred; QL(1 EA daily)	<i>olanzapine-fluoxetine hcl 25 MG-3 MG, 25 MG-6 MG</i>	NP	AL(At least 10 yrs old); ST
EXELON 13.3 MG/24HR (<i>rivastigmine</i>)	P	Brand Preferred	<i>perphenazine-amitriptyline</i>	C	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Fibromyalgia Agents			GILENYA (<i>fingolimod hcl</i>)	NP	QL(1 EA daily); SP
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			KESIMPTA	PA	SP; PA
AUSTEDO XR PATIENT TITRATION TEPK	NP	SP	MAVENCLAD (10 TABS)	NP	SP
AUSTEDO XR TB24	P	SP	MAVENCLAD (4 TABS)	NP	SP
AUSTEDO TABS	P	SP	MAVENCLAD (5 TABS)	NP	SP
INGREZZA CAPS	P	SP	MAVENCLAD (6 TABS)	NP	SP
INGREZZA CPPK	P	SP	MAVENCLAD (7 TABS)	NP	SP
INGREZZA CPSP	P	SP	MAVENCLAD (8 TABS)	NP	SP
<i>tetrabenazine</i>	P	SP	MAVENCLAD (9 TABS)	NP	SP
XENAZINE (<i>tetrabenazine</i>)	NP	SP	MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
Multiple Sclerosis Agents			MAYZENT TABS	NP	SP
AMPYRA (<i>dalfampridine</i>)	NP	SP	PLEGRIDY STARTER PACK SOAJ	NP	SP
AUBAGIO (<i>teriflunomide</i>)	NP	QL(1 EA daily); SP	PLEGRIDY STARTER PACK SOSY SC	NP	SP
AVONEX PEN AJKT	P	SP	PLEGRIDY SOAJ	NP	SP
AVONEX PREFILLED PSKT	P	SP	PLEGRIDY SOSY IM	NP	SP
BAFIERTAM	NP	SP	PONVORY STARTER PACK TBPK	NP	SP
BETASERON KIT	P	SP	PONVORY STARTER PACK TBPK	NP	
COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>)	NP	SP	PONVORY TABS	NP	
COPAXONE SOSY 20 MG/ML (<i>glatiramer acetate</i>)	P	Brand Preferred; SP	PONVORY TABS	NP	SP
<i>dalfampridine</i>	P	SP	REBIF REBIDOSE TITRATION PACK SOAJ	NP	SP
<i>dalfampridine</i>	P		REBIF REBIDOSE SOAJ	NP	SP
<i>dimethyl fumarate CDPK</i>	P	SP	REBIF TITRATION PACK SOSY	NP	SP
<i>dimethyl fumarate CPDR</i>	P		REBIF SOSY	NP	SP
<i>dimethyl fumarate CPDR</i>	P	SP	TASCENSO ODT	NP	SP
<i>fingolimod hcl</i>	P	QL(1 EA daily); SP	TECFIDERA CDPK (<i>dimethyl fumarate</i>)	NP	SP
GILENYA 0.25 MG	NP	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	QL(24 EA daily)
VUMERITY	NP	SP	<i>nicotine polacrilex GUM</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(24 EA daily)
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP	<i>nicotine polacrilex LOZG</i>	P	QL(20 EA daily)
ZEPOSIA STARTER KIT CPPK	NP	SP	<i>nicotine polacrilex LOZG</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(20 EA daily)
ZEPOSIA CAPS	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
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		<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	QL(1 EA daily)
GRALISE TABS (<i>gabapentin (once-daily)</i>)	NP		<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	
GRALISE TABS	NP		NICOTROL NS SOLN	P	Limit: 2 Smoking Cessation Treatments per Year; QL(4 ML daily); SL
LYRICA CR (<i>pregabalin (once-daily)</i>)	NP		<i>varenicline tartrate TABS 0.5 MG</i>	P	QL(2 EA daily)
<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)
Premenstrual Dysphoric Disorder (PMDD) Agents					
<i>fluoxetine hcl (pmdd) TABS</i>	P				
Restless Leg Syndrome (RLS) Agents					
HORIZANT	NP				
Smoking Deterrents					
APO-VARENICLINE TABS 0.5 MG	C	QL(2 EA daily)			
APO-VARENICLINE TABS 1 MG	C	QL(2 EA daily; 56 EA per 30 day(s) retail)			
<i>bupropion hcl (smoking deterrent)</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(2 EA daily)			
CHANTIX STARTING MONTH PAK TBPK (<i>varenicline tartrate</i>)	P	QL(2 EA daily; 53 EA per 30 day(s) retail); 2 max fill(s) per 365 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>varenicline tartrate TABS 1 MG</i>	P	QL(2 EA daily; 56 EA per 30 day(s) retail)	<i>demeclocycline hcl TABS</i>	NP	
<i>varenicline tartrate TABS 0.5 MG</i>	C	QL(2 EA daily)	DORYX MPC TBEC 60 MG	NP	
<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	DORYX TBEC 200 MG (<i>doxycycline hyclate</i>)	NP	
<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	<i>doxycycline (monohydrate) CAPS</i>	NP	
Transthyretin Amyloidosis Agents			<i>doxycycline (monohydrate) SUSR</i>	NP	
TEGSEDI	C	SP; PA	<i>doxycycline (monohydrate) TABS</i>	NP	
Vasomotor Symptom Agents			<i>doxycycline hyclate CAPS</i>	P	
<i>paroxetine mesylate (vasomotor)</i>	NP		<i>doxycycline hyclate TABS</i>	P	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			<i>doxycycline hyclate TBEC</i>	NP	
Cystic Fibrosis Agents			<i>minocycline hcl CAPS</i>	P	
ORKAMBI PACK	C	SP; PA	<i>minocycline hcl TABS</i>	P	
ORKAMBI TABS	C	SP; PA	<i>minocycline hcl TB24</i>	NP	
SYMDEKO	C	SP; PA	<i>tetracycline hcl CAPS</i>	P	
TRIKAFTA TBPk	C	QL(3 EA daily); SP; PA	TETRACYCLINE HCL TABS	P	
Pulmonary Fibrosis Agents			THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
OFEV	C	SP; PA	Antithyroid Agents		
<i>pirfenidone CAPS</i>	C	SP; PA	<i>methimazole TABS</i>	C	
<i>pirfenidone TABS</i>	C	SP; PA	<i>propylthiouracil</i>	C	
TETRACYCLINES - Drugs to Treat Bacterial Infections			Thyroid Hormones		
Aminomethylcyclines			ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
NUZYRA TABS	NP		ARMOUR THYROID TABS	C	
Tetracyclines			<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	

Drug Name	Drug Tier	Requirements/ Limits
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	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 INJ	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	

Drug Name	Drug Tier	Requirements/ Limits
<i>cimetidine TABS</i>	NP	RX/OTC
<i>famotidine SUSR</i>	P	
<i>famotidine TABS 10 MG</i>	C	
<i>famotidine TABS 20 MG, 40 MG</i>	P	RX/OTC
<i>nizatidine CAPS</i>	NP	
PEPCID TABS (<i>famotidine</i>)	NP	RX/OTC
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		
DEXILANT (<i>dexlansoprazole</i>)	P	Brand Preferred
<i>dexlansoprazole</i>	NP	Brand Preferred
<i>esomeprazole magnesium CPDR 20 MG</i>	NP	QL(2 EA daily); RX/OTC
<i>esomeprazole magnesium CPDR 40 MG</i>	NP	
<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
NEXIUM CPDR 20 MG (<i>esomeprazole magnesium</i>)	NP	QL(2 EA daily); RX/OTC
NEXIUM CPDR 40 MG (<i>esomeprazole magnesium</i>)	NP	
NEXIUM PACK (<i>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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pantoprazole sodium PACK</i>	NP		(Anticholinergic)		
<i>pantoprazole sodium PACK</i>	NP	Brand Preferred	<i>darifenacin hydrobromide</i>	NP	
<i>pantoprazole sodium TBEC 20 MG</i>	P	QL(1 EA daily)	DETROL LA CP24 (<i>tolterodine tartrate</i>)	NP	QL(1 EA daily)
<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(2 EA daily)	DETROL TABS (<i>tolterodine tartrate</i>)	NP	QL(2 EA daily)
PREVACID SOLUTAB TBDD (<i>lansoprazole</i>)	NP	RX/OTC	<i>fesoterodine fumarate</i>	P	
PREVACID CPDR 30 MG (<i>lansoprazole</i>)	NP	QL(2 EA daily)	<i>oxybutynin chloride SOLN</i>	P	
PRILOSEC PACK	NP		<i>oxybutynin chloride TABS 5 MG</i>	P	QL(3 EA daily)
PROTONIX PACK (<i>pantoprazole sodium</i>)	P	Brand Preferred	<i>oxybutynin chloride TABS 2.5 MG</i>	P	
PROTONIX TBEC 40 MG (<i>pantoprazole sodium</i>)	NP	QL(2 EA daily)	<i>oxybutynin chloride TB24</i>	P	QL(2 EA daily)
PROTONIX TBEC 20 MG (<i>pantoprazole sodium</i>)	NP	QL(1 EA daily)	OXYTROL PTTW	NP	RX/OTC
<i>rabeprazole sodium TBEC</i>	NP		<i>solifenacin succinate TABS</i>	P	
Ulcer Drugs - Prostaglandins			<i>tolterodine tartrate CP24</i>	NP	QL(1 EA daily)
<i>misoprostol</i>	C	PA	<i>tolterodine tartrate TABS</i>	NP	QL(2 EA daily)
Ulcer Therapy Combinations			TOVIAZ (<i>fesoterodine fumarate</i>)	NP	
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	C	14 day(s) max supply per 365 day(s) retail	<i>trospium chloride CP24</i>	NP	
KONVOMEK SUSR	NP		<i>trospium chloride TABS</i>	NP	QL(2 EA daily)
<i>omeprazole-sodium bicarbonate CAPS</i>	NP	RX/OTC	VESICARE LS SUSP	NP	
<i>omeprazole-sodium bicarbonate PACK</i>	NP		VESICARE TABS (<i>solifenacin succinate</i>)	NP	
ZEGERID CAPS (<i>omeprazole-sodium bicarbonate</i>)	NP	RX/OTC	Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
ZEGERID PACK (<i>omeprazole-sodium bicarbonate</i>)	NP		GEMTESA	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			<i>mirabegron TB24</i>	NP	Brand Preferred
Urinary Antispasmodic - Antimuscarinics			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	

Drug Name	Drug Tier	Requirements/ Limits
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	C	
BCG VACCINE	C	
BEXSERO 0.5 ML	C	
BIOTHRAX	C	AL(Up to 65 yrs old)
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)
HIBERIX SOLR IJ	C	
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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)
TRUMENBA 0.5 ML	C	
TYPHIM VI SOLN	C	
TYPHIM VI SOSY	C	
VAXCHORA	C	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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)	FLUARIX SUSY	C	1 max fill(s) per 180 day(s) retail
VIVOTIF	C		FLUBLOK SOSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
Viral Vaccines			FLUCELVAX SUSP	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
ABRYSVO	C	AL(At least 60 yrs old)	FLUCELVAX SUSY	C	1 max fill(s) per 180 day(s) retail
ACAM2000	C		FLULAVAL SUSY	C	1 max fill(s) per 180 day(s) retail
AFLURIA PRESERVATIVE FREE SUSY	C	1 max fill(s) per 180 day(s) retail	FLUMIST	PA	
AFLURIA SUSP	C	1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE SUSY	C	1 max fill(s) per 180 day(s) retail; AL(At least 65 yrs old)
AREXVY	C	AL(At least 60 yrs old)	FLUZONE SUSP	C	1 max fill(s) per 180 day(s) retail
AUDENZ EMUL	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUZONE SUSY	C	1 max fill(s) per 180 day(s) retail
AUDENZ PRSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	GARDASIL 9 SUSP 0.5 ML	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
COMIRNATY SUSP	C		GARDASIL 9 SUSY 0.5 ML	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
COMIRNATY SUSY	C		HAVRIX IM 720 EL U/0.5ML	C	
ENGERIX-B SUSP 20 MCG/ML	C	3 max fill(s) per 999 day(s) retail	HAVRIX 1440 EL U/ML	C	
ENGERIX-B SUSY	C	3 max fill(s) per 999 day(s) retail	HEPLISAV-B SOSY	C	3 max fill(s) per 999 day(s) retail
ERVEBO	C		IMOVAX RABIES SUSR	C	
FLUAD	C	1 max fill(s) per 180 day(s) retail	IPOL	C	
			IXIARO	C	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JYNNEOS	C		SHINGRIX	C	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
M-M-R II SOLR	C		SPIKEVAX SUSP	C	
MODERNA COVID-19 BIVAL 6M-5Y	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)	VARIVAX SUSR	C	2 max fill(s) per 999 day(s) retail
NOVAVAX COVID-19 VACCINE SUSP	C		YF-VAX INJ	C	
NOVAVAX COVID-19 VACCINE SUSY	C	1 max fill(s) per 180 day(s) mail	VAGINAL AND RELATED PRODUCTS		
PFIZER COVID-19 BIVAL 6MO-4YR	C		Vaginal Anti-infectives		
PFIZER COVID-19 VAC BIVAL 5-11	C		<i>clindamycin phosphate vaginal CREA</i>	C	
PFIZER COVID-19 VAC BIVALENT	C		<i>clotrimazole vaginal CREA 1 %</i>	C	QL(45 GM per 31 day(s) retail)
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	C		<i>clotrimazole vaginal CREA 2 %</i>	C	QL(21 GM per 31 day(s) retail)
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	C		GYNAZOLE-1	C	
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	C		<i>metronidazole vaginal</i>	C	
PFIZER-BIONTECH COVID-19 VACC SUSP	C		MICONAZOLE 7 SUPP 100 MG	C	QL(7 EA per 31 day(s) retail)
PREHEVBRIO	C	3 max fill(s) per 999 day(s) retail	<i>miconazole nitrate vaginal CREA 2 %</i>	C	QL(45 GM per 31 day(s) retail)
PRIORIX SUSR	C		<i>miconazole nitrate vaginal KIT</i>	C	1 package(s) per fill retail
RABAVERT	C		<i>miconazole nitrate vaginal SUPP 100 MG</i>	C	QL(7 EA per 31 day(s) retail)
RECOMBIVAX HB SUSP	C	3 max fill(s) per 999 day(s) retail	<i>miconazole nitrate vaginal SUPP 200 MG</i>	C	QL(3 EA per fill retail; 3 EA per 31 day(s) retail)
RECOMBIVAX HB SUSY	C	3 max fill(s) per 999 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		

Drug Name	Drug Tier	Requirements/ Limits
<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</i>	NP	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	NP	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)

Drug Name	Drug Tier	Requirements/ Limits
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 1.25 MG, 50000 UNIT</i>	C	QL(8 EA per 31 day(s) retail)
<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	C	QL(2 EA daily)
<i>cholecalciferol CAPS</i>	C	QL(100 EA per fill 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	
<i>niacin TABS 500 MG</i>	C	
<i>niacin TBCR</i>	C	

Drug Name	Drug Tier	Requirements/ Limits
<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)
<i>thiamine mononitrate TABS 100 MG</i>	C	QL(3.34 EA daily)

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ADALIMUMAB-ADBM(PS/UV		ADVAIR HFA AERO (fluticasone-	AEROCHAMBER PLUS FLO-VU
STARTER) AJKT	4	salmeterol)	14
ADALIMUMAB-FKJP (2 PEN) AJKT .		ADVANCE INTUITION TEST STRP .	AEROCHAMBER PLUS FLO-VU
4		60	SMALL MISC
ADALIMUMAB-FKJP (2 SYRINGE)		ADVANCE MICRO-DRAW TEST	AEROCHAMBER PLUS FLO-VU
PSKT	4	STRP	60
ADALIMUMAB-RYVK (2 PEN) AJKT .		ADVOCATE LANCING DEVICE	AEROCHAMBER PLUS FLOW VU
4		MISC	73
ADALIMUMAB-RYVK (2 SYRINGE)		ADVOCATE RAPID-SAFE LANCING	AEROCHAMBER W/FLOWSIGNAL
PSKT	4	MISC	73
adapalene CREA	51	ADVOCATE REDI-CODE STRP ..	60
adapalene GEL 0.3 %	51	ADVOCATE REDI-CODE+ TEST	AEROCHAMBER Z-STAT PLUS
adapalene-benzoyl peroxide GEL .	51	STRP	60
ADASUVE	39	ADVOCATE TEST STRP	60
ADBRY SOAJ	58	ADZENYS XR-ODT TBED	1
ADBRY SOSY	58	AEMCOLO	35
ADCIRCA TABS (tadalafil		AEROCHAMBER HOLDING	AEROCHAMBER Z-STAT
(pulmonary hypertension))	47	CHAMBER DEVI	77
ADDERALL TABS (amphetamine-		AEROCHAMBER MINI CHAMBER	AEROCHAMBER Z-STAT
dextroamphetamine)	1	DEVI	77
ADDERALL XR CP24		AEROCHAMBER MV MISC	77
			AEROCHAMBER2GO ANTI-STATIC
			DEVI

AEROVENT PLUS DEVI	77	alendronate sodium TABS 10 MG ..	65	alum & mag hydrox-simethicone LIQD	11
AFLURIA PRESERVATIVE FREE SUSY	100	alendronate sodium TABS 35 MG, 70 MG	65	alum & mag hydrox-simethicone SUSP 1200 MG/30ML-1200 MG/30ML, 200 MG/5ML-200 MG/5ML, 400 MG/10ML-400 MG/10ML	11
AFLURIA SUSP	100	alfuzosin hcl	68	ALUMINUM HYDROXIDE GEL SUSP	11
AFREZZA POWD	25	aliskiren fumarate	35	ALVESCO	13
AGAMATRIX AMP TEST STRP ...	60	ALIVE EVERYDAY IMMUNE HEALTH CAPS	83	amantadine hcl CAPS	37
AGAMATRIX JAZZ TEST STRP ..	60	ALIVE HAIR, SKIN & NAILS CAPS 83		amantadine hcl SOLN	37
AGAMATRIX PRESTO TEST STRP .	60	ALIVE MAX 6 POTENCY CAPS ..	83	AMBIEN CR TBCR (zolpidem tartrate)	70
AGAMREE	49	ALKINDI SPRINKLE CPSP	49	AMBIEN TABS (zolpidem tartrate)	70
AIMOVIG	79	allopurinol 100 MG, 300 MG	69	ambrisentan	47
AIRDUO RESPICLICK 113/14 AEPB (fluticasone-salmeterol)	14	allopurinol 200 MG	69	amcinonide CREA	56
AIRDUO RESPICLICK 232/14 AEPB (fluticasone-salmeterol)	14	almotriptan malate	80	amiloride & hydrochlorothiazide ..	64
AIRDUO RESPICLICK 55/14 AEPB (fluticasone-salmeterol)	14	alogliptin benzoate	24	amiloride hcl TABS	65
AIRSUPRA	14	alogliptin-metformin hcl	23	amiodarone hcl TABS 200 MG	12
AJOVY SOAJ	79	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	23	AMITIZA (lubiprostone)	67
AJOVY SOSY	79	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	66	amitriptyline hcl TABS	23
AKLIEF	51	alosetron hcl	68	AMJEVITA SOAJ	4
AKYNZEO	30	ALPHAGAN P (brimonidine tartrate) 88		AMJEVITA SOSY	4
albuterol sulfate AERS	14	alprazolam TABS	12	AMJEVITA-PED 10KG TO <15KG SOSY	4
albuterol sulfate NEBU 0.083 % ...	14	ALREX SUSP (loteprednol etabonate)	90	AMJEVITA-PED 15KG TO <30KG SOSY	4
albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	14	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril)	32	AMLADEX TABS	85
albuterol sulfate NEBU	14	ALTOPREV TB24 20 MG, 40 MG, 60 MG	32	amlodipine besylate TABS	46
albuterol sulfate SYRP	14	ALTRENO LOTN	51	amlodipine besylate-atorvastatin calcium	47
albuterol sulfate TABS	14	ALTRIXA TABS	85	amlodipine besylate-benazepril hcl	
alclometasone dipropionate CREA	56				
alclometasone dipropionate OINT	56				
alendronate sodium SOLN	65				

33	amphetamine-dextroamphetamine TABS 1	ARANESP (ALBUMIN FREE) SOLN . 70
amlodipine besylate-olmesartan medoxomil33	ampicillin CAPS 500 MG92	ARANESP (ALBUMIN FREE) SOSY . 70
amlodipine besylate-valsartan 33	AMPYRA (dalfampridine) 94	ARAZLO LOTN 51
amlodipine-valsartan- hydrochlorothiazide33	AMRIX CP24 (cyclobenzaprine hcl) 86	ARCALYST5
amoxapine23	anastrozole37	AREXVY 100
amoxicillin & pot clavulanate CHEW . 92	ANDROGEL PUMP GEL TD (testosterone) 11	arformoterol tartrate 14
amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 62.5 MG/5ML-250 MG/5ML 92	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (umeclidinium-vilanterol) 14	ARICEPT TABS 23 MG (donepezil hydrochloride)93
amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML92	ANTIVERT CHEW (meclizine hcl) .29	ARICEPT TABS 5 MG, 10 MG (donepezil hydrochloride)93
amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG 92	ANTIVERT TABS 50 MG (meclizine hcl) 30	ARIKAYCE3
amoxicillin & pot clavulanate TABS 125 MG-875 MG92	APETIBEX CAPS83	aripiprazole SOLN PO40
amoxicillin & pot clavulanate TB12 92	APEXICON E CREA56	aripiprazole SOLN PO41
amoxicillin CAPS92	APIDRA SOLN25	aripiprazole TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG41
amoxicillin CHEW 125 MG, 250 MG . 92	APIDRA SOLOSTAR SOPN25	aripiprazole TABS 5 MG41
amoxicillin SUSR92	APLENZIN20	aripiprazole TBDP 41
amoxicillin TABS92	APO-VARENICLINE TABS 0.5 MG 95	ARISTADA 1064 MG/3.9ML41
amoxicillin-clarithromycin w/ lansoprazole THPK 98	APO-VARENICLINE TABS 1 MG . 95	ARISTADA 441 MG/1.6ML 41
amphetamine sulfate TABS 1	APPE-CURB CAPS83	ARISTADA 662 MG/2.4ML 41
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG1	apraclonidine hcl 88	ARISTADA 882 MG/3.2ML 41
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG1	aprepitant CAPS30	ARISTADA INITIO 41
	aprepitant MISC30	ARIXTRA (fondaparinux sodium) . 16
	APRISO CP24 (mesalamine)67	armodafinil2
	APTENSIO XR CP24 (methylphenidate hcl) 2	ARMOUR THYROID TABS96
	APTOM 200 MG, 400 MG, 600 MG, 800 MG (eslicarbazepine acetate) .17	ARNUITY ELLIPTA13
	APTIVUS CAPS41	ARTHROTEC TBEC (diclofenac w/ misoprostol) 5
		ascorbic acid TABS102
		asenapine maleate39

ASMANEX (120 METERED DOSES) AEPB	13	ATELVIA TBEC (risedronate sodium)	65	AUTOLET MINI MISC	73
ASMANEX (14 METERED DOSES) AEPB	13	atenolol & chlorthalidone	34	AUTOLET PLUS MISC	73
ASMANEX (30 METERED DOSES) AEPB	13	atenolol TABS	45	AUVELITY	20
ASMANEX (60 METERED DOSES) AEPB	13	atomoxetine hcl	2	AUVI-Q SOAJ 0.1 MG/0.1ML, 0.15 MG/0.15ML	102
ASMANEX HFA AERO	14	ATORVALIQ SUSP	32	AUVI-Q SOAJ 0.3 MG/0.3ML	102
ASPARLAS	37	atorvastatin calcium TABS	32	AVALIDE (irbesartan- hydrochlorothiazide)	34
aspirin buffered (cal carb-mag carb- mag oxide)	7	ATRALIN GEL (tretinoin)	51	AVAPRO 150 MG, 300 MG (irbesartan)	33
aspirin CHEW	7	atropine sulfate (ophthalmic) OINT 88	88	AVAR LS CLEANSER LIQD (sulfacetamide sodium w/ sulfur) ..	51
ASPIRIN SUPP 300 MG	7	atropine sulfate (ophthalmic) SOLN 88	88	AVAR-E LS CREA (sulfacetamide sodium w/ sulfur)	51
aspirin TABS 325 MG	7	ATROPINE SULFATE SOLN 1 % ..88	88	AVONEX PEN AJKT	94
aspirin TBEC 81 MG, 325 MG	7	ATROVENT HFA	13	AVONEX PREFILLED PSKT	94
aspirin-dipyridamole	69	AUBAGIO (teriflunomide)	94	AVSOLA	67
ASSURE 3 TEST STRP	60	AUDENZ EMUL	100	AZASITE	89
ASSURE 4 TEST STRP	60	AUDENZ PRSY	100	azathioprine TABS 75 MG, 100 MG 82	82
ASSURE II CHECK STRP	60	AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	92	azathioprine TABS	82
ASSURE II STRP	60	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	92	azelaic acid GEL	59
ASSURE PLATINUM STRP	60	AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	92	azelastine hcl (ophth)	90
ASSURE PRISM MULTI TEST STRP	61	AURYXIA 210 MG (ferric citrate) ..	68	azelastine hcl 0.1 %, 137 MCG/SPRAY	87
ASSURE PRO TEST STRP	61	AUSTEDO TABS	94	azelastine hcl 0.15 %	87
ASTAGRAF XL CP24	82	AUSTEDO XR PATIENT TITRATION TEPK	94	azelastine hcl-fluticasone propionate SUSP	87
ATACAND (candesartan cilexetil) .33	33	AUSTEDO XR TB24	94	azithromycin PACK	72
ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	34	AUTO-LANCET MINI MISC	73	azithromycin SUSR 100 MG/5ML .	72
atazanavir sulfate CAPS 150 MG, 200 MG	41	AUTO-LANCET MISC	73	azithromycin SUSR 200 MG/5ML .	72
atazanavir sulfate CAPS 200 MG .41	41	AUTOLET LANCING DEVICE MISC .	73	azithromycin TABS 250 MG	72
atazanavir sulfate CAPS 300 MG .41	41	AUTOLET LITE LANCING DEVICE MISC	73	azithromycin TABS 500 MG	72

azithromycin TABS 600 MG 72	BAXDELA TABS 66	BENZOYL PEROXIDE GEL 51
AZOPT (brinzolamide) 90	BCG VACCINE 99	benzoyl peroxide LIQD 5 %, 10 % .51
AZOR (amlodipine besylate- olmesartan medoxomil) 34	b-complex vitamins CAPS 83	benzoyl peroxide LOTN 5 %, 10 % 51
AZSTARYS 2	b-complex vitamins TABS 83	BENZOYL PEROXIDE LOTN 5 % .52
AZULFIDINE EN-TABS TBEC (sulfasalazine) 67	b-complex w/ c & folic acid CAPS . 83	benzoyl peroxide-erythromycin GEL . 51
AZULFIDINE TABS (sulfasalazine) 67	BD AUTOSHIELD DUO 76	benztropine mesylate TABS 37
B-1 TABS 102	BD PEN NEEDLE MICRO ULTRAFINE 77	bepotastine besilate 90
bacitracin (ophthalmic) 89	BD PEN NEEDLE MINI ULTRAFINE 77	BEPREVE (bepotastine besilate) .90
bacitracin (topical) OINT 53	BD PEN NEEDLE NANO 2ND GEN . 77	BESIVANCE 89
bacitracin zinc OINT 53	BD PEN NEEDLE NANO ULTRAFINE 77	betamethasone dipropionate (topical) CREA 56
bacitracin-polymyxin b (ophth) 89	BD PEN NEEDLE ORIG ULTRAFINE 77	betamethasone dipropionate (topical) LOTN 56
bacitracin-poly-neomycin-hc 90	BD PEN NEEDLE SHORT ULTRAFINE 77	betamethasone dipropionate (topical) OINT 56
baclofen SOLN PO 5 MG/5ML, 10 MG/5ML 86	BELBUCA FILM 10	betamethasone dipropionate augmented CREA 56
baclofen SUSP 86	BELSOMRA 71	betamethasone dipropionate augmented GEL 0.05 % 56
baclofen TABS 86	benazepril & hydrochlorothiazide . 34	betamethasone dipropionate augmented LOTN 56
BAFIERTAM 94	benazepril hcl 40 MG 33	betamethasone dipropionate augmented OINT 56
balsalazide disodium CAPS 67	benazepril hcl 5 MG, 10 MG, 20 MG . 33	betamethasone valerate CREA 56
BANZEL SUSP (rufinamide) 17	BENICAR (olmesartan medoxomil) 33	betamethasone valerate FOAM ... 56
BANZEL TABS (rufinamide) 17	BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide) ... 34	betamethasone valerate LOTN 56
BAQSIMI ONE PACK POWD 24	BENZAMYCIN GEL (benzoyl peroxide-erythromycin) 51	betamethasone valerate OINT 56
BAQSIMI TWO PACK POWD 24	benzonatate 100 MG 50	BETAPACE AF (sotalol hcl (afib/afll)) 45
BARACLUDE SOLN 44	benzonatate 200 MG 50	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl) 45
BARACLUDE TABS (entecavir) ... 44	benzoyl peroxide GEL 2.5 %, 5 %, 10 % 51	BETASERON KIT 94
BARIATRIC MULTIVITAMINS CAPS 83		
BARIATRIC MULTIVITAMINS/IRON CAPS 83		
BASAGLAR KWIKPEN SOPN 25		

betaxolol hcl (ophth) SOLN	88	bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG	34	vilanterol)	14
betaxolol hcl	45	bisoprolol fumarate	45	BREO ELLIPTA	14
bethanechol chloride	98	bisoprolol fumarate 2.5 MG	45	BREXAFEMME	30
BETHKIS NEBU (tobramycin)	3	BLOOD GLUCOSE TEST STRIPS 333 STRP	61	BREZTRI AEROSPHERE	14
BETIMOL (timolol)	88	BLOOD GLUCOSE TEST STRP ..	61	BRILINTA 60 MG, 90 MG (ticagrelor) 69	
BETIMOL	88	BLULINK GLUCOSE TEST STRP ..	61	brimonidine tartrate (topical)	59
BETOPTIC-S SUSP	88	BONEUP 3 PER DAY CAPS	83	brimonidine tartrate 0.1 %, 0.15 %	88
BEVESPI AEROSPHERE	14	BONEUP CAPS	83	brimonidine tartrate 0.2 %	89
BEXSERO 0.5 ML	99	BONJESTA TBCR	30	brimonidine tartrate-timolol maleate . 88	
bicalutamide	37	BONSITY SOPN 560 MCG/2.24ML 65		brinzolamide	91
BIKTARVY	41	BOOSTNOW IMMUNE SUPPORT CAPS	83	BRIVIACT SOLN PO 10 MG/ML ..	17
bimatoprost SOLN	91	BOOSTRIX SUSP	97	BRIVIACT TABS	17
BIMZELX SOAJ	54	BOOSTRIX SUSY	97	BRIXADI (WEEKLY) SOSY	10
BIMZELX SOSY	55	bosentan TABS	47	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	10
BINOSTO TBEF	65	BPROTECTED PEDIA POLY-VITE SOLN PO	86	bromfenac sodium (ophth)	91
BIO-35 GLUTEN-FREE CAPS	83	BPROTECTED PEDIA POLY- VITE/FE SOLN	86	bromocriptine mesylate CAPS	37
BIO-35 IRON FREE CAPS	83	BRAFTOVI 75 MG	37	bromocriptine mesylate TABS 2.5 MG	37
BIOCAL CAPS	83	BREATHE COMFORT CHAMBER/ADULT DEVI	78	brompheniramine & phenyleph ELIX . 50	
BIOLYTE SOLN	81	BREATHE COMFORT CHAMBER/CHILD DEVI	78	BROMSITE (bromfenac sodium (ophth))	91
BIOTECT PLUS CAPS	83	BREATHE EASE LARGE DEVI ...	78	BROVANA (arformoterol tartrate) .	14
BIOTEL CARE TEST STRIPS STRP 61		BREATHE EASE MEDIUM DEVI ..	78	BRYHALI LOTN	56
BIOTHRAX	99	BREATHE EASE SMALL DEVI	78	budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML	14
bisacodyl SUPP	72	BREATHERITE VALVED MDI CHAMBER DEVI	78	budesonide (inhalation) SUSP 1 MG/2ML	14
bisacodyl TBEC	72	BREO ELLIPTA (fluticasone furoate- vilanterol)	14	budesonide (intrarectal)	11
bismuth subsalicylate CHEW 262 MG	29			budesonide (nasal)	87
bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML	29				
bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG	34				

budesonide CPEP	49	MG-325 MG	7	dipropionate OINT	56
budesonide TB24	49	butalbital-acetaminophen-caffeine		calcipotriene-betamethasone	
budesonide-formoterol fumarate		CAPS 40 MG-50 MG-325 MG	7	dipropionate SUSP	56
dihydrate	14	butalbital-acetaminophen-caffeine		calcitonin (salmon) IJ	65
budesonide-formoterol fumarate		TABS 40 MG-50 MG-325 MG	7	calcitonin (salmon) NA	65
dihydrate	15	butalbital-acetaminophen-caffeine w/		calcitriol (topical)	55
bumetanide TABS	64	codeine 30 MG-40 MG-50 MG-300		calcitriol CAPS	66
buprenorphine hcl SUBL	10	MG	9	calcium acetate (phosphate binder)	
buprenorphine hcl-naloxone hcl		butalbital-acetaminophen-caffeine w/		CAPS	68
dihydrate FILM SL 0.5 MG-2 MG, 1		codeine 30 MG-40 MG-50 MG-325		calcium acetate (phosphate binder)	
MG-4 MG	10	MG	9	TABS	68
buprenorphine hcl-naloxone hcl		butalbital-aspirin-caffeine CAPS	7	calcium carbonate (antacid) CHEW	
dihydrate FILM SL 2 MG-8 MG, 3		butalbital-aspirin-caffeine w/cod	9	500 MG	12
MG-12 MG	10	butorphanol tartrate NA 10 MG/ML		calcium carbonate-cholecalciferol	
buprenorphine hcl-naloxone hcl		10		TABS 10 MCG-600 MG, 400 UNIT-	
dihydrate FILM SL	10	BUTRANS PTWK (buprenorphine)		600 MG	81
buprenorphine hcl-naloxone hcl		10		calcium carbonate-cholecalciferol	
dihydrate SUBL 0.5 MG-2 MG	10	BYDUREON BCISE AUIJ	25	TABS 200 UNIT-500 MG, 5 MCG-	
buprenorphine hcl-naloxone hcl		BYETTA 10 MCG PEN SOPN 10		500 MG, 500 MG-5 MCG	81
dihydrate SUBL 2 MG-8 MG	10	MCG/0.04ML (exenatide)	25	calcium polycarbophil TABS	71
buprenorphine PTWK	10	BYETTA 5 MCG PEN SOPN 5		camphor & menthol LOTN	54
bupropion hcl (smoking deterrent) 95		MCG/0.02ML (exenatide)	25	CANASA SUPP (mesalamine)	67
bupropion hcl TABS	21	BYSTOLIC (nebivolol hcl)	45	candesartan cilexetil	33
bupropion hcl TB12 100 MG	21	CABTREO	52	candesartan cilexetil-	
bupropion hcl TB12 150 MG	21	CADUET 10 MG-10 MG, 10 MG-20		hydrochlorothiazide	34
bupropion hcl TB12 200 MG	21	MG, 10 MG-40 MG, 10 MG-80 MG, 5		CAPEX SHAM	56
bupropion hcl TB24 150 MG	21	MG-10 MG, 5 MG-20 MG, 5 MG-40		CAPLYTA	38
bupropion hcl TB24 300 MG	21	MG, 5 MG-80 MG (amlodipine		capsaicin CREA 0.025 %, 0.075 %, 0.1 %	59
bupropion hcl TB24 450 MG	21	besylate-atorvastatin calcium)	47	captopril & hydrochlorothiazide 15	
buspirone hcl 15 MG	12	caffeine citrate SOLN PO	1	MG-25 MG, 15 MG-50 MG, 25 MG-	
buspirone hcl 5 MG, 10 MG	12	calcipotriene CREA	55	25 MG	34
buspirone hcl 7.5 MG, 30 MG	12	CALCIPOTRIENE FOAM	55	captopril & hydrochlorothiazide 25	
butalbital-acetaminophen TABS 50		calcipotriene OINT	55	MG-50 MG	34
		calcipotriene SOLN	55		
		calcipotriene-betamethasone			

captopril	33	CARETOUCH LANCING/EJECTOR MISC	73	CELEBRATE MULTI-COMPLETE CAPS	83
CAPVAXIVE	99	CARETOUCH TEST STRP	61	CELEBRATE MULTI-COMPLETE CAPS	83
CARAC CREA	54	carisoprodol TABS	86	CELEBRATE MULTI-COMPLETE CAPS	83
carbamazepine CHEW	17	carteolol hcl (ophth)	88	celecoxib	5
carbamazepine CP12	17	carvedilol 25 MG	45	CELEXA TABS 10 MG (citalopram hydrobromide)	21
carbamazepine SUSP	17	carvedilol 3.125 MG, 6.25 MG, 12.5 MG	45	CELEXA TABS 20 MG (citalopram hydrobromide)	21
carbamazepine TABS	17	carvedilol phosphate	45	CELEXA TABS 40 MG (citalopram hydrobromide)	21
carbamazepine TB12	17	CASGEVY	69	CELLCEPT CAPS (mycophenolate mofetil)	82
carbamide peroxide (otic) 6.5 % ...	91	CAYSTON	36	CELLCEPT SUSR (mycophenolate mofetil)	82
CARBATROL CP12 (carbamazepine)	17	cefaclor CAPS	48	CELLCEPT TABS (mycophenolate mofetil)	82
carbidopa	37	CEFACLO ER TB12	48	CELONTIN (methsuximide)	20
carbidopa-levodopa TABS	37	cefaclor SUSR 125 MG/5ML, 375 MG/5ML	48	CENTANY AT KIT	53
carbidopa-levodopa TBCR	37	cefadroxil CAPS	48	cephalexin CAPS	48
CARDIOCOM LANCING DEVICE MISC	73	cefadroxil SUSR	48	cephalexin SUSR	48
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (diltiazem hcl coated beads)	46	cefadroxil TABS	48	cephalexin TABS	48
CARDIZEM CD CP24 240 MG (diltiazem hcl coated beads)	46	cefdinir CAPS	48	CEQUA SOLN	89
CARDIZEM CD CP24 360 MG (diltiazem hcl coated beads)	46	cefdinir SUSR	48	CERASPORT EX1 SOLN	81
CARDIZEM LA TB24 (diltiazem hcl) 46		cefexime CAPS	48	CERASPORT SOLN	81
CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)	46	cefexime SUSR	48	CERDELGA	69
CARDURA (doxazosin mesylate) .	33	cefepodoxime proxetil SUSR	48	CEREZYME 400 UNIT	69
CARDURA XL	68	cefepodoxime proxetil TABS	48	cetirizine hcl CHEW	31
CAREONE ADVANCED LANCING DEV MISC	73	cefprozil SUSR 125 MG/5ML	48	cetirizine hcl SOLN PO	31
CARESENS N GLUCOSE TEST STRP	61	cefprozil SUSR 250 MG/5ML	48	cetirizine hcl TABS	31
		cefprozil TABS	48	cetirizine-pseudoephedrine	50
		ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	48		
		cefuroxime axetil TABS	48		
		CELEBRATE MULTI-COMPLETE CAPS	83		

CHANTIX STARTING MONTH PAK TBPk (varenicline tartrate)	95	choline fenofibrate	32	citalopram hydrobromide SOLN ...	21
CHEMET	29	CHOSEN LANCING DEVICE MISC 73		citalopram hydrobromide TABS 10 MG	21
CHEMSTRIP K STRP	61	CIBINQO	58	citalopram hydrobromide TABS 20 MG	21
chlordiazepoxide hcl CAPS	12	ciclopirox GEL	53	citalopram hydrobromide TABS 40 MG	21
chlorhexidine gluconate (mouth- throat)	83	ciclopirox KIT	53	CLARINEX TABS (desloratadine) .	31
chlorhexidine gluconate SOLN EX 4 %	41	ciclopirox olamine CREA	53	CLARINEX-D 12 HOUR TB12	50
chloroquine phosphate TABS 250 MG	36	ciclopirox olamine SUSP	53	clarithromycin SUSR 125 MG/5ML	72
chloroquine phosphate TABS 500 MG	36	ciclopirox SHAM	53	clarithromycin SUSR 250 MG/5ML	72
chlorpheniramine maleate SYRP ..	30	ciclopirox SOLN	53	clarithromycin TABS	72
chlorpromazine hcl TABS 10 MG ..	40	ciclostazol	69	clarithromycin TB24	72
chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG	40	CILOXAN OINT	89	CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	71
chlorthalidone 25 MG, 50 MG	65	CIMDUO	41	CLEOCIN-T LOTN (clindamycin phosphate (topical))	52
chlorzoxazone TABS 375 MG, 750 MG	86	cimetidine hcl PO 300 MG/5ML ...	97	CLEVER CHEK AUTO-CODE TEST STRP	61
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cholecalciferol CAPS 125 MCG, 5000 UNIT	102	CIMZIA-STARTER PSKT	67	CLEVER CHOICE HOLDING CHAMBER DEVI	78
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cholestyramine light POWD	31	ciprofloxacin hcl (ophth) SOLN	89	CLINDAGEL GEL (clindamycin phosphate (topical))	52
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cholestyramine POWD	31	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	66		
		ciprofloxacin-dexamethasone	91		
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COMPLERA 200 MG-300 MG-25 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	41	COSOPT PF (dorzolamide hcl-timolol maleate)	88	CYCLOGYL 0.5 %	88
CONCERTA TBCR 18 MG, 27 MG, 54 MG (methylphenidate hcl)	2	COTEMPLA XR-ODT TBED	2	CYCLOGYL 2 %	88
CONCERTA TBCR 36 MG (methylphenidate hcl)	2	COZAAR (losartan potassium) ...	33	cyclopentolate hcl 1 %	88
CONDYLOX GEL (podofilox)	59	CREON CPEP 15000 UNIT-9500 UNIT-3000 UNIT	64	cyclosporine (ophth) EMUL	89
CONEXXENCE SOSY SC 60 MG/ML	65	CREON CPEP	64	cyclosporine CAPS	82
CONTOUR NEXT TEST STRP ...	61	CRESEMBA CAPS	30	cyclosporine modified (for microemulsion) CAPS	82
CONTOUR PLUS TEST STRP ...	61	CRESTOR TABS (rosuvastatin calcium)	32	cyclosporine modified (for microemulsion) SOLN	82
CONTOUR TEST STRP	61	cromolyn sodium (nasal) 5.2 MG/ACT	87	CYLTEZO (2 PEN) AJKT	4
CONZIP CP24 (tramadol hcl)	7	cromolyn sodium (ophth)	91	CYLTEZO (2 SYRINGE) PSKT	4
COOL BLOOD GLUCOSE TEST STRIPS STRP	61	cromolyn sodium NEBU	13	CYLTEZO-CD/UC/HS STARTER AJKT	4
COPAXONE SOSY 20 MG/ML (glatiramer acetate)	94	crotamiton LOTN	60	CYLTEZO-PSORIASIS/UV STARTER AJKT	4
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		cyanocobalamin SOLN IJ 1000 MCG/ML	70	dantrolene sodium CAPS	87
		cyclobenzaprine hcl CP24	86	dapagliflozin propanediol 10 MG ..	28
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dapsone (topical)	52	DEPAKOTE TBEC 250 MG (divalproex sodium)	20	desoximetasone CREA	57
dapsone	35	DEPAKOTE TBEC 500 MG (divalproex sodium)	20	desoximetasone GEL	57
darifenacin hydrobromide	98	DEPLIN MA CAPS	84	desoximetasone LIQD	57
darunavir TABS 600 MG	41	DEPO-SUBQ PROVERA 104 SUSY SC	49	desoximetasone OINT	57
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DAYTRANA PTCH (methylphenidate)	2	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	57	DETROL LA CP24 (tolterodine tartrate)	98
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deferasirox TABS	29	desloratadine TABS	31	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	49
deferasirox TBSO	29	desloratadine TBDP	31	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..	49
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diltiazem hcl TABS 46	divalproex sodium TBEC 250 MG .20	doxycycline hyclate TABS 96
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diphenhydramine hcl CAPS 30	donepezil hydrochloride TABS 5 MG, 10 MG 93	drospirenone-ethinyl estradiol 0.03 MG-3 MG 48
diphenhydramine hcl ELIX 12.5 MG/5ML 31	donepezil hydrochloride TBDP 93	DROXIA CAPS 69
diphenhydramine hcl TABS 25 MG	DORAL (quazepam) 70	DRUG MART LANCING DEVICE MISC 74
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EMBRACE TALK GLUCOSE TEST STRP	62	ENBREL SOLN	6	EPCLUSA PACK	44
EMBRACE WAVE BLOOD GLUCOSE STRP	62	ENBREL SOSY 25 MG/0.5ML	7	EPCLUSA TABS 100 MG-400 MG	44
EMEND BIPACK CAPS 80 MG (aprepitant)	30	ENBREL SOSY 50 MG/ML	7	EPCLUSA TABS 50 MG-200 MG	44
EMEND SUSR	30	ENBREL SURECLICK SOAJ	6	EPIDIOLEX	18
EMEND TRIPACK CAPS (aprepitant)	30	ENDARI (glutamine (sickle cell))	69	EPIDUO FORTE GEL (adapalene- benzoyl peroxide)	52
EMFLAZA SUSP (deflazacort)	49	ENFAMIL ENFALYTE SOLN	81	EPIFOAM FOAM	57
EMFLAZA TABS (deflazacort)	49	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	86	epinastine hcl (ophth)	91
EMGALITY (300 MG DOSE) SOSY 79		ENERGIX-B SUSP 20 MCG/ML	100	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	102
EMGALITY SOAJ	79	ENERGIX-B SUSY	100	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	102
EMGALITY SOSY	80	ENHERTU	37	epinephrine (anaphylaxis) SOAJ	102
EMSAM	21	enoxaparin sodium SOLN IJ 300 MG/3ML	16	EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	102
emtricitabine CAPS	42	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	16	EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	102
emtricitabine- rilpivirine-tenofovir disoproxil fumarate	42	enoxaparin sodium SOSY 30 MG/0.3ML	16	EPIVIR SOLN (lamivudine)	42
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	42	enoxaparin sodium SOSY 40 MG/0.4ML	16	EPIVIR TABS 150 MG (lamivudine) 42	
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EMTRIVA SOLN	42	ENSPRYNG	82	EPRONTIA SOLN 25 MG/ML (topiramate)	18
EMVERM CHEW	12	ENSTILAR FOAM	57	EPSOLAY CREA	52
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enalapril maleate SOLN	33	ENTRESTO CPSP	47	EQ SPACE CHAMBER ANTI-	
		ENTRESTO TABS	47		
		ENTYVIO PEN SOAJ	67		
		ENVARUSUS XR TB24	82		

STATIC DEVI	78	ERZOFRI 156 MG/ML	38	ethosuximide SOLN	20
EQ SPACE CHAMBER ANTI- STATIC L DEVI	78	ERZOFRI 234 MG/1.5ML	38	ethynodiol diacet & eth estrad 35 MCG-1 MG	48
EQ SPACE CHAMBER ANTI- STATIC M DEVI	78	ERZOFRI 351 MG/2.25ML	38	ethynodiol diacet & eth estrad 50 MCG-1 MG	48
EQ SPACE CHAMBER ANTI- STATIC S DEVI	78	ERZOFRI 39 MG/0.25ML	38	etodolac CAPS	5
EQUETRO	38	ERZOFRI 78 MG/0.5ML	38	etodolac TABS	5
ergocalciferol CAPS	102	escitalopram oxalate SOLN	21	etodolac TB24	5
ergocalciferol SOLN PO 200 MCG/ML	102	escitalopram oxalate TABS 10 MG 21		etonogestrel-ethinyl estradiol	49
ERTACZO	54	escitalopram oxalate TABS 20 MG 21		etravirine 100 MG	42
ERVEBO	100	escitalopram oxalate TABS 5 MG .	21	etravirine 200 MG	42
ERYGEL GEL (erythromycin (acne aid))	52	eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	18	EUCRISA	59
ERYPED 200 SUSR (erythromycin ethylsuccinate)	72	esomeprazole magnesium CPDR 20 MG	97	EULEXIN	37
ERYPED 400 SUSR (erythromycin ethylsuccinate)	72	esomeprazole magnesium CPDR 40 MG	97	EVEKEO TABS (amphetamine sulfate)	1
erythromycin (acne aid) GEL	52	esomeprazole magnesium PACK .	97	everolimus (immunosuppressant) .	82
erythromycin (acne aid) PADS	52	estazolam	70	EVISTA (raloxifene hcl)	66
erythromycin (acne aid) SOLN	52	estradiol & norethindrone acetate TABS	66	EVOLUTION AUTOCODE STRP .	62
erythromycin (ophth)	89	estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	66	EVOTAZ	42
ERYTHROMYCIN	89	estradiol PTTW 0.0375 MG/24HR .	66	EXELON 13.3 MG/24HR (rivastigmine)	93
erythromycin base CPEP	72	estradiol PTWK	66	EXELON 4.6 MG/24HR, 9.5 MG/24HR (rivastigmine)	93
erythromycin base TABS	72	estradiol TABS	66	exemestane	37
erythromycin base TBEC	72	estradiol vaginal CREA	102	exenatide SOPN 10 MCG/0.04ML .	25
erythromycin ethylsuccinate SUSR 72		estradiol vaginal TABS	102	exenatide SOPN 5 MCG/0.02ML ..	25
erythromycin ethylsuccinate TABS	72	ESTROFACTORS TABS	85	EXFORGE (amlodipine besylate- valsartan)	34
erythromycin stearate TABS 250 MG 72		eszopiclone	70	EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide)	34
ERZOFRI 117 MG/0.75ML	38	ethambutol hcl TABS	36	EXTENCILLINE SUSR	92
		ethosuximide CAPS	20	EYE HEALTH AREDS 2 CAPS	84

EYE HEALTH CAPS	84	fenofibrate TABS 54 MG	32	FIASP FLEXTOUCH SOPN	25
EYLEA SOSY	88	fenofibric acid	32	FIASP PENFILL SOCT	25
EYSUVIS SUSP	90	FENOGLIDE TABS (fenofibrate) ..	32	FIASP SOLN	25
EZALLOR SPRINKLE CPSP	32	fenoprofen calcium CAPS 400 MG .	6	FIBRICOR (fenofibric acid)	32
ezetimibe	32	fenoprofen calcium TABS	6	FIFTY50 GLUCOSE TEST 2.0 STRP	62
ezetimibe-simvastatin	31	FENOPRON CAPS	6	FINACEA FOAM	59
FABIOR FOAM	52	FENSOLVI (6 MONTH) SC	66	finasteride	68
famciclovir	44	fentanyl citrate LPOP	7	fin golimod hcl	94
famotidine SUSR	97	fentanyl citrate TABS 200 MCG, 400	8	FINTEPLA	18
famotidine TABS 10 MG	97	MCG, 600 MCG, 800 MCG	8	FIORICET/CODEINE 30 MG-40 MG-	9
famotidine TABS 20 MG, 40 MG ..	97	fentanyl PT72 12 MCG/HR, 25		50 MG-300 MG (butalbital-	
FANAPT	38	100 MCG/HR	8	acetaminophen-caffeine w/ codeine) .	
FANAPT TITRATION PACK A	38	fentanyl PT72 37.5 MCG/HR, 62.5			
FARXIGA (dapagliflozin propanediol)	28	MCG/HR, 87.5 MCG/HR	8	FIRVANQ SOLR PO (vancomycin	35
.....		FENTORA TABS (fentanyl citrate) ..	8	hcl)	
FASENRA PEN SOAJ	13	ferrous fumarate TABS	70	FLAREX	90
FASENRA SOSY	13	FERROUS GLUCONATE TABS 324		flavoxate hcl	98
febuxostat	69	MG	70	flecainide acetate	12
felbamate SUSP	19	ferrous sulfate SOLN 15 MG/ML, 15		FLEQSUVY SUSP (baclofen)	86
felbamate TABS	19	MG/ML	70	FLEXICHAMBER ADULT	
FELBATOL TABS (felbamate)	19	ferrous sulfate SOLN 220 MG/5ML,		MASK/SMALL	78
felodipine	46	300 MG/6.8ML	70	FLEXICHAMBER CHILD	
fenofibrate CAPS	32	ferrous sulfate TABS 325 MG, 65		MASK/LARGE	78
fenofibrate micronized 134 MG, 200		MG, 325 MG	70	FLEXICHAMBER CHILD	
MG	32	ferrous sulfate TBEC	70	MASK/SMALL	78
fenofibrate micronized 43 MG, 90		fesoterodine fumarate	98	FLEXICHAMBER DEVI	78
MG, 130 MG	32	FETZIMA CP24	23	FLOLIPID SUSP	32
fenofibrate micronized 67 MG	32	FETZIMA TITRATION C4PK	23	FLUAD	100
fenofibrate TABS 160 MG	32	FEVERALL JUNIOR STRENGTH		FLUARIX SUSY	100
fenofibrate TABS 40 MG, 120 MG .	32	SUPP	7	FLUBLOK SOSY	100
fenofibrate TABS 48 MG, 145 MG .	32	fexofenadine hcl TABS 180 MG ...	31	FLUCELVAX SUSP	100
		fexofenadine hcl TABS 60 MG	31	FLUCELVAX SUSY	100

fluconazole SUSR30	hcl)21	fluvoxamine maleate CP2421
fluconazole TABS 100 MG, 200 MG .30	fluoxetine hcl TABS 10 MG21	fluvoxamine maleate TABS 100 MG .22
fluconazole TABS 150 MG30	fluoxetine hcl TABS 20 MG21	fluvoxamine maleate TABS 25 MG, 50 MG21
fluconazole TABS 50 MG30	fluoxetine hcl TABS 60 MG21	FLUZONE HIGH-DOSE SUSY ...100
fludrocortisone acetate TABS50	fluphenazine decanoate40	FLUZONE SUSP100
FLULAVAL SUSY100	fluphenazine hcl TABS40	FLUZONE SUSY100
FLUMIST100	flurandrenolide LOTN57	FML FORTE SUSP90
flunisolide (nasal)87	flurazepam hcl70	FML LIQUIFILM SUSP (fluorometholone (ophth))90
fluocinolone acetonide (otic)91	flurbiprofen sodium91	FOCALIN TABS (dexmethylphenidate hcl)2
fluocinolone acetonide CREA57	flurbiprofen TABS 100 MG6	FOCALIN XR CP24 (dexmethylphenidate hcl)2
fluocinolone acetonide OIL57	fluticasone furoate-vilanterol15	FOLAGENT DHA CAPS84
fluocinolone acetonide OINT57	fluticasone propionate (inhalation) AEPB14	FOLAMED DHA CAPS84
fluocinolone acetonide SOLN57	fluticasone propionate (nasal) SUSP .87	FOLAWISE TABS85
fluocinonide CREA 0.05 %57	fluticasone propionate CREA 0.05 % 57	FOLCYTEINE TABS85
fluocinonide CREA 0.1 %57	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT14	folic acid TABS 1 MG70
fluocinonide emulsified base57	fluticasone propionate hfa 44 MCG/ACT14	folic acid TABS 400 MCG70
fluocinonide GEL57	fluticasone propionate LOTN57	fondaparinux sodium16
fluocinonide OINT57	fluticasone propionate OINT57	FORA 6 CONNECT STRP62
fluocinonide SOLN57	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT15	FORA 6 CONNECT/GTEL TEST STRP62
fluorometholone (ophth) SUSP90	fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT15	FORA BLOOD GLUCOSE TEST STRP62
fluorouracil (topical) CREA 0.5 % ..54	fluticasone-salmeterol AERO15	FORA D15G BLOOD GLUCOSE TEST STRP62
fluorouracil (topical) CREA 5 %54	fluvastatin sodium CAPS32	FORA D20 BLOOD GLUCOSE TEST STRP62
fluorouracil (topical) SOLN54	fluvastatin sodium TB2432	FORA D40/G31 BLOOD GLUCOSE STRP62
fluoxetine hcl (pmdd) TABS95		
fluoxetine hcl CAPS 10 MG, 20 MG 21		
fluoxetine hcl CAPS 40 MG21		
fluoxetine hcl CPDR21		
fluoxetine hcl SOLN21		
FLUOXETINE HCL TABS (fluoxetine		

FORA G20 BLOOD GLUCOSE TEST STRP62	FOSAMAX TABS 70 MG (alendronate sodium)65	FREESTYLE PRECISION NEO TEST STRP62
FORA G30/PREM V10 GLUCOSE TEST STRP62	fosamprenavir calcium TABS42	FREESTYLE TEST STRP62
FORA GD20 TEST STRP62	fosinopril sodium & hydrochlorothiazide34	FROVA (frovatriptan succinate) ...80
FORA GD50 BLOOD GLUCOSE TEST STRP62	fosinopril sodium33	frovatriptan succinate80
FORA GTEL BLOOD GLUCOSE TEST STRP62	FOSRENOL CHEW (lanthanum carbonate)68	FT ELECTROLYTE SOLN81
FORA LANCING DEVICE MISC ...74	FOSRENOL PACK68	FT EYE HEALTH CAPS84
FORA TN'G ADVANCE PRO STRP 62	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML16	furosemide SOLN PO 8 MG/ML, 10 MG/ML64
FORA TN'G/TN'G VOICE STRP ..62	FRAGMIN SOSY16	furosemide TABS64
FORA V10 BLOOD GLUCOSE TEST STRP62	FREDS PHARMACY AUTOLET LANCING MISC74	FUZEON SOLR42
FORA V12 BLOOD GLUCOSE TEST STRP62	FREESTYLE FREEDOM LITE KIT 74	FYCOMPA SUSP17
FORA V20 BLOOD GLUCOSE TEST STRP62	FREESTYLE INSULINX TEST STRP62	FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (perampanel)17
FORA V30A BLOOD GLUCOSE TEST STRP62	FREESTYLE LIBRE 14 DAY READER74	gabapentin (once-daily) TABS95
FORACARE GD40 TEST STRP ...62	FREESTYLE LIBRE 14 DAY SENSOR74	gabapentin CAPS18
FORACARE PREMIUM V10 TEST STRP62	FREESTYLE LIBRE 2 PLUS SENSOR74	gabapentin SOLN18
FORACARE TEST N GO TEST STRP62	FREESTYLE LIBRE 2 READER ..74	gabapentin TABS 600 MG18
FORFIVO XL TB24 (bupropion hcl) 21	FREESTYLE LIBRE 2 SENSOR ..74	gabapentin TABS 800 MG18
formoterol fumarate NEBU15	FREESTYLE LIBRE 3 PLUS SENSOR74	GABARONE TABS 100 MG, 400 MG18
FORTEO SOPN (teriparatide)65	FREESTYLE LIBRE 3 READER ..74	GALAFOLD66
FORTISCARE G1 TEST STRIP STRP62	FREESTYLE LIBRE 3 SENSOR ..74	galantamine hydrobromide CP24 .93
FORTISCARE TEST STRP62	FREESTYLE LITE KIT74	galantamine hydrobromide SOLN .93
FOSAMAX PLUS D65	FREESTYLE LITE TEST STRP ...62	galantamine hydrobromide TABS .93
	FREESTYLE PRECISION NEO SYSTEM KIT74	GAMMAGARD92
		GAMMAGARD S/D LESS IGA SOLR92
		GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML92
		GAMUNEX-C 1 GM/10ML, 2.5

GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML 92	GILENYA 0.25 MG94	GLUMETZA TB24 (metformin hcl) .24
GARDASIL 9 SUSP 0.5 ML 100	GIMOTI SOLN NA 67	glutamine (sickle cell) 69
GARDASIL 9 SUSY 0.5 ML 100	GIVLAARI 69	glyburide micronized 1.5 MG, 3 MG, 6 MG 29
gatifloxacin (ophth)89	glatiramer acetate SOSY 20 MG/ML . 94	glyburide TABS 29
GE100 BLOOD GLUCOSE TEST STRP62	glatiramer acetate SOSY 40 MG/ML . 94	glyburide-metformin23
gemfibrozil TABS32	glimepiride 1 MG, 2 MG28	glycerin (laxative) SUPP 2 GM 71
GEMTESA98	glimepiride 3 MG29	glycopyrrolate TABS 1 MG, 2 MG .97
GENADEK STEP 1 CAPS84	glimepiride 4 MG29	GLYXAMBI23
GENADEK STEP 2 CAPS84	glipizide TABS 29	GNP EASY TOUCH GLUCOSE TEST STRP63
GENICIN VITA-Q TABS 85	glipizide TB2429	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/360ML81
GENOTROPIN CART SC65	glipizide-metformin hcl 23	GNP LANCING SYSTEM DEVICE MISC 75
GENOTROPIN MINQUICK PRSY 65	GLOBAL LANCING DEVICE MISC 75	GNP TRUETRACK SMART SYSTEM STRP63
gentamicin sulfate (ophth) SOLN ..89	GLOPERBA SOLN PO 69	GNP TRUETRACK TEST STRIPS STRP63
gentamicin sulfate (topical) CREA .53	glucagon (rdna) 24	GOJJI BLOOD GLUCOSE TEST STRP63
gentamicin sulfate (topical) OINT ..53	GLUCAGON EMERGENCY 24	GOJJI BLOOD TEST STRIP/LANCETS STRP63
GENTEEL PLUS LANCING (BLACK) MISC74	GLUCO PERFECT 3 TEST STRP .62	GOJJI LANCING DEVICE/CLEAR CAP MISC75
GENTEEL PLUS LANCING (PURPLE) MISC74	GLUCOCARD 01 SENSOR PLUS STRP62	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ... 71
GENTEEL PLUS LANCING (WHITE) MISC74	GLUCOCARD EXPRESSION TEST STRP62	GOODSENSE ELECTROLYTE ADV CARE SOLN81
GENTEEL PLUS LANCING DEV(BLUE) MISC74	GLUCOCARD SHINE TEST STRP 62	GRALISE TABS (gabapentin (once- daily))95
GENTEEL PLUS LANCING DEV(PINK) MISC74	GLUCOCARD VITAL TEST STRP 62	
GENULTIMATE TEST STRP62	GLUCOCARD X-SENSOR STRP .62	
GENVOYA42	GLUCOCOM TEST STRP62	
GEODON (ziprasidone hcl) 38	GLUCONAVII BLOOD GLUCOSE TEST STRP62	
GHT TEST STRP62	GLUCOSE METER TEST STRP ..63	
GILENYA (fingolimod hcl)94	GLUCOTROL XL TB24 5 MG, 10 MG (glipizide)29	

GRALISE TABS	95	haloperidol decanoate	39	SOPN	25
granisetron hcl TABS	29	haloperidol lactate CONC	39	HUMALOG KWIKPEN SOPN 100 UNIT/ML	26
GRASTEK SUBL	3	haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG	39	HUMALOG KWIKPEN SOPN 200 UNIT/ML	25
griseofulvin microsize SUSP	30	haloperidol TABS 20 MG	39	HUMALOG MIX 50/50 KWIKPEN SUPN	26
griseofulvin microsize TABS	30	HARVONI PACK	44	HUMALOG MIX 75/25 KWIKPEN SUPN	26
griseofulvin ultramicrosize	30	HARVONI TABS	44	HUMALOG MIX 75/25 SUSP	26
guaifenesin TB12 1200 MG	51	HAVRIX 1440 EL U/ML	100	HUMALOG SOCT	26
guaifenesin TB12 600 MG	51	HAVRIX IM 720 EL U/0.5ML	100	HUMALOG SOLN IJ	26
guaifenesin-codeine SOLN	50	HEALTHY ACCENTS LANCING DEVICE MISC	75	HUMALOG TEMPO PEN SOPN ..	26
guaifenesin-codeine SYRP	50	HEALTHY EYES SUPERVISION 2 CAPS	84	HUMATROPE CART IJ	65
guanfacine hcl (adhd)	2	H-E-B INCONTROL ADV LANCING MISC	75	HUMIRA (2 PEN) AJKT 40 MG/0.4ML	4
guanfacine hcl	33	HEMADY TABS	49	HUMIRA (2 PEN) AJKT 40 MG/0.8ML	4
GVOKE HYOPEN 1-PACK SOAJ 24		HEMANGEOL SOLN PO	45	HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4
GVOKE HYOPEN 2-PACK SOAJ 24		heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	16	HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML	4
GVOKE KIT SOLN	24	HEPARIN SODIUM (PORCINE) SOSY IJ	16	HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML	5
GVOKE PFS SOSY 1 MG/0.2ML ..	24	HEPLISAV-B SOSY	100	HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	4
GYNAZOLE-1	101	HETLIOZ CAPS (tasimelteon)	71	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	5
HADLIMA PUSHTOUCH SOAJ	4	HETLIOZ LQ SUSP	71	HUMIRA-PSORIASIS/UEVIT STARTER AJKT	5
HADLIMA SOSY	4	HIBERIX SOLR IJ	99	HUMULIN 70/30 KWIKPEN SUPN	26
HAEGARDA SOLR SC	69	HIGH POTENCY MULTIVITAMIN TABs	85	HUMULIN 70/30 SUSP	26
HAIR/SKIN/NAILS CAPS	84	HORIZANT	95	HUMULIN N KWIKPEN SUPN	26
halcinonide CREA	57	HULIO (2 PEN) AJKT	4	HUMULIN N SUSP	26
halcinonide SOLN 0.1 %	57	HULIO (2 SYRINGE) PSKT	4		
HALCION 0.25 MG (triazolam)	70	HUMALOG JUNIOR KWIKPEN			
halobetasol propionate CREA	57				
halobetasol propionate FOAM	57				
halobetasol propionate OINT	57				
HALOG CREA (halcinonide)	57				
HALOG OINT	57				

HUMULIN R SOLN IJ	26	MG-7.5 MG	9	hydromorphone hcl TABS 4 MG	8
HUMULIN R U-500 (CONCENTRATED) SOLN SC	26	hydrocodone-acetaminophen TABS 325 MG-2.5 MG	9	hydromorphone hcl TABS 8 MG	8
HUMULIN R U-500 KWIKPEN SOPN SC	26	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG . 10		hydromorphone hcl TB24	8
HW EMBRACE PRO GLUCOSE TEST STRP	63	hydrocortisone (intrarectal)	11	hydroxychloroquine sulfate 100 MG, 200 MG	36
HW EMBRACE TALK GLUCOSE TEST STRP	63	hydrocortisone (rectal) EX 1 %	11	HYDROXYM GEL	58
hydralazine hcl TABS	35	hydrocortisone (rectal) EX 2.5 % ..	11	hydroxyurea	37
HYDRALYTE FREEZER POPS SOLN	81	hydrocortisone (topical) CREA 0.5 % 57		HYDROXYUREA	48
HYDRALYTE SOLN	81	hydrocortisone (topical) CREA 1 % 57		hydroxyzine hcl SYRP	12
hydrochlorothiazide CAPS	65	hydrocortisone (topical) CREA 2.5 % 57		hydroxyzine hcl TABS	12
hydrochlorothiazide TABS 25 MG, 50 MG	65	hydrocortisone (topical) LOTN 2.5 % . 58		hydroxyzine pamoate CAPS	12
hydrocodone bitartrate CP12	8	hydrocortisone (topical) OINT 1 % .58		HYFTOR	59
hydrocodone bitartrate T24A	8	hydrocortisone (topical) OINT 2.5 % . 58		hyoscyamine sulfate ELIX	97
hydrocodone bitartrate-homatropine methylobromide SOLN	50	hydrocortisone (topical) SOLN 2.5 % 58		hyoscyamine sulfate SOLN PO 0.125 MG/ML	97
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 CREA	58	hyoscyamine sulfate SUBL 0.125 MG	97
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	9	hydrocortisone butyrate LOTN	58	hyoscyamine sulfate SUBL 0.125 MG	97
HYDROCODONE- ACETAMINOPHEN SOLN	9	hydrocortisone butyrate OINT	58	hyoscyamine sulfate TABS 0.125 MG	97
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	9	hydrocortisone butyrate SOLN	58	hyoscyamine sulfate TB12 0.375 MG 97	
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	10	hydrocortisone TABS	50	HYPERRHO S/D SOSY IM 1500 UNIT	92
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	10	hydrocortisone valerate CREA	58	HYRIMOZ SOAJ	5
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	10	hydrocortisone valerate OINT	58	HYRIMOZ SOSY	5
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	10	hydrocortisone w/acetic acid	91	HYRIMOZ-CROHNS/UC STARTER SOAJ	5
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	10	hydromorphone hcl LIQD	8	HYRIMOZ-PED<40KG CROHN STARTER SOSY	5
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	10	HYDROMORPHONE HCL SUPP ..	8	HYRIMOZ-PED>=40KG CROHN START SOSY	5
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	10	hydromorphone hcl TABS 2 MG	8	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	5

HYSINGLA ER T24A	8	imiquimod 3.75 %	59	INFINITY BLOOD GLUCOSE TEST STRP	63
HYZAAR (losartan potassium & hydrochlorothiazide)	34	imiquimod 5 %	59	INFINITY VOICE STRP	63
ibandronate sodium TABS	65	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (sumatriptan succinate) .	80	INFLECTRA SOLR	67
IBRANCE CAPS	37	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (sumatriptan succinate) .	80	INGREZZA CAPS	94
IBRANCE TABS	37	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (sumatriptan succinate)	80	INGREZZA CPPK	94
IBSRELA	68	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate)	80	INGREZZA CPSP	94
ibuprofen CHEW	6	IMITREX TABS (sumatriptan succinate)	80	INNOPRAN XL	45
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML	6	IMMUNE ESSENTIALS DAILY CAPS	84	INPEFA	47
ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML	6	IMOVAX RABIES SUSR	100	INREBIC	37
ibuprofen TABS 200 MG	6	IMURAN TABS (azathioprine)	82	INSPIRACHAMBER/LARGE DEVI	78
ibuprofen TABS 400 MG, 600 MG, 800 MG	6	IN TOUCH BLOOD GLUCOSE TEST STRP	63	INSPIRACHAMBER/MEDIUM DEVI	78
ibuprofen-famotidine	6	IN TOUCH LANCING DEVICE MISC	75	INSPIRACHAMBER/MOUTHPIECE DEVI	78
icatibant acetate SOSY	69	INCRELEX	66	INSPIRACHAMBER/SMALL DEVI	78
ICLUSIG	37	INCRUSE ELLIPTA	13	INSPIREASE MISC	78
icosapent ethyl	31	indapamide TABS 1.25 MG, 2.5 MG .	65	INSPIREASE RESERVOIR BAGS	78
IDACIO (2 PEN) AJKT	5	INDERAL LA CP24 (propranolol hcl) .	45	INSULIN ASP PROT & ASP FLEXPEN SUPN	26
IDACIO (2 SYRINGE) PSKT	5	INDERAL XL	45	INSULIN ASPART FLEXPEN SOPN .	26
IDACIO-CROHNS/UC STARTER AJKT	5	indomethacin CAPS 25 MG, 50 MG	6	INSULIN ASPART PENFILL SOCT	26
IDACIO-PSORIASIS STARTER AJKT	5	indomethacin CPCR	6	INSULIN ASPART PROT & ASPART SUSP	26
IGALMI FILM	70	indomethacin SUPP	6	INSULIN ASPART SOLN IJ	26
IGLUCOSE TEST STRIPS STRP .	63	indomethacin SUSP	6	INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	26
IHEALTH BLOOD GLUCOSE TEST STR STRP	63			INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	26
IHEALTH LANCING DEVICE MISC	75			INSULIN DEGLUDEC SOLN	26
ILEVRO	91				
imipramine hcl TABS	23				

INSULIN GLARGINE MAX SOLOSTAR SOPN	26	INVEGA TRINZA 819 MG/2.63ML	39	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	52
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	26	INVELTYS SUSP	90	isradipine CAPS	46
INSULIN GLARGINE-YFGN SOLN 27		INVOKAMET TABS	23	ISTALOL SOLN (timolol maleate (ophth))	88
INSULIN GLARGINE-YFGN SOPN 27		INVOKAMET XR TB24	23	itraconazole CAPS	30
INSULIN LISPRO (1 UNIT DIAL) SOPN	27	INVOKANA	28	itraconazole SOLN	30
INSULIN LISPRO JUNIOR KWIKPEN SOPN	27	IOPIDINE	89	ivermectin (rosacea)	60
INSULIN LISPRO PROT & LISPRO SUPN	27	IPOL	100	IXIARO	100
INSULIN LISPRO SOLN IJ	27	ipratropium bromide (nasal)	87	IYUZEH SOLN	91
INTELENCE (etravirine)	42	ipratropium bromide (nasal) 0.03 % 87		JANUMET TABS	23
INTELENCE	42	ipratropium bromide (nasal) 0.06 % 87		JANUMET XR TB24	23
INTELENCE 200 MG (etravirine) ..	42	ipratropium bromide SOLN 0.02 %	13	JANUVIA	24
INTUNIV (guanfacine hcl (adhd)) ..	2	ipratropium-albuterol SOLN	15	JARDIANCE	28
INVEGA 3 MG, 6 MG, 9 MG (paliperidone)	38	irbesartan	33	JENTADUETO TABS	23
INVEGA HAFYERA	38	irbesartan-hydrochlorothiazide ...	34	JENTADUETO XR TB24	23
INVEGA SUSTENNA 117 MG/0.75ML	38	IRON CHEWS PEDIATRIC CHEW 70		JORNAY PM CP24	2
INVEGA SUSTENNA 156 MG/ML	38	ISENTRESS CHEW 100 MG	42	JOURNAVX	7
INVEGA SUSTENNA 234 MG/1.5ML	38	ISENTRESS CHEW 25 MG	42	JUBBONTI SOSY SC 60 MG/ML ..	65
INVEGA SUSTENNA 39 MG/0.25ML	38	ISENTRESS HD TABS	42	JUBLIA	54
INVEGA SUSTENNA 78 MG/0.5ML	38	ISENTRESS PACK	42	JULUCA	42
INVEGA TRINZA 273 MG/0.88ML	39	ISENTRESS TABS	42	JYLAMVO SOLN PO	36
INVEGA TRINZA 410 MG/1.32ML	39	isoniazid SYRP	36	JYNNEOS	101
INVEGA TRINZA 546 MG/1.75ML	39	isoniazid TABS	36	KALETRA SOLN	42
		ISOPTO ATROPINE SOLN	88	KALETRA TABS 25 MG-100 MG (lopinavir-ritonavir)	42
		isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	12	KALETRA TABS 50 MG-200 MG (lopinavir-ritonavir)	42
		isosorbide mononitrate TABS	12	KANJINTI	37
		ISOSORBIDE MONONITRATE TABs	12	KAPSPARGO SPRINKLE CS24 ..	45
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KEPPRA TABS 250 MG, 750 MG (levetiracetam) 18	KLOXXADO LIQD29	lamivudine SOLN 42
KEPPRA TABS 500 MG (levetiracetam) 18	KONVOMEPEP SUSR98	lamivudine TABS 150 MG 42
KEPPRA XR TB24 (levetiracetam) 18	KRINTAFEL 36	lamivudine TABS 300 MG 42
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ketoconazole (topical) SHAM 2 % .54	labetalol hcl TABS 200 MG45	lamotrigine TABS 18
ketoconazole 30	labetalol hcl TABS 300 MG45	lamotrigine TB2418
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ketoprofen CAPS 25 MG6	lacosamide TABS18	LANCET DEVICE WITH EJECTOR MISC75
ketoprofen CP24 6	lactic acid (ammonium lactate) CREA59	LANCING DEVICE MISC75
ketorolac tromethamine (ophth) 0.4 %91	lactic acid (ammonium lactate) LOTN 12 %59	lanolin XX93
ketorolac tromethamine (ophth) 0.5 %91	lactulose (encephalopathy)68	LANOLIN XX93
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LESCOL XL TB24 (fluvastatin sodium)32	levonorgestrel (emergency oc) 1.5 MG 49		lisdexamphetamine dimesylate CAPS 1
LETAIRIS (ambrisentan)47	levonorgestrel-eth estradiol (triphasic)48		lisdexamphetamine dimesylate CHEW . 1
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levetiracetam TABS 500 MG 18	lidocaine CREA 4 % 59		LOCOID LIPOCREAM58
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LOPRESSOR TABS 50 MG (metoprolol tartrate)	45	lovastatin TABS 10 MG, 20 MG ...	32	LYRICA CR (pregabalin (once-daily))	95
LOPROX	54	lovastatin TABS 40 MG	32	LYRICA SOLN (pregabalin)	18
LOPROX SUSP (ciclopirox olamine) .	54	LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)	16	LYUMJEV KWIKPEN SOPN	27
loratadine & pseudoephedrine TB12 .	51	LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium)	16	LYUMJEV SOLN	27
loratadine CHEW	31	LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium)	17	LYUMJEV TEMPO PEN SOPN ...	27
loratadine TABS	31	LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium)	16	LYVISPAH PACK	86
loratadine TBDP 10 MG	31	LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium)	17	magnesium citrate 1.745 GM/30ML	72
lorazepam TABS 0.5 MG, 2 MG ...	12	LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium)	16	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	72
lorazepam TABS 1 MG	12	LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium)	16	magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG, 400 MG	81
losartan potassium & hydrochlorothiazide	34	LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium)	17	magnesium oxide TABS 400 MG ..	12
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LOTEMAX GEL (loteprednol etabonate)	90	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ...	17	maraviroc TABS 150 MG	42
LOTEMAX OINT	90	loxapine succinate	39	maraviroc TABS 150 MG	43
LOTEMAX SM GEL	90	lubiprostone	67	maraviroc TABS 300 MG	43
LOTEMAX SUSP (loteprednol etabonate)	90	luliconazole	54	MARINOL CAPS 2.5 MG (dronabinol)	30
LOTENSIN 10 MG, 20 MG (benazepril hcl)	33	LUMIGAN SOLN 0.01 %	91	MARPLAN	21
LOTENSIN 40 MG (benazepril hcl)	33	lurasidone hcl	38	MASK VORTEX/CHILD/FROG ...	78
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				MAVENCLAD (5 TABS)	94
				MAVENCLAD (6 TABS)	94
				MAVENCLAD (7 TABS)	94

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MAVENCLAD (9 TABS)	94	megestrol acetate TABS	37	mesalamine ENEM	67
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MAVYRET TABS	44	MEIJER TRUETRACK TEST STRP ..	63	mesalamine TBEC 1.2 GM	67
MAXALT TABS 10 MG (rizatriptan benzoate)	80	MEKTOVI	37	mesalamine TBEC 800 MG	67
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	80	meloxicam CAPS	6	mesalamine w/ cleanser	67
MAXIDEX SUSP OP	90	meloxicam TABS	6	metaxalone	87
MAXITROL OINT (neomycin-polymy- dexameth)	90	memantine hcl CP24	93	METAXALONE 640 MG	87
MAXITROL SUSP (neomycin- polymy-dexameth)	90	memantine hcl SOLN	93	metformin hcl SOLN	24
MAXI-TUSS PE MAX LIQD	51	memantine hcl TABS	93	metformin hcl TABS 1000 MG	24
MAYZENT STARTER PACK TBPk 0.25 MG	94	memantine hcl-donepezil hcl CP24 93		metformin hcl TABS 500 MG	24
MAYZENT TABS	94	MENACTRA	99	metformin hcl TABS 625 MG	24
meclizine hcl TABS 12.5 MG, 25 MG, 50 MG	30	MENATROL CAPS	84	metformin hcl TABS 750 MG	24
meclofenamate sodium CAPS	6	MENQUADFI 0.5 ML	99	metformin hcl TABS 850 MG	24
MEDROL TABS (methylprednisolone)	50	MENS 50+ ADVANCED CAPS ...	84	metformin hcl TB24 500 MG, 1000 MG	24
MEDROL TABS	50	MENVEO SOLN	99	metformin hcl TB24 500 MG	24
MEDROL TBPk (methylprednisolone)	50	MENVEO SOLR	99	metformin hcl TB24 750 MG	24
medroxyprogesterone acetate (contraceptive) SUSP IM	49	meperidine hcl SOLN PO 50 MG/5ML	8	methadone hcl TABS 10 MG	8
medroxyprogesterone acetate (contraceptive) SUSY IM	49	meperidine hcl TABS 50 MG	8	methadone hcl TABS 5 MG	8
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	93	meprobamate	12	methamphetamine hcl	1
mefenamic acid CAPS	6	mercaptopurine SUSP 2000 MG/100ML	36	methazolamide TABS	64
mefloquine hcl	36	mercaptopurine TABS	36	methenamine mandelate	36
megestrol acetate (appetite)	93	MERILOG SOLN SC 100 UNIT/ML 27		methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 81.6 MG . 35	
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		mesalamine CP24	67	methocarbamol TABS 1000 MG ...	87
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				methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	36

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methylidopa TABS 33	metoprolol & hydrochlorothiazide TABS 34	miconazole nitrate vaginal KIT ... 101
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methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG 2	metoprolol tartrate TABS 100 MG .45	MICROCHAMBER DEVI 78
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methylphenidate hcl CPR 2	metoprolol tartrate TABS 37.5 MG, 75 MG 45	MICRODOT TEST STRP 63
methylphenidate hcl SOLN 2	METROCREAM CREA (metronidazole (topical)) 60	MICROLET NEXT LANCING DEVICE MISC 75
methylphenidate hcl TABS 10 MG, 20 MG 2	METROGEL GEL 1 % (metronidazole (topical)) 60	MICROSPACER MISC 79
methylphenidate hcl TABS 5 MG ... 2	metronidazole (topical) CREA 60	midazolam hcl SOLN IJ 70
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG 2	metronidazole (topical) GEL 0.75 % 60	MIDAZOLAM HCL SOLN IJ 71
methylphenidate hcl TB24 36 MG .. 2	metronidazole (topical) GEL 1 % .. 60	midodrine hcl 102
methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG 2	metronidazole (topical) LOTN 60	MIEBO 91
methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG 2	metronidazole CAPS 35	miglitol 23
methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG 2	metronidazole TABS 35	MINCORA TABS 85
methylphenidate PTCH 2	metronidazole vaginal 101	MINI LANCING DEVICE MISC 75
methylprednisolone TABS 50	mexiletine hcl 12	minocycline hcl CAPS 96
methylprednisolone TBP 50	MICARDIS (telmisartan) 33	minocycline hcl TABS 96
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metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML 67		minoxidil 10 MG 35
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mirtazapine TABS 30 MG20	montelukast sodium PACK 13	multiple vitamins w/ calcium TABS 83
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MM BLULINK GLUCOSE TEST STRP63	morphine sulfate SUPP 8	mupirocin OINT53
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MODERNA COVID-19 VAC 6M-11Y SUSP 101	MOVIPREP (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid) 71	MVW MODULATOR FORMULATION MINI CAPS84
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MODERNA COVID-19 VACCINE SUSP 101	moxifloxacin hcl TABS66	mycophenolate mofetil SUSR 82
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MYHIBBIN SUSP82	naphazoline w/ pheniramine 0.315 %-0.027 % 89	neomycin-polymyxin w/ pramoxine 53
MYLERAN TABS36	NAPRELAN TB24 (naproxen sodium)6	neomycin-polymyxin-gramicidin ... 89
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MYRBETRIQ TB24 (mirabegron) ..98	NAPROSYN SUSP (naproxen)6	neomycin-polymyxin-hc (otic) SOLN . 91
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nabumetone 6	naproxen sodium TABS 275 MG, 550 MG6	neomycin-polymyxin-hc (otic) SUSP . 91
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	neomycin-bacitracin-polymyxin OINT 53	
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niacin (antihyperlipidemic) TBCR ..	32	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	48	NOVAVAX COVID-19 VACCINE SUSY	101
niacin CPCR 250 MG	102	norethindrone & eth estradiol	48	NOVOLIN 70/30 FLEXPEN RELION SUPN	27
niacin TABS 500 MG	102	norethindrone & ethinyl estradiol-fe 49		NOVOLIN 70/30 FLEXPEN SUPN	27
niacin TBCR	102	norethindrone (contraceptive)	49	NOVOLIN 70/30 RELION SUSP ..	27
nicardipine hcl CAPS	46	norethindrone acet & eth estra TABS 49		NOVOLIN 70/30 SUSP	27
NICOTINE KIT	95	norethindrone acetate TABS	93	NOVOLIN N FLEXPEN RELION SUPN	27
nicotine polacrilex GUM	95	norethindrone acetate-ethinyl estradiol	66	NOVOLIN N FLEXPEN SUPN	27
nicotine polacrilex LOZG	95	norethindrone acetate-ethinyl estradiol-fe	49	NOVOLIN N RELION SUSP	27
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	95	norethindrone-eth estradiol (triphasic)	49	NOVOLIN N SUSP	27
NICOTROL NS SOLN	95	norgestimate-ethinyl estradiol (triphasic)	49	NOVOLIN R FLEXPEN RELION SOPN IJ	27
nifedipine CAPS	46	norgestimate-ethinyl estradiol	49	NOVOLIN R FLEXPEN SOPN IJ ..	27
nifedipine TB24 30 MG, 90 MG	46	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	49	NOVOLIN R RELION SOLN IJ	27
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nisoldipine	46	nortriptyline hcl CAPS	23	NOVOLOG FLEXPEN SOPN	28
nitazoxanide TABS	35	nortriptyline hcl SOLN	23	NOVOLOG MIX 70/30 FLEXPEN SUPN	28
NITRO-BID OINT	12	NORVASC TABS (amlodipine besylate)	46	NOVOLOG MIX 70/30 RELION SUSP	28
nitrofurantoin	36	NORVIR PACK	43	NOVOLOG MIX 70/30 SUSP	28
nitrofurantoin macrocrystal 50 MG, 100 MG	36	NORVIR TABS (ritonavir)	43	NOVOLOG PENFILL SOCT	28
nitrofurantoin monohyd macro	36	NOVA MAX GLUCOSE TEST STRP .	63	NOVOLOG RELION SOLN IJ	28
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nitroglycerin PT24	12				
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NP THYROID TABS	96			omeprazole-sodium bicarbonate	
NUCALA SOAJ	13	OCUVITE-LUTEIN CAPS	84	CAPS	98
NUCALA SOLR	13	ODEFSEY	43	omeprazole-sodium bicarbonate	
NUCALA SOSY	13	OFEV	96	PACK	98
NUPLAZID CAPS	38	ofloxacin (ophth)	89	OMNARIS SUSP	87
NUPLAZID TABS 10 MG	38	ofloxacin (otic)	91	OMNICAP TABS	86
NURTEC	80	ofloxacin 300 MG	66	OMNIPOD 5 DEXG7G6 INTRO GEN	
NUTROPIN AQ NUSPIN 10 SOPN	65	ofloxacin 400 MG	67	5 KIT	75
		OGIVRI	37	OMNIPOD 5 DEXG7G6 PODS GEN	
NUTROPIN AQ NUSPIN 20 SOPN	65	OHTUVAYRE	13	5 MISC	75
		olanzapine TABS 15 MG, 20 MG .	40	OMNIPOD 5 G7 INTRO (GEN 5) KIT	
NUTROPIN AQ NUSPIN 5 SOPN .	65	olanzapine TABS 2.5 MG, 5 MG .	39	75	
NUVIGIL (armodafinil)	2	olanzapine TABS 7.5 MG, 10 MG .	39	OMNIPOD 5 G7 PODS (GEN 5)	
NUZYRA TABS	96	olanzapine TBDP	40	MISC	75
NYMALIZE SOLN 6 MG/ML	46	olanzapine-fluoxetine hcl 25 MG-12		OMNIPOD 5 LIBRE2 G6 INTRO G5	
NYSTATIN (nystatin (mouth-throat)) .	83	MG, 50 MG-12 MG, 50 MG-6 MG .	93	KIT	76
nystatin (mouth-throat)	83	olanzapine-fluoxetine hcl 25 MG-3		OMNIPOD 5 LIBRE2 PLUS G6	
nystatin (topical) CREA	54	MG, 25 MG-6 MG	93	PODS MISC	76
nystatin (topical) OINT	54	olmesartan medoxomil	33	OMNIPOD DASH INTRO (GEN 4)	
nystatin (topical) POWD EX	54	olmesartan medoxomil-amlodipine-		KIT	76
nystatin TABS	30	hydrochlorothiazide	34	OMNIPOD DASH PODS (GEN 4)	
nystatin-triamcinolone CREA	54	olmesartan medoxomil-		MISC	76
nystatin-triamcinolone OINT	54	hydrochlorothiazide	34	OMNITROPE SOCT	65
OCTAGAM SOLN 30 GM/300ML .	92	olopatadine hcl (nasal)	87	OMNITROPE SOLR SC	65
octreotide acetate KIT	66	olopatadine hcl 0.2 %	91	OMVOH (300 MG DOSE) SOAJ .	67
OCUFLOX (ofloxacin (ophth))	89	OLUMIANT	3	OMVOH (300 MG DOSE) SOSY ..	67
OCUVEL CAPS 250 MG-0.5 MG-5		omega-3 fatty acids CAPS 1000 MG .		OMVOH SOAJ	67
MG-1 MG-40 MG-1 MG-200 UNIT	84	88		OMVOH SOSY	67
OCUVITE ADULT 50+ CAPS	84	omega-3-acid ethyl esters	31	ON CALL EXPRESS BLOOD	
		omeprazole CPDR	97	GLUCOSE STRP	63
		omeprazole magnesium TBEC	97	ondansetron hcl SOLN IJ	29
				ondansetron hcl SOLN PO 4	
				MG/5ML	29

ondansetron hcl SOSY 29	ORACEA (doxycycline (rosacea)) 60	sodium)55
ondansetron hcl TABS 4 MG, 8 MG 29	oral electrolytes SOLN81	OVACE PLUS WASH GEL (sulfacetamide sodium)55
ondansetron TBDP 16 MG 29	ORENCIA CLICKJECT SOAJ6	OVACE PLUS WASH LIQD (sulfacetamide sodium)55
ondansetron TBDP 4 MG, 8 MG .. 29	ORENCIA SOSY6	OVACE WASH LIQD (sulfacetamide sodium)55
ONE DAILY ESSENTIAL TABS ...86	ORENITRAM MONTH 1 TEPK47	OVIDE (malathion)60
ONE DAILY ESSENTIALS TABS ..86	ORENITRAM MONTH 2 TEPK47	oxaprozin TABS6
ONE DROP TEST STRP63	ORENITRAM MONTH 3 TEPK47	oxazepam CAPS12
ONE VITE DAILY MULTIVITAMIN TABS86	ORENITRAM TBCR47	oxcarbazepine SUSP18
ONE-A-DAY ADULT	ORKAMBI PACK96	oxcarbazepine TABS18
VITACRAVES+DHA CHEW86	ORKAMBI TABS96	oxcarbazepine TB2418
ONE-DAILY MULTI CAPS CAPS ..84	orphenadrine citrate TB1287	oxcarbazepine TB2418
ONEXTON GEL (clindamycin phosphate-benzoyl peroxide)52	orphenadrine w/ aspirin & caff87	oxiconazole nitrate CREA54
ONFI SUSP (clobazam)17	oseltamivir phosphate CAPS 30 MG .45	OXISTAT LOTN54
ONFI TABS (clobazam)17	oseltamivir phosphate CAPS 45 MG, 75 MG44	OXTELLAR XR TB24 (oxcarbazepine)18
ONYDA XR SUER2	oseltamivir phosphate CAPS 45 MG, 75 MG44	oxybutynin chloride SOLN98
OPIPZA FILM41	oseltamivir phosphate SUSR45	oxybutynin chloride TABS 2.5 MG .98
OPSUMIT47	OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (alogliptin-pioglitazone)24	oxybutynin chloride TABS 5 MG ...98
OPSYNVI47	OSMOLEX ER TB24 129 MG, 193 MG37	oxybutynin chloride TB2498
OPTICHAMBER DIAMOND DEVI .79	OTEZLA TABS6	oxycodone hcl CAPS8
OPTICHAMBER DIAMOND MISC .79	OTEZLA TBPk6	oxycodone hcl CONC 100 MG/5ML 8
OPTICHAMBER DIAMOND-LG MASK DEVI79	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/0.4ML3	oxycodone hcl SOLN8
OPTICHAMBER DIAMOND-MD MASK MISC79	OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML55	oxycodone hcl T12A 10 MG, 20 MG, 40 MG8
OPTICHAMBER DIAMOND-SM MASK MISC79	OVACE PLUS CREA55	oxycodone hcl TABS8
OPTIUMEZ TEST STRP63	OVACE PLUS LOTN55	oxycodone w/ acetaminophen SOLN 10
OPVEE NA29	OVACE PLUS SHAM (sulfacetamide	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG10
OPZELURA58		oxycodone w/ acetaminophen TABS

325 MG-2.5 MG	10	paroxetine hcl TB24	22	PENNSAID SOLN EX 2 % (diclofenac sodium (topical))	54
oxycodone w/ acetaminophen TABS . 10		paroxetine mesylate (vasomotor) .	96	PENTASA CPR	67
OXYCONTIN T12A	8	PAXIL CR TB24 (paroxetine hcl) ..	22	pentazocine w/ naloxone hcl	10
oxymorphone hcl TABS	8	PAXIL SUSP (paroxetine hcl)	22	pentoxifylline	69
oxymorphone hcl TB12	9	PAXIL TABS 10 MG (paroxetine hcl) . 22		PEPCID TABS (famotidine)	97
OXYTROL PTTW	98	PAXIL TABS 20 MG (paroxetine hcl) . 22		perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	17
oyster shell	81	PAXIL TABS 30 MG, 40 MG (paroxetine hcl)	22	PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen) ...	10
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	25	PAXLOVID (150/100)	44	PERCOCET TABS 325 MG-2.5 MG (oxycodone w/ acetaminophen) ...	10
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	25	PAXLOVID (300/100)	44	PERFOROMIST NEBU (formoterol fumarate)	15
OZEMPIC (2 MG/DOSE) SOPN ...	25	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	86	perindopril erbumine	33
PADCEV	37	ped multivitamins w/fl & iron SOLN 86		permethrin CREA	60
paliperidone	39	PEDIALYTE IMMUNE SUPPORT SOLN	81	permethrin LIQD EX	60
PANDA MASK LARGE	79	PEDIATRIC PANDA MASK	79	perphenazine TABS	40
PANDA MASK MEDIUM	79	PEDVAX HIB SUSP	99	perphenazine-amitriptyline	93
PANDA MASK SMALL	79	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	71	PERSERIS PRSY	39
PANDEL	58	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	71	PERTZYE CPEP	64
pantoprazole sodium PACK	98	peg 3350-potassium chloride-sod bicarbonate-sod chloride	71	PFIZER COVID-19 BIVAL 6MO-4YR	101
pantoprazole sodium TBEC 20 MG 98		PEGASYS SOLN	44	PFIZER COVID-19 VAC BIVAL 5-11	101
pantoprazole sodium TBEC 40 MG 98		PEGASYS SOSY	44	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	101
PARI VORTEX ADULT MASK	79	PENBRAYA	99	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	101
PARI VORTEX PEDIATRIC MASK 79		penciclovir	56	PFIZER-BIONT COVID-19 VAC- TRIS SUSP	101
paroxetine hcl SUSP	22	penicillamine TABS	82		
paroxetine hcl TABS 10 MG	22	penicillin v potassium SOLR	92		
paroxetine hcl TABS 20 MG	22	penicillin v potassium TABS	92		
paroxetine hcl TABS 30 MG, 40 MG . 22					

PFIZER-BIONTECH COVID-19 VACC SUSP	101	pirfenidone CAPS	96	POLY-VITE/IRON SOLN	86
PHARMACIST CHOICE AUTOCODE STRP	63	pirfenidone TABS	96	PONVORY STARTER PACK TBPK 94	
PHARMACIST CHOICE NO CODING STRP	63	piroxicam CAPS	6	PONVORY TABS	94
phenazopyridine hcl TABS 100 MG, 200 MG	69	pitavastatin calcium	32	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	81
phenelzine sulfate	21	PLAVIX 75 MG (clopidogrel bisulfate)	69	potassium bicarbonate TBEF	82
phenobarbital ELIX	70	PLEGRIDY SOAJ	94	potassium chloride CPCR 10 MEQ 82	
phenobarbital TABS	70	PLEGRIDY SOSY IM	94	potassium chloride CPCR 8 MEQ .	82
phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML 51		PLEGRIDY STARTER PACK SOAJ . 94		potassium chloride microencapsulated crystals er	82
phenytoin CHEW	20	PLEGRIDY STARTER PACK SOSY SC	94	potassium chloride PACK PO 20 MEQ	82
phenytoin sodium extended 100 MG, 200 MG, 300 MG	20	PLENVU	71	potassium chloride SOLN PO 10 %, 20 %, 10 %	82
phenytoin sodium extended 200 MG, 300 MG	20	PNEUMOVAX 23 SOLN	99	potassium chloride TBCR 8 MEQ, 10 MEQ	82
phenytoin SUSP 125 MG/5ML	20	PNEUMOVAX 23 SOSY	99	potassium citrate (alkalinizer) TBCR . 68	
PHESGO	37	POCKET CHAMBER DEVI	79	potassium iodide (expectorant) SOLN	51
phytonadione TABS 5 MG	102	POCKET SPACER DEVI	79	PRADAXA CAPS (dabigatran etexilate mesylate)	17
PIFELTRO	43	POCKETCHEM EZ TEST STRP ..	63	PRADAXA PACK	17
pilocarpine hcl (oral) 5 MG	83	podofilox GEL	59	pramipexole dihydrochloride TABS 37	
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 88		podofilox SOLN	59	pramipexole dihydrochloride TB24	37
pimecrolimus	59	polyethylene glycol 3350 PACK ...	71	prasugrel hcl	69
pindolol TABS	45	polyethylene glycol 3350 POWD ..	71	pravastatin sodium	32
pioglitazone hcl	28	polymyxin b-trimethoprim	89	prazosin hcl CAPS	33
pioglitazone hcl-glimepiride	24	polysaccharide iron complex CAPS 70		PRECISION XTRA BLOOD GLUCOSE STRP	63
pioglitazone hcl-metformin hcl TABS . 24		POLYTRIM (polymyxin b- trimethoprim)	89	PRED FORTE (prednisolone acetate	
PIP BLOOD GLUCOSE TEST STRIP STRP	63	polyvinyl alcohol 1.4 %	88		
		POLY-VI-SOL SOLN PO	86		
		POLY-VITA SOLN PO	86		
		POLY-VITE PEDIATRIC SOLN PO 86			

(ophth))90	PRESERVISION AREDS CAPS ...85	PROBIOTICS + BARIATRIC MULTI CAPS85
PRED MILD90	PRESERVISION/LUTEIN CAPS ..85	PROCARDIA XL TB24 30 MG, 90 MG (nifedipine)46
prednisolone acetate (ophth)90	PREVACID CPDR 30 MG (lansoprazole)98	PROCARDIA XL TB24 60 MG (nifedipine)46
PREDNISOLONE ACETATE P-F .90	PREVACID SOLUTAB TBDD (lansoprazole)98	PROCARE SPACER/ADULT MASK DEVI79
PREDNISOLONE SODIUM PHOSPHATE90	PREVNAR 1399	PROCARE SPACER/CHILD MASK DEVI79
prednisolone sodium phosphate SOLN 20 MG/5ML50	PREVNAR 2099	PROCHAMBER VHC DEVI79
prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML50	PREZCOBIX43	prochlorperazine40
prednisolone SOLN50	PREZISTA SUSP43	prochlorperazine maleate TABS ...40
prednisolone TABS50	PREZISTA TABS (darunavir)43	PROCRIT70
PREDNISONE INTENSOL CONC .50	PREZISTA TABS 150 MG43	PRODIGY LANCING DEVICE MISC . 76
prednisone SOLN50	PREZISTA TABS 75 MG, 600 MG 43	PRODIGY NO CODING BLOOD GLUC STRP63
prednisone TABS50	PREZISTA TABS 800 MG (darunavir)43	progesterone CAPS93
prednisone TBPK50	PRILOSEC PACK98	PROGLYCEM (diazoxide)24
pregabalin (once-daily)95	primaquine phosphate TABS36	PROGRAF CAPS (tacrolimus)82
pregabalin CAPS19	primidone19	PROGRAF PACK82
pregabalin SOLN19	PRIORIX SUSR101	PROLATE SOLN10
PREHEVBRIO101	PRISTIQ 100 MG (desvenlafaxine succinate)23	PROLATE TABS10
PREMARIN102	PRISTIQ 25 MG, 50 MG (desvenlafaxine succinate)23	PROLENSA (bromfenac sodium (ophth))91
PREMARIN TABS66	PRO COMFORT SPACER ADULT MISC79	PROLIA SOSY65
PREMPRO66	PRO COMFORT SPACER CHILD MISC79	promethazine & phenylephrine SYRP51
PREPARATION H EX 1 %11	PRO COMFORT SPACER INFANT DEVI79	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML31
PREPARATION H SOOTHING RELIEF EX 1 %11	PRO VOICE V8/V9 GLUCOSE STRP63	promethazine hcl SUPP31
PRESCRIPTION SUPPORT MULTIVIT CAPS84	PROAIR RESPICLICK AEPB15	PROMETHAZINE HCL SYRP 6.25 MG/5ML31
PRESERVISION AREDS 2 CAPS .84	probenecid69	

promethazine hcl TABS31	51	QELBREE2
promethazine w/codeine SOLN ...51	pseudoephedrine hcl TABS87	QNASL87
promethazine w/codeine SYRP ...51	pseudoephedrine hcl TB1287	QNASL CHILDRENS87
promethazine-dm SYRP51	pseudoephedrine-guaifenesin TB12	QTERN24
promethazine-phenylephrine-codeine	1200 MG-120 MG51	quazepam71
.....51	pseudoephedrine-guaifenesin TB12	QUDEXY XR CS24 (topiramate) ..19
propafenone hcl CP1212	600 MG-60 MG51	QUESTRAN LIGHT POWD
propafenone hcl TABS12	PTS PANELS EGLU TEST STRP .63	(cholestyramine light)31
propranolol hcl CP2445	PULMICORT FLEXHALER AEPB .14	QUESTRAN PACK (cholestyramine)
propranolol hcl SOLN PO 20	PULMICORT SUSP 0.25 MG/2ML,	31
MG/5ML, 40 MG/5ML45	0.5 MG/2ML (budesonide	QUESTRAN POWD (cholestyramine)
propranolol hcl TABS45	(inhalation))14	31
propylthiouracil96	PULMICORT SUSP 1 MG/2ML	quetiapine fumarate TABS 150 MG
PRORENAL + D W/ OMEGA-3	(budesonide (inhalation))14	40
CAPS85	PURE COMFORT SPACER	quetiapine fumarate TABS 25 MG, 50
PROSCAR (finasteride)68	CHAMBER DEVI79	MG, 100 MG, 200 MG40
PROTECT CARDIO AF CAPS85	PX ADVANCED LANCING DEVICE	quetiapine fumarate TABS 300 MG,
PROTECT PLUS SO CAPS85	MISC76	400 MG40
PROTEGRA CAPS85	PX LANCET AUTO INJECTOR MISC	quetiapine fumarate TB2440
PROTONIX PACK (pantoprazole	76	QUICKTEK TEST STRP63
sodium)98	pyrazinamide36	QUILLICHEW ER CHER2
PROTONIX TBEC 20 MG	pyrethrins-piperonyl butoxide SHAM	QUILLIVANT XR SRER2
(pantoprazole sodium)98	4 %-0.33 %60	quinapril hcl33
PROTONIX TBEC 40 MG	pyridostigmine bromide TABS 60 MG	quinapril-hydrochlorothiazide 12.5
(pantoprazole sodium)98	36	MG-10 MG34
PROVIGIL (modafinil)2	pyridostigmine bromide TBCR36	quinapril-hydrochlorothiazide 12.5
PROZAC CAPS 10 MG, 20 MG	pyridoxine hcl TABS 25 MG, 50 MG,	MG-20 MG34
(fluoxetine hcl)22	100 MG103	quinapril-hydrochlorothiazide 25 MG-
PROZAC CAPS 40 MG (fluoxetine	PYZCHIVA 45 MG/0.5ML, 90 MG/ML	20 MG34
hcl)22	55	quinidine gluconate TBCR12
prucalopride succinate67	QBRELIS SOLN33	quinidine sulfate TABS12
pseudoephed-bromphen-dm SYRP	QC ADVANCED LANCING DEVICE	QUINTABS TABS86
10 MG/5ML-30 MG/5ML-2 MG/5ML	MISC76	QUINTET AC BLOOD GLUCOSE
	QC OCUHEALTH VISION	
	SUPPORT 2 CAPS85	

TEST STRP	63	REGLAN TABS (metoclopramide hcl)	67	REMERON SOLTAB TBDP 15 MG (mirtazapine)	20
QUINTET BLOOD GLUCOSE TEST STRP	63	RELAFEN DS	6	REMERON SOLTAB TBDP 30 MG (mirtazapine)	20
QULIPTA	80	RELCARE TABS	86	REMERON SOLTAB TBDP 45 MG (mirtazapine)	20
QUVIVIQ	71	RELENZA DISKHALER	45	REMERON TABS 15 MG (mirtazapine)	20
QVAR REDIHALER 40 MCG/ACT ..	14	RELEXXII TBCR 18 MG, 27 MG, 54 MG	3	REMERON TABS 30 MG (mirtazapine)	20
QVAR REDIHALER 80 MCG/ACT ..	14	RELEXXII TBCR 36 MG	3	RENFLEXIS	67
RABAVERT	101	RELEXXII TBCR 45 MG, 63 MG, 72 MG (methylphenidate hcl)	3	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	96
rabeprazole sodium TBEC	98	RELEXXII TBCR 45 MG, 63 MG, 72 MG	3	RENVELA PACK (sevelamer carbonate)	68
RAGWITEK SUBL	3	RELION BLOOD GLUCOSE TEST STRP	63	RENVELA TABS (sevelamer carbonate)	68
RALDESY SOLN PO 10 MG/ML ..	22	RELION CONFIRM/MICRO TEST STRP	63	repaglinide	28
raloxifene hcl	66	RELION GLUCOSE TEST STRIPS STRP	63	RESTASIS EMUL (cyclosporine (ophth))	89
ramelteon	71	RELION KETONE TEST STRP ...	63	RESTASIS MULTIDOSE EMUL ...	89
ramipril CAPS	33	RELION LANCING DEVICE MISC	76	RESTORIL 15 MG, 30 MG (temazepam)	71
ranolazine TB12	12	RELION PREMIER TEST STRP ..	63	RESTORIL 7.5 MG, 22.5 MG (temazepam)	71
RAPAFLO (silodosin)	68	RELION PRIME TEST STRP	64	RETACRIT	70
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	RELION TRUE MET AIR GLUC METER KIT	76	RETIN-A CREA (tretinoin)	52
RAYOS TBEC	50	RELION TRUE METRIX TEST STRIPS STRP	64	RETIN-A GEL 0.01 % (tretinoin) ...	52
REBIF REBIDOSE SOAJ	94	RELION ULTIMA TEST STRP	64	RETIN-A GEL 0.025 % (tretinoin) .	52
REBIF REBIDOSE TITRATION PACK SOAJ	94	RELISTOR SOLN	68	RETIN-A MICRO (tretinoin microsphere)	52
REBIF SOSY	94	RELISTOR TABS	68	RETIN-A MICRO PUMP (tretinoin microsphere)	52
REBIF TITRATION PACK SOSY ..	94	RELMAX (eletriptan hydrobromide) 80		RETIN-A MICRO PUMP	52
REBLOZYL	70	RELMAX 20 MG (eletriptan hydrobromide)	80		
RECOMBIVAX HB SUSP	101	REMEDIENT CAPS	85		
RECOMBIVAX HB SUSY	101				
REFUAH PLUS BLOOD GLUCOSE TEST STRP	63				

RETROVIR CAPS (zidovudine) ... 43	RIGHTEST GT333 BLOOD GLUCOSE STRP 64	rivaroxaban TABS 2.5 MG 16
RETROVIR SYRP (zidovudine) ... 43	RIGHTEST GT333 GLUCOSE TEST STRP 64	rivastigmine 13.3 MG/24HR 93
REVATIO SUSR (sildenafil citrate (pulmonary hypertension)) 47	riluzole TABS 88	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR 93
REVATIO TABS (sildenafil citrate (pulmonary hypertension)) 47	RINVOQ LQ SOLN 3	rivastigmine tartrate CAPS 93
REXTOVY LIQD 29	RINVOQ TB24 3	rizatriptan benzoate TABS 80
REXULTI 41	RIOMET SOLN (metformin hcl) ... 24	rizatriptan benzoate TBDP 80
REYATAZ CAPS 200 MG (atazanavir sulfate) 43	risedronate sodium TABS 150 MG 65	ROCKLATAN 89
REYATAZ CAPS 300 MG (atazanavir sulfate) 43	risedronate sodium TABS 35 MG .65	roflumilast 13
REYATAZ PACK 43	risedronate sodium TABS 5 MG, 30 MG 65	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG 37
REZUROCK 82	risedronate sodium TBEC 65	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG 37
REZVOGLAR KWIKPEN 28	RISPERDAL CONSTA (risperidone microspheres) 39	ropinirole hydrochloride TB24 37
RHOFADE 60	RISPERDAL SOLN (risperidone) .. 39	rosuvastatin calcium TABS 32
RHOGAM ULTRA-FILTERED PLUS SOSY IM 92	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone) 39	ROWASA (mesalamine w/ cleanser) 67
RHOPRESSA 89	risperidone SOLN 39	ROXICODONE TABS 15 MG, 30 MG (oxycodone hcl) 9
ribavirin (hepatitis c) CAPS 44	risperidone TABS 0.25 MG 39	ROXYBOND TABA 9
ribavirin (hepatitis c) TABS 200 MG 44	risperidone TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG 39	ROZEREM (ramelteon) 71
riboflavin TABS 103	risperidone TABS 2 MG, 3 MG, 4 MG 39	ROZLYTREK CAPS 37
rifabutin 36	risperidone TBDP 39	rufinamide SUSP 19
rifampin CAPS 36	RITALIN LA CP24 (methylphenidate hcl) 3	rufinamide TABS 19
RIGHTEST GD500 LANCING DEVICE MISC 76	RITALIN TABS 10 MG, 20 MG (methylphenidate hcl) 3	RUKOBIA 43
RIGHTEST GS100 BLOOD GLUCOSE STRP 64	RITALIN TABS 5 MG (methylphenidate hcl) 3	RUXIENCE 37
RIGHTEST GS300 BLOOD GLUCOSE STRP 64	RITEFLO DEVI 79	RYALTRIS 87
RIGHTEST GS550 BLOOD GLUCOSE STRP 64	ritonavir TABS 43	RYBELSUS TABS 25
		RYKINDO SRER 39
		SABRIL PACK (vigabatrin) 19
		SABRIL TABS (vigabatrin) 19
		salicylic acid GEL 6 % 59

SALICYLIC ACID OINT	59	(maraviroc)	43	SILIQ	55
saline SOLN 0.65 %	87	SEMGLEE (YFGN) SOLN	28	silodosin	69
salsalate	7	SEMGLEE (YFGN) SOPN	28	silver sulfadiazine	56
SANCUSO PTCH	29	sennosides TABS 8.6 MG	72	SIMBRINZA	89
SANDIMMUNE CAPS (cyclosporine) 82		sennosides-docusate sodium TABS 71		simethicone CHEW 80 MG	67
SAPHRIS (asenapine maleate) ...	40	SEREVENT DISKUS	15	simethicone SUSP	67
SAVAYSA	16	SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (quetiapine fumarate)	40	SIMLANDI (1 PEN) AJKT	5
SAVELLA TABS	94	SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate)	40	SIMLANDI (1 SYRINGE) PSKT	5
SAVELLA TITRATION PACK MISC 94		SEROQUEL XR TB24 (quetiapine fumarate)	40	SIMLANDI (2 PEN) AJKT	5
saxagliptin hcl	24	SEROSTIM SC 4 MG, 5 MG, 6 MG 65		SIMLANDI (2 SYRINGE) PSKT	5
saxagliptin-metformin hcl	24	SERTRALINE HCL CAPS 150 MG, 200 MG (sertraline hcl)	22	SIMPLE DIAGNOSTICS LANCING DEV MISC	76
SAXENDA	1	sertraline hcl CONC	22	SIMPONI SOAJ	5
scopolamine	30	sertraline hcl TABS 100 MG	22	SIMPONI SOSY	5
SECUADO	40	sertraline hcl TABS 25 MG, 50 MG 22		simvastatin TABS 10 MG, 20 MG, 40 MG, 80 MG	32
SEGLENTIS	10	sevelamer carbonate PACK	68	simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	32
SEGLUROMET	24	sevelamer carbonate TABS	68	SINGULAIR CHEW (montelukast sodium)	13
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	55	sevelamer hcl	68	SINGULAIR PACK (montelukast sodium)	13
SELECT-LITE LANCING DEVICE MISC	76	SFROWASA ENEM	67	SINGULAIR TABS (montelukast sodium)	13
SELECT-OB+DHA MISC	86	SHINGRIX	101	sirolimus SOLN	82
selegiline hcl CAPS	38	SHOPKO AUTOLET LANCING DEVICE MISC	76	sirolimus TABS	82
selegiline hcl TABS	38	SIKLOS TABS	69	SITAGLIPT BASE-METFORM HCL ER TB24	24
selenium sulfide LOTN 1 %	55	sildenafil citrate (pulmonary hypertension) SUSR	47	SITAGLIPTIN	25
selenium sulfide LOTN 2.5 %	56	sildenafil citrate (pulmonary hypertension) TABS	47	SITAGLIPTIN BASE-METFORMIN HCL TABS	24
selenium sulfide SHAM 1 %	56			SIVEXTRO TABS	36
SELZENTRY SOLN	43			SKIN HAIR & NAILS ADVANCED	
SELZENTRY TABS 150 MG (maraviroc)	43				
SELZENTRY TABS 300 MG					

CAPS85	SOFOSBUVIR-VELPATASVIR TABS44	SPORANOX CAPS (itraconazole) .30
SKYRIZI PEN SOAJ55	SOGROYA66	SPORANOX SOLN (itraconazole) .30
SKYRIZI SOCT67	solifenacin succinate TABS98	SPRITAM TB3D19
SKYRIZI SOSY55	SOLQUA24	STAMARIL SUSR101
SKYTROFA66	SOLOSEC3	STEGLATRO28
SM TRUEDRAW LANCING DEVICE	SOLUS V2 LANCING DEVICE MISC	STEGLUJAN24
MISC76	76	STELARA SOSY55
SMART DIABETES VANTAGE	SOLUS V2 TEST STRP64	STEQEYMA55
LANCING MISC76	SOLUVITA SOLN81	STIOLTO RESPIMAT15
SMARTEST BLOOD GLUCOSE	SOMA TABS (carisoprodol)87	STRATTERA (atomoxetine hcl)2
TEST STRP64	SOOLANTRA (ivermectin (rosacea))	STRESS FORMULA/ZINC/ENERGY
SOAANZ TABS 20 MG64	60	TABS86
sodium bicarbonate (antacid) TABS	SORBITOL XX 70 %93	STRIBILD43
325 MG, 650 MG11	SORILUX FOAM55	STRIVERDI RESPIMAT15
sodium chloride (gu irrigant) 0.9 % 68	sotalol hcl (afib/af)46	SUBLOCADE SOSY10
sodium chloride (inhalant) NEBU 0.9	sotalol hcl TABS46	SUBOXONE FILM SL 0.5 MG-2 MG,
%, 10 %51	SOTYKTU55	1 MG-4 MG (buprenorphine hcl-
sodium citrate & citric acid68	SOTYLIZE SOLN PO46	naloxone hcl dihydrate)11
sodium fluoride (dental) CREA83	SOVALDI PACK44	SUBOXONE FILM SL 2 MG-8 MG, 3
sodium fluoride (dental) GEL83	SOVALDI TABS44	MG-12 MG (buprenorphine hcl-
sodium fluoride (dental) PSTE DT .83	SOVUNA 200 MG36	naloxone hcl dihydrate)11
sodium fluoride CHEW81	SPEVIGO SOSY55	sucalfate SUSP97
sodium fluoride SOLN 0.5 MG/ML,	SPIKEVAX SUSP101	sucalfate TABS97
0.5 MG/ML81	SPIKEVAX SUSY101	SUFLAVE71
sodium phosphates ENEM72	spinosad60	SULAR 8.5 MG, 17 MG, 34 MG
sodium polystyrene sulfonate POWD	SPIRIVA HANDIHALER CAPS	(nisoldipine)46
82	(tiotropium bromide monohydrate) .13	sulfacetamide sodium (acne)52
sodium polystyrene sulfonate SUSP	SPIRIVA RESPIMAT AERS13	sulfacetamide sodium (ophth) OINT
CO 15 GM/60ML82	spironolactone & hydrochlorothiazide	89
sodium polystyrene sulfonate SUSP	64	sulfacetamide sodium (ophth) SOLN .
PR 30 GM/120ML82	spironolactone TABS65	89
sodium sulfate-potassium sulfate-		sulfacetamide sodium GEL56
magnesium sulfate71		sulfacetamide sodium LIQD56

sulfacetamide sodium SHAM 10 % 56	(sulfacetamide sodium w/ sulfur) .. 53	tenofovir disoproxil fumarate)43
sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 % 52	SUMADAN XLT KIT 53	SYMFI LO (efavirenz-lamivudine- tenofovir disoproxil fumarate)43
sulfacetamide sodium w/ sulfur EMUL 10 %-1 % 52	sumatriptan 20 MG/ACT 80	SYMLINPEN 120 SOPN23
sulfacetamide sodium w/ sulfur FOAM 52	sumatriptan 5 MG/ACT 80	SYMLINPEN 60 SOPN 23
sulfacetamide sodium w/ sulfur LIQD 53	sumatriptan succinate SOAJ 6 MG/0.5ML 80	SYMPAZAN FILM17
sulfacetamide sodium w/ sulfur LOTN 10 %-5 % 53	sumatriptan succinate SOCT 6 MG/0.5ML 80	SYMPROIC 68
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 % 53	sumatriptan succinate SOLN 6 MG/0.5ML 81	SYMTUZA 43
sulfacetamide sodium w/ sulfur PADS 10 %-4 % 53	sumatriptan succinate TABS 81	SYNAGIS SOLN 92
sulfacetamide sodium w/ sulfur SUSP 10 %-5 % 53	sumatriptan-naproxen sodium 80	SYNALAR CREA (fluocinolone acetone) 58
sulfacetamide sodium w/ sulfur SUSP 8 %-4 % 53	SUMAXIN CP 53	SYNALAR OINT (fluocinolone acetone) 58
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SULFACETAMIDE SODIUM- SULFUR SUSP 53	SUPER ANTIOXIDANT CAPS 85	SYNJARDY TABS 24
sulfacetamide sod-prednisolone SOLN 90	SUPPORT-500 CAPS 85	SYNJARDY XR TB24 24
sulfamethoxazole-trimethoprim SUSP 35	SUPREME TEST STRP 64	TACLONEX SUSP (calcipotriene- betamethasone dipropionate) 58
sulfamethoxazole-trimethoprim TABS 35	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate) 71	tacrolimus (topical) OINT 0.03 % .. 59
sulfasalazine TABS 68	SURE COMFORT LANCING PEN MISC 76	tacrolimus (topical) OINT 0.1 % ... 59
sulfasalazine TBEC 68	SUTAB 71	tacrolimus CAPS 82
sulindac TABS 6	SYMBICORT (budesonide- formoterol fumarate dihydrate) 15	tadalafil (pulmonary hypertension) TABS 47
SUMADAN 53	SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (budesonide-formoterol fumarate dihydrate) 15	TADLIQ SUSP 47
SUMADAN WASH LIQD	SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (budesonide-formoterol fumarate dihydrate) 15	tafluprost 91
	SYMBRAVO TABS PO 80	TALTZ SOAJ 55
	SYMDEKO 96	TALTZ SOSY 55
	SYMFI (efavirenz-lamivudine-	tamoxifen citrate TABS 37
		tamsulosin hcl 69
		TARPEYO CPDR 50
		TASCENSO ODT 94

tasimelteon CAPS	71	terazosin hcl	33	TEZSPIRE SOSY	13
tavaborole	54	terbinafine hcl (topical) CREA	54	THEO-24 CP24	15
TAVNEOS	69	terbinafine hcl TABS	30	theophylline ELIX	15
tazarotene CREA 0.05 %	55	terbutaline sulfate TABS	15	theophylline SOLN	15
tazarotene CREA 0.1 %	55	terconazole vaginal CREA	101	theophylline TB12	15
TAZAROTENE FOAM	53	terconazole vaginal SUPP	101	theophylline TB24	15
tazarotene GEL	55	teriflunomide	95	THERA TABS	86
TDVAX SUSP	97	teriparatide SOPN	65	THERAMILL FORTE CAPS	85
TECFIDERA CDPK (dimethyl fumarate)	94	TERIPARATIDE SOPN	65	THERANATAL LACTATION ONE CAPS	85
TECFIDERA CPDR (dimethyl fumarate)	94	TESTIM GEL TD (testosterone) ...	11	THEREMS TABS	86
TEGRETOL SUSP (carbamazepine) .	19	testosterone cypionate SOLN IM 100 MG/ML	11	thiamine hcl TABS 100 MG	103
TEGRETOL TABS (carbamazepine) .	19	testosterone cypionate SOLN IM 200 MG/ML	11	thiamine mononitrate TABS 100 MG .	103
TEGRETOL-XR TB12 (carbamazepine)	19	testosterone enanthate SOLN IM ..	11	thioridazine hcl	40
TEGSEDI	96	testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM	11	thiothixene	41
TEKTURNA (aliskiren fumarate) ..	35	testosterone GEL TD 1 %, 50 MG/5GM	11	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	97
telmisartan	33	testosterone GEL TD 1.62 %, 1.62 %	11	tiagabine hcl	19
telmisartan-amlodipine	35	testosterone SOLN	11	TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl extended release beads)	46
telmisartan-hydrochlorothiazide ...	35	TETANUS-DIPHThERIA TOXOIDS TD SUSP	97	TIAZAC 240 MG (diltiazem hcl extended release beads)	46
temazepam 15 MG, 30 MG	71	tetrabenazine	94	ticagrelor 60 MG, 90 MG	69
temazepam 7.5 MG, 22.5 MG	71	tetracaine hcl (ophth)	89	TICOVAC	101
TENIVAC INJ	97	tetracycline hcl CAPS	96	timolol	88
tenofovir disoproxil fumarate TABS 43		TETRACYCLINE HCL TABS	96	timolol maleate (ophth) SOLG	88
TENORETIC 100 (atenolol & chlorthalidone)	35	tetrahydrozoline hcl (ophth) 0.05 %	89	timolol maleate (ophth) SOLN 0.5 % .	88
TENORETIC 50 (atenolol & chlorthalidone)	35	TEZRULY PO 1 MG/ML	33	timolol maleate (ophth) SOLN	88
TENORMIN TABS (atenolol)	45	TEZSPIRE SOAJ	13	timolol maleate TABS	46

TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth))	88	TOPAMAX SPRINKLE CPSP 25 MG (topiramate)	19	28	TOUJEO SOLOSTAR SOPN	28
tinidazole	35	TOPAMAX TABS 100 MG (topiramate)	19		TOVIAZ (fesoterodine fumarate)	98
tioconazole vaginal 6.5 %	101	TOPAMAX TABS 200 MG (topiramate)	19		TRACLEER TABS (bosentan)	47
tiotropium bromide monohydrate CAPS	13	TOPAMAX TABS 25 MG, 50 MG (topiramate)	19		TRACLEER TBSO	47
TIVICAY PD TBSO	43	TOPAMAX TABS 25 MG, 50 MG (topiramate)	19		TRADJENTA	25
TIVICAY TABS 50 MG	43	TOPICORT CREA (desoximetasone)	58		tramadol hcl CP24 100 MG, 200 MG, 300 MG	9
tizanidine hcl CAPS	87	TOPICORT GEL (desoximetasone)	58		TRAMADOL HCL SOLN (tramadol hcl)	9
tizanidine hcl TABS	87	TOPICORT OINT (desoximetasone)	58		tramadol hcl SOLN	9
TM-DAILY VITE TABS	86	TOPICORT SPRAY LIQD (desoximetasone)	58		tramadol hcl TABS 25 MG	9
TOBI NEBU (tobramycin)	3	topiramate CP24	19		tramadol hcl TABS 50 MG	9
TOBI PODHALER CAPS	3	topiramate CPSP 15 MG	19		tramadol hcl TABS 75 MG, 100 MG	9
TOBRADEX OINT	90	topiramate CPSP 25 MG	19		tramadol hcl TB24	9
TOBRADEX ST SUSP	90	topiramate CPSP 50 MG	19		tramadol-acetaminophen	10
tobramycin (ophth) SOLN	89	topiramate CS24	19		trandolapril 1 MG, 2 MG	33
tobramycin NEBU	3	topiramate TABS 100 MG	19		trandolapril 4 MG	33
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 10 MG/ML, 80 MG/2ML	3	topiramate TABS 200 MG	19		trandolapril-verapamil hcl	35
tobramycin sulfate SOLR	3	topiramate TABS 25 MG, 50 MG	19		tranexamic acid TABS	70
tobramycin-dexamethasone SUSP 90		TOPROL XL TB24 200 MG (metoprolol succinate)	45		TRANSDERM-SCOP (scopolamine)	30
TOBREX OINT	89	TOPROL XL TB24 25 MG, 50 MG, 100 MG (metoprolol succinate)	45		tranylcypromine sulfate	21
TODAYS HEALTH LANCING DEVICE MISC	76	toremifene citrate	37		TRAVATAN Z SOLN (travoprost)	91
tolmetin sodium CAPS	6	torsemide TABS 20 MG	65		travoprost SOLN	91
tolmetin sodium TABS 600 MG	6	torsemide TABS 5 MG, 10 MG, 100 MG	65		TRAZIMERA 420 MG	37
tolnaftate CREA	54	TOSYMRA	81		trazodone hcl TABS 300 MG	22
tolterodine tartrate CP24	98	TOUJEO MAX SOLOSTAR SOPN			trazodone hcl TABS 50 MG, 100 MG, 150 MG	22
tolterodine tartrate TABS	98				TRECTOR	36
TOPAMAX SPRINKLE CPSP 15 MG (topiramate)	19				TRELEGY ELLIPTA	15

TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML68	triamcinolone acetonide (topical) OINT 0.025 %, 0.5 %58	trospium chloride CP2498 trospium chloride TABS98
TREMFYA ONE-PRESS SOAJ 100 MG/ML55	triamcinolone acetonide (topical) OINT 0.05 %, 0.1 %58	TRUE FOCUS BLOOD GLUCOSE STRIP STRP64
TREMFYA PEN SOAJ 100 MG/ML 55	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG64	TRUE METRIX AIR GLUCOSE METER KIT76
TREMFYA PEN SOAJ SC 200 MG/2ML68	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG64	TRUE METRIX BLOOD GLUCOSE TEST STRP64
TREMFYA SOSY SC68	triamterene & hydrochlorothiazide TABS 50 MG-75 MG64	TRUE METRIX METER KIT76
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML28	triazolam71	TRUE MULTIVITAMIN TABS86
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML28	TRIBENZOR (olmesartan medoxomil-amlodipine- hydrochlorothiazide)35	TRUEDRAW LANCING DEVICE MISC76
TRESIBA SOLN28	TRICOR TABS (fenofibrate)32	TRUELYTE SOLN81
tretinoin CREA 0.025 %, 0.05 %, 0.1 %53	trifluoperazine hcl TABS40	TRUETEST TEST STRP64
tretinoin GEL 0.01 %53	trifluridine89	TRUETRACK TEST STRP64
tretinoin GEL 0.025 %53	trihexyphenidyl hcl SOLN37	TRULANCE67
tretinoin GEL 0.05 %53	trihexyphenidyl hcl TABS37	TRULICITY25
tretinoin microsphere53	TRIJARDY XR24	TRUMENBA 0.5 ML99
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG36	TRIKAFTA TBPk96	TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate)43
triamcinolone acetonide (mouth) ..83	TRILEPTAL SUSP (oxcarbazepine) 19	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)43
triamcinolone acetonide (nasal) AERO87	TRILEPTAL TABS (oxcarbazepine) 19	TRUXIMA37
triamcinolone acetonide (topical) AERS58	TRILIPIX (choline fenofibrate)32	TUDORZA PRESSAIR13
triamcinolone acetonide (topical) CREA 0.025 %58	trimethobenzamide hcl CAPS30	TWINRIX SUSY101
triamcinolone acetonide (topical) CREA 0.1 %58	trimethoprim TABS35	TWYNEO53
triamcinolone acetonide (topical) CREA 0.5 %58	TRINTELLIX22	TYBLUME CHEW49
triamcinolone acetonide (topical) LOTN58	TRIUMEQ PD TBSO43	TYBOST43
	TRIUMEQ TABS43	TYENNE SOAJ5
	TROKENDI XR CP24 (topiramate) 19	TYENNE SOSY5
	tropicamide SOLN88	

TYMLOS	65	valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	20	VANOS CREA (fluocinonide)	58
TYPHIM VI SOLN	99	valproate sodium SOLN PO 250 MG/5ML	20	VAQTA	101
TYPHIM VI SOSY	99	valproate sodium SOLN PO 500 MG/10ML	20	varenicline tartrate TABS 0.5 MG ..	95
TYRVAYA	88	valproic acid CAPS	20	varenicline tartrate TABS 0.5 MG ..	96
UBRELVY	80	valsartan SOLN	33	varenicline tartrate TABS 1 MG	95
UCERIS (budesonide (intrarectal)) 11		valsartan TABS	33	varenicline tartrate TABS 1 MG	96
UCERIS TB24 (budesonide)	50	valsartan-hydrochlorothiazide	35	varenicline tartrate TBPK	96
ULORIC (febuxostat)	69	VALTOCO 10 MG DOSE LIQD	17	VARIVAX SUSR	101
ULTI-LANCE AUTOMATIC MISC ..	76	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	17	VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide)	35
ULTRAVATE LOTN	58	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	17	VASOTEC TABS (enalapril maleate) 33	
umeclidinium-vilanterol	15	VALTOCO 5 MG DOSE LIQD	17	VAXCHORA	99
UNISTRIP1 GENERIC STRP	64	VALTrex 1 GM (valacyclovir hcl) .	44	VAXNEUVANCE	100
UPTRAVI SOLR	47	VALTrex 500 MG (valacyclovir hcl) .	44	VECTICAL (calcitriol (topical))	55
UPTRAVI TABS	48	VANCOCIN CAPS 125 MG (vancomycin hcl)	35	VELPHORO	68
UPTRAVI TITRATION TBPK	47	VANCOCIN CAPS 250 MG (vancomycin hcl)	35	VELSIPITY	68
urea CREA 40 %	59	vancomycin hcl CAPS 125 MG	35	VELTASSA	83
URETRON D/S TABS 81.6 MG ...	35	vancomycin hcl CAPS 250 MG	35	VEMLIDY	44
ursodiol CAPS	67	vancomycin hcl SOLR IV 1 GM	35	VENLAFAXINE BESYLATE ER ..	23
ursodiol TABS 250 MG	67	VANCOMYCIN HCL SOLR IV 1 GM .	35	venlafaxine hcl CP24 150 MG	23
USTEKINUMAB 130 MG/26ML ...	68	35		venlafaxine hcl CP24 37.5 MG	23
USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	55	vancomycin hcl SOLR IV 500 MG .	35	venlafaxine hcl CP24 75 MG	23
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	55	VANCOMYCIN HCL SOLR IV 500 MG	35	venlafaxine hcl TABS	23
USTEKINUMAB-TTWE	55	vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML .	35	venlafaxine hcl TB24 150 MG	23
UZEDY SUSY	39	VANDAZOLE	101	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	23
VAFSEO	70			VENTOLIN HFA AERS (albuterol sulfate)	15
valacyclovir hcl 1 GM	44			verapamil hcl CP24 100 MG, 200 MG, 300 MG	46
valacyclovir hcl 500 MG	44			verapamil hcl CP24 120 MG, 180	
valganciclovir hcl TABS	44				

MG, 240 MG, 360 MG	47	(lacosamide)	19	MISC	76
VERAPAMIL HCL ER CP24 (verapamil hcl)	46	VIMPAT TABS (lacosamide)	19	VIVITROL	29
verapamil hcl TABS	47	VIOKACE TABS	64	VIVOTIF	100
verapamil hcl TBCR	47	VIRACEPT TABS 250 MG	43	VOGELXO GEL TD (testosterone)	11
VERASENS BLOOD GLUCOSE TEST STRP	64	VIRACEPT TABS 625 MG	43	VOGELXO PUMP GEL TD (testosterone)	11
VEREGEN	53	VIREAD POWD	43	voriconazole SUSR	30
VERELAN PM CP24 (verapamil hcl) . 47		VIREAD TABS (tenofovir disoproxil fumarate)	43	voriconazole TABS	30
VERKAZIA EMUL	89	VIREAD TABS	43	VORTEX HOLD CHMBR/MASK/CHILD DEVI	79
VERSACLOZ SUSP	40	VISION HEALTH CAPS	85	VORTEX HOLD CHMBR/MASK/TODDLER DEVI ..	79
VESICARE LS SUSP	98	VISION OPTIMIZER CAPS	85	VORTEX VALVE CHAMBER-PEDI MASK DEVI	79
VESICARE TABS (solifenacin succinate)	98	VISTA ADVANCED AREDS2 FORMULA CAPS	85	VORTEX VALVED HOLDING CHAMBER DEVI	79
VEVYE SOLN	89	VISTA ADVANCED DRY EYE FORMULA CAPS	85	VOSEVI	44
VFEND SUSR (voriconazole)	30	VITABEX CAPS	85	VRAYLAR CAPS	38
VFEND TABS 50 MG (voriconazole) . 30		VITABEX PLUS CAPS	85	VTAMA	55
VIBERZI	68	VITAFOL-ONE CAPS	86	VUMERITY	95
VICTOZA (liraglutide)	25	vitamin e CAPS 180 MG, 200 UNIT, 400 UNIT, 90 MG, 90 MG, 180 MG 102		VUSION (miconazole-zinc oxide- white petrolatum)	54
VIDA MIA AUTOLET LANCING DEV MISC	76	VITEYES AREDS 2 FORMULA +MULTI CAPS	85	VYNDAMAX	48
vigabatrin PACK	19	VITEYES AREDS 2 FORMULA CAPS	85	VYONDYS 53	88
vigabatrin TABS	19	VITEYES CLASSIC ADVANCED CAPS	85	VYTORIN (ezetimibe-simvastatin)	31
VIGAFYDE SOLN	19	VITEYES CLASSIC MACULAR SUPPOR CAPS	85	VYVANSE CAPS	1
VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	89	VITEYES CLASSIC+OMEGA-3 CAPS	85	VYVANSE CHEW	1
VIIBRYD TABS (vilazodone hcl) ...	22	VIVAGUARD INO TEST STRIPS STRP	64	VYZULTA	91
vilazodone hcl TABS	22	VIVAGUARD LANCING DEVICE		warfarin sodium TABS	15
VIMOVO (naproxen-esomeprazole magnesium)	6			WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	1
VIMPAT SOLN PO 10 MG/ML				WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	2

WELCHOL PACK (colesevelam hcl) . 32	XELPROS EMUL 91	YUSIMRY 5
WELCHOL TABS (colesevelam hcl) . 32	XELSTRYM 1	ZADITOR 0.035 % (ketotifen fumarate (ophth)) 91
WELLBUTRIN SR TB12 100 MG (bupropion hcl) 21	XEMBIFY 92	zafirlukast 13
WELLBUTRIN SR TB12 150 MG (bupropion hcl) 21	XENAZINE (tetrabenazine) 94	zaleplon 10 MG 71
WELLBUTRIN SR TB12 200 MG (bupropion hcl) 21	XEPI 53	zaleplon 5 MG 71
WELLBUTRIN XL TB24 150 MG (bupropion hcl) 21	XERESE 56	ZANAFLEX CAPS (tizanidine hcl) . 87
WELLBUTRIN XL TB24 300 MG (bupropion hcl) 21	XHANCE EXHU 87	ZANAFLEX TABS 4 MG (tizanidine hcl) 87
white petrolatum-mineral oil 88	XIFAXAN 35	ZARONTIN CAPS (ethosuximide) . 20
WINLEVI 53	XIGDUO XR (dapagliflozin propanediol-metformin hcl) 24	ZARONTIN SOLN (ethosuximide) . 20
XALATAN SOLN (latanoprost) 91	XIGDUO XR 1000 MG-2.5 MG, 500 MG-10 MG, 500 MG-5 MG 24	ZARXIO 70
XARELTO STARTER PACK TBPK 16	XIIDRA 89	ZAVZPRET 80
XARELTO SUSR 1 MG/ML (rivaroxaban) 16	XOLAIR SOAJ 13	ZEGALOGUE SOAJ 24
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (rivaroxaban) 16	XOLAIR SOLR 13	ZEGALOGUE SOSY 24
XARELTO TABS 16	XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML 13	ZEGERID CAPS (omeprazole- sodium bicarbonate) 98
XATMEP SOLN PO 36	XOLAIR SOSY 13	ZEGERID PACK (omeprazole- sodium bicarbonate) 98
XCOPRI (250 MG DAILY DOSE) TBPK 19	XOPENEX HFA (levalbuterol tartrate) 15	ZEMBRACE SYMTOUCH SOAJ .. 81
XCOPRI (350 MG DAILY DOSE) TBPK 19	XPHOZAH 66	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 64
XCOPRI TABS 19	XROMI SOLN PO 100 MG/ML 70	ZEPATIER 44
XCOPRI TBPK 19	XULTOPHY 24	ZEPOSIA 7-DAY STARTER PACK CPPK 95
XELJANZ SOLN 3	YESINTEK SOLN 45 MG/0.5ML ... 55	ZEPOSIA CAPS 95
XELJANZ TABS 3	YESINTEK SOSY 55	ZEPOSIA STARTER KIT CPPK ... 95
XELJANZ XR TB24 3	YF-VAX INJ 101	
	YUFLYMA (1 PEN) AJKT 5	
	YUFLYMA (2 PEN) AJKT 5	
	YUFLYMA (2 SYRINGE) PSKT 5	
	YUFLYMA-CD/UC/HS STARTER AJKT 5	
	YUPELRI 13	

ZERVIAE	91	ZITUVIMET TABS	24	ZUBSOLV SUBL	11
ZESTORETIC (lisinopril & hydrochlorothiazide)	35	ZITUVIMET XR TB24	24	ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	93
ZESTRIL TABS (lisinopril)	33	ZITUVIO	25	ZURZUVAE	21
ZETIA (ezetimibe)	32	ZMA CLEAR SUSP	53	ZYCLARA (imiquimod)	59
ZETONNA AERS	87	ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	32	ZYCLARA PUMP (imiquimod)	59
ZIAGEN SOLN (abacavir sulfate) ..	43	zolmitriptan SOLN 2.5 MG	81	ZYCLARA PUMP	59
ZIAGEN TABS (abacavir sulfate) ..	43	zolmitriptan SOLN 5 MG	81	ZYFLO TABS	13
ZIANA (clindamycin phosphate- tretinoin)	53	zolmitriptan TABS	81	ZYLET	90
zidovudine CAPS	43	zolmitriptan TBDP	81	ZYLOPRIM 100 MG (allopurinol) ..	69
zidovudine SYRP	43	ZOLOFT CONC (sertraline hcl) ...	22	ZYMFENTRA (1 PEN) AJKT	68
zidovudine TABS	43	ZOLOFT TABS 100 MG (sertraline hcl)	22	ZYMFENTRA (2 PEN) AJKT	68
zileuton TB12	13	ZOLOFT TABS 25 MG, 50 MG (sertraline hcl)	22	ZYMFENTRA (2 SYRINGE) PSKT	68
ZIMHI SOSY	29	ZOLPIDEM TARTRATE CAPS	71	ZYPITAMAG 2 MG, 4 MG	32
zinc oxide (topical) OINT 20 %	59	zolpidem tartrate SUBL	71	ZYPREXA TABS 2.5 MG, 5 MG (olanzapine)	40
ZIOPTAN (tafluprost)	91	zolpidem tartrate TABS	71	ZYPREXA TABS 20 MG (olanzapine)	40
ziprasidone hcl	38	zolpidem tartrate TBCR	71		
ziprasidone mesylate	38	ZOMACTON SOLR SC	66		
ZIRABEV	36	ZOMIG SOLN 2.5 MG (zolmitriptan) .	81		
ZITHROMAX PACK	72	ZOMIG SOLN 5 MG (zolmitriptan) .	81		
ZITHROMAX SUSR 100 MG/5ML (azithromycin)	72	ZONISADE SUSP	19		
ZITHROMAX SUSR 200 MG/5ML (azithromycin)	72	zonisamide CAPS	19		
ZITHROMAX TABS 250 MG (azithromycin)	72	ZORTRESS (everolimus (immunosuppressant))	82		
ZITHROMAX TABS 500 MG (azithromycin)	72	ZORYVE CREA EX	59		
ZITHROMAX TRI-PAK TABS (azithromycin)	72	ZOVIRAX CREA (acyclovir topical) 56			
ZITHROMAX Z-PAK TABS (azithromycin)	72	ZOVIRAX OINT (acyclovir topical) .	56		
		ZTALMY	19		