

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

Pharmacy Program

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

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

Comprehensive Drug List (CDL)

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

Pharmacy Benefit Manager

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

Specialty Drugs

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

AcariaHealth Specialty Pharmacy provides the following services:

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

Dispensing Limits

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

Appropriate Use and Safety Edits

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

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

Prior Authorizations (PAs)

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

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

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

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

Step Therapy

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

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

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

Quantity Limits

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

Age Limits

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

Medical Necessity Requests

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

For a MN request, Absolute Total Care requires:

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

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

Emergency Supply Policy

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

Exclusions

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

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

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

Medicaid Drug Rebate Program

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

340B Program

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

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

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

Newly-Approved Products

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

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

Over-The-Counter (OTC) Medications

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

Generic Drugs

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

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

Drug Efficacy Study Implementation (DESI) Drugs

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

Filling a Prescription

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

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

Copayments

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

Drug Tiers

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

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

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

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

Abbreviations

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

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

Clinical Edit Descriptions

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

Contact Information

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

Drug Name	Drug Tier	Requirements/Limits
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 10 MG, 15 MG	P	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 SOLN	NP	
dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	P	
dextroamphetamine sulfate TABS 5 MG, 10 MG	P	QL(2 EA daily); AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	NP	
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	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 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA	FOCALIN TABS (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 18 MG, 27 MG, 54 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
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 45 MG, 63 MG, 72 MG	NP	
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 18 MG, 27 MG, 54 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
RELEXXII TBCR 36 MG	NP	QL(2 EA daily); AL(At least 6 yrs old)
RELEXXII TBCR 45 MG, 63 MG, 72 MG (methylphenidate hcl)	NP	
RELEXXII TBCR 45 MG, 63 MG, 72 MG	NP	
RITALIN LA CP24 (methylphenidate hcl)	NP	
RITALIN TABS 10 MG, 20 MG (methylphenidate hcl)	NP	QL(3 EA daily); AL(At least 3 yrs old)
RITALIN TABS 5 MG (methylphenidate hcl)	NP	QL(6 EA daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
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	ST
SOLOSEC	NP	
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	NP	SP
tobramycin NEBU	PA	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP
RINVOQ LQ SOLN	NP	SP
RINVOQ TB24	NP	SP
XELJANZ XR TB24	NP	SP
XELJANZ SOLN	NP	SP
XELJANZ TABS	NP	SP
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	NP	SP
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	P	SP
Anti-TNF-alpha - Monoclonal Antibodies		
ABRILADA (1 PEN) AJKT	NP	SP
ABRILADA (2 PEN) AJKT	NP	SP
ABRILADA (2 SYRINGE) PSKT	NP	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP	AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP	AMJEVITA SOAJ	NP	SP
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP	AMJEVITA SOSY	NP	SP
ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP	CYLTEZO (2 PEN) AJKT	NP	SP
ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP	CYLTEZO (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP	CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP		CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP
ADALIMUMAB-ADAZ SOAJ	NP	SP	HADLIMA PUSHTOUCH SOAJ	NP	SP
ADALIMUMAB-ADAZ SOSY	NP	SP	HADLIMA SOSY	NP	SP
ADALIMUMAB-ADAZ SOSY 10 MG/0.1ML	NP		HULIO (2 PEN) AJKT	NP	SP
ADALIMUMAB-ADBM (2 PEN) AJKT	NP	SP	HULIO (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	NP	SP	HUMIRA (2 PEN) AJKT 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 40 MG/0.4ML	P	QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	NP	SP	HUMIRA (2 PEN) AJKT 80 MG/0.8ML	P	QL(4 EA per 365 day(s) retail); AL(At least 2 yrs old); SP
ADALIMUMAB-FKJP (2 PEN) AJKT	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-FKJP (2 SYRINGE) PSKT	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-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 275 MG, 550 MG</i>	NP	
<i>fenoprofen calcium TABS</i>	NP		<i>naproxen sodium TABS 220 MG</i>	C	QL(2 EA daily)
FENOPRON CAPS	NP		<i>naproxen sodium TB24</i>	NP	
<i>flurbiprofen TABS 100 MG</i>	NP		<i>naproxen-esomeprazole magnesium</i>	NP	
<i>ibuprofen CHEW</i>	C		<i>naproxen SUSP</i>	P	
<i>ibuprofen-famotidine</i>	NP		<i>naproxen TABS</i>	P	
<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	P	RX/OTC	<i>naproxen TBEC</i>	P	QL(2 EA daily)
<i>ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML</i>	C		<i>oxaprozin TABS</i>	NP	
<i>ibuprofen TABS 300 MG</i>	NP		<i>piroxicam CAPS</i>	P	
<i>ibuprofen TABS 200 MG</i>	C		RELAFEN DS	NP	
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	P		<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				
NAPROSYN SUSP (<i>naproxen</i>)	NP				

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

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

Drug Name	Drug Tier	Requirements/ Limits
OXYCONTIN T12A	P	Brand Preferred; Opioid Smart PA
<i>oxymorphone hcl TABS</i>	NP	Opioid Smart PA
<i>oxymorphone hcl TB12</i>	NP	Opioid Smart PA
ROXICODONE TABS 15 MG, 30 MG (<i>oxycodone hcl</i>)	NP	Opioid Smart PA; QL(6 EA daily)
ROXYBOND TABA	NP	Opioid Smart PA
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	Opioid Smart PA
<i>tramadol hcl SOLN</i>	NP	Opioid Smart PA
TRAMADOL HCL SOLN (<i>tramadol hcl</i>)	NP	Opioid Smart PA
<i>tramadol hcl TABS 75 MG, 100 MG</i>	NP	
<i>tramadol hcl TABS 50 MG</i>	P	Opioid Smart PA; QL(8 EA daily); AL(At least 18 yrs old)
<i>tramadol hcl TABS 50 MG</i>	P	QL(8 EA daily); AL(At least 18 yrs old)
<i>tramadol hcl TABS 25 MG</i>	P	Opioid Smart PA
<i>tramadol hcl TB24</i>	NP	Opioid Smart PA
<i>tramadol hcl TB24</i>	P	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)

Drug Name	Drug Tier	Requirements/ Limits
<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 w/ codeine TABS</i>	P	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
<i>butalbital-acetaminophen-cafeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	P	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen-cafeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	P	Opioid Smart PA
<i>butalbital-aspirin-cafeine w/cod</i>	NP	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)
<i>butalbital-aspirin-cafeine w/cod</i>	P	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-cafeine w/ codeine</i>)	NP	Opioid Smart PA
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	P	Opioid Smart PA; QL(180 ML daily)
<i>hydrocodone-acetaminophen SOLN</i>	P	
<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	P	Opioid Smart PA

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>butorphanol tartrate NA 10 MG/ML</i>	NP	Opioid Smart PA
BUTRANS PTWK (<i>buprenorphine</i>)	P	Brand Preferred; Opioid Smart PA
<i>pentazocine w/ naloxone hcl</i>	NP	Opioid Smart PA
SUBLOCADE SOSY	P	Opioid Smart PA; SP
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	P	Brand Preferred; Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)
SUBOXONE FILM SL 2 MG-8 MG, 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	P	Brand Preferred; Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old)
ZUBSOLV SUBL	NP	Opioid Smart PA; AL(At least 16 yrs old)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL PUMP GEL TD (<i>testosterone</i>)	NP	
<i>methyltestosterone TABS</i>	C	
NATESTO GEL NA	NP	
TESTIM GEL TD (<i>testosterone</i>)	PA	Brand Preferred; PA
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	C	QL(4 ML per 31 day(s) retail)
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	C	QL(0.2858 ML daily)
<i>testosterone enanthate SOLN IM</i>	C	QL(0.1429 ML daily)
<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	NP	Brand Preferred

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
DALIRESP (<i>roflumilast</i>)	NP	QL(1 EA daily)
<i>roflumilast</i>	NP	QL(1 EA daily)
Steroid Inhalants		
ALVESCO	P	
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	P	QL(1 EA daily)
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	
ASMANEX HFA AERO	P	QL(0.44 GM daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	P	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)
<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>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	NP	QL(1 EA daily)
<i>fluticasone propionate (inhalation) AEPB</i>	NP	
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(12 GM per 25 day(s) retail)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(11 GM per 25 day(s) retail)
PULMICORT FLEXHALER AEPB	NP	1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/Limits
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)
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	NP	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)
QVAR REDHALER 40 MCG/ACT	P	QL(0.36 GM daily)
QVAR REDHALER 80 MCG/ACT	P	QL(0.72 GM daily)
Sympathomimetics		
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	P	Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old)
ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	P	Brand Preferred
AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	
AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	
AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	
AIRSUPRA	NP	
<i>albuterol sulfate AERS</i>	NP	Brand Preferred - Ventolin HFA; QL(17 GM per 30 day(s) retail)
<i>albuterol sulfate AERS</i>	NP	Brand Preferred - Ventolin HFA; QL(36 GM per 30 day(s) retail)
<i>albuterol sulfate AERS</i>	P	Brand Preferred - Ventolin HFA; QL(13.4 GM per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate NEBU</i>	P		<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>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	P	QL(375 ML per 31 day(s) retail)	<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>albuterol sulfate NEBU 0.083 %</i>	P	QL(12.5 ML daily)	<i>fluticasone-salmeterol AERO</i>	NP	Brand Preferred
<i>albuterol sulfate SYRP</i>	P		<i>formoterol fumarate NEBU</i>	NP	
<i>albuterol sulfate TABS</i>	P		<i>ipratropium-albuterol SOLN</i>	P	QL(12 ML daily)
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	P	Brand Preferred	<i>levalbuterol hcl</i>	NP	
<i>arformoterol tartrate</i>	P		<i>levalbuterol tartrate</i>	NP	QL(0.5 GM daily; 30 GM per 30 day(s) retail)
BEVESPI AEROSPHERE	NP		PERFOROMIST NEBU (<i>formoterol fumarate</i>)	NP	
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	NP		PROAIR RESPICLIK AEPB	P	QL(2 EA per 30 day(s) retail)
BREO ELLIPTA	NP		SEREVENT DISKUS	P	1 package(s) per fill retail
BREZTRI AEROSPHERE	NP		STIOLTO RESPIMAT	P	
BROVANA (<i>arformoterol tartrate</i>)	NP		STRIVERDI RESPIMAT	NP	
<i>budesonide-formoterol fumarate dihydrate</i>	NP	Brand Preferred; QL(30.6 GM per 30 day(s) retail)	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)
<i>budesonide-formoterol fumarate dihydrate</i>	NP	Brand Preferred; QL(30.9 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)
COMBIVENT RESPIMAT AERS	P	QL(4 GM per 31 day(s) retail)	SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	P	Brand Preferred; QL(20.7 GM per 30 day(s) retail)
DUAKLIR PRESSAIR	NP		<i>terbutaline sulfate TABS</i>	NP	ST
DULERA	P	QL(39 GM per 30 day(s) retail)			
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	P	QL(26.4 GM per 30 day(s) retail)			
<i>fluticasone furoate-vilanterol</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRELEGY ELLIPTA	NP		XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	P	Brand Preferred
<i>umeclidinium-vilanterol</i>	NP	Brand Preferred	Heparins And Heparinoid-Like Agents		
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	P	Brand Preferred; QL(16 GM per 30 day(s) retail)	ARIXTRA (<i>fondaparinux sodium</i>)	NP	SP
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	P	Brand Preferred; QL(36 GM per 30 day(s) retail)	<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	QL(126 ML per 180 day(s) retail); SP
XOPENEX HFA (<i>levulbuterol tartrate</i>)	NP	QL(0.5 GM daily; 30 GM per 30 day(s) retail)	<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	P	QL(33.6 ML per 180 day(s) retail); SP
Xanthines			<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	P	QL(12.6 ML per 180 day(s) retail); SP
THEO-24 CP24	C		<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	P	QL(25.2 ML per 180 day(s) retail); SP
<i>theophylline ELIX</i>	C		<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	P	QL(42 ML per 180 day(s) retail); SP
<i>theophylline SOLN</i>	C	QL(475 ML per fill retail)	<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(16.8 ML per 180 day(s) retail); SP
<i>theophylline TB12</i>	C		<i>fondaparinux sodium</i>	NP	SP
<i>theophylline TB24</i>	C		FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	SP
ANTICOAGULANTS - Blood Thinners			FRAGMIN SOSY	NP	SP
Coumarin Anticoagulants			<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	C	
<i>warfarin sodium TABS</i>	P		HEPARIN SODIUM (PORCINE) SOSY IJ	C	
Direct Factor Xa Inhibitors			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
ELIQUIS DVT/PE STARTER PACK TBPk	P	QL(2.47 EA daily)	LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	QL(126 ML per 180 day(s) retail); SP
ELIQUIS TABS	P	QL(2 EA daily)			
<i>rivaroxaban SUSR 1 MG/ML</i>	NP	Brand Preferred			
<i>rivaroxaban TABS 2.5 MG</i>	NP				
<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	P	Brand Preferred			

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam TB24</i>	P		TOPAMAX SPRINKLE CPSP 25 MG (<i>topiramate</i>)	NP	QL(8 EA daily)
LEVETIRACETAM TB3D	NP		TOPAMAX TABS 100 MG (<i>topiramate</i>)	NP	QL(4 EA daily)
LYRICA CAPS (<i>pregabalin</i>)	NP		TOPAMAX TABS 200 MG (<i>topiramate</i>)	NP	QL(2 EA daily)
LYRICA SOLN (<i>pregabalin</i>)	NP		TOPAMAX TABS 25 MG, 50 MG (<i>topiramate</i>)	NP	QL(6 EA daily)
MOTPOLY XR CP24	NP		<i>topiramate CP24</i>	NP	
MYSOLINE (<i>primidone</i>)	NP		<i>topiramate CPSP 15 MG</i>	P	QL(6 EA daily)
NEURONTIN CAPS (<i>gabapentin</i>)	NP	QL(9 EA daily)	<i>topiramate CPSP 50 MG</i>	P	
NEURONTIN SOLN (<i>gabapentin</i>)	NP		<i>topiramate CPSP 25 MG</i>	P	QL(8 EA daily)
NEURONTIN TABS 800 MG (<i>gabapentin</i>)	NP	QL(4 EA daily)	<i>topiramate CS24</i>	NP	
NEURONTIN TABS 600 MG (<i>gabapentin</i>)	NP	QL(6 EA daily)	<i>topiramate SOLN 25 MG/ML</i>	NP	
<i>oxcarbazepine SUSP</i>	NP	Brand Preferred	<i>topiramate TABS 25 MG, 50 MG</i>	P	QL(6 EA daily)
<i>oxcarbazepine SUSP</i>	NP		<i>topiramate TABS 200 MG</i>	P	QL(2 EA daily)
<i>oxcarbazepine TABS</i>	P		<i>topiramate TABS 100 MG</i>	P	QL(4 EA daily)
<i>oxcarbazepine TB24</i>	NP		TRILEPTAL SUSP (<i>oxcarbazepine</i>)	P	Brand Preferred
OXTELLAR XR TB24 (<i>oxcarbazepine</i>)	NP		TRILEPTAL TABS (<i>oxcarbazepine</i>)	NP	
<i>pregabalin CAPS</i>	P		TROKENDI XR CP24 (<i>topiramate</i>)	NP	
<i>pregabalin SOLN</i>	NP		VIMPAT SOLN PO 10 MG/ML (<i>lacosamide</i>)	NP	PA
<i>primidone</i>	P		VIMPAT TABS (<i>lacosamide</i>)	NP	PA
QUDEXY XR CS24 (<i>topiramate</i>)	NP		ZONISADE SUSP	NP	
<i>rufinamide SUSP</i>	PA	SP; PA	<i>zonisamide CAPS</i>	P	
<i>rufinamide TABS</i>	NP	Brand Preferred; SP	ZTALMY	NP	
SPRITAM TB3D	NP		Carbamates		
SPRITAM TB3D	NP		<i>felbamate SUSP</i>	P	
TEGRETOL SUSP (<i>carbamazepine</i>)	NP		<i>felbamate TABS</i>	P	
TEGRETOL TABS (<i>carbamazepine</i>)	NP		FELBATOL TABS (<i>felbamate</i>)	NP	
TEGRETOL-XR TB12 (<i>carbamazepine</i>)	P	Brand Preferred	XCOPRI (250 MG DAILY DOSE) TBPk	NP	
TOPAMAX SPRINKLE CPSP 15 MG (<i>topiramate</i>)	NP	QL(6 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XCOPRI (350 MG DAILY DOSE) TBPB	NP		<i>methsuximide</i>	NP	Brand Preferred
XCOPRI TABS	NP		ZARONTIN CAPS (<i>ethosuximide</i>)	NP	
XCOPRI TBPB	NP		ZARONTIN SOLN (<i>ethosuximide</i>)	NP	
GABA Modulators			Valproic Acid		
SABRIL PACK (<i>vigabatrin</i>)	PA	Brand Preferred; SP; PA	DEPAKOTE ER TB24 250 MG (<i>divalproex sodium</i>)	NP	QL(3 EA daily)
SABRIL TABS (<i>vigabatrin</i>)	NP	SP; PA	DEPAKOTE ER TB24 500 MG (<i>divalproex sodium</i>)	NP	QL(7 EA daily)
<i>tiagabine hcl</i>	PA	PA	DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	NP	QL(8 EA daily)
<i>vigabatrin</i> PACK	NP	Brand Preferred; SP	DEPAKOTE TBEC 125 MG (<i>divalproex sodium</i>)	NP	QL(2 EA daily)
<i>vigabatrin</i> PACK	PA	Brand Preferred; SP; PA	DEPAKOTE TBEC 250 MG (<i>divalproex sodium</i>)	NP	QL(3 EA daily)
<i>vigabatrin</i> TABS	NP	SP	DEPAKOTE TBEC 500 MG (<i>divalproex sodium</i>)	NP	QL(7 EA daily)
<i>vigabatrin</i> TABS	PA	SP; PA	<i>divalproex sodium</i> CSDR	P	QL(8 EA daily)
VIGAFYDE SOLN	NP	SP	<i>divalproex sodium</i> TB24 500 MG	P	QL(7 EA daily)
Hydantoins			<i>divalproex sodium</i> TB24 250 MG	P	QL(3 EA daily)
DILANTIN	NP		<i>divalproex sodium</i> TBEC 250 MG	P	QL(3 EA daily)
DILANTIN (<i>phenytoin sodium extended</i>)	NP		<i>divalproex sodium</i> TBEC 500 MG	P	QL(7 EA daily)
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	NP		<i>divalproex sodium</i> TBEC 125 MG	P	QL(2 EA daily)
DILANTIN-125 SUSP (<i>phenytoin</i>)	NP		<i>valproate sodium</i> SOLN IV 100 MG/ML, 500 MG/5ML	C	PA
<i>phenytoin sodium extended</i> 100 MG, 200 MG, 300 MG	P		<i>valproate sodium</i> SOLN PO 250 MG/5ML	P	
<i>phenytoin sodium extended</i> 200 MG, 300 MG	NP		<i>valproate sodium</i> SOLN PO 500 MG/10ML	NP	
<i>phenytoin</i> CHEW	P		<i>valproic acid</i> CAPS	P	
<i>phenytoin</i> SUSP 125 MG/5ML	P		ANTIDEPRESSANTS - Drugs to Treat Depression		
Succinimides			Alpha-2 Receptor Antagonists (Tetracyclics)		
CELONTIN (<i>methsuximide</i>)	P	Brand Preferred			
<i>ethosuximide</i> CAPS	P				
<i>ethosuximide</i> SOLN	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	P	QL(1 EA daily)	WELLBUTRIN SR TB12 200 MG (<i>bupropion hcl</i>)	NP	QL(2 EA daily)
<i>mirtazapine TABS 30 MG</i>	P	QL(1.5 EA daily)	WELLBUTRIN SR TB12 100 MG (<i>bupropion hcl</i>)	NP	QL(4 EA daily)
<i>mirtazapine TABS 15 MG</i>	P	QL(3 EA daily)	WELLBUTRIN SR TB12 150 MG (<i>bupropion hcl</i>)	NP	QL(3 EA daily)
<i>mirtazapine TBDP 15 MG</i>	P	QL(3 EA daily)	WELLBUTRIN XL TB24 150 MG (<i>bupropion hcl</i>)	NP	QL(3 EA daily)
<i>mirtazapine TBDP 30 MG</i>	P	QL(1.5 EA daily)	WELLBUTRIN XL TB24 300 MG (<i>bupropion hcl</i>)	NP	QL(1 EA daily)
<i>mirtazapine TBDP 45 MG</i>	P	QL(1 EA daily)	GABA Receptor Modulator - Neuroactive Steroid		
REMERON SOLTAB TBDP 15 MG (<i>mirtazapine</i>)	NP	QL(3 EA daily)	ZURZUVAE	NP	SP
REMERON SOLTAB TBDP 45 MG (<i>mirtazapine</i>)	NP	QL(1 EA daily)	Monoamine Oxidase Inhibitors (MAOIs)		
REMERON SOLTAB TBDP 30 MG (<i>mirtazapine</i>)	NP	QL(1.5 EA daily)	EMSAM	NP	
REMERON TABS 15 MG (<i>mirtazapine</i>)	NP	QL(3 EA daily)	MARPLAN	NP	
REMERON TABS 30 MG (<i>mirtazapine</i>)	NP	QL(1.5 EA daily)	NARDIL (<i>phenelzine sulfate</i>)	NP	
Antidepressant Combinations			<i>phenelzine sulfate</i>	P	
AUVELITY	NP		<i>tranylcypromine sulfate</i>	NP	
Antidepressants - Misc.			Selective Serotonin Reuptake Inhibitors (SSRIs)		
APLENZIN	NP		CELEXA TABS 10 MG (<i>citalopram hydrobromide</i>)	NP	QL(4 EA daily)
<i>bupropion hcl TABS</i>	P	QL(3 EA daily)	CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)
<i>bupropion hcl TB12 150 MG</i>	P	QL(3 EA daily)	CELEXA TABS 40 MG (<i>citalopram hydrobromide</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)
<i>bupropion hcl TB12 100 MG</i>	P	QL(4 EA daily)	CITALOPRAM HYDROBROMIDE CAPS	NP	
<i>bupropion hcl TB12 200 MG</i>	P	QL(2 EA daily)	<i>citalopram hydrobromide SOLN</i>	P	
<i>bupropion hcl TB24 450 MG</i>	NP		<i>citalopram hydrobromide TABS 20 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)
<i>bupropion hcl TB24 150 MG</i>	P	QL(3 EA daily)	<i>citalopram hydrobromide TABS 40 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)
<i>bupropion hcl TB24 300 MG</i>	P	QL(1 EA daily)	<i>citalopram hydrobromide TABS 10 MG</i>	P	QL(4 EA daily)
FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP		<i>escitalopram oxalate SOLN</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>escitalopram oxalate TABS 5 MG</i>	P	QL(4 EA daily)
<i>escitalopram oxalate TABS 10 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)
<i>escitalopram oxalate TABS 20 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	P	QL(4 EA daily)
<i>fluoxetine hcl CAPS 40 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)
<i>fluoxetine hcl CPDR</i>	NP	
<i>fluoxetine hcl SOLN</i>	P	QL(120 ML per fill retail)
<i>fluoxetine hcl TABS 10 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)
<i>fluoxetine hcl TABS 20 MG</i>	P	QL(4 EA daily)
<i>fluoxetine hcl TABS 60 MG</i>	NP	
<i>FLUOXETINE HCL TABS (fluoxetine hcl)</i>	NP	
<i>fluvoxamine maleate CP24</i>	NP	
<i>fluvoxamine maleate TABS 100 MG</i>	P	QL(3 EA daily)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)
<i>LEXAPRO TABS 10 MG (escitalopram oxalate)</i>	NP	QL(2 EA daily); AL(At least 7 yrs old)
<i>LEXAPRO TABS 20 MG (escitalopram oxalate)</i>	NP	QL(1 EA daily); AL(At least 7 yrs old)
<i>LEXAPRO TABS 5 MG (escitalopram oxalate)</i>	NP	QL(4 EA daily)
<i>paroxetine hcl SUSP</i>	NP	QL(40 ML daily)
<i>paroxetine hcl TABS 30 MG, 40 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>paroxetine hcl TABS 10 MG</i>	P	QL(6 EA daily)
<i>paroxetine hcl TABS 20 MG</i>	P	QL(3 EA daily)
<i>paroxetine hcl TB24</i>	NP	QL(1 EA daily); AL(At least 7 yrs old)
<i>PAXIL CR TB24 (paroxetine hcl)</i>	NP	QL(1 EA daily); AL(At least 7 yrs old)
<i>PAXIL SUSP (paroxetine hcl)</i>	NP	QL(40 ML daily)
<i>PAXIL TABS 20 MG (paroxetine hcl)</i>	NP	QL(3 EA daily)
<i>PAXIL TABS 10 MG (paroxetine hcl)</i>	NP	QL(6 EA daily)
<i>PAXIL TABS 30 MG, 40 MG (paroxetine hcl)</i>	NP	QL(2 EA daily); AL(At least 7 yrs old)
<i>PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl)</i>	NP	QL(4 EA daily)
<i>PROZAC CAPS 40 MG (fluoxetine hcl)</i>	NP	QL(2 EA daily); AL(At least 7 yrs old)
<i>sertraline hcl CAPS 150 MG, 200 MG</i>	NP	
<i>SERTRALINE HCL CAPS 150 MG, 200 MG (sertraline hcl)</i>	NP	
<i>sertraline hcl CONC</i>	NP	QL(186 ML per 31 day(s) retail)
<i>sertraline hcl TABS 25 MG, 50 MG</i>	P	QL(4 EA daily)
<i>sertraline hcl TABS 100 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)
<i>ZOLOFT CONC (sertraline hcl)</i>	NP	QL(186 ML per 31 day(s) retail)
<i>ZOLOFT TABS 25 MG, 50 MG (sertraline hcl)</i>	NP	QL(4 EA daily)
<i>ZOLOFT TABS 100 MG (sertraline hcl)</i>	NP	QL(2 EA daily); AL(At least 7 yrs old)
Serotonin Modulators		
<i>nefazodone hcl</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RALDESY SOLN PO 10 MG/ML	NP		PRISTIQ 25 MG, 50 MG (desvenlafaxine succinate)	NP	QL(1 EA daily)
trazodone hcl TABS 300 MG	P	QL(2 EA daily)	VENLAFAXINE BESYLATE ER	NP	
trazodone hcl TABS 50 MG, 100 MG, 150 MG	P		venlafaxine hcl CP24 37.5 MG	P	QL(4 EA daily)
TRINTELLIX	NP	QL(1 EA daily); AL(At least 18 yrs old)	venlafaxine hcl CP24 150 MG	P	QL(2 EA daily)
VIIBRYD TABS (vilazodone hcl)	NP	QL(1 EA daily)	venlafaxine hcl CP24 75 MG	P	QL(5 EA daily)
vilazodone hcl TABS	P	QL(1 EA daily)	venlafaxine hcl TABS	P	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	NP	QL(1 EA daily); AL(At least 7 yrs old)
CYMBALTA CPEP (duloxetine hcl)	NP	QL(1 EA daily); AL(At least 7 yrs old)	venlafaxine hcl TB24 150 MG	NP	QL(1 EA daily)
DESVENLAFAXINE ER	NP		Tricyclic Agents		
desvenlafaxine succinate 100 MG	P	QL(4 EA daily)	amitriptyline hcl TABS	C	
desvenlafaxine succinate 25 MG, 50 MG	P	QL(1 EA daily)	amoxapine	C	
DRIZALMA SPRINKLE CSDR	NP		clomipramine hcl 75 MG	C	
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	P	QL(1 EA daily); AL(At least 7 yrs old)	desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	C	
duloxetine hcl CPEP 40 MG	NP		desipramine hcl TABS 25 MG	C	QL(2 EA daily)
EFFEXOR XR CP24 150 MG (venlafaxine hcl)	NP	QL(2 EA daily)	doxepin hcl CAPS	C	
EFFEXOR XR CP24 75 MG (venlafaxine hcl)	NP	QL(5 EA daily)	doxepin hcl CONC	C	
EFFEXOR XR CP24 37.5 MG (venlafaxine hcl)	NP	QL(4 EA daily)	imipramine hcl TABS	C	
FETZIMA TITRATION C4PK	NP		nortriptyline hcl CAPS	C	
FETZIMA CP24	NP		nortriptyline hcl SOLN	C	QL(20 ML daily)
PRISTIQ 100 MG (desvenlafaxine succinate)	NP	QL(4 EA daily)	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
			Alpha-Glucosidase Inhibitors		
			acarbose	P	
			miglitol	NP	
			Antidiabetic - Amylin Analogs		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYMLINPEN 120 SOPN	P	QL(11 ML per 31 day(s) retail; 11 ML per 31 days mail); ST	<i>saxagliptin-metformin hcl</i>	NP	QL(1 EA daily)
SYMLINPEN 60 SOPN	P	QL(6 ML per 31 day(s) retail; 6 ML per 31 days mail); ST	SEGLUROMET	NP	QL(2 EA daily)
Antidiabetic Combinations			SITAGLIPT BASE-METFORM HCL ER TB24	NP	
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	NP	QL(2 EA daily)	SITAGLIPTIN BASE-METFORMIN HCL TABS	NP	
<i>alogliptin-metformin hcl</i>	NP	QL(2 EA daily)	SOLQUA	NP	QL(18 ML per 31 day(s) retail)
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	QL(1 EA daily)	STEGLUJAN	NP	
<i>dapagliflozin propanediol-metformin hcl</i>	NP	Brand Preferred	SYNJARDY XR TB24	NP	
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP		SYNJARDY TABS	NP	
<i>glipizide-metformin hcl</i>	NP		TRIJARDY XR	NP	
<i>glyburide-metformin</i>	P		XIGDUO XR 1000 MG-2.5 MG, 500 MG-10 MG, 500 MG-5 MG	P	Brand Preferred; ST
GLYXAMBI	NP		XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	P	Brand Preferred
INVOKAMET XR TB24	NP		XULTOPHY	NP	
INVOKAMET TABS	P	ST	ZITUVIMET XR TB24	NP	
JANUMET XR TB24	NP		ZITUVIMET TABS	NP	
JANUMET TABS	P	ST	Biguanides		
JENTADUETO XR TB24	NP		GLUMETZA TB24 (<i>metformin hcl</i>)	NP	
JENTADUETO TABS	P	ST	<i>metformin hcl SOLN</i>	NP	
KAZANO (<i>alogliptin-metformin hcl</i>)	NP	QL(2 EA daily)	<i>metformin hcl TABS 850 MG</i>	P	QL(3 EA daily)
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (<i>alogliptin-pioglitazone</i>)	NP	QL(1 EA daily)	<i>metformin hcl TABS 1000 MG</i>	P	QL(2 EA daily)
<i>pioglitazone hcl-glimepiride</i>	NP		<i>metformin hcl TABS 625 MG</i>	NP	
<i>pioglitazone hcl-metformin hcl TABS</i>	NP	QL(2 EA daily)	<i>metformin hcl TABS 750 MG</i>	P	
QTERN	NP		<i>metformin hcl TABS 500 MG</i>	P	QL(5 EA daily)
			<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	
			<i>metformin hcl TB24 750 MG</i>	P	QL(3 EA daily)
			<i>metformin hcl TB24 500 MG</i>	P	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
RIOMET SOLN (<i>metformin hcl</i>)	NP	
Diabetic Other		
BAQSIMI ONE PACK POWD	P	
BAQSIMI TWO PACK POWD	P	
<i>diazoxide</i>	NP	
<i>glucagon (rdna)</i>	P	QL(4 EA per 365 day(s) retail)
GLUCAGON EMERGENCY	NP	
GVOKE HYPOPEN 1-PACK SOAJ	P	
GVOKE HYPOPEN 2-PACK SOAJ	P	
GVOKE KIT SOLN	NP	
GVOKE PFS SOSY 1 MG/0.2ML	NP	
PROGLYCEM (<i>diazoxide</i>)	P	
ZEGALOGUE SOAJ	P	
ZEGALOGUE SOSY	P	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	NP	QL(1 EA daily)
BRYNOVIN SOLN PO 25 MG/ML	NP	
JANUVIA	P	ST
NESINA (<i>alogliptin benzoate</i>)	NP	QL(1 EA daily)
<i>saxagliptin hcl</i>	NP	QL(1 EA daily)
SITAGLIPTIN	NP	
TRADJENTA	P	ST
ZITUVIO	NP	
Incretin Mimetic Agents		
BYDUREON BCISE AUJ	NP	QL(3.4 ML per 28 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (<i>exenatide</i>)	NP	QL(2.4 ML per 31 day(s) retail); AL(At least 18 yrs old)
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (<i>exenatide</i>)	NP	QL(1.2 ML per 31 day(s) retail); AL(At least 18 yrs old)
<i>exenatide SOPN 5 MCG/0.02ML</i>	NP	QL(1.2 ML per 31 day(s) retail); AL(At least 18 yrs old)
<i>exenatide SOPN 10 MCG/0.04ML</i>	NP	QL(2.4 ML per 31 day(s) retail); AL(At least 18 yrs old)
<i>liraglutide</i>	NP	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	
TRULICITY	PA	QL(2 ML per 28 day(s) retail); PA

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

Drug Name	Drug Tier	Requirements/ Limits
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)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	USE BRAND NAME or Authorized Generic
HUMALOG MIX 50/50 KWIKPEN SUPN	P	USE BRAND NAME or Authorized Generic
HUMALOG MIX 75/25 KWIKPEN SUPN	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
HUMALOG TEMPO PEN SOPN	P	USE BRAND NAME or Authorized Generic
HUMALOG SOCT	P	USE BRAND NAME or Authorized Generic
HUMALOG SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
HUMULIN 70/30 KWIKPEN SUPN	P	QL(1 ML daily)
HUMULIN 70/30 SUSP	P	Limit 40mls per month
HUMULIN N KWIKPEN SUPN	P	QL(1 ML daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMULIN N SUSP	P	Limit 40mls per month	INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P		INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	
HUMULIN R U-500 KWIKPEN SOPN SC	P		INSULIN GLARGINE-YFGN SOLN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
HUMULIN R SOLN IJ	P	Limit 40mls per month	INSULIN GLARGINE-YFGN SOPN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
INSULIN ASP PROT & ASP FLEXPEN SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	INSULIN LISPRO (1 UNIT DIAL) SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
INSULIN ASPART FLEXPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	INSULIN LISPRO JUNIOR KWIKPEN SOPN	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)	INSULIN LISPRO PROT & LISPRO SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
INSULIN ASPART PROT & ASPART SUSP	P	Brand Preferred; QL(40 ML per 31 day(s) retail)	INSULIN LISPRO SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
INSULIN ASPART SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	LANTUS SOLOSTAR SOPN	P	Brand Preferred
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	NP	Brand Preferred; QL(0.9 ML daily)	LANTUS SOLN	P	Brand Preferred
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	NP	Brand Preferred; QL(1.5 ML daily)			
INSULIN DEGLUDEC SOLN	NP	Brand Preferred; QL(1.5 ML daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LEVEMIR FLEXPEN SOPN	P		NOVOLOG FLEXPEN RELION SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
LEVEMIR SOLN	P				
LYUMJEV KWIKPEN SOPN	NP		NOVOLOG FLEXPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
LYUMJEV TEMPO PEN SOPN	NP				
LYUMJEV SOLN	NP		NOVOLOG MIX 70/30 FLEXPEN SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	NP				
MERILOG SOLN SC 100 UNIT/ML	NP		NOVOLOG MIX 70/30 RELION SUSP	P	USE BRAND NAME or Authorized Generic
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(1 ML daily)			
NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(1 ML daily)	NOVOLOG MIX 70/30 SUSP	P	USE BRAND NAME or Authorized Generic
NOVOLIN 70/30 RELION SUSP	NP				
NOVOLIN 70/30 SUSP	NP	Limit 40mls per month	NOVOLOG MIX 70/30 SUSP	P	USE BRAND NAME or Authorized Generic
NOVOLIN N FLEXPEN RELION SUPN	NP	QL(1 ML daily)			
NOVOLIN N FLEXPEN SUPN	NP	QL(1 ML daily)	NOVOLOG PENFILL SOCT	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLIN N RELION SUSP	NP				
NOVOLIN N SUSP	NP	Limit 40mls per month	NOVOLOG RELION SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLIN R FLEXPEN RELION SOPN IJ	NP				
NOVOLIN R FLEXPEN SOPN IJ	NP		NOVOLOG SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLIN R RELION SOLN IJ	NP				
NOVOLIN R SOLN IJ	NP	Limit 40mls per month	NOVOLOG SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG 70/30 FLEXPEN RELION SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	REZVOGLAR KWIKPEN	NP	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits
SEMGLEE (YFGN) SOLN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
SEMGLEE (YFGN) SOPN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
TOUJEO MAX SOLOSTAR SOPN	NP	
TOUJEO SOLOSTAR SOPN	NP	
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	P	Brand Preferred; QL(0.9 ML daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	P	Brand Preferred; QL(1.5 ML daily)
TRESIBA SOLN	P	Brand Preferred; QL(1.5 ML daily)
Insulin Sensitizing Agents		
ACTOS (<i>pioglitazone hcl</i>)	NP	QL(1 EA daily)
<i>pioglitazone hcl</i>	P	QL(1 EA daily)
Meglitinide Analogues		
<i>nateglinide</i>	P	QL(3 EA daily)
<i>repaglinide</i>	NP	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol 10 MG</i>	NP	ST
<i>dapagliflozin propanediol 5 MG</i>	NP	Brand Preferred; ST
FARXIGA (<i>dapagliflozin propanediol</i>)	P	Brand Preferred; ST
INVOKANA	P	ST

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>naloxone hcl LIQD</i>	NP	QL(4 EA per 90 day(s) retail); RX/OTC	<i>ondansetron TBDP 4 MG, 8 MG</i>	P	QL(20 EA per 31 day(s) retail; 20 EA per 31 days mail)
<i>naloxone hcl LIQD</i>	NP	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC	SANCUSO PTCH	NP	
<i>naloxone hcl SOCT</i>	P	QL(2 ML per 90 day(s) retail)	Antiemetics - Anticholinergic		
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(2 ML per 90 day(s) retail)	ANTIVERT CHEW (<i>meclizine hcl</i>)	NP	RX/OTC
<i>naloxone hcl SOSY 0.4 MG/ML</i>	P		ANTIVERT TABS 50 MG (<i>meclizine hcl</i>)	NP	
<i>naloxone hcl SOSY 2 MG/2ML</i>	P	QL(4 ML per 90 day(s) retail)	<i>meclizine hcl TABS 12.5 MG, 25 MG, 50 MG</i>	NP	RX/OTC
<i>naltrexone hcl</i>	C		<i>scopolamine</i>	P	
NARCAN LIQD (<i>naloxone hcl</i>)	P	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC	TRANSDERM-SCOP (<i>scopolamine</i>)	NP	
OPVEE NA	NP		<i>trimethobenzamide hcl CAPS</i>	NP	
REXTOVY LIQD	NP		Antiemetics - Miscellaneous		
VIVITROL	P	QL(1 EA per 30 day(s) retail); SP	AKYNZEO	NP	
ZIMHI SOSY	NP		BONJESTA TBCR	NP	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting			DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	NP	
5-HT3 Receptor Antagonists			<i>doxylamine-pyridoxine TBEC</i>	NP	
<i>granisetron hcl TABS</i>	NP		<i>dronabinol CAPS</i>	NP	
<i>ondansetron hcl SOLN IJ</i>	C		MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	NP	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per 31 day(s) retail)	Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>ondansetron hcl SOSY</i>	C		<i>aprepitant CAPS</i>	P	
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(20 EA per 31 day(s) retail)	<i>aprepitant MISC</i>	P	
<i>ondansetron TBDP 16 MG</i>	P		EMEND BIPACK CAPS 80 MG (<i>aprepitant</i>)	NP	
			EMEND TRIPACK CAPS (<i>aprepitant</i>)	NP	
			EMEND SUSR	NP	
			ANTIFUNGALS - Drugs to Treat Fungal Infections		
			Antifungal - Glucan Synthesis Inhibitors		
			BREXAFEMME	NP	

Drug Name	Drug Tier	Requirements/ Limits
Antifungals		
<i>griseofulvin microsize SUSP</i>	P	
<i>griseofulvin microsize TABS</i>	NP	
<i>griseofulvin ultramicrosize</i>	P	
<i>nystatin TABS</i>	P	QL(6 EA daily)
<i>terbinafine hcl TABS</i>	P	QL(1 EA daily; 90 EA per 120 day(s) retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS	NP	
DIFLUCAN SUSR 40 MG/ML (<i>fluconazole</i>)	NP	QL(70 ML per fill retail)
<i>fluconazole SUSR</i>	P	QL(70 ML per fill retail)
<i>fluconazole TABS 150 MG</i>	P	QL(2 EA per fill retail)
<i>fluconazole TABS 50 MG</i>	P	QL(3 EA per 14 day(s) retail)
<i>fluconazole TABS 100 MG, 200 MG</i>	P	
<i>itraconazole CAPS</i>	NP	QL(1 EA daily)
<i>itraconazole SOLN</i>	NP	
<i>ketokonazole</i>	NP	
SPORANOX CAPS (<i>itraconazole</i>)	NP	QL(1 EA daily)
SPORANOX SOLN (<i>itraconazole</i>)	NP	
VFEND SUSR (<i>voriconazole</i>)	NP	
<i>voriconazole SUSR</i>	NP	
<i>voriconazole TABS</i>	NP	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	C	
<i>dexchlorpheniramine maleate SOLN</i>	C	
Antihistamines - Ethanolamines		

Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine hcl CAPS</i>	C	QL(4 EA daily)
<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 (<i>desloratadine</i>)	NP	
<i>desloratadine TABS</i>	NP	
<i>desloratadine TBDP</i>	NP	AL(Up to 12 yrs old)
<i>fexofenadine hcl TABS 180 MG</i>	C	QL(1 EA daily)
<i>fexofenadine hcl TABS 60 MG</i>	C	QL(2 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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antihistamines - Piperidines			QUESTRAN POWD (<i>cholestyramine</i>)	NP	
<i>cyproheptadine hcl SYRP</i>	C		WELCHOL PACK (<i>colesevelam hcl</i>)	NP	
<i>cyproheptadine hcl TABS</i>	C		WELCHOL TABS (<i>colesevelam hcl</i>)	NP	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			Fibric Acid Derivatives		
Antihyperlipidemics - Combinations			<i>choline fenofibrate</i>	NP	
<i>ezetimibe-simvastatin</i>	NP	QL(1 EA daily)	<i>fenofibrate micronized 67 MG</i>	NP	QL(2 EA daily)
VYTORIN (<i>ezetimibe-simvastatin</i>)	NP	QL(1 EA daily)	<i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>	NP	
Antihyperlipidemics - Misc.			<i>fenofibrate micronized 134 MG, 200 MG</i>	NP	QL(1 EA daily)
<i>icosapent ethyl</i>	P		<i>fenofibrate CAPS</i>	NP	
<i>omega-3-acid ethyl esters</i>	P		<i>fenofibrate TABS 54 MG</i>	NP	QL(3 EA daily)
Bile Acid Sequestrants			<i>fenofibrate TABS 40 MG, 120 MG</i>	NP	
<i>cholestyramine light PACK</i>	NP		<i>fenofibrate TABS 160 MG</i>	NP	QL(1 EA daily)
<i>cholestyramine light PACK</i>	P		<i>fenofibrate TABS 48 MG, 145 MG</i>	P	
<i>cholestyramine light POWD</i>	P		<i>fenofibric acid</i>	NP	
<i>cholestyramine light POWD</i>	NP		FENOGLIDE TABS (<i>fenofibrate</i>)	NP	
<i>cholestyramine PACK</i>	P		FIBRICOR (<i>fenofibric acid</i>)	NP	
<i>cholestyramine POWD</i>	P		<i>gemfibrozil TABS</i>	P	QL(2 EA daily)
<i>colesevelam hcl PACK</i>	NP		LIPOFEN CAPS (<i>fenofibrate</i>)	NP	
<i>colesevelam hcl TABS</i>	NP		LOPID TABS (<i>gemfibrozil</i>)	NP	QL(2 EA daily)
COLESTID GRAN (<i>colestipol hcl</i>)	NP		TRICOR TABS (<i>fenofibrate</i>)	NP	
COLESTID TABS (<i>colestipol hcl</i>)	NP		TRILIPIX (<i>choline fenofibrate</i>)	NP	
<i>colestipol hcl GRAN</i>	P		HMG CoA Reductase Inhibitors		
<i>colestipol hcl PACK</i>	P		ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	
<i>colestipol hcl TABS</i>	P		ATORVALIQ SUSP	NP	
QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NP		<i>atorvastatin calcium TABS</i>	P	QL(1 EA daily)
QUESTRAN PACK (<i>cholestyramine</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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)
EZALLOR SPRINKLE CPSP	NP		benazepril hcl 40 MG	P	QL(2 EA daily)
FLOLIPID SUSP	NP		benazepril hcl 5 MG, 10 MG, 20 MG	P	QL(1 EA daily)
fluvastatin sodium CAPS	P		captopril	P	QL(3 EA daily)
fluvastatin sodium TB24	NP		enalapril maleate SOLN	NP	
LESCOL XL TB24 (fluvastatin sodium)	NP		enalapril maleate TABS	P	QL(2 EA daily)
LIPITOR TABS (atorvastatin calcium)	NP	QL(1 EA daily)	EPANED SOLN (enalapril maleate)	NP	
LIVALO (pitavastatin calcium)	NP		fosinopril sodium	NP	QL(1 EA daily)
lovastatin TABS 10 MG, 20 MG	P	QL(1 EA daily)	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	
lovastatin TABS 40 MG	P	QL(2 EA daily)	LOTENSIN 10 MG, 20 MG (benazepril hcl)	NP	QL(1 EA daily)
pitavastatin calcium	NP		LOTENSIN 40 MG (benazepril hcl)	NP	QL(2 EA daily)
pravastatin sodium	P	QL(1 EA daily)	moexipril hcl	NP	
rosuvastatin calcium TABS	P	QL(1 EA daily)	perindopril erbumine	NP	
simvastatin TABS 80 MG	P		QBRELIS SOLN	NP	
simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	P	QL(1 EA daily)	quinapril hcl	NP	
ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	NP	QL(1 EA daily)	ramipril CAPS	NP	QL(2 EA daily)
ZYPITAMAG 2 MG, 4 MG	NP		trandolapril 4 MG	NP	QL(2 EA daily)
Intestinal Cholesterol Absorption Inhibitors			trandolapril 1 MG, 2 MG	NP	QL(1 EA daily)
ezetimibe	P		VASOTEC TABS (enalapril maleate)	NP	QL(2 EA daily)
ZETIA (ezetimibe)	NP		ZESTRIL TABS (lisinopril)	NP	
Nicotinic Acid Derivatives			Angiotensin II Receptor Antagonists		
niacin (antihyperlipidemic) TBCR	NP		ATACAND (candesartan cilexetil)	NP	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			AVAPRO 150 MG, 300 MG (irbesartan)	NP	QL(1 EA daily)
ACE Inhibitors			BENICAR (olmesartan medoxomil)	NP	QL(1 EA daily)
ACCUPRIL (quinapril hcl)	NP		candesartan cilexetil	NP	
			COZAAR (losartan potassium)	NP	QL(1 EA daily)
			DIOVAN TABS (valsartan)	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EDARBI	NP		<i>amlodipine besylate-valsartan 5 MG-160 MG</i>	P	
<i>irbesartan</i>	P	QL(1 EA daily)	<i>amlodipine-valsartan-hydrochlorothiazide</i>	P	
<i>losartan potassium</i>	P	QL(1 EA daily)	ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	NP	
MICARDIS (<i>telmisartan</i>)	NP		<i>atenolol & chlorthalidone</i>	P	QL(2 EA daily)
<i>olmesartan medoxomil</i>	P	QL(1 EA daily)	AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
<i>telmisartan</i>	P		AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>)	NP	ST
<i>valsartan SOLN</i>	NP		<i>benazepril & hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>valsartan TABS</i>	P	QL(1 EA daily)	BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
Antiadrenergic Antihypertensives			<i>bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG</i>	P	
CARDURA (<i>doxazosin mesylate</i>)	NP		<i>bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG</i>	P	QL(1 EA daily)
<i>clonidine hcl TABS</i>	P		<i>candesartan cilexetil-hydrochlorothiazide</i>	NP	
<i>clonidine PTWK</i>	P		<i>captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG</i>	NP	QL(2 EA daily)
<i>clonidine TB24</i>	NP		<i>captopril & hydrochlorothiazide 25 MG-50 MG</i>	NP	QL(3 EA daily)
<i>doxazosin mesylate</i>	P		DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
<i>guanfacine hcl</i>	P		EDARBYCLOR	NP	
<i>methyldopa TABS</i>	P		<i>enalapril maleate & hydrochlorothiazide</i>	P	QL(2 EA daily)
<i>methyldopa TABS 500 MG</i>	C		EXFORGE (<i>amlodipine besylate-valsartan</i>)	NP	
NEXICLON XR TB24 (<i>clonidine</i>)	NP		EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	
<i>prazosin hcl CAPS</i>	C				
<i>terazosin hcl</i>	P				
TEZRULY PO 1 MG/ML	NP				
Antihypertensive Combinations					
ACCURETIC 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(4 EA daily)			
ACCURETIC 12.5 MG-10 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(3 EA daily)			
<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 EA daily)			
<i>amlodipine besylate-olmesartan medoxomil</i>	NP	ST			
<i>amlodipine besylate-valsartan 10 MG-160 MG, 10 MG-320 MG, 5 MG-320 MG</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
<i>fosinopril sodium & hydrochlorothiazide</i>	NP	QL(1 EA daily)
<i>HYZAAR (losartan potassium & hydrochlorothiazide)</i>	NP	QL(1 EA daily)
<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>lisinopril & hydrochlorothiazide</i>	P	
<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide)</i>	NP	QL(1 EA daily)
<i>LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl)</i>	NP	QL(1 EA daily)
<i>metoprolol & hydrochlorothiazide TABS 50 MG-100 MG</i>	NP	QL(1 EA daily)
<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG</i>	NP	QL(2 EA daily)
<i>MICARDIS HCT (telmisartan-hydrochlorothiazide)</i>	NP	QL(1 EA daily)
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP	ST
<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	NP	QL(2 EA daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	NP	QL(4 EA daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	NP	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>telmisartan-amlodipine</i>	NP	ST
<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>TENORETIC 100 (atenolol & chlorthalidone)</i>	NP	QL(2 EA daily)
<i>TENORETIC 50 (atenolol & chlorthalidone)</i>	NP	QL(2 EA daily)
<i>trandolapril-verapamil hcl</i>	P	
<i>TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide)</i>	NP	ST
<i>valsartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide)</i>	NP	QL(2 EA daily)
<i>ZESTORETIC (lisinopril & hydrochlorothiazide)</i>	NP	
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	NP	Brand Preferred; ST
<i>TEKTURNA (aliskiren fumarate)</i>	P	Brand Preferred; ST
Vasodilators		
<i>hydralazine hcl TABS</i>	C	
<i>minoxidil 2.5 MG</i>	C	QL(3 EA daily)
<i>minoxidil 10 MG</i>	C	QL(10 EA daily)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>AEMCOLO</i>	NP	
<i>LIKMEZ SUSP</i>	NP	
<i>metronidazole CAPS</i>	P	
<i>metronidazole TABS</i>	P	
<i>tinidazole</i>	NP	ST
<i>trimethoprim TABS</i>	C	
<i>XIFAXAN</i>	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)
VANCOGIN CAPS 250 MG (<i>vancomycin hcl</i>)	NP	QL(8 EA daily)
VANCOGIN CAPS 125 MG (<i>vancomycin hcl</i>)	NP	QL(4 EA daily)
<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 EA daily)
<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 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 1 GM	C	QL(14 EA per fill retail)
VANCOMYCIN HCL SOLR IV 500 MG	C	QL(14 EA per 31 day(s) retail)
Leprostatics		
<i>dapsone</i>	C	
Lincosamides		
<i>clindamycin hcl 150 MG, 300 MG</i>	C	

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	
<i>nitrofurantoin</i>	C	QL(40 ML daily)
<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	
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	
<i>pramipexole dihydrochloride TABS</i>	P	QL(3 EA daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride TB24</i>	NP	
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	P	QL(3 EA daily)
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	P	QL(6 EA daily)
<i>ropinirole hydrochloride TB24</i>	NP	
Antiparkinson Monoamine Oxidase Inhibitors		
<i>selegiline hcl CAPS</i>	C	
<i>selegiline hcl TABS</i>	C	

Drug Name	Drug Tier	Requirements/ Limits
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 234 MG/1.5ML	NP	QL(3 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 351 MG/2.25ML	NP	AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ERZOFRI 39 MG/0.25ML	NP	QL(0.25 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
ERZOFRI 156 MG/ML	NP	QL(2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	INVEGA TRINZA 546 MG/1.75ML	P	QL(1.8 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
ERZOFRI 78 MG/0.5ML	NP	QL(0.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	INVEGA TRINZA 410 MG/1.32ML	P	QL(1.4 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
ERZOFRI 117 MG/0.75ML	NP	QL(1.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	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
FANAPT	NP	AL(At least 18 yrs old); ST	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
FANAPT TITRATION PACK A	NP	AL(At least 18 yrs old); ST	<i>paliperidone</i>	NP	AL(At least 12 yrs old); ST
INVEGA 3 MG, 6 MG, 9 MG (<i>paliperidone</i>)	NP	AL(At least 12 yrs old); ST	PERSERIS PRSY	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
INVEGA HAFYERA	P	AL(At least 18 yrs old); SP	RISPERDAL CONSTA (<i>risperidone microspheres</i>)	P	2 max fill(s) 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	RISPERDAL SOLN (<i>risperidone</i>)	NP	QL(4 ML daily); AL(At least 7 yrs old)
INVEGA SUSTENNA 78 MG/0.5ML	P	QL(0.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	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)
INVEGA SUSTENNA 156 MG/ML	P	QL(2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	<i>risperidone SOLN</i>	P	QL(4 ML daily); AL(At least 7 yrs old)
INVEGA SUSTENNA 117 MG/0.75ML	P	QL(1.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	<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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone TABS 0.25 MG</i>	P	QL(4 EA daily); AL(At least 7 yrs old); ST	<i>olanzapine TABS 7.5 MG, 10 MG</i>	P	QL(2 EA daily); AL(At least 10 yrs old)
<i>risperidone TABS 2 MG, 3 MG, 4 MG</i>	P	QL(4 EA daily); AL(At least 7 yrs old)	<i>olanzapine TABS 2.5 MG, 5 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old)
<i>risperidone TBDP</i>	P	QL(2 EA daily); AL(At least 7 yrs old)	<i>olanzapine TBDP</i>	NP	AL(At least 10 yrs old); ST
RYKINDO SRER	NP	AL(At least 18 yrs old); SP	<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old)
UZEDY SUSY	NP	AL(At least 18 yrs old); SP	<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	P	QL(2 EA daily); AL(At least 10 yrs old)
Butyrophenones			<i>quetiapine fumarate TABS 150 MG</i>	P	AL(At least 10 yrs old); ST
<i>haloperidol decanoate</i>	C		<i>quetiapine fumarate TB24</i>	P	AL(At least 10 yrs old)
<i>haloperidol lactate CONC</i>	C		SAPHRIS (<i>asenapine maleate</i>)	NP	AL(At least 10 yrs old)
<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	C	QL(3 EA daily)	SECUADO	NP	AL(At least 18 yrs old); ST
<i>haloperidol TABS 20 MG</i>	C		SEROQUEL XR TB24 (<i>quetiapine fumarate</i>)	NP	AL(At least 10 yrs old)
Dibenzapines			SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	NP	QL(2 EA daily); AL(At least 10 yrs old)
ADASUVE	NP	AL(At least 18 yrs old); ST	SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (<i>quetiapine fumarate</i>)	NP	QL(4 EA daily); AL(At least 10 yrs old)
<i>asenapine maleate</i>	P	AL(At least 10 yrs old)	VERSACLOZ SUSP	NP	AL(At least 18 yrs old); ST
<i>clozapine TABS 25 MG, 50 MG, 200 MG</i>	P	QL(3 EA daily); AL(At least 18 yrs old)	ZYPREXA RELPREVV	NP	AL(At least 18 yrs old); SP
<i>clozapine TABS 100 MG</i>	P	QL(9 EA daily); AL(At least 18 yrs old)	ZYPREXA TABS 2.5 MG, 5 MG (<i>olanzapine</i>)	NP	QL(4 EA daily); AL(At least 10 yrs old)
<i>clozapine TBDP</i>	NP	AL(At least 18 yrs old); ST	ZYPREXA TABS 20 MG (<i>olanzapine</i>)	NP	QL(1 EA daily); AL(At least 10 yrs old)
CLOZARIL TABS 100 MG (<i>clozapine</i>)	NP	QL(9 EA daily); AL(At least 18 yrs old)	Muscarinic Agents		
CLOZARIL TABS 25 MG, 50 MG, 200 MG (<i>clozapine</i>)	NP	QL(3 EA daily); AL(At least 18 yrs old)	COBENFY STARTER PACK CPPK	NP	AL(At least 18 yrs old); ST
<i>loxapine succinate</i>	C	QL(4 EA daily); AL(At least 18 yrs old)	COBENFY CAPS	NP	AL(At least 18 yrs old)
<i>olanzapine TABS 15 MG, 20 MG</i>	P	QL(1 EA daily); AL(At least 10 yrs old)	Phenothiazines		

Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	C	QL(3 EA daily)
<i>chlorpromazine hcl TABS 10 MG</i>	C	QL(10 EA daily)
<i>fluphenazine decanoate</i>	C	
<i>fluphenazine hcl TABS</i>	C	
<i>perphenazine TABS</i>	C	QL(4 EA daily); AL(At least 12 yrs old)
<i>prochlorperazine</i>	NP	
<i>prochlorperazine</i>	P	
<i>prochlorperazine maleate TABS</i>	P	
<i>thioridazine hcl</i>	C	QL(3 EA daily)
<i>trifluoperazine hcl TABS</i>	C	QL(2 EA daily)
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	P	AL(At least 18 yrs old); SP
ABILIFY MAINTENA PRSY	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MAINTENA SRER	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old)
ABILIFY MAINTENA SRER	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MYCITE MAINTENANCE KIT	NP	AL(At least 18 yrs old); SP; ST
ABILIFY MYCITE STARTER KIT	NP	AL(At least 18 yrs old); SP; ST
ABILIFY TABS 5 MG (<i>aripiprazole</i>)	NP	QL(1.5 EA daily); AL(At least 7 yrs old)
ABILIFY TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG (<i>aripiprazole</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)

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 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
<i>aripiprazole TABS 5 MG</i>	P	QL(1.5 EA daily); 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 TBDP</i>	NP	QL(1 EA daily); AL(At least 7 yrs old); ST
ARISTADA 662 MG/2.4ML	P	QL(2.4 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 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 882 MG/3.2ML	P	QL(3.2 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REXULTI	NP	AL(At least 13 yrs old); ST	EDURANT PED PO 2.5 MG	P	
Thioxanthenes			<i>efavirenz CAPS 50 MG</i>	P	QL(2 EA daily)
<i>thiothixene</i>	C	QL(3 EA daily)	<i>efavirenz CAPS 200 MG</i>	P	QL(1 EA daily)
ANTISEPTICS & DISINFECTANTS			<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
Chlorine Antiseptics			<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
<i>chlorhexidine gluconate SOLN EX 4 %</i>	C		<i>efavirenz TABS</i>	P	QL(1 EA daily)
ANTIVIRALS - Drugs to Treat Viral Infections			<i>efavirenz TABS</i>	C	QL(1 EA daily)
Antiretrovirals			<i>emtricitabine CAPS</i>	P	QL(1 EA daily)
<i>abacavir sulfate-lamivudine</i>	P	QL(1 EA daily)	<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	P	QL(30 ML daily)	<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	P	
<i>abacavir sulfate TABS</i>	C	QL(2 EA daily)	<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	C	QL(1 EA daily)
<i>abacavir sulfate TABS</i>	P	QL(2 EA daily)	<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	P	QL(1 EA daily)
APTIVUS CAPS	P	QL(4 EA daily)	EMTRIVA CAPS (<i>emtricitabine</i>)	P	QL(1 EA daily)
<i>atazanavir sulfate CAPS 200 MG</i>	C	QL(2 EA daily)	EMTRIVA SOLN	P	QL(24 ML daily)
<i>atazanavir sulfate CAPS 300 MG</i>	P		EPIVIR SOLN (<i>lamivudine</i>)	P	QL(30 ML daily)
<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	P	QL(2 EA daily)	EPIVIR TABS 300 MG (<i>lamivudine</i>)	P	QL(1 EA daily)
BIKTARVY	P	QL(1 EA daily)	EPIVIR TABS 150 MG (<i>lamivudine</i>)	P	QL(2 EA daily)
CIMDUO	P	QL(1 EA daily)	<i>etravirine 100 MG</i>	P	QL(4 EA daily)
COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)	<i>etravirine 200 MG</i>	P	QL(2 EA daily)
<i>darunavir TABS 800 MG</i>	P	QL(1 EA daily)	EVOTAZ	P	QL(1 EA daily)
<i>darunavir TABS 600 MG</i>	P	QL(2 EA daily)	<i>fosamprenavir calcium TABS</i>	P	QL(4 EA daily)
DELSTRIGO	P	QL(1 EA daily)	FUZEON SOLR	NP	SP
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)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GENVOYA	P	QL(1 EA daily)	<i>maraviroc TABS 150 MG</i>	C	QL(2 EA daily)
INTELENCE	P	QL(4 EA daily)	<i>maraviroc TABS 150 MG</i>	P	QL(2 EA daily)
INTELENCE (<i>etravirine</i>)	P	QL(4 EA daily)	<i>maraviroc TABS 300 MG</i>	P	QL(4 EA daily)
INTELENCE 200 MG (<i>etravirine</i>)	P	QL(2 EA daily)	<i>maraviroc TABS 300 MG</i>	C	QL(4 EA daily)
ISENTRESS HD TABS	P		<i>nevirapine SUSP</i>	P	QL(40 ML daily)
ISENTRESS CHEW 25 MG	P	QL(12 EA daily)	<i>nevirapine TABS</i>	P	QL(2 EA daily)
ISENTRESS CHEW 100 MG	P	QL(6 EA daily)	<i>nevirapine TB24 400 MG</i>	P	QL(1 EA daily)
ISENTRESS PACK	P	QL(2 EA daily)	<i>nevirapine TB24 100 MG</i>	P	QL(3 EA daily)
ISENTRESS TABS	P	QL(2 EA daily)	NORVIR PACK	P	
JULUCA	P	QL(1 EA daily)	NORVIR TABS (<i>ritonavir</i>)	P	QL(12 EA daily)
KALETRA SOLN	P	QL(16 ML daily)	ODEFSEY	P	
KALETRA TABS 25 MG-100 MG (<i>lopinavir-ritonavir</i>)	P	QL(4 EA daily)	PIFELTRO	P	QL(1 EA daily)
KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	P	QL(6 EA daily)	PREZCOBIX	P	QL(1 EA daily)
KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	P	QL(6 EA daily)	PREZCOBIX	P	
KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	P	QL(6 EA daily)	PREZISTA SUSP	P	QL(12 ML daily)
KALETRA TABS 25 MG-100 MG (<i>lopinavir-ritonavir</i>)	P	QL(4 EA daily)	PREZISTA TABS (<i>darunavir</i>)	P	QL(2 EA daily)
<i>lamivudine SOLN</i>	P	QL(30 ML daily)	PREZISTA TABS 75 MG, 600 MG	P	QL(2 EA daily)
<i>lamivudine SOLN</i>	C	QL(30 ML daily)	PREZISTA TABS 150 MG	P	QL(3 EA daily)
<i>lamivudine TABS 150 MG</i>	C	QL(2 EA daily)	PREZISTA TABS 800 MG (<i>darunavir</i>)	P	QL(1 EA daily)
<i>lamivudine TABS 300 MG</i>	P	QL(1 EA daily)	RETROVIR CAPS (<i>zidovudine</i>)	P	QL(6 EA daily)
<i>lamivudine TABS 150 MG</i>	P	QL(2 EA daily)	RETROVIR SYRP (<i>zidovudine</i>)	P	QL(60 ML daily)
<i>lamivudine-zidovudine</i>	P		REYATAZ CAPS 300 MG (<i>atazanavir sulfate</i>)	P	
LEXIVA SUSP	C	QL(56 ML daily)	REYATAZ CAPS 200 MG (<i>atazanavir sulfate</i>)	P	QL(2 EA daily)
<i>lopinavir-ritonavir SOLN</i>	P	QL(16 ML daily)	REYATAZ PACK	P	QL(6 EA daily)
<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	P	QL(6 EA daily)	<i>ritonavir TABS</i>	P	QL(12 EA daily)
<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	P	QL(4 EA daily)	RUKOBIA	P	
			SELZENTRY SOLN	P	QL(35 ML daily)
			SELZENTRY TABS 150 MG (<i>maraviroc</i>)	P	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
SELZENTRY TABS 300 MG (<i>maraviroc</i>)	P	QL(4 EA daily)
STRIBILD	P	QL(1 EA daily)
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
SYMTUZA	P	
<i>tenofovir disoproxil fumarate</i> TABS	P	QL(1 EA daily)
<i>tenofovir disoproxil fumarate</i> TABS	C	QL(1 EA daily)
TIVICAY PD TBSO	P	
TIVICAY TABS 50 MG	P	
TRIUMEQ PD TBSO	P	
TRIUMEQ TABS	P	QL(1 EA daily); AL(At least 18 yrs old)
TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	P	
TYBOST	P	QL(1 EA daily); AL(At least 18 yrs old)
VIRACEPT TABS 250 MG	P	QL(9 EA daily)
VIRACEPT TABS 625 MG	P	QL(4 EA daily)
VIREAD POWD	P	QL(8 GM daily)
VIREAD TABS	P	QL(1 EA daily)
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
ZIAGEN SOLN (<i>abacavir sulfate</i>)	P	QL(30 ML daily)
ZIAGEN TABS (<i>abacavir sulfate</i>)	C	QL(2 EA daily)
<i>zidovudine</i> CAPS	P	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>zidovudine</i> SYRP	P	QL(60 ML daily)
<i>zidovudine</i> TABS	P	QL(2 EA daily)
Antiviral Combinations		
PAXLOVID (150/100)	C	
PAXLOVID (150/100)	C	QL(2 EA per 90 day(s) retail; 2 EA per 90 days mail)
PAXLOVID (150/100)	C	QL(20 EA per 90 day(s) retail; 20 EA per 90 days mail)
PAXLOVID (300/100)	C	QL(3 EA per 90 day(s) retail; 3 EA per 90 days mail)
PAXLOVID (300/100)	C	QL(30 EA per 90 day(s) retail; 30 EA per 90 days mail)
PAXLOVID (300/100)	C	
CMV Agents		
<i>valganciclovir hcl</i> TABS	C	QL(2 EA daily)
Hepatitis Agents		
<i>adefovir dipivoxil</i>	NP	
BARACLUDE SOLN	P	
BARACLUDE TABS (<i>entecavir</i>)	NP	
<i>entecavir</i> TABS	P	
EPCLUSA PACK	PA	SP; PA
EPCLUSA TABS 50 MG-200 MG	PA	SP; PA
EPCLUSA TABS 100 MG-400 MG	NP	QL(1 EA daily); SP
HARVONI PACK	NP	SP
HARVONI TABS	NP	SP
HARVONI TABS	NP	SP
<i>lamivudine (hbv)</i> TABS	P	
LEDIPASVIR-SOFOSBUVIR TABS	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
MAVYRET PACK	PA	QL(6 EA daily); SP; PA
MAVYRET TABS	PA	QL(3 EA daily); SP; PA
MAVYRET TABS	PA	QL(3 EA daily); PA
PEGASYS SOLN	NP	SP
PEGASYS SOSY	NP	SP
<i>ribavirin (hepatitis c) CAPS</i>	NP	SP
<i>ribavirin (hepatitis c) TABS 200 MG</i>	NP	SP
SOFOSBUVIR-VELPATASVIR TABS	PA	QL(1 EA daily); SP; PA
SOVALDI PACK	NP	SP
SOVALDI TABS	NP	SP
VEMLIDY	P	SP
VOSEVI	PA	SP; PA
ZEPATIER	NP	SP
Herpes Agents		
<i>acyclovir CAPS</i>	P	QL(50 EA per 31 day(s) retail)
<i>acyclovir SUSP</i>	P	QL(400 ML per 31 day(s) retail; 400 ML per 31 days mail)
<i>acyclovir TABS PO 400 MG</i>	P	QL(3 EA daily)
<i>acyclovir TABS PO 800 MG</i>	P	QL(50 EA per 31 day(s) retail)
<i>famciclovir</i>	NP	
<i>valacyclovir hcl 1 GM</i>	P	QL(42 EA per 21 day(s) retail)
<i>valacyclovir hcl 500 MG</i>	P	QL(2 EA daily)
VALTREX 1 GM (<i>valacyclovir hcl</i>)	NP	QL(42 EA per 21 day(s) retail)
VALTREX 500 MG (<i>valacyclovir hcl</i>)	NP	QL(2 EA daily)
Influenza Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	C	QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>oseltamivir phosphate CAPS 30 MG</i>	C	QL(20 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>oseltamivir phosphate SUSR</i>	C	QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
RELENZA DISKHALER	C	1 package(s) per 31 day(s) retail; AL(At least 5 yrs old)

BETA BLOCKERS - Drugs to Treat High Blood Pressure

Alpha-Beta Blockers

<i>carvedilol 25 MG</i>	P	QL(4 EA daily)
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	P	QL(2 EA daily)
<i>carvedilol phosphate</i>	NP	QL(1 EA daily)
<i>labetalol hcl TABS 400 MG</i>	P	
<i>labetalol hcl TABS 300 MG</i>	P	QL(8 EA daily)
<i>labetalol hcl TABS 100 MG</i>	P	QL(3 EA daily)
<i>labetalol hcl TABS 200 MG</i>	P	QL(6 EA daily)

Beta Blockers Cardio-Selective

<i>acebutolol hcl CAPS</i>	P	
<i>atenolol TABS</i>	P	QL(2 EA daily)
<i>betaxolol hcl</i>	NP	
<i>bisoprolol fumarate</i>	P	QL(1 EA daily)
<i>bisoprolol fumarate 2.5 MG</i>	P	
BYSTOLIC (<i>nebivolol hcl</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KAPSPARGO SPRINKLE CS24	NP		<i>propranolol hcl</i> CP24	P	QL(2 EA daily)
LOPRESSOR SOLN PO 10 MG/ML	NP		<i>propranolol hcl</i> SOLN PO 20 MG/5ML, 40 MG/5ML	P	
LOPRESSOR TABS 100 MG (<i>metoprolol tartrate</i>)	NP	QL(4.5 EA daily)	<i>propranolol hcl</i> TABS	P	
LOPRESSOR TABS 50 MG (<i>metoprolol tartrate</i>)	NP	QL(4 EA daily)	<i>sotalol hcl</i> (<i>afib/af</i>)	P	QL(2 EA daily)
<i>metoprolol succinate</i> TB24 200 MG	P	QL(2 EA daily)	<i>sotalol hcl</i> TABS	P	
<i>metoprolol succinate</i> TB24 25 MG, 50 MG, 100 MG	P	QL(4 EA daily)	SOTYLIZE SOLN PO	NP	
<i>metoprolol tartrate</i> TABS 37.5 MG, 75 MG	P		<i>timolol maleate</i> TABS	NP	
<i>metoprolol tartrate</i> TABS 25 MG, 50 MG	P	QL(4 EA daily)	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
<i>metoprolol tartrate</i> TABS 100 MG	P	QL(4.5 EA daily)	Calcium Channel Blockers		
<i>nebivolol hcl</i>	NP		<i>amlodipine besylate</i> TABS	P	QL(1 EA daily)
TENORMIN TABS (<i>atenolol</i>)	NP	QL(2 EA daily)	CARDIZEM CD CP24 240 MG (<i>diltiazem hcl</i> coated beads)	NP	QL(2 EA daily)
TOPROL XL TB24 200 MG (<i>metoprolol succinate</i>)	NP	QL(2 EA daily)	CARDIZEM CD CP24 360 MG (<i>diltiazem hcl</i> coated beads)	NP	
TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>metoprolol succinate</i>)	NP	QL(4 EA daily)	CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (<i>diltiazem hcl</i> coated beads)	NP	QL(1 EA daily)
Beta Blockers Non-Selective			CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	NP	
BETAPACE AF (<i>sotalol hcl</i> (<i>afib/af</i>)))	NP	QL(2 EA daily)	CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	NP	QL(3 EA daily)
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NP		<i>diltiazem hcl</i> coated beads CP24 120 MG, 180 MG, 300 MG	P	QL(1 EA daily)
HEMANGEOL SOLN PO	NP	SP	<i>diltiazem hcl</i> coated beads CP24 360 MG	P	
INDERAL LA CP24 (<i>propranolol hcl</i>)	NP	QL(2 EA daily)	<i>diltiazem hcl</i> coated beads CP24 240 MG	P	QL(2 EA daily)
INDERAL XL	NP		<i>diltiazem hcl</i> extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG	P	QL(1 EA daily)
INNOPRAN XL	NP		<i>diltiazem hcl</i> extended release beads 240 MG	P	QL(2 EA daily)
<i>nadolol</i> TABS 20 MG, 40 MG, 80 MG	P	QL(2 EA daily)	<i>diltiazem hcl</i> CP12	P	QL(2 EA daily)
<i>pindolol</i> TABS	NP				

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

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM MONTH 1 TEPK	NP	SP
ORENITRAM MONTH 2 TEPK	NP	SP
ORENITRAM MONTH 3 TEPK	NP	SP
ORENITRAM TBCR	NP	SP
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	P	SP
<i>bosentan</i> TABS	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</i> (<i>pulmonary hypertension</i>))	NP	SP
REVATIO TABS (<i>sildenafil citrate</i> (<i>pulmonary hypertension</i>))	NP	SP
<i>sildenafil citrate</i> (<i>pulmonary hypertension</i>) SUSR	NP	SP
<i>sildenafil citrate</i> (<i>pulmonary hypertension</i>) TABS	PA	PA
<i>sildenafil citrate</i> (<i>pulmonary hypertension</i>) TABS	PA	SP; PA
<i>tadalafil</i> (<i>pulmonary hypertension</i>) TABS	PA	SP; PA
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	NP	SP

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI SOLR	C	SP; PA
UPTRAVI TABS	NP	SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP
Transthyretin Stabilizers		
VYNDAMAX	C	SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil</i> CAPS	P	
<i>cefadroxil</i> SUSR	P	
<i>cefadroxil</i> TABS	NP	
<i>cephalexin</i> CAPS	P	
<i>cephalexin</i> CAPS	P	
<i>cephalexin</i> SUSR	P	
<i>cephalexin</i> TABS	P	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
<i>cefaclor</i> CAPS	P	
<i>cefaclor</i> SUSR 125 MG/5ML, 375 MG/5ML	P	
<i>cefprozil</i> SUSR 125 MG/5ML	P	2 package(s) per fill retail; AL(Up to 12 yrs old)
<i>cefprozil</i> SUSR 250 MG/5ML	P	1 package(s) per fill retail; AL(Up to 12 yrs old)
<i>cefprozil</i> TABS	P	QL(20 EA per fill retail)
<i>cefuroxime axetil</i> TABS	P	QL(20 EA per fill retail)
<i>cefuroxime axetil</i> TABS 250 MG	P	QL(20 EA per fill retail; 20 per fill mail)
Cephalosporins - 3rd Generation		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cefdinir CAPS</i>	P	QL(20 EA per fill retail)	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	C	
<i>cefdinir SUSR</i>	P	1 package(s) per fill retail	<i>norethindrone & eth estradiol</i>	C	
<i>cefixime CAPS</i>	P		<i>norethindrone & ethinyl estradiol-fe</i>	C	
<i>cefixime SUSR</i>	P		<i>norethindrone acet & eth estra TABS</i>	C	
<i>cefpodoxime proxetil SUSR</i>	P		<i>norethindrone acetate-ethinyl estradiol-fe</i>	C	
<i>cefpodoxime proxetil TABS</i>	P		<i>norethindrone-eth estradiol (triphasic)</i>	C	
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	C	QL(3 EA per fill retail); 1 max fill(s) per 31 day(s) retail	<i>norgestimate-ethinyl estradiol</i>	C	
CHEMICALS			<i>norgestimate-ethinyl estradiol (triphasic)</i>	C	
Bulk Chemicals - H's			<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	C	QL(2 EA daily)
HYDROXYUREA	P		TYBLUME CHEW	C	
CONTRACEPTIVES - Drugs to Prevent Pregnancy			Combination Contraceptives - Transdermal		
Combination Contraceptives - Oral			<i>norelgestromin-ethinyl estradiol</i>	C	
<i>desogestrel & ethinyl estradiol</i>	C		Combination Contraceptives - Vaginal		
<i>desogestrel-ethinyl estradiol (biphasic)</i>	C		<i>etonogestrel-ethinyl estradiol</i>	C	QL(6 EA per fill retail)
<i>desogestrel-ethinyl estradiol (triphasic)</i>	C		Emergency Contraceptives		
<i>drospirenone-ethinyl estradiol 0.03 MG-3 MG</i>	C		ELLA	C	QL(4 EA per 365 day(s) retail)
<i>drospirenone-ethinyl estradiol 0.02 MG-3 MG</i>	C	QL(1 EA daily)	<i>levonorgestrel (emergency oc) 1.5 MG</i>	C	QL(1 EA per 21 day(s) retail); 4 max fill(s) per 365 day(s) retail
<i>ethynodiol diacet & eth estrad 50 MCG-1 MG</i>	C	QL(1 EA daily)	Progestin Contraceptives - Injectable		
<i>ethynodiol diacet & eth estrad 35 MCG-1 MG</i>	C		DEPO-SUBQ PROVERA 104 SUSY SC	C	QL(1 ML per fill retail)
<i>levonorgestrel & eth estradiol TABS</i>	C		<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	C	QL(1 ML per fill retail)
<i>levonorgestrel-eth estradiol (triphasic)</i>	C				
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	C				

Drug Name	Drug Tier	Requirements/ Limits
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	C	QL(1 ML per fill retail)
Progestin Contraceptives - Oral		
<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>	NP	
<i>dexamethasone TBPk</i>	P	
EMFLAZA SUSP (<i>deflazacort</i>)	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
EMFLAZA TABS (<i>deflazacort</i>)	NP	SP
EOHILIA SUSP	NP	
HEMADY TABS	NP	
<i>hydrocortisone TABS</i>	P	
MEDROL TABS	NP	
MEDROL TABS (<i>methylprednisolone</i>)	NP	
MEDROL TBPk (<i>methylprednisolone</i>)	NP	
<i>methylprednisolone TABS</i>	P	
<i>methylprednisolone TBPk</i>	P	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	P	
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail)
<i>prednisolone SOLN</i>	NP	
<i>prednisolone SOLN</i>	P	
<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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>benzonatate 100 MG</i>	C	QL(6 EA daily); AL(At least 10 yrs old)	<i>guaifenesin-codeine SOLN</i>	C	
<i>benzonatate 200 MG</i>	C	QL(3 EA daily); 1 max fill(s) per 31 day(s) retail; AL(At least 10 yrs old)	<i>guaifenesin-codeine SYRP</i>	C	
<i>dextromethorphan polistirex SUER</i>	C	QL(240 ML per 6 day(s) retail)	LOHIST-D LIQD	C	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	C	AL(At least 18 yrs old)	<i>loratadine & pseudoephedrine TB12</i>	C	QL(2 EA daily)
Cough/Cold/Allergy Combinations			MAXI-TUSS PE MAX LIQD	C	QL(240 ML per 6 day(s) retail)
<i>brompheniramine & phenyleph ELIX</i>	C	QL(120 ML per fill retail); 1 max fill(s) per 31 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>cetirizine-pseudoephedrine</i>	C	QL(2 EA daily)	<i>promethazine & phenylephrine SYRP</i>	C	QL(240 ML per 6 day(s) retail); AL(At least 2 yrs old)
CLARINEX-D 12 HOUR TB12	NP		<i>promethazine w/codeine SOLN</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
<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>promethazine w/codeine SYRP</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	C	QL(240 ML per fill retail)	<i>promethazine-dm SYRP</i>	C	QL(240 ML per fill retail); AL(At least 2 yrs old)
<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>promethazine-phenylephrine-codeine</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	C	QL(2 EA daily)	<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	C	QL(240 ML per fill retail)
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	C		<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG</i>	C	
ED BRON GP LIQD	C	QL(240 ML per 6 day(s) retail)	<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	C	QL(210 EA per fill retail)
			Expectorants		
			<i>guaifenesin TB12 1200 MG</i>	C	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EPIDUO FORTE GEL (adapalene-benzoyl peroxide)	NP		sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	NP	
EPSOLAY CREA	NP		sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	NP	
ERYGEL GEL (erythromycin (acne aid))	NP	1 package(s) per fill retail	sulfacetamide sodium w/ sulfur FOAM	NP	
erythromycin (acne aid) GEL	NP	1 package(s) per fill retail	sulfacetamide sodium w/ sulfur LIQD	NP	
erythromycin (acne aid) PADS	P		sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	NP	1 package(s) per 31 day(s) retail
erythromycin (acne aid) SOLN	P		sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	NP	
FABIOR FOAM	NP		sulfacetamide sodium w/ sulfur PADS 10 %-4 %	NP	
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	C	QL(2 EA daily); AL(At least 12 yrs old); PA	sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	NP	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
KLARON (sulfacetamide sodium (acne))	NP	QL(118 ML per fill retail)	sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	NP	
ONEXTON GEL (clindamycin phosphate-benzoyl peroxide)	NP		sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	NP	
RETIN-A MICRO (tretinoin microsphere)	NP	Brand Preferred	SULFACETAMIDE SODIUM-SULFUR SUSP	NP	
RETIN-A MICRO PUMP (tretinoin microsphere)	NP	Brand Preferred	SUMADAN	NP	
RETIN-A MICRO PUMP	NP	Brand Preferred	SUMADAN WASH LIQD (sulfacetamide sodium w/ sulfur)	NP	
RETIN-A CREA (tretinoin)	P	Brand Preferred; QL(20 GM per fill retail); AL(Up to 35 yrs old)	SUMADAN XLT KIT	NP	
RETIN-A GEL 0.01 % (tretinoin)	P	Brand Preferred; QL(45 GM per fill retail); AL(Up to 35 yrs old)	SUMAXIN CP	NP	
RETIN-A GEL 0.025 % (tretinoin)	P	Brand Preferred; AL(Up to 35 yrs old)	SUMAXIN PADS	NP	
sulfacetamide sodium (acne)	NP	QL(118 ML per fill retail)	TAZAROTENE FOAM	NP	
			tretinoin microsphere	NP	Brand Preferred
			tretinoin CREA 0.025 %, 0.05 %, 0.1 %	NP	Brand Preferred; QL(20 GM per fill retail); AL(Up to 35 yrs old)
			tretinoin GEL 0.05 %	NP	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin GEL 0.025 %</i>	NP	Brand Preferred; AL(Up to 35 yrs old)	<i>ciclopirox KIT</i>	NP	
<i>tretinoin GEL 0.01 %</i>	NP	Brand Preferred; QL(45 GM per fill retail); AL(Up to 35 yrs old)	<i>ciclopirox SHAM</i>	NP	
TWYNEO	NP		<i>ciclopirox SOLN</i>	NP	
WINLEVI	NP		<i>ciclopirox SOLN</i>	P	
ZIANA (<i>clindamycin phosphate-tretinoin</i>)	NP		<i>clotrimazole (topical) CREA</i>	P	QL(60 GM per 31 day(s) retail; 60 GM per 31 days mail); RX/OTC
ZMA CLEAR SUSP	NP		<i>clotrimazole (topical) SOLN</i>	P	1 package(s) per fill retail; RX/OTC
Agents for External Genital and Perianal Warts			<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 GM per 31 day(s) retail)
VEREGEN	NP		<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(31 ML per 31 day(s) retail)
Antibiotics - Topical			<i>econazole nitrate CREA</i>	P	QL(30 GM per fill retail)
<i>bacitracin (topical) OINT</i>	C	1 package(s) per fill retail	ERTACZO	NP	
<i>bacitracin zinc OINT</i>	C	1 package(s) per fill retail	JUBLIA	NP	
CENTANY AT KIT	NP		<i>ketoconazole (topical) CREA</i>	P	1 package(s) per 31 day(s) retail
<i>gentamicin sulfate (topical) CREA</i>	C	QL(1 GM daily; 30 GM per fill retail)	<i>ketoconazole (topical) FOAM</i>	NP	
<i>gentamicin sulfate (topical) OINT</i>	P	QL(1 GM daily; 30 GM per fill retail)	<i>ketoconazole (topical) SHAM 2 %</i>	P	QL(120 ML per fill retail)
<i>mupirocin calcium (topical)</i>	NP	1 package(s) per 31 day(s) retail	KETODAN	NP	
<i>mupirocin OINT</i>	P	QL(30 GM per 31 day(s) retail)	LOPROX	NP	
<i>neomycin-bacitracin-polymyxin OINT</i>	C	QL(60 GM per 31 day(s) retail)	LOPROX SUSP (<i>ciclopirox olamine</i>)	NP	
<i>neomycin-polymyxin w/ pramoxine</i>	C	1 package(s) per fill retail	<i>luliconazole</i>	NP	
XEPI	NP		LUZU (<i>luliconazole</i>)	NP	
Antifungals - Topical			<i>miconazole nitrate (topical) CREA</i>	C	QL(200 GM per 31 day(s) retail)
<i>ciclopirox olamine CREA</i>	P		<i>miconazole-zinc oxide-white petrolatum</i>	NP	
<i>ciclopirox olamine SUSP</i>	P		<i>naftifine hcl CREA</i>	NP	
<i>ciclopirox GEL</i>	NP		<i>naftifine hcl GEL 2 %</i>	NP	
			NAFTIN GEL 2 % (<i>naftifine hcl</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin (topical) CREA</i>	P	1 package(s) per 31 day(s) retail
<i>nystatin (topical) OINT</i>	P	1 package(s) per fill retail
<i>nystatin (topical) POWD EX</i>	P	1 package(s) per 31 day(s) retail
<i>nystatin-triamcinolone CREA</i>	P	1 package(s) per fill retail
<i>nystatin-triamcinolone OINT</i>	P	1 package(s) per fill retail
<i>oxiconazole nitrate CREA</i>	NP	
OXISTAT LOTN	NP	
<i>tavaborole</i>	NP	
<i>terbinafine hcl (topical) CREA</i>	C	
<i>tolnaftate CREA</i>	C	QL(30 GM per fill retail)
VUSION (<i>miconazole-zinc oxide-white petrolatum</i>)	NP	
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine PTCH EX</i>	NP	
<i>diclofenac sodium (topical) GEL EX</i>	P	QL(6.68 GM daily); RX/OTC
<i>diclofenac sodium (topical) SOLN EX</i>	NP	
PENNSAID SOLN EX 2 % (<i>diclofenac sodium (topical)</i>)	NP	
Antineoplastic or Premalignant Lesion Agents - Topical		
CARAC CREA	C	
<i>fluorouracil (topical) CREA 5 %</i>	C	QL(40 GM per 31 day(s) retail)
<i>fluorouracil (topical) CREA 0.5 %</i>	C	
<i>fluorouracil (topical) SOLN</i>	C	QL(10 ML per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
FLUOROURACIL CREA 0.5 %	C	
Antipruritics - Topical		
<i>camphor & menthol LOTN</i>	C	1 package(s) per fill retail
Antipsoriatics		
BIMZELX SOAJ	NP	SP
BIMZELX SOSY	NP	SP
<i>calcipotriene CREA</i>	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail
CALCIPOTRIENE FOAM	NP	
<i>calcipotriene OINT</i>	P	
<i>calcipotriene SOLN</i>	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail
<i>calcitriol (topical)</i>	NP	
COSENTYX (300 MG DOSE) SOSY	NP	SP
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP
COSENTYX SENSOREADY PEN SOAJ	NP	SP
COSENTYX UNOREADY SOAJ	NP	SP
COSENTYX SOSY	NP	SP
IMULDOSA SOSY SC 90 MG/ML	NP	SP
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP
PYZCHIVA SC 45 MG/0.5ML	NP	SP
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
SILIQ	NP	SP
SKYRIZI PEN SOAJ	NP	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI SOSY	NP	SP	OVACE PLUS LOTN	NP	
SORILUX FOAM	NP		OVACE PLUS SHAM (sulfacetamide sodium)	NP	
SOTYKTU	NP	SP	OVACE WASH LIQD (sulfacetamide sodium)	NP	
SPEVIGO SOSY	NP		selenium sulfide LOTN 2.5 %	C	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
SPEVIGO SOSY	NP	SP	selenium sulfide LOTN 1 %	C	1 package(s) per fill retail
STELARA SOSY	NP	SP	selenium sulfide SHAM 1 %	C	1 package(s) per fill retail
STEQEYMA	NP	SP	sulfacetamide sodium GEL	NP	
TALTZ SOAJ	NP	SP	sulfacetamide sodium LIQD	NP	
TALTZ SOSY	NP	SP	sulfacetamide sodium SHAM 10 %	NP	
tazarotene CREA 0.1 %	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)	Antivirals - Topical		
tazarotene CREA 0.05 %	NP	AL(Up to 18 yrs old)	acyclovir topical CREA	P	1 package(s) per 31 day(s) retail
tazarotene GEL	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)	acyclovir topical OINT	NP	1 package(s) per fill retail
TREMFYA ONE-PRESS SOAJ 100 MG/ML	NP	SP	DENAVIR (penciclovir)	NP	
TREMFYA PEN SOAJ 100 MG/ML	NP		penciclovir	NP	
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP		XERESE	NP	
USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP		ZOVIRAX CREA (acyclovir topical)	NP	1 package(s) per 31 day(s) retail
USTEKINUMAB-TTWE	NP		ZOVIRAX OINT (acyclovir topical)	NP	1 package(s) per fill retail
VECTICAL (calcitriol (topical))	NP		Burn Products		
VTAMA	NP		silver sulfadiazine	C	
YESINTEK SOLN 45 MG/0.5ML	NP	SP	Corticosteroids - Topical		
YESINTEK SOSY	NP	SP	alclometasone dipropionate CREA	P	
Antiseborrheic Products			alclometasone dipropionate OINT	P	
OVACE PLUS WASH GEL (sulfacetamide sodium)	NP		amcinonide CREA	NP	
OVACE PLUS WASH LIQD (sulfacetamide sodium)	NP				
OVACE PLUS CREA	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
APEXICON E CREA	NP		<i>clobetasol propionate CREA 0.025 %</i>	P	
<i>betamethasone dipropionate (topical) CREA</i>	P	1 package(s) per 30 day(s) retail	<i>clobetasol propionate CREA 0.05 %</i>	P	1 package(s) per fill retail
<i>betamethasone dipropionate (topical) LOTN</i>	P		<i>clobetasol propionate FOAM</i>	NP	
<i>betamethasone dipropionate (topical) OINT</i>	NP		<i>clobetasol propionate GEL 0.05 %</i>	P	1 package(s) per fill retail
<i>betamethasone dipropionate augmented CREA</i>	P	1 package(s) per fill retail	<i>clobetasol propionate LIQD</i>	NP	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP		<i>clobetasol propionate LOTN</i>	NP	
<i>betamethasone dipropionate augmented LOTN</i>	NP		<i>clobetasol propionate OINT 0.05 %</i>	P	1 package(s) per fill retail
<i>betamethasone dipropionate augmented OINT</i>	NP		<i>clobetasol propionate SHAM</i>	NP	
<i>betamethasone valerate CREA</i>	P		<i>clobetasol propionate SOLN 0.05 %</i>	P	1 package(s) per fill retail
<i>betamethasone valerate FOAM</i>	NP		CLOBEX SPRAY LIQD (<i>clobetasol propionate</i>)	NP	
<i>betamethasone valerate LOTN</i>	P		CLOBEX SHAM (<i>clobetasol propionate</i>)	NP	
<i>betamethasone valerate OINT</i>	NP		<i>clocortolone pivalate</i>	NP	
BRYHALI LOTN	NP		DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	NP	
<i>calcipotriene-betamethasone dipropionate OINT</i>	NP		DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	NP	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP		<i>desonide CREA</i>	P	QL(2 GM daily)
CAPEX SHAM	NP		<i>desonide LOTN</i>	P	
<i>clobetasol propionate emollient base 0.05 %</i>	P	1 package(s) per fill retail	<i>desonide OINT</i>	P	QL(2 GM daily)
<i>clobetasol propionate emulsion</i>	NP		<i>desoximetasone CREA</i>	NP	1 package(s) per fill retail
			<i>desoximetasone GEL</i>	NP	
			<i>desoximetasone LIQD</i>	NP	
			<i>desoximetasone OINT</i>	NP	
			<i>diflorasone diacetate CREA</i>	NP	
			<i>diflorasone diacetate OINT</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIPROLENE OINT (betamethasone dipropionate augmented)	NP		HALOG OINT	NP	
DUOBRII	NP		hydrocortisone (topical) CREA 0.5 %	C	1 package(s) per fill retail
ENSTILAR FOAM	NP		hydrocortisone (topical) CREA 1 %	P	1 package(s) per fill retail; RX/OTC
EPIFOAM FOAM	C		hydrocortisone (topical) CREA 2.5 %	P	QL(120 GM per 31 day(s) retail)
fluocinolone acetonide CREA	NP		hydrocortisone (topical) LOTN 2.5 %	P	1 package(s) per fill retail
fluocinolone acetonide OIL	P		hydrocortisone (topical) OINT 1 %	P	QL(2 GM daily); 1 package(s) per 31 day(s) retail; RX/OTC
fluocinolone acetonide OINT	NP				
fluocinolone acetonide SOLN	NP		hydrocortisone (topical) OINT 2.5 %	P	
fluocinonide emulsified base	P	1 package(s) per fill retail	hydrocortisone (topical) SOLN 2.5 %	NP	
fluocinonide CREA 0.05 %	P	1 package(s) per fill retail	hydrocortisone butyrate CREA	NP	
fluocinonide CREA 0.1 %	P		hydrocortisone butyrate LOTN	NP	
fluocinonide GEL	P	1 package(s) per fill retail	hydrocortisone butyrate OINT	P	
fluocinonide OINT	NP	1 package(s) per fill retail	hydrocortisone butyrate SOLN	P	
fluocinonide SOLN	P	1 package(s) per fill retail	hydrocortisone valerate CREA	P	
flurandrenolide LOTN	NP		hydrocortisone valerate OINT	NP	
fluticasone propionate CREA 0.05 %	NP	1 package(s) per 31 day(s) retail	HYDROXYM GEL	NP	
fluticasone propionate LOTN	NP		KENALOG AERS (triamcinolone acetonide (topical))	NP	
fluticasone propionate OINT	NP	1 package(s) per fill retail	LOCOID LIPOCREAM	NP	
halcinonide CREA	NP		mometasone furoate CREA	P	1 package(s) per fill retail
halcinonide SOLN 0.1 %	NP		mometasone furoate OINT	P	1 package(s) per fill retail
halobetasol propionate CREA	P		mometasone furoate SOLN	P	1 package(s) per fill retail
halobetasol propionate FOAM	NP		PANDEL	NP	
halobetasol propionate OINT	P				
HALOG CREA (halcinonide)	NP				

Drug Name	Drug Tier	Requirements/ Limits
SYNALAR CREA (fluocinolone acetonide)	NP	
SYNALAR OINT (fluocinolone acetonide)	NP	
SYNALAR SOLN (fluocinolone acetonide)	NP	
TACLONEX SUSP (calcipotriene- betamethasone dipropionate)	NP	
TOPICORT SPRAY LIQD (desoximetasone)	NP	
TOPICORT CREA (desoximetasone)	NP	1 package(s) per fill retail
TOPICORT GEL (desoximetasone)	NP	
TOPICORT OINT (desoximetasone)	NP	
triamcinolone acetonide (topical) AERS	NP	
triamcinolone acetonide (topical) CREA 0.1 %	P	
triamcinolone acetonide (topical) CREA 0.5 %	P	1 package(s) per fill retail
triamcinolone acetonide (topical) CREA 0.025 %	P	QL(30 GM per fill retail)
triamcinolone acetonide (topical) LOTN	P	1 package(s) per fill retail
triamcinolone acetonide (topical) OINT 0.05 %, 0.1 %	P	
triamcinolone acetonide (topical) OINT 0.025 %, 0.5 %	P	1 package(s) per fill retail
ULTRAVATE LOTN	NP	
VANOS CREA (fluocinonide)	NP	
Eczema Agents		
ADBRY SOAJ	PA	SP; PA
ADBRY SOSY	PA	SP; PA
ANZUPGO CREA EX 20 MG/GM	NP	

Drug Name	Drug Tier	Requirements/ Limits
CIBINQO	NP	SP
DUPIXENT SOAJ	PA	SP; PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	PA	SP; PA
EBGLYSS SOAJ	NP	SP
EBGLYSS SOSY	NP	SP
OPZELURA	NP	
Emollient/Keratolytic Agents		
urea CREA 40 %	C	RX/OTC
Emollients		
lactic acid (ammonium lactate) CREA	C	QL(385 GM per 31 day(s) retail); RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	C	QL(567 GM per 31 day(s) retail); RX/OTC
Hair Growth Agents		
LEQSELVI TABS PO 8 MG	NP	SP
LITFULO	NP	SP
Immunomodulating Agents - Systemic		
NEMLUVIO	NP	SP
Immunomodulating Agents - Topical		
imiquimod 3.75 %	NP	
imiquimod 5 %	P	QL(48 EA per 180 day(s) retail)
ZYCLARA (imiquimod)	NP	
ZYCLARA PUMP	NP	
ZYCLARA PUMP (imiquimod)	NP	
Immunosuppressive Agents - Topical		
ELIDEL (pimecrolimus)	P	Brand Preferred; QL(100 GM per 31 day(s) retail); AL(At least 2 yrs old)
HYFTOR	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>pimecrolimus</i>	NP	Brand Preferred; QL(100 GM per 31 day(s) retail); AL(At least 2 yrs old)
<i>tacrolimus (topical) OINT 0.03 %</i>	NP	QL(100 GM per 31 day(s) retail); AL(At least 2 yrs old)
<i>tacrolimus (topical) OINT 0.1 %</i>	NP	QL(100 GM per 31 day(s) retail); AL(At least 16 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
CONDYLOX GEL (<i>podofilox</i>)	NP	
<i>podofilox GEL</i>	NP	
<i>podofilox SOLN</i>	NP	
<i>salicylic acid GEL 6 %</i>	C	
SALICYLIC ACID OINT	NP	RX/OTC
Local Anesthetics - Topical		
<i>capsaicin CREA 0.025 %, 0.075 %, 0.1 %</i>	C	1 package(s) per fill retail
<i>dibucaine</i>	C	1 package(s) per fill retail
<i>lidocaine hcl CREA 3 %, 4 %</i>	C	1 package(s) per fill retail
<i>lidocaine hcl GEL 2 %</i>	C	
<i>lidocaine CREA 4 %</i>	C	1 package(s) per fill retail
<i>lidocaine-prilocaine CREA</i>	C	1 package(s) per fill retail
Misc. Topical		
<i>zinc oxide (topical) OINT 20 %</i>	C	1 package(s) per fill retail
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	NP	
ZORYVE CREA EX	NP	
Rosacea Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>azelaic acid GEL</i>	P	
<i>brimonidine tartrate (topical)</i>	NP	
<i>doxycycline (rosacea)</i>	NP	
FINACEA FOAM	NP	
<i>ivermectin (rosacea)</i>	NP	
METROCREAM CREA (<i>metronidazole (topical)</i>)	NP	QL(45 GM per 31 day(s) retail)
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	NP	
<i>metronidazole (topical) CREA</i>	P	QL(45 GM per 31 day(s) retail)
<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 GM per 31 day(s) retail)
<i>metronidazole (topical) GEL 1 %</i>	P	
<i>metronidazole (topical) GEL 1 %</i>	NP	
<i>metronidazole (topical) LOTN</i>	P	
MIRVASO (<i>brimonidine tartrate (topical)</i>)	NP	
NORITATE CREA	NP	
ORACEA (<i>doxycycline (rosacea)</i>)	NP	
RHOFADE	NP	
SOOLANTRA (<i>ivermectin (rosacea)</i>)	NP	
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	NP	1 package(s) per fill retail
ELIMITE CREA (<i>permethrin</i>)	NP	QL(60 GM per fill retail)
<i>malathion</i>	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail
NATROBA (<i>spinosad</i>)	P	Brand Preferred
OVIDE (<i>malathion</i>)	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
<i>permethrin CREA</i>	P	QL(60 GM per fill retail)
<i>permethrin LIQD EX</i>	P	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	C	
<i>spinosad</i>	NP	Brand Preferred
Tar Products		
<i>coal tar extract SHAM 0.5 %</i>	C	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS STRP	P	RX/OTC
ACCU-CHEK GUIDE TEST STRP	P	RX/OTC
ACCU-CHEK SMARTVIEW STRP	P	RX/OTC
CHEMSTRIP K STRP	C	
KETONE TEST STRP	C	
KETOSTIX STRP	C	
RELION KETONE TEST STRP	C	
RELION TRUE METRIX TEST STRIPS STRP	P	RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	P	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	Smart PA
CREON CPEP 15000 UNIT-9500 UNIT-3000 UNIT	P	
PERTZYE CPEP	NP	
VIOKACE TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 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	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	C	
<i>acetazolamide TABS</i>	C	
<i>methazolamide TABS</i>	C	
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	C	QL(1 EA daily)
<i>spironolactone & hydrochlorothiazide</i>	C	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	C	
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	C	
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	C	QL(2 EA daily)
Loop Diuretics		
<i>bumetanide TABS</i>	C	
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	C	
<i>furosemide TABS</i>	C	
SOAANZ TABS 20 MG	C	
<i>torseamide TABS 5 MG, 10 MG, 100 MG</i>	C	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>torseamide TABS 20 MG</i>	C	
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	C	QL(4 EA daily)
<i>spironolactone TABS</i>	C	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	C	
<i>hydrochlorothiazide CAPS</i>	C	
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	C	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	C	
<i>metolazone</i>	C	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	NP	
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	NP	QL(4 EA per 28 day(s) retail)
<i>alendronate sodium SOLN</i>	NP	QL(10.8 ML daily)
<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.15 EA daily)
<i>alendronate sodium TABS 10 MG</i>	P	QL(1 EA daily)
ATELVIA TBEC (<i>risedronate sodium</i>)	NP	QL(4 EA per 28 day(s) retail)
BINOSTO TBEF	NP	
BONSITY SOPN 560 MCG/2.24ML	NP	
<i>calcitonin (salmon) NA</i>	P	1 package(s) per fill retail
<i>calcitonin (salmon) IJ</i>	C	QL(2 ML per fill retail)
FORTEO SOPN (<i>teriparatide</i>)	NP	SP
FOSAMAX PLUS D	NP	

Drug Name	Drug Tier	Requirements/ Limits
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	NP	QL(0.15 EA daily)
<i>ibandronate sodium TABS</i>	P	
<i>risedronate sodium TABS 150 MG</i>	NP	
<i>risedronate sodium TABS 5 MG, 30 MG</i>	NP	QL(1 EA daily)
<i>risedronate sodium TABS 35 MG</i>	NP	QL(4 EA per 28 day(s) retail)
<i>risedronate sodium TBEC</i>	NP	QL(4 EA per 28 day(s) retail)
<i>teriparatide SOPN</i>	P	SP
TERIPARATIDE SOPN	P	SP
TYMLOS	NP	SP
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	PA	SP; PA
GENOTROPIN CART SC	PA	SP; PA
HUMATROPE CART IJ	NP	SP
NGENLA	NP	SP
NORDITROPIN FLEXPPO SOPN	PA	SP; PA
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP
OMNITROPE SOCT	NP	SP
OMNITROPE SOLR SC	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA	NP	SP
SOGROYA	NP	SP
ZOMACTON SOLR SC	NP	SP
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	NP	QL(1 EA daily)
<i>raloxifene hcl</i>	NP	QL(1 EA daily)
Insulin-Like Growth Factors (Somatomedins)		

Drug Name	Drug Tier	Requirements/ Limits
INCRELEX	NP	SP
INCRELEX	NP	
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		
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		

Drug Name	Drug Tier	Requirements/ Limits
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 0.0375 MG/24HR</i>	C	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 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 400 MG</i>	NP	QL(56 EA per fill retail)
<i>ofloxacin 300 MG</i>	NP	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY (<i>prucalopride succinate</i>)	NP	
<i>prucalopride succinate</i>	NP	
Agents for Chronic Idiopathic Constipation (CIC)		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRULANCE	NP		ENTYVIO PEN SOAJ	NP	SP
Antiflatulents			INFLECTRA SOLR	C	SP; PA
<i>simethicone CHEW 80 MG</i>	C		LIALDA TBEC (<i>mesalamine</i>)	NP	
<i>simethicone SUSP</i>	C		<i>mesalamine w/ cleanser</i>	NP	
Gallstone Solubilizing Agents			<i>mesalamine CP24</i>	NP	Brand Preferred
<i>ursodiol CAPS</i>	C		<i>mesalamine CPCR</i>	NP	Brand Preferred
<i>ursodiol TABS 250 MG</i>	C	QL(7 EA daily)	<i>mesalamine CPDR</i>	NP	
Gastrointestinal Chloride Channel Activators			<i>mesalamine ENEM</i>	P	QL(60 ML daily)
AMITIZA (<i>lubiprostone</i>)	NP		<i>mesalamine SUPP</i>	P	
<i>lubiprostone</i>	P		<i>mesalamine TBEC 1.2 GM</i>	NP	
Gastrointestinal Stimulants			<i>mesalamine TBEC 800 MG</i>	NP	QL(3 EA daily)
GIMOTI SOLN NA	NP	SP	OMVOH (300 MG DOSE) SOAJ	NP	SP
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	P		OMVOH (300 MG DOSE) SOSY	NP	SP
<i>metoclopramide hcl TABS</i>	P		OMVOH SOAJ	NP	SP
REGLAN TABS (<i>metoclopramide hcl</i>)	NP		OMVOH SOSY	NP	SP
Inflammatory Bowel Agents			PENTASA CPCR	P	Brand Preferred
APRISO CP24 (<i>mesalamine</i>)	P	Brand Preferred	RENFLEXIS	C	SP; PA
AVSOLA	C	SP; PA	ROWASA (<i>mesalamine w/ cleanser</i>)	NP	
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NP		SFROWASA ENEM	NP	
AZULFIDINE TABS (<i>sulfasalazine</i>)	NP		SKYRIZI SOCT	NP	SP
<i>balsalazide disodium CAPS</i>	P	QL(9 EA daily)	<i>sulfasalazine TABS</i>	P	
CANASA SUPP (<i>mesalamine</i>)	NP		<i>sulfasalazine TBEC</i>	P	
CIMZIA (2 SYRINGE) PSKT	NP	SP	TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	NP	
CIMZIA KIT	NP	SP	TREMFYA PEN SOAJ SC 200 MG/2ML	NP	SP
CIMZIA-STARTER PSKT	NP	SP	TREMFYA SOSY SC	NP	SP
COLAZAL CAPS (<i>balsalazide disodium</i>)	NP	QL(9 EA daily)	USTEKINUMAB 130 MG/26ML	NP	SP
DIPENTUM	NP		VELSIPITY	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
ZYMFENTRA (1 PEN) AJKT	NP	SP
ZYMFENTRA (2 PEN) AJKT	NP	SP
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	P	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	NP	
IBSRELA	NP	
LINZESS	P	
LOTRONEX (<i>alosetron hcl</i>)	NP	
VIBERZI	NP	
Peripheral Opioid Receptor Antagonists		
MOVANTIK	P	
RELISTOR SOLN	NP	
RELISTOR TABS	NP	
SYMPROIC	NP	
Phosphate Binder Agents		
AURYXIA 210 MG (<i>ferric citrate</i>)	NP	
<i>calcium acetate (phosphate binder) CAPS</i>	P	
<i>calcium acetate (phosphate binder) TABS</i>	P	RX/OTC
<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC
FOSRENOL CHEW (<i>lanthanum carbonate</i>)	NP	
FOSRENOL PACK	NP	
<i>lanthanum carbonate CHEW</i>	NP	
RENVELA PACK (<i>sevelamer carbonate</i>)	NP	
RENVELA TABS (<i>sevelamer carbonate</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>sevelamer carbonate PACK</i>	NP	
<i>sevelamer carbonate TABS</i>	P	
<i>sevelamer hcl</i>	NP	
VELPHORO	NP	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	C	
<i>sodium citrate & citric acid</i>	C	QL(16.67 ML daily); RX/OTC
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	C	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	P	
CARDURA XL	NP	
<i>dutasteride</i>	P	
<i>dutasteride-tamsulosin hcl</i>	NP	
<i>finasteride</i>	P	QL(1 EA daily)
PROSCAR (<i>finasteride</i>)	NP	QL(1 EA daily)
RAPAFLO (<i>silodosin</i>)	NP	
<i>silodosin</i>	NP	
<i>tamsulosin hcl</i>	P	QL(2 EA daily)
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	C	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	
Gout Agents		
<i>allopurinol 200 MG</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>allopurinol 100 MG, 300 MG</i>	P	
<i>colchicine CAPS</i>	NP	
<i>colchicine TABS</i>	P	QL(6 EA per fill retail); 1 max fill(s) per 31 day(s) retail
COLCRYS TABS (<i>colchicine</i>)	NP	QL(6 EA per fill retail); 1 max fill(s) per 31 day(s) retail
<i>febuxostat</i>	NP	
GLOPERBA SOLN PO	NP	
MITIGARE CAPS (<i>colchicine</i>)	NP	
ULORIC (<i>febuxostat</i>)	NP	
ZYLOPRIM 100 MG (<i>allopurinol</i>)	NP	
Uricosurics		
<i>probenecid</i>	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Aminolevulinate Synthase 1-Directed siRNA		
GIVLAARI	C	SP; PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOSY</i>	C	SP; PA
Complement Inhibitors		
HAEGARDA SOLR SC	C	SP; PA
TAVNEOS	NP	SP
Hematorheologic Agents		
<i>pentoxifylline</i>	C	
Platelet Aggregation Inhibitors		
<i>aspirin-dipyridamole</i>	NP	
BRILINTA 60 MG, 90 MG (<i>ticagrelor</i>)	P	Brand Preferred; QL(2 EA daily)
<i>cilostazol</i>	C	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>clopidogrel bisulfate 300 MG</i>	P	
<i>clopidogrel bisulfate 75 MG</i>	P	QL(1 EA daily)
<i>dipyridamole</i>	NP	
EFFIENT (<i>prasugrel hcl</i>)	NP	QL(1 EA daily)
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	NP	QL(1 EA daily)
<i>prasugrel hcl</i>	P	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	NP	Brand Preferred; QL(2 EA daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	C	SP; PA
CEREZYME 400 UNIT	C	SP; PA
Agents for Sickle Cell Disease		
ADAKVEO	C	SP; PA
CASGEVY	PA	SP; PA
DROXIA CAPS	P	Brand Preferred
ENDARI (<i>glutamine sickle cell</i>)	PA	SP; PA
<i>glutamine sickle cell</i>	PA	SP; PA
LYFGENIA	PA	SP; PA
SIKLOS TABS	P	Brand Preferred
XROMI SOLN PO 100 MG/ML	P	SP
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	C	QL(10 ML per 270 day(s) retail)
Folic Acid/Folates		
<i>folic acid TABS 400 MCG</i>	C	QL(1 EA daily)
<i>folic acid TABS 1 MG</i>	C	RX/OTC
Hematopoietic Growth Factors		

Drug Name	Drug Tier	Requirements/ Limits
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 15 MG/ML, 15 MG/ML</i>	C	QL(3.4 ML daily)
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	C	
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	C	
<i>ferrous sulfate TBEC</i>	C	
IRON CHEWS PEDIATRIC CHEW	C	
<i>polysaccharide iron complex CAPS</i>	C	QL(1 EA daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>tranexamic acid TABS</i>	C	QL(30 EA per 5 day(s) retail; 1 max fill(s) per 31 day(s) retail; AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER		

Drug Name	Drug Tier	Requirements/ Limits
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	
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 7.5 MG, 22.5 MG</i>	P	
<i>temazepam 15 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
<i>triazolam</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>zaleplon 5 MG</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	1 package(s) per fill retail
<i>zaleplon 10 MG</i>	NP	QL(2 EA daily); AL(At least 18 yrs old)	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	NP	1 package(s) per fill retail
ZOLPIDEM TARTRATE CAPS	NP		PLENVU	NP	
<i>zolpidem tartrate SUBL</i>	NP		<i>sennosides-docusate sodium TABS</i>	C	QL(4 EA daily)
<i>zolpidem tartrate TABS</i>	P	QL(1 EA daily)	<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NP	
<i>zolpidem tartrate TBCR</i>	NP		SUFLAVE	NP	
Orexin Receptor Antagonists			SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	NP	
BELSOMRA	NP		SUTAB	NP	
DAYVIGO	NP		Laxatives - Miscellaneous		
QUVIVIQ	NP		<i>glycerin (laxative) SUPP 2 GM</i>	C	
Selective Melatonin Receptor Agonists			<i>lactulose PACK</i>	NP	
HETLIOZ LQ SUSP	NP	SP	<i>lactulose SOLN</i>	P	
HETLIOZ CAPS (<i>tasimelteon</i>)	NP	SP	<i>polyethylene glycol 3350 PACK</i>	P	
<i>ramelteon</i>	NP		<i>polyethylene glycol 3350 POWD</i>	P	QL(34 GM daily)
ROZEREM (<i>ramelteon</i>)	NP		Saline Laxatives		
<i>tasimelteon CAPS</i>	NP	SP	<i>magnesium citrate 1.745 GM/30ML</i>	P	
LAXATIVES - Bowel Treatment Drugs			<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	C	QL(32 ML daily)
Bulk Laxatives			<i>sodium phosphates ENEM</i>	C	
<i>calcium polycarbophil TABS</i>	C	QL(10 EA daily)	Stimulant Laxatives		
Laxative Combinations			<i>bisacodyl SUPP</i>	C	QL(12 EA per fill retail)
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	NP		<i>bisacodyl TBEC</i>	C	QL(1 EA daily)
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP	1 package(s) per fill retail	<i>sennosides TABS 8.6 MG</i>	C	
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				

Drug Name	Drug Tier	Requirements/ Limits
Surfactant Laxatives		
<i>docusate sodium CAPS 100 MG, 250 MG</i>	C	QL(3 EA daily)
<i>docusate sodium CAPS 50 MG</i>	C	
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	C	
DOCUSATE SODIUM SYRP	C	
<i>docusate sodium TABS</i>	C	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	P	QL(2 EA per fill retail)
<i>azithromycin SUSR 100 MG/5ML</i>	P	1 package(s) per fill retail
<i>azithromycin SUSR 200 MG/5ML</i>	P	QL(60 ML per fill retail)
<i>azithromycin TABS 500 MG</i>	P	QL(4 EA daily)
<i>azithromycin TABS 600 MG</i>	P	QL(8 EA per 28 day(s) retail)
<i>azithromycin TABS 250 MG</i>	P	QL(6 EA per fill retail)
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	NP	QL(4 EA daily)
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	NP	QL(6 EA per fill retail)
ZITHROMAX PACK	NP	QL(2 EA per fill retail)
ZITHROMAX SUSR 200 MG/5ML (<i>azithromycin</i>)	NP	QL(60 ML per fill retail)
ZITHROMAX SUSR 100 MG/5ML (<i>azithromycin</i>)	NP	1 package(s) per fill retail
ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	NP	QL(6 EA per fill retail)
ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	NP	QL(4 EA daily)
Clarithromycin		
<i>clarithromycin SUSR 125 MG/5ML</i>	P	1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/ Limits
<i>clarithromycin SUSR 250 MG/5ML</i>	P	2 package(s) per fill retail
<i>clarithromycin TABS</i>	P	QL(28 EA per fill retail)
<i>clarithromycin TB24</i>	NP	QL(14 EA per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
<i>erythromycin base CPEP</i>	NP	
<i>erythromycin base TABS</i>	NP	
<i>erythromycin base TBEC</i>	NP	
<i>erythromycin ethylsuccinate SUSR</i>	P	
<i>erythromycin ethylsuccinate TABS</i>	NP	
<i>erythromycin stearate TABS 250 MG</i>	P	
Fidaxomicin		
DIFICID SUSR	P	Brand Preferred
DIFICID TABS 200 MG (<i>fidaxomicin</i>)	P	Brand Preferred
<i>fidaxomicin TABS 200 MG</i>	NP	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADJUSTABLE LANCING DEVICE 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)
ADVOCATE 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)
ADVOCATE RAPID-SAFE LANCING 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
AUTO-LANCET MINI MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	DEXCOM G6 SENSOR	PA	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; PA
AUTO-LANCET MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	DEXCOM G6 TRANSMITTER	PA	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA
AUTOLET LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	DEXCOM G7 RECEIVER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
AUTOLET LITE LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	DEXCOM G7 SENSOR	PA	QL(9 EA per 90 day(s) retail); PA
AUTOLET MINI MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	DIATHRIVE LANCING DEVICE 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)	DROPLET GENTEEL LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
CARDIOCOM LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	DROPLET 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)	DRUG MART LANCING DEVICE 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)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY MINI EJECT LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	FREESTYLE LIBRE 3 SENSOR	PA	QL(6 EA per 90 day(s) retail); PA
EASY MINI LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	GENTEEL PLUS LANCING (BLACK) MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
EASY TOUCH LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	GENTEEL PLUS LANCING (PURPLE) MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
EMBRACE LANCING DEVICE/EJECTOR MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	GENTEEL PLUS LANCING (WHITE) MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
FORA LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	GENTEEL PLUS LANCING DEV(BLUE) MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
FREESTYLE LIBRE 14 DAY READER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	GENTEEL PLUS LANCING DEV(PINK) MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
FREESTYLE LIBRE 14 DAY SENSOR	PA	QL(6 EA per 90 day(s) retail); PA	GLOBAL LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
FREESTYLE LIBRE 2 PLUS SENSOR	PA	QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA	GNP LANCING SYSTEM 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	GOJJI LANCING DEVICE/CLEAR CAP 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	H-E-B INCONTROL ADV LANCING 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	IHEALTH 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	IN TOUCH 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
KROGER AUTOLET LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	NOVA SUREFLEX LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
LANCET DEVICE WITH EJECTOR MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
LANCET DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	PA	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA
LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	OMNIPOD 5 G7 INTRO (GEN 5) KIT	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
LANZO MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	OMNIPOD 5 G7 PODS (GEN 5) MISC	PA	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA
LEADER ADVANCED LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
LIBERTY MINI 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; 1 EA per 365 days mail); PA
LITE TOUCH LANCING PEN MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	OMNIPOD DASH PODS (GEN 4) MISC	PA	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA
MICROLET NEXT 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)
MINI LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	PX ADVANCED LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
MM 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)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PX LANCET AUTO INJECTOR 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
QC ADVANCED 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 LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	ULTI-LANCE AUTOMATIC MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
RELION TRUE MET AIR GLUC METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC	VIVAGUARD LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
RIGHTEST GD500 LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	Parenteral Therapy Supplies		
SELECT-LITE LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	BD AUTOSHIELD DUO	C	QL(5 EA daily); RX/OTC
SIMPLE DIAGNOSTICS LANCING DEV MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	BD PEN NEEDLE MICRO ULTRAFINE	C	QL(5 EA daily)
SM TRUEDRAW LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	BD PEN NEEDLE MINI ULTRAFINE	C	QL(5 EA daily); RX/OTC
SMART DIABETES VANTAGE LANCING MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	BD PEN NEEDLE NANO 2ND GEN	C	QL(5 EA daily); RX/OTC
SOLUS V2 LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	BD PEN NEEDLE NANO ULTRAFINE	C	QL(5 EA daily); RX/OTC
SURE COMFORT LANCING PEN MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	BD PEN NEEDLE ORIG ULTRAFINE	C	QL(5 EA daily)
TODAYS HEALTH LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)	BD PEN NEEDLE SHORT ULTRAFINE	C	QL(5 EA daily); RX/OTC
TRUE METRIX AIR GLUCOSE METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC	EMBECTA AUTOSHIELD DUO	C	QL(5 EA daily); RX/OTC
			EMBECTA INS SYR U/F 1/2 UNIT	C	RX/OTC
			EMBECTA INSULIN SYR ULTRAFINE	C	RX/OTC
			EMBECTA PEN NEEDLE NANO	C	QL(5 EA daily); RX/OTC
			EMBECTA PEN NEEDLE NANO 2 GEN	C	QL(5 EA daily); RX/OTC
			EMBECTA PEN NEEDLE ULTRAFINE	C	QL(5 EA daily)
			Respiratory Therapy Supplies		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER HOLDING CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE 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/MEDIUM 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	AEROCHAMBER Z-STAT PLUS/SMALL MISC	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	AEROCHAMBER Z-STAT PLUS MISC	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	AEROCHAMBER2GO ANTI-STATIC 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	AEROVENT PLUS DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM 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
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	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
AEROCHAMBER PLUS FLO-VU SMALL 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
AEROCHAMBER PLUS FLO-VU SMALL MISC	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
AEROCHAMBER PLUS FLO-VU W/MASK MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MISC	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
AEROCHAMBER PLUS FLOW VU MISC	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
AEROCHAMBER W/FLOWSIGNAL MISC	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
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/SM MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMPACT SPACE CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	MASK VORTEX/TODDLER/LAD YBUG	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK LARGE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	MICROCHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK MEDIUM MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	MICROCHAMBER MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK SMALL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	MICROSPACER MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-LG MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M 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
EQ SPACE CHAMBER ANTI-STATIC S 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
EQ SPACE CHAMBER ANTI-STATIC 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
FLEXICHAMBER ADULT MASK/SMALL	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
FLEXICHAMBER CHILD MASK/LARGE	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
FLEXICHAMBER CHILD MASK/SMALL	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
FLEXICHAMBER 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
INSPIREASE RESERVOIR BAGS	C	QL(3 EA per 180 day(s) retail)	PARI VORTEX PEDIATRIC MASK	C	QL(2 EA per 360 day(s) retail); RX/OTC
INSPIREASE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	PEDIATRIC PANDA MASK	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	POCKET CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
PRO COMFORT SPACER CHILD MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	EMGALITY (300 MG DOSE) SOSY	NP	SP
PRO COMFORT SPACER INFANT DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	EMGALITY SOAJ	PA	SP; PA
PROCARE SPACER/ADULT MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	EMGALITY SOSY	PA	SP; PA
PROCARE SPACER/CHILD MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	NURTEC	NP	
PROCHAMBER VHC DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	QULIPTA	NP	
PURE COMFORT SPACER CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	UBRELVY	PA	PA
RITEFLO DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	ZAVZPRET	NP	
VORTEX HOLD CHMBR/MASK/CHILD DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	Migraine Combinations		
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	<i>sumatriptan-naproxen sodium</i>	NP	
VORTEX VALVE CHAMBER-PEDI MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	SYMBRAVO TABS PO	NP	
VORTEX VALVED HOLDING CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	Serotonin Agonists		
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			<i>almotriptan malate</i>	NP	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			<i>eletriptan hydrobromide</i>	NP	Brand Preferred; QL(6 EA per 31 day(s) retail)
AIMOVIG	NP	SP	FROVA (<i>frovatriptan succinate</i>)	NP	
			<i>frovatriptan succinate</i>	NP	
			IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	
			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 SYSTEM SOAJ 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	
			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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMITREX TABS (sumatriptan succinate)	NP	QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)	sumatriptan succinate SOAJ 6 MG/0.5ML	P	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	NP	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)	sumatriptan succinate SOCT 6 MG/0.5ML	P	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
MAXALT TABS 10 MG (rizatriptan benzoate)	NP	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)	sumatriptan succinate SOLN 6 MG/0.5ML	P	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)
naratriptan hcl	NP	QL(9 EA per 31 day(s) retail); AL(At least 18 yrs old)	sumatriptan succinate TABS	P	QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)
RELPAx 20 MG (eletriptan hydrobromide)	P	QL(6 EA per 31 day(s) retail)	TOSYMRA	NP	
RELPAx (eletriptan hydrobromide)	P	Brand Preferred; QL(6 EA per 31 day(s) retail)	TOSYMRA	NP	Brand Preferred
RELPAx (eletriptan hydrobromide)	P	Brand Preferred ; QL(6 EA per 31 day(s) retail)	ZEMBRACE SYMTOUCH SOAJ	NP	
rizatriptan benzoate TABS	P	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)	zolmitriptan SOLN 5 MG	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
rizatriptan benzoate TBDP	P	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)	zolmitriptan SOLN 2.5 MG	NP	
sumatriptan 20 MG/ACT	NP	20 MG/ACT; Brand Preferred; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)	zolmitriptan TABS	NP	QL(6 EA per 31 day(s) retail)
sumatriptan 5 MG/ACT	NP	5 MG/ACT; Brand Preferred; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)	zolmitriptan TBDP	NP	QL(6 EA per 31 day(s) retail)
			ZOMIG SOLN 5 MG (zolmitriptan)	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
			ZOMIG SOLN 2.5 MG (zolmitriptan)	NP	
MINERALS & ELECTROLYTES					
Calcium					
			calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG	C	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG</i>	C	
<i>oyster shell</i>	C	
Electrolyte Mixtures		
BIOLYTE SOLN	C	
CERASPORT EX1 SOLN	C	
CERASPORT SOLN	C	
ENFAMIL ENFALYTE SOLN	C	
FT ELECTROLYTE SOLN	C	
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	
GOODSENSE ELECTROLYTE ADV CARE SOLN	C	
HYDRALYTE FREEZER POPS SOLN	C	
HYDRALYTE SOLN	C	
KINDERLYTE PREMAX SOLN	C	
KINDERLYTE SOLN	C	
<i>oral electrolytes SOLN</i>	C	
PEDIALYTE IMMUNE SUPPORT SOLN	C	
TRUELYTE SOLN	C	
Fluoride		
<i>sodium fluoride CHEW</i>	C	
<i>sodium fluoride SOLN 0.5 MG/ML</i>	C	RX/OTC
SOLUVITA SOLN	C	RX/OTC
Magnesium		

Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium oxide (mg supplement) TABS</i>	C	
Phosphate		
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	C	QL(8 EA daily)
Potassium		
<i>potassium bicarbonate TBEF</i>	C	
<i>potassium chloride microencapsulated crystals er</i>	C	
<i>potassium chloride CPCR 10 MEQ</i>	C	
<i>potassium chloride CPCR 8 MEQ</i>	C	QL(1 EA daily)
<i>potassium chloride PACK PO 20 MEQ</i>	C	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	C	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	C	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine TABS</i>	C	
Immunomodulators		
REZUROCK	NP	SP
Immunosuppressive Agents		
ASTAGRAF XL CP24	NP	
<i>azathioprine TABS 75 MG, 100 MG</i>	NP	
<i>azathioprine TABS</i>	P	
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	NP	
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	NP	
CELLCEPT TABS (<i>mycophenolate mofetil</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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	
ENVARUSUS XR TB24	NP		VELTASSA	P	Brand Preferred
<i>everolimus (immunosuppressant)</i>	NP		MOUTH/THROAT/DENTAL AGENTS		
IMURAN TABS (<i>azathioprine</i>)	NP		Anesthetics Topical Oral		
<i>mycophenolate mofetil CAPS</i>	P		<i>lidocaine hcl (mouth-throat) 2 %</i>	C	QL(100 ML per fill retail)
<i>mycophenolate mofetil SUSR</i>	P		Anti-infectives - Throat		
<i>mycophenolate mofetil TABS</i>	P		NYSTATIN (<i>nystatin (mouth-throat)</i>)	P	2 package(s) per fill retail
<i>mycophenolate sodium</i>	P		<i>nystatin (mouth-throat)</i>	P	2 package(s) per fill retail
MYFORTIC (<i>mycophenolate sodium</i>)	NP		Antiseptics - Mouth/Throat		
MYHIBBIN SUSP	NP		<i>chlorhexidine gluconate (mouth-throat)</i>	C	
NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	NP		Dental Products		
NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	NP		<i>sodium fluoride (dental) CREA</i>	C	QL(113 GM per 60 day(s) retail)
PROGRAF CAPS (<i>tacrolimus</i>)	NP		<i>sodium fluoride (dental) GEL</i>	C	QL(113 GM per 60 day(s) retail)
PROGRAF PACK	NP		<i>sodium fluoride (dental) PSTE DT</i>	C	QL(113 GM per 60 day(s) retail)
SANDIMMUNE CAPS (<i>cyclosporine</i>)	P		Steroids - Mouth/Throat/Dental		
<i>sirolimus SOLN</i>	P		<i>triamcinolone acetonide (mouth)</i>	C	1 package(s) per fill retail
<i>sirolimus TABS</i>	P		Throat Products - Misc.		
<i>tacrolimus CAPS</i>	P		<i>pilocarpine hcl (oral) 5 MG</i>	C	QL(6 EA daily)
ZORTRESS (<i>everolimus (immunosuppressant)</i>)	NP		MULTIVITAMINS		
Potassium Removing Agents			B-Complex Vitamins		
			<i>b-complex vitamins CAPS</i>	C	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<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)
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

Drug Name	Drug Tier	Requirements/ Limits
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
CHOICEFUL MULTIVITAMIN CAPS	C	QL(1 EA daily); RX/OTC
CULTURELLE PROBIOTIC MEN DAILY CAPS	C	QL(1 EA daily); RX/OTC
CVS ADULT 50+ EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
CVS EYE HEALTH ADULT 50+ CAPS	C	QL(1 EA daily); RX/OTC
CVS IMMUNE SUPPORT CAPS	C	QL(1 EA daily); RX/OTC
CVS VISION HEALTH CAPS	C	QL(1 EA daily); RX/OTC
DECUBI-VITE CAPS	C	QL(1 EA daily); RX/OTC
DEKAS PLUS OCEAN CAPS	C	QL(1 EA daily); RX/OTC
DEKAS PLUS CAPS	C	QL(1 EA daily); RX/OTC
DEPLIN MA CAPS	C	QL(1 EA daily); RX/OTC
DEXATRAM CAPS	C	QL(1 EA daily); RX/OTC
EYE HEALTH AREDS 2 CAPS	C	QL(1 EA daily); RX/OTC
EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
FOLAGENT DHA CAPS	C	QL(1 EA daily); RX/OTC
FOLAMED DHA CAPS	C	QL(1 EA daily); RX/OTC
FT EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
GENADEK STEP 1 CAPS	C	QL(1 EA daily); RX/OTC
GENADEK STEP 2 CAPS	C	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HAIR/SKIN/NAILS CAPS	C	QL(1 EA daily); RX/OTC	PRESCRIPTION SUPPORT MULTIVIT CAPS	C	QL(1 EA daily); RX/OTC
HEALTHY EYES SUPERVISION 2 CAPS	C	QL(1 EA daily); RX/OTC	PRESERVISION AREDS 2+MULTI VIT CAPS	C	QL(1 EA daily); RX/OTC
IMMUNE ESSENTIALS DAILY CAPS	C	QL(1 EA daily); RX/OTC	PRESERVISION AREDS 2 CAPS	C	QL(1 EA daily); RX/OTC
MENATROL CAPS	C	QL(1 EA daily); RX/OTC	PRESERVISION AREDS CAPS	C	QL(1 EA daily); RX/OTC
MENS 50+ ADVANCED CAPS	C	QL(1 EA daily); RX/OTC	PRESERVISION/LUTEIN CAPS	C	QL(1 EA daily); RX/OTC
MOOD FOOD ES CAPS	C	QL(1 EA daily); RX/OTC	PROBIOTICS + BARIATRIC MULTI CAPS	C	QL(1 EA daily); RX/OTC
MOOD FOOD CAPS	C	QL(1 EA daily); RX/OTC	PRORENAL + D W/ OMEGA-3 CAPS	C	QL(1 EA daily); RX/OTC
MULTIA CAPS	C	QL(1 EA daily); RX/OTC	PROTECT CARDIO AF CAPS	C	QL(1 EA daily); RX/OTC
<i>multiple vitamins w/ minerals CAPS</i>	C	QL(1 EA daily); RX/OTC	PROTECT PLUS SO CAPS	C	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION D3000 CAPS	C	QL(1 EA daily); RX/OTC	PROTEGRA CAPS	C	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS	C	QL(1 EA daily); RX/OTC	QC OCUHEALTH VISION SUPPORT 2 CAPS	C	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS	C	QL(1 EA daily); RX/OTC	REMEDIENT CAPS	C	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION CAPS	C	QL(1 EA daily); RX/OTC	SKIN HAIR & NAILS ADVANCED CAPS	C	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION MINI CAPS	C	QL(1 EA daily); RX/OTC	SUPER ANTIOXIDANT CAPS	C	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION CAPS	C	QL(1 EA daily); RX/OTC	SUPPORT-500 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	THERAMILL FORTE CAPS	C	QL(1 EA daily); RX/OTC
OCUVITE ADULT 50+ CAPS	C	QL(1 EA daily); RX/OTC	THERANATAL LACTATION ONE CAPS	C	QL(1 EA daily); RX/OTC
OCUVITE ADULT FORMULA CAPS	C	QL(1 EA daily); RX/OTC	VISION HEALTH CAPS	C	QL(1 EA daily); RX/OTC
OCUVITE-LUTEIN CAPS	C	QL(1 EA daily); RX/OTC	VISION OPTIMIZER CAPS	C	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI CAPS	C	QL(1 EA daily); RX/OTC	VISTA ADVANCED AREDS2 FORMULA CAPS	C	QL(1 EA daily); RX/OTC
			VISTA ADVANCED DRY EYE FORMULA CAPS	C	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
VITEYES AREDS 2 FORMULA CAPS	C	QL(1 EA daily); RX/OTC	MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
VITEYES CLASSIC ADVANCED CAPS	C	QL(1 EA daily); RX/OTC	NEOMULTIVITE TABS	C	QL(1 EA daily); RX/OTC
VITEYES CLASSIC MACULAR SUPPOR CAPS	C	QL(1 EA daily); RX/OTC	OMNICAP TABS	C	QL(1 EA daily); RX/OTC
VITEYES CLASSIC+OMEGA-3 CAPS	C	QL(1 EA daily); RX/OTC	ONE DAILY ESSENTIALS TABS	C	QL(1 EA daily); RX/OTC
Multivitamins			ONE DAILY ESSENTIAL TABS	C	QL(1 EA daily); RX/OTC
ALTRIXA TABS	C	QL(1 EA daily); RX/OTC	ONE VITE DAILY MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
AMLADEX TABS	C	QL(1 EA daily); RX/OTC	ONE-A-DAY ADULT VITACRAVES+DHA CHEW	C	QL(1 EA daily); RX/OTC
CENTRUM MENOPAUSE MIND/MOOD TABS	C	QL(1 EA daily); RX/OTC	QUINTABS TABS	C	QL(1 EA daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS	C	QL(1 EA daily); RX/OTC	RELCARE TABS	C	QL(1 EA daily); RX/OTC
DAVIMET-M CHEW	C	QL(1 EA daily); RX/OTC	STRESS FORMULA/ZINC/ENERGY TABS	C	QL(1 EA daily); RX/OTC
DERMACINRX DAVIMET CHEW	C	QL(1 EA daily); RX/OTC	THERA TABS	C	QL(1 EA daily); RX/OTC
DERMACINRX MULTIVITAMIN CHEW	C	QL(1 EA daily); RX/OTC	THEREMS TABS	C	QL(1 EA daily); RX/OTC
ESTROFACTORS TABS	C	QL(1 EA daily); RX/OTC	TM-DAILY VITE TABS	C	QL(1 EA daily); RX/OTC
FOLAWISE TABS	C	QL(1 EA daily); RX/OTC	TRUE MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
FOLCYTEINE TABS	C	QL(1 EA daily); RX/OTC	Ped Multi Vitamins w/Fl & FE		
GENICIN VITA-Q TABS	C	QL(1 EA daily); RX/OTC	<i>ped multivitamins w/fl & iron SOLN</i>	C	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC	Ped MV w/ Iron		
MINCORA TABS	C	QL(1 EA daily); RX/OTC	BPROTECTED PEDIA POLY-VITE/FE SOLN	C	QL(60 ML per fill retail)
MULTI VITAMIN W/D-3 TABS	C	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	C	QL(60 ML per fill retail)	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	QL(4 EA daily)
MULTIVITAMIN DROPS/IRON SOLN	C	QL(60 ML per fill retail)	<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P	QL(3 EA daily)
MULTIVITAMIN INFANT & TODDLER SOLN	C	QL(60 ML per fill retail)	FLEQSUVY SUSP (<i>baclofen</i>)	NP	
POLY-VITE/IRON SOLN	C	QL(60 ML per fill retail)	LYVISPAH PACK	NP	
Pediatric Multiple Vitamins			<i>metaxalone</i>	NP	
BPROTECTED PEDIA POLY-VITE SOLN PO	C	QL(50 ML per fill retail)	METAXALONE 640 MG	NP	
MULTIVITAMIN INFANT & TODDLER SOLN PO	C	QL(50 ML per fill retail)	<i>methocarbamol TABS 1000 MG</i>	NP	
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	C	QL(50 ML per fill retail)	<i>methocarbamol TABS</i>	P	
POLY-VI-SOL SOLN PO	C	QL(50 ML per fill retail)	<i>orphenadrine citrate TB12</i>	P	QL(2 EA daily)
POLY-VITA SOLN PO	C	QL(50 ML per fill retail)	OZOBAX DS SOLN PO (<i>baclofen</i>)	NP	AL(Up to 12 yrs old)
POLY-VITE PEDIATRIC SOLN PO	C	QL(50 ML per fill retail)	OZOBAX SOLN PO (<i>baclofen</i>)	NP	AL(Up to 12 yrs old)
Prenatal Vitamins			SOMA TABS (<i>carisoprodol</i>)	NP	
SELECT-OB+DHA MISC	C	QL(1 EA daily)	<i>tizanidine hcl CAPS</i>	NP	
VITAFOL-ONE CAPS	C	QL(1 EA daily)	<i>tizanidine hcl TABS</i>	P	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			ZANAFLEX CAPS (<i>tizanidine hcl</i>)	NP	
Central Muscle Relaxants			ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	NP	
AMRIX CP24 (<i>cyclobenzaprine hcl</i>)	NP		Direct Muscle Relaxants		
<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP	AL(Up to 12 yrs old)	DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	NP	
<i>baclofen SUSP</i>	NP		<i>dantrolene sodium CAPS</i>	P	
<i>baclofen TABS</i>	P		Muscle Relaxant Combinations		
<i>carisoprodol TABS</i>	NP		<i>orphenadrine w/ aspirin & caff</i>	NP	
<i>chlorzoxazone TABS</i>	P		NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
<i>chlorzoxazone TABS 375 MG, 750 MG</i>	NP		Nasal Agent Combinations		
<i>cyclobenzaprine hcl CP24</i>	NP		<i>azelastine hcl-fluticasone propionate SUSP</i>	NP	
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	QL(4 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
DYMISTA SUSP (azelastine hcl-fluticasone propionate)	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		
saline SOLN 0.65 %	C	1 package(s) per fill retail
Nasal Antiallergy		
azelastine hcl 0.15 %	NP	1 package(s) per 31 day(s) retail; RX/OTC
azelastine hcl 0.1 %, 137 MCG/SPRAY	P	1 package(s) per 31 day(s) retail; 1 package(s) per 31 day(s) mail
cromolyn sodium (nasal) 5.2 MG/ACT	C	QL(26 ML per 31 day(s) retail)
olopatadine hcl (nasal)	NP	
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.03 %	P	QL(31 ML per 31 day(s) retail)
ipratropium bromide (nasal) 0.06 %	P	QL(15 ML per 31 day(s) retail)
Nasal Steroids		
budesonide (nasal)	C	QL(9 ML per 31 day(s) retail)
flunisolide (nasal)	NP	QL(25 ML per 31 day(s) retail)
fluticasone propionate (nasal) SUSP	P	1 package(s) per fill retail; RX/OTC
mometasone furoate (nasal) SUSP	P	RX/OTC
OMNARIS SUSP	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
triamcinolone acetonide (nasal) AERO	C	QL(17 ML per 31 day(s) retail); AL(At least 2 yrs old)
XHANCE EXHU	NP	

Drug Name	Drug Tier	Requirements/ Limits
ZETONNA AERS	NP	
Sympathomimetic Decongestants		
pseudoephedrine hcl TABS	C	
pseudoephedrine hcl TB12	C	QL(2 EA daily)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
riluzole TABS	C	PA
Muscular Dystrophy Agents		
VYONDYS 53	C	SP; PA
NUTRIENTS		
Misc. Nutritional Substances		
omega-3 fatty acids CAPS 1000 MG	C	QL(6 EA daily)
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
polyvinyl alcohol 1.4 %	C	
white petrolatum-mineral oil	C	1 package(s) per fill retail
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	P	1 package(s) per 31 day(s) retail
BETIMOL	NP	
BETIMOL (timolol)	NP	
BETOPTIC-S SUSP	NP	
brimonidine tartrate-timolol maleate	NP	Brand Preferred
brimonidine tartrate-timolol maleate	NP	
carteolol hcl (ophth)	P	1 max fill(s) per 31 day(s) retail
COMBIGAN (brimonidine tartrate-timolol maleate)	P	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ML per 31 day(s) retail)	<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	C	
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NP		Ophthalmic - Angiogenesis Inhibitors		
<i>dorzolamide hcl-timolol maleate</i>	NP		EYLEA SOSY	C	SP; PA
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ML per 31 day(s) retail)	Ophthalmic Adrenergic Agents		
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	NP		ALPHAGAN P (<i>brimonidine tartrate</i>)	P	Brand Preferred
<i>levobunolol hcl 0.5 %</i>	P	QL(15 ML per 31 day(s) retail)	<i>apraclonidine hcl</i>	NP	
<i>timolol</i>	NP		<i>brimonidine tartrate 0.2 %</i>	P	1 package(s) per 31 day(s) retail
<i>timolol maleate (ophth) SOLG</i>	P		<i>brimonidine tartrate 0.1 %, 0.15 %</i>	NP	Brand Preferred
<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP		IOPIDINE	NP	
<i>timolol maleate (ophth) SOLN</i>	P	QL(15 ML per 31 day(s) retail)	SIMBRINZA	NP	
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NP	QL(15 EA per 31 day(s) retail)	Ophthalmic Anti-infectives		
Cholinergic Agonists			AZASITE	NP	
TYRVAYA	NP		<i>bacitracin (ophthalmic)</i>	P	QL(4 GM per 31 day(s) retail)
Cycloplegic Mydriatics			<i>bacitracin-polymyxin b (ophth)</i>	P	QL(4 GM per 31 day(s) retail)
<i>atropine sulfate (ophthalmic) OINT</i>	C	QL(4 GM per fill retail)	BESIVANCE	NP	
<i>atropine sulfate (ophthalmic) SOLN</i>	C		CILOXAN OINT	NP	1 package(s) per fill retail
ATROPINE SULFATE SOLN 1 %	C		<i>ciprofloxacin hcl (ophth) SOLN</i>	P	1 package(s) per fill retail
CYCLOGYL 2 %	C	1 package(s) per 31 day(s) retail	ERYTHROMYCIN	P	
CYCLOGYL 0.5 %	C		<i>erythromycin (ophth)</i>	P	
<i>cyclopentolate hcl 1 %</i>	C		<i>gatifloxacin (ophth)</i>	NP	
ISOPTO ATROPINE SOLN	C		<i>gentamicin sulfate (ophth) SOLN</i>	P	2 package(s) per fill retail
<i>tropicamide SOLN</i>	C		<i>levofloxacin (ophth) 0.5 %</i>	NP	
Miotics			<i>moxifloxacin hcl (ophth) SOLN OP</i>	P	QL(3 ML per fill retail)
			<i>neomycin-bacitracin zn-polymyxin</i>	P	QL(4 GM per 31 day(s) retail)
			<i>neomycin-polymyxin-gramicidin</i>	P	1 package(s) per fill retail
			OCUFLOX (<i>ofloxacin (ophth)</i>)	NP	QL(10 ML per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ofloxacin (ophth)</i>	P	QL(10 ML per 31 day(s) retail)	Ophthalmic Integrin Antagonists		
<i>polymyxin b-trimethoprim</i>	P	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail	XIIDRA	P	
POLYTRIM (<i>polymyxin b-trimethoprim</i>)	NP	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail	Ophthalmic Kinase Inhibitors		
<i>sulfacetamide sodium (ophth) OINT</i>	P	QL(4 GM per 31 day(s) retail)	RHOPRESSA	P	
<i>sulfacetamide sodium (ophth) SOLN</i>	P	QL(15 ML per 31 day(s) retail)	ROCKLATAN	P	
<i>sulfacetamide sodium (ophth) SOLN</i>	C	QL(15 ML per 31 day(s) retail)	Ophthalmic Local Anesthetics		
<i>tobramycin (ophth) SOLN</i>	NP	QL(5 ML per 31 day(s) retail)	<i>tetracaine hcl (ophth)</i>	C	
TOBREX OINT	NP		Ophthalmic Steroids		
<i>trifluridine</i>	C	QL(8 ML per 31 day(s) retail)	ALREX SUSP (<i>loteprednol etabonate</i>)	NP	
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NP	QL(3 ML per fill retail)	<i>bacitracin-poly-neomycin-hc</i>	P	
Ophthalmic Decongestants			<i>dexamethasone sodium phosphate (ophth)</i>	P	
<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	C		<i>difluprednate</i>	NP	Brand Preferred
<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	C	QL(15 ML per 31 day(s) retail)	DUREZOL (<i>difluprednate</i>)	P	Brand Preferred
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	C	1 package(s) per 31 day(s) retail	EYSUVIS SUSP	NP	
Ophthalmic Immunomodulators			FLAREX	P	
CEQUA SOLN	NP		<i>fluorometholone (ophth) SUSP</i>	P	1 package(s) per 31 day(s) retail
<i>cyclosporine (ophth) EMUL</i>	NP	Brand Preferred	FML FORTE SUSP	NP	
RESTASIS MULTIDOSE EMUL	P	Brand Preferred	FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	NP	1 package(s) per 31 day(s) retail
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	P	Brand Preferred	INVELTYS SUSP	NP	
VERKAZIA EMUL	NP		LOTEMAX SM GEL	NP	
VEVYE SOLN	NP		LOTEMAX GEL (<i>loteprednol etabonate</i>)	NP	
			LOTEMAX OINT	NP	
			LOTEMAX SUSP (<i>loteprednol etabonate</i>)	NP	
			<i>loteprednol etabonate GEL</i>	NP	
			<i>loteprednol etabonate SUSP</i>	NP	
			MAXIDEX SUSP OP	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAXITROL OINT (neomycin-polymy-dexameth)	NP	QL(4 GM per 31 day(s) retail)	azelastine hcl (ophth)	NP	QL(6 ML per 31 day(s) retail)
MAXITROL SUSP (neomycin-polymy-dexameth)	NP	QL(10 ML per 31 day(s) retail)	AZOPT (brinzolamide)	P	Brand Preferred; 1 package(s) per 31 day(s) retail
MAXITROL SUSP (neomycin-polymy-dexameth)	NP	QL(10 ML per 31 day(s) retail)	bepotastine besilate	NP	
neomycin-polymy-dexameth OINT	P	QL(4 GM per 31 day(s) retail)	BEPREVE (bepotastine besilate)	NP	
neomycin-polymy-dexameth SUSP	P	QL(10 ML per 31 day(s) retail)	brinzolamide	NP	Brand Preferred; 1 package(s) per 31 day(s) retail
neomycin-polymyxin-hc (ophth)	P	QL(15 ML per 31 day(s) retail)	bromfenac sodium (ophth)	NP	
PRED FORTE (prednisolone acetate (ophth))	NP	QL(15 ML per 31 day(s) retail)	BROMSITE (bromfenac sodium (ophth))	NP	
PRED MILD	P	1 package(s) per 31 day(s) retail	cromolyn sodium (ophth)	P	QL(10 ML per 31 day(s) retail)
prednisolone acetate (ophth)	P	QL(15 ML per 31 day(s) retail)	diclofenac sodium (ophth)	P	QL(3 ML per 31 day(s) retail)
PREDNISOLONE ACETATE P-F	C	QL(15 ML per 31 day(s) retail)	dorzolamide hcl	P	QL(10 ML per 31 day(s) retail)
PREDNISOLONE SODIUM PHOSPHATE	NP	1 package(s) per 31 day(s) retail	epinastine hcl (ophth)	NP	
sulfacetamide sod-prednisolone SOLN	P	QL(10 ML per 31 day(s) retail)	flurbiprofen sodium	P	QL(5 ML per 31 day(s) retail)
TOBRADEX ST SUSP	NP		ILEVRO	NP	
TOBRADEX OINT	NP	QL(4 GM per 31 day(s) retail)	ketorolac tromethamine (ophth) 0.4 %	P	1 max fill(s) per 31 day(s) retail
tobramycin-dexamethasone SUSP	P	1 package(s) per 31 day(s) retail	ketorolac tromethamine (ophth) 0.5 %	P	1 package(s) per 31 day(s) retail
ZYLET	NP		ketotifen fumarate (ophth) 0.035 %	P	QL(10 ML per 31 day(s) retail)
Ophthalmics - Misc.			MIEBO	NP	
ACULAR (ketorolac tromethamine (ophth))	NP	1 package(s) per 31 day(s) retail	NEVANAC	P	
ACULAR LS (ketorolac tromethamine (ophth))	NP	1 max fill(s) per 31 day(s) retail	olopatadine hcl 0.2 %	P	RX/OTC
ACUVAIL	NP		PROLENSA (bromfenac sodium (ophth))	NP	
			ZADITOR 0.035 % (ketotifen fumarate (ophth))	P	QL(10 ML per 31 day(s) retail)
			ZERVIAE	NP	
			Prostaglandins - Ophthalmic		
			bimatoprost SOLN	NP	

Drug Name	Drug Tier	Requirements/ Limits
IYUZEH SOLN	NP	
<i>latanoprost SOLN</i>	P	QL(5 ML per 31 day(s) retail)
LUMIGAN SOLN 0.01 %	P	Brand Preferred
<i>tafluprost</i>	NP	
TRAVATAN Z SOLN (<i>travoprost</i>)	P	Brand Preferred
<i>travoprost SOLN</i>	NP	Brand Preferred
<i>travoprost SOLN</i>	NP	
VYZULTA	NP	
XALATAN SOLN (<i>latanoprost</i>)	NP	QL(5 ML per 31 day(s) retail)
XELPROS EMUL	NP	
ZIOPTAN (<i>tafluprost</i>)	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	C	QL(15 ML per 31 day(s) retail)
<i>carbamide peroxide (otic) 6.5 %</i>	C	QL(15 ML per 31 day(s) retail)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	P	1 package(s) per fill retail
Otic Combinations		
CIPRO HC	NP	
<i>ciprofloxacin-dexamethasone</i>	P	Brand Preferred; QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciprofloxacin-fluocinolone acetonide</i>	NP	
CORTISPORIN-TC	NP	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ML per fill retail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/ Limits
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	C	1 package(s) per 31 day(s) retail
<i>hydrocortisone w/acetic acid</i>	C	QL(20 ML per 31 day(s) retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	C	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMMAGARD	C	SP; PA
GAMMAGARD S/D LESS IGA SOLR	C	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA
HYPERRHO S/D SOSY IM 1500 UNIT	C	SP
OCTAGAM SOLN 30 GM/300ML	C	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	C	SP
XEMBIFY	C	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin SUSR</i>	P	
<i>amoxicillin TABS</i>	P	
<i>ampicillin CAPS 500 MG</i>	P	
Natural Penicillins		
EXTENCILLINE SUSR	C	QL(1 EA per 28 day(s) retail)
LENTOCILIN SUSR	C	QL(1 EA per 28 day(s) retail)
<i>penicillin v potassium SOLR</i>	P	
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	P	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>	P	2 package(s) per fill retail
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 62.5 MG/5ML-250 MG/5ML</i>	P	1 package(s) per fill retail
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	P	QL(30 EA per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-875 MG</i>	P	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	P	QL(40 EA per 31 day(s) retail)
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	NP	2 package(s) per fill retail
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	1 package(s) per fill retail
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	1 package(s) per fill retail
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	NP	QL(30 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
SORBITOL XX 70 %	C	RX/OTC
Semi Solid Vehicles		
<i>lanolin XX</i>	C	
LANOLIN XX	C	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	C	
<i>megestrol acetate (appetite)</i>	NP	
<i>norethindrone acetate TABS</i>	C	
<i>progesterone CAPS</i>	C	QL(1 EA daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>disulfiram 250 MG</i>	C	
Antidementia Agents		
ADLARITY PTWK	NP	
ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>)	NP	
ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	NP	QL(1 EA daily)
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 EA daily)
<i>donepezil hydrochloride TABS 23 MG</i>	NP	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine-fluoxetine hcl 25 MG-12 MG, 50 MG-12 MG, 50 MG-6 MG</i>	NP	ST
<i>olanzapine-fluoxetine hcl 25 MG-3 MG, 25 MG-6 MG</i>	NP	AL(At least 10 yrs old); ST
<i>perphenazine-amitriptyline</i>	C	QL(4 EA daily)
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	NP	QL(55 EA per 365 day(s) retail)
SAVELLA TABS	NP	QL(2 EA daily)
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	NP	SP
AUSTEDO XR TB24	P	SP
AUSTEDO TABS	P	SP
INGREZZA CAPS	P	SP
INGREZZA CPPK	P	SP
INGREZZA CPSP	P	SP
<i>tetrabenazine</i>	P	SP
XENAZINE (<i>tetrabenazine</i>)	NP	SP
Multiple Sclerosis Agents		
AMPYRA (<i>dalfampridine</i>)	NP	SP
AUBAGIO (<i>teriflunomide</i>)	NP	QL(1 EA daily); SP
AVONEX PEN AJKT	P	SP
AVONEX PREFILLED PSKT	P	SP
BAFIERTAM	NP	SP
BETASERON KIT	P	SP
COPAXONE SOSY 20 MG/ML (<i>glatiramer acetate</i>)	P	Brand Preferred; SP
COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>)	NP	SP
<i>dalfampridine</i>	P	
<i>dalfampridine</i>	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dimethyl fumarate CDPK</i>	P	SP	REBIF SOSY	NP	SP
<i>dimethyl fumarate CPDR</i>	P	SP	TASCENSO ODT	NP	SP
<i>dimethyl fumarate CPDR</i>	P		TECFIDERA CDPK (<i>dimethyl fumarate</i>)	NP	SP
<i>fingolimod hcl</i>	P	QL(1 EA daily); SP	TECFIDERA CPDR (<i>dimethyl fumarate</i>)	NP	SP
GILENYA (<i>fingolimod hcl</i>)	NP	QL(1 EA daily); SP	<i>teriflunomide</i>	P	QL(1 EA daily); SP
GILENYA 0.25 MG	NP	SP	VUMERITY	NP	SP
<i>glatiramer acetate SOSY 20 MG/ML</i>	NP	Brand Preferred; SP	ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP
<i>glatiramer acetate SOSY 40 MG/ML</i>	NP	SP	ZEPOSIA STARTER KIT CPPK	NP	SP
KESIMPTA	PA	SP; PA	ZEPOSIA CAPS	NP	SP
MAVENCLAD (10 TABS)	NP	SP	Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
MAVENCLAD (4 TABS)	NP	SP	<i>gabapentin (once-daily) TABS</i>	NP	
MAVENCLAD (5 TABS)	NP	SP	GRALISE TABS (<i>gabapentin (once-daily)</i>)	NP	
MAVENCLAD (6 TABS)	NP	SP	GRALISE TABS	NP	
MAVENCLAD (7 TABS)	NP	SP	LYRICA CR (<i>pregabalin (once-daily)</i>)	NP	
MAVENCLAD (8 TABS)	NP	SP	<i>pregabalin (once-daily)</i>	NP	
MAVENCLAD (9 TABS)	NP	SP	Premenstrual Dysphoric Disorder (PMDD) Agents		
MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP	<i>fluoxetine hcl (pmdd) TABS</i>	P	
MAYZENT TABS	NP	SP	Restless Leg Syndrome (RLS) Agents		
PLEGRIDY STARTER PACK SOAJ	NP	SP	HORIZANT	NP	
PLEGRIDY STARTER PACK SOSY SC	NP	SP	Smoking Deterrents		
PLEGRIDY SOAJ	NP	SP	APO-VARENICLINE TABS 0.5 MG	C	QL(2 EA daily)
PLEGRIDY SOSY IM	NP	SP	APO-VARENICLINE TABS 1 MG	C	QL(2 EA daily; 56 EA per 30 day(s) retail)
PONVORY STARTER PACK TBPK	NP				
PONVORY STARTER PACK TBPK	NP				
PONVORY TABS	NP				
PONVORY TABS	NP	SP			
REBIF REBIDOSE TITRATION PACK SOAJ	NP	SP			
REBIF REBIDOSE SOAJ	NP	SP			
REBIF TITRATION PACK SOSY	NP	SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl (smoking deterrent)</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(2 EA daily)	NICOTROL NS SOLN	P	Limit: 2 Smoking Cessation Treatments per Year; QL(4 ML daily); SL
CHANTIX STARTING MONTH PAK TBPk (varenicline tartrate)	P	QL(2 EA daily; 53 EA per 30 day(s) retail); 2 max fill(s) per 365 day(s) retail	<i>varenicline tartrate TABS 0.5 MG</i>	P	QL(2 EA daily)
<i>nicotine polacrilex GUM</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(24 EA daily)	<i>varenicline tartrate TABS 0.5 MG</i>	C	QL(2 EA daily)
<i>nicotine polacrilex GUM</i>	P	QL(24 EA daily)	<i>varenicline tartrate TABS 1 MG</i>	P	QL(2 EA daily; 56 EA per 30 day(s) retail)
<i>nicotine polacrilex LOZG</i>	P	QL(20 EA daily)	<i>varenicline tartrate TABS 1 MG</i>	C	QL(2 EA daily; 56 EA per 30 day(s) retail)
<i>nicotine polacrilex LOZG</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(20 EA daily)	<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
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	<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>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)	Transthyretin Amyloidosis Agents		
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	QL(1 EA daily)	TEGSEDI	C	SP; PA
			Vasomotor Symptom Agents		
			<i>paroxetine mesylate (vasomotor)</i>	NP	
			RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
			Cystic Fibrosis Agents		
			ORKAMBI PACK	C	SP; PA
			ORKAMBI TABS	C	SP; PA
			SYMDEKO	C	SP; PA
			TRIKAFTA TBPk	C	QL(3 EA daily); SP; PA
			Pulmonary Fibrosis Agents		
			OFEV	C	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pirfenidone CAPS</i>	C	SP; PA	ARMOUR THYROID TABS	C	
<i>pirfenidone TABS</i>	C	SP; PA	<i>levothyroxine sodium TABS</i>	C	
TETRACYCLINES - Drugs to Treat Bacterial Infections			<i>liothyronine sodium TABS</i>	C	
Aminomethylcyclines			NIVA THYROID TABS	C	
NUZYRA TABS	NP		NP THYROID TABS	C	
Tetracyclines			RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
<i>demeclocycline hcl TABS</i>	NP		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
DORYX MPC TBEC 60 MG	NP		TOXOIDS		
DORYX TBEC 200 MG (<i>doxycycline hyclate</i>)	NP		Toxoid Combinations		
<i>doxycycline (monohydrate) CAPS</i>	NP		ADACEL SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
<i>doxycycline (monohydrate) SUSR</i>	NP		BOOSTRIX SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
<i>doxycycline (monohydrate) TABS</i>	NP		BOOSTRIX SUSY	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
<i>doxycycline hyclate CAPS</i>	P		TDVAX SUSP	C	QL(0.5 ML per fill retail; 1.5 per fill mail)
<i>doxycycline hyclate TABS</i>	P		TENIVAC INJ	C	
<i>doxycycline hyclate TBEC</i>	NP		TETANUS-DIPHTHERIA TOXOIDS TD SUSP	C	QL(0.5 ML per fill retail; 1.5 per fill mail)
<i>minocycline hcl CAPS</i>	P		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
<i>minocycline hcl TABS</i>	P		Antispasmodics		
<i>minocycline hcl TB24</i>	NP		<i>dicyclomine hcl CAPS</i>	C	
<i>tetracycline hcl CAPS</i>	P		<i>dicyclomine hcl SOLN PO</i>	C	QL(496 ML per 31 day(s) retail)
TETRACYCLINE HCL TABS	P		<i>dicyclomine hcl TABS</i>	C	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			<i>glycopyrrolate TABS 1 MG, 2 MG</i>	C	QL(4 EA daily)
Antithyroid Agents			<i>hyoscyamine sulfate ELIX</i>	C	
<i>methimazole TABS</i>	C				
<i>propylthiouracil</i>	C				
Thyroid Hormones					
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	C		NEXIUM CPDR 40 MG (<i>esomeprazole magnesium</i>)	NP	
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	C		NEXIUM CPDR 20 MG (<i>esomeprazole magnesium</i>)	NP	QL(2 EA daily); RX/OTC
<i>hyoscyamine sulfate TABS 0.125 MG</i>	C		NEXIUM PACK (<i>esomeprazole magnesium</i>)	NP	
<i>hyoscyamine sulfate TB12 0.375 MG</i>	C	QL(4 EA daily)	<i>omeprazole magnesium TBEC</i>	C	QL(1 EA daily)
H-2 Antagonists			<i>omeprazole CPDR</i>	P	QL(2 EA daily)
<i>cimetidine hcl PO 300 MG/5ML</i>	NP		<i>omeprazole TBEC</i>	C	QL(1 EA daily)
<i>cimetidine TABS</i>	NP	RX/OTC	<i>pantoprazole sodium PACK</i>	NP	Brand Preferred
<i>famotidine SUSR</i>	P		<i>pantoprazole sodium PACK</i>	NP	
<i>famotidine TABS 10 MG</i>	C		<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(2 EA daily)
<i>famotidine TABS 20 MG, 40 MG</i>	P	RX/OTC	<i>pantoprazole sodium TBEC 20 MG</i>	P	QL(1 EA daily)
<i>nizatidine CAPS</i>	NP		PREVACID SOLUTAB TBDD (<i>lansoprazole</i>)	NP	RX/OTC
PEPCID TABS (<i>famotidine</i>)	NP	RX/OTC	PREVACID CPDR 30 MG (<i>lansoprazole</i>)	NP	QL(2 EA daily)
Misc. Anti-Ulcer			PRILOSEC PACK	NP	
<i>sucralfate SUSP</i>	C	QL(420 ML per fill retail)	PROTONIX PACK (<i>pantoprazole sodium</i>)	P	Brand Preferred
<i>sucralfate TABS</i>	C	QL(4 EA daily)	PROTONIX TBEC 20 MG (<i>pantoprazole sodium</i>)	NP	QL(1 EA daily)
Proton Pump Inhibitors			PROTONIX TBEC 40 MG (<i>pantoprazole sodium</i>)	NP	QL(2 EA daily)
DEXILANT (<i>dexlansoprazole</i>)	P	Brand Preferred	<i>rabeprazole sodium TBEC</i>	NP	
<i>dexlansoprazole</i>	NP	Brand Preferred	Ulcer Drugs - Prostaglandins		
<i>esomeprazole magnesium CPDR 20 MG</i>	NP	QL(2 EA daily); RX/OTC	<i>misoprostol</i>	C	PA
<i>esomeprazole magnesium CPDR 40 MG</i>	NP		Ulcer Therapy Combinations		
<i>esomeprazole magnesium PACK</i>	P		<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	C	14 day(s) max supply per 365 day(s) retail
<i>lansoprazole CPDR 30 MG</i>	NP	QL(2 EA daily)	KONVOMEPEP SUSR	NP	
<i>lansoprazole CPDR 15 MG</i>	NP	QL(4 EA daily); RX/OTC			
<i>lansoprazole TBDD</i>	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
<i>omeprazole-sodium bicarbonate CAPS</i>	NP	RX/OTC
<i>omeprazole-sodium bicarbonate PACK</i>	NP	
ZEGERID CAPS (<i>omeprazole-sodium bicarbonate</i>)	NP	RX/OTC
ZEGERID PACK (<i>omeprazole-sodium bicarbonate</i>)	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	NP	
DETROL LA CP24 (<i>tolterodine tartrate</i>)	NP	QL(1 EA daily)
DETROL TABS (<i>tolterodine tartrate</i>)	NP	QL(2 EA daily)
<i>fesoterodine fumarate</i>	P	
<i>oxybutynin chloride SOLN</i>	P	
<i>oxybutynin chloride TABS 2.5 MG</i>	P	
<i>oxybutynin chloride TABS 5 MG</i>	P	QL(3 EA daily)
<i>oxybutynin chloride TB24</i>	P	QL(2 EA daily)
OXYTROL PTTW	NP	RX/OTC
<i>solifenacin succinate TABS</i>	P	
<i>tolterodine tartrate CP24</i>	NP	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	NP	QL(2 EA daily)
TOVIAZ (<i>fesoterodine fumarate</i>)	NP	
<i>trospium chloride CP24</i>	NP	
<i>trospium chloride TABS</i>	NP	QL(2 EA daily)
VESICARE LS SUSP	NP	
VESICARE TABS (<i>solifenacin succinate</i>)	NP	
Urinary Antispasmodics - Beta-3 Adrenergic		

Drug Name	Drug Tier	Requirements/ Limits
Agonists		
GEMTESA	NP	
<i>mirabegron TB24</i>	NP	Brand Preferred
MYRBETRIQ SRER	NP	Brand Preferred
MYRBETRIQ TB24 (<i>mirabegron</i>)	P	Brand Preferred
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	C	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	NP	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	C	
BCG VACCINE	C	
BEXSERO 0.5 ML	C	
BIOTHRAX	C	AL(Up to 65 yrs old)
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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PENMENVY SUSR IM	C		TYPHIM VI SOLN	C	
PNEUMOVAX 23 SOLN	P	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)	TYPHIM VI SOSY	C	
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)	VAXCHORA	C	
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)	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)
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)	VIVOTIF	C	
TRUMENBA 0.5 ML	C		Viral Vaccines		
			ABRYSVO	C	AL(At least 60 yrs old)
			ACAM2000	C	
			AFLURIA PRESERVATIVE FREE SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
			AFLURIA SUSP	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
			AREXVY	C	AL(At least 60 yrs old)
			AUDENZ EMUL	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
			AUDENZ PRSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
			COMIRNATY SUSP	C	
			COMIRNATY SUSY	C	
			ENGRIX-B SUSP 20 MCG/ML	C	3 max fill(s) per 999 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENGERIX-B SUSY	C	3 max fill(s) per 999 day(s) retail	FLUZONE SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
ERVEBO	C		GARDASIL 9 SUSP 0.5 ML	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
FLUAD	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	GARDASIL 9 SUSY 0.5 ML	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
FLUARIX SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	HAVRIX IM 720 EL U/0.5ML	C	
FLUBLOK SOSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	HAVRIX 1440 EL U/ML	C	
FLUCELVAX SUSP	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	HEPLISAV-B SOSY	C	3 max fill(s) per 999 day(s) retail
FLUCELVAX SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	IMOVAX RABIES SUSR	C	
FLULAVAL SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	IPOLE	C	
FLUMIST	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	IXIARO	C	
FLUZONE HIGH-DOSE SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	JYNNEOS	C	
FLUZONE SUSP	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	M-M-R II SOLR	C	
			MODERNA COVID-19 BIVAL 6M-5Y	C	
			MODERNA COVID-19 BIVALENT	C	
			MODERNA COVID-19 VAC 6M-11Y SUSP	C	
			MODERNA COVID-19 VAC 6M-11Y SUSY	C	
			MODERNA COVID-19 VACCINE SUSP	C	
			MRESVIA	C	AL(Up to 60 yrs old)
			NOVAVAX COVID-19 VACCINE SUSP	C	
			NOVAVAX COVID-19 VACCINE SUSY	C	1 max fill(s) per 180 day(s) mail
			PFIZER COVID-19 BIVAL 6MO-4YR	C	
			PFIZER COVID-19 VAC BIVAL 5-11	C	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PFIZER COVID-19 VAC BIVALENT	C		<i>clotrimazole vaginal CREA 2 %</i>	C	QL(21 GM per 31 day(s) retail)
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	C		GYNAZOLE-1	C	
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	C		<i>metronidazole vaginal</i>	C	
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	C		MICONAZOLE 7 SUPP 100 MG	C	QL(7 EA per 31 day(s) retail)
PFIZER-BIONTECH COVID-19 VACC SUSP	C		<i>miconazole nitrate vaginal CREA 2 %</i>	C	QL(45 GM per 31 day(s) retail)
PREHEVBRIO	C	3 max fill(s) per 999 day(s) retail	<i>miconazole nitrate vaginal KIT</i>	C	1 package(s) per fill retail
PRIORIX SUSR	C		<i>miconazole nitrate vaginal SUPP 200 MG</i>	C	QL(3 EA per fill retail; 3 EA per 31 day(s) 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>terconazole vaginal CREA</i>	C	
RECOMBIVAX HB SUSY	C	3 max fill(s) per 999 day(s) retail	<i>terconazole vaginal SUPP</i>	C	
SHINGRIX	C	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)	<i>tioconazole vaginal 6.5 %</i>	C	
SPIKEVAX SUSP	C		VANDAZOLE	C	
SPIKEVAX SUSY	C		Vaginal Estrogens		
STAMARIL SUSR	C		<i>estradiol vaginal CREA</i>	C	QL(43 GM per 31 day(s) retail)
TICOVAC	C		<i>estradiol vaginal TABS</i>	C	
TWINRIX SUSY	C		PREMARIN	C	
VAQTA	C		VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
VARIVAX SUSR	C	2 max fill(s) per 999 day(s) retail	Anaphylaxis Therapy Agents		
YF-VAX INJ	C		AUVI-Q SOAJ 0.1 MG/0.1ML, 0.15 MG/0.15ML	NP	Brand Preferred
VAGINAL AND RELATED PRODUCTS			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)
Vaginal Anti-infectives					
<i>clindamycin phosphate vaginal CREA</i>	C				
<i>clotrimazole vaginal CREA 1 %</i>	C	QL(45 GM per 31 day(s) retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis) SOAJ</i>	P	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)	<i>cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG</i>	C	QL(2 EA daily)
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	NP	QL(0.067 EA daily; 4 EA per 365 day(s) retail)	<i>cholecalciferol LIQD PO 10 MCG/ML</i>	C	
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	NP	Brand Preferred	<i>ergocalciferol CAPS</i>	C	
<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>ergocalciferol SOLN PO 200 MCG/ML</i>	C	QL(60 ML per 90 day(s) retail)
EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	P	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)	<i>phytonadione TABS 5 MG</i>	C	
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)	<i>vitamin e CAPS 180 MG, 200 UNIT, 400 UNIT, 90 MG, 90 MG, 180 MG</i>	C	QL(2 EA daily)
Vasopressors			Water Soluble Vitamins		
<i>midodrine hcl</i>	C		<i>ascorbic acid TABS</i>	C	QL(3.34 EA daily)
VITAMINS			B-1 TABS	C	QL(3.34 EA daily)
Oil Soluble Vitamins			<i>niacin CPCR 250 MG</i>	C	
<i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	C	QL(8 EA per 31 day(s) retail)	<i>niacin TABS 500 MG</i>	C	
			<i>niacin TBCR</i>	C	
			<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	C	
			<i>riboflavin TABS</i>	C	QL(3.34 EA daily)
			<i>thiamine hcl TABS 100 MG</i>	C	QL(3.34 EA daily)
			<i>thiamine mononitrate TABS 100 MG</i>	C	QL(3.34 EA daily)

INDEX

abacavir sulfate SOLN	42	(quinapril-hydrochlorothiazide)	34	ACTIVNUTRIENTS W/O IRON CAPS	80
abacavir sulfate TABS	42	ACCURETIC 12.5 MG-20 MG (quinapril-hydrochlorothiazide)	34	ACTONEL TABS 150 MG (risedronate sodium)	62
abacavir sulfate-lamivudine	42	acebutolol hcl CAPS	45	ACTONEL TABS 35 MG (risedronate sodium)	62
ABILIFY ASIMTUFII PRSY	41	acetaminophen CHEW	7	ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 24	
ABILIFY MAINTENA PRSY	41	acetaminophen LIQD 160 MG/5ML .	7	ACTOS (pioglitazone hcl)	29
ABILIFY MAINTENA SRER	41	acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	7	ACULAR (ketorolac tromethamine (ophth))	87
ABILIFY MYCITE MAINTENANCE KIT	41	acetaminophen SUPP 120 MG, 650 MG	7	ACULAR LS (ketorolac tromethamine (ophth))	87
ABILIFY MYCITE STARTER KIT .	41	acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	7	ACUVAIL	87
ABILIFY TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG (aripiprazole) .	41	acetaminophen TABS 325 MG, 500 MG	7	acyclovir CAPS	45
ABILIFY TABS 5 MG (aripiprazole) 41		acetaminophen w/ codeine SOLN .	9	acyclovir SUSP	45
abiraterone acetate	37	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	9	acyclovir TABS PO 400 MG	45
ABRILADA (1 PEN) AJKT	3	acetaminophen w/ codeine TABS ..	9	acyclovir TABS PO 800 MG	45
ABRILADA (2 PEN) AJKT	3	acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	9	acyclovir topical CREA	56
ABRILADA (2 SYRINGE) PSKT	3	acetazolamide CP12	61	acyclovir topical OINT	56
ABRYSVO	96	acetazolamide TABS	61	ADACEL SUSP	93
ACAM2000	96	acetic acid (otic)	88	ADAKVEO	66
ACANYA GEL (clindamycin phosphate-benzoyl peroxide)	52	acetylcysteine SOLN	52	ADALIMUMAB-AACF (2 PEN) AJKT . 4	
acarbose	23	ACTEMRA ACTPEN SOAJ	5	ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	4
ACCOLATE (zafirlukast)	13	ACTEMRA SOLN	5	ADALIMUMAB-AACF(PS/UV STARTER) AJKT	4
ACCU-CHEK AVIVA PLUS STRP .	61	ACTEMRA SOSY	5	ADALIMUMAB-AATY (1 PEN) AJKT . 4	
ACCU-CHEK GUIDE KIT	69	ACTHIB SOLR IM	95	ADALIMUMAB-AATY (2 PEN) AJKT . 4	
ACCU-CHEK GUIDE ME KIT	69	ACTIVNUTRIENTS CAPS	80	ADALIMUMAB-AATY (2 SYRINGE)	
ACCU-CHEK GUIDE TEST STRP .	61	ACTIVNUTRIENTS PERFORMANCE CAPS	80		
ACCU-CHEK SMARTVIEW STRP .	61				
ACCU-CHEK SOFTCLIX LANCETS 69					
ACCUPRIL (quinapril hcl)	33				
ACCURETIC 12.5 MG-10 MG					

PSKT	4	(amphetamine-dextroamphetamine) .	AEROCHAMBER PLUS FLO-VU
ADALIMUMAB-AATY CD/UC/HS		1	MEDIUM DEVI
START AJKT 80 MG/0.8ML	4	adefovir dipivoxil	74
ADALIMUMAB-ADAZ SOAJ	4	ADEMPAS	AEROCHAMBER PLUS FLO-VU
ADALIMUMAB-ADAZ SOSY 10		ADJUSTABLE LANCING DEVICE	MEDIUM MISC
MG/0.1ML	4	MISC	74
ADALIMUMAB-ADAZ SOSY	4	ADLARITY PTWK	AEROCHAMBER PLUS FLO-VU
ADALIMUMAB-ADBM (2 PEN) AJKT		ADMELOG SOLN IJ	MISC
4		ADMELOG SOLOSTAR SOPN ...	74
ADALIMUMAB-ADBM (2 SYRINGE)		ADTHYZA TABS 15 MG, 30 MG, 60	AEROCHAMBER PLUS FLO-VU
PSKT	4	MG, 90 MG, 120 MG	W/MASK MISC
ADALIMUMAB-ADBM(CD/UC/HS		ADVAIR DISKUS AEPB (fluticasone-	74
STRT) AJKT	4	salmeterol)	AEROCHAMBER PLUS FLOW VU
ADALIMUMAB-ADBM(PS/UV		ADVAIR HFA AERO (fluticasone-	MISC
STARTER) AJKT	4	salmeterol)	74
ADALIMUMAB-FKJP (2 PEN) AJKT .		ADVOCATE LANCING DEVICE	AEROCHAMBER Z-STAT PLUS
4		MISC	CHAMBR MISC
ADALIMUMAB-FKJP (2 SYRINGE)		ADVOCATE RAPID-SAFE LANCING	74
PSKT	4	MISC	AEROCHAMBER Z-STAT PLUS
ADALIMUMAB-RYVK (2 PEN) AJKT .		ADZENYS XR-ODT TBED	MISC
4		AEMCOLO	74
ADALIMUMAB-RYVK (2 SYRINGE)		AEROCHAMBER HOLDING	AEROCHAMBER Z-STAT
PSKT	4	CHAMBER DEVI	PLUS/LARGE MISC
adapalene CREA	52	AEROCHAMBER MINI CHAMBER	74
adapalene GEL 0.3 %	52	DEVI	AEROCHAMBER Z-STAT
adapalene-benzoyl peroxide GEL .	52	AEROCHAMBER MV MISC	PLUS/MEDIUM MISC
ADASUVE	40	AEROCHAMBER PLS FLOVU	74
ADBRY SOAJ	59	MTHPIECE DEVI	AEROCHAMBER2GO ANTI-STATIC
ADBRY SOSY	59	AEROCHAMBER PLUS FLO-VU	DEVI
ADCIRCA TABS (tadalafil		INTERM DEVI	74
(pulmonary hypertension))	48	AEROCHAMBER PLUS FLO-VU	AEROVENT PLUS DEVI
ADDERALL TABS (amphetamine-		LARGE DEVI	74
dextroamphetamine)	1	AEROCHAMBER PLUS FLO-VU	AFLURIA PRESERVATIVE FREE
ADDERALL XR CP24		LARGE MISC	SUSY
			96
			AFLURIA SUSP
			96
			AFREZZA POWD
			26
			AGAMREE
			50
			AIMOVIG
			76

AIRDUO RESPICLICK 113/14 AEPB (fluticasone-salmeterol)	14	allopurinol 100 MG, 300 MG	66	AMBIEN CR TBCR (zolpidem tartrate)	67
AIRDUO RESPICLICK 232/14 AEPB (fluticasone-salmeterol)	14	allopurinol 200 MG	65	AMBIEN TABS (zolpidem tartrate)	67
AIRDUO RESPICLICK 55/14 AEPB (fluticasone-salmeterol)	14	almotriptan malate	76	ambrisentan	48
AIRSUPRA	14	alogliptin benzoate	25	amcinonide CREA	56
AJOVY SOAJ	76	alogliptin-metformin hcl	24	amiloride & hydrochlorothiazide ..	61
AJOVY SOSY	76	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	24	amiloride hcl TABS	62
AKLIEF	52	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	63	amiodarone hcl TABS 200 MG	13
AKYNZEO	30	alosetron hcl	65	AMITIZA (lubiprostone)	64
albuterol sulfate AERS	14	ALPHAGAN P (brimonidine tartrate) 85		amitriptyline hcl TABS	23
albuterol sulfate NEBU 0.083 % ...	15	alprazolam TABS	12	AMJEVITA SOAJ	4
albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	15	ALREX SUSP (loteprednol etabonate)	86	AMJEVITA SOSY	4
albuterol sulfate NEBU	15	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril)	33	AMJEVITA-PED 10KG TO <15KG SOSY	4
albuterol sulfate SYRP	15	ALTOPREV TB24 20 MG, 40 MG, 60 MG	32	AMJEVITA-PED 15KG TO <30KG SOSY	4
albuterol sulfate TABS	15	ALTRENO LOTN	52	AMLADEX TABS	82
alclometasone dipropionate CREA	56	ALTRIXA TABS	82	amlodipine besylate TABS	46
alclometasone dipropionate OINT	56	alum & mag hydrox-simethicone LIQD	11	amlodipine besylate-atorvastatin calcium	47
alendronate sodium SOLN	62	alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML	12	amlodipine besylate-benazepril hcl 34	
alendronate sodium TABS 10 MG	62	ALUMINUM HYDROXIDE GEL SUSP	12	amlodipine besylate-olmesartan medoxomil	34
alendronate sodium TABS 35 MG, 70 MG	62	ALVESCO	14	amlodipine besylate-valsartan 10 MG-160 MG, 10 MG-320 MG, 5 MG-320 MG	34
alfuzosin hcl	65	amantadine hcl CAPS	38	amlodipine besylate-valsartan 5 MG-160 MG	34
aliskiren fumarate	35	amantadine hcl SOLN	38	amlodipine-valsartan-hydrochlorothiazide	34
ALIVE EVERYDAY IMMUNE HEALTH CAPS	80			amoxapine	23
ALIVE HAIR, SKIN & NAILS CAPS 80				amoxicillin & pot clavulanate CHEW .	89
ALIVE MAX 6 POTENCY CAPS ...	80				
ALKINDI SPRINKLE CPSP	50				

amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 62.5 MG/5ML-250 MG/5ML89	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (umeclidinium-vilanterol) 15	ARICEPT TABS 23 MG (donepezil hydrochloride)89
amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML89	ANTIVERT CHEW (meclizine hcl) .30	ARICEPT TABS 5 MG, 10 MG (donepezil hydrochloride)89
amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG 89	ANTIVERT TABS 50 MG (meclizine hcl)30	ARIKAYCE3
amoxicillin & pot clavulanate TABS 125 MG-875 MG89	ANZUPGO CREA EX 20 MG/GM .59	aripiprazole SOLN PO41
amoxicillin & pot clavulanate TB12 89	APETIBEX CAPS80	aripiprazole TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG41
amoxicillin CAPS88	APEXICON E CREA57	aripiprazole TABS 5 MG41
amoxicillin CHEW 125 MG, 250 MG . 88	APIDRA SOLN26	aripiprazole TBDP41
amoxicillin SUSR89	APIDRA SOLOSTAR SOPN26	ARISTADA 1064 MG/3.9ML41
amoxicillin TABS89	APLENZIN21	ARISTADA 441 MG/1.6ML41
amoxicillin-clarithromycin w/ lansoprazole THPK94	APO-VARENICLINE TABS 0.5 MG 91	ARISTADA 662 MG/2.4ML41
amphetamine sulfate TABS1	APO-VARENICLINE TABS 1 MG .91	ARISTADA 882 MG/3.2ML41
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG1	APPE-CURB CAPS80	ARISTADA INITIO41
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG1	apraclonidine hcl85	ARIXTRA (fondaparinux sodium) .16
amphetamine-dextroamphetamine TABS1	aprepitant CAPS30	armodafinil2
ampicillin CAPS 500 MG89	aprepitant MISC30	ARMOUR THYROID TABS93
AMPYRA (dalfampridine)90	APRISO CP24 (mesalamine)64	ARNUITY ELLIPTA14
AMRIX CP24 (cyclobenzaprine hcl) 83	APTENSIO XR CP24 (methylphenidate hcl)2	ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate (inhalation)) ...14
anastrozole37	APTOM 200 MG, 400 MG, 600 MG, 800 MG (eslicarbazepine acetate) .18	ARTHROTEC TBEC (diclofenac w/ misoprostol)5
ANDROGEL PUMP GEL TD (testosterone)11	APTIVUS CAPS42	ascorbic acid TABS99
	ARANESP (ALBUMIN FREE) SOLN . 67	asenapine maleate40
	ARANESP (ALBUMIN FREE) SOSY . 67	ASMANEX (120 METERED DOSES) AEPB14
	ARAZLO LOTN52	ASMANEX (14 METERED DOSES) AEPB14
	ARCALYST5	ASMANEX (30 METERED DOSES) AEPB14
	AREXVY96	ASMANEX (60 METERED DOSES)
	arformoterol tartrate15	

AEPB	14	AUDENZ EMUL	96	AVONEX PREFILLED PSKT	90
ASMANEX HFA AERO	14	AUDENZ PRSY	96	AVSOLA	64
ASPARLAS	37	AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	89	AZASITE	85
aspirin buffered (cal carb-mag carb- mag oxide)	7	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	89	azathioprine TABS 75 MG, 100 MG 78	
aspirin CHEW	7	AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	89	azathioprine TABS	78
ASPIRIN SUPP 300 MG	7	AURYXIA 210 MG (ferric citrate) ..	65	azelaic acid GEL	60
aspirin TABS 325 MG	7	AUSTEDO TABS	90	azelastine hcl (ophth)	87
aspirin TBEC 81 MG, 325 MG	7	AUSTEDO XR PATIENT TITRATION TEPK	90	azelastine hcl 0.1 %, 137 MCG/SPRAY	84
aspirin-dipyridamole	66	AUSTEDO XR TB24	90	azelastine hcl 0.15 %	84
ASTAGRAF XL CP24	78	AUTO-LANCET MINI MISC	70	azelastine hcl-fluticasone propionate SUSP	83
ATACAND (candesartan cilexetil) .33		AUTO-LANCET MISC	70	azithromycin PACK	69
ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	34	AUTOLET LANCING DEVICE MISC . 70		azithromycin SUSR 100 MG/5ML .	69
atazanavir sulfate CAPS 150 MG, 200 MG	42	AUTOLET LITE LANCING DEVICE MISC	70	azithromycin SUSR 200 MG/5ML .	69
atazanavir sulfate CAPS 200 MG .	42	AUTOLET MINI MISC	70	azithromycin TABS 250 MG	69
atazanavir sulfate CAPS 300 MG .	42	AUTOLET PLUS MISC	70	azithromycin TABS 500 MG	69
ATELVIA TBEC (risedronate sodium)	62	AUVELITY	21	azithromycin TABS 600 MG	69
atenolol & chlorthalidone	34	AUVI-Q SOAJ 0.1 MG/0.1ML, 0.15 MG/0.15ML	98	AZOPT (brinzolamide)	87
atenolol TABS	45	AUVI-Q SOAJ 0.3 MG/0.3ML	98	AZOR (amlodipine besylate- olmesartan medoxomil)	34
atomoxetine hcl	2	AVALIDE (irbesartan- hydrochlorothiazide)	34	AZSTARYS	2
ATORVALIQ SUSP	32	AVAPRO 150 MG, 300 MG (irbesartan)	33	AZULFIDINE EN-TABS TBEC (sulfasalazine)	64
atorvastatin calcium TABS	32	AVAR LS CLEANSER LIQD (sulfacetamide sodium w/ sulfur) ..	52	AZULFIDINE TABS (sulfasalazine) 64	
ATRALIN GEL (tretinoin)	52	AVAR-E LS CREA (sulfacetamide sodium w/ sulfur)	52	B-1 TABS	99
atropine sulfate (ophthalmic) OINT	85	AVONEX PEN AJKT	90	bacitracin (ophthalmic)	85
atropine sulfate (ophthalmic) SOLN 85				bacitracin (topical) OINT	54
ATROPINE SULFATE SOLN 1 % .	85			bacitracin zinc OINT	54
ATROVENT HFA	13			bacitracin-polymyxin b (ophth)	85
AUBAGIO (teriflunomide)	90				

bacitracin-poly-neomycin-hc	86	BD PEN NEEDLE ORIG ULTRAFINE	73	betamethasone dipropionate (topical) LOTN	57
baclofen SOLN PO 5 MG/5ML, 10 MG/5ML	83	BD PEN NEEDLE SHORT ULTRAFINE	73	betamethasone dipropionate (topical) OINT	57
baclofen SUSP	83	BELBUCA FILM	10	betamethasone dipropionate augmented CREA	57
baclofen TABS	83	BELSOMRA	68	betamethasone dipropionate augmented GEL 0.05 %	57
BAFIERTAM	90	benazepril & hydrochlorothiazide	34	betamethasone dipropionate augmented LOTN	57
balsalazide disodium CAPS	64	benazepril hcl 40 MG	33	betamethasone dipropionate augmented OINT	57
BANZEL SUSP (rufinamide)	18	benazepril hcl 5 MG, 10 MG, 20 MG	33	betamethasone valerate CREA	57
BANZEL TABS (rufinamide)	18	BENICAR (olmesartan medoxomil)	33	betamethasone valerate FOAM	57
BAQSIMI ONE PACK POWD	25	BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide)	34	betamethasone valerate LOTN	57
BAQSIMI TWO PACK POWD	25	BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	52	betamethasone valerate OINT	57
BARACLUDE SOLN	44	benzonatate 100 MG	51	BETAPACE AF (sotalol hcl (afib/afll))	46
BARACLUDE TABS (entecavir)	44	benzonatate 200 MG	51	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	46
BARIATRIC MULTIVITAMINS CAPS 80		benzoyl peroxide GEL 2.5 %, 5 %, 10 %	52	BETASERON KIT	90
BARIATRIC MULTIVITAMINS/IRON CAPS	80	BENZOYL PEROXIDE GEL	52	betaxolol hcl (ophth) SOLN	84
BASAGLAR KWIKPEN SOPN	26	benzoyl peroxide LIQD 5 %, 10 %	52	betaxolol hcl	45
BAXDELA TABS	63	benzoyl peroxide LOTN 5 %, 10 %	52	bethanechol chloride	95
BCG VACCINE	95	BENZOYL PEROXIDE LOTN 5 %	52	BETHKIS NEBU (tobramycin)	3
b-complex vitamins CAPS	79	benzoyl peroxide-erythromycin GEL	52	BETIMOL (timolol)	84
b-complex vitamins TABS	80	benztropine mesylate TABS	38	BETIMOL	84
b-complex w/ c & folic acid CAPS	80	bepotastine besilate	87	BETOPTIC-S SUSP	84
BD AUTOSHIELD DUO	73	BEPREVE (bepotastine besilate)	87	BEVESPI AEROSPHERE	15
BD PEN NEEDLE MICRO ULTRAFINE	73	BESIVANCE	85	BEXSERO 0.5 ML	95
BD PEN NEEDLE MINI ULTRAFINE	73	betamethasone dipropionate (topical) CREA	57	bicalutamide	37
BD PEN NEEDLE NANO 2ND GEN	73			BIKTARVY	42
BD PEN NEEDLE NANO ULTRAFINE	73			bimatoprost SOLN	87

BIMZELX SOAJ	55	SOLN PO	83	bromocriptine mesylate TABS 2.5 MG	38
BIMZELX SOSY	55	BPROTECTED PEDIA POLY- VITE/FE SOLN	82	brompheniramine & phenyleph ELIX . 51	
BINOSTO TBEF	62	BRAFTOVI 75 MG	37	BROMSITE (bromfenac sodium (ophth))	87
BIO-35 GLUTEN-FREE CAPS	80	BREATHE COMFORT CHAMBER/ADULT DEVI	74	BROVANA (arformoterol tartrate) .	15
BIO-35 IRON FREE CAPS	80	BREATHE COMFORT CHAMBER/CHILD DEVI	74	BRYHALI LOTN	57
BIOCAL CAPS	80	BREATHE EASE LARGE DEVI ...	74	BRYNOVIN SOLN PO 25 MG/ML .	25
BIOLYTE SOLN	78	BREATHE EASE MEDIUM DEVI ..	74	budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML	14
BIOTECT PLUS CAPS	80	BREATHE EASE SMALL DEVI ...	74	budesonide (inhalation) SUSP 1 MG/2ML	14
BIOTHRAX	95	BREATHERITE VALVED MDI CHAMBER DEVI	74	budesonide (intrarectal)	11
bisacodyl SUPP	68	BREO ELLIPTA (fluticasone furoate- vilanterol)	15	budesonide (nasal)	84
bisacodyl TBEC	68	BREO ELLIPTA	15	budesonide CPEP	50
bismuth subsalicylate CHEW 262 MG	29	BREXAFEMME	30	budesonide TB24	50
bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML	29	BREZTRI AEROSPHERE	15	budesonide-formoterol fumarate dihydrate	15
bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG	34	BRILINTA 60 MG, 90 MG (ticagrelor) 66		bumetanide TABS	61
bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG	34	brimonidine tartrate (topical)	60	buprenorphine hcl SUBL	10
bisoprolol fumarate	45	brimonidine tartrate 0.1 %, 0.15 %	85	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG	10
bisoprolol fumarate 2.5 MG	45	brimonidine tartrate 0.2 %	85	buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG, 3 MG-12 MG	10
BONEUP 3 PER DAY CAPS	80	brimonidine tartrate-timolol maleate . 84		buprenorphine hcl-naloxone hcl dihydrate FILM SL	10
BONEUP CAPS	80	brinzolamide	87	buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	10
BONJESTA TBCR	30	BRIVIACT SOLN PO 10 MG/ML ...	18	buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	10
BONSITY SOPN 560 MCG/2.24ML 62		BRIVIACT TABS	18	buprenorphine PTWK	10
BOOSTNOW IMMUNE SUPPORT CAPS	80	BRIXADI (WEEKLY) SOSY	10		
BOOSTRIX SUSP	93	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	10		
BOOSTRIX SUSY	93	bromfenac sodium (ophth)	87		
bosentan TABS	48	bromocriptine mesylate CAPS	38		
BPROTECTED PEDIA POLY-VITE					

bupropion hcl (smoking deterrent) 92	BYSTOLIC (nebivolol hcl)45	CANASA SUPP (mesalamine) 64
bupropion hcl TABS21	CABTREO52	candesartan cilexetil 33
bupropion hcl TB12 100 MG21	CADUET 10 MG-10 MG, 10 MG-20	candesartan cilexetil-
bupropion hcl TB12 150 MG21	MG, 10 MG-40 MG, 10 MG-80 MG, 5	hydrochlorothiazide 34
bupropion hcl TB12 200 MG21	MG-10 MG, 5 MG-20 MG, 5 MG-40	CAPEX SHAM 57
bupropion hcl TB24 150 MG21	MG, 5 MG-80 MG (amlodipine	CAPLYTA 38
bupropion hcl TB24 300 MG21	besylate-atorvastatin calcium)47	capsaicin CREA 0.025 %, 0.075 %, 0.1 %60
bupropion hcl TB24 450 MG21	caffeine citrate SOLN PO 1	captopril & hydrochlorothiazide 15
buspirone hcl 15 MG12	calcipotriene CREA55	MG-25 MG, 15 MG-50 MG, 25 MG-
buspirone hcl 5 MG, 10 MG12	CALCIPOTRIENE FOAM55	25 MG34
buspirone hcl 7.5 MG, 30 MG 12	calcipotriene OINT55	captopril & hydrochlorothiazide 25
butalbital-acetaminophen TABS 50	calcipotriene SOLN 55	MG-50 MG 34
MG-325 MG7	calcipotriene-betamethasone	captopril 33
butalbital-acetaminophen-caffeine	dipropionate OINT 57	CAPVAXIVE95
CAPS 40 MG-50 MG-325 MG 7	calcipotriene-betamethasone	CARAC CREA 55
butalbital-acetaminophen-caffeine	dipropionate SUSP57	carbamazepine CHEW18
TABS 40 MG-50 MG-325 MG7	calcitonin (salmon) IJ 62	carbamazepine CP1218
butalbital-acetaminophen-caffeine w/	calcitonin (salmon) NA62	carbamazepine SUSP 18
codeine 30 MG-40 MG-50 MG-300	calcitriol (topical)55	carbamazepine TABS18
MG9	calcitriol CAPS63	carbamazepine TB12 18
butalbital-acetaminophen-caffeine w/	calcium acetate (phosphate binder)	carbamide peroxide (otic) 6.5 % ...88
codeine 30 MG-40 MG-50 MG-325	CAPS65	CARBATROL CP12 (carbamazepine)
MG9	calcium acetate (phosphate binder)	18
butalbital-aspirin-caffeine CAPS 7	TABS65	carbidopa38
butalbital-aspirin-caffeine w/cod9	calcium carbonate (antacid) CHEW	carbidopa-levodopa TABS38
butorphanol tartrate NA 10 MG/ML	500 MG12	carbidopa-levodopa TBCR 38
11	calcium carbonate-cholecalciferol	CARDIOCOM LANCING DEVICE
BUTRANS PTWK (buprenorphine)	TABS 10 MCG-600 MG, 400 UNIT-	MISC 70
11	600 MG77	CARDIZEM CD CP24 120 MG, 180
BYDUREON BCISE AUIJ 25	calcium carbonate-cholecalciferol	MG, 300 MG (diltiazem hcl coated
BYETTA 10 MCG PEN SOPN 10	TABS 200 UNIT-500 MG, 5 MCG-	beads)46
MCG/0.04ML (exenatide)25	500 MG, 500 MG-5 MCG78	CARDIZEM CD CP24 240 MG
BYETTA 5 MCG PEN SOPN 5	calcium polycarbophil TABS68	
MCG/0.02ML (exenatide)25	camphor & menthol LOTN55	

(diltiazem hcl coated beads)46	cefpodoxime proxetil SUSR 49	cephalexin CAPS 48
CARDIZEM CD CP24 360 MG (diltiazem hcl coated beads)46	cefpodoxime proxetil TABS 49	cephalexin SUSR 48
CARDIZEM LA TB24 (diltiazem hcl) 46	cefprozil SUSR 125 MG/5ML 48	cephalexin TABS 48
CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)46	cefprozil SUSR 250 MG/5ML 48	CEQUA SOLN 86
CARDURA (doxazosin mesylate) .34	cefprozil TABS 48	CERASPORT EX1 SOLN78
CARDURA XL65	ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG 49	CERASPORT SOLN78
CAREONE ADVANCED LANCING DEV MISC70	cefuroxime axetil TABS 250 MG .. 48	CERDELGA 66
CARETOUCH LANCING/EJECTOR MISC 70	cefuroxime axetil TABS 48	CEREZYME 400 UNIT 66
carisoprodol TABS83	CELEBRATE MULTI-COMPLETE 18 CAPS80	cetirizine hcl CHEW31
carteolol hcl (ophth) 84	CELEBRATE MULTI-COMPLETE 36 CAPS80	cetirizine hcl SOLN PO 31
carvedilol 25 MG45	CELEBRATE MULTI-COMPLETE 45 CAPS80	cetirizine hcl TABS31
carvedilol 3.125 MG, 6.25 MG, 12.5 MG 45	CELEBRATE MULTI-COMPLETE 60 CAPS80	cetirizine-pseudoephedrine 51
carvedilol phosphate 45	celecoxib5	CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate) 92
CASGEVY66	CELEXA TABS 10 MG (citalopram hydrobromide)21	CHEMET 29
CAYSTON36	CELEXA TABS 20 MG (citalopram hydrobromide)21	CHEMSTRIP K STRP 61
cefaclor CAPS 48	CELEXA TABS 40 MG (citalopram hydrobromide)21	chlordiazepoxide hcl CAPS12
CEFACLOR ER TB1248	CELLCEPT CAPS (mycophenolate mofetil) 78	chlorhexidine gluconate (mouth- throat)79
cefaclor SUSR 125 MG/5ML, 375 MG/5ML48	CELLCEPT SUSR (mycophenolate mofetil) 78	chlorhexidine gluconate SOLN EX 4 %42
cefadroxil CAPS48	CELLCEPT TABS (mycophenolate mofetil) 78	chloroquine phosphate TABS 250 MG 36
cefadroxil SUSR 48	CELONTIN (methsuximide)20	chloroquine phosphate TABS 500 MG 36
cefadroxil TABS48	CENTANY AT KIT 54	chlorpheniramine maleate SYRP ..31
cefdinir CAPS49	CENTRUM MENOPAUSE MIND/MOOD TABS82	chlorpromazine hcl TABS 10 MG ..41
cefdinir SUSR49		chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG 41
cefixime CAPS49		chlorthalidone 25 MG, 50 MG 62
cefixime SUSR49		chlorzoxazone TABS 375 MG, 750 MG 83

chlorzoxazone TABS	83	CIPRO SUSR	63	clindamycin palmitate hydrochloride .	36
CHOICEFUL MULTIVITAMIN CAPS .		CIPRO TABS 250 MG, 500 MG		clindamycin phosphate (topical)	
80		(ciprofloxacin hcl)	63	FOAM	52
cholecalciferol CAPS 1.25 MG, 1250		ciprofloxacin hcl (ophth) SOLN	85	clindamycin phosphate (topical) GEL	
MCG, 50000 UNIT	99	ciprofloxacin hcl (otic)	88	52	
cholecalciferol CAPS 125 MCG, 5000		ciprofloxacin hcl TABS 250 MG, 500		clindamycin phosphate (topical)	
UNIT, 125 MCG	99	MG, 750 MG	63	LOTN	52
cholecalciferol LIQD PO 10 MCG/ML		ciprofloxacin-dexamethasone	88	clindamycin phosphate (topical)	
99		ciprofloxacin-fluocinolone acetoneide .		SOLN	52
cholestyramine light PACK	32	88		clindamycin phosphate (topical)	
cholestyramine light POWD	32	CITALOPRAM HYDROBROMIDE		SWAB	52
cholestyramine PACK	32	CAPS	21	clindamycin phosphate vaginal CREA	
cholestyramine POWD	32	citalopram hydrobromide SOLN ...	21		98
choline fenofibrate	32	citalopram hydrobromide TABS 10		clindamycin phosphate-benzoyl	
CHOSEN LANCING DEVICE MISC		MG	21	peroxide (refrigerate)	52
70		citalopram hydrobromide TABS 20		clindamycin phosphate-benzoyl	
CIBINQO	59	MG	21	peroxide GEL	52
ciclopirox GEL	54	citalopram hydrobromide TABS 40		clindamycin phosphate-tretinoin ..	52
ciclopirox KIT	54	MG	21	clobazam SUSP	17
ciclopirox olamine CREA	54	CLARINEX TABS (desloratadine) .	31	clobazam TABS	17
ciclopirox olamine SUSP	54	CLARINEX-D 12 HOUR TB12	51	clobetasol propionate CREA 0.025 %	
ciclopirox SHAM	54	clarithromycin SUSR 125 MG/5ML	69		57
ciclopirox SOLN	54	clarithromycin SUSR 250 MG/5ML	69	clobetasol propionate CREA 0.05 % .	
cilostazol	66	clarithromycin TABS	69	57	
CILOXAN OINT	85	clarithromycin TB24	69	clobetasol propionate emollient base	
CIMDUO	42	CLENPIQ SOLN 12 GM/175ML-3.5		0.05 %	57
cimetidine hcl PO 300 MG/5ML ...	94	GM/175ML-10 MG/175ML	68	clobetasol propionate emulsion ...	57
cimetidine TABS	94	CLEOCIN-T LOTN (clindamycin		clobetasol propionate FOAM	57
CIMZIA (2 SYRINGE) PSKT	64	phosphate (topical))	52	clobetasol propionate GEL 0.05 %	57
CIMZIA KIT	64	CLEVER CHOICE HOLDING		clobetasol propionate LIQD	57
CIMZIA-STARTER PSKT	64	CHAMBER DEVI	74	clobetasol propionate LOTN	57
CIPRO HC	88	CLINDAGEL GEL (clindamycin		clobetasol propionate OINT 0.05 %	
		phosphate (topical))	52	57	
		clindamycin hcl 150 MG, 300 MG .	36		

clobetasol propionate SHAM 57	coal tar extract SHAM 0.5 %61	COMPACT SPACE CHAMBER/SM MASK DEVI74
clobetasol propionate SOLN 0.05 % . 57	COARTEM 36	COMPLERA 200 MG-300 MG-25 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)42
CLOBEX SHAM (clobetasol propionate)57	COBENFY CAPS 40	CONCERTA TBCR 18 MG, 27 MG, 54 MG (methylphenidate hcl) 2
CLOBEX SPRAY LIQD (clobetasol propionate)57	COBENFY STARTER PACK CPPK 40	CONCERTA TBCR 36 MG (methylphenidate hcl) 2
clocortolone pivalate 57	codeine sulfate TABS 30 MG 7	CONDYLOX GEL (podofilox)60
clomipramine hcl 75 MG23	CODEINE SULFATE TABS7	CONZIP CP24 (tramadol hcl)7
clonazepam TABS 17	COLAZAL CAPS (balsalazide disodium)64	COPAXONE SOSY 20 MG/ML (glatiramer acetate)90
clonidine hcl (adhd) TB122	colchicine CAPS 66	COPAXONE SOSY 40 MG/ML (glatiramer acetate)90
clonidine hcl TABS34	colchicine TABS66	CORTEF TABS (hydrocortisone) ..50
clonidine PTWK34	colchicine w/ probenecid65	CORTISONE ACETATE TABS50
clonidine TB2434	COLCRYS TABS (colchicine)66	CORTISPORIN-TC88
clopidogrel bisulfate 300 MG 66	colesevelam hcl PACK32	COSENTYX (300 MG DOSE) SOSY . 55
clopidogrel bisulfate 75 MG66	colesevelam hcl TABS32	COSENTYX SENSOREADY (300 MG) SOAJ 55
clorazepate dipotassium TABS12	COLESTID GRAN (colestipol hcl) .32	COSENTYX SENSOREADY PEN SOAJ55
clotrimazole (topical) CREA54	COLESTID TABS (colestipol hcl) ..32	COSENTYX SOSY 55
clotrimazole (topical) SOLN54	colestipol hcl GRAN32	COSENTYX UNOREADY SOAJ .. 55
clotrimazole vaginal CREA 1 % ...98	colestipol hcl PACK32	COSOPT (dorzolamide hcl-timolol maleate)85
clotrimazole vaginal CREA 2 % ...98	colestipol hcl TABS 32	COSOPT PF (dorzolamide hcl-timolol maleate)85
clotrimazole w/ betamethasone CREA54	COMBIGAN (brimonidine tartrate-timolol maleate) 84	COTEMPLA XR-ODT TBED2
clotrimazole w/ betamethasone LOTN54	COMBIPATCH PTTW63	COZAAR (losartan potassium)33
clozapine TABS 100 MG40	COMBIVENT RESPIMAT AERS .. 15	CREON CPEP 15000 UNIT-9500 UNIT-3000 UNIT61
clozapine TABS 25 MG, 50 MG, 200 MG 40	COMIRNATY SUSP 96	
clozapine TBDP40	COMIRNATY SUSY 96	
CLOZARIL TABS 100 MG (clozapine) 40	COMPACT SPACE CHAMBER DEVI75	
CLOZARIL TABS 25 MG, 50 MG, 200 MG (clozapine)40	COMPACT SPACE CHAMBER/LG MASK DEVI74	
	COMPACT SPACE CHAMBER/MED MASK DEVI74	

CREON CPEP	61	CYLTEZO (2 PEN) AJKT	4	DECUBI-VITE CAPS	80
CRESEMBA CAPS	31	CYLTEZO (2 SYRINGE) PSKT	4	deferasirox PACK	29
CRESTOR TABS (rosuvastatin calcium)	33	CYLTEZO-CD/UC/HS STARTER AJKT	4	deferasirox TABS	29
cromolyn sodium (nasal) 5.2 MG/ACT	84	CYLTEZO-PSORIASIS/UV STARTER AJKT	4	deferasirox TBSO	29
cromolyn sodium (ophth)	87	CYMBALTA CPEP (duloxetine hcl) 23		deflazacort SUSP	50
cromolyn sodium NEBU	13	cyproheptadine hcl SYRP	32	deflazacort TABS	50
crotamiton LOTN	60	cyproheptadine hcl TABS	32	DEKAS PLUS CAPS	80
CULTURELLE PROBIOTIC MEN DAILY CAPS	80	dabigatran etexilate mesylate CAPS . 17		DEKAS PLUS OCEAN CAPS	80
CVS ADULT 50+ EYE HEALTH CAPS	80	DAILY MULTIPLE VITAMINS TABS . 82		DELSTRIGO	42
CVS EYE HEALTH ADULT 50+ CAPS	80	dalfampridine	90	demeclocycline hcl TABS	93
CVS IMMUNE SUPPORT CAPS ..	80	DALIRESP (roflumilast)	14	DENAVIR (penciclovir)	56
CVS LANCING DEVICE MISC	70	DANTRIUM CAPS 25 MG (dantrolene sodium)	83	DEPAKOTE ER TB24 250 MG (divalproex sodium)	20
CVS VISION HEALTH CAPS	80	dantrolene sodium CAPS	83	DEPAKOTE ER TB24 500 MG (divalproex sodium)	20
cyanocobalamin SOLN IJ 1000 MCG/ML	66	dapagliflozin propanediol 10 MG ..	29	DEPAKOTE SPRINKLES CSDR (divalproex sodium)	20
cyclobenzaprine hcl CP24	83	dapagliflozin propanediol 5 MG	29	DEPAKOTE TBEC 125 MG (divalproex sodium)	20
cyclobenzaprine hcl TABS 5 MG, 10 MG	83	dapagliflozin propanediol-metformin hcl	24	DEPAKOTE TBEC 250 MG (divalproex sodium)	20
cyclobenzaprine hcl TABS 7.5 MG	83	dapsone (topical)	52	DEPAKOTE TBEC 500 MG (divalproex sodium)	20
CYCLOGYL 0.5 %	85	dapsone	36	DEPLIN MA CAPS	80
CYCLOGYL 2 %	85	darifenacin hydrobromide	95	DEPO-SUBQ PROVERA 104 SUSY SC	49
cyclopentolate hcl 1 %	85	darunavir TABS 600 MG	42	DERMACINRX DAVIMET CHEW ..	82
cyclosporine (ophth) EMUL	86	darunavir TABS 800 MG	42	DERMACINRX MULTIVITAMIN CHEW	82
cyclosporine CAPS	79	DAVIMET-M CHEW	82	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)	57
cyclosporine modified (for microemulsion) CAPS	79	DAYPRO TABS (oxaprozin)	5	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	57
cyclosporine modified (for microemulsion) SOLN	79	DAYTRANA PTCH (methylphenidate)	2		
		DAYVIGO	68		

DESCOVY 120 MG-15 MG42	DEXAMETHASONE INTENSOL CONC50	dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG 1
DESCOVY 200 MG-25 MG42	dexamethasone sodium phosphate (ophth)86	dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG23	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML50	dextroamphetamine sulfate TABS 5 MG, 10 MG1
desipramine hcl TABS 25 MG23	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..50	dextromethorphan polistirex SUER 51
desloratadine TABS31	dexamethasone sodium phosphate SOSY IJ 4 MG/ML 50	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML51
desloratadine TBDP31	dexamethasone SOLN50	dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML 51
desmopressin acetate spray63	dexamethasone TABS50	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML51
desmopressin acetate spray refrigerated 0.01 %63	dexamethasone TBPk50	dextromethorphan-guaifenesin TB12 600 MG-30 MG 51
desmopressin acetate TABS 63	DEXATLAN CAPS80	dextromethorphan-phenylephrine-acetaminophen CAPS 51
desogestrel & ethinyl estradiol49	dexchlorpheniramine maleate SOLN . 31	DHIVY TABS38
desogestrel-ethinyl estradiol (biphasic)49	DEXCOM G6 RECEIVER70	DIACOMIT CAPS 250 MG18
desogestrel-ethinyl estradiol (triphasic)49	DEXCOM G6 SENSOR70	DIACOMIT CAPS 500 MG18
desonide CREA57	DEXCOM G6 TRANSMITTER70	DIACOMIT PACK 250 MG18
desonide LOTN57	DEXCOM G7 RECEIVER70	DIACOMIT PACK 500 MG18
desonide OINT57	DEXCOM G7 SENSOR70	DIATHRIVE LANCING DEVICE MISC 70
desoximetasone CREA57	DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate)1	diazepam (anticonvulsant) GEL ... 17
desoximetasone GEL57	DEXILANT (dexlansoprazole)94	diazepam SOLN PO 5 MG/5ML ... 12
desvenlafaxine ER23	dexlansoprazole94	diazepam TABS12
desvenlafaxine succinate 100 MG .23	dexmethylphenidate hcl CP242	diazoxide 25
desvenlafaxine succinate 25 MG, 50 MG 23	dexmethylphenidate hcl TABS2	
DETROL LA CP24 (tolterodine tartrate)95	dextroamphetamine sulfate CP24 10 MG, 15 MG1	
DETROL TABS (tolterodine tartrate) . 95	dextroamphetamine sulfate CP24 5 MG1	
dexamethasone ELIX50	dextroamphetamine sulfate SOLN ..1	

dibucaine60	47	dimethyl fumarate CPDR91
DICLEGIS TBEC (doxylamine- pyridoxine)30	DILANTIN (phenytoin sodium extended)20	DIOVAN HCT (valsartan- hydrochlorothiazide)34
diclofenac epolamine PTCH EX ...55	DILANTIN20	DIOVAN TABS (valsartan)33
diclofenac potassium CAPS5	DILANTIN INFATABS CHEW (phenytoin)20	DIPENTUM64
diclofenac potassium TABS5	DILANTIN-125 SUSP (phenytoin) .20	diphenhydramine hcl (sleep) TABS 25 MG67
diclofenac sodium (ophth)87	DILAUDID LIQD (hydromorphone hcl)7	diphenhydramine hcl CAPS31
diclofenac sodium (topical) GEL EX 55	DILAUDID TABS 2 MG (hydromorphone hcl)8	diphenhydramine hcl ELIX 12.5 MG/5ML31
diclofenac sodium (topical) SOLN EX55	DILAUDID TABS 4 MG (hydromorphone hcl)7	diphenhydramine hcl TABS 25 MG 31
diclofenac sodium TB245	DILAUDID TABS 8 MG (hydromorphone hcl)7	diphenoxylate w/ atropine LIQD ...29
diclofenac sodium TBEC5		diphenoxylate w/ atropine TABS ..29
diclofenac w/ misoprostol TBEC5		DIPROLENE OINT (betamethasone dipropionate augmented)58
dicloxacillin sodium89	diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG46	dipyridamole66
dicyclomine hcl CAPS93	diltiazem hcl coated beads CP24 240 MG46	disopyramide phosphate CAPS ...12
dicyclomine hcl SOLN PO93	diltiazem hcl coated beads CP24 360 MG46	disulfiram 250 MG89
dicyclomine hcl TABS93	diltiazem hcl CP1246	divalproex sodium CSDR20
DIFFERIN CREA (adapalene)52	diltiazem hcl CP24 120 MG, 180 MG 47	divalproex sodium TB24 250 MG ..20
DIFFERIN GEL (adapalene)52	diltiazem hcl CP24 240 MG47	divalproex sodium TB24 500 MG ..20
DIFFERIN LOTN52	diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG46	divalproex sodium TBEC 125 MG .20
DIFICID SUSR69	diltiazem hcl extended release beads 240 MG46	divalproex sodium TBEC 250 MG .20
DIFICID TABS 200 MG (fidaxomicin) 69	diltiazem hcl TABS47	divalproex sodium TBEC 500 MG .20
diflorasone diacetate CREA57		docusate sodium CAPS 100 MG, 250 MG69
diflorasone diacetate OINT57		docusate sodium CAPS 50 MG ...69
DIFLUCAN SUSR 40 MG/ML (fluconazole)31		docusate sodium LIQD 50 MG/5ML, 100 MG/10ML69
diflunisal TABS7		DOCUSATE SODIUM SYRP69
difluprednate86		docusate sodium TABS69
digoxin SOLN PO 0.05 MG/ML47		
digoxin TABS 125 MCG, 250 MCG	dimethyl fumarate CDPK91	

dofetilide	13	drospirenone-ethinyl estradiol 0.02 MG-3 MG	49	EASIVENT MISC	75
donepezil hydrochloride TABS 23 MG	89	drospirenone-ethinyl estradiol 0.03 MG-3 MG	49	EASY MINI EJECT LANCING DEVICE MISC	71
donepezil hydrochloride TABS 5 MG, 10 MG	89	DROXIA CAPS	66	EASY MINI LANCING DEVICE MISC	71
donepezil hydrochloride TBDP	90	DRUG MART LANCING DEVICE MISC	70	EASY TOUCH LANCING DEVICE MISC	71
DORAL (quazepam)	67	DUAKLIR PRESSAIR	15	EBGLYSS SOAJ	59
DORYX MPC TBEC 60 MG	93	DUETACT (pioglitazone hcl- glimepiride)	24	EBGLYSS SOSY	59
DORYX TBEC 200 MG (doxycycline hyclate)	93	DULERA	15	econazole nitrate CREA	54
dorzolamide hcl	87	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	15	ED BRON GP LIQD	51
dorzolamide hcl-timolol maleate ..	85	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	23	EDARBI	34
DOVATO	42	duloxetine hcl CPEP 40 MG	23	EDARBYCLOR	34
doxazosin mesylate	34	DUOBRII	58	EDLUAR SUBL	67
doxepin hcl (sleep)	67	DUPIXENT SOAJ	59	EDURANT	42
doxepin hcl CAPS	23	DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	59	EDURANT PED PO 2.5 MG	42
doxepin hcl CONC	23	DUREZOL (difluprednate)	86	efavirenz CAPS 200 MG	42
doxycycline (monohydrate) CAPS .93		dutasteride	65	efavirenz CAPS 50 MG	42
doxycycline (monohydrate) SUSR .93		dutasteride-tamsulosin hcl	65	efavirenz TABS	42
doxycycline (monohydrate) TABS .93		DYANAVEL XR SUER	1	efavirenz-emtricitabine-tenofovir disoproxil fumarate	42
doxycycline (rosacea)	60	DYANAVEL XR TBCR	1	efavirenz-lamivudine-tenofovir disoproxil fumarate	42
doxycycline hyclate CAPS	93	DYMISTA SUSP (azelastine hcl- fluticasone propionate)	84	EFFEXOR XR CP24 150 MG (venlafaxine hcl)	23
doxycycline hyclate TABS	93	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	69	EFFEXOR XR CP24 37.5 MG (venlafaxine hcl)	23
doxycycline hyclate TBEC	93	EASIVENT MASK LARGE MISC ..	75	EFFEXOR XR CP24 75 MG (venlafaxine hcl)	23
doxylamine succinate (sleep)	67	EASIVENT MASK MEDIUM MISC	75	EFFIENT (prasugrel hcl)	66
doxylamine-pyridoxine TBEC	30	EASIVENT MASK SMALL MISC ..	75	ELEPSIA XR TB24	18
DRIZALMA SPRINKLE CSDR	23			eletriptan hydrobromide	76
dronabinol CAPS	30			ELIDEL (pimecrolimus)	59
DROPLET GENTEEL LANCING DEVICE MISC	70				
DROPLET LANCING DEVICE MISC .	70				

ELIMITE CREA (permethrin)	60	200 MG, 167 MG-250 MG	42	MG/0.8ML, 120 MG/0.8ML	16
ELIQUIS DVT/PE STARTER PACK TBPk	16	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	42	ENSPRYNG	79
ELIQUIS TABS	16	EMTRIVA CAPS (emtricitabine)	42	ENSTILAR FOAM	58
ELLA	49	EMTRIVA SOLN	42	entecavir TABS	44
EMBECTA AUTOSHIELD DUO	73	EMVERM CHEW	12	ENTRESTO CPSP	47
EMBECTA INS SYR U/F 1/2 UNIT 73		enalapril maleate & hydrochlorothiazide	34	ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (sacubitril-valsartan)	47
EMBECTA INSULIN SYR ULTRAFINE	73	enalapril maleate SOLN	33	ENTYVIO PEN SOAJ	64
EMBECTA PEN NEEDLE NANO	73	enalapril maleate TABS	33	ENVARBUS XR TB24	79
EMBECTA PEN NEEDLE NANO 2 GEN	73	ENBREL MINI SOCT	6	EOHILIA SUSP	50
EMBECTA PEN NEEDLE ULTRAFINE	73	ENBREL SOLN	7	EPANED SOLN (enalapril maleate) 33	
EMBRACE LANCING DEVICE/EJECTOR MISC	71	ENBREL SOSY 25 MG/0.5ML	7	EPCLUSA PACK	44
EMEND BIPACK CAPS 80 MG (aprepitant)	30	ENBREL SOSY 50 MG/ML	7	EPCLUSA TABS 100 MG-400 MG	44
EMEND SUSR	30	ENBREL SURECLICK SOAJ	6	EPCLUSA TABS 50 MG-200 MG	44
EMEND TRIPACK CAPS (aprepitant)	30	ENDARI (glutamine (sickle cell))	66	EPIDIOLEX	18
EMFLAZA SUSP (deflazacort)	50	ENFAMIL ENFALYTE SOLN	78	EPIDUO FORTE GEL (adapalene- benzoyl peroxide)	53
EMFLAZA TABS (deflazacort)	50	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	83	EPIFOAM FOAM	58
EMGALITY (300 MG DOSE) SOSY 76		ENERGIX-B SUSP 20 MCG/ML	96	epinastine hcl (ophth)	87
EMGALITY SOAJ	76	ENERGIX-B SUSY	97	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	99
EMGALITY SOSY	76	ENHERTU	37	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	99
EMSAM	21	enoxaparin sodium SOLN IJ 300 MG/3ML	16	epinephrine (anaphylaxis) SOAJ	99
emtricitabine CAPS	42	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	16	EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	99
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	42	enoxaparin sodium SOSY 30 MG/0.3ML	16	EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	99
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG	42	enoxaparin sodium SOSY 40 MG/0.4ML	16	EPIVIR SOLN (lamivudine)	42
		enoxaparin sodium SOSY 60 MG/0.6ML	16	EPIVIR TABS 150 MG (lamivudine) 42	
		enoxaparin sodium SOSY 80			

EPIVIR TABS 300 MG (lamivudine) 42	erythromycin base TABS 69	estradiol PTWK 63
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML 67	erythromycin base TBEC 69	estradiol TABS 63
EPRONTIA SOLN 25 MG/ML (topiramate) 18	erythromycin ethylsuccinate SUSR 69	estradiol vaginal CREA 98
EPSOLAY CREA 53	erythromycin ethylsuccinate TABS 69	estradiol vaginal TABS 98
EQ SPACE CHAMBER ANTI- STATIC DEVI 75	erythromycin stearate TABS 250 MG 69	ESTROFACTORS TABS 82
EQ SPACE CHAMBER ANTI- STATIC L DEVI 75	ERZOFRI 117 MG/0.75ML 39	eszopiclone 67
EQ SPACE CHAMBER ANTI- STATIC M DEVI 75	ERZOFRI 156 MG/ML 39	ethambutol hcl TABS 37
EQ SPACE CHAMBER ANTI- STATIC S DEVI 75	ERZOFRI 234 MG/1.5ML 38	ethosuximide CAPS 20
EQUETRO 38	ERZOFRI 351 MG/2.25ML 38	ethosuximide SOLN 20
ergocalciferol CAPS 99	ERZOFRI 39 MG/0.25ML 39	ethynodiol diacet & eth estrad 35 MCG-1 MG 49
ergocalciferol SOLN PO 200 MCG/ML 99	ERZOFRI 78 MG/0.5ML 39	ethynodiol diacet & eth estrad 50 MCG-1 MG 49
ERTACZO 54	escitalopram oxalate SOLN 21	etodolac CAPS 5
ERVEBO 97	escitalopram oxalate TABS 10 MG 22	etodolac TABS 5
ERYGEL GEL (erythromycin (acne aid)) 53	escitalopram oxalate TABS 20 MG 22	etodolac TB24 5
ERYPED 200 SUSR (erythromycin ethylsuccinate) 69	escitalopram oxalate TABS 5 MG . 22	etonogestrel-ethinyl estradiol 49
ERYPED 400 SUSR (erythromycin ethylsuccinate) 69	eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG 18	etravirine 100 MG 42
erythromycin (acne aid) GEL 53	esomeprazole magnesium CPDR 20 MG 94	etravirine 200 MG 42
erythromycin (acne aid) PADS 53	esomeprazole magnesium CPDR 40 MG 94	EUCRISA 60
erythromycin (acne aid) SOLN 53	esomeprazole magnesium PACK . 94	EULEXIN 37
erythromycin (ophth) 85	estazolam 67	EVEKEO TABS (amphetamine sulfate) 1
ERYTHROMYCIN 85	estradiol & norethindrone acetate TABS 63	everolimus (immunosuppressant) .79
erythromycin base CPEP 69	estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR 63	EVISTA (raloxifene hcl) 62
	estradiol PTTW 0.0375 MG/24HR .63	EVOTAZ 42
		EXELON 13.3 MG/24HR (rivastigmine) 90
		EXELON 4.6 MG/24HR, 9.5 MG/24HR (rivastigmine) 90
		exemestane 37
		exenatide SOPN 10 MCG/0.04ML .25

exenatide SOPN 5 MCG/0.02ML ..25	MG32	fesoterodine fumarate95
EXFORGE (amlodipine besylate-valsartan)34	fenofibrate micronized 43 MG, 90 MG, 130 MG32	FETZIMA CP2423
EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)34	fenofibrate micronized 67 MG32	FETZIMA TITRATION C4PK23
EXTENCILLINE SUSR89	fenofibrate TABS 160 MG32	FEVERALL JUNIOR STRENGTH SUPP7
EYE HEALTH AREDS 2 CAPS80	fenofibrate TABS 40 MG, 120 MG .32	fexofenadine hcl TABS 180 MG ...31
EYE HEALTH CAPS80	fenofibrate TABS 48 MG, 145 MG .32	fexofenadine hcl TABS 60 MG31
EYLEA SOSY85	fenofibrate TABS 54 MG32	FIASP FLEXTOUCH SOPN26
EYSUVIS SUSP86	fenofibric acid32	FIASP PENFILL SOCT26
EZALLOR SPRINKLE CPSP33	FENOGLIDE TABS (fenofibrate) ..32	FIASP SOLN26
ezetimibe33	fenoprofen calcium CAPS 400 MG .6	FIBRICOR (fenofibric acid)32
ezetimibe-simvastatin32	fenoprofen calcium TABS6	fidaxomicin TABS 200 MG69
FABIOR FOAM53	FENOPRON CAPS6	FINACEA FOAM60
famciclovir45	FENSOLVI (6 MONTH) SC63	finasteride65
famotidine SUSR94	fentanyl citrate LPOP8	finbolimod hcl91
famotidine TABS 10 MG94	fentanyl citrate TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG8	FINTEPLA18
famotidine TABS 20 MG, 40 MG ..94	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR8	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine) .9
FANAPT39	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR8	FIRVANQ SOLR PO (vancomycin hcl)36
FANAPT TITRATION PACK A39	FENTORA TABS (fentanyl citrate) ..8	FLAREX86
FARXIGA (dapagliflozin propanediol)29	ferrous fumarate TABS67	flavoxate hcl95
FASENRA PEN SOAJ13	FERROUS GLUCONATE TABS 324 MG67	flecainide acetate13
FASENRA SOSY13	ferrous sulfate SOLN 15 MG/ML, 15 MG/ML67	FLEQSUVY SUSP (baclofen)83
febuxostat66	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML67	FLEXICHAMBER ADULT MASK/SMALL75
felbamate SUSP19	ferrous sulfate TABS 325 MG, 65 MG, 325 MG67	FLEXICHAMBER CHILD MASK/LARGE75
felbamate TABS19	ferrous sulfate TBEC67	FLEXICHAMBER CHILD MASK/SMALL75
FELBATOL TABS (felbamate)19		FLEXICHAMBER DEVI75
felodipine47		
fenofibrate CAPS32		
fenofibrate micronized 134 MG, 200		

FLOLIPID SUSP	33	FLUOROURACIL CREA 0.5 %	55	fluticasone propionate OINT	58
FLUAD	97	fluoxetine hcl (pmdd) TABS	91	fluticasone-salmeterol AEPB 100	
FLUARIX SUSY	97	fluoxetine hcl CAPS 10 MG, 20 MG		MCG/ACT-50 MCG/ACT, 250	
FLUBLOK SOSY	97	22		MCG/ACT-50 MCG/ACT, 500	
FLUCELVAX SUSP	97	fluoxetine hcl CAPS 40 MG	22	MCG/ACT-50 MCG/ACT	15
FLUCELVAX SUSY	97	fluoxetine hcl CPDR	22	fluticasone-salmeterol AEPB 113	
fluconazole SUSR	31	fluoxetine hcl SOLN	22	MCG/ACT-14 MCG/ACT, 232	
fluconazole TABS 100 MG, 200 MG .		FLUOXETINE HCL TABS (fluoxetine		MCG/ACT-14 MCG/ACT, 55	
31		hcl)	22	MCG/ACT-14 MCG/ACT	15
fluconazole TABS 150 MG	31	fluoxetine hcl TABS 10 MG	22	fluticasone-salmeterol AERO	15
fluconazole TABS 50 MG	31	fluoxetine hcl TABS 20 MG	22	fluvastatin sodium CAPS	33
fludrocortisone acetate TABS	50	fluoxetine hcl TABS 60 MG	22	fluvastatin sodium TB24	33
FLULAVAL SUSY	97	fluphenazine decanoate	41	fluvoxamine maleate CP24	22
FLUMIST	97	fluphenazine hcl TABS	41	fluvoxamine maleate TABS 100 MG .	
flunisolide (nasal)	84	flurandrenolide LOTN	58	22	
fluocinolone acetonide (otic)	88	flurazepam hcl	67	fluvoxamine maleate TABS 25 MG,	
fluocinolone acetonide CREA	58	flurbiprofen sodium	87	50 MG	22
fluocinolone acetonide OIL	58	flurbiprofen TABS 100 MG	6	FLUZONE HIGH-DOSE SUSY	97
fluocinolone acetonide OINT	58	fluticasone furoate (inhalation) 50		FLUZONE SUSP	97
fluocinolone acetonide SOLN	58	MCG/ACT, 100 MCG/ACT, 200		FLUZONE SUSY	97
fluocinonide CREA 0.05 %	58	MCG/ACT	14	FML FORTE SUSP	86
fluocinonide CREA 0.1 %	58	fluticasone furoate-vilanterol	15	FML LIQUIFILM SUSP	
fluocinonide emulsified base	58	fluticasone propionate (inhalation)		(fluorometholone (ophth))	86
fluocinonide GEL	58	AEPB	14	FOCALIN TABS	
fluocinonide OINT	58	fluticasone propionate (nasal) SUSP .		(dexmethylphenidate hcl)	2
fluocinonide SOLN	58	84		FOCALIN XR CP24	
fluorometholone (ophth) SUSP	86	fluticasone propionate CREA 0.05 %		(dexmethylphenidate hcl)	2
fluorouracil (topical) CREA 0.5 % ..	55	58		FOLAGENT DHA CAPS	80
fluorouracil (topical) CREA 5 %	55	fluticasone propionate hfa 110		FOLAMED DHA CAPS	80
fluorouracil (topical) SOLN	55	MCG/ACT, 220 MCG/ACT	14	FOLAWISE TABS	82
		fluticasone propionate hfa 44		FOLCYTEINE TABS	82
		MCG/ACT	14	folic acid TABS 1 MG	66
		fluticasone propionate LOTN	58	folic acid TABS 400 MCG	66
				fondaparinux sodium	16

FORA LANCING DEVICE MISC ...71	FT EYE HEALTH CAPS80	GEMTESA95
FORFIVO XL TB24 (bupropion hcl) 21	furosemide SOLN PO 8 MG/ML, 10 MG/ML61	GENADEK STEP 1 CAPS80
formoterol fumarate NEBU15	furosemide TABS61	GENADEK STEP 2 CAPS80
FORTEO SOPN (teriparatide)62	FUZEON SOLR42	GENICIN VITA-Q TABS82
FOSAMAX PLUS D62	FYCOMPA SUSP17	GENOTROPIN CART SC62
FOSAMAX TABS 70 MG (alendronate sodium)62	FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (perampanel)17	GENOTROPIN MINQUICK PRSY 62
fosamprenavir calcium TABS42		gentamicin sulfate (ophth) SOLN ..85
fosinopril sodium & hydrochlorothiazide35	gabapentin (once-daily) TABS91	gentamicin sulfate (topical) CREA .54
fosinopril sodium33	gabapentin CAPS18	gentamicin sulfate (topical) OINT ..54
FOSRENOL CHEW (lanthanum carbonate)65	gabapentin SOLN18	GENTEEL PLUS LANCING (BLACK) MISC71
FOSRENOL PACK65	gabapentin TABS 600 MG18	GENTEEL PLUS LANCING (PURPLE) MISC71
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML16	gabapentin TABS 800 MG18	GENTEEL PLUS LANCING (WHITE) MISC71
FRAGMIN SOSY16	GABARONE TABS 100 MG, 400 MG18	GENTEEL PLUS LANCING DEV(BLUE) MISC71
FREESTYLE LIBRE 14 DAY READER71	GALAFOLD63	GENTEEL PLUS LANCING DEV(PINK) MISC71
FREESTYLE LIBRE 14 DAY SENSOR71	galantamine hydrobromide CP24 ..90	GENVOYA43
FREESTYLE LIBRE 2 PLUS SENSOR71	galantamine hydrobromide SOLN .90	GEODON (ziprasidone hcl)38
FREESTYLE LIBRE 2 READER ..71	galantamine hydrobromide TABS .90	GILENYA (fingolimod hcl)91
FREESTYLE LIBRE 2 SENSOR ..71	GAMMAGARD88	GILENYA 0.25 MG91
FREESTYLE LIBRE 3 PLUS SENSOR71	GAMMAGARD S/D LESS IGA SOLR88	GIMOTI SOLN NA64
FREESTYLE LIBRE 3 READER ..71	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML88	GIVLAARI66
FREESTYLE LIBRE 3 SENSOR ..71	GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML88	glatiramer acetate SOSY 20 MG/ML . 91
FROVA (frovatriptan succinate) ...76	GARDASIL 9 SUSP 0.5 ML97	glatiramer acetate SOSY 40 MG/ML . 91
frovatriptan succinate76	GARDASIL 9 SUSY 0.5 ML97	glimepiride 1 MG, 2 MG29
FT ELECTROLYTE SOLN78	gatifloxacin (ophth)85	glimepiride 3 MG29
	gemfibrozil TABS32	glimepiride 4 MG29

glipizide TABS	29	daily))	91	HALOG OINT	58
glipizide TB24	29	GRALISE TABS	91	haloperidol decanoate	40
glipizide-metformin hcl	24	granisetron hcl TABS	30	haloperidol lactate CONC	40
GLOBAL LANCING DEVICE MISC 71		GRASTEK SUBL	3	haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG	40
GLOPERBA SOLN PO	66	griseofulvin microsize SUSP	31	haloperidol TABS 20 MG	40
glucagon (rdna)	25	griseofulvin microsize TABS	31	HARVONI PACK	44
GLUCAGON EMERGENCY	25	griseofulvin ultramicrosize	31	HARVONI TABS	44
GLUCOTROL XL TB24 5 MG, 10 MG (glipizide)	29	guaifenesin TB12 1200 MG	51	HAVRIX 1440 EL U/ML	97
GLUMETZA TB24 (metformin hcl)	24	guaifenesin TB12 600 MG	52	HAVRIX IM 720 EL U/0.5ML	97
glutamine (sickle cell)	66	guaifenesin-codeine SOLN	51	HEALTHY EYES SUPERVISION 2 CAPS	81
glyburide micronized 1.5 MG, 3 MG, 6 MG	29	guaifenesin-codeine SYRP	51	H-E-B INCONTROL ADV LANCING MISC	71
glyburide TABS	29	guanfacine hcl (adhd)	2	HEMADY TABS	50
glyburide-metformin	24	guanfacine hcl	34	HEMANGEOL SOLN PO	46
glycerin (laxative) SUPP 2 GM	68	GVOKE HYPOPEN 1-PACK SOAJ 25		heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	16
glycopyrrolate TABS 1 MG, 2 MG .	93	GVOKE HYPOPEN 2-PACK SOAJ 25		HEPARIN SODIUM (PORCINE) SOSY IJ	16
GLYXAMBI	24	GVOKE KIT SOLN	25	HEPLISAV-B SOSY	97
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	78	GVOKE PFS SOSY 1 MG/0.2ML .	25	HETLIOZ CAPS (tasimelteon)	68
GNP LANCING SYSTEM DEVICE MISC	71	GYNAZOLE-1	98	HETLIOZ LQ SUSP	68
GOJJI LANCING DEVICE/CLEAR CAP MISC	71	HADLIMA PUSHTOUCH SOAJ	4	HIBERIX SOLR IJ	95
GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ...	68	HADLIMA SOSY	4	HIGH POTENCY MULTIVITAMIN TABS	82
GOODSENSE ELECTROLYTE ADV CARE SOLN	78	HAEGARDA SOLR SC	66	HORIZANT	91
GRALISE TABS (gabapentin (once-		HAIR/SKIN/NAILS CAPS	81	HULIO (2 PEN) AJKT	4
		halcinonide CREA	58	HULIO (2 SYRINGE) PSKT	4
		halcinonide SOLN 0.1 %	58	HUMALOG JUNIOR KWIKPEN SOPN	26
		HALCION 0.25 MG (triazolam)	67		
		halobetasol propionate CREA	58		
		halobetasol propionate FOAM	58		
		halobetasol propionate OINT	58		
		HALOG CREA (halcinonide)	58		

HUMALOG KWIKPEN SOPN 100 UNIT/ML26	HUMULIN R U-500 (CONCENTRATED) SOLN SC27	hydrocortisone (rectal) EX 2.5 % .. 11
HUMALOG KWIKPEN SOPN 200 UNIT/ML26	HUMULIN R U-500 KWIKPEN SOPN SC27	hydrocortisone (topical) CREA 0.5 % 58
HUMALOG MIX 50/50 KWIKPEN SUPN26	hydralazine hcl TABS35	hydrocortisone (topical) CREA 1 % 58
HUMALOG MIX 75/25 KWIKPEN SUPN26	HYDRALYTE FREEZER POPS SOLN78	hydrocortisone (topical) CREA 2.5 % 58
HUMALOG MIX 75/25 SUSP26	HYDRALYTE SOLN78	hydrocortisone (topical) LOTN 2.5 % . 58
HUMALOG SOCT26	hydrochlorothiazide CAPS62	hydrocortisone (topical) OINT 1 % .58
HUMALOG SOLN IJ26	hydrochlorothiazide TABS 25 MG, 50 MG62	hydrocortisone (topical) OINT 2.5 % . 58
HUMALOG TEMPO PEN SOPN .. 26	hydrocodone bitartrate CP128	hydrocortisone (topical) SOLN 2.5 % 58
HUMATROPE CART IJ62	hydrocodone bitartrate T24A8	hydrocortisone butyrate CREA 58
HUMIRA (2 PEN) AJKT 40 MG/0.4ML4	hydrocodone bitartrate-homatropine methylbromide SOLN51	hydrocortisone butyrate LOTN58
HUMIRA (2 PEN) AJKT 40 MG/0.8ML4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML9	hydrocortisone butyrate OINT 58
HUMIRA (2 PEN) AJKT 80 MG/0.8ML4	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML9	hydrocortisone butyrate SOLN58
HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML4	hydrocodone-acetaminophen SOLN . 9	hydrocortisone TABS50
HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML5	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG10	hydrocortisone valerate CREA58
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML4	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG10	hydrocortisone valerate OINT 58
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML5	hydrocodone-acetaminophen TABS 325 MG-2.5 MG10	hydrocortisone w/acetic acid88
HUMIRA-PSORIASIS/UVEIT STARTER AJKT5	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG . 10	hydromorphone hcl LIQD8
HUMULIN 70/30 KWIKPEN SUPN 26	hydrocortisone (intrarectal)11	HYDROMORPHONE HCL SUPP ..8
HUMULIN 70/30 SUSP26	hydrocortisone (rectal) EX 1 % 11	hydromorphone hcl TABS 2 MG8
HUMULIN N KWIKPEN SUPN 26		hydromorphone hcl TABS 4 MG8
HUMULIN N SUSP27		hydromorphone hcl TABS 8 MG8
HUMULIN R SOLN IJ27		hydromorphone hcl TB248
		hydroxychloroquine sulfate 100 MG, 200 MG36
		HYDROXYM GEL58
		hydroxyurea37

HYDROXYUREA	49	ibuprofen CHEW	6	succinate)	76
hydroxyzine hcl SYRP	12	ibuprofen SUSP 100 MG/5ML, 200 MG/10ML	6	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate)	76
hydroxyzine hcl TABS	12	ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML	6	IMITREX TABS (sumatriptan succinate)	77
hydroxyzine pamoate CAPS	12	ibuprofen TABS 200 MG	6	IMMUNE ESSENTIALS DAILY CAPS	81
HYFTOR	59	ibuprofen TABS 300 MG	6	IMOVAX RABIES SUSR	97
hyoscyamine sulfate ELIX	93	ibuprofen TABS 400 MG, 600 MG, 800 MG	6	IMULDOSA SOSY SC 90 MG/ML .	55
hyoscyamine sulfate SOLN PO 0.125 MG/ML	94	ibuprofen-famotidine	6	IMURAN TABS (azathioprine)	79
hyoscyamine sulfate SUBL 0.125 MG	94	icatibant acetate SOSY	66	IN TOUCH LANCING DEVICE MISC 71	
hyoscyamine sulfate TABS 0.125 MG	94	ICLUSIG	37	INCRELEX	63
hyoscyamine sulfate TB12 0.375 MG 94		icosapent ethyl	32	INCRUSE ELLIPTA	13
HYPERRHO S/D SOSY IM 1500 UNIT	88	IDACIO (2 PEN) AJKT	5	indapamide TABS 1.25 MG, 2.5 MG .	62
HYRIMOZ SOAJ	5	IDACIO (2 SYRINGE) PSKT	5	INDERAL LA CP24 (propranolol hcl) .	46
HYRIMOZ SOSY	5	IDACIO-CROHNS/UC STARTER AJKT	5	INDERAL XL	46
HYRIMOZ-CROHNS/UC STARTER SOAJ	5	IDACIO-PSORIASIS STARTER AJKT	5	indomethacin CAPS 25 MG, 50 MG 6	
HYRIMOZ-PED<40KG CROHN STARTER SOSY	5	IGALMI FILM	67	indomethacin CPCR	6
HYRIMOZ-PED>=40KG CROHN START SOSY	5	IHEALTH LANCING DEVICE MISC 71		indomethacin SUPP	6
HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	5	ILEVRO	87	indomethacin SUSP	6
HYSINGLA ER T24A	8	imipramine hcl TABS	23	INFLECTRA SOLR	64
HYZAAR (losartan potassium & hydrochlorothiazide)	35	imiquimod 3.75 %	59	INGREZZA CAPS	90
ibandronate sodium TABS	62	imiquimod 5 %	59	INGREZZA CPPK	90
IBRANCE CAPS	37	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (sumatriptan succinate) .	76	INGREZZA CPSP	90
IBRANCE TABS	37	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (sumatriptan succinate) .	76	INNOPRAN XL	46
IBSRELA	65	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (sumatriptan		INPEFA	47

INSPIREASE RESERVOIR BAGS 75	INVEGA 3 MG, 6 MG, 9 MG (paliperidone) 39	ISENTRESS CHEW 25 MG 43
INSULIN ASP PROT & ASP FLEXPEN SUPN 27	INVEGA HAFYERA 39	ISENTRESS HD TABS 43
INSULIN ASPART FLEXPEN SOPN . 27	INVEGA SUSTENNA 117 MG/0.75ML 39	ISENTRESS PACK 43
INSULIN ASPART PENFILL SOCT 27	INVEGA SUSTENNA 156 MG/ML .39	ISENTRESS TABS 43
INSULIN ASPART PROT & ASPART SUSP 27	INVEGA SUSTENNA 234 MG/1.5ML 39	isoniazid SYRP 37
INSULIN ASPART SOLN IJ 27	INVEGA SUSTENNA 39 MG/0.25ML 39	isoniazid TABS 37
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML 27	INVEGA SUSTENNA 78 MG/0.5ML 39	ISOPTO ATROPINE SOLN 85
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML 27	INVEGA TRINZA 273 MG/0.88ML .39	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG 12
INSULIN DEGLUDEC SOLN 27	INVEGA TRINZA 410 MG/1.32ML .39	isosorbide mononitrate TABS 12
INSULIN GLARGINE MAX SOLOSTAR SOPN 27	INVEGA TRINZA 546 MG/1.75ML .39	ISOSORBIDE MONONITRATE TABs 12
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML 27	INVEGA TRINZA 819 MG/2.63ML .39	isosorbide mononitrate TB24 12
INSULIN GLARGINE-YFGN SOLN 27	INVELTYS SUSP 86	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG 53
INSULIN GLARGINE-YFGN SOPN 27	INVOKAMET TABS 24	isradipine CAPS 47
INSULIN LISPRO (1 UNIT DIAL) SOPN 27	INVOKAMET XR TB24 24	ISTALOL SOLN (timolol maleate (ophth)) 85
INSULIN LISPRO JUNIOR KWIKPEN SOPN 27	INVOKANA 29	itraconazole CAPS 31
INSULIN LISPRO PROT & LISPRO SUPN 27	IOPIDINE 85	itraconazole SOLN 31
INSULIN LISPRO SOLN IJ 27	IPOL 97	ivermectin (rosacea) 60
INTELENCE (etravirine) 43	ipratropium bromide (nasal) 0.03 % 84	IXIARO 97
INTELENCE 43	ipratropium bromide (nasal) 0.06 % 84	IYUZEH SOLN 88
INTELENCE 200 MG (etravirine) .. 43	ipratropium bromide SOLN 0.02 % 13	JANUMET TABS 24
INTUNIV (guanfacine hcl (adhd)) .. 2	ipratropium-albuterol SOLN 15	JANUMET XR TB24 24
	irbesartan 34	JANUVIA 25
	irbesartan-hydrochlorothiazide 35	JARDIANCE 29
	IRON CHEWS PEDIATRIC CHEW 67	JENTADUETO TABS 24
	ISENTRESS CHEW 100 MG 43	JENTADUETO XR TB24 24
		JORNAY PM CP24 2
		JOURNAVX 7

JUBLIA	54	ketoprofen CP24	6	12 %	59
JULUCA	43	ketorolac tromethamine (ophth) 0.4 %	87	lactulose (encephalopathy)	65
JYLAMVO SOLN PO	37	ketorolac tromethamine (ophth) 0.5 %	87	lactulose PACK	68
JYNNEOS	97	ketorolac tromethamine TABS	6	lactulose SOLN	68
KALETRA SOLN	43	KETOSTIX STRP	61	LAMICTAL CHEW (lamotrigine) ...	18
KALETRA TABS 25 MG-100 MG (lopinavir-ritonavir)	43	ketotifen fumarate (ophth) 0.035 % 87		LAMICTAL ODT KIT (lamotrigine) .	18
KALETRA TABS 50 MG-200 MG (lopinavir-ritonavir)	43	KEVZARA SOAJ	5	LAMICTAL ODT TBDP (lamotrigine) .	18
KANJINTI	37	KEVZARA SOSY	5	LAMICTAL STARTER KIT 25 MG (lamotrigine)	18
KAPSPARGO SPRINKLE CS24 ...	46	KINDERLYTE PREMAX SOLN ...	78	LAMICTAL TABS (lamotrigine)	18
KATERZIA	47	KINDERLYTE SOLN	78	LAMICTAL XR KIT	18
KAZANO (alogliptin-metformin hcl) 24		KINERET SOSY	5	LAMICTAL XR TB24 (lamotrigine) .	18
KENALOG AERS (triamcinolone acetone (topical))	58	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ...	3	lamivudine (hbv) TABS	44
KEPPRA SOLN PO 100 MG/ML (levetiracetam)	18	KLARON (sulfacetamide sodium (acne))	53	lamivudine SOLN	43
KEPPRA TABS 1000 MG (levetiracetam)	18	KLOXXADO LIQD	29	lamivudine TABS 150 MG	43
KEPPRA TABS 250 MG, 750 MG (levetiracetam)	18	KONVOMEK SUSR	94	lamivudine TABS 300 MG	43
KEPPRA TABS 500 MG (levetiracetam)	18	KRINTAFEL	36	lamivudine-zidovudine	43
KEPPRA XR TB24 (levetiracetam) 18		KROGER AUTOLET LANCING DEVICE MISC	72	lamotrigine CHEW	18
KESIMPTA	91	labetalol hcl TABS 100 MG	45	lamotrigine KIT 25 MG	18
ketoconazole (topical) CREA	54	labetalol hcl TABS 200 MG	45	lamotrigine TABS	18
ketoconazole (topical) FOAM	54	labetalol hcl TABS 300 MG	45	lamotrigine TB24	18
ketoconazole (topical) SHAM 2 % .	54	labetalol hcl TABS 400 MG	45	lamotrigine TBDP	18
ketoconazole	31	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	18	LANCET DEVICE MISC	72
KETODAN	54	lacosamide TABS	18	LANCET DEVICE WITH EJECTOR MISC	72
KETONE TEST STRP	61	lactic acid (ammonium lactate) CREA	59	LANCING DEVICE MISC	72
ketoprofen CAPS 25 MG	6	lactic acid (ammonium lactate) LOTN		lanolin XX	89

lansoprazole TBDD	94	LEVETIRACETAM TB3D	19	LIBERVANT FILM	17
lanthanum carbonate CHEW	65	levobunolol hcl 0.5 %	85	lidocaine CREA 4 %	60
LANTUS SOLN	27	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	63	lidocaine hcl (mouth-throat) 2 % ...	79
LANTUS SOLOSTAR SOPN	27	levocarnitine (metabolic modifiers) TABS	63	lidocaine hcl CREA 3 %, 4 %	60
LANZO MISC	72	levocetirizine dihydrochloride SOLN 31		lidocaine hcl GEL 2 %	60
latanoprost SOLN	88	levocetirizine dihydrochloride TABS 31		lidocaine-prilocaine CREA	60
LATUDA (lurasidone hcl)	38	levofloxacin (ophth) 0.5 %	85	LIKMEZ SUSP	35
LEADER ADVANCED LANCING DEVICE MISC	72	levofloxacin SOLN PO	63	LINZESS	65
LEDIPASVIR-SOFOSBUVIR TABS 44		levofloxacin TABS	63	liothyronine sodium TABS	93
leflunomide	6	levonorgestrel & eth estradiol TABS 49		LIPITOR TABS (atorvastatin calcium)	33
LENTOCILIN SUSR	89	levonorgestrel (emergency oc) 1.5 MG	49	LIPOFEN CAPS (fenofibrate)	32
LEQSELVI TABS PO 8 MG	59	levonorgestrel-eth estradiol (triphasic)	49	liraglutide	25
LESCOL XL TB24 (fluvastatin sodium)	33	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	49	lisdexamphetamine dimesylate CAPS 10 MG	1
LETAIRIS (ambrisentan)	48	levorphanol tartrate TABS 2 MG	8	lisdexamphetamine dimesylate CAPS 1	
letrozole	37	levorphanol tartrate TABS	8	lisdexamphetamine dimesylate CHEW . 1	
leucovorin calcium TABS	38	levothyroxine sodium TABS	93	lisinopril & hydrochlorothiazide	35
LEUKERAN	37	LEXAPRO TABS 10 MG (escitalopram oxalate)	22	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	33
levabuterol hcl	15	LEXAPRO TABS 20 MG (escitalopram oxalate)	22	LITE TOUCH LANCING PEN MISC 72	
levabuterol tartrate	15	LEXAPRO TABS 5 MG (escitalopram oxalate)	22	LITFULO	59
levamlodipine maleate	47	LEXIVA SUSP	43	lithium	38
LEVEMIR FLEXPEN SOPN	28	LIALDA TBEC (mesalamine)	64	lithium carbonate CAPS	38
LEVEMIR SOLN	28	LIBERTY MINI LANCING DEVICE MISC	72	LITHIUM CARBONATE POWD ...	38
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	18			lithium carbonate TABS	38
levetiracetam TABS 1000 MG	18			lithium carbonate TBCR	38
levetiracetam TABS 250 MG, 750 MG	18			LIVALO (pitavastatin calcium)	33
levetiracetam TABS 500 MG	18			LOCOID LIPOCREAM	58
levetiracetam TB24	19			LOHIST-D LIQD	51

LOKELMA	79	etabonate)	86	LUZU (luliconazole)	54
loperamide hcl CAPS	29	LOTENSIN 10 MG, 20 MG (benazepril hcl)	33	LYBALVI	90
loperamide hcl TABS	29	LOTENSIN 40 MG (benazepril hcl) 33		LYFGENIA	66
LOPID TABS (gemfibrozil)	32	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 35		LYRICA CAPS (pregabalin)	19
lopinavir-ritonavir SOLN	43			LYRICA CR (pregabalin (once- daily))	91
lopinavir-ritonavir TABS 25 MG-100 MG	43			LYRICA SOLN (pregabalin)	19
lopinavir-ritonavir TABS 50 MG-200 MG	43	loteprednol etabonate GEL	86	LYUMJEV KWIKPEN SOPN	28
LOPRESSOR SOLN PO 10 MG/ML . 46		loteprednol etabonate SUSP	86	LYUMJEV SOLN	28
LOPRESSOR TABS 100 MG (metoprolol tartrate)	46	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 35		LYUMJEV TEMPO PEN SOPN ...	28
LOPRESSOR TABS 50 MG (metoprolol tartrate)	46	LOTRONEX (alosetron hcl)	65	LYVISPAH PACK	83
LOPROX	54	lovastatin TABS 10 MG, 20 MG ...	33	magnesium citrate 1.745 GM/30ML 68	
LOPROX SUSP (ciclopirox olamine) . 54		lovastatin TABS 40 MG	33	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	68
loratadine & pseudoephedrine TB12 . 51		LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)	16	magnesium oxide (mg supplement) TABS	78
loratadine CHEW	31	LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium)	17	magnesium oxide TABS 400 MG ..	12
loratadine TABS	31	LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium)	17	malathion	60
loratadine TBDP 10 MG	31	LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium)	17	maraviroc TABS 150 MG	43
lorazepam TABS 0.5 MG, 2 MG ...	12	LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium)	17	maraviroc TABS 300 MG	43
lorazepam TABS 1 MG	12	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ...	17	MARINOL CAPS 2.5 MG (dronabinol)	30
losartan potassium & hydrochlorothiazide	35	loxapine succinate	40	MARPLAN	21
losartan potassium	34	lubiprostone	64	MASK VORTEX/CHILD/FROG ...	75
LOTEMAX GEL (loteprednol etabonate)	86	luliconazole	54	MASK VORTEX/TODDLER/LADYBUG ..	75
LOTEMAX OINT	86	LUMIGAN SOLN 0.01 %	88	MAVENCLAD (10 TABS)	91
LOTEMAX SM GEL	86	lurasidone hcl	38	MAVENCLAD (4 TABS)	91
LOTEMAX SUSP (loteprednol				MAVENCLAD (5 TABS)	91
				MAVENCLAD (6 TABS)	91

MAVENCLAD (7 TABS)	91	megestrol acetate (appetite)	89	mesalamine SUPP	64
MAVENCLAD (8 TABS)	91	megestrol acetate SUSP	37	mesalamine TBEC 1.2 GM	64
MAVENCLAD (9 TABS)	91	megestrol acetate TABS	37	mesalamine TBEC 800 MG	64
MAVYRET PACK	45	MEKTOVI	37	mesalamine w/ cleanser	64
MAVYRET TABS	45	meloxicam CAPS	6	metaxalone	83
MAXALT TABS 10 MG (rizatriptan benzoate)	77	meloxicam TABS	6	METAXALONE 640 MG	83
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	77	memantine hcl CP24	90	metformin hcl SOLN	24
MAXIDEX SUSP OP	86	memantine hcl SOLN	90	metformin hcl TABS 1000 MG	24
MAXITROL OINT (neomycin-polymy- dexameth)	87	memantine hcl TABS	90	metformin hcl TABS 500 MG	24
MAXITROL SUSP (neomycin- polymy-dexameth)	87	memantine hcl-donepezil hcl CP24 90		metformin hcl TABS 625 MG	24
MAXI-TUSS PE MAX LIQD	51	MENACTRA	95	metformin hcl TABS 750 MG	24
MAYZENT STARTER PACK TBPk 0.25 MG	91	MENATROL CAPS	81	metformin hcl TABS 850 MG	24
MAYZENT TABS	91	MENQUADFI 0.5 ML	95	metformin hcl TB24 500 MG, 1000 MG	24
meclizine hcl TABS 12.5 MG, 25 MG, 50 MG	30	MENS 50+ ADVANCED CAPS ...	81	metformin hcl TB24 500 MG	24
meclofenamate sodium CAPS	6	MENVEO SOLN	95	metformin hcl TB24 750 MG	24
MEDROL TABS (methylprednisolone)	50	MENVEO SOLR	95	methadone hcl TABS 10 MG	8
MEDROL TABS	50	meperidine hcl SOLN PO 50 MG/5ML	8	methadone hcl TABS 5 MG	8
MEDROL TBPk (methylprednisolone)	50	meperidine hcl TABS 50 MG	8	methamphetamine hcl	1
medroxyprogesterone acetate (contraceptive) SUSP IM	49	meprobamate	12	methazolamide TABS	61
medroxyprogesterone acetate (contraceptive) SUSY IM	50	mercaptopurine SUSP 2000 MG/100ML	37	methenamine mandelate	36
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	89	mercaptopurine TABS	37	methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 81.6 MG . 36	
mefenamic acid CAPS	6	MERILOG SOLN SC 100 UNIT/ML 28		methimazole TABS	93
mefloquine hcl	36	MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	28	methocarbamol TABS 1000 MG ...	83
		mesalamine CP24	64	methocarbamol TABS	83
		mesalamine CPCR	64	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	37
		mesalamine CPDR	64	methotrexate sodium SOLR	37
		mesalamine ENEM	64	methotrexate sodium TABS 2.5 MG	

mirtazapine TBDP 45 MG21	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML8	MULTIVITAMIN INFANT & TODDLER SOLN83
MIRVASO (brimonidine tartrate (topical))60	morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML8	MULTIVITAMIN TABS82
misoprostol94	morphine sulfate SUPP8	mupirocin calcium (topical)54
MITIGARE CAPS (colchicine)66	morphine sulfate TABS8	mupirocin OINT54
MM LANCING DEVICE MISC72	morphine sulfate TBCR8	MVASI37
M-M-R II SOLR97	MOTEGRITY (prucalopride succinate)63	MVW COMPLETE FORMULATION CAPS81
modafinil2	MOTPOLY XR CP2419	MVW COMPLETE FORMULATION D3000 CAPS81
MODERNA COVID-19 BIVAL 6M-5Y97	MOUNJARO25	MVW COMPLETE FORMULATION D5000 CAPS81
MODERNA COVID-19 BIVALENT 97	MOVANTIK65	MVW COMPLETE FORMULATION MINIS CAPS81
MODERNA COVID-19 VAC 6M-11Y SUSP97	MOVIPREP (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid) 68	MVW MODULATOR FORMULATION CAPS81
MODERNA COVID-19 VAC 6M-11Y SUSY97	moxifloxacin hcl (ophth) SOLN OP 85	MVW MODULATOR FORMULATION MINI CAPS81
MODERNA COVID-19 VACCINE SUSP97	moxifloxacin hcl TABS63	mycophenolate mofetil CAPS79
moexipril hcl33	MRESVIA97	mycophenolate mofetil SUSR79
mometasone furoate (nasal) SUSP 84	MS CONTIN TBCR (morphine sulfate)8	mycophenolate mofetil TABS79
mometasone furoate CREA58	MULTI VITAMIN TABS82	mycophenolate sodium79
mometasone furoate OINT58	MULTI VITAMIN W/D-3 TABS82	MYDAYIS CP24 (amphetamine- dextroamphetamine)1
mometasone furoate SOLN58	MULTIA CAPS81	MYFORTIC (mycophenolate sodium)79
montelukast sodium CHEW13	MULTI-LANCET DEVICE MISC ...72	MYHIBBIN SUSP79
montelukast sodium PACK13	multiple vitamin TABS82	MYLERAN TABS37
montelukast sodium TABS13	multiple vitamins w/ calcium TABS 80	MYRBETRIQ SRER95
MOOD FOOD CAPS81	multiple vitamins w/ minerals CAPS 81	MYRBETRIQ TB24 (mirabegron) ..95
MOOD FOOD ES CAPS81	MULTIVITAMIN ADULT TABS82	MYSOLINE (primidone)19
morphine sulfate beads8	MULTIVITAMIN DROPS/IRON SOLN83	nabumetone6
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG8	MULTIVITAMIN INFANT & TODDLER SOLN PO83	nadolol TABS 20 MG, 40 MG, 80 MG

.....46	naproxen SUSP6	modified (for microemulsion))79
naftifine hcl CREA54	naproxen TABS6	NEORAL SOLN (cyclosporine modified (for microemulsion))79
naftifine hcl GEL 2 %54	naproxen TBEC6	NESINA (alogliptin benzoate)25
NAFTIN GEL 2 % (naftifine hcl) ... 54	naproxen-esomeprazole magnesium6	NEUPRO38
NALFON CAPS (fenoprofen calcium)6	naratriptan hcl77	NEURONTIN CAPS (gabapentin) . 19
NALFON TABS 600 MG6	NARCAN LIQD (naloxone hcl)30	NEURONTIN SOLN (gabapentin) . 19
NALOCET TABS10	NARDIL (phenelzine sulfate)21	NEURONTIN TABS 600 MG (gabapentin)19
naloxone hcl LIQD30	nateglinide29	NEURONTIN TABS 800 MG (gabapentin)19
naloxone hcl SOCT30	NATESTO GEL NA11	NEVANAC87
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML30	NATROBA (spinosad)60	nevirapine SUSP43
naloxone hcl SOSY 0.4 MG/ML ... 30	NAYZILAM17	nevirapine TABS43
naloxone hcl SOSY 2 MG/2ML30	nebivolol hcl46	nevirapine TB24 100 MG43
naltrexone hcl30	nefazodone hcl22	nevirapine TB24 400 MG43
NAMENDA TITRATION PAK TABS (memantine hcl)90	NEMLUVIO59	NEXICLON XR TB24 (clonidine) .. 34
NAMENDA XR CP24 7 MG (memantine hcl)90	NEOMULTIVITE TABS82	NEXIUM CPDR 20 MG (esomeprazole magnesium)94
NAMZARIC CP24 (memantine hcl- donepezil hcl)90	neomycin sulfate TABS3	NEXIUM CPDR 40 MG (esomeprazole magnesium)94
NAMZARIC CP2490	neomycin-bacitracin zn-polymyxin 85	NEXIUM PACK (esomeprazole magnesium)94
naphazoline w/ pheniramine 0.3 %- 0.025 %86	neomycin-bacitracin-polymyxin OINT 54	NGENLA62
naphazoline w/ pheniramine 0.315 %-0.027 %86	neomycin-polymy-dexameth OINT 87	niacin (antihyperlipidemic) TBCR ..33
NAPRELAN TB24 (naproxen sodium)6	neomycin-polymy-dexameth SUSP 87	niacin CPCR 250 MG99
NAPROSYN SUSP (naproxen)6	neomycin-polymyxin w/ pramoxine 54	niacin TABS 500 MG99
naproxen sodium TABS 220 MG ...6	neomycin-polymyxin-gramicidin ...85	niacin TBCR99
naproxen sodium TABS 275 MG, 550 MG6	neomycin-polymyxin-hc (ophth) ..87	nicardipine hcl CAPS47
naproxen sodium TB246	neomycin-polymyxin-hc (otic) SOLN . 88	NICOTINE KIT92
	neomycin-polymyxin-hc (otic) SUSP . 88	nicotine polacrilex GUM92
	NEORAL CAPS (cyclosporine	nicotine polacrilex LOZG92

nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	92	norethindrone acetate-ethinyl estradiol	63	NOVOLIN N RELION SUSP	28
NICOTROL NS SOLN	92	norethindrone acetate-ethinyl estradiol-fe	49	NOVOLIN N SUSP	28
nifedipine CAPS	47	norethindrone-eth estradiol (triphasic)	49	NOVOLIN R FLEXPEN RELION SOPN IJ	28
nifedipine TB24 30 MG, 90 MG	47	norgestimate-ethinyl estradiol (triphasic)	49	NOVOLIN R FLEXPEN SOPN IJ ..	28
nifedipine TB24 60 MG	47	norgestimate-ethinyl estradiol	49	NOVOLIN R RELION SOLN IJ	28
nimodipine CAPS	47	norgestimate-ethinyl estradiol	49	NOVOLIN R SOLN IJ	28
nimodipine SOLN	47	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	49	NOVOLOG 70/30 FLEXPEN RELION SUPN	28
nisoldipine	47	NORITATE CREA	60	NOVOLOG FLEXPEN RELION SOPN	28
nitazoxanide TABS	36	NORLIQVA SOLN	47	NOVOLOG FLEXPEN SOPN	28
NITRO-BID OINT	12	NORPACE CR CP12 150 MG	12	NOVOLOG MIX 70/30 FLEXPEN SUPN	28
nitrofurantoin	36	nortriptyline hcl CAPS	23	NOVOLOG MIX 70/30 RELION SUSP	28
nitrofurantoin macrocrystal 50 MG, 100 MG	36	nortriptyline hcl SOLN	23	NOVOLOG MIX 70/30 SUSP	28
nitrofurantoin monohyd macro	36	NORVASC TABS (amlodipine besylate)	47	NOVOLOG PENFILL SOCT	28
nitroglycerin CPR	12	NORVIR PACK	43	NOVOLOG RELION SOLN IJ	28
nitroglycerin PT24	12	NORVIR TABS (ritonavir)	43	NOVOLOG SOLN IJ	28
nitroglycerin SUBL	12	NOVA SUREFLEX LANCING DEVICE MISC	72	NP THYROID TABS	93
NIVA THYROID TABS	93	NOVAVAX COVID-19 VACCINE SUSP	97	NUCALA SOAJ	13
nizatidine CAPS	94	NOVAVAX COVID-19 VACCINE SUSY	97	NUCALA SOLR	13
NORDITROPIN FLEXPEN SOPN .62		NOVOLIN 70/30 FLEXPEN RELION SUPN	28	NUCALA SOSY	13
norelgestromin-ethinyl estradiol ...	49	NOVOLIN 70/30 FLEXPEN SUPN ..	28	NUPLAZID CAPS	38
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	49	NOVOLIN 70/30 RELION SUSP ..	28	NUPLAZID TABS 10 MG	38
norethindrone & eth estradiol	49	NOVOLIN 70/30 SUSP	28	NURTEC	76
norethindrone & ethinyl estradiol-fe 49		NOVOLIN N FLEXPEN RELION SUPN	28	NUTROPIN AQ NUSPIN 10 SOPN 62	
norethindrone (contraceptive)	50	NOVOLIN N FLEXPEN RELION SUPN	28	NUTROPIN AQ NUSPIN 20 SOPN 62	
norethindrone acet & eth estra TABS 49		NOVOLIN N FLEXPEN SUPN	28	NUTROPIN AQ NUSPIN 5 SOPN .62	
norethindrone acetate TABS	89				

NUVIGIL (armodafinil)	2	olanzapine TABS 7.5 MG, 10 MG .	40	OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT	72
NUZYRA TABS	93	olanzapine TBDP	40	OMNIPOD DASH INTRO (GEN 4) KIT	72
NYMALIZE SOLN 6 MG/ML	47	olanzapine-fluoxetine hcl 25 MG-12 MG, 50 MG-12 MG, 50 MG-6 MG .	90	OMNIPOD DASH PODS (GEN 4) MISC	72
NYSTATIN (nystatin (mouth-throat)) . 79		olanzapine-fluoxetine hcl 25 MG-3 MG, 25 MG-6 MG	90	OMNITROPE SOCT	62
nystatin (mouth-throat)	79	olmesartan medoxomil	34	OMNITROPE SOLR SC	62
nystatin (topical) CREA	55	olmesartan medoxomil-amlodipine- hydrochlorothiazide	35	OMVOH (300 MG DOSE) SOAJ ..	64
nystatin (topical) OINT	55	olmesartan medoxomil- hydrochlorothiazide	35	OMVOH (300 MG DOSE) SOSY ..	64
nystatin (topical) POWD EX	55	olopatadine hcl (nasal)	84	OMVOH SOAJ	64
nystatin TABS	31	olopatadine hcl 0.2 %	87	OMVOH SOSY	64
nystatin-triamcinolone CREA	55	OLUMIANT	3	ondansetron hcl SOLN IJ	30
nystatin-triamcinolone OINT	55	omega-3 fatty acids CAPS 1000 MG . 84		ondansetron hcl SOLN PO 4 MG/5ML	30
OCTAGAM SOLN 30 GM/300ML ..	88	omega-3-acid ethyl esters	32	ondansetron hcl SOSY	30
octreotide acetate KIT	63	omeprazole CPDR	94	ondansetron hcl TABS 4 MG, 8 MG 30	
OCUFLOX (ofloxacin (ophth))	85	omeprazole magnesium TBEC	94	ondansetron TBEP 16 MG	30
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	81	omeprazole TBEC	94	ondansetron TBEP 4 MG, 8 MG ...	30
OCUVITE ADULT 50+ CAPS	81	omeprazole-sodium bicarbonate CAPS	95	ONE DAILY ESSENTIAL TABS ...	82
OCUVITE ADULT FORMULA CAPS . 81		omeprazole-sodium bicarbonate PACK	95	ONE DAILY ESSENTIALS TABS ..	82
OCUVITE-LUTEIN CAPS	81	OMNARIS SUSP	84	ONE VITE DAILY MULTIVITAMIN TABs	82
ODEFSEY	43	OMNICAP TABS	82	ONE-A-DAY ADULT VITACRAVES+DHA CHEW	82
OFEV	92	OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	72	ONE-DAILY MULTI CAPS CAPS ..	81
ofloxacin (ophth)	86	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	72	ONEXTON GEL (clindamycin phosphate-benzoyl peroxide)	53
ofloxacin (otic)	88	OMNIPOD 5 G7 INTRO (GEN 5) KIT 72		ONFI SUSP (clobazam)	17
ofloxacin 300 MG	63	OMNIPOD 5 G7 PODS (GEN 5) MISC	72	ONFI TABS (clobazam)	17
ofloxacin 400 MG	63			ONYDA XR SUER	2
OGIVRI	37			OPIPZA FILM	41
OHTUVAYRE	13				
olanzapine TABS 15 MG, 20 MG ..	40				
olanzapine TABS 2.5 MG, 5 MG ..	40				

OPSUMIT	48	OTEZLA TABS	6	oxycodone hcl CONC 100 MG/5ML	8
OPSYNVI	47	OTEZLA TBPk	6	oxycodone hcl SOLN	8
OPTICHAMBER DIAMOND DEVI	75	OTREXUP SOAJ 10 MG/0.4ML, 12.5		oxycodone hcl T12A 10 MG, 20 MG,	
OPTICHAMBER DIAMOND MISC	75	MG/0.4ML, 15 MG/0.4ML, 17.5		40 MG	8
OPTICHAMBER DIAMOND-LG		MG/0.4ML, 20 MG/0.4ML, 22.5		oxycodone hcl TABS	8
MASK DEVI	75	MG/0.4ML, 25 MG/0.4ML	3	oxycodone w/ acetaminophen SOLN	
OPTICHAMBER DIAMOND-MD		OTULFI SOSY SC 45 MG/0.5ML, 90		10	
MASK MISC	75	MG/ML	55	oxycodone w/ acetaminophen TABS	
OPTICHAMBER DIAMOND-SM		OVACE PLUS CREA	56	325 MG-10 MG, 325 MG-5 MG, 325	
MASK MISC	75	OVACE PLUS LOTN	56	MG-7.5 MG	10
OPVEE NA	30	OVACE PLUS SHAM (sulfacetamide		oxycodone w/ acetaminophen TABS	
OPZELURA	59	sodium)	56	325 MG-2.5 MG	10
ORACEA (doxycycline (rosacea))	60	OVACE PLUS WASH GEL		oxycodone w/ acetaminophen TABS	
oral electrolytes SOLN	78	(sulfacetamide sodium)	56	10	
ORENCIA CLICKJECT SOAJ	6	OVACE PLUS WASH LIQD		OXYCONTIN T12A	9
ORENCIA SOSY	6	(sulfacetamide sodium)	56	oxymorphone hcl TABS	9
ORENITRAM MONTH 1 TEpk	48	OVACE WASH LIQD (sulfacetamide		oxymorphone hcl TB12	9
ORENITRAM MONTH 2 TEpk	48	sodium)	56	OXYTROL PTTW	95
ORENITRAM MONTH 3 TEpk	48	OVIDE (malathion)	60	oyster shell	78
ORENITRAM TBCR	48	oxaprozin TABS	6	OZEMPIC (0.25 OR 0.5 MG/DOSE)	
ORKAMBI PACK	92	oxazepam CAPS	12	SOPN	25
ORKAMBI TABS	92	oxcarbazepine SUSP	19	OZEMPIC (1 MG/DOSE) SOPN 4	
orphenadrine citrate TB12	83	oxcarbazepine TABS	19	MG/3ML	25
orphenadrine w/ aspirin & caff	83	oxcarbazepine TB24	19	OZEMPIC (2 MG/DOSE) SOPN	25
oseltamivir phosphate CAPS 30 MG	45	oxiconazole nitrate CREA	55	OZOBAX DS SOLN PO (baclofen)	83
oseltamivir phosphate CAPS 45 MG,	45	OXISTAT LOTN	55	OZOBAX SOLN PO (baclofen)	83
oseltamivir phosphate SUSR	45	OXTELLAR XR TB24		PADCEV	37
OSENI 15 MG-25 MG, 30 MG-12.5		(oxcarbazepine)	19	paliperidone	39
MG, 30 MG-25 MG, 45 MG-25 MG		oxybutynin chloride SOLN	95	PANDA MASK LARGE	75
(alogliptin-pioglitazone)	24	oxybutynin chloride TABS 2.5 MG	95	PANDA MASK MEDIUM	75
		oxybutynin chloride TABS 5 MG	95	PANDA MASK SMALL	75
		oxybutynin chloride TB24	95	PANDEL	58
		oxycodone hcl CAPS	8	pantoprazole sodium PACK	94

pantoprazole sodium TBEC 20 MG 94	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR68	PERTZYE CPEP61
pantoprazole sodium TBEC 40 MG 94	peg 3350-potassium chloride-sod bicarbonate-sod chloride68	PFIZER COVID-19 BIVAL 6MO-4YR97
PARI VORTEX ADULT MASK75	PEGASYS SOLN45	PFIZER COVID-19 VAC BIVAL 5-1197
PARI VORTEX PEDIATRIC MASK 75	PEGASYS SOSY45	PFIZER COVID-19 VAC BIVALENT . 98
paroxetine hcl SUSP22	PENBRAYA95	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP98
paroxetine hcl TABS 10 MG22	penciclovir56	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP98
paroxetine hcl TABS 20 MG22	penicillamine TABS78	PFIZER-BIONT COVID-19 VAC- TRIS SUSP98
paroxetine hcl TABS 30 MG, 40 MG . 22	penicillin v potassium SOLR89	PFIZER-BIONTECH COVID-19 VACC SUSP98
paroxetine hcl TB2422	penicillin v potassium TABS89	phenazopyridine hcl TABS 100 MG, 200 MG65
paroxetine mesylate (vasomotor) .92	PENMENVY SUSR IM96	phenelzine sulfate21
PAXIL CR TB24 (paroxetine hcl) ..22	PENNSAID SOLN EX 2 % (diclofenac sodium (topical))55	phenobarbital ELIX67
PAXIL SUSP (paroxetine hcl)22	PENTASA CPCR64	phenobarbital TABS67
PAXIL TABS 10 MG (paroxetine hcl) . 22	pentazocine w/ naloxone hcl11	phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML 51
PAXIL TABS 20 MG (paroxetine hcl) . 22	pentoxifylline66	phenytoin CHEW20
PAXIL TABS 30 MG, 40 MG (paroxetine hcl)22	PEPCID TABS (famotidine)94	phenytoin sodium extended 100 MG, 200 MG, 300 MG20
PAXLOVID (150/100)44	perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG17	phenytoin sodium extended 200 MG, 300 MG20
PAXLOVID (300/100)44	PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen) ... 10	phenytoin SUSP 125 MG/5ML20
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO83	PERCOCET TABS 325 MG-2.5 MG (oxycodone w/ acetaminophen) ... 10	PHESGO37
ped multivitamins w/fl & iron SOLN 82	PERFOROMIST NEBU (formoterol fumarate)15	phytonadione TABS 5 MG99
PEDIALYTE IMMUNE SUPPORT SOLN78	perindopril erbumine33	PIFELTRO43
PEDIATRIC PANDA MASK75	permethrin CREA61	pilocarpine hcl (oral) 5 MG79
PEDVAX HIB SUSP95	permethrin LIQD EX61	pilocarpine hcl SOLN 1 %, 2 %, 4 % .
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid68	perphenazine TABS41	
	perphenazine-amitriptyline90	
	PERSERIS PRSY39	

85	trimethoprim)86	prasugrel hcl66
pimecrolimus60	polyvinyl alcohol 1.4 %84	pravastatin sodium33
pindolol TABS46	POLY-VI-SOL SOLN PO83	prazosin hcl CAPS34
pioglitazone hcl29	POLY-VITA SOLN PO83	PRED FORTE (prednisolone acetate (ophth))87
pioglitazone hcl-glimepiride24	POLY-VITE PEDIATRIC SOLN PO 83	PRED MILD87
pioglitazone hcl-metformin hcl TABS . 24	POLY-VITE/IRON SOLN83	prednisolone acetate (ophth)87
pirfenidone CAPS93	PONVORY STARTER PACK TBPK 91	PREDNISOLONE ACETATE P-F .87
pirfenidone TABS93	PONVORY TABS91	PREDNISOLONE SODIUM PHOSPHATE87
piroxicam CAPS6	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..78	prednisolone sodium phosphate SOLN 20 MG/5ML50
pitavastatin calcium33	potassium bicarbonate TBEF78	prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML50
PLAVIX 75 MG (clopidogrel bisulfate)66	potassium chloride CPCR 10 MEQ 78	prednisolone SOLN50
PLEGRIDY SOAJ91	potassium chloride CPCR 8 MEQ .78	prednisolone TABS50
PLEGRIDY SOSY IM91	potassium chloride microencapsulated crystals er78	PREDNISONE INTENSOL CONC .50
PLEGRIDY STARTER PACK SOAJ . 91	potassium chloride PACK PO 20 MEQ78	prednisone SOLN50
PLEGRIDY STARTER PACK SOSY SC91	potassium chloride SOLN PO 10 %, 20 %, 10 %78	prednisone TABS50
PLENVU68	potassium chloride TBCR 8 MEQ, 10 MEQ78	prednisone TBPK50
PNEUMOVAX 23 SOLN96	potassium citrate (alkalinizer) TBCR . 65	pregabalin (once-daily)91
PNEUMOVAX 23 SOSY96	potassium iodide (expectorant) SOLN52	pregabalin CAPS19
POCKET CHAMBER DEVI75	PRADAXA CAPS (dabigatran etexilate mesylate)17	pregabalin SOLN19
POCKET SPACER DEVI76	PRADAXA PACK17	PREHEVBRIO98
podofilox GEL60	pramipexole dihydrochloride TABS 38	PREMARIN98
podofilox SOLN60	pramipexole dihydrochloride TB24 38	PREMARIN TABS63
polyethylene glycol 3350 PACK ...68		PREMPRO63
polyethylene glycol 3350 POWD ..68		PREPARATION H EX 1 %11
polymyxin b-trimethoprim86		PREPARATION H SOOTHING RELIEF EX 1 %11
polysaccharide iron complex CAPS 67		PRESCRIPTION SUPPORT
POLYTRIM (polymyxin b-		

MULTIVIT CAPS	81	PROAIR RESPICLICK AEPB	15	promethazine hcl TABS	31
PRESERVISION AREDS 2 CAPS ..	81	probenecid	66	promethazine w/codeine SOLN ...	51
PRESERVISION AREDS 2+MULTI VIT CAPS	81	PROBIOTICS + BARIATRIC MULTI CAPS	81	promethazine w/codeine SYRP ...	51
PRESERVISION AREDS CAPS ...	81	PROCARDIA XL TB24 30 MG, 90 MG (nifedipine)	47	promethazine-dm SYRP	51
PRESERVISION/LUTEIN CAPS ..	81	PROCARDIA XL TB24 60 MG (nifedipine)	47	promethazine-phenylephrine-codeine	51
PREVACID CPDR 30 MG (lansoprazole)	94	PROCARE SPACER/ADULT MASK DEVI	76	propafenone hcl CP12	13
PREVACID SOLUTAB TBDD (lansoprazole)	94	PROCARE SPACER/CHILD MASK DEVI	76	propafenone hcl TABS	13
PREVNAR 13	96	PROCHAMBER VHC DEVI	76	propranolol hcl CP24	46
PREVNAR 20	96	prochlorperazine	41	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	46
PREZCOBIX	43	prochlorperazine maleate TABS ...	41	propranolol hcl TABS	46
PREZISTA SUSP	43	PROCRIT	67	propylthiouracil	93
PREZISTA TABS (darunavir)	43	PRODIGY LANCING DEVICE MISC . 72		PRORENAL + D W/ OMEGA-3 CAPS	81
PREZISTA TABS 150 MG	43	progesterone CAPS	89	PROSCAR (finasteride)	65
PREZISTA TABS 75 MG, 600 MG	43	PROGLYCEM (diazoxide)	25	PROTECT CARDIO AF CAPS	81
PREZISTA TABS 800 MG (darunavir)	43	PROGRAF CAPS (tacrolimus)	79	PROTECT PLUS SO CAPS	81
PRILOSEC PACK	94	PROGRAF PACK	79	PROTEGRA CAPS	81
primaquine phosphate TABS	36	PROLATE SOLN	10	PROTONIX PACK (pantoprazole sodium)	94
primidone	19	PROLATE TABS	10	PROTONIX TBEC 20 MG (pantoprazole sodium)	94
PRIORIX SUSR	98	PROLENSA (bromfenac sodium (ophth))	87	PROTONIX TBEC 40 MG (pantoprazole sodium)	94
PRISTIQ 100 MG (desvenlafaxine succinate)	23	promethazine & phenylephrine SYRP	51	PROVIGIL (modafinil)	2
PRISTIQ 25 MG, 50 MG (desvenlafaxine succinate)	23	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	31	PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl)	22
PRO COMFORT SPACER ADULT MISC	76	promethazine hcl SUPP	31	PROZAC CAPS 40 MG (fluoxetine hcl)	22
PRO COMFORT SPACER CHILD MISC	76	PROMETHAZINE HCL SYRP 6.25 MG/5ML	31	prucalopride succinate	63
PRO COMFORT SPACER INFANT DEVI	76			pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	

51	QELBREE	2	QVAR REDHALER 40 MCG/ACT	14	
pseudoephedrine hcl TABS	84	QNASL	84	QVAR REDHALER 80 MCG/ACT	14
pseudoephedrine hcl TB12	84	QNASL CHILDRENS	84	RABAVERT	98
pseudoephedrine-guaifenesin TB12 1200 MG-120 MG	51	QTERN	24	rabeprazole sodium TBEC	94
pseudoephedrine-guaifenesin TB12 600 MG-60 MG	51	quazepam	67	RAGWITEK SUBL	3
PULMICORT FLEXHALER AEPB	14	QUDEXY XR CS24 (topiramate) ..	19	RALDESY SOLN PO 10 MG/ML ..	23
PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML (budesonide (inhalation))	14	QUESTRAN LIGHT POWD (cholestyramine light)	32	raloxifene hcl	62
PULMICORT SUSP 1 MG/2ML (budesonide (inhalation))	14	QUESTRAN PACK (cholestyramine) 32		ramelteon	68
PURE COMFORT SPACER CHAMBER DEVI	76	QUESTRAN POWD (cholestyramine)	32	ramipril CAPS	33
PX ADVANCED LANCING DEVICE MISC	72	quetiapine fumarate TABS 150 MG 40		ranolazine TB12	12
PX LANCET AUTO INJECTOR MISC	73	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG	40	RAPAFLO (silodosin)	65
pyrazinamide	37	quetiapine fumarate TABS 300 MG, 400 MG	40	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
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	61	quetiapine fumarate TB24	40	RAYOS TBEC	50
pyridostigmine bromide TABS 60 MG	36	QUILLICHEW ER CHER	2	REBIF REBIDOSE SOAJ	91
pyridostigmine bromide TBCR	37	QUILLIVANT XR SRER	2	REBIF REBIDOSE TITRATION PACK SOAJ	91
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	99	quinapril hcl	33	REBIF SOSY	91
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	55	quinapril-hydrochlorothiazide 12.5 MG-10 MG	35	REBIF TITRATION PACK SOSY ..	91
PYZCHIVA SC 45 MG/0.5ML	55	quinapril-hydrochlorothiazide 12.5 MG-20 MG	35	REBLOZYL	67
QBRELIS SOLN	33	quinapril-hydrochlorothiazide 25 MG- 20 MG	35	RECOMBIVAX HB SUSP	98
QC ADVANCED LANCING DEVICE MISC	73	quinidine gluconate TBCR	13	RECOMBIVAX HB SUSY	98
QC OCUHEALTH VISION SUPPORT 2 CAPS	81	quinidine sulfate TABS	13	REGLAN TABS (metoclopramide hcl)	64
		QUINTABS TABS	82	RELAFEN DS	6
		QULIPTA	76	RELCARE TABS	82
		QUVIVIQ	68	RELENZA DISKHALER	45
				RELEXXII TBCR 18 MG, 27 MG, 54 MG	3

RELEXXII TBCR 36 MG 3	repaglinide29	RHOPRESSA 86
RELEXXII TBCR 45 MG, 63 MG, 72 MG (methylphenidate hcl)3	RESTASIS EMUL (cyclosporine (ophth))86	ribavirin (hepatitis c) CAPS45
RELEXXII TBCR 45 MG, 63 MG, 72 MG3	RESTASIS MULTIDOSE EMUL ...86	ribavirin (hepatitis c) TABS 200 MG 45
RELION KETONE TEST STRP ... 61	RESTORIL 15 MG, 30 MG (temazepam)67	riboflavin TABS 99
RELION LANCING DEVICE MISC 73	RESTORIL 7.5 MG, 22.5 MG (temazepam)67	rifabutin37
RELION TRUE MET AIR GLUC METER KIT 73	RETACRIT 67	rifampin CAPS 37
RELION TRUE METRIX TEST STRIPS STRP 61	RETIN-A CREA (tretinoin)53	RIGHTEST GD500 LANCING DEVICE MISC 73
RELISTOR SOLN65	RETIN-A GEL 0.01 % (tretinoin) ...53	riluzole TABS 84
RELISTOR TABS65	RETIN-A GEL 0.025 % (tretinoin) . 53	RINVOQ LQ SOLN3
RELPAK (eletriptan hydrobromide) 77	RETIN-A MICRO (tretinoin microsphere)53	RINVOQ TB24 3
RELPAK 20 MG (eletriptan hydrobromide)77	RETIN-A MICRO PUMP (tretinoin microsphere)53	RIOMET SOLN (metformin hcl) ... 25
REMEDIENT CAPS81	RETIN-A MICRO PUMP 53	risedronate sodium TABS 150 MG 62
REMERON SOLTAB TBDP 15 MG (mirtazapine)21	RETROVIR CAPS (zidovudine) ... 43	risedronate sodium TABS 35 MG . 62
REMERON SOLTAB TBDP 30 MG (mirtazapine)21	RETROVIR SYRP (zidovudine) ... 43	risedronate sodium TABS 5 MG, 30 MG 62
REMERON SOLTAB TBDP 45 MG (mirtazapine)21	REVATIO TABS (sildenafil citrate (pulmonary hypertension))48	risedronate sodium TBEC 62
REMERON TABS 15 MG (mirtazapine)21	REXTOVY LIQD 30	RISPERDAL CONSTA (risperidone microspheres)39
REMERON TABS 30 MG (mirtazapine)21	REXULTI 42	RISPERDAL SOLN (risperidone) .39
RENFLEXIS64	REYATAZ CAPS 200 MG (atazanavir sulfate) 43	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone) 39
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG 93	REYATAZ CAPS 300 MG (atazanavir sulfate) 43	risperidone SOLN39
RENVELA PACK (sevelamer carbonate)65	REYATAZ PACK43	risperidone TABS 0.25 MG 40
RENVELA TABS (sevelamer carbonate)65	REZUROCK78	risperidone TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG39
	REZVOGLAR KWIKPEN28	risperidone TABS 2 MG, 3 MG, 4 MG40
	RHOFADE60	risperidone TBDP40
	RHOGAM ULTRA-FILTERED PLUS SOSY IM88	RITALIN LA CP24 (methylphenidate hcl)3
		RITALIN TABS 10 MG, 20 MG

(methylphenidate hcl)	3	RYALTRIS	84	selenium sulfide LOTN 1 %	56
RITALIN TABS 5 MG (methylphenidate hcl)	3	RYBELSUS TABS	25	selenium sulfide LOTN 2.5 %	56
RITEFLO DEVI	76	RYKINDO SRER	40	selenium sulfide SHAM 1 %	56
ritonavir TABS	43	SABRIL PACK (vigabatrin)	20	SELZENTRY SOLN	43
rivaroxaban SUSR 1 MG/ML	16	SABRIL TABS (vigabatrin)	20	SELZENTRY TABS 150 MG (maraviroc)	43
rivaroxaban TABS 2.5 MG	16	sacubitril-valsartan TABS	47	SELZENTRY TABS 300 MG (maraviroc)	44
rivastigmine 13.3 MG/24HR	90	salicylic acid GEL 6 %	60	SEMGLEE (YFGN) SOLN	29
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	90	SALICYLIC ACID OINT	60	SEMGLEE (YFGN) SOPN	29
rivastigmine tartrate CAPS	90	saline SOLN 0.65 %	84	sennosides TABS 8.6 MG	68
rizatriptan benzoate TABS	77	salsalate	7	sennosides-docusate sodium TABS 68	
rizatriptan benzoate TBDP	77	SANCUSO PTCH	30	SEREVENT DISKUS	15
ROCKLATAN	86	SANDIMMUNE CAPS (cyclosporine) 79		SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (quetiapine fumarate)	40
roflumilast	14	SAPHRIS (asenapine maleate) ...	40	SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate)	40
ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	38	SAVAYSA	16	SEROQUEL XR TB24 (quetiapine fumarate)	40
ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	38	SAVELLA TABS	90	SEROSTIM SC 4 MG, 5 MG, 6 MG 62	
ropinirole hydrochloride TB24	38	SAVELLA TITRATION PACK MISC 90		SERTRALINE HCL CAPS 150 MG, 200 MG (sertraline hcl)	22
rosuvastatin calcium TABS	33	saxagliptin hcl	25	sertraline hcl CAPS 150 MG, 200 MG	22
ROWASA (mesalamine w/ cleanser) 64		saxagliptin-metformin hcl	24	sertraline hcl CONC	22
ROXICODONE TABS 15 MG, 30 MG (oxycodone hcl)	9	SAXENDA	1	sertraline hcl TABS 100 MG	22
ROXYBOND TABA	9	scopolamine	30	sertraline hcl TABS 25 MG, 50 MG 22	
ROZEREM (ramelteon)	68	SECUADO	40	sevelamer carbonate PACK	65
ROZLYTREK CAPS	37	SEGLUROMET	24	sevelamer carbonate TABS	65
rufinamide SUSP	19	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	55	sevelamer hcl	65
rufinamide TABS	19	SELECT-LITE LANCING DEVICE MISC	73		
RUKOBIA	43	SELECT-OB+DHA MISC	83		
RUXIENCE	37	selegiline hcl CAPS	38		
		selegiline hcl TABS	38		

SFROWASA ENEM	64	SITAGLIPT BASE-METFORM HCL ER TB24	24	sodium polystyrene sulfonate SUSP PR 30 GM/120ML	79
SHINGRIX	98	SITAGLIPTIN	25	sodium sulfate-potassium sulfate- magnesium sulfate	68
SIKLOS TABS	66	SITAGLIPTIN BASE-METFORMIN HCL TABS	24	SOFOSBUVIR-VELPATASVIR TABS	45
sildenafil citrate (pulmonary hypertension) SUSR	48	SIVEXTRO TABS	36	SOGROYA	62
sildenafil citrate (pulmonary hypertension) TABS	48	SKIN HAIR & NAILS ADVANCED CAPS	81	solifenacin succinate TABS	95
SILIQ	55	SKYRIZI PEN SOAJ	55	SOLQUA	24
silodosin	65	SKYRIZI SOCT	64	SOLOSEC	3
silver sulfadiazine	56	SKYRIZI SOSY	56	SOLUS V2 LANCING DEVICE MISC 73	
SIMBRINZA	85	SKYTROFA	62	SOLUVITA SOLN	78
simethicone CHEW 80 MG	64	SM TRUEDRAW LANCING DEVICE MISC	73	SOMA TABS (carisoprodol)	83
simethicone SUSP	64	SMART DIABETES VANTAGE LANCING MISC	73	SOOLANTRA (ivermectin (rosacea))	60
SIMLANDI (1 PEN) AJKT	5	SOAANZ TABS 20 MG	61	SORBITOL XX 70 %	89
SIMLANDI (1 SYRINGE) PSKT	5	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	12	SORILUX FOAM	56
SIMLANDI (2 PEN) AJKT	5	sodium chloride (gu irrigant) 0.9 %	65	sotalol hcl (afib/afli)	46
SIMLANDI (2 SYRINGE) PSKT	5	sodium chloride (inhalant) NEBU 0.9 %, 10 %	52	sotalol hcl TABS	46
SIMPLE DIAGNOSTICS LANCING DEV MISC	73	sodium citrate & citric acid	65	SOTYKTU	56
SIMPONI SOAJ	5	sodium fluoride (dental) CREA	79	SOTYLIZE SOLN PO	46
SIMPONI SOSY	5	sodium fluoride (dental) GEL	79	SOVALDI PACK	45
simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	33	sodium fluoride (dental) PSTE DT	79	SOVALDI TABS	45
simvastatin TABS 80 MG	33	sodium fluoride CHEW	78	SOVUNA 200 MG	36
SINGULAIR CHEW (montelukast sodium)	13	sodium fluoride SOLN 0.5 MG/ML	78	SPEVIGO SOSY	56
SINGULAIR PACK (montelukast sodium)	13	sodium phosphates ENEM	68	SPIKEVAX SUSP	98
SINGULAIR TABS (montelukast sodium)	13	sodium polystyrene sulfonate POWD 79		SPIKEVAX SUSY	98
sirolimus SOLN	79	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	79	spinosad	61
sirolimus TABS	79			SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate)	13
				SPIRIVA RESPIMAT AERS	13

spironolactone & hydrochlorothiazide	86 61	sulindac TABS	6
spironolactone TABS	62	SUMADAN	53
SPORANOX CAPS (itraconazole) .	31	SUMADAN WASH LIQD (sulfacetamide sodium w/ sulfur) ..	53
SPORANOX SOLN (itraconazole) .	31	SUMADAN XLT KIT	53
SPRITAM TB3D	19	sumatriptan 20 MG/ACT	77
STAMARIL SUSR	98	sumatriptan 5 MG/ACT	77
STEGLATRO	29	sumatriptan succinate SOAJ 6 MG/0.5ML	77
STEGLUJAN	24	sumatriptan succinate SOCT 6 MG/0.5ML	77
STELARA SOSY	56	sumatriptan succinate SOLN 6 MG/0.5ML	77
STEQEYMA	56	sumatriptan succinate TABS	77
STIOLTO RESPIMAT	15	sumatriptan-naproxen sodium	76
STRATTERA (atomoxetine hcl)	2	SUMAXIN CP	53
STRESS FORMULA/ZINC/ENERGY TABS	82	SUMAXIN PADS	53
STRIBILD	44	SUPER ANTIOXIDANT CAPS	81
STRIVERDI RESPIMAT	15	SUPPORT-500 CAPS	81
SUBLOCADE SOSY	11	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate)	68
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG (buprenorphine hcl- naloxone hcl dihydrate)	11	SURE COMFORT LANCING PEN MISC	73
SUBOXONE FILM SL 2 MG-8 MG, 3 MG-12 MG (buprenorphine hcl- naloxone hcl dihydrate)	11	SUTAB	68
sucralfate SUSP	94	SYMBICORT (budesonide- formoterol fumarate dihydrate)	15
sucralfate TABS	94	SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (budesonide-formoterol fumarate dihydrate)	15
SUFLAVE	68	SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (budesonide-formoterol fumarate dihydrate)	15
SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	47	SYMBRAVO TABS PO	76
sulfacetamide sodium (acne)	53		
sulfacetamide sodium (ophth) OINT 86			
sulfacetamide sodium (ophth) SOLN .			
sulfacetamide sodium GEL	56		
sulfacetamide sodium LIQD	56		
sulfacetamide sodium SHAM 10 % 56			
sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	53		
sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	53		
sulfacetamide sodium w/ sulfur FOAM	53		
sulfacetamide sodium w/ sulfur LIQD 53			
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	53		
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	53		
sulfacetamide sodium w/ sulfur PADS 10 %-4 %	53		
sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	53		
sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	53		
sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	53		
SULFACETAMIDE SODIUM- SULFUR SUSP	53		
sulfacetamide sod-prednisolone SOLN	87		
sulfamethoxazole-trimethoprim SUSP	36		
sulfamethoxazole-trimethoprim TABS	36		
sulfasalazine TABS	64		
sulfasalazine TBEC	64		

SYMDEKO	92	TASCENSO ODT	91	TENORMIN TABS (atenolol)	46
SYMFI (efavirenz-lamivudine- tenofovir disoproxil fumarate)	44	tasimelteon CAPS	68	terazosin hcl	34
SYMFI LO (efavirenz-lamivudine- tenofovir disoproxil fumarate)	44	tavaborole	55	terbinafine hcl (topical) CREA	55
SYMLINPEN 120 SOPN	24	TAVNEOS	66	terbinafine hcl TABS	31
SYMLINPEN 60 SOPN	24	tazarotene CREA 0.05 %	56	terbutaline sulfate TABS	15
SYMPAZAN FILM	17	tazarotene CREA 0.1 %	56	terconazole vaginal CREA	98
SYMPROIC	65	TAZAROTENE FOAM	53	terconazole vaginal SUPP	98
SYMTUZA	44	tazarotene GEL	56	teriflunomide	91
SYNALAR CREA (fluocinolone acetoneide)	59	TDVAX SUSP	93	teriparatide SOPN	62
SYNALAR OINT (fluocinolone acetoneide)	59	TECFIDERA CDPK (dimethyl fumarate)	91	TERIPARATIDE SOPN	62
SYNALAR SOLN (fluocinolone acetoneide)	59	TECFIDERA CPDR (dimethyl fumarate)	91	TESTIM GEL TD (testosterone) ...	11
SYNJARDY TABS	24	TEGRETOL SUSP (carbamazepine) .	19	testosterone cypionate SOLN IM 100 MG/ML	11
SYNJARDY XR TB24	24	TEGRETOL TABS (carbamazepine) .	19	testosterone cypionate SOLN IM 200 MG/ML	11
TACLONEX SUSP (calcipotriene- betamethasone dipropionate)	59	TEGRETOL-XR TB12 (carbamazepine)	19	testosterone enanthate SOLN IM ..	11
tacrolimus (topical) OINT 0.03 % ..	60	TEGSEDI	92	testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM	11
tacrolimus (topical) OINT 0.1 % ...	60	TEKTURN (aliskiren fumarate) ..	35	testosterone GEL TD 1 %, 50 MG/5GM	11
tacrolimus CAPS	79	telmisartan	34	testosterone GEL TD 1.62 %, 1.62 %	11
tadalafil (pulmonary hypertension) TABS	48	telmisartan-amlodipine	35	testosterone SOLN	11
TADLIQ SUSP	48	telmisartan-hydrochlorothiazide ...	35	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	93
tafluprost	88	temazepam 15 MG, 30 MG	67	tetrabenazine	90
TALTZ SOAJ	56	temazepam 7.5 MG, 22.5 MG	67	tetracaine hcl (ophth)	86
TALTZ SOSY	56	TENIVAC INJ	93	tetracycline hcl CAPS	93
tamoxifen citrate TABS	37	tenofovir disoproxil fumarate TABS 44		TETRACYCLINE HCL TABS	93
tamsulosin hcl	65	TENORETIC 100 (atenolol & chlorthalidone)	35	tetrahydrozoline hcl (ophth) 0.05 % 86	
TARPEYO CPDR	50	TENORETIC 50 (atenolol & chlorthalidone)	35	TEZRULY PO 1 MG/ML	34

TEZSPIRE SOAJ	13	timolol maleate TABS	46	(topiramate)	19
TEZSPIRE SOSY	13	TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth))	85	TOPAMAX SPRINKLE CPSP 25 MG (topiramate)	19
THEO-24 CP24	16	tinidazole	35	TOPAMAX TABS 100 MG (topiramate)	19
theophylline ELIX	16	tioconazole vaginal 6.5 %	98	TOPAMAX TABS 200 MG (topiramate)	19
theophylline SOLN	16	tiotropium bromide monohydrate CAPS	13	TOPAMAX TABS 25 MG, 50 MG (topiramate)	19
theophylline TB12	16	TIVICAY PD TBSO	44	TOPICORT CREA (desoximetasone)	59
theophylline TB24	16	TIVICAY TABS 50 MG	44	TOPICORT GEL (desoximetasone)	59
THERA TABS	82	tizanidine hcl CAPS	83	TOPICORT OINT (desoximetasone)	59
THERAMILL FORTE CAPS	81	tizanidine hcl TABS	83	TOPICORT SPRAY LIQD (desoximetasone)	59
THERANATAL LACTATION ONE CAPS	81	TM-DAILY VITE TABS	82	topiramate CP24	19
THEREMS TABS	82	TOBI NEBU (tobramycin)	3	topiramate CPSP 15 MG	19
thiamine hcl TABS 100 MG	99	TOBI PODHALER CAPS	3	topiramate CPSP 25 MG	19
thiamine mononitrate TABS 100 MG	99	TOBRADEX OINT	87	topiramate CPSP 50 MG	19
thioridazine hcl	41	TOBRADEX ST SUSP	87	topiramate CS24	19
thiothixene	42	tobramycin (ophth) SOLN	86	topiramate SOLN 25 MG/ML	19
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	93	tobramycin NEBU	3	topiramate TABS 100 MG	19
tiagabine hcl	20	tobramycin sulfate SOLN IJ 1.2 GM/30ML, 10 MG/ML, 80 MG/2ML	3	topiramate TABS 200 MG	19
TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl extended release beads)	47	tobramycin sulfate SOLR	3	topiramate TABS 25 MG, 50 MG	19
TIAZAC 240 MG (diltiazem hcl extended release beads)	47	tobramycin-dexamethasone SUSP	87	TOPROL XL TB24 200 MG (metoprolol succinate)	46
ticagrelor 60 MG, 90 MG	66	TOBREX OINT	86	TOPROL XL TB24 25 MG, 50 MG, 100 MG (metoprolol succinate)	46
TICOVAC	98	TODAYS HEALTH LANCING DEVICE MISC	73	toremifene citrate	37
timolol	85	tolmetin sodium CAPS	6	torsemide TABS 20 MG	62
timolol maleate (ophth) SOLG	85	tolmetin sodium TABS 600 MG	6	torsemide TABS 5 MG, 10 MG, 100 MG	61
timolol maleate (ophth) SOLN 0.5 %	85	tolnaftate CREA	55		
timolol maleate (ophth) SOLN	85	tolterodine tartrate CP24	95		
		tolterodine tartrate TABS	95		
		TOPAMAX SPRINKLE CPSP 15 MG			

TOSYMRA	77	TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	64	triamcinolone acetonide (topical) OINT 0.025 %, 0.5 %	59
TOUJEO MAX SOLOSTAR SOPN 29		TREMFYA ONE-PRESS SOAJ 100 MG/ML	56	triamcinolone acetonide (topical) OINT 0.05 %, 0.1 %	59
TOUJEO SOLOSTAR SOPN	29	TREMFYA PEN SOAJ 100 MG/ML 56		triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	61
TOVIAZ (fesoterodine fumarate) ..	95	TREMFYA PEN SOAJ SC 200 MG/2ML	64	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	61
TRACLEER TABS (bosentan)	48	TREMFYA SOSY SC	64	triamterene & hydrochlorothiazide TABS 50 MG-75 MG	61
TRACLEER TBSO	48	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	29	triazolam	67
TRADJENTA	25	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	29	TRIBENZOR (olmesartan medoxomil-amlodipine- hydrochlorothiazide)	35
tramadol hcl CP24 100 MG, 200 MG, 300 MG	9	TRESIBA SOLN	29	TRICOR TABS (fenofibrate)	32
TRAMADOL HCL SOLN (tramadol hcl)	9	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	53	trifluoperazine hcl TABS	41
tramadol hcl SOLN	9	tretinoin GEL 0.01 %	54	trifluridine	86
tramadol hcl TABS 25 MG	9	tretinoin GEL 0.025 %	54	trihexyphenidyl hcl SOLN	38
tramadol hcl TABS 50 MG	9	tretinoin GEL 0.05 %	53	trihexyphenidyl hcl TABS	38
tramadol hcl TABS 75 MG, 100 MG	9	tretinoin microsphere	53	TRIJARDY XR	24
tramadol hcl TB24	9	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	37	TRIKAFTA TBPk	92
tramadol-acetaminophen	10	triamcinolone acetonide (mouth) ..	79	TRILEPTAL SUSP (oxcarbazepine) 19	
trandolapril 1 MG, 2 MG	33	triamcinolone acetonide (nasal) AERO	84	TRILEPTAL TABS (oxcarbazepine) 19	
trandolapril 4 MG	33	triamcinolone acetonide (topical) AERS	59	TRILIPIX (choline fenofibrate)	32
trandolapril-verapamil hcl	35	triamcinolone acetonide (topical) CREA 0.025 %	59	trimethobenzamide hcl CAPS	30
tranexamic acid TABS	67	triamcinolone acetonide (topical) CREA 0.1 %	59	trimethoprim TABS	35
TRANSDERM-SCOP (scopolamine) 30		triamcinolone acetonide (topical) CREA 0.5 %	59	TRINTELLIX	23
tranylcypromine sulfate	21	LOTN	59	TRIUMEQ PD TBSO	44
TRAVATAN Z SOLN (travoprost) ..	88			TRIUMEQ TABS	44
travoprost SOLN	88			TROKENDI XR CP24 (topiramate) 19	
TRAZIMERA 420 MG	37			tropicamide SOLN	85
trazodone hcl TABS 300 MG	23				
trazodone hcl TABS 50 MG, 100 MG, 150 MG	23				
TRELEGY ELLIPTA	16				

trospium chloride CP24	95	UBRELVY	76	valproic acid CAPS	20
trospium chloride TABS	95	UCERIS (budesonide (intrarectal)) 11		valsartan SOLN	34
TRUE METRIX AIR GLUCOSE METER KIT	73	UCERIS TB24 (budesonide)	50	valsartan TABS	34
TRUE METRIX BLOOD GLUCOSE TEST STRP	61	ULORIC (febuxostat)	66	valsartan-hydrochlorothiazide	35
TRUE METRIX METER KIT	73	ULTI-LANCE AUTOMATIC MISC ..	73	VALTOCO 10 MG DOSE LIQD	17
TRUE MULTIVITAMIN TABS	82	ULTRAVATE LOTN	59	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	17
TRUEDRAW LANCING DEVICE MISC	73	umeclidinium-vilanterol	16	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	17
TRUELYTE SOLN	78	UPTRAVI SOLR	48	VALTOCO 5 MG DOSE LIQD	17
TRULANCE	64	UPTRAVI TABS	48	VALTrex 1 GM (valacyclovir hcl) .	45
TRULICITY	25	UPTRAVI TITRATION TBPK	48	VALTrex 500 MG (valacyclovir hcl) .	45
TRUMENBA 0.5 ML	96	urea CREA 40 %	59	VANCOCIN CAPS 125 MG (vancomycin hcl)	36
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate)	44	URETRON D/S TABS 81.6 MG ...	36	VANCOCIN CAPS 250 MG (vancomycin hcl)	36
TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)	44	ursodiol CAPS	64	vancomycin hcl CAPS 125 MG	36
TRUXIMA	37	ursodiol TABS 250 MG	64	vancomycin hcl CAPS 250 MG	36
TUDORZA PRESSAIR	13	USTEKINUMAB 130 MG/26ML ...	64	vancomycin hcl SOLR IV 1 GM ...	36
TWINRIX SUSY	98	USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	56	VANCOMYCIN HCL SOLR IV 1 GM .	36
TWYNEO	54	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	56	vancomycin hcl SOLR IV 500 MG .	36
TYBLUME CHEW	49	USTEKINUMAB-TTWE	56	VANCOMYCIN HCL SOLR IV 500 MG	36
TYBOST	44	UZEDY SUSY	40	vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML .	36
TYENNE SOAJ	5	VAFSEO	67	VANDAZOLE	98
TYENNE SOSY	5	valacyclovir hcl 1 GM	45	VANOS CREA (fluocinonide)	59
TYMLOS	62	valacyclovir hcl 500 MG	45	VAQTA	98
TYPHIM VI SOLN	96	valganciclovir hcl TABS	44	varenicline tartrate TABS 0.5 MG .	92
TYPHIM VI SOSY	96	valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	20	varenicline tartrate TABS 1 MG ...	92
TYRVAYA	85	valproate sodium SOLN PO 250 MG/5ML	20	varenicline tartrate TBPK	92
		valproate sodium SOLN PO 500 MG/10ML	20		

VARIVAX SUSR	98	VERKAZIA EMUL	86	VISTA ADVANCED DRY EYE FORMULA CAPS	81
VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide)	35	VERSACLOZ SUSP	40	VITABEX CAPS	82
VASOTEC TABS (enalapril maleate) .	33	VESICARE LS SUSP	95	VITABEX PLUS CAPS	82
VAXCHORA	96	VESICARE TABS (solifenacin succinate)	95	VITAFOL-ONE CAPS	83
VAXNEUVANCE	96	VEVYE SOLN	86	vitamin e CAPS 180 MG, 200 UNIT, 400 UNIT, 90 MG, 90 MG, 180 MG	99
VECTICAL (calcitriol (topical))	56	VFEND SUSR (voriconazole)	31	VITEYES AREDS 2 FORMULA +MULTI CAPS	82
VELPHORO	65	VIBERZI	65	VITEYES AREDS 2 FORMULA CAPS	82
VELSIPITY	64	VICTOZA (liraglutide)	26	VITEYES CLASSIC ADVANCED CAPS	82
VELTASSA	79	vigabatrin PACK	20	VITEYES CLASSIC MACULAR SUPPOR CAPS	82
VEMLIDY	45	vigabatrin TABS	20	VITEYES CLASSIC+OMEGA-3 CAPS	82
VENLAFAXINE BESYLATE ER ..	23	VIGAFYDE SOLN	20	VIVAGUARD LANCING DEVICE MISC	73
venlafaxine hcl CP24 150 MG	23	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	86	VIVITROL	30
venlafaxine hcl CP24 37.5 MG	23	VIIBRYD TABS (vilazodone hcl) ..	23	VIVOTIF	96
venlafaxine hcl CP24 75 MG	23	vilazodone hcl TABS	23	VOGELXO GEL TD (testosterone) 11	
venlafaxine hcl TABS	23	VIMOVO (naproxen-esomeprazole magnesium)	6	VOGELXO PUMP GEL TD (testosterone)	11
venlafaxine hcl TB24 150 MG	23	VIMPAT SOLN PO 10 MG/ML (lacosamide)	19	voriconazole SUSR	31
venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	23	VIMPAT TABS (lacosamide)	19	voriconazole TABS	31
VENTOLIN HFA AERS (albuterol sulfate)	16	VIOKACE TABS	61	VORTEX HOLD CHMBR/MASK/CHILD DEVI	76
verapamil hcl CP24 100 MG, 200 MG, 300 MG	47	VIRACEPT TABS 250 MG	44	VORTEX HOLD CHMBR/MASK/TODDLER DEVI ..	76
verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	47	VIRACEPT TABS 625 MG	44	VORTEX VALVE CHAMBER-PEDI MASK DEVI	76
VERAPAMIL HCL ER CP24 (verapamil hcl)	47	VIREAD POWD	44	VORTEX VALVED HOLDING CHAMBER DEVI	76
verapamil hcl TABS	47	VIREAD TABS (tenofovir disoproxil fumarate)	44		
verapamil hcl TBCR	47	VIREAD TABS	44		
VEREGEN	54	VISION HEALTH CAPS	81		
VERELAN PM CP24 (verapamil hcl) .	47	VISION OPTIMIZER CAPS	81		
		VISTA ADVANCED AREDS2 FORMULA CAPS	81		

VOSEVI	45	XALATAN SOLN (latanoprost)	88	XOLAIR SOLR	13
VRAYLAR CAPS	38	XARELTO STARTER PACK TBPK 16		XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	13
VTAMA	56	XARELTO SUSR 1 MG/ML (rivaroxaban)	16	XOLAIR SOSY	13
VUMERITY	91	XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (rivaroxaban)	16	XOPENEX HFA (levalbuterol tartrate)	16
VUSION (miconazole-zinc oxide- white petrolatum)	55	XARELTO TABS	16	XPHOZAH	63
VYNDAMAX	48	XATMEP SOLN PO	37	XROMI SOLN PO 100 MG/ML	66
VYONDYS 53	84	XCOPRI (250 MG DAILY DOSE) TBPK	19	XULTOPHY	24
VYTORIN (ezetimibe-simvastatin) 32		XCOPRI (350 MG DAILY DOSE) TBPK	20	YESINTEK SOLN 45 MG/0.5ML ..	56
VYVANSE CAPS	1	XCOPRI TABS	20	YESINTEK SOSY	56
VYVANSE CHEW	1	XCOPRI TBPK	20	YF-VAX INJ	98
VYZULTA	88	XELJANZ SOLN	3	YUFLYMA (1 PEN) AJKT	5
warfarin sodium TABS	16	XELJANZ TABS	3	YUFLYMA (2 PEN) AJKT	5
WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	2	XELJANZ XR TB24	3	YUFLYMA (2 SYRINGE) PSKT	5
WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	1	XELPROS EMUL	88	YUFLYMA-CD/UC/HS STARTER AJKT	5
WELCHOL PACK (colesevelam hcl) . 32		XELSTRYM	1	YUPELRI	13
WELCHOL TABS (colesevelam hcl) . 32		XEMBIFY	88	YUSIMRY	5
WELLBUTRIN SR TB12 100 MG (bupropion hcl)	21	XENAZINE (tetrabenazine)	90	ZADITOR 0.035 % (ketotifen fumarate (ophth))	87
WELLBUTRIN SR TB12 150 MG (bupropion hcl)	21	XEPI	54	zafirlukast	13
WELLBUTRIN SR TB12 200 MG (bupropion hcl)	21	XERESE	56	zaleplon 10 MG	68
WELLBUTRIN XL TB24 150 MG (bupropion hcl)	21	XHANCE EXHU	84	zaleplon 5 MG	68
WELLBUTRIN XL TB24 300 MG (bupropion hcl)	21	XIFAXAN	35	ZANAFLEX CAPS (tizanidine hcl) .	83
white petrolatum-mineral oil	84	XIGDUO XR (dapagliflozin propanediol-metformin hcl)	24	ZANAFLEX TABS 4 MG (tizanidine hcl)	83
WINLEVI	54	XIGDUO XR 1000 MG-2.5 MG, 500 MG-10 MG, 500 MG-5 MG	24	ZARONTIN CAPS (ethosuximide) .	20
		XIIDRA	86	ZARONTIN SOLN (ethosuximide) .	20
		XOLAIR SOAJ	13	ZARXIO	67
				ZAVZPRET	76
				ZEGALOGUE SOAJ	25

ZEGALOGUE SOSY	25	ZIMHI SOSY	30	(sertraline hcl)	22
ZEGERID CAPS (omeprazole-sodium bicarbonate)	95	zinc oxide (topical) OINT 20 %	60	ZOLPIDEM TARTRATE CAPS	68
ZEGERID PACK (omeprazole-sodium bicarbonate)	95	ZIOPTAN (tafluprost)	88	zolpidem tartrate SUBL	68
ZEMBRACE SYMTOUCH SOAJ ..	77	ziprasidone hcl	38	zolpidem tartrate TABS	68
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	61	ziprasidone mesylate	38	zolpidem tartrate TBCR	68
ZEPATIER	45	ZIRABEV	37	ZOMACTON SOLR SC	62
ZEPOSIA 7-DAY STARTER PACK CPPK	91	ZITHROMAX PACK	69	ZOMIG SOLN 2.5 MG (zolmitriptan) .	77
ZEPOSIA CAPS	91	ZITHROMAX SUSR 100 MG/5ML (azithromycin)	69	ZOMIG SOLN 5 MG (zolmitriptan) .	77
ZEPOSIA STARTER KIT CPPK ...	91	ZITHROMAX SUSR 200 MG/5ML (azithromycin)	69	ZONISADE SUSP	19
ZERVIAE	87	ZITHROMAX TABS 250 MG (azithromycin)	69	zonisamide CAPS	19
ZESTORETIC (lisinopril & hydrochlorothiazide)	35	ZITHROMAX TABS 500 MG (azithromycin)	69	ZORTRESS (everolimus (immunosuppressant))	79
ZESTRIL TABS (lisinopril)	33	ZITHROMAX TRI-PAK TABS (azithromycin)	69	ZORYVE CREA EX	60
ZETIA (ezetimibe)	33	ZITHROMAX Z-PAK TABS (azithromycin)	69	ZOVIRAX CREA (acyclovir topical) .	56
ZETONNA AERS	84	ZITUVIMET TABS	24	ZOVIRAX OINT (acyclovir topical) .	56
ZIAGEN SOLN (abacavir sulfate) .	44	ZITUVIMET XR TB24	24	ZTALMY	19
ZIAGEN TABS (abacavir sulfate) .	44	ZITUVIO	25	ZUBSOLV SUBL	11
ZIANA (clindamycin phosphate-tretinoin)	54	ZMA CLEAR SUSP	54	ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	90
zidovudine CAPS	44	ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	33	ZURZUVAE	21
zidovudine SYRP	44	zolmitriptan SOLN 2.5 MG	77	ZYCLARA (imiquimod)	59
zidovudine TABS	44	zolmitriptan SOLN 5 MG	77	ZYCLARA PUMP (imiquimod)	59
zileuton TB12	13	zolmitriptan TABS	77	ZYCLARA PUMP	59
		zolmitriptan TBDP	77	ZYFLO TABS	13
		ZOLOFT CONC (sertraline hcl) ...	22	ZYLET	87
		ZOLOFT TABS 100 MG (sertraline hcl)	22	ZYLOPRIM 100 MG (allopurinol) ..	66
		ZOLOFT TABS 25 MG, 50 MG		ZYMFENTRA (1 PEN) AJKT	65
				ZYMFENTRA (2 PEN) AJKT	65
				ZYMFENTRA (2 SYRINGE) PSKT	65

ZYPITAMAG 2 MG, 4 MG	33
ZYPREXA RELPREVV	40
ZYPREXA TABS 2.5 MG, 5 MG (olanzapine)	40
ZYPREXA TABS 20 MG (olanzapine)	40