

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 na ko thei.

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

နမ့်ကတိ ကညိ ကျိအယိ, နမန့် ကျိအတိမၤစၢလၢ တလၢ်ဘျၢ်လၢ်စ့ၤ နီတမံၤဘျၢ်သ့န့ၢ်လီၤ. ကိး 866-433-6041 (TTY: 711)

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

အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ငွေအတွက် 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. A total of 90% of the days' supply, or 28 days, must have passed before the prescription can be refilled. Some oncology agents, long-acting injectable antipsychotics, and specialty medications can be refilled at 80% of the days' supply or after 25 days have passed.

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 ATC does not have record that the step through medicine(s) have been tried, then a prior authorization will be required. If Absolute Total Care does not approve the prior authorization request, we will give you information about the grievance and appeal process and your right to a State Fair Hearing. If you or your provider do not agree with our decision, please let us know.

Quantity Limits

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

Age Limits

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

Medical Necessity Requests

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

For a MN request, Absolute Total Care requires:

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

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

Emergency Supply Policy

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

Exclusions

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

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

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

Medicaid Drug Rebate Program

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

340B Program

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

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

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

Newly-Approved Products

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

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

Over-The-Counter (OTC) Medications

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

Generic Drugs

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

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

Drug Efficacy Study Implementation (DESI) Drugs

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

Filling a Prescription

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

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

Copayments

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

Drug Tiers

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

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

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

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

Abbreviations

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

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

Clinical Edit Descriptions

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

Contact Information

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders			<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	NP	
Amphetamines			<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	P	QL(2 EA daily); AL(At least 3 yrs old)
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	NP	QL(2 EA daily); AL(At least 3 yrs old)
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	P	QL(2 EA daily); AL(At least 3 yrs old)	<i>dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG</i>	P	
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG (<i>amphetamine</i>)	NP		DYANAVEL XR SUER	P	
<i>amphetamine sulfate TABS</i>	NP		DYANAVEL XR TBCR	NP	
<i>amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	NP		EVEKEO TABS (<i>amphetamine sulfate</i>)	NP	
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	<i>lisdexamfetamine dimesylate CAPS</i>	NP	Brand Preferred; QL(1 EA daily)
<i>amphetamine-dextroamphetamine TABS</i>	P	QL(2 EA daily); AL(At least 3 yrs old)	<i>lisdexamfetamine dimesylate CHEW</i>	NP	Brand Preferred
<i>amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG</i>	NP		<i>methamphetamine hcl</i>	NP	
DEXEDRINE CP24 10 MG, 15 MG (<i>dextroamphetamine sulfate</i>)	NP	QL(2 EA daily); AL(At least 6 yrs old)	MYDAYIS CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	
<i>dextroamphetamine sulfate CP24 5 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	VYVANSE CAPS	P	Brand Preferred; QL(1 EA daily)
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	P	QL(2 EA daily); AL(At least 6 yrs old)	VYVANSE CHEW	P	Brand Preferred
<i>dextroamphetamine sulfate SOLN</i>	NP		XELSTRYM	NP	
			Analeptics		
			<i>caffeine citrate SOLN PO</i>	C	Limit 2 fills per Lifetime; QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail
			Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
			<i>atomoxetine hcl</i>	P	AL(At least 6 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clonidine hcl (adhd) TB12</i>	P		FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	NP	QL(2 EA daily); AL(At least 6 yrs old)
<i>guanfacine hcl (adhd)</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	JORNAY PM CP24	NP	
INTUNIV (<i>guanfacine hcl (adhd)</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	METHYLIN SOLN (<i>methylphenidate hcl</i>)	NP	
ONYDA XR SUER	NP		<i>methylphenidate hcl CHEW</i>	NP	
QELBREE	NP		<i>methylphenidate hcl CP24</i>	NP	
STRATTERA (<i>atomoxetine hcl</i>)	NP	AL(At least 6 yrs old)	<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i>	P	
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)			<i>methylphenidate hcl CPR</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
SUNOSI	NP		<i>methylphenidate hcl SOLN</i>	P	
Histamine H3-Receptor Antagonist/Inverse Agonists			<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	P	QL(3 EA daily); AL(At least 3 yrs old)
WAKIX	NP	SP	<i>methylphenidate hcl TABS 5 MG</i>	P	QL(6 EA daily); AL(At least 3 yrs old)
Stimulants - Misc.			<i>methylphenidate hcl TB24 36 MG</i>	P	QL(2 EA daily)
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	NP		<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	P	QL(1 EA daily)
<i>armodafinil</i>	PA	PA	<i>methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG</i>	NP	
AZSTARYS	NP		<i>methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG</i>	P	QL(2 EA daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (<i>methylphenidate hcl</i>)	NP	QL(2 EA daily); AL(At least 6 yrs old)	<i>methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
CONCERTA TBCR 18 MG, 27 MG, 54 MG (<i>methylphenidate hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>methylphenidate PTCH</i>	NP	Brand Preferred
COTEMPLA XR-ODT TBED	NP		<i>modafinil</i>	PA	PA
DAYTRANA PTCH (<i>methylphenidate</i>)	P	Brand Preferred	NUVIGIL (<i>armodafinil</i>)	NP	
<i>dexmethylphenidate hcl CP24</i>	P		PROVIGIL (<i>modafinil</i>)	NP	
<i>dexmethylphenidate hcl TABS</i>	P	QL(2 EA daily); AL(At least 6 yrs old)	QUILLICHEW ER CHER	P	
FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	NP		QUILLIVANT XR SRER	P	

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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	NP	
RELEXXII TBCR 45 MG, 63 MG, 72 MG (methylphenidate hcl)	NP	
RITALIN LA CP24 (methylphenidate hcl)	NP	
RITALIN TABS 5 MG (methylphenidate hcl)	NP	QL(6 EA daily); AL(At least 3 yrs old)
RITALIN TABS 10 MG, 20 MG (methylphenidate hcl)	NP	QL(3 EA daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	C	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old)
RAGWITEK SUBL	C	QL(1 EA daily); AL(At least 18 yrs old - Up to 65 yrs old)
AMEBICIDES		
Amebicides		
SOLOSEC	NP	ST
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	NP	SP
BETHKIS NEBU (tobramycin)	NP	SP
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin)	NP	SP
neomycin sulfate TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
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	NP	SP
tobramycin NEBU	PA	SP; PA
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

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	SIMPONI SOAJ	NP	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 2 yrs old); 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	SIMPONI SOSY	NP	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 2 yrs old); 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 (1 PEN) AJKT	NP	SP
HUMIRA-PSORIASIS/UEIT STARTER AJKT	P	QL(3 EA per 365 day(s) retail); AL(At least 2 yrs old); SP	YUFLYMA (2 PEN) AJKT	NP	SP
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP	YUFLYMA (2 SYRINGE) PSKT	NP	SP
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP	YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP
HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP	YUSIMRY	NP	
HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	SP	YUSIMRY	NP	SP
HYRIMOZ SOAJ	NP	SP	Interleukin-1 Blockers		
HYRIMOZ SOSY	NP	SP	ARCALYST	NP	SP
IDACIO (2 PEN) AJKT	NP	SP	Interleukin-1 Receptor Antagonist (IL-1Ra)		
IDACIO (2 SYRINGE) PSKT	NP	SP	KINERET SOSY	NP	SP
IDACIO-CROHNS/UC STARTER AJKT	NP	SP	Interleukin-6 Receptor Inhibitors		
IDACIO-PSORIASIS STARTER AJKT	NP	SP	ACTEMRA ACTPEN SOAJ	NP	SP
SIMLANDI (1 PEN) AJKT	NP	SP	ACTEMRA SOLN	C	SP; PA
SIMLANDI (1 SYRINGE) PSKT	NP	SP	ACTEMRA SOSY	NP	SP
SIMLANDI (2 PEN) AJKT	NP	SP	KEVZARA SOAJ	NP	SP
SIMLANDI (2 SYRINGE) PSKT	NP	SP	KEVZARA SOSY	NP	SP
			TYENNE SOAJ	NP	SP
			TYENNE SOAJ	NP	
			TYENNE SOSY	NP	
			TYENNE SOSY	NP	SP
			Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
			ARTHROTEC TBEC (diclofenac w/ misoprostol)	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>celecoxib</i>	C	QL(2 EA daily); PA	<i>ketoprofen CP24</i>	NP	
COXANTO CAPS (<i>oxaprozin</i>)	NP		<i>ketorolac tromethamine TABS</i>	P	QL(20 EA per 31 day(s) retail); AL(At least 17 yrs old)
DAYPRO TABS (<i>oxaprozin</i>)	NP		LURBIRO TABS 100 MG (<i>flurbiprofen</i>)	NP	
<i>diclofenac potassium CAPS</i>	NP		<i>meclofenamate sodium CAPS</i>	NP	
<i>diclofenac potassium TABS</i>	NP		<i>mefenamic acid CAPS</i>	NP	
<i>diclofenac sodium TB24</i>	P		<i>meloxicam CAPS</i>	NP	
<i>diclofenac sodium TBEC</i>	P		<i>meloxicam TABS</i>	P	
<i>diclofenac w/ misoprostol TBEC</i>	NP		<i>nabumetone</i>	P	
<i>etodolac CAPS</i>	NP		NALFON CAPS (<i>fenoprofen calcium</i>)	NP	
<i>etodolac TABS</i>	NP		NALFON TABS 600 MG	NP	
<i>etodolac TB24</i>	NP		NAPRELAN TB24 (<i>naproxen sodium</i>)	NP	
FELDENE CAPS 20 MG (<i>piroxicam</i>)	NP		NAPROSYN SUSP (<i>naproxen</i>)	NP	
<i>fenoprofen calcium CAPS 400 MG</i>	NP		<i>naproxen sodium TABS 220 MG</i>	C	QL(2 EA daily)
<i>fenoprofen calcium TABS</i>	NP		<i>naproxen sodium TABS 275 MG, 550 MG</i>	NP	
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 40 MG/ML, 50 MG/1.25ML</i>	C		<i>naproxen TBEC</i>	P	QL(2 EA daily)
<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	P	RX/OTC	<i>oxaprozin CAPS</i>	NP	
<i>ibuprofen TABS 300 MG</i>	NP		<i>oxaprozin TABS</i>	NP	
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	P		<i>piroxicam CAPS</i>	P	
<i>ibuprofen TABS 200 MG</i>	C		RELAFEN DS	NP	
<i>indomethacin CAPS 25 MG, 50 MG</i>	P		<i>sulindac TABS</i>	P	
<i>indomethacin CPCR</i>	NP		<i>tolmetin sodium CAPS</i>	NP	
<i>indomethacin SUPP</i>	NP		<i>tolmetin sodium TABS 600 MG</i>	NP	
<i>indomethacin SUSP</i>	NP				
<i>ketoprofen CAPS 25 MG</i>	NP				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIMOVO 500 MG-20 MG (<i>naproxen-esomeprazole magnesium</i>)	NP		ENBREL SOLN	P	QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
VYSCOXIA PO 10 MG/ML	NP	AL(At least 2 yrs old)	ENBREL SOSY 25 MG/0.5ML	P	QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
Phosphodiesterase 4 (PDE4) Inhibitors			ENBREL SOSY 50 MG/ML	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
OTEZLA XR TB24 PO 75 MG	NP	SP	ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
OTEZLA/OTEZLA XR INITIATION PK TBPk	NP	1 package(s) per 365 day(s) retail; 1 package(s) per 365 day(s) mail; AL(At least 6 yrs old); SP	Analgesic Combinations		
OTEZLA TABS 20 MG	NP	SP	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	C	QL(4 EA daily)
OTEZLA TABS 30 MG	NP	QL(2 EA daily); AL(At least 6 yrs old); SP	<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	C	QL(4 EA daily)
OTEZLA TBPk	NP	1 package(s) per 365 day(s) retail; 1 package(s) per 365 day(s) mail; AL(At least 6 yrs old); SP	<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	C	
Pyrimidine Synthesis Inhibitors			<i>butalbital-aspirin-caffeine CAPS</i>	C	QL(4 EA daily)
<i>leflunomide</i>	C	QL(1 EA daily)	Analgesics - Sodium Channel Pain Signal Inhibitors		
Selective Costimulation Modulators			JOURNAVX	P	Does not exceed healthplan QL; QL(29 EA per fill retail; 29 per fill mail); 14 day(s) max supply per 60 day(s) retail; 14 day(s) max supply per 60 day(s) mail; AL(At least 18 yrs old)
ORENCIA CLICKJECT SOAJ	NP	SP	Analgesics Other		
ORENCIA SOSY	NP	SP	<i>acetaminophen CHEW</i>	C	
Soluble Tumor Necrosis Factor Receptor Agents					
ENBREL MINI SOCT	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP			
ENBREL SURECLICK SOAJ	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen LIQD 160 MG/5ML</i>	C		DILAUDID TABS 4 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	C	QL(240 ML per fill retail)	DILAUDID TABS 8 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA; QL(4 EA daily)
<i>acetaminophen SUPP 120 MG, 650 MG</i>	C	QL(12 EA per 31 day(s) retail)	<i>fantanyl citrate LPOP 200 MCG, 1200 MCG</i>	NP	Opioid Smart PA
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	C		<i>fantanyl citrate TABS 400 MCG, 600 MCG, 800 MCG</i>	NP	Opioid Smart PA
<i>acetaminophen TABS 325 MG, 500 MG</i>	C		<i>fantanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	P	QL(0.34 EA daily)
FEVERALL JUNIOR STRENGTH SUPP	C	QL(12 EA per 31 day(s) retail)	<i>fantanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP	
Salicylates			<i>hydrocodone bitartrate CP12</i>	NP	Opioid Smart PA
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	C		<i>hydrocodone bitartrate T24A</i>	NP	Opioid Smart PA
<i>aspirin CHEW</i>	C		<i>hydromorphone hcl LIQD</i>	P	Opioid Smart PA
ASPIRIN SUPP 300 MG	C	QL(12 EA per 31 day(s) retail)	HYDROMORPHONE HCL SUPP	P	Opioid Smart PA; QL(2 EA daily)
<i>aspirin TABS 325 MG</i>	C		<i>hydromorphone hcl TABS 2 MG</i>	P	Opioid Smart PA; QL(8 EA daily)
<i>aspirin TBEC 81 MG, 325 MG</i>	C		<i>hydromorphone hcl TABS 4 MG</i>	P	Opioid Smart PA
<i>diflunisal TABS</i>	NP		<i>hydromorphone hcl TABS 8 MG</i>	P	Opioid Smart PA; QL(4 EA daily)
<i>salsalate</i>	C		<i>hydromorphone hcl TB24</i>	NP	Opioid Smart PA
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG	NP	Opioid Smart PA
Opioid Agonists			<i>levorphanol tartrate TABS 2 MG</i>	NP	
<i>codeine sulfate TABS 30 MG</i>	P	Opioid Smart PA; AL(At least 12 yrs old)	<i>levorphanol tartrate TABS</i>	NP	Opioid Smart PA
CODEINE SULFATE TABS	P	Opioid Smart PA; AL(At least 12 yrs old)	<i>meperidine hcl SOLN PO 50 MG/5ML</i>	P	Opioid Smart PA
CONZIP CP24 (<i>tramadol hcl</i>)	NP	Opioid Smart PA			
DILAUDID LIQD (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA			
DILAUDID TABS 2 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA; QL(8 EA daily)			

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

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone hcl TABS</i>	P	Opioid Smart PA; QL(6 EA daily)
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
QDOLO SOLN (<i>tramadol hcl</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 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 75 MG, 100 MG</i>	NP	
<i>tramadol hcl TABS 25 MG</i>	P	Opioid Smart PA
<i>tramadol hcl TABS 100 MG</i>	NP	Opioid Smart PA
<i>tramadol hcl TB24</i>	P	Opioid Smart PA
<i>tramadol hcl TB24</i>	NP	Opioid Smart PA
<i>tramadol hcl TB24</i>	P	
Opioid Combinations		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen w/ codeine SOLN</i>	P	Opioid Smart PA; QL(30 ML daily); AL(At least 12 yrs old)	<i>hydrocodone-acetaminophen SOLN</i>	P	
<i>acetaminophen w/ codeine SOLN</i>	P	QL(30 ML daily); AL(At least 12 yrs old)	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	P	Opioid Smart PA; QL(180 ML daily)
<i>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>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	QL(10 EA daily)
<i>acetaminophen w/ codeine TABS</i>	P	QL(6 EA daily); AL(At least 12 yrs old)	<i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>	P	
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NP	Opioid Smart PA	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	P	Opioid Smart PA
<i>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>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>butalbital-acetaminophen-cafeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	P	Opioid Smart PA	<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	P	Opioid Smart PA
<i>butalbital-aspirin-cafeine w/cod</i>	P	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)	NALOCET TABS	NP	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>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)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-cafeine w/ codeine</i>)	NP	Opioid Smart PA	<i>oxycodone w/ acetaminophen TABS</i>	P	QL(6 EA daily)
<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	P	Opioid Smart PA	<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	P	Opioid Smart PA
			PERCOCET TABS 325 MG-2.5 MG (<i>oxycodone w/ acetaminophen</i>)	NP	Opioid Smart PA
			PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	NP	Opioid Smart PA; QL(6 EA daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROLATE SOLN	NP	Opioid Smart PA	<i>buprenorphine hcl-naloxone hcl dihydrate</i> SUBL 2 MG-8 MG	P	Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)
PROLATE TABS	NP	Opioid Smart PA	<i>buprenorphine hcl</i> SUBL	P	Opioid Smart PA
SEGLENTIS	NP	Opioid Smart PA	<i>buprenorphine</i> PTWK	NP	Brand Preferred; Opioid Smart PA
<i>tramadol-acetaminophen</i>	P	Opioid Smart PA; QL(4 EA daily); AL(At least 18 yrs old)	<i>butorphanol tartrate</i> NA 10 MG/ML	NP	Opioid Smart PA
Opioid Partial Agonists			BUTRANS PTWK (<i>buprenorphine</i>)	P	Brand Preferred; Opioid Smart PA
BELBUCA FILM	NP	Opioid Smart PA	<i>pentazocine w/ naloxone hcl</i>	NP	Opioid Smart PA
BRIXADI (WEEKLY) SOSY	P	Opioid Smart PA; SP	SUBLOCADE 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	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	P	Brand Preferred; Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)
<i>buprenorphine hcl-naloxone hcl dihydrate</i> FILM SL	NP	Brand Preferred; QL(3 EA daily); AL(At least 16 yrs old)	SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	P	Brand Preferred; Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old)
<i>buprenorphine hcl-naloxone hcl dihydrate</i> FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	NP	Brand Preferred; Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)	ZUBSOLV SUBL	NP	Opioid Smart PA; AL(At least 16 yrs old)
<i>buprenorphine hcl-naloxone hcl dihydrate</i> FILM SL 3 MG-12 MG	NP	Brand Preferred; Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old)	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
<i>buprenorphine hcl-naloxone hcl dihydrate</i> SUBL 0.5 MG-2 MG	P	Opioid Smart PA; QL(12 EA daily); AL(At least 16 yrs old)	Androgens		
			ANDROGEL PUMP GEL TD (<i>testosterone</i>)	NP	
			<i>methyltestosterone</i> TABS	C	
			NATESTO GEL NA	NP	

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Drug Name	Drug Tier	Requirements/ Limits
TESTIM GEL TD (<i>testosterone</i>)	PA	Brand Preferred; PA
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	C	QL(0.2858 ML daily)
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	C	QL(4 ML per 31 day(s) retail)
<i>testosterone enanthate SOLN IM</i>	C	QL(0.1429 ML daily)
<i>testosterone GEL TD 1.62 %, 1.62 %</i>	PA	PA
<i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM</i>	NP	
<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	NP	Brand Preferred
<i>testosterone SOLN</i>	NP	
VOGELXO PUMP GEL TD (<i>testosterone</i>)	NP	
VOGELXO GEL TD (<i>testosterone</i>)	NP	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	NP	
<i>hydrocortisone (intrarectal)</i>	C	
Rectal Steroids		
<i>hydrocortisone (rectal) EX 2.5 %</i>	C	
<i>hydrocortisone (rectal) EX 1 %</i>	C	1 package(s) per fill retail; RX/OTC
PREPARATION H EX 1 %	C	1 package(s) per fill retail; RX/OTC
PREPARATION H SOOTHING RELIEF EX 1 %	C	1 package(s) per fill retail; RX/OTC
ANTACIDS		

Drug Name	Drug Tier	Requirements/ Limits
Antacid Combinations		
<i>alum & mag hydrox-simethicone LIQD</i>	C	QL(24 ML daily)
<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		
ASPRUZYO SPRINKLE PACK	NP	
<i>ranolazine TB12</i>	P	
Nitrates		

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Drug Name	Drug Tier	Requirements/ Limits
<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)
<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	
ANTI-ANXIETY 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 1 MG</i>	C	QL(4 EA daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	C	QL(3 EA daily)
<i>oxazepam CAPS</i>	C	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal		

Drug Name	Drug Tier	Requirements/ Limits
heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	C	
NORPACE CR CP12 150 MG	C	
<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	
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	PA	SP; PA
FASENRA SOSY	PA	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	SP; PA
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	PA	PA
XOLAIR SOSY	PA	SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	C	QL(8 ML daily)
Bronchodilators - Anticholinergics		

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

Drug Name	Drug Tier	Requirements/ Limits
<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	Brand Preferred; 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	P	1 package(s) per fill retail
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	NP	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits	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)	<i>albuterol sulfate TABS</i>	P	
QVAR REDHALER 80 MCG/ACT	P	QL(0.72 GM daily)	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	P	Brand Preferred
QVAR REDHALER 40 MCG/ACT	P	QL(0.36 GM daily)	<i>arformoterol tartrate</i>	P	
Sympathomimetics			BEVESPI AEROSPHERE	NP	
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	P	Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old)	BREO ELLIPTA	NP	
ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	P	Brand Preferred	BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	NP	
AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	NP		BREZTRI AEROSPHERE	NP	
AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	NP		BROVANA (<i>arformoterol tartrate</i>)	NP	
AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	NP		<i>budesonide-formoterol fumarate dihydrate</i>	NP	Brand Preferred; QL(30.6 GM per 30 day(s) retail)
AIRSUPRA	NP		<i>budesonide-formoterol fumarate dihydrate</i>	NP	Brand Preferred; QL(30.9 GM per 30 day(s) retail)
<i>albuterol sulfate AERS</i>	P	QL(13.4 GM per 30 day(s) retail)	COMBIVENT RESPIMAT AERS	P	QL(4 GM per 31 day(s) retail)
<i>albuterol sulfate AERS</i>	P	QL(17 GM per 30 day(s) retail; 17 GM per 30 days mail)	DUAKLIR PRESSAIR	NP	
<i>albuterol sulfate AERS</i>	P	QL(36 GM per 30 day(s) retail; 36 GM per 30 days mail)	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	P	QL(26.4 GM per 30 day(s) retail)
<i>albuterol sulfate NEBU 0.083 %</i>	P	QL(12.5 ML daily)	DULERA	P	QL(39 GM per 30 day(s) retail)
<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	P	QL(375 ML per 31 day(s) retail)	<i>fluticasone furoate-vilanterol</i>	NP	
<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 SYRP</i>	P		<i>fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT</i>	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone-salmeterol AERO</i>	NP		Xanthines		
<i>formoterol fumarate NEBU</i>	NP		THEO-24 CP24	C	
<i>ipratropium-albuterol SOLN</i>	P	QL(12 ML daily)	<i>theophylline ELIX</i>	C	
<i>levalbuterol hcl</i>	NP		<i>theophylline SOLN</i>	C	QL(475 ML per fill retail)
<i>levalbuterol tartrate</i>	NP	QL(0.5 GM daily; 30 GM per 30 day(s) retail)	<i>theophylline TB12 300 MG, 450 MG</i>	C	
PERFOROMIST NEBU (<i>formoterol fumarate</i>)	NP		<i>theophylline TB24</i>	C	
PROAIR RESPICLICK AEPB	P	QL(2 EA per 30 day(s) retail)	ANTICOAGULANTS - Blood Thinners		
SEREVENT DISKUS	P	1 package(s) per fill retail	Coumarin Anticoagulants		
STIOLTO RESPIMAT	P		<i>warfarin sodium TABS</i>	P	
STRIVERDI RESPIMAT	NP		Direct Factor Xa Inhibitors		
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)	ELIQUIS (1.5 MG PACK) TBSO PO	P	
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)	ELIQUIS (2 MG PACK) TBSO PO	P	
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	P	Brand Preferred; QL(30.6 GM per 30 day(s) retail)	ELIQUIS DVT/PE STARTER PACK TBPK	P	QL(2.47 EA daily)
<i>terbutaline sulfate TABS</i>	NP	ST	ELIQUIS CPSP PO 0.15 MG	P	
TRELEGY ELLIPTA	NP		ELIQUIS TABS	P	QL(2 EA daily)
<i>umeclidinium-vilanterol</i>	NP		ELIQUIS TBSO PO 0.5 MG	P	
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	P	QL(36 GM per 30 day(s) retail)	<i>rivaroxaban SUSR 1 MG/ML</i>	NP	Brand Preferred
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	P	QL(16 GM per 30 day(s) retail)	<i>rivaroxaban TABS 2.5 MG</i>	NP	Brand Preferred
XOPENEX HFA (<i>levalbuterol tartrate</i>)	NP	QL(0.5 GM daily; 30 GM per 30 day(s) retail)	SAVAYSA	NP	
			XARELTO STARTER PACK TBPK	P	
			XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	P	Brand Preferred
			XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	P	Brand Preferred
			XARELTO TABS	P	Brand Preferred
			Heparins And Heparinoid-Like Agents		
			ARIXTRA (<i>fondaparinux sodium</i>)	NP	SP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	QL(126 ML per 180 day(s) retail); SP	LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	NP	QL(25.2 ML per 180 day(s) retail); SP
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(16.8 ML per 180 day(s) retail); SP	LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NP	QL(42 ML per 180 day(s) retail); SP
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	P	QL(12.6 ML per 180 day(s) retail); SP	LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(12.6 ML per 180 day(s) retail); SP
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	P	QL(42 ML per 180 day(s) retail); SP	LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NP	QL(16.8 ML per 180 day(s) retail); SP
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	P	QL(25.2 ML per 180 day(s) retail); SP	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>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	P	QL(33.6 ML per 180 day(s) retail); SP	LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NP	QL(12.6 ML per 180 day(s) retail); SP
<i>fondaparinux sodium</i>	NP	SP	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
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	SP	LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(16.8 ML per 180 day(s) retail); SP
FRAGMIN SOSY	NP	SP	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(33.6 ML per 180 day(s) retail); SP
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	C		Thrombin Inhibitors		
HEPARIN SODIUM (PORCINE) SOSY IJ	C		<i>dabigatran etexilate mesylate CAPS</i>	NP	Brand Preferred
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	PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	P	Brand Preferred
LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	QL(126 ML per 180 day(s) retail); SP	PRADAXA PACK	NP	SP
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			

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Drug Name	Drug Tier	Requirements/ Limits
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP 0.5 MG/ML (<i>perampanel</i>)	PA	Brand Preferred; PA
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (<i>perampanel</i>)	PA	Brand Preferred; PA
<i>perampanel SUSP 0.5 MG/ML</i>	NP	Brand Preferred
<i>perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG</i>	NP	Brand Preferred
Anticonvulsants - Benzodiazepines		
<i>clobazam SUSP</i>	P	PA
<i>clobazam TABS</i>	P	
<i>clobazam TABS</i>	P	PA
<i>clonazepam TABS</i>	C	QL(4 EA daily)
<i>diazepam (anticonvulsant) GEL 10 MG, 20 MG</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.		
APTIOM 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NP	
BANZEL SUSP (<i>rufinamide</i>)	NP	SP; PA

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KEPPRA TABS 500 MG (<i>levetiracetam</i>)	NP	QL(6 EA daily)	MOTPOLY XR CP24	NP	
KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	NP		NEURONTIN CAPS (<i>gabapentin</i>)	NP	QL(9 EA daily)
<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	P		NEURONTIN SOLN (<i>gabapentin</i>)	NP	
<i>lacosamide TABS</i>	P		NEURONTIN TABS 800 MG (<i>gabapentin</i>)	NP	QL(4 EA daily)
LAMICTAL ODT KIT (<i>lamotrigine</i>)	NP		NEURONTIN TABS 600 MG (<i>gabapentin</i>)	NP	QL(6 EA daily)
LAMICTAL ODT TBDP (<i>lamotrigine</i>)	NP		<i>oxcarbazepine SUSP</i>	NP	Brand Preferred
LAMICTAL STARTER KIT 25 MG (<i>lamotrigine</i>)	NP		<i>oxcarbazepine TABS</i>	P	
LAMICTAL XR KIT	NP		<i>oxcarbazepine TB24</i>	NP	
LAMICTAL XR TB24 (<i>lamotrigine</i>)	NP	QL(1 EA daily)	OXTELLAR XR TB24 (<i>oxcarbazepine</i>)	NP	
LAMICTAL CHEW (<i>lamotrigine</i>)	NP		<i>pregabalin CAPS</i>	P	
LAMICTAL TABS (<i>lamotrigine</i>)	NP		<i>pregabalin SOLN</i>	NP	
<i>lamotrigine CHEW</i>	P		<i>primidone</i>	P	
<i>lamotrigine KIT 25 MG</i>	NP		QUDEXY XR CS24 (<i>topiramate</i>)	NP	
<i>lamotrigine TABS</i>	P		<i>rufinamide SUSP</i>	PA	PA
<i>lamotrigine TABS</i>	NP		<i>rufinamide SUSP</i>	PA	SP; PA
<i>lamotrigine TB24</i>	P	QL(1 EA daily)	<i>rufinamide TABS</i>	NP	Brand Preferred; SP
<i>lamotrigine TBDP</i>	P		SPRITAM TB3D	NP	
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	P	QL(16 ML daily)	SPRITAM TB3D	NP	
<i>levetiracetam TABS 250 MG, 750 MG</i>	P	QL(4 EA daily)	SUBVENITE SUSP PO 10 MG/ML	NP	
<i>levetiracetam TABS 1000 MG</i>	P		TEGRETOL SUSP (<i>carbamazepine</i>)	NP	
<i>levetiracetam TABS 500 MG</i>	P	QL(6 EA daily)	TEGRETOL TABS (<i>carbamazepine</i>)	NP	
<i>levetiracetam TB24</i>	P		TEGRETOL-XR TB12 (<i>carbamazepine</i>)	P	Brand Preferred
LEVETIRACETAM TB3D	NP		TOPAMAX SPRINKLE CPSP 15 MG (<i>topiramate</i>)	NP	QL(6 EA daily)
LYRICA CAPS (<i>pregabalin</i>)	NP		TOPAMAX SPRINKLE CPSP 25 MG (<i>topiramate</i>)	NP	QL(8 EA daily)
LYRICA SOLN (<i>pregabalin</i>)	NP		TOPAMAX TABS 200 MG (<i>topiramate</i>)	NP	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOPAMAX TABS 25 MG, 50 MG (<i>topiramate</i>)	NP	QL(6 EA daily)	GABA Modulators		
TOPAMAX TABS 100 MG (<i>topiramate</i>)	NP	QL(4 EA daily)	SABRIL PACK (<i>vigabatrin</i>)	PA	Brand Preferred; SP; PA
<i>topiramate CP24</i>	NP		SABRIL TABS (<i>vigabatrin</i>)	NP	SP; PA
<i>topiramate CPSP 50 MG</i>	P		<i>tiagabine hcl</i>	PA	PA
<i>topiramate CPSP 15 MG</i>	P	QL(6 EA daily)	<i>vigabatrin PACK</i>	NP	Brand Preferred; SP
<i>topiramate CPSP 25 MG</i>	P	QL(8 EA daily)	<i>vigabatrin PACK</i>	PA	Brand Preferred; SP; PA
<i>topiramate CS24</i>	NP		<i>vigabatrin TABS</i>	NP	SP
<i>topiramate SOLN 25 MG/ML</i>	NP		<i>vigabatrin TABS</i>	PA	SP; PA
<i>topiramate TABS 100 MG</i>	P	QL(4 EA daily)	VIGAFYDE SOLN	NP	SP
<i>topiramate TABS 25 MG, 50 MG</i>	P	QL(6 EA daily)	Hydantoins		
<i>topiramate TABS 200 MG</i>	P	QL(2 EA daily)	DILANTIN	NP	
TRILEPTAL SUSP (<i>oxcarbazepine</i>)	P	Brand Preferred	DILANTIN (<i>phenytoin sodium extended</i>)	NP	
TRILEPTAL TABS (<i>oxcarbazepine</i>)	NP		DILANTIN INFATABS CHEW (<i>phenytoin</i>)	NP	
TROKENDI XR CP24 (<i>topiramate</i>)	NP		DILANTIN-125 SUSP (<i>phenytoin</i>)	NP	
VIMPAT SOLN PO 10 MG/ML (<i>lacosamide</i>)	NP	PA	DILANTIN SUSP (<i>phenytoin</i>)	NP	
VIMPAT TABS (<i>lacosamide</i>)	NP	PA	<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	P	
ZONISADE SUSP	NP		<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP	
<i>zonisamide CAPS</i>	P		<i>phenytoin CHEW</i>	P	
ZTALMY	NP		<i>phenytoin SUSP 125 MG/5ML</i>	P	
Carbamates			Succinimides		
<i>felbamate SUSP</i>	P		CELONTIN (<i>methsuximide</i>)	P	Brand Preferred
<i>felbamate TABS</i>	P		<i>ethosuximide CAPS</i>	P	
FELBATOL TABS (<i>felbamate</i>)	NP		<i>ethosuximide SOLN</i>	P	
XCOPRI (250 MG DAILY DOSE) TBPK	NP		<i>methsuximide</i>	NP	Brand Preferred
XCOPRI (350 MG DAILY DOSE) TBPK	NP				
XCOPRI TABS	NP				
XCOPRI TBPK	NP				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZARONTIN CAPS (ethosuximide)	NP		mirtazapine TABS 7.5 MG, 45 MG	P	QL(1 EA daily)
ZARONTIN SOLN (ethosuximide)	NP		mirtazapine TBDP 30 MG	P	QL(1.5 EA daily)
Valproic Acid			mirtazapine TBDP 15 MG	P	QL(3 EA daily)
DEPAKOTE ER TB24 250 MG (divalproex sodium)	NP	QL(3 EA daily)	mirtazapine TBDP 45 MG	P	QL(1 EA daily)
DEPAKOTE ER TB24 500 MG (divalproex sodium)	NP	QL(7 EA daily)	REMERON SOLTAB TBDP 15 MG (mirtazapine)	NP	QL(3 EA daily)
DEPAKOTE SPRINKLES CSDR (divalproex sodium)	NP	QL(8 EA daily)	REMERON SOLTAB TBDP 30 MG (mirtazapine)	NP	QL(1.5 EA daily)
DEPAKOTE TBEC 125 MG (divalproex sodium)	NP	QL(2 EA daily)	REMERON SOLTAB TBDP 45 MG (mirtazapine)	NP	QL(1 EA daily)
DEPAKOTE TBEC 250 MG (divalproex sodium)	NP	QL(3 EA daily)	REMERON TABS 15 MG (mirtazapine)	NP	QL(3 EA daily)
DEPAKOTE TBEC 500 MG (divalproex sodium)	NP	QL(7 EA daily)	REMERON TABS 30 MG (mirtazapine)	NP	QL(1.5 EA daily)
divalproex sodium CSDR	P	QL(8 EA daily)	Antidepressant Combinations		
divalproex sodium TB24 500 MG	P	QL(7 EA daily)	AUVELITY	NP	
divalproex sodium TB24 250 MG	P	QL(3 EA daily)	Antidepressants - Misc.		
divalproex sodium TBEC 500 MG	P	QL(7 EA daily)	bupropion hcl TABS	P	QL(3 EA daily)
divalproex sodium TBEC 125 MG	P	QL(2 EA daily)	bupropion hcl TB12 200 MG	P	QL(2 EA daily)
divalproex sodium TBEC 250 MG	P	QL(3 EA daily)	bupropion hcl TB12 150 MG	P	QL(3 EA daily)
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	P		bupropion hcl TB12 100 MG	P	QL(4 EA daily)
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	C	PA	bupropion hcl TB24 300 MG	P	QL(1 EA daily)
valproic acid CAPS	P		bupropion hcl TB24 150 MG	P	QL(3 EA daily)
ANTIDEPRESSANTS - Drugs to Treat Depression			bupropion hcl TB24 450 MG	NP	
Alpha-2 Receptor Antagonists (Tetracyclics)			FORFIVO XL TB24 (bupropion hcl)	NP	
mirtazapine TABS 15 MG	P	QL(3 EA daily)	WELLBUTRIN SR TB12 100 MG (bupropion hcl)	NP	QL(4 EA daily)
mirtazapine TABS 30 MG	P	QL(1.5 EA daily)	WELLBUTRIN SR TB12 200 MG (bupropion hcl)	NP	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WELLBUTRIN SR TB12 150 MG (<i>bupropion hcl</i>)	NP	QL(3 EA daily)	<i>escitalopram oxalate</i> TABS 10 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
GABA Receptor Modulator - Neuroactive Steroid			<i>fluoxetine hcl</i> CAPS 40 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
ZURZUVAE	NP	SP	<i>fluoxetine hcl</i> CAPS 10 MG, 20 MG	P	QL(4 EA daily)
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluoxetine hcl</i> CPDR	NP	
EMSAM	NP		<i>fluoxetine hcl</i> SOLN	P	QL(120 ML per fill retail)
MARPLAN	NP		<i>fluoxetine hcl</i> TABS 10 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
NARDIL (<i>phenelzine sulfate</i>)	NP		<i>fluoxetine hcl</i> TABS 20 MG	P	QL(4 EA daily)
<i>phenelzine sulfate</i>	P		<i>fluoxetine hcl</i> TABS 60 MG	NP	
<i>tranylcypromine sulfate</i>	NP		FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>)	NP	
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>fluvoxamine maleate</i> CP24	NP	
CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)	<i>fluvoxamine maleate</i> TABS 100 MG	P	QL(3 EA daily)
CELEXA TABS 10 MG (<i>citalopram hydrobromide</i>)	NP	QL(4 EA daily)	<i>fluvoxamine maleate</i> TABS 25 MG, 50 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
CELEXA TABS 40 MG (<i>citalopram hydrobromide</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)	LEXAPRO TABS 10 MG (<i>escitalopram oxalate</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)
CITALOPRAM HYDROBROMIDE CAPS	NP		LEXAPRO TABS 20 MG (<i>escitalopram oxalate</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)
<i>citalopram hydrobromide</i> SOLN	P		LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	NP	QL(4 EA daily)
<i>citalopram hydrobromide</i> TABS 40 MG	P	QL(1 EA daily); AL(At least 7 yrs old)	<i>paroxetine hcl</i> SUSP	NP	QL(40 ML daily)
<i>citalopram hydrobromide</i> TABS 20 MG	P	QL(2 EA daily); AL(At least 7 yrs old)	<i>paroxetine hcl</i> TABS 10 MG	P	QL(6 EA daily)
<i>citalopram hydrobromide</i> TABS 10 MG	P	QL(4 EA daily)	<i>paroxetine hcl</i> TABS 20 MG	P	QL(3 EA daily)
ESCITALOPRAM OXALATE CAPS PO 15 MG	NP		<i>paroxetine hcl</i> TABS 30 MG, 40 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
<i>escitalopram oxalate</i> SOLN	NP				
<i>escitalopram oxalate</i> TABS 5 MG	P	QL(4 EA daily)			
<i>escitalopram oxalate</i> TABS 20 MG	P	QL(1 EA daily); AL(At least 7 yrs old)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>paroxetine hcl TB24</i>	NP	QL(1 EA daily); AL(At least 7 yrs old)	<i>nefazodone hcl</i>	P	
PAXIL CR TB24 (<i>paroxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)	RALDESY SOLN PO 10 MG/ML	NP	
PAXIL SUSP (<i>paroxetine hcl</i>)	NP	QL(40 ML daily)	<i>trazodone hcl TABS 300 MG</i>	P	QL(2 EA daily)
PAXIL TABS 10 MG (<i>paroxetine hcl</i>)	NP	QL(6 EA daily)	<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	P	
PAXIL TABS 20 MG (<i>paroxetine hcl</i>)	NP	QL(3 EA daily)	TRINTELLIX	NP	QL(1 EA daily); AL(At least 18 yrs old)
PAXIL TABS 30 MG, 40 MG (<i>paroxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)	VIIBRYD TABS (<i>vilazodone hcl</i>)	NP	QL(1 EA daily)
PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)	<i>vilazodone hcl TABS</i>	P	QL(1 EA daily)
PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	NP	QL(4 EA daily)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>sertraline hcl CAPS 150 MG, 200 MG</i>	NP		CYMBALTA CPEP (<i>duloxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)
SERTRALINE HCL CAPS 150 MG, 200 MG (<i>sertraline hcl</i>)	NP		DESVENLAFAXINE ER	NP	
<i>sertraline hcl CONC</i>	NP	QL(186 ML per 31 day(s) retail)	<i>desvenlafaxine succinate 25 MG, 50 MG</i>	P	QL(1 EA daily)
<i>sertraline hcl TABS 25 MG, 50 MG</i>	P	QL(4 EA daily)	<i>desvenlafaxine succinate 100 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)	DRIZALMA SPRINKLE CSDR	NP	
ZOLOFT CONC (<i>sertraline hcl</i>)	NP	QL(186 ML per 31 day(s) retail)	<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)
ZOLOFT TABS 25 MG, 50 MG (<i>sertraline hcl</i>)	NP	QL(4 EA daily)	<i>duloxetine hcl CPEP 40 MG</i>	NP	
ZOLOFT TABS 100 MG (<i>sertraline hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)	EFFEXOR XR CP24 37.5 MG (<i>venlafaxine hcl</i>)	NP	QL(4 EA daily)
Serotonin Modulators			EFFEXOR XR CP24 75 MG (<i>venlafaxine hcl</i>)	NP	QL(5 EA daily)
EXXUA TITRATION PACK TB24 PO 18.2 MG	NP	AL(At least 18 yrs old)	EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	NP	QL(2 EA daily)
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	NP	AL(At least 18 yrs old)	FETZIMA TITRATION C4PK	NP	
			FETZIMA CP24	NP	
			PRISTIQ 100 MG (<i>desvenlafaxine succinate</i>)	NP	QL(4 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
PRISTIQ 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NP	QL(1 EA daily)
VENLAFAXINE BESYLATE ER	NP	
<i>venlafaxine hcl CP24 150 MG</i>	P	QL(2 EA daily)
<i>venlafaxine hcl CP24 75 MG</i>	P	QL(5 EA daily)
<i>venlafaxine hcl CP24 37.5 MG</i>	P	QL(4 EA daily)
<i>venlafaxine hcl TABS</i>	P	
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	NP	QL(1 EA daily); AL(At least 7 yrs old)
<i>venlafaxine hcl TB24 150 MG</i>	NP	QL(1 EA daily)
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	C	
<i>amoxapine</i>	C	
<i>clomipramine hcl 75 MG</i>	C	
<i>desipramine hcl TABS 25 MG</i>	C	QL(2 EA daily)
<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	C	
<i>doxepin hcl CAPS</i>	C	
<i>doxepin hcl CONC</i>	C	
<i>imipramine hcl TABS</i>	C	
<i>nortriptyline hcl CAPS</i>	C	
<i>nortriptyline hcl SOLN</i>	C	QL(20 ML daily)
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	P	
<i>miglitol</i>	NP	
Antidiabetic - Amylin Analogs		

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
SYMLINPEN 60 SOPN	P	QL(6 ML per 31 day(s) retail; 6 ML per 31 days mail); ST
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	NP	QL(2 EA daily)
<i>alogliptin-metformin hcl</i>	NP	QL(2 EA daily)
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	QL(1 EA daily)
<i>dapagliflozin propanediol-metformin hcl</i>	NP	
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP	
<i>glipizide-metformin hcl</i>	NP	
<i>glyburide-metformin</i>	P	
GLYXAMBI	NP	
INVOKAMET XR TB24	NP	
INVOKAMET TABS	P	ST
JANUMET XR TB24	NP	
JANUMET TABS	P	ST
JENTADUETO XR TB24	NP	
JENTADUETO TABS	P	ST
<i>pioglitazone hcl-glimepiride</i>	NP	
<i>pioglitazone hcl-metformin hcl TABS</i>	NP	QL(2 EA daily)
QTERN	NP	
<i>saxagliptin-metformin hcl</i>	NP	QL(1 EA daily)
SEGLUROMET	NP	QL(2 EA daily)
SITAGLIPT BASE-METFORM HCL ER TB24	NP	
SITAGLIPTIN BASE-METFORMIN HCL TABS	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOLQUA	NP	QL(18 ML per 31 day(s) retail)	<i>dextrose (diabetic use) CHEW 4 GM</i>	C	Limit 50 ea per 31 days retail; QL(50 EA per 31 day(s) retail)
STEGLUJAN	NP		<i>diazoxide</i>	NP	Brand Preferred
SYNJARDY XR TB24	NP		GLUCAGON EMERGENCY	NP	
SYNJARDY TABS	NP		GLUCAGON EMERGENCY SOLR IJ 1 MG (<i>glucagon</i>)	P	QL(4 EA per 365 day(s) retail)
TRIJARDY XR	NP		<i>glucagon SOLR IJ 1 MG</i>	P	QL(4 EA per 365 day(s) retail)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	P	Brand Preferred	GVOKE HYPOPEN 1-PACK SOAJ	P	
XIGDUO XR 1000 MG-2.5 MG, 500 MG-10 MG, 500 MG-5 MG	P	Brand Preferred; ST	GVOKE HYPOPEN 2-PACK SOAJ	P	
XULTOPHY	NP		GVOKE KIT SOLN	NP	
ZITUVIMET XR TB24	NP		GVOKE PFS SOSY 1 MG/0.2ML	NP	
ZITUVIMET TABS	NP		PROGLYCEM (<i>diazoxide</i>)	P	Brand Preferred
Biguanides			TRUEPLUS GLUCOSE ON THE GO CHEW	C	Limit 50 ea per 31 days retail; QL(50 EA per 31 day(s) retail)
<i>metformin hcl SOLN</i>	NP		TRUEPLUS GLUCOSE CHEW	C	Limit 50 ea per 31 days retail; QL(50 EA per 31 day(s) retail)
<i>metformin hcl TABS 850 MG</i>	P	QL(3 EA daily)	ZEGALOGUE SOAJ	P	
<i>metformin hcl TABS 1000 MG</i>	P	QL(2 EA daily)	ZEGALOGUE SOSY	P	
<i>metformin hcl TABS 500 MG</i>	P	QL(5 EA daily)	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>metformin hcl TABS 625 MG</i>	NP		<i>alogliptin benzoate</i>	NP	QL(1 EA daily)
<i>metformin hcl TABS 750 MG</i>	P		BRYNOVIN SOLN PO 25 MG/ML	NP	
<i>metformin hcl TB24 750 MG</i>	P	QL(3 EA daily)	JANUVIA	P	ST
<i>metformin hcl TB24 500 MG</i>	P	QL(4 EA daily)	<i>saxagliptin hcl</i>	NP	QL(1 EA daily)
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP		SITAGLIPTIN	NP	
RIOMET SOLN (<i>metformin hcl</i>)	NP		TRADJENTA	P	ST
Diabetic Other			ZITUVIO	NP	
BAQSIMI ONE PACK POWD	P		Incretin Mimetic Agents		
BAQSIMI TWO PACK POWD	P				

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Drug Name	Drug Tier	Requirements/ Limits
BYDUREON BCISE AUIJ	NP	QL(3.4 ML per 28 day(s) retail)
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (<i>exenatide</i>)	NP	QL(2.4 ML per 31 day(s) retail); AL(At least 18 yrs old)
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (<i>exenatide</i>)	NP	QL(1.2 ML per 31 day(s) retail); AL(At least 18 yrs old)
<i>exenatide SOPN 5 MCG/0.02ML</i>	NP	QL(1.2 ML per 31 day(s) retail); AL(At least 18 yrs old)
<i>exenatide SOPN 10 MCG/0.04ML</i>	NP	QL(2.4 ML per 31 day(s) retail); AL(At least 18 yrs old)
<i>liraglutide</i>	NP	Brand Preferred; QL(12 ML per 28 day(s) retail); AL(At least 10 yrs old)
MOUNJARO	NP	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	PA	PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	PA	PA
OZEMPIC (2 MG/DOSE) SOPN	PA	PA
TRULICITY	PA	QL(2 ML per 28 day(s) retail); PA
VICTOZA (<i>liraglutide</i>)	PA	Brand Preferred; QL(12 ML per 28 day(s) retail); AL(At least 10 yrs old); PA
Insulin		

Drug Name	Drug Tier	Requirements/ Limits
ADMELOG SOLOSTAR SOPN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
ADMELOG SOLN IJ	NP	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	
FIASP FLEXTOUCH SOPN	NP	
FIASP PENFILL SOCT	NP	
FIASP SOLN	NP	
HUMALOG JUNIOR KWIKPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	USE BRAND NAME or Authorized Generic
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 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)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMALOG MIX 75/25 SUSP	P	USE BRAND NAME or Authorized Generic	INSULIN ASPART PENFILL SOCT	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
HUMALOG TEMPO PEN SOPN	P	USE BRAND NAME or Authorized Generic	INSULIN ASPART PROT & ASPART SUSP	P	QL(40 ML per 31 day(s) retail)
HUMALOG SOCT	P	USE BRAND NAME or Authorized Generic	INSULIN ASPART SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
HUMALOG SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)	INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	NP	QL(1.5 ML daily)
HUMULIN 70/30 KWIKPEN SUPN	P	QL(1 ML daily)	INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	NP	QL(0.9 ML daily)
HUMULIN 70/30 SUSP	P	Limit 40mls per month	INSULIN DEGLUDEC SOLN	NP	QL(1.5 ML daily)
HUMULIN N KWIKPEN SUPN	P	QL(1 ML daily)	INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	
HUMULIN N SUSP	P	Limit 40mls per month	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P		INSULIN GLARGINE-YFGN SOLN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
HUMULIN R U-500 KWIKPEN SOPN SC	P		INSULIN GLARGINE-YFGN SOPN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
HUMULIN R SOLN IJ	P	Limit 40mls per month	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 ASP PROT & ASP FLEXPEN SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)			
INSULIN ASPART FLEXPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)			

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Drug Name	Drug Tier	Requirements/ Limits
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
INSULIN LISPRO PROT & LISPRO SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
INSULIN LISPRO SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
KIRSTY SOLN IJ 100 UNIT/ML	NP	
KIRSTY SOPN SC 100 UNIT/ML	NP	
LANTUS SOLOSTAR SOPN	P	Brand Preferred
LANTUS SOLN	P	Brand Preferred
LYUMJEV KWIKPEN SOPN	NP	
LYUMJEV TEMPO PEN SOPN	NP	
LYUMJEV SOLN	NP	
MERIOLOG SOLOSTAR SOPN SC 100 UNIT/ML	NP	
MERIOLOG SOLN SC 100 UNIT/ML	NP	
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(1 ML daily)
NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(1 ML daily)
NOVOLIN 70/30 RELION SUSP	NP	Limit 40mls per month
NOVOLIN 70/30 SUSP	NP	Limit 40mls per month

Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN N FLEXPEN RELION SUPN	NP	QL(1 ML daily)
NOVOLIN N FLEXPEN SUPN	NP	QL(1 ML daily)
NOVOLIN N RELION SUSP	NP	Limit 40mls per month
NOVOLIN N SUSP	NP	Limit 40mls per month
NOVOLIN R FLEXPEN RELION SOPN IJ	NP	
NOVOLIN R FLEXPEN SOPN IJ	NP	
NOVOLIN R RELION SOLN IJ	NP	Limit 40mls per month
NOVOLIN R SOLN IJ	NP	Limit 40mls per month
NOVOLOG 70/30 FLEXPEN RELION SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG FLEXPEN RELION SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG FLEXPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG MIX 70/30 FLEXPEN SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG MIX 70/30 RELION SUSP	P	USE BRAND NAME or Authorized Generic
NOVOLOG MIX 70/30 SUSP	P	USE BRAND NAME or Authorized Generic

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Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG PENFILL SOCT	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG RELION SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
REZVOGLAR KWIKPEN	NP	
SEMGLEE (YFGN) SOLN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
SEMGLEE (YFGN) SOPN	NP	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 100 UNIT/ML	P	QL(1.5 ML daily)
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	P	QL(0.9 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	

Drug Name	Drug Tier	Requirements/ Limits
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	NP	ST
FARXIGA (<i>dapagliflozin propanediol</i>)	P	Brand Preferred; ST
INVOKANA	P	ST
JARDIANCE	P	ST
STEGLATRO	NP	QL(1 EA daily)
Sulfonylureas		
<i>glimepiride 1 MG, 2 MG</i>	P	QL(4 EA daily)
<i>glimepiride 3 MG</i>	P	
<i>glimepiride 4 MG</i>	P	QL(2 EA daily)
<i>glipizide TABS</i>	P	
<i>glipizide TB24</i>	P	
GLUCOTROL XL TB24 5 MG, 10 MG (<i>glipizide</i>)	NP	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	P	
<i>glyburide TABS</i>	P	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate CHEW 262 MG</i>	C	
<i>bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML</i>	C	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	C	
<i>diphenoxylate w/ atropine TABS</i>	C	
<i>loperamide hcl CAPS</i>	C	QL(8 EA daily); RX/OTC
<i>loperamide hcl TABS</i>	C	QL(8 EA daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		

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Drug Name	Drug Tier	Requirements/ Limits
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	
<i>naloxone hcl LIQD</i>	NP	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC
<i>naloxone hcl LIQD</i>	P	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC
<i>naloxone hcl SOCT</i>	P	QL(2 ML per 90 day(s) retail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(2 ML per 90 day(s) retail)
<i>naloxone hcl SOSY 0.4 MG/ML</i>	P	
<i>naloxone hcl SOSY 2 MG/2ML</i>	P	QL(4 ML per 90 day(s) retail)
<i>naltrexone hcl</i>	C	
NARCAN LIQD (<i>naloxone hcl</i>)	P	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC
OPVEE NA	NP	
REXTOVY LIQD	NP	
VIVITROL	P	QL(1 EA per 30 day(s) retail); SP
ZIMHI SOSY	NP	
ZURNAI IJ 1.5 MG/0.5ML	NP	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl TABS</i>	NP	
<i>ondansetron hcl SOLN IJ</i>	C	

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per 31 day(s) retail)
<i>ondansetron hcl SOSY</i>	C	
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(20 EA per 31 day(s) retail)
<i>ondansetron TBDP 4 MG, 8 MG</i>	P	QL(20 EA per 31 day(s) retail; 20 EA per 31 days mail)
<i>ondansetron TBDP 16 MG</i>	P	
SANCUSO PTCH	NP	
Antiemetics - Anticholinergic		
ANTIVERT CHEW (<i>meclizine hcl</i>)	NP	RX/OTC
ANTIVERT TABS 50 MG (<i>meclizine hcl</i>)	NP	
<i>dimenhydrinate TABS</i>	C	QL(24 EA per fill retail)
<i>meclizine hcl TABS 12.5 MG, 25 MG, 50 MG</i>	NP	RX/OTC
<i>scopolamine</i>	P	
TRANSDERM SCOP 1 MG/3DAYS (<i>scopolamine</i>)	NP	
TRANSDERM-SCOP (<i>scopolamine</i>)	NP	
<i>trimethobenzamide hcl CAPS</i>	NP	
Antiemetics - Miscellaneous		
AKYNZEO	NP	
BONJESTA TBCR	NP	
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	NP	
<i>doxylamine-pyridoxine TBEC</i>	NP	
<i>dronabinol CAPS</i>	NP	
MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	NP	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		

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Drug Name	Drug Tier	Requirements/ Limits
<i>aprepitant CAPS</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	
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 50 MG</i>	P	QL(3 EA per 14 day(s) retail)
<i>fluconazole TABS 100 MG, 200 MG</i>	P	
<i>fluconazole TABS 150 MG</i>	P	QL(2 EA per fill retail)
<i>itraconazole CAPS</i>	NP	QL(1 EA daily)
<i>itraconazole SOLN</i>	NP	
<i>ketoconazole</i>	NP	
SPORANOX CAPS (<i>itraconazole</i>)	NP	QL(1 EA daily)
SPORANOX SOLN (<i>itraconazole</i>)	NP	
VFEND SUSR (<i>voriconazole</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>voriconazole SUSR</i>	NP	
<i>voriconazole TABS</i>	NP	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	C	
<i>chlorpheniramine maleate TABS</i>	C	QL(120 EA per fill retail)
CORPHENA SOLN 2 MG/5ML	C	
<i>dexchlorpheniramine maleate SOLN</i>	C	
Antihistamines - Ethanolamines		
<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 LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</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	
DESLORATADINE SOLN PO 0.5 MG/ML	NP	
<i>desloratadine TABS</i>	NP	
<i>desloratadine TBDP</i>	NP	AL(Up to 12 yrs old)
<i>fexofenadine hcl TABS 60 MG</i>	C	QL(2 EA daily)
<i>fexofenadine hcl TABS 180 MG</i>	C	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levocetirizine dihydrochloride SOLN</i>	NP	AL(Up to 12 yrs old); RX/OTC	<i>cholestyramine PACK</i>	P	
<i>levocetirizine dihydrochloride TABS</i>	P	QL(1 EA daily); RX/OTC	<i>cholestyramine POWD</i>	P	
<i>loratadine CHEW</i>	P		<i>colesevelam hcl PACK</i>	NP	
<i>loratadine TABS</i>	P	QL(1 EA daily)	<i>colesevelam hcl TABS</i>	NP	
<i>loratadine TBDP 10 MG</i>	P	QL(1 EA daily); AL(Up to 12 yrs old)	COLESTID GRAN (<i>colestipol hcl</i>)	NP	
Antihistamines - Phenothiazines			COLESTID TABS (<i>colestipol hcl</i>)	NP	
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	P	QL(240 ML per fill retail); AL(At least 2 yrs old)	<i>colestipol hcl GRAN</i>	P	
<i>promethazine hcl SUPP</i>	P	QL(12 EA per fill retail); AL(At least 2 yrs old)	<i>colestipol hcl PACK</i>	P	
<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)	<i>colestipol hcl TABS</i>	P	
Antihistamines - Piperidines			QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NP	
<i>cyproheptadine hcl SYRP</i>	C		QUESTRAN PACK (<i>cholestyramine</i>)	NP	
<i>cyproheptadine hcl TABS</i>	C		QUESTRAN POWD (<i>cholestyramine</i>)	NP	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			WELCHOL PACK (<i>colesevelam hcl</i>)	NP	
Antihyperlipidemics - Combinations			WELCHOL TABS (<i>colesevelam hcl</i>)	NP	
<i>ezetimibe-simvastatin</i>	NP	QL(1 EA daily)	Fibric Acid Derivatives		
VYTORIN (<i>ezetimibe-simvastatin</i>)	NP	QL(1 EA daily)	<i>choline fenofibrate</i>	NP	
Antihyperlipidemics - Misc.			<i>fenofibrate micronized 67 MG</i>	NP	QL(2 EA daily)
<i>icosapent ethyl</i>	P		<i>fenofibrate micronized 43 MG, 130 MG</i>	NP	
<i>omega-3-acid ethyl esters</i>	P		<i>fenofibrate micronized 134 MG, 200 MG</i>	NP	QL(1 EA daily)
Bile Acid Sequestrants			<i>fenofibrate CAPS</i>	NP	
<i>cholestyramine light PACK</i>	P		<i>fenofibrate TABS 48 MG, 145 MG</i>	P	
<i>cholestyramine light PACK</i>	NP		<i>fenofibrate TABS 160 MG</i>	NP	QL(1 EA daily)
<i>cholestyramine light POWD</i>	P		<i>fenofibrate TABS 40 MG, 120 MG</i>	NP	
<i>cholestyramine light POWD</i>	NP		<i>fenofibrate TABS 54 MG</i>	NP	QL(3 EA daily)
			<i>fenofibric acid</i>	NP	
			FIBRICOR (<i>fenofibric acid</i>)	NP	

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Drug Name	Drug Tier	Requirements/ Limits
<i>gemfibrozil</i> TABS	P	QL(2 EA daily)
LIPOFEN CAPS (<i>fenofibrate</i>)	NP	
LOPID TABS (<i>gemfibrozil</i>)	NP	QL(2 EA daily)
TRICOR TABS 145 MG (<i>fenofibrate</i>)	NP	
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	
ATORVALIQ SUSP	NP	
<i>atorvastatin calcium</i> TABS	P	QL(1 EA daily)
CRESTOR TABS (<i>rosuvastatin calcium</i>)	NP	QL(1 EA daily)
EZALLOR SPRINKLE CPSP	NP	
<i>fluvastatin sodium</i> CAPS	P	
<i>fluvastatin sodium</i> TB24	NP	
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	NP	
LIPITOR TABS (<i>atorvastatin calcium</i>)	NP	QL(1 EA daily)
LIVALO (<i>pitavastatin calcium</i>)	NP	
<i>lovastatin</i> TABS 40 MG	P	QL(2 EA daily)
<i>lovastatin</i> TABS 10 MG, 20 MG	P	QL(1 EA daily)
<i>pitavastatin calcium</i>	NP	
<i>pravastatin sodium</i>	P	QL(1 EA daily)
<i>rosuvastatin calcium</i> TABS	P	QL(1 EA daily)
<i>simvastatin</i> TABS 80 MG	P	
<i>simvastatin</i> TABS 5 MG, 10 MG, 20 MG, 40 MG	P	QL(1 EA daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	NP	QL(1 EA daily)
ZYPITAMAG 2 MG, 4 MG	NP	
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	P	
ZETIA (<i>ezetimibe</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (<i>quinapril hcl</i>)	NP	
ALTACE CAPS 1.25 MG, 5 MG, 10 MG (<i>ramipril</i>)	NP	QL(2 EA daily)
<i>benazepril hcl</i> 5 MG, 10 MG, 20 MG	P	QL(1 EA daily)
<i>benazepril hcl</i> 40 MG	P	QL(2 EA daily)
<i>captopril</i>	P	QL(3 EA daily)
<i>enalapril maleate</i> SOLN	NP	
<i>enalapril maleate</i> TABS	P	QL(2 EA daily)
EPANED SOLN (<i>enalapril maleate</i>)	NP	
<i>fosinopril sodium</i>	NP	QL(1 EA daily)
<i>lisinopril</i> TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	
LOTENSIN 40 MG (<i>benazepril hcl</i>)	NP	QL(2 EA daily)
LOTENSIN 10 MG, 20 MG (<i>benazepril hcl</i>)	NP	QL(1 EA daily)
<i>moexipril hcl</i>	NP	
<i>perindopril erbumine</i>	NP	
QBRELIS SOLN	NP	
<i>quinapril hcl</i>	NP	
<i>ramipril</i> CAPS	P	QL(2 EA daily)
<i>trandolapril</i> 1 MG, 2 MG	NP	QL(1 EA daily)
<i>trandolapril</i> 4 MG	NP	QL(2 EA daily)
ZESTRIL TABS (<i>lisinopril</i>)	NP	
Angiotensin II Receptor Antagonists		
ARBLI PO 10 MG/ML	NP	
ATACAND (<i>candesartan cilexetil</i>)	NP	
AVAPRO 150 MG, 300 MG (<i>irbesartan</i>)	NP	QL(1 EA daily)
BENICAR (<i>olmesartan medoxomil</i>)	NP	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>candesartan cilexetil</i>	NP		<i>amlodipine besylate-olmesartan medoxomil</i>	NP	
COZAAR (<i>losartan potassium</i>)	NP	QL(1 EA daily)	<i>amlodipine besylate-olmesartan medoxomil</i>	NP	ST
DIOVAN TABS (<i>valsartan</i>)	NP	QL(1 EA daily)	<i>amlodipine besylate-valsartan 5 MG-160 MG</i>	P	
EDARBI	NP		<i>amlodipine besylate-valsartan 10 MG-160 MG, 10 MG-320 MG, 5 MG-320 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 25 MG-50 MG</i>	NP	QL(3 EA daily)
<i>clonidine TB24</i>	NP		<i>captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG</i>	NP	QL(2 EA daily)
<i>doxazosin mesylate</i>	P		DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
<i>guanfacine hcl</i>	P				
JAVADIN SOLN PO 0.02 MG/ML	NP				
<i>methyldopa TABS</i>	P				
<i>methyldopa TABS 500 MG</i>	C				
NEXICLON XR TB24 (<i>clonidine</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-10 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(3 EA daily)			
ACCURETIC 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(4 EA daily)			
<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EDARBYCLOR	NP		<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>enalapril maleate & hydrochlorothiazide</i>	P	QL(2 EA daily)	<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	NP	QL(4 EA daily)
EXFORGE (<i>amlodipine besylate-valsartan</i>)	NP		<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	NP	QL(3 EA daily)
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP		<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	NP	QL(2 EA daily)
<i>fosinopril sodium & hydrochlorothiazide</i>	NP	QL(1 EA daily)	<i>telmisartan-amlodipine</i>	NP	ST
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	NP	QL(1 EA daily)	<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 EA daily)	TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NP	QL(2 EA daily)
<i>lisinopril & hydrochlorothiazide</i>	P		TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NP	QL(2 EA daily)
<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 EA daily)	<i>trandolapril-verapamil hcl</i>	P	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	NP	QL(1 EA daily)	TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	ST
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>)	NP	QL(1 EA daily)	<i>valsartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG</i>	NP	QL(2 EA daily)	ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>)	NP	
<i>metoprolol & hydrochlorothiazide TABS 50 MG-100 MG</i>	NP	QL(1 EA daily)	Direct Renin Inhibitors		
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)	<i>aliskiren fumarate</i>	NP	Brand Preferred; ST
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP		TEKTURNA (<i>aliskiren fumarate</i>)	P	Brand Preferred; ST
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP	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.		
			FLAGYL CAPS (<i>metronidazole</i>)	NP	

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Drug Name	Drug Tier	Requirements/ Limits
LIKMEZ SUSP	NP	
<i>metronidazole CAPS</i>	P	
<i>metronidazole TABS</i>	P	
<i>tinidazole</i>	NP	ST
<i>trimethoprim TABS</i>	C	
Anti-infective Misc. - Combinations		
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG</i>	C	
<i>sulfamethoxazole-trimethoprim SUSP</i>	C	
<i>sulfamethoxazole-trimethoprim TABS</i>	C	
Antiprotozoal Agents		
<i>nitazoxanide TABS</i>	NP	ST
Glycopeptides		
FIRVANQ SOLR PO (<i>vancomycin hcl</i>)	NP	QL(300 ML per fill retail; 300 per fill mail); ST
VANCO CIN CAPS 125 MG (<i>vancomycin hcl</i>)	NP	QL(4 EA daily); ST
VANCO CIN CAPS 250 MG (<i>vancomycin hcl</i>)	NP	QL(8 EA daily); ST
<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 EA daily); ST
<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 EA daily); ST
<i>vancomycin hcl SOLR IV 500 MG</i>	C	QL(14 EA per 31 day(s) retail)
<i>vancomycin hcl SOLR IV 1 GM</i>	C	QL(14 EA per fill retail)
<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	P	QL(300 ML per fill retail; 300 per fill mail); ST
VANCOMYCIN HCL SOLR IV 500 MG	C	QL(14 EA per 31 day(s) retail)
VANCOMYCIN HCL SOLR IV 1 GM	C	QL(14 EA per fill retail)
Leprostatics		
<i>dapsone</i>	C	

Drug Name	Drug Tier	Requirements/ Limits
Lincosamides		
<i>clindamycin hcl 150 MG, 300 MG</i>	C	
<i>clindamycin palmitate hydrochloride</i>	C	QL(300 ML per fill retail)
Monobactams		
CAYSTON	NP	SP
Oxazolidinones		
SIVEXTRO TABS	C	QL(6 EA per fill retail); PA
Urinary Anti-infectives		
<i>methenamine mandelate</i>	C	
<i>nitrofurantoin</i>	C	QL(40 ML daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	C	
<i>nitrofurantoin monohyd macro</i>	C	
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		

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Drug Name	Drug Tier	Requirements/ Limits
Antimyasthenic/Cholinergic Agents		
<i>pyridostigmine bromide TABS 60 MG</i>	C	
<i>pyridostigmine bromide TBCR</i>	C	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	C	
<i>isoniazid SYRP</i>	C	
<i>isoniazid TABS</i>	C	
<i>pyrazinamide</i>	C	
<i>rifabutin</i>	C	
<i>rifampin CAPS</i>	C	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Antimetabolites		
JYLAMVO SOLN PO	NP	SP
<i>mercaptopurine SUSP 2000 MG/100ML</i>	C	
<i>mercaptopurine TABS</i>	C	
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P	
<i>methotrexate sodium SOLR</i>	P	
<i>methotrexate sodium TABS 2.5 MG</i>	P	
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	NP	
XATMEP SOLN PO	NP	
Antineoplastic - Angiogenesis Inhibitors		
MVASI	C	SP; PA
ZIRABEV	C	SP; PA
Antineoplastic - Antibodies		
ENHERTU	C	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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)
<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		
<i>leucovorin calcium TABS</i>	C	
ANTIPARKINSON AND RELATED THERAPY		

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Drug Name	Drug Tier	Requirements/ Limits
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	
MIRAPEX ER TB24 2.25 MG, 3 MG, 3.75 MG (<i>pramipexole dihydrochloride</i>)	NP	
NEUPRO	NP	
OSMOLEX ER TB24 129 MG, 193 MG	NP	
<i>pramipexole dihydrochloride TABS</i>	P	QL(3 EA daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride TB24</i>	NP	
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	P	QL(3 EA daily)
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	P	QL(6 EA daily)
<i>ropinirole hydrochloride TB24</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
Antiparkinson Monoamine Oxidase Inhibitors		
<i>selegiline hcl CAPS</i>	C	
<i>selegiline hcl TABS</i>	C	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	C	QL(10 ML daily)
<i>lithium carbonate CAPS</i>	C	
<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)
<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 0.5 MG, 0.75 MG	P	
VRAYLAR CAPS	P	AL(At least 18 yrs old)
<i>ziprasidone hcl</i>	P	QL(2 EA daily); AL(At least 18 yrs old)
<i>ziprasidone mesylate</i>	NP	AL(At least 18 yrs old); ST
Benzisoxazoles		
ERZOFRI 351 MG/2.25ML	NP	AL(At least 18 yrs old); SP

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

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VERSACLOZ SUSP	NP	AL(At least 18 yrs old); ST	ABILIFY MAINTENA SRER	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ZYPREXA RELPREVV	NP	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)
ZYPREXA SOLR (<i>olanzapine</i>)	NP	AL(At least 18 yrs old); ST	ABILIFY TABS 5 MG (<i>aripiprazole</i>)	NP	QL(1.5 EA daily); AL(At least 7 yrs old)
ZYPREXA TABS 2.5 MG, 5 MG (<i>olanzapine</i>)	NP	QL(4 EA daily); AL(At least 10 yrs old)	ABILIFY TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG (<i>aripiprazole</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)
ZYPREXA TABS 20 MG (<i>olanzapine</i>)	NP	QL(1 EA daily); AL(At least 10 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)
Muscarinic Agents			<i>aripiprazole SOLN PO</i>	NP	QL(750 ML per 31 day(s) retail; 750 ML per 31 days mail); AL(At least 7 yrs old); ST
COBENFY STARTER PACK CPPK	NP	AL(At least 18 yrs old); ST	<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)
COBENFY CAPS	NP	AL(At least 18 yrs old)	<i>aripiprazole TABS 5 MG</i>	P	QL(1.5 EA daily); AL(At least 7 yrs old)
Phenothiazines			<i>aripiprazole TBDP</i>	NP	QL(1 EA daily); AL(At least 7 yrs old); ST
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	C	QL(3 EA daily)	ARISTADA 441 MG/1.6ML	P	QL(1.6 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
<i>chlorpromazine hcl TABS 10 MG</i>	C	QL(10 EA daily)	ARISTADA 1064 MG/3.9ML	P	QL(4 ML per fill retail; 4 per fill mail); 1 max fill(s) per 56 day(s) retail; 1 max fill(s) per 56 day(s) mail; AL(At least 18 yrs old)
<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			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARISTADA 882 MG/3.2ML	P	QL(3.2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	BIKTARVY	P	QL(1 EA daily)
ARISTADA 662 MG/2.4ML	P	QL(2.4 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	CIMDUO	P	QL(1 EA daily)
ARISTADA INITIO	P	QL(2.5 ML per fill retail; 2.5 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; AL(At least 18 yrs old); SP	COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
OPIPZA FILM	NP	AL(At least 7 yrs old); ST	<i>darunavir TABS 800 MG</i>	P	QL(1 EA daily)
REXULTI	NP	AL(At least 13 yrs old); ST	<i>darunavir TABS 800 MG</i>	P	QL(1 EA daily)
Thioxanthenes			<i>darunavir TABS 600 MG</i>	P	QL(2 EA daily)
<i>thiothixene</i>	C	QL(3 EA daily)	DELSTRIGO	P	QL(1 EA daily)
ANTISEPTICS & DISINFECTANTS			DESCOVY 120 MG-15 MG	P	QL(1 EA daily); PA
Chlorine Antiseptics			DESCOVY 200 MG-25 MG	P	QL(1 EA daily)
<i>chlorhexidine gluconate SOLN EX 4 %</i>	C		DOVATO	P	QL(1 EA daily)
ANTIVIRALS - Drugs to Treat Viral Infections			EDURANT	P	QL(1 EA daily)
Antiretrovirals			EDURANT PED PO 2.5 MG	P	
<i>abacavir sulfate-lamivudine</i>	P	QL(1 EA daily)	<i>efavirenz CAPS 200 MG</i>	C	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	P	QL(30 ML daily)	<i>efavirenz CAPS 50 MG</i>	C	QL(2 EA daily)
<i>abacavir sulfate TABS</i>	C	QL(2 EA daily)	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
<i>abacavir sulfate TABS</i>	P	QL(2 EA daily)	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
APTIVUS CAPS	P	QL(4 EA daily)	<i>efavirenz TABS</i>	C	QL(1 EA daily)
<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	P	QL(2 EA daily)	<i>efavirenz TABS</i>	P	QL(1 EA daily)
<i>atazanavir sulfate CAPS 300 MG</i>	P		<i>emtricitabine CAPS</i>	P	QL(1 EA daily)
			<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
			<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	P	QL(1 EA daily)
			<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	C	QL(1 EA daily)
			<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMTRIVA CAPS (<i>emtricitabine</i>)	P	QL(1 EA daily)	KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	P	QL(6 EA daily)
EMTRIVA SOLN	P	QL(24 ML daily)	<i>lamivudine SOLN</i>	C	QL(30 ML daily)
EPIVIR SOLN (<i>lamivudine</i>)	P	QL(30 ML daily)	<i>lamivudine SOLN</i>	P	QL(30 ML daily)
EPIVIR TABS 300 MG (<i>lamivudine</i>)	P	QL(1 EA daily)	<i>lamivudine TABS 300 MG</i>	P	QL(1 EA daily)
EPIVIR TABS 150 MG (<i>lamivudine</i>)	P	QL(2 EA daily)	<i>lamivudine TABS 150 MG</i>	P	QL(2 EA daily)
<i>etravirine 100 MG</i>	P	QL(4 EA daily)	<i>lamivudine TABS 150 MG</i>	C	QL(2 EA daily)
<i>etravirine 200 MG</i>	P	QL(2 EA daily)	<i>lamivudine-zidovudine</i>	P	
EVOTAZ	P	QL(1 EA daily)	<i>lopinavir-ritonavir SOLN</i>	P	QL(16 ML daily)
<i>fosamprenavir calcium TABS</i>	P	QL(4 EA daily)	<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	P	QL(4 EA daily)
FUZEON SOLR	NP	SP	<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	P	QL(6 EA daily)
GENVOYA	P	QL(1 EA daily)	<i>maraviroc TABS 300 MG</i>	P	QL(4 EA daily)
INTELENCE 200 MG (<i>etravirine</i>)	P	QL(2 EA daily)	<i>maraviroc TABS 150 MG</i>	P	QL(2 EA daily)
INTELENCE	P	QL(4 EA daily)	<i>maraviroc TABS 300 MG</i>	C	QL(4 EA daily)
INTELENCE (<i>etravirine</i>)	P	QL(4 EA daily)	<i>maraviroc TABS 150 MG</i>	C	QL(2 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)	NORVIR PACK	P	
ISENTRESS TABS	P	QL(2 EA daily)	NORVIR TABS (<i>ritonavir</i>)	P	QL(12 EA daily)
JULUCA	P	QL(1 EA daily)	ODEFSEY	P	
KALETRA SOLN	P	QL(16 ML 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 25 MG-100 MG (<i>lopinavir-ritonavir</i>)	P	QL(4 EA daily)	PREZCOBIX	P	
KALETRA TABS 25 MG-100 MG (<i>lopinavir-ritonavir</i>)	P	QL(4 EA daily)	PREZISTA SUSP	P	QL(12 ML daily)
			PREZISTA TABS 150 MG	P	QL(3 EA daily)
			PREZISTA TABS 75 MG, 600 MG	P	QL(2 EA daily)
			PREZISTA TABS (<i>darunavir</i>)	P	QL(2 EA daily)
			PREZISTA TABS 800 MG (<i>darunavir</i>)	P	QL(1 EA daily)

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

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PAXLOVID (300/100)	P	1 package(s) per 90 day(s) retail; 1 package(s) per 90 day(s) mail; AL(At least 18 yrs old)	<i>ribavirin (hepatitis c) CAPS</i>	NP	SP
PAXLOVID (300/100)	C	1 package(s) per 90 day(s) retail; 1 package(s) per 90 day(s) mail; AL(At least 18 yrs old)	<i>ribavirin (hepatitis c) TABS 200 MG</i>	NP	SP
CMV Agents			SOFOSBUVIR-VELPATASVIR TABS	PA	QL(1 EA daily); SP; PA
<i>valganciclovir hcl TABS</i>	C	QL(2 EA daily)	SOVALDI PACK	NP	SP
Hepatitis Agents			SOVALDI TABS	NP	SP
<i>adefovir dipivoxil</i>	NP		VEMLIDY	P	SP
BARACLUDE SOLN	P		VOSEVI	PA	SP; PA
BARACLUDE TABS (<i>entecavir</i>)	NP		ZEPATIER	NP	SP
<i>entecavir TABS</i>	P		Herpes Agents		
EPCLUSA PACK	PA	SP; PA	<i>acyclovir CAPS</i>	P	QL(50 EA per 31 day(s) retail)
EPCLUSA TABS 50 MG-200 MG	PA	SP; PA	<i>acyclovir SUSP</i>	P	QL(400 ML per 31 day(s) retail; 400 ML per 31 days mail)
EPCLUSA TABS 100 MG-400 MG	NP	QL(1 EA daily); SP	<i>acyclovir TABS PO 400 MG</i>	P	QL(3 EA daily)
HARVONI PACK	NP	SP	<i>acyclovir TABS PO 800 MG</i>	P	QL(50 EA per 31 day(s) retail)
HARVONI TABS	NP	SP	<i>famciclovir</i>	NP	
HARVONI TABS	NP	SP	<i>valacyclovir hcl 1 GM</i>	P	QL(42 EA per 21 day(s) retail)
<i>lamivudine (hbv) TABS</i>	P		<i>valacyclovir hcl 500 MG</i>	P	QL(2 EA daily)
LEDIPASVIR-SOFOSBUVIR TABS	NP	SP	VALTREX 500 MG (<i>valacyclovir hcl</i>)	NP	QL(2 EA daily)
MAVYRET PACK	PA	QL(6 EA daily); SP; PA	VALTREX 1 GM (<i>valacyclovir hcl</i>)	NP	QL(42 EA per 21 day(s) retail)
MAVYRET TABS	PA	QL(3 EA daily); SP; PA	Influenza Agents		
MAVYRET TABS	PA	QL(3 EA daily); PA	<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	C	QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
PEGASYS SOLN	NP	SP	<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
PEGASYS SOSY	NP	SP			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate SUSR</i>	C	QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail	<i>metoprolol succinate TB24 200 MG</i>	P	QL(2 EA daily)
RELENZA DISKHALER	C	1 package(s) per 31 day(s) retail; AL(At least 5 yrs old)	<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	P	QL(4 EA daily)
BETA BLOCKERS - Drugs to Treat High Blood Pressure			<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	P	QL(4 EA daily)
Alpha-Beta Blockers			<i>metoprolol tartrate TABS 100 MG</i>	P	QL(4.5 EA daily)
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	P	QL(2 EA daily)	<i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	P	
<i>carvedilol 25 MG</i>	P	QL(4 EA daily)	METOPROLOL TARTRATE TABS 12.5 MG	P	
<i>carvedilol phosphate</i>	NP	QL(1 EA daily)	<i>nebivolol hcl</i>	NP	
<i>labetalol hcl TABS 100 MG</i>	P	QL(3 EA daily)	TENORMIN TABS (<i>atenolol</i>)	NP	QL(2 EA daily)
<i>labetalol hcl TABS 200 MG</i>	P	QL(6 EA daily)	TOPROL XL TB24 200 MG (<i>metoprolol succinate</i>)	NP	QL(2 EA daily)
<i>labetalol hcl TABS 300 MG</i>	P	QL(8 EA daily)	TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>metoprolol succinate</i>)	NP	QL(4 EA daily)
<i>labetalol hcl TABS 400 MG</i>	P		Beta Blockers Non-Selective		
Beta Blockers Cardio-Selective			BETAPACE AF (<i>sotalol hcl (afib/afl)</i>)	NP	QL(2 EA daily)
<i>acebutolol hcl CAPS</i>	P		BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NP	
<i>atenolol TABS</i>	P	QL(2 EA daily)	HEMANGEOL SOLN PO	NP	SP
<i>betaxolol hcl</i>	NP		INDERAL LA CP24 (<i>propranolol hcl</i>)	NP	QL(2 EA daily)
<i>bisoprolol fumarate 2.5 MG</i>	P		INDERAL XL	NP	
<i>bisoprolol fumarate</i>	P	QL(1 EA daily)	INNOPRAN XL	NP	
BYSTOLIC (<i>nebivolol hcl</i>)	NP		<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	QL(2 EA daily)
KAPSPARGO SPRINKLE CS24	NP		<i>pindolol TABS</i>	NP	
LOPRESSOR SOLN PO 10 MG/ML	NP		<i>propranolol hcl CP24</i>	P	QL(2 EA daily)
LOPRESSOR TABS 100 MG (<i>metoprolol tartrate</i>)	NP	QL(4.5 EA daily)	<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	P	
LOPRESSOR TABS 50 MG (<i>metoprolol tartrate</i>)	NP	QL(4 EA daily)	<i>propranolol hcl TABS</i>	P	
			<i>sotalol hcl (afib/afl)</i>	P	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>sotalol hcl TABS</i>	P	
SOTYLIZE SOLN PO	NP	
<i>timolol maleate TABS</i>	NP	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	P	QL(1 EA daily)
<i>diltiazem hcl coated beads CP24 360 MG</i>	P	
<i>diltiazem hcl coated beads CP24 240 MG</i>	P	QL(2 EA daily)
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	P	QL(1 EA daily)
<i>diltiazem hcl extended release beads 240 MG</i>	P	QL(2 EA daily)
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	P	QL(1 EA daily)
<i>diltiazem hcl CP12</i>	P	QL(2 EA daily)
<i>diltiazem hcl CP24 240 MG</i>	P	QL(2 EA daily)
<i>diltiazem hcl CP24 120 MG, 180 MG</i>	P	QL(1 EA daily)
<i>diltiazem 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>diltiazem hcl TB24</i>	P	
<i>felodipine</i>	P	QL(1 EA daily)
<i>isradipine CAPS</i>	P	
KATERZIA	NP	
<i>levamlodipine maleate</i>	NP	
<i>nicardipine hcl CAPS</i>	P	
<i>nifedipine CAPS</i>	NP	QL(4 EA daily)
<i>nifedipine TB24 30 MG, 90 MG</i>	P	QL(1 EA daily)
<i>nifedipine TB24 60 MG</i>	P	QL(2 EA daily)
<i>nimodipine CAPS</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>nimodipine SOLN</i>	NP	
<i>nisoldipine</i>	NP	
NORLIQVA SOLN	NP	
NORVASC TABS (<i>amlodipine besylate</i>)	NP	QL(1 EA daily)
NYMALIZE SOLN 6 MG/ML	NP	
PROCARDIA XL TB24 60 MG (<i>nifedipine</i>)	NP	QL(2 EA daily)
PROCARDIA XL TB24 30 MG, 90 MG (<i>nifedipine</i>)	NP	QL(1 EA daily)
SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NP	
VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	NP	
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	P	QL(1 EA daily)
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	
<i>verapamil hcl TABS</i>	P	QL(3 EA daily)
<i>verapamil hcl TBCR</i>	P	QL(2 EA daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	C	
<i>digoxin TABS 125 MCG, 250 MCG</i>	C	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	NP	

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Drug Name	Drug Tier	Requirements/ Limits
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NP	
ENTRESTO CPSP	P	
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (<i>sacubitril-valsartan</i>)	P	Brand Preferred
OPSYNVI	NP	SP
<i>sacubitril-valsartan</i> TABS	NP	Brand Preferred
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 TEPK	NP	SP
ORENITRAM MONTH 2 TEPK	NP	SP
ORENITRAM MONTH 3 TEPK	NP	SP
ORENITRAM TBCR	NP	SP
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	P	SP
<i>bosentan</i> TABS	P	SP
<i>bosentan</i> TBSO 32 MG	NP	
LETAIRIS (<i>ambrisentan</i>)	NP	SP
OPSUMIT	NP	SP
TRACLEER TABS (<i>bosentan</i>)	NP	SP
TRACLEER TBSO 32 MG (<i>bosentan</i>)	NP	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	NP	SP
LIQREV SUSP	NP	SP
REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP
<i>sildenafil citrate (pulmonary hypertension)</i> SUSR	NP	SP
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	PA	PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	PA	SP; PA
<i>tadalafil (pulmonary hypertension)</i> TABS	PA	SP; PA
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPk	NP	SP
UPTRAVI SOLR	C	SP; PA
UPTRAVI TABS	NP	SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP
Transthyretin Stabilizers		
VYNDAMAX	C	SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil</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	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cephalexin TABS</i>	P		<i>desogestrel & ethinyl estradiol</i>	C	
Cephalosporins - 2nd Generation			<i>desogestrel-ethinyl estradiol (biphasic)</i>	C	
CEFACLO ER TB12	NP		<i>desogestrel-ethinyl estradiol (triphasic)</i>	C	
<i>cefaclor CAPS</i>	P		<i>drospirenone-ethinyl estradiol 0.03 MG-3 MG</i>	C	
<i>cefprozil SUSR 125 MG/5ML</i>	P	2 package(s) per fill retail; AL(Up to 12 yrs old)	<i>drospirenone-ethinyl estradiol 0.02 MG-3 MG</i>	C	QL(1 EA daily)
<i>cefprozil SUSR 250 MG/5ML</i>	P	1 package(s) per fill retail; AL(Up to 12 yrs old)	<i>ethynodiol diacet & eth estrad 50 MCG-1 MG</i>	C	QL(1 EA daily)
<i>cefprozil TABS</i>	P	QL(20 EA per fill retail)	<i>ethynodiol diacet & eth estrad 35 MCG-1 MG</i>	C	
<i>cefuroxime axetil TABS 500 MG</i>	P	QL(20 EA per fill retail)	<i>levonorgestrel & eth estradiol TABS</i>	C	
<i>cefuroxime axetil TABS 250 MG</i>	P	QL(20 EA per fill retail; 20 per fill mail)	<i>levonorgestrel-eth estradiol (triphasic)</i>	C	
Cephalosporins - 3rd Generation			<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	C	
<i>cefdinir CAPS</i>	P	QL(20 EA per fill retail)	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	C	
<i>cefdinir SUSR</i>	P	1 package(s) per fill retail	<i>norethindrone & eth estradiol</i>	C	
<i>cefixime CAPS</i>	P		<i>norethindrone & ethinyl estradiol-fe</i>	C	
<i>cefixime SUSR</i>	P		<i>norethindrone acet & eth estra TABS</i>	C	
<i>cefixime TABS</i>	P		<i>norethindrone acetate-ethinyl estradiol-fe</i>	C	
<i>cefpodoxime proxetil SUSR</i>	P		<i>norethindrone-eth estradiol (triphasic)</i>	C	
<i>cefpodoxime proxetil TABS</i>	P		<i>norgestimate-ethinyl estradiol</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 (triphasic)</i>	C	
CHEMICALS			<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	C	QL(2 EA daily)
Bulk Chemicals - H's			TYBLUME CHEW	C	
HYDROXYUREA	P				
CONTRACEPTIVES - Drugs to Prevent Pregnancy					
Combination Contraceptives - Oral					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Combination Contraceptives - Transdermal			<i>deflazacort SUSP</i>	NP	
<i>norelgestromin-ethinyl estradiol</i>	C		<i>deflazacort SUSP</i>	NP	SP
Combination Contraceptives - Vaginal			<i>deflazacort TABS</i>	NP	SP
<i>etonogestrel-ethinyl estradiol</i>	C	QL(6 EA per fill retail)	<i>deflazacort TABS</i>	NP	
Emergency Contraceptives			DEXAMETHASONE INTENSOL CONC	NP	
ELLA	C	QL(4 EA per 365 day(s) retail)	<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	C	QL(150 ML per 31 day(s) retail)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	C	QL(1 EA per 21 day(s) retail); 4 max fill(s) per 365 day(s) retail	<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	C	QL(150 ML per 31 day(s) retail)
Progestin Contraceptives - Injectable			<i>dexamethasone ELIX</i>	P	
DEPO-SUBQ PROVERA 104 SUSY SC	C	QL(1 ML per fill retail; 1 per fill mail)	<i>dexamethasone SOLN</i>	P	
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	C	QL(1 ML per fill retail; 1 per fill mail)	<i>dexamethasone TABS</i>	P	
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	C	QL(1 ML per fill retail; 1 per fill mail)	<i>dexamethasone TBPk</i>	P	
Progestin Contraceptives - Oral			<i>dexamethasone TBPk</i>	NP	
<i>norethindrone (contraceptive)</i>	C		EMFLAZA SUSP (<i>deflazacort</i>)	NP	SP
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			EMFLAZA TABS (<i>deflazacort</i>)	NP	SP
Glucocorticosteroids			EOHILIA SUSP	NP	
AGAMREE	NP	SP	HEMADY TABS	NP	
ALKINDI SPRINKLE CPSP	NP		<i>hydrocortisone TABS</i>	P	
<i>budesonide CPEP</i>	P		KHINDIVI SOLN PO 1 MG/ML	NP	PA
<i>budesonide TB24</i>	NP		MEDROL TABS (<i>methylprednisolone</i>)	NP	
CORTEF TABS (<i>hydrocortisone</i>)	NP		MEDROL TABS	NP	
CORTISONE ACETATE TABS	P		MEDROL TBPk (<i>methylprednisolone</i>)	NP	
			<i>methylprednisolone TABS</i>	P	
			<i>methylprednisolone TBPk</i>	P	
			<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail)
			<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREDNISOLONE SODIUM PHOSPHATE TBDP 10 MG, 15 MG, 30 MG	P		<i>cetirizine-pseudoephedrine</i>	C	QL(2 EA daily)
<i>prednisolone SOLN</i>	P		CLARINEX-D 12 HOUR TB12	NP	
<i>prednisolone SOLN</i>	NP		<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML</i>	C	QL(240 EA per fill retail)
<i>prednisolone TABS</i>	NP		<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	C	
PREDNISONE INTENSOL CONC	NP		<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>prednisone SOLN</i>	P		<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	C	QL(2 EA daily)
<i>prednisone TABS</i>	P		<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	C	
<i>prednisone TBEC 1 MG, 2 MG</i>	NP		<i>guaifenesin-codeine SOLN</i>	C	
<i>prednisone TBPk</i>	P		<i>guaifenesin-codeine SYRP</i>	C	
RAYOS TBEC	NP		LOHIST-D LIQD	C	
TARPEYO CPDR	NP	SP	<i>loratadine & pseudoephedrine TB12</i>	C	QL(2 EA daily)
Mineralocorticoids			<i>loratadine & pseudoephedrine TB24</i>	C	QL(1 EA daily)
<i>fludrocortisone acetate TABS</i>	C		<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	C	QL(240 ML per fill retail)
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			<i>phenylephrine-guaifenesin LIQD 5 MG/5ML-100 MG/5ML</i>	C	QL(240 ML per 6 day(s) retail)
Antitussives			<i>promethazine & phenylephrine SYRP</i>	C	QL(240 ML per 6 day(s) retail); AL(At least 2 yrs old)
<i>benzonatate 100 MG</i>	C	QL(6 EA daily); AL(At least 10 yrs old)			
<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>dextromethorphan polistirex SUEr</i>	C	QL(240 ML per 6 day(s) retail)			
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	C	AL(At least 18 yrs old)			
Cough/Cold/Allergy Combinations					
<i>brompheniramine & phenyleph ELIX</i>	C	QL(120 ML per fill retail); 1 max fill(s) per 31 day(s) retail			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine w/codeine SOLN</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)	<i>adapalene CREA</i>	NP	
<i>promethazine w/codeine SYRP</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)	<i>adapalene GEL</i>	NP	RX/OTC
<i>promethazine-dm SYRP</i>	C	QL(240 ML per fill retail); AL(At least 2 yrs old)	<i>adapalene GEL 0.3 %</i>	P	
<i>promethazine-phenylephrine-codeine</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)	AKLIEF	NP	
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	C	QL(240 ML per fill retail)	AVAR LS CLEANSER LIQD (sulfacetamide sodium w/ sulfur)	NP	
<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG</i>	C		<i>benzoyl peroxide-erythromycin GEL</i>	NP	
<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	C	QL(210 EA per fill retail)	<i>benzoyl peroxide FOAM 10 %</i>	P	
Expectorants			<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	C	
<i>guaifenesin TB12 1200 MG</i>	C		BENZOYL PEROXIDE GEL	C	
<i>guaifenesin TB12 600 MG</i>	C	QL(40 EA per fill retail); 1 max fill(s) per 31 day(s) retail	<i>benzoyl peroxide LIQD 5 %, 10 %</i>	P	
<i>potassium iodide (expectorant) SOLN</i>	C		<i>benzoyl peroxide LOTN 5 %, 10 %</i>	C	
Misc. Respiratory Inhalants			BENZOYL PEROXIDE LOTN 5 %, 10 %	C	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	C		CLEOCIN-T LOTN (clindamycin phosphate (topical))	NP	
Mucolytics			<i>clindamycin phosphate (topical) FOAM</i>	NP	
<i>acetylcysteine SOLN</i>	C		<i>clindamycin phosphate (topical) GEL</i>	NP	QL(60 ML per fill retail; 60 per fill mail)
DERMATOLOGICALS - Drugs to Treat Skin Conditions			<i>clindamycin phosphate (topical) LOTN</i>	NP	
Acne Products			<i>clindamycin phosphate (topical) SOLN</i>	P	
<i>adapalene-benzoyl peroxide GEL</i>	NP		<i>clindamycin phosphate (topical) SWAB</i>	NP	
			<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	P	
			<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	NP	
			<i>clindamycin phosphate-benzoyl peroxide GEL</i>	NP	

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

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil (topical) SOLN</i>	C	QL(10 ML per 31 day(s) retail)	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	AL(At least 6 yrs old); SP
Antipruritics - Topical			SKYRIZI PEN SOAJ	NP	SP
<i>camphor & menthol LOTN</i>	C	1 package(s) per fill retail	SKYRIZI SOSY	NP	SP
Antipsoriatics			SORILUX FOAM	NP	
BIMZELX SOAJ	NP	SP	SOTYKTU	NP	SP
BIMZELX SOSY	NP	SP	SPEVIGO SOSY	NP	SP
<i>calcipotriene CREA</i>	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail	STARJEMZA SOLN SC 45 MG/0.5ML	NP	SP
CALCIPOTRIENE FOAM	NP		STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
<i>calcipotriene OINT</i>	P		STELARA SOSY	NP	SP
<i>calcipotriene SOLN</i>	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail	STEQEYMA	NP	SP
<i>calcitriol (topical)</i>	NP		TALTZ SOAJ	NP	SP
COSENTYX (300 MG DOSE) SOSY	NP	SP	TALTZ SOSY	NP	SP
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP	<i>tazarotene CREA</i>	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)
COSENTYX SENSOREADY PEN SOAJ	NP	SP	<i>tazarotene GEL</i>	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)
COSENTYX UNOREADY SOAJ	NP	SP	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	NP	SP
COSENTYX SOSY	NP	SP	TREMFYA PEN SOAJ 100 MG/ML	NP	
IMULDOSA SOSY SC 45 MG/0.5ML	NP		USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	
IMULDOSA SOSY SC 90 MG/ML	NP	SP	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	AL(At least 6 yrs old)
OTULFI SOLN SC 45 MG/0.5ML	NP	SP	USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP	USTEKINUMAB-TTWE	NP	
PYZCHIVA SC 45 MG/0.5ML	NP	SP	VECTICAL (<i>calcitriol (topical)</i>)	NP	
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP	VTAMA	NP	
			YESINTEK SOLN 45 MG/0.5ML	NP	SP
			YESINTEK SOSY	NP	SP

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

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

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Drug Name	Drug Tier	Requirements/ Limits
HALOG SOLN 0.1 % (halcinonide)	NP	
hydrocortisone (topical) CREA 2.5 %	P	QL(120 GM per 31 day(s) retail)
hydrocortisone (topical) CREA 1 %	P	1 package(s) per fill retail; RX/OTC
hydrocortisone (topical) CREA 0.5 %	C	1 package(s) per fill retail
hydrocortisone (topical) LOTN 2.5 %	P	1 package(s) per fill retail
hydrocortisone (topical) OINT 1 %	P	QL(2 GM daily); 1 package(s) per 31 day(s) retail; RX/OTC
hydrocortisone (topical) OINT 2.5 %	P	
hydrocortisone (topical) SOLN 2.5 %	NP	
hydrocortisone butyrate CREA	NP	
hydrocortisone butyrate LOTN	NP	
hydrocortisone butyrate OINT	P	
hydrocortisone butyrate SOLN	P	
hydrocortisone valerate CREA	P	
hydrocortisone valerate OINT	NP	
HYDROXYM GEL	NP	
KENALOG AERS (triamcinolone acetonide (topical))	NP	
mometasone furoate CREA	P	1 package(s) per fill retail
mometasone furoate OINT	P	1 package(s) per fill retail
mometasone furoate SOLN	P	1 package(s) per fill retail
PANDEL	NP	

Drug Name	Drug Tier	Requirements/ Limits
SYNALAR CREA (fluocinolone acetonide)	NP	
SYNALAR OINT (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 0.025 %	P	QL(30 GM per fill retail)
triamcinolone acetonide (topical) CREA 0.1 %	P	
triamcinolone acetonide (topical) CREA 0.5 %	P	1 package(s) per fill retail
triamcinolone acetonide (topical) LOTN	P	1 package(s) per fill retail
triamcinolone acetonide (topical) OINT 0.025 %, 0.5 %	P	1 package(s) per fill retail
triamcinolone acetonide (topical) OINT 0.05 %, 0.1 %	P	
ULTRAVATE LOTN	NP	
Eczema Agents		
ADBRY SOAJ	PA	SP; PA
ADBRY SOSY	PA	SP; PA
ANZUPGO CREA EX 20 MG/GM	NP	
CIBINQO	NP	SP
DUPIXENT SOAJ	PA	SP; PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	PA	SP; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EBGLYSS SOAJ	NP	SP	KERI RENEWAL STRETCH MARK LOTN	C	
EBGLYSS SOAJ	NP		KERI SENSITIVE SKIN LOTN	C	
EBGLYSS SOSY	NP	SP	<i>lactic acid (ammonium lactate) CREA</i>	C	QL(385 GM per 31 day(s) retail); RX/OTC
OPZELURA	NP	QL(240 GM per 365 day(s) retail; 240 GM per 365 days mail); AL(At least 2 yrs old)	<i>lactic acid (ammonium lactate) LOTN 12 %</i>	C	QL(567 GM per 31 day(s) retail); RX/OTC
Emollient/Keratolytic Agents			LUBRIDERM LOTN	C	
<i>urea CREA 40 %</i>	C	RX/OTC	NIVEA VISAGE LOTN	C	
Emollients			NIVEA LOTN	C	
AQUA LACTEN LOTN	C		RESTA LITE LOTN	C	
AQUAMED LOTN	C		Hair Growth Agents		
CAM LOTN	C		LEQSELVI TABS PO 8 MG	NP	SP
<i>emollient LOTN</i>	C		LITFULO	NP	SP
EUCERIN ORIGINAL HEALING LOTN	C		Immunomodulating Agents - Systemic		
EUCERIN PLUS LOTN	C		NEMLUVIO	NP	SP
EUCERIN PROFESSIONAL REPAIR LOTN	C		Immunomodulating Agents - Topical		
EUCERIN LOTN	C		<i>imiquimod 5 %</i>	P	QL(48 EA per 180 day(s) retail)
GOLD BOND ULTIMATE SOFTENING LOTN	C		<i>imiquimod 3.75 %</i>	NP	
HYDRAZONE LOTION LOTN	C		Immunosuppressive Agents - Topical		
KERI ADVANCED MOISTURE THERAPY LOTN	C		HYFTOR	NP	
KERI BASIC ESSENTIALS LOTN	C		<i>pimecrolimus</i>	P	QL(100 GM per 31 day(s) retail; 100 GM per 31 days mail); AL(At least 2 yrs old)
KERI NOURISHING SHEA BUTTER LOTN	C		<i>tacrolimus (topical) OINT 0.1 %</i>	P	QL(100 GM per 31 day(s) retail; 100 GM per 31 days mail); AL(At least 16 yrs old)
KERI ORIGINAL LOTN	C				
KERI OVERNIGHT LOTN	C				
KERI RENEWAL MILK BODY LOTN	C				
KERI RENEWAL SKIN FIRMING LOTN	C				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tacrolimus (topical) OINT 0.03 %</i>	P	QL(100 GM per 31 day(s) retail; 100 GM per 31 days mail); AL(At least 2 yrs old)	FINACEA FOAM	NP	
Keratolytic/Antimitotic/Vesicant Agents			<i>ivermectin (rosacea)</i>	NP	
CONDYLOX GEL (<i>podofilox</i>)	NP		METROCREAM CREA (<i>metronidazole (topical)</i>)	NP	QL(45 GM per 31 day(s) retail)
<i>podofilox GEL</i>	NP		METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	NP	
<i>podofilox SOLN</i>	NP		<i>metronidazole (topical) CREA</i>	P	QL(45 GM per 31 day(s) retail)
<i>salicylic acid GEL 6 %</i>	C		<i>metronidazole (topical) GEL 1 %</i>	NP	
SALICYLIC ACID OINT	NP	RX/OTC	<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 GM per 31 day(s) retail)
Local Anesthetics - Topical			<i>metronidazole (topical) GEL 1 %</i>	P	
<i>capsaicin CREA 0.025 %, 0.035 %, 0.075 %, 0.1 %</i>	C	1 package(s) per fill retail	<i>metronidazole (topical) LOTN</i>	P	
<i>dibucaine</i>	C	1 package(s) per fill retail	MIRVASO (<i>brimonidine tartrate (topical)</i>)	NP	
<i>lidocaine hcl CREA 3 %, 4 %</i>	C	1 package(s) per fill retail	ORACEA (<i>doxycycline (rosacea)</i>)	NP	
<i>lidocaine hcl GEL 2 %</i>	C	QL(1 ML daily; 30 ML per fill retail)	RHOFADE	NP	
<i>lidocaine CREA 4 %</i>	C	1 package(s) per fill retail	SOOLANTRA (<i>ivermectin (rosacea)</i>)	NP	
<i>lidocaine-prilocaine CREA</i>	C	1 package(s) per fill retail	Scabicides & Pediculicides		
Misc. Topical			<i>crotamiton LOTN</i>	NP	1 package(s) per fill retail
<i>zinc oxide (topical) OINT 20 %</i>	C	1 package(s) per fill retail	ELIMITE CREA (<i>permethrin</i>)	NP	QL(60 GM per fill retail)
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			<i>malathion</i>	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail
EUCRISA	NP		NATROBA (<i>spinosad</i>)	P	Brand Preferred
ZORYVE CREA EX	NP	AL(At least 2 yrs old)	OVIDE (<i>malathion</i>)	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail
ZORYVE FOAM EX	NP	AL(At least 9 yrs old)	<i>permethrin CREA</i>	P	QL(60 GM per fill retail)
Rosacea Agents			<i>permethrin LIQD EX</i>	P	
<i>azelaic acid GEL</i>	P				
<i>brimonidine tartrate (topical)</i>	NP				
<i>doxycycline (rosacea)</i>	NP				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	C		ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P	
<i>spinosad</i>	NP	Brand Preferred			
Tar Products					
<i>coal tar extract SHAM 0.5 %</i>	C				
DIAGNOSTIC PRODUCTS					
Diagnostic Tests					
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 120000 UNIT-76000 UNIT-24000 UNIT, 180000 UNIT-114000 UNIT-36000 UNIT, 30000 UNIT-19000 UNIT-6000 UNIT, 60000 UNIT-38000 UNIT-12000 UNIT	P	Smart PA			
CREON CPEP 15000 UNIT-9500 UNIT-3000 UNIT	P				
PERTZYE CPEP	NP				
VIOKACE TABS	NP				
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 25 MG-37.5 MG</i>	C	QL(2 EA daily)			
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	C				
Loop Diuretics					
<i>bumetanide TABS</i>	C				
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	C				
<i>furosemide TABS</i>	C				
<i>torseamide TABS 20 MG</i>	C				
<i>torseamide TABS 5 MG, 10 MG, 100 MG</i>	C	QL(1 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits
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 10 MG</i>	P	QL(1 EA daily)
<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.15 EA daily)
ATELVIA TBEC (<i>risedronate sodium</i>)	NP	QL(4 EA per 28 day(s) retail)
BINOSTO TBEC	NP	
BONSITY SOPN 560 MCG/2.24ML	NP	
<i>calcitonin (salmon) IJ</i>	C	QL(2 ML per fill retail)
<i>calcitonin (salmon) NA</i>	P	1 package(s) per fill retail
FORTEO SOPN (<i>teriparatide</i>)	NP	SP
FORTEO SOPN (<i>teriparatide</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
FOSAMAX PLUS D	NP	
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	NP	QL(0.15 EA daily)
<i>ibandronate sodium TABS</i>	P	
<i>risedronate sodium TABS 35 MG</i>	NP	QL(4 EA per 28 day(s) retail)
<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 TBEC</i>	NP	QL(4 EA per 28 day(s) retail)
<i>teriparatide SOPN</i>	P	
<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 FLEXPRO SOPN	PA	SP; PA
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP
OMNITROPE SOCT	NP	SP
OMNITROPE SOLR SC	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA	NP	SP
SOGROYA	NP	SP
ZOMACTON SOLR SC	NP	SP
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	NP	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>raloxifene hcl</i>	NP	QL(1 EA daily)
Insulin-Like Growth Factors (Somatomedins)		
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	

Drug Name	Drug Tier	Requirements/ Limits
PREMPRO	C	
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	C	Limit 8 patches per month; QL(0.286 EA daily)
<i>estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</i>	C	Limit 8 patches per month; QL(0.286 EA daily)
<i>estradiol PTTW 0.0375 MG/24HR</i>	C	QL(0.286 EA daily)
<i>estradiol PTWK</i>	C	Limit 4 patches per month; QL(0.143 EA daily)
<i>estradiol TABS</i>	C	
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	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		

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Drug Name	Drug Tier	Requirements/ Limits
MOTEGRITY (<i>prucalopride succinate</i>)	NP	
<i>prucalopride succinate</i>	NP	
Antiflatulents		
<i>simethicone CHEW 80 MG</i>	C	
<i>simethicone SUSP</i>	C	
Bile Acid Synthesis Disorder Agents		
CTEXLI TABS PO 250 MG	C	PA
Gallstone Solubilizing Agents		
<i>ursodiol CAPS</i>	C	
<i>ursodiol TABS 250 MG</i>	C	QL(7 EA daily)
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>lubiprostone</i>)	NP	
<i>lubiprostone</i>	P	
Gastrointestinal Stimulants		
GIMOTI SOLN NA	NP	SP
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	P	
<i>metoclopramide hcl TABS</i>	P	
REGLAN TABS (<i>metoclopramide hcl</i>)	NP	
Inflammatory Bowel Agents		
AVSOLA	C	SP; PA
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NP	
AZULFIDINE TABS (<i>sulfasalazine</i>)	NP	
<i>balsalazide disodium CAPS</i>	P	QL(9 EA daily)
CANASA SUPP (<i>mesalamine</i>)	NP	
CIMZIA (1 SYRINGE) PSKT 200 MG/ML	NP	
CIMZIA (2 SYRINGE) PSKT	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
CIMZIA KIT	NP	SP
CIMZIA-STARTER PSKT	NP	SP
DIPENTUM	NP	
ENTYVIO PEN SOAJ	NP	SP
INFLECTRA SOLR	C	SP; PA
LIALDA TBEC (<i>mesalamine</i>)	NP	
<i>mesalamine w/ cleanser</i>	NP	
<i>mesalamine CP24</i>	P	
<i>mesalamine CPCR</i>	NP	Brand Preferred
<i>mesalamine CPDR</i>	NP	
<i>mesalamine ENEM</i>	P	QL(60 ML daily)
<i>mesalamine SUPP</i>	P	
<i>mesalamine TBEC 1.2 GM</i>	NP	
<i>mesalamine TBEC 800 MG</i>	NP	QL(3 EA daily)
OMVOH (300 MG DOSE) SOAJ	NP	SP
OMVOH (300 MG DOSE) SOSY	NP	SP
OMVOH SOAJ	NP	SP
OMVOH SOSY	NP	SP
PENTASA CPCR	P	Brand Preferred
PENTASA CPCR (<i>mesalamine</i>)	P	Brand Preferred
RENFLEXIS	C	SP; PA
ROWASA (<i>mesalamine w/ cleanser</i>)	NP	
SFROWASA ENEM	NP	
SKYRIZI SOCT	NP	SP
<i>sulfasalazine TABS</i>	P	
<i>sulfasalazine TBEC</i>	P	
TREMFYA PEN SOAJ SC 200 MG/2ML	NP	SP
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	

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Drug Name	Drug Tier	Requirements/Limits
TREMFYA SOSY SC	NP	SP
USTEKINUMAB 130 MG/26ML	NP	SP
VELSIPITY	NP	SP
ZYMFENTRA (1 PEN) AJKT	NP	SP
ZYMFENTRA (2 PEN) AJKT	NP	SP
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	P	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	NP	
IBSRELA	NP	
LINZESS	P	
LOTRONEX (<i>alosetron hcl</i>)	NP	
VIBERZI	NP	
Peripheral Opioid Receptor Antagonists		
MOVANTIK	P	
SYMPROIC	NP	
Phosphate Binder Agents		
AURYXIA 210 MG (<i>ferric citrate</i>)	NP	
<i>calcium acetate (phosphate binder) CAPS</i>	P	
<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC
<i>calcium acetate (phosphate binder) TABS</i>	P	RX/OTC
FOSRENOL CHEW (<i>lanthanum carbonate</i>)	NP	
FOSRENOL PACK	NP	
<i>lanthanum carbonate CHEW</i>	NP	
RENVELA PACK (<i>sevelamer carbonate</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
RENVELA TABS (<i>sevelamer carbonate</i>)	NP	
<i>sevelamer carbonate PACK</i>	NP	
<i>sevelamer carbonate TABS</i>	P	
<i>sevelamer hcl</i>	NP	
VELPHORO	NP	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	C	
<i>sodium citrate & citric acid</i>	C	QL(16.67 ML daily); RX/OTC
Genitourinary Irrigants		
<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)
JALYN (<i>dutasteride-tamsulosin hcl</i>)	NP	
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	

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Drug Name	Drug Tier	Requirements/ Limits
Gout Agents		
<i>allopurinol 100 MG, 300 MG</i>	P	
<i>allopurinol 200 MG</i>	NP	
<i>colchicine CAPS</i>	NP	
<i>colchicine TABS</i>	P	QL(6 EA per fill retail); 1 max fill(s) per 31 day(s) retail
<i>febuxostat</i>	NP	
GLOPERBA SOLN PO	NP	
MITIGARE CAPS (<i>colchicine</i>)	NP	
ULORIC (<i>febuxostat</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)
<i>clopidogrel bisulfate 300 MG</i>	P	
<i>clopidogrel bisulfate 75 MG</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<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	
ENDARI (<i>glutamine sickle cell</i>)	PA	SP; PA
<i>glutamine sickle cell</i>	PA	SP; PA
LYFGENIA	PA	SP; PA
SIKLOS TABS	P	
XROMI SOLN PO 100 MG/ML	P	SP
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	C	QL(10 ML per 270 day(s) retail)
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	C	RX/OTC
<i>folic acid TABS 400 MCG</i>	C	QL(1 EA daily)
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN	NP	SP
ARANESP (ALBUMIN FREE) SOSY	NP	SP

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Drug Name	Drug Tier	Requirements/ Limits
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)
<i>ferrous gluconate TABS 324 MG</i>	C	QL(3.34 EA daily)
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	C	
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	C	QL(3.4 ML daily)
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	C	
<i>ferrous sulfate TBEC</i>	C	
IRON CHEWS PEDIATRIC CHEW	C	
<i>polysaccharide iron complex CAPS</i>	C	QL(1 EA daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>tranexamic acid TABS</i>	C	QL(30 EA per 5 day(s) retail); 1 max fill(s) per 31 day(s) retail; AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		

Drug Name	Drug Tier	Requirements/ Limits
<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	
PHENOBARBITAL ELIX 20 MG/5ML	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 7.5 MG, 22.5 MG (<i>temazepam</i>)	NP	
RESTORIL 15 MG, 30 MG (<i>temazepam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
<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	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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
<i>zaleplon 5 MG</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>sennosides-docusate sodium TABS</i>	C	QL(4 EA daily)
ZOLPIDEM TARTRATE CAPS	NP		<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NP	
<i>zolpidem tartrate SUBL</i>	NP		SUFLAVE	NP	
<i>zolpidem tartrate TABS</i>	P	QL(1 EA daily)	SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	NP	
<i>zolpidem tartrate TBCR</i>	NP		SUTAB	NP	
Orexin Receptor Antagonists			Laxatives - Miscellaneous		
BELSOMRA	NP		<i>glycerin (laxative) SUPP 2 GM</i>	C	
DAYVIGO	NP		<i>lactulose PACK</i>	NP	
QUVIVIQ	NP		<i>lactulose SOLN</i>	P	
Selective Melatonin Receptor Agonists			<i>polyethylene glycol 3350 PACK</i>	P	
HETLIOZ LQ SUSP	NP	SP	<i>polyethylene glycol 3350 POWD</i>	P	QL(34 GM daily)
HETLIOZ CAPS (<i>tasimelteon</i>)	NP	SP	Saline Laxatives		
<i>ramelteon</i>	NP		<i>magnesium citrate 1.745 GM/30ML</i>	P	
ROZEREM (<i>ramelteon</i>)	NP		<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	C	QL(32 ML daily)
<i>tasimelteon CAPS</i>	NP	SP	<i>sodium phosphates ENEM</i>	C	
LAXATIVES - Bowel Treatment Drugs			Stimulant Laxatives		
Bulk Laxatives			<i>bisacodyl SUPP</i>	C	QL(12 EA per fill retail)
<i>calcium polycarbophil TABS</i>	C	QL(10 EA daily)	<i>bisacodyl TBEC</i>	C	QL(1 EA daily)
Laxative Combinations			<i>sennosides TABS 8.6 MG</i>	C	
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	NP		Surfactant Laxatives		
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP	1 package(s) per fill retail	<i>docusate sodium CAPS 50 MG</i>	C	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	NP				
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	1 package(s) per fill retail			

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Drug Name	Drug Tier	Requirements/ Limits
<i>docusate sodium CAPS 100 MG, 250 MG</i>	C	QL(3 EA daily)
<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 200 MG/5ML</i>	P	QL(60 ML per fill retail)
<i>azithromycin SUSR 100 MG/5ML</i>	P	1 package(s) per fill retail
<i>azithromycin TABS 250 MG</i>	P	QL(6 EA 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)
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 100 MG/5ML (<i>azithromycin</i>)	NP	1 package(s) per fill retail
ZITHROMAX SUSR 200 MG/5ML (<i>azithromycin</i>)	NP	QL(60 ML per fill retail)
ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	NP	QL(4 EA daily)
ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	NP	QL(6 EA per fill retail)
Clarithromycin		
<i>clarithromycin SUSR 125 MG/5ML</i>	P	1 package(s) per fill retail
<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)

Drug Name	Drug Tier	Requirements/ Limits
<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	
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
DEXCOM G6 RECEIVER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEXCOM G6 SENSOR	PA	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; PA	FREESTYLE LIBRE 3 SENSOR	PA	QL(6 EA per 90 day(s) retail); PA
DEXCOM G6 TRANSMITTER	PA	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA	OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
DEXCOM G7 15 DAY SENSOR	PA	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); AL(At least 18 yrs old); PA	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
DEXCOM G7 RECEIVER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	OMNIPOD 5 G7 INTRO (GEN 5) KIT	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
DEXCOM G7 SENSOR	PA	QL(9 EA per 90 day(s) retail); PA	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
FREESTYLE LIBRE 14 DAY SENSOR	PA	QL(6 EA per 90 day(s) retail); PA	OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
FREESTYLE LIBRE 2 PLUS SENSOR	PA	QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA	OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	PA	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA
FREESTYLE LIBRE 2 READER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	OMNIPOD DASH PODS (GEN 4) MISC	PA	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA
FREESTYLE LIBRE 2 SENSOR	PA	QL(6 EA per 90 day(s) retail); PA	RELION TRUE MET AIR GLUC METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
FREESTYLE LIBRE 3 PLUS SENSOR	PA	QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA	TRUE METRIX AIR GLUCOSE METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
FREESTYLE LIBRE 3 READER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC	CARETOUCH INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
TRUEPLUS LANCETS 28G	P	RX/OTC	COMFORT EZ INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
TRUEPLUS LANCETS 30G	P	RX/OTC	DROPLET INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
TRUEPLUS LANCETS 33G	P	RX/OTC	EASY TOUCH FLIPLOCK INSULIN SY	C	QL(5 EA daily); RX/OTC
Parenteral Therapy Supplies			EASY TOUCH INSULIN BARRELS	C	QL(5 EA daily); RX/OTC
AQ INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	EASY TOUCH INSULIN SAFETY SYR	C	QL(5 EA daily); RX/OTC
ASSURE ID INSULIN SAFETY SYR	C	QL(5 EA daily); RX/OTC	EASY TOUCH INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
BD AUTOSHIELD DUO	C	QL(5 EA daily); RX/OTC	EASY TOUCH SHEATHLOCK SYRINGE	C	QL(5 EA daily); RX/OTC
BD INSULIN SYR ULTRAFINE II	C	QL(5 EA daily); RX/OTC	EMBECTA INSULIN SYR ULTRAFINE	C	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	EMBECTA INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE MICROFINE	C	QL(5 EA daily); RX/OTC	EMBECTA INSULIN SYRINGE U-100	C	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE U/F	C	QL(5 EA daily); RX/OTC	EMBECTA PEN NEEDLE ULTRAFINE	C	QL(5 EA daily)
BD INSULIN SYRINGE ULTRAFINE	C	QL(5 EA daily)	FIFTY50 SUPERIOR COMFORT SYR	C	QL(5 EA daily); RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	C	QL(5 EA daily)	GLUCOPRO INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
BD PEN NEEDLE MINI ULTRAFINE	C	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	C	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES	C	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	C	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 28GX1/2"	C	QL(5 EA daily); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	C	QL(5 EA daily)	GNP INSULIN SYRINGES 29GX1/2"	C	QL(5 EA daily); RX/OTC
BD PEN NEEDLE SHORT ULTRAFINE	C	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 30GX5/16"	C	QL(5 EA daily); RX/OTC
BD VEO INSULIN SYR ULTRAFINE	C	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 31GX5/16"	C	QL(5 EA daily); RX/OTC
CAREONE INSULIN SYRINGE	C	QL(5 EA daily)	GNP ULTRA COM INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HEALTHWISE INSULIN SYR/NEEDLE	C	QL(5 EA daily); RX/OTC	TRUE COMFORT INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
HM ULTICARE INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	TRUE COMFORT PRO INSULIN SYR	C	QL(5 EA daily); RX/OTC
INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES	C	QL(5 EA daily)
INSULIN SYRINGE-NEEDLE U-100	C	QL(5 EA daily); RX/OTC	TRUEPLUS INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
KINRAY INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	TRUEPLUS PEN NEEDLES	C	QL(5 EA daily); RX/OTC
LITETOUCH INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	ULTRA COMFORT INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
MAGELLAN INSULIN SAFETY SYR	C	QL(5 EA daily); RX/OTC	ULTRA FLO INSULIN SYR 1/2 UNIT	C	QL(5 EA daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	ULTRA FLO INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
MAXICOMFORT SYR 27G X 1/2"	C	QL(5 EA daily); RX/OTC	ULTRACARE INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
MEDIC INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	ULTRA-THIN II INS SYR SHORT	C	QL(5 EA daily); RX/OTC
MM INSULIN SYRINGE/NEEDLE	C	QL(5 EA daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
MONOJECT INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	Respiratory Therapy Supplies		
MONOJECT ULTRA COMFORT SYRINGE	C	QL(5 EA daily); RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PRECISION SURE-DOSE SYRINGE	C	QL(5 EA daily); RX/OTC	AEROCHAMBER MINI CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PRODIGY INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	AEROCHAMBER MV MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
PX INSULIN SYRINGE	C	QL(5 EA daily)	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
REALITY INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU INTERM DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
RELION INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
SB INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
SECURESAFE INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC			
SURE COMFORT INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC			
TECHLITE INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLO-VU MEDIUM 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 MEDIUM 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 SMALL DEVI	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 SMALL 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
AEROCHAMBER Z-STAT PLUS/LARGE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	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
AEROCHAMBER Z-STAT PLUS/SMALL MISC	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
AEROCHAMBER Z-STAT PLUS 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
AEROCHAMBER2GO ANTI-STATIC DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	EASIVENT MISC	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	EQ SPACE CHAMBER ANTI-STATIC L DEVI	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	EQ SPACE CHAMBER ANTI-STATIC M DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC S DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE EASE LARGE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
MASK VORTEX/TODDLER/LAD YBUG	C	QL(2 EA per 360 day(s) retail); RX/OTC	POCKET SPACER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
MICROCHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	PRO COMFORT SPACER ADULT 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	PRO COMFORT SPACER CHILD MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
MICROSPACER MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	PRO COMFORT SPACER INFANT DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	PROCARE SPACER/ADULT MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	PROCARE SPACER/CHILD MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	PROCHAMBER VHC DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	PURE COMFORT SPACER CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	RITEFLO DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VORTEX HOLD CHMBR/MASK/CHILD DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	<i>frovatriptan succinate</i>	NP	
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	NP	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
VORTEX VALVE CHAMBER-PEDI MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	NP	
VORTEX VALVED HOLDING CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	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)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	NP	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			IMITREX TABS (<i>sumatriptan succinate</i>)	NP	QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)
AIMOVIG	NP	SP	MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	NP	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)
AJOVY SOAJ	PA	SP; PA	MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	NP	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)
AJOVY SOSY	PA	SP; PA	<i>naratriptan hcl</i>	NP	QL(9 EA per 31 day(s) retail); AL(At least 18 yrs old)
EMGALITY (300 MG DOSE) SOSY	NP	SP	RELPAX (<i>eletriptan hydrobromide</i>)	P	Brand Preferred; QL(6 EA per 31 day(s) retail)
EMGALITY SOAJ	PA	SP; PA	RELPAX (<i>eletriptan hydrobromide</i>)	P	Brand Preferred ; QL(6 EA per 31 day(s) retail)
EMGALITY SOSY	PA	SP; PA	<i>rizatriptan benzoate TABS</i>	P	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)
NURTEC	NP		<i>rizatriptan benzoate TBDP</i>	P	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)
QULIPTA	PA	PA			
UBRELVY	PA	PA			
ZAVZPRET	NP				
Migraine Combinations					
<i>sumatriptan-naproxen sodium</i>	NP				
SYMBRAVO TABS PO	NP				
Serotonin Agonists					
<i>almotriptan malate</i>	NP				
<i>eletriptan hydrobromide</i>	NP	Brand Preferred; QL(6 EA per 31 day(s) retail)			
FROVA (<i>frovatriptan succinate</i>)	NP				

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Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan 20 MG/ACT</i>	NP	20 MG/ACT; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan 5 MG/ACT</i>	NP	5 MG/ACT; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	P	
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	P	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	P	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	P	
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	P	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate TABS</i>	P	QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)
TOSYMRA	NP	
ZEMBRACE SYMTOUCH SOAJ	NP	
<i>zolmitriptan SOLN 5 MG</i>	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
<i>zolmitriptan SOLN 2.5 MG</i>	NP	
<i>zolmitriptan TABS</i>	NP	QL(6 EA per 31 day(s) retail)
<i>zolmitriptan TBDP</i>	NP	QL(6 EA per 31 day(s) retail)
<i>ZOMIG SOLN 2.5 MG (zolmitriptan)</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>ZOMIG SOLN 5 MG (zolmitriptan)</i>	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
MINERALS & ELECTROLYTES		
Calcium		
<i>calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG</i>	C	
<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG</i>	C	QL(2 EA daily)
<i>oyster shell</i>	C	
Electrolyte Mixtures		
<i>oral electrolytes SOLN</i>	C	
Fluoride		
<i>sodium fluoride CHEW</i>	C	
<i>sodium fluoride SOLN 0.5 MG/ML</i>	C	RX/OTC
<i>SODIUM FLUORIDE SOLN 0.5 MG/ML</i>	C	RX/OTC
Magnesium		
<i>magnesium oxide (mg supplement) TABS</i>	C	
Phosphate		
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	C	QL(8 EA daily); RX/OTC
<i>WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG</i>	C	QL(8 EA daily); RX/OTC
Potassium		
<i>EFFER-K TBEF 25 MEQ</i>	C	
<i>potassium bicarbonate TBEF</i>	C	
<i>potassium chloride microencapsulated crystals er</i>	C	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride CPCR 10 MEQ</i>	C		<i>mycophenolate mofetil CAPS</i>	P	
<i>potassium chloride CPCR 8 MEQ</i>	C	QL(1 EA daily)	<i>mycophenolate mofetil SUSR</i>	P	
<i>potassium chloride PACK PO 20 MEQ</i>	C		<i>mycophenolate mofetil TABS</i>	P	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	C		<i>mycophenolate sodium</i>	P	
<i>potassium chloride TBCR</i>	C		MYFORTIC (<i>mycophenolate sodium</i>)	NP	
MISCELLANEOUS THERAPEUTIC CLASSES			MYHIBBIN SUSP	NP	
Chelating Agents			NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	NP	
<i>penicillamine TABS</i>	C		NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	NP	
Immunomodulators			PROGRAF CAPS (<i>tacrolimus</i>)	NP	
REZUROCK	NP	SP	PROGRAF PACK	NP	
RHAPSIDO TABS PO 25 MG	NP	AL(At least 18 yrs old); SP	SANDIMMUNE CAPS (<i>cyclosporine</i>)	P	
Immunosuppressive Agents			<i>sirolimus SOLN</i>	P	
ASTAGRAF XL CP24	NP		<i>sirolimus TABS</i>	P	
<i>azathioprine TABS</i>	P		<i>tacrolimus CAPS</i>	P	
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	NP		ZORTRESS (<i>everolimus (immunosuppressant)</i>)	NP	
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	NP		Potassium Removing Agents		
CELLCEPT TABS (<i>mycophenolate mofetil</i>)	NP		LOKELMA	P	
<i>cyclosporine modified (for microemulsion) CAPS</i>	P		<i>sodium polystyrene sulfonate POWD</i>	P	
<i>cyclosporine modified (for microemulsion) SOLN</i>	P		<i>sodium polystyrene sulfonate SUSP PR 30 GM/120ML</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	VELTASSA 1 GM, 8.4 GM, 16.8 GM	P	
ENVARUSUS XR TB24	NP		MOUTH/THROAT/DENTAL AGENTS		
<i>everolimus (immunosuppressant)</i>	NP		Anesthetics Topical Oral		
IMURAN TABS (<i>azathioprine</i>)	NP				

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

Drug Name	Drug Tier	Requirements/ Limits
Multiple Vitamins w/ Minerals		
ABC COMPLETE ADULT TABS	C	QL(1 EA daily); RX/OTC
ABC COMPLETE MENS TABS	C	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR 50+ TABS	C	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR MENS 50+ TABS	C	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	C	QL(1 EA daily); RX/OTC
ABC COMPLETE WOMENS TABS	C	QL(1 EA daily); RX/OTC
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
AFLOA TABS	C	QL(1 EA daily); RX/OTC
ALIVE CALCIUM BONE SUPPORT TABS	C	QL(1 EA daily); RX/OTC
ALIVE DAILY ENERGY TABS	C	QL(1 EA daily); RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
ALIVE ENERGY 50+ TABS	C	QL(1 EA daily); RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
ALIVE GARDEN GOODNESS TABS	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
ALIVE MENS 50+ ULTRA TABS	C	QL(1 EA daily); RX/OTC
ALIVE MENS 50+ TABS	C	QL(1 EA daily); RX/OTC
ALIVE MENS COMPLETE MULTI TABS	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALIVE MENS ULTRA TABS	C	QL(1 EA daily); RX/OTC	BIOTECT PLUS CAPS	C	QL(1 EA daily); RX/OTC
ALIVE ONCE DAILY WOMENS TABS	C	QL(1 EA daily); RX/OTC	BLOOD SUGAR MANAGER TABS	C	QL(1 EA daily); RX/OTC
ALIVE ULTRA POTENCY ADULT TABS	C	QL(1 EA daily); RX/OTC	BONEUP 3 PER DAY CAPS	C	QL(1 EA daily); RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	C	QL(1 EA daily); RX/OTC	BONEUP VEGETARIAN TABS	C	QL(1 EA daily); RX/OTC
ALIVE WOMENS 50+ COMPLETE MV TABS	C	QL(1 EA daily); RX/OTC	BONEUP CAPS	C	QL(1 EA daily); RX/OTC
ALIVE WOMENS ENERGY TABS	C	QL(1 EA daily); RX/OTC	BOOSTNOW IMMUNE SUPPORT CAPS	C	QL(1 EA daily); RX/OTC
ALPHA BETIC TABS	C	QL(1 EA daily); RX/OTC	CELEBRATE MULTI-COMplete 18 CAPS	C	QL(1 EA daily); RX/OTC
ANTIOXIDANT FORMULA TABS	C	QL(1 EA daily); RX/OTC	CELEBRATE MULTI-COMplete 36 CAPS	C	QL(1 EA daily); RX/OTC
APETIBEX CAPS	C	QL(1 EA daily); RX/OTC	CELEBRATE MULTI-COMplete 45 CAPS	C	QL(1 EA daily); RX/OTC
APPE-CURB CAPS	C	QL(1 EA daily); RX/OTC	CELEBRATE MULTI-COMplete 60 CAPS	C	QL(1 EA daily); RX/OTC
AZO HORMONAL HEALTH CYCLE CARE TABS	C	QL(1 EA daily); RX/OTC	CENTRAVITES 50 PLUS TABS	C	QL(1 EA daily); RX/OTC
AZO HORMONAL HEALTH HAPPY CYCL TABS	C	QL(1 EA daily); RX/OTC	CENTRAVITES ADULTS TABS	C	QL(1 EA daily); RX/OTC
BACMIN TABS	C	QL(1 EA daily); RX/OTC	CENTRUM CARDIO TABS	C	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	C	QL(1 EA daily); RX/OTC	CENTRUM MENOPAUSE HOT FLASH TABS	C	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS CAPS	C	QL(1 EA daily); RX/OTC	CENTRUM MEN TABS	C	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS TABS	C	QL(1 EA daily); RX/OTC	CENTRUM MINIS ADULTS 50+ TABS	C	QL(1 EA daily); RX/OTC
BASIC AM TABS	C	QL(1 EA daily); RX/OTC	CENTRUM MINIS MEN 50+ TABS	C	QL(1 EA daily); RX/OTC
BASIC PM TABS	C	QL(1 EA daily); RX/OTC	CENTRUM MINIS WOMEN 50+ TABS	C	QL(1 EA daily); RX/OTC
BIO-35 GLUTEN-FREE CAPS	C	QL(1 EA daily); RX/OTC	CENTRUM MINIS WOMEN IMMUNE SUP TABS	C	QL(1 EA daily); RX/OTC
BIO-35 IRON FREE CAPS	C	QL(1 EA daily); RX/OTC	CENTRUM SILVER ULTRA WOMENS TABS	C	QL(1 EA daily); RX/OTC
BIOCAL CAPS	C	QL(1 EA daily); RX/OTC	CENTRUM SPECIALIST HEART TABS	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CENTRUM SPECIALIST IMMUNE TABS	C	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE ULTRA MEN 50+ TABS	C	QL(1 EA daily); RX/OTC
CENTRUM SPECIALIST VISION TABS	C	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE ULTRA MENS TABS	C	QL(1 EA daily); RX/OTC
CENTRUM ULTRA WOMENS TABS	C	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE ULTRA WOMEN TABS	C	QL(1 EA daily); RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT TABS	C	QL(1 EA daily); RX/OTC	CVS VISION HEALTH CAPS	C	QL(1 EA daily); RX/OTC
CERTAVITE SENIOR TABS	C	QL(1 EA daily); RX/OTC	DAYAVITE TABS	C	QL(1 EA daily); RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	C	QL(1 EA daily); RX/OTC	DECUBI-VITE CAPS	C	QL(1 EA daily); RX/OTC
CHOICEFUL MULTIVITAMIN CAPS	C	QL(1 EA daily); RX/OTC	DEKAS PLUS OCEAN CAPS	C	QL(1 EA daily); RX/OTC
CITRACAL +D3 TABS	C	QL(1 EA daily); RX/OTC	DEKAS PLUS CAPS	C	QL(1 EA daily); RX/OTC
CULTURELLE PROBIOTIC MEN DAILY CAPS	C	QL(1 EA daily); RX/OTC	DEPLIN MA CAPS	C	QL(1 EA daily); RX/OTC
CVS ADULT 50+ EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC	DEPLINPRO MOOD HEALTH CAPS	C	QL(1 EA daily); RX/OTC
CVS DAILY MULTIV/MINERAL MENS TABS	C	QL(1 EA daily); RX/OTC	DERMACINRX MULTITAM TABS	C	QL(1 EA daily); RX/OTC
CVS DAILY MULTIVITAMIN MENS TABS	C	QL(1 EA daily); RX/OTC	DERMACINRX RIBOTIN-E TABS	C	QL(1 EA daily); RX/OTC
CVS DAILY MULTIVITAMIN WOMENS TABS	C	QL(1 EA daily); RX/OTC	DERMACINRX ZINTREXYL-C TABS	C	QL(1 EA daily); RX/OTC
CVS EYE HEALTH ADULT 50+ CAPS	C	QL(1 EA daily); RX/OTC	DERMAVITE TABS	C	QL(1 EA daily); RX/OTC
CVS IMMUNE SUPPORT CAPS	C	QL(1 EA daily); RX/OTC	DEXATRAM CAPS	C	QL(1 EA daily); RX/OTC
CVS ONE DAILY MENS 50+ ADV TABS	C	QL(1 EA daily); RX/OTC	DIALYVITE SUPREME D TABS	C	QL(1 EA daily); RX/OTC
CVS ONE DAILY WOMENS 50+ ADV TABS	C	QL(1 EA daily); RX/OTC	DIATROL TABS	C	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ADULT 50+ TABS	C	QL(1 EA daily); RX/OTC	EQ COMPLETE MULTIVITAMIN-ADULT TABS	C	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ADULTS TABS	C	QL(1 EA daily); RX/OTC	EQ ONE DAILY MENS 50+ TABS	C	QL(1 EA daily); RX/OTC
			EQ ONE DAILY MENS HEALTH TABS	C	QL(1 EA daily); RX/OTC
			EQ ONE DAILY WOMENS 50+ TABS	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EQ ONE DAILY WOMENS HEALTH TABS	C	QL(1 EA daily); RX/OTC	FREEDAVITE TABS	C	QL(1 EA daily); RX/OTC
EQL CENTURY MATURE ADULTS 50+ TABS	C	QL(1 EA daily); RX/OTC	FT CENTURY 50+ TABS	C	QL(1 EA daily); RX/OTC
EQL CENTURY MENS TABS	C	QL(1 EA daily); RX/OTC	FT CENTURY ADULTS TABS	C	QL(1 EA daily); RX/OTC
EQL CENTURY WOMENS TABS	C	QL(1 EA daily); RX/OTC	FT CENTURY MEN 50+ TABS	C	QL(1 EA daily); RX/OTC
EQL ONE DAILY MENS TABS	C	QL(1 EA daily); RX/OTC	FT CENTURY MEN TABS	C	QL(1 EA daily); RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS	C	QL(1 EA daily); RX/OTC	FT CENTURY WOMEN 50+ TABS	C	QL(1 EA daily); RX/OTC
EYE HEALTH + LUTEIN TABS	C	QL(1 EA daily); RX/OTC	FT CENTURY WOMEN TABS	C	QL(1 EA daily); RX/OTC
EYE HEALTH AREDS 2 CAPS	C	QL(1 EA daily); RX/OTC	FT EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC	FT EYE HEALTH TABS	C	QL(1 EA daily); RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	C	QL(1 EA daily); RX/OTC	FT HAIR SKIN & NAILS EXTRA STR TABS	C	QL(1 EA daily); RX/OTC
FINAZOL TABS	C	QL(1 EA daily); RX/OTC	FT ONE DAILY MENS 50+ TABS	C	QL(1 EA daily); RX/OTC
FITNESS TABS FOR MEN AM/PM TABS	C	QL(1 EA daily); RX/OTC	FT ONE DAILY MENS TABS	C	QL(1 EA daily); RX/OTC
FITNESS TABS FOR WOMEN AM/PM TABS	C	QL(1 EA daily); RX/OTC	FT ONE DAILY WOMENS 50+ TABS	C	QL(1 EA daily); RX/OTC
FLORRAVITE TABS	C	QL(1 EA daily); RX/OTC	FT ONE DAILY WOMENS TABS	C	QL(1 EA daily); RX/OTC
FLORRAXYL TABS	C	QL(1 EA daily); RX/OTC	GERI-FREEDA SENIOR FORMULA TABS	C	QL(1 EA daily); RX/OTC
FOLAGENT DHA CAPS	C	QL(1 EA daily); RX/OTC	GNP CENTURY ADULTS MEN TABS	C	QL(1 EA daily); RX/OTC
FOLAMAX TABS	C	QL(1 EA daily); RX/OTC	GNP CENTURY ADULTS WOMEN TABS	C	QL(1 EA daily); RX/OTC
FOLAMED DHA CAPS	C	QL(1 EA daily); RX/OTC	GNP CENTURY ADULT TABS	C	QL(1 EA daily); RX/OTC
FOLAPRIME TABS	C	QL(1 EA daily); RX/OTC	GNP CENTURY MATURE ADULTS 50+ TABS	C	QL(1 EA daily); RX/OTC
FOLASYNC DHA CAPS	C	QL(1 EA daily); RX/OTC	GNP THERAPEUTIC-M TABS	C	QL(1 EA daily); RX/OTC
FOLIFLEX TABS	C	QL(1 EA daily); RX/OTC	HAIR SKIN & NAILS ADVANCED TABS	C	QL(1 EA daily); RX/OTC
FOLITIN-Z TABS	C	QL(1 EA daily); RX/OTC	HAIR SKIN & NAILS TABS	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HAIR/SKIN/NAILS CAPS	C	QL(1 EA daily); RX/OTC	MENS 50+ MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
HEAD CARE PROACTIVE HEALTH TABS	C	QL(1 EA daily); RX/OTC	MENS MULTI HEALTH FORMULA TABS	C	QL(1 EA daily); RX/OTC
HEALTHY EYES SUPERVISION 2 CAPS	C	QL(1 EA daily); RX/OTC	MENS MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
HIGH POTENCY MULTIVIT/FA TABS	C	QL(1 EA daily); RX/OTC	MOOD FOOD ES CAPS	C	QL(1 EA daily); RX/OTC
HM COMPLETE MEN TABS	C	QL(1 EA daily); RX/OTC	MOOD FOOD CAPS	C	QL(1 EA daily); RX/OTC
HYLAZINC TABS	C	QL(1 EA daily); RX/OTC	MULTIA CAPS	C	QL(1 EA daily); RX/OTC
ICAPS AREDS FORMULA TABS	C	QL(1 EA daily); RX/OTC	<i>multiple vitamins w/ minerals CAPS</i>	C	QL(1 EA daily); RX/OTC
IMMUNE ESSENTIALS DAILY CAPS	C	QL(1 EA daily); RX/OTC	<i>multiple vitamins w/ minerals TABS</i>	C	QL(1 EA daily); RX/OTC
JOINT HEALTH & BONE STRENGTH TABS	C	QL(1 EA daily); RX/OTC	MULTITOL-M TABS	C	QL(1 EA daily); RX/OTC
KEYFOLIC TABS	C	QL(1 EA daily); RX/OTC	MULTIVITAMIN ADULT (MINERALS) TABS	C	QL(1 EA daily); RX/OTC
KEYLOSA TABS	C	QL(1 EA daily); RX/OTC	MULTIVITAMIN HEALTH FORM/CA/FE TABS	C	QL(1 EA daily); RX/OTC
K-PAX IMMUNE PROFESSIONAL ST TABS	C	QL(1 EA daily); RX/OTC	MULTIVITAMIN MEN TABS	C	QL(1 EA daily); RX/OTC
LIVER DETOX TABS	C	QL(1 EA daily); RX/OTC	MULTI-VITAMIN MONOCAPS TABS	C	QL(1 EA daily); RX/OTC
LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	C	QL(1 EA daily); RX/OTC	MULTIVITAMIN WOMEN TABS	C	QL(1 EA daily); RX/OTC
MEDI TAB TABS	C	QL(1 EA daily); RX/OTC	MULTIVITAMIN/ZINC STRESS TABS	C	QL(1 EA daily); RX/OTC
MEGA MULTI FOR WOMEN TABS	C	QL(1 EA daily); RX/OTC	MULTIVITAMIN-MINERALS TABS	C	QL(1 EA daily); RX/OTC
MEGA MULTI MEN TABS	C	QL(1 EA daily); RX/OTC	MVW COMPLETE FORMULATION D3000 CAPS	C	QL(1 EA daily); RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	C	QL(1 EA daily); RX/OTC	MVW COMPLETE FORMULATION D5000 CAPS	C	QL(1 EA daily); RX/OTC
MEGAVITE GOLDEN YEARS 55+ TABS	C	QL(1 EA daily); RX/OTC	MVW COMPLETE FORMULATION MINIS CAPS	C	QL(1 EA daily); RX/OTC
MENATROL CAPS	C	QL(1 EA daily); RX/OTC	MVW COMPLETE FORMULATION CAPS	C	QL(1 EA daily); RX/OTC
MENS 50+ ADVANCED CAPS	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits
MVW MODULATOR FORMULATION MINI CAPS	C	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION CAPS	C	QL(1 EA daily); RX/OTC
NAT-RUL THERAVITE-M TABS	C	QL(1 EA daily); RX/OTC
NATRUL-VITES TABS	C	QL(1 EA daily); RX/OTC
NEOVITE TABS	C	QL(1 EA daily); RX/OTC
NICADAN TABS	C	QL(1 EA daily); RX/OTC
NICAZEL FORTE TABS	C	QL(1 EA daily); RX/OTC
NICAZEL TABS	C	QL(1 EA daily); RX/OTC
NO IRON MULT VITAMIN-MINERALS TABS	C	QL(1 EA daily); RX/OTC
NUTRALYN TABS	C	QL(1 EA daily); RX/OTC
NUTRICAP TABS	C	QL(1 EA daily); RX/OTC
OCULAR VITAMINS TABS	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
OCUVITE ADULT 50+ CAPS	C	QL(1 EA daily); RX/OTC
OCUVITE ADULT FORMULA CAPS	C	QL(1 EA daily); RX/OTC
OCUVITE EYE PERFORMANCE CAPS	C	QL(1 EA daily); RX/OTC
OCUVITE-LUTEIN CAPS	C	QL(1 EA daily); RX/OTC
ONCOVITE TABS	C	QL(1 EA daily); RX/OTC
ONE A DAY ENERGY TABS	C	QL(1 EA daily); RX/OTC
ONE A DAY MEN 50 PLUS TABS	C	QL(1 EA daily); RX/OTC
ONE A DAY TRIPLE IMMUNE SUPPRT TABS	C	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE A DAY WOMEN 50 PLUS TABS	C	QL(1 EA daily); RX/OTC
ONE DAILY MEN FORMULA W/O IRON TABS	C	QL(1 EA daily); RX/OTC
ONE DAILY MENS 50+ MULTIVIT TABS	C	QL(1 EA daily); RX/OTC
ONE DAILY MULTIVITAMIN WOMEN TABS	C	QL(1 EA daily); RX/OTC
ONE DAILY WOMENS TABS	C	QL(1 EA daily); RX/OTC
ONE-A-DAY ENERGY TABS	C	QL(1 EA daily); RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	C	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS (MINERALS) TABS	C	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	C	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS 50+ TABS	C	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	C	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	C	QL(1 EA daily); RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS	C	QL(1 EA daily); RX/OTC
ONE-A-DAY TEEN ADVANTAGE/HIM TABS	C	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50+ TABS	C	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS TABS	C	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI CAPS CAPS	C	QL(1 EA daily); RX/OTC
ONEVITE TABS	C	QL(1 EA daily); RX/OTC
OPURITY TABS	C	QL(1 EA daily); RX/OTC
OSTEOPRIME PLUS TABS	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PARVLEX TABS	C	QL(1 EA daily); RX/OTC	QUIN B STRONG TABS	C	QL(1 EA daily); RX/OTC
PHYTOMULTI TABS	C	QL(1 EA daily); RX/OTC	QUINTABS-M TABS	C	QL(1 EA daily); RX/OTC
PRESCRIPTION SUPPORT MULTIVIT CAPS	C	QL(1 EA daily); RX/OTC	RAYAVIT TABS	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2+COQ10 CAPS	C	QL(1 EA daily); RX/OTC	REMEDIENT CAPS	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2+MULTI VIT CAPS	C	QL(1 EA daily); RX/OTC	RENAL MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2 CAPS	C	QL(1 EA daily); RX/OTC	RENAPLEX-D TABS	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS CAPS	C	QL(1 EA daily); RX/OTC	SENTRY SENIOR MENS 50+ TABS	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS TABS	C	QL(1 EA daily); RX/OTC	SENTRY SENIOR/LUTEIN TABS	C	QL(1 EA daily); RX/OTC
PRESERVISION/LUTEIN CAPS	C	QL(1 EA daily); RX/OTC	SENTRY TABS	C	QL(1 EA daily); RX/OTC
PREV-RX TABS	C	QL(1 EA daily); RX/OTC	SIDEROL TABS	C	QL(1 EA daily); RX/OTC
PROBIOTICS + BARIATRIC MULTI CAPS	C	QL(1 EA daily); RX/OTC	SKIN HAIR & NAILS ADVANCED CAPS	C	QL(1 EA daily); RX/OTC
PRO-CAL TABS	C	QL(1 EA daily); RX/OTC	SOLO TABS	C	QL(1 EA daily); RX/OTC
PROCERV HP TABS	C	QL(1 EA daily); RX/OTC	SPECTRAVITE TABS	C	QL(1 EA daily); RX/OTC
PROFOLA TABS	C	QL(1 EA daily); RX/OTC	STROVITE ONE TABS	C	QL(1 EA daily); RX/OTC
PRORENAL + D W/ OMEGA-3 CAPS	C	QL(1 EA daily); RX/OTC	SUPER ANTIOXIDANT CAPS	C	QL(1 EA daily); RX/OTC
PRORENAL + D TABS	C	QL(1 EA daily); RX/OTC	SUPER D-ZINC- SELENIUM-COPPER TABS	C	QL(1 EA daily); RX/OTC
PROTECT CARDIO AF CAPS	C	QL(1 EA daily); RX/OTC	SUPERIOR MENS MULTI TABS	C	QL(1 EA daily); RX/OTC
PROTECT PLUS SO CAPS	C	QL(1 EA daily); RX/OTC	SUPERIOR WOMENS MULTI TABS	C	QL(1 EA daily); RX/OTC
PROTEGRA CAPS	C	QL(1 EA daily); RX/OTC	SUPPORT-500 CAPS	C	QL(1 EA daily); RX/OTC
PROVIT TABS	C	QL(1 EA daily); RX/OTC	SYSTANE ICAPS AREDS2 TABS	C	QL(1 EA daily); RX/OTC
QC MULTI-VITE TABS	C	QL(1 EA daily); RX/OTC	THERAGRAN-M ADVANCED 50 PLUS TABS	C	QL(1 EA daily); RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	C	QL(1 EA daily); RX/OTC	THERAGRAN-M ADVANCED TABS	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THERAGRAN-M PREMIER 50 PLUS TABS	C	QL(1 EA daily); RX/OTC	VITABEX PLUS CAPS	C	QL(1 EA daily); RX/OTC
THERAGRAN-M PREMIER TABS	C	QL(1 EA daily); RX/OTC	VITABEX CAPS	C	QL(1 EA daily); RX/OTC
THERAGRAN-M TABS	C	QL(1 EA daily); RX/OTC	VITACORE TABS	C	QL(1 EA daily); RX/OTC
THERA-M PLUS MV W/BETA-CAROT TABS	C	QL(1 EA daily); RX/OTC	VITAMIN D3 COMPLETE TABS	C	QL(1 EA daily); RX/OTC
THERAMILL FORTE CAPS	C	QL(1 EA daily); RX/OTC	VITASANA TABS	C	QL(1 EA daily); RX/OTC
THERANATAL LACTATION ONE CAPS	C	QL(1 EA daily); RX/OTC	VITATRUM TABS	C	QL(1 EA daily); RX/OTC
THERA-TABS M TABS	C	QL(1 EA daily); RX/OTC	VITEYES AREDS 2 FORMULA +MULTI CAPS	C	QL(1 EA daily); RX/OTC
THERA-VITE MAX-M TABS	C	QL(1 EA daily); RX/OTC	VITEYES AREDS 2 FORMULA CAPS	C	QL(1 EA daily); RX/OTC
T-VITES TABS	C	QL(1 EA daily); RX/OTC	VITEYES CLASSIC ADVANCED CAPS	C	QL(1 EA daily); RX/OTC
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	C	QL(1 EA daily); RX/OTC	VITEYES CLASSIC MACULAR SUPPOR CAPS	C	QL(1 EA daily); RX/OTC
ULTRA BONEUP TABS	C	QL(1 EA daily); RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
VENEXA FE TABS	C	QL(1 EA daily); RX/OTC	VITEYES CLASSIC+OMEGA-3 CAPS	C	QL(1 EA daily); RX/OTC
VENEXA TABS	C	QL(1 EA daily); RX/OTC	VITEYES OPTIC NERVE SUPPORT TABS	C	QL(1 EA daily); RX/OTC
VENTRIXYL FE TABS	C	QL(1 EA daily); RX/OTC	VITRAMYN TABS	C	QL(1 EA daily); RX/OTC
VENTRIXYL TABS	C	QL(1 EA daily); RX/OTC	VITRANOL FE TABS	C	QL(1 EA daily); RX/OTC
VISION HEALTH CAPS	C	QL(1 EA daily); RX/OTC	VITRANOL TABS	C	QL(1 EA daily); RX/OTC
VISION OPTIMIZER CAPS	C	QL(1 EA daily); RX/OTC	VITREXATE FE TABS	C	QL(1 EA daily); RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	C	QL(1 EA daily); RX/OTC	VITREXATE TABS	C	QL(1 EA daily); RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	C	QL(1 EA daily); RX/OTC	VITREXYL + IRON TABS	C	QL(1 EA daily); RX/OTC
VITABASIC COMPLETE TABS	C	QL(1 EA daily); RX/OTC	VITREXYL TABS	C	QL(1 EA daily); RX/OTC
VITABASIC SENIOR TABS	C	QL(1 EA daily); RX/OTC	VITRUM 50+ ADULT-MULTI TABS	C	QL(1 EA daily); RX/OTC
			VITRUM 50+ SENIOR MULTI TABS	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WELLFOLA TABS	C	QL(1 EA daily); RX/OTC	NEOMULTIVITE TABS	C	QL(1 EA daily); RX/OTC
WOMENS 50+ MULTI VITAMIN TABS	C	QL(1 EA daily); RX/OTC	NEWVITE TABS	C	QL(1 EA daily); RX/OTC
YELETS TEENAGE FORMULA TABS	C	QL(1 EA daily); RX/OTC	OMNICAP TABS	C	QL(1 EA daily); RX/OTC
Multivitamins			ONE DAILY ESSENTIALS TABS	C	QL(1 EA daily); RX/OTC
ALTRIXA TABS	C	QL(1 EA daily); RX/OTC	ONE DAILY ESSENTIAL TABS	C	QL(1 EA daily); RX/OTC
AMLADEX TABS	C	QL(1 EA daily); RX/OTC	ONE VITE DAILY MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
CENTRUM MENOPAUSE MIND/MOOD TABS	C	QL(1 EA daily); RX/OTC	ONE-A-DAY ADULT VITACRAVES+DHA CHEW	C	QL(1 EA daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS	C	QL(1 EA daily); RX/OTC	QUINTABS TABS	C	QL(1 EA daily); RX/OTC
DAVIMET-M CHEW	C	QL(1 EA daily); RX/OTC	RELCARE TABS	C	QL(1 EA daily); RX/OTC
DERMACINRX DAVIMET CHEW	C	QL(1 EA daily); RX/OTC	STRESS FORMULA/ZINC/ENERGY TABS	C	QL(1 EA daily); RX/OTC
DERMACINRX MULTIVITAMIN CHEW	C	QL(1 EA daily); RX/OTC	THERA TABS	C	QL(1 EA daily); RX/OTC
ESTROFACTORS TABS	C	QL(1 EA daily); RX/OTC	THEREMS TABS	C	QL(1 EA daily); RX/OTC
FOLACHEW CHEW	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	VIREXA TABS	C	QL(1 EA daily); RX/OTC
GENICIN VITA-Q TABS	C	QL(1 EA daily); RX/OTC	VITRAX TABS	C	QL(1 EA daily); RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC	Ped Multi Vitamins w/FI & FE		
MINCORA TABS	C	QL(1 EA daily); RX/OTC	<i>ped multivitamins w/fi & iron SOLN</i>	C	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC
MULTI VITAMIN W/D-3 TABS	C	QL(1 EA daily); RX/OTC	Ped MV w/ Iron		
MULTI VITAMIN TABS	C	QL(1 EA daily); RX/OTC	BPROTECTED PEDIA POLY-VITE/FE SOLN	C	QL(60 ML per fill retail)
<i>multiple vitamin TABS</i>	C	QL(1 EA daily); RX/OTC	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	C	QL(60 ML per fill retail)
MULTIVITAMIN ADULT TABS	C	QL(1 EA daily); RX/OTC			
MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN DROPS/IRON SOLN	C	QL(60 ML per fill retail)	ELON MATRIX 5000 COMPLETE TABS	C	QL(1 EA daily); RX/OTC
MULTIVITAMIN INFANT & TODDLER SOLN	C	QL(60 ML per fill retail)	ELON MATRIX 5000 TABS	C	QL(1 EA daily); RX/OTC
POLY-VITE/IRON SOLN	C	QL(60 ML per fill retail)	ELON MATRIX COMPLETE TABS	C	QL(1 EA daily); RX/OTC
Pediatric Multiple Vitamins			ELON MATRIX PLUS TABS	C	QL(1 EA daily); RX/OTC
BPROTECTED PEDIA POLY-VITE SOLN PO	C	QL(50 ML per fill retail)	ELON R3 TABS	C	QL(1 EA daily); RX/OTC
MULTIVITAMIN INFANT & TODDLER SOLN PO	C	QL(50 ML per fill retail)	GLP-DLAX TABS	C	QL(1 EA daily); RX/OTC
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	C	QL(50 ML per fill retail)	HAIR NOURISHING SUPPLEMENT TABS	C	QL(1 EA daily); RX/OTC
POLY-VI-SOL SOLN PO	C	QL(50 ML per fill retail)	HEALTHY HEART COMPLEX TABS	C	QL(1 EA daily); RX/OTC
POLY-VITA SOLN PO	C	QL(50 ML per fill retail)	HEART TABS TABS	C	QL(1 EA daily); RX/OTC
POLY-VITE PEDIATRIC SOLN PO	C	QL(50 ML per fill retail)	LIPIDSHIELD PLUS TABS	C	QL(1 EA daily); RX/OTC
Prenatal Vitamins			MEMORY COMPLEX BRAIN HEALTH TABS	C	QL(1 EA daily); RX/OTC
KPN PRENATAL TABS	C	QL(1 EA daily)	METAVEX TABS	C	QL(1 EA daily); RX/OTC
<i>prenatal vit w/ docusate-iron carbonyl-folic acid TABS</i>	C	QL(1 EA daily)	MG PLUS PROTEIN TABS	C	QL(1 EA daily); RX/OTC
SELECT-OB+DHA MISC	C	QL(1 EA daily)	MIL ADREGEN TABS	C	QL(1 EA daily); RX/OTC
VITAFOL-ONE CAPS	C	QL(1 EA daily)	NERVIVE NERVE RELIEF TABS	C	QL(1 EA daily); RX/OTC
Specialty Vitamins Products			<i>specialty vitamins products TABS</i>	C	QL(1 EA daily); RX/OTC
ADRENAL STRESS CALM TABS	C	QL(1 EA daily); RX/OTC	SYNVERA TABS	C	QL(1 EA daily); RX/OTC
ALLERWELL ALLERGY FORMULA TABS	C	QL(1 EA daily); RX/OTC	UPSPRING HE NATAL TABS	C	QL(1 EA daily); RX/OTC
BIOTIN PLUS KERATIN TABS	C	QL(1 EA daily); RX/OTC	Vitamins w/ Lipotropics		
BRAIN MIGHT/DHA & CO Q10 TABS	C	QL(1 EA daily); RX/OTC	<i>vitamins w/ lipotropics CAPS</i>	C	QL(1 EA daily)
CENTRUM PERFORMANCE TABS	C	QL(1 EA daily); RX/OTC	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
CENTRUM SPECIALIST ENERGY TABS	C	QL(1 EA daily); RX/OTC	Central Muscle Relaxants		
CVS HAIR/SKIN/NAILS TABS	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits
AMRIX CP24 (cyclobenzaprine hcl)	NP	
baclofen SOLN PO 5 MG/5ML, 10 MG/5ML	NP	
baclofen SUSP	NP	
baclofen TABS	P	
carisoprodol TABS	NP	
chlorzoxazone TABS 375 MG, 750 MG	NP	
chlorzoxazone TABS	P	
cyclobenzaprine hcl CP24	NP	
cyclobenzaprine hcl TABS 5 MG, 10 MG	P	QL(3 EA daily)
cyclobenzaprine hcl TABS 7.5 MG	P	QL(4 EA daily)
cyclobenzaprine hcl TABS 7.5 MG	NP	QL(4 EA daily)
FLEQSUVY SUSP (baclofen)	NP	
LYVISPAH PACK	NP	
metaxalone	NP	
METAXALONE 640 MG	NP	
methocarbamol TABS 1000 MG	NP	
methocarbamol TABS	P	
orphenadrine citrate TB12	P	QL(2 EA daily)
OZOBAX DS SOLN PO (baclofen)	NP	
SOMA TABS (carisoprodol)	NP	
tizanidine hcl CAPS	NP	
tizanidine hcl TABS	P	
ZANAFLEX CAPS (tizanidine hcl)	NP	
ZANAFLEX CAPS	NP	
ZANAFLEX TABS 4 MG (tizanidine hcl)	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG (dantrolene sodium)	NP	

Drug Name	Drug Tier	Requirements/ Limits
dantrolene sodium CAPS	P	
Muscle Relaxant Combinations		
orphenadrine w/ aspirin & caff	NP	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	NP	
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)

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate (nasal) SUSP</i>	P	1 package(s) per fill retail; RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	P	RX/OTC
OMNARIS SUSP	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
<i>triamcinolone acetonide (nasal) AERO</i>	C	QL(17 ML per 31 day(s) retail); AL(At least 2 yrs old)
XHANCE EXHU	NP	
Sympathomimetic Decongestants		
<i>pseudoephedrine hcl TABS</i>	C	
<i>pseudoephedrine hcl TB12</i>	C	QL(2 EA daily)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole TABS</i>	C	PA
Muscular Dystrophy Agents		
VYONDYS 53	C	SP; PA
NUTRIENTS		
Misc. Nutritional Substances		
<i>omega-3 fatty acids CAPS 1000 MG</i>	C	QL(6 EA daily)
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>polyvinyl alcohol 1.4 %</i>	C	
<i>white petrolatum-mineral oil</i>	C	1 package(s) per fill retail
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	P	1 package(s) per 31 day(s) retail
BETIMOL	NP	

Drug Name	Drug Tier	Requirements/ Limits
BETIMOL (<i>timolol</i>)	NP	
BETOPTIC-S SUSP	NP	
<i>brimonidine tartrate-timolol maleate</i>	NP	Brand Preferred
<i>carteolol hcl (ophth)</i>	P	1 max fill(s) per 31 day(s) retail
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	P	Brand Preferred
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ML per 31 day(s) retail)
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NP	
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ML per 31 day(s) retail)
<i>dorzolamide hcl-timolol maleate</i>	NP	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	NP	
<i>levobunolol hcl 0.5 %</i>	P	QL(15 ML per 31 day(s) retail)
<i>timolol</i>	NP	
<i>timolol maleate (ophth) SOLG</i>	P	
<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP	
<i>timolol maleate (ophth) SOLN</i>	P	QL(15 ML per 31 day(s) retail)
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NP	QL(15 EA per 31 day(s) retail)
Cholinergic Agonists		
TYRVAYA	NP	
Cycloplegic Mydriatics		
<i>atropine sulfate (ophthalmic) OINT</i>	C	QL(4 GM per fill retail)
<i>atropine sulfate (ophthalmic) SOLN</i>	C	
ATROPINE SULFATE SOLN 1 %	C	
CYCLOGYL 0.5 %	C	

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Drug Name	Drug Tier	Requirements/ Limits
CYCLOGYL 2 %	C	1 package(s) per 31 day(s) retail
cyclopentolate hcl 1 %	C	
tropicamide SOLN	C	
Miotics		
pilocarpine hcl SOLN 1 %, 2 %, 4 %	C	
Ophthalmic - Angiogenesis Inhibitors		
EYLEA SOSY	C	SP; PA
Ophthalmic Adrenergic Agents		
ALPHAGAN P (brimonidine tartrate)	P	Brand Preferred
apraclonidine hcl	NP	
brimonidine tartrate 0.2 %	P	1 package(s) per 31 day(s) retail
brimonidine tartrate 0.1 %, 0.15 %	NP	Brand Preferred
IOPIDINE	NP	
SIMBRINZA	NP	
Ophthalmic Anti-infectives		
AZASITE	NP	
bacitracin (ophthalmic)	P	QL(4 GM per 31 day(s) retail)
bacitracin-polymyxin b (ophth)	P	QL(4 GM per 31 day(s) retail)
BESIVANCE	NP	
CILOXAN OINT	NP	1 package(s) per fill retail
ciprofloxacin hcl (ophth) SOLN	P	1 package(s) per fill retail
erythromycin (ophth)	P	
gatifloxacin (ophth)	NP	
gentamicin sulfate (ophth) SOLN	P	2 package(s) per fill retail
levofloxacin (ophth) 0.5 %	NP	
moxifloxacin hcl (ophth) SOLN OP	P	QL(3 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
neomycin-bacitracin zn-polymyxin	P	QL(4 GM per 31 day(s) retail)
neomycin-polymyxin-gramicidin	P	1 package(s) per fill retail
OCUFLOX (ofloxacin (ophth))	NP	QL(10 ML per 31 day(s) retail)
ofloxacin (ophth)	P	QL(10 ML per 31 day(s) retail)
polymyxin b-trimethoprim	P	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
sulfacetamide sodium (ophth) OINT	P	QL(4 GM per 31 day(s) retail)
sulfacetamide sodium (ophth) SOLN	C	QL(15 ML per 31 day(s) retail)
sulfacetamide sodium (ophth) SOLN	P	QL(15 ML per 31 day(s) retail)
tobramycin (ophth) SOLN	NP	QL(5 ML per 31 day(s) retail)
TOBREX OINT	NP	
trifluridine	C	QL(8 ML per 31 day(s) retail)
VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	NP	QL(3 ML per fill retail)
Ophthalmic Decongestants		
naphazoline w/ pheniramine 0.315 %-0.027 %	C	QL(15 ML per 31 day(s) retail; 15 ML per 31 days mail)
naphazoline w/ pheniramine 0.3 %-0.025 %	C	QL(15 ML per 31 day(s) retail)
tetrahydrozoline hcl (ophth) 0.05 %	C	1 package(s) per 31 day(s) retail
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
cyclosporine (ophth) EMUL	NP	Brand Preferred
RESTASIS MULTIDOSE EMUL	P	Brand Preferred
RESTASIS EMUL (cyclosporine (ophth))	P	Brand Preferred

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VERKAZIA EMUL	NP		<i>loteprednol etabonate SUSP</i>	NP	
VEVYE SOLN	NP		<i>loteprednol etabonate-tobramycin</i>	NP	
Ophthalmic Integrin Antagonists			MAXIDEX SUSP OP	P	
XIIDRA	P		MAXITROL OINT (<i>neomycin-polymy-dexameth</i>)	NP	QL(4 GM per 31 day(s) retail)
Ophthalmic Kinase Inhibitors			MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>)	NP	QL(10 ML per 31 day(s) retail)
RHOPRESSA	P		MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>)	NP	QL(10 ML per 31 day(s) retail)
ROCKLATAN	P		<i>neomycin-polymy-dexameth OINT</i>	P	QL(4 GM per 31 day(s) retail)
Ophthalmic Local Anesthetics			<i>neomycin-polymy-dexameth SUSP</i>	P	QL(10 ML per 31 day(s) retail)
TETRACAINE HCL 0.5 %	C		<i>neomycin-polymyxin-hc (ophth)</i>	P	QL(15 ML per 31 day(s) retail)
<i>tetracaine hcl (ophth)</i>	C		PRED FORTE (<i>prednisolone acetate (ophth)</i>)	NP	QL(15 ML per 31 day(s) retail)
Ophthalmic Steroids			PRED MILD	P	1 package(s) per 31 day(s) retail
ALREX SUSP (<i>loteprednol etabonate</i>)	NP		<i>prednisolone acetate (ophth)</i>	P	QL(15 ML per 31 day(s) retail)
<i>bacitracin-poly-neomycin-hc</i>	P		PREDNISOLONE ACETATE P-F	C	QL(15 ML per 31 day(s) retail)
<i>dexamethasone sodium phosphate (ophth)</i>	P		PREDNISOLONE SODIUM PHOSPHATE	NP	1 package(s) per 31 day(s) retail
<i>difluprednate</i>	NP	Brand Preferred	<i>sulfacetamide sod-prednisolone SOLN</i>	P	QL(10 ML per 31 day(s) retail)
DUREZOL (<i>difluprednate</i>)	P	Brand Preferred	TOBRADEX ST SUSP	NP	
EYSUVIS SUSP	NP		TOBRADEX OINT	NP	QL(4 GM per 31 day(s) retail)
FLAREX	P		<i>tobramycin-dexamethasone SUSP</i>	P	1 package(s) per 31 day(s) retail
<i>fluorometholone (ophth) SUSP</i>	P	1 package(s) per 31 day(s) retail	ZYLET	NP	
FML FORTE SUSP	NP		Ophthalmics - Misc.		
FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	NP	1 package(s) per 31 day(s) retail			
INVELTYS SUSP	NP				
LOTEMAX SM GEL	NP				
LOTEMAX GEL (<i>loteprednol etabonate</i>)	NP				
LOTEMAX OINT	NP				
LOTEMAX SUSP (<i>loteprednol etabonate</i>)	NP				
<i>loteprednol etabonate GEL</i>	NP				

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Drug Name	Drug Tier	Requirements/ Limits
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	NP	1 package(s) per 31 day(s) retail
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	NP	1 max fill(s) per 31 day(s) retail
ACUVAIL	NP	
ALOMIDE	P	QL(10 ML per 31 day(s) retail)
<i>azelastine hcl (ophth)</i>	NP	QL(6 ML per 31 day(s) retail)
AZOPT (<i>brinzolamide</i>)	P	Brand Preferred; 1 package(s) per 31 day(s) retail
<i>bepotastine besilate</i>	NP	
BEPREVE (<i>bepotastine besilate</i>)	NP	
<i>brinzolamide</i>	NP	Brand Preferred; 1 package(s) per 31 day(s) retail
<i>bromfenac sodium (ophth)</i>	NP	
BROMSITE (<i>bromfenac sodium (ophth)</i>)	NP	
<i>cromolyn sodium (ophth)</i>	P	QL(10 ML per 31 day(s) retail)
<i>diclofenac sodium (ophth)</i>	P	QL(3 ML per 31 day(s) retail)
<i>dorzolamide hcl</i>	P	QL(10 ML per 31 day(s) retail)
<i>epinastine hcl (ophth)</i>	NP	
<i>flurbiprofen sodium</i>	P	QL(5 ML per 31 day(s) retail)
ILEVRO	NP	
<i>ketorolac tromethamine (ophth) 0.5 %</i>	P	1 package(s) per 31 day(s) retail
<i>ketorolac tromethamine (ophth) 0.4 %</i>	P	1 max fill(s) per 31 day(s) retail
<i>ketotifen fumarate (ophth) 0.035 %</i>	P	QL(10 ML per 31 day(s) retail)
MIEBO	NP	
NEVANAC	P	
<i>olopatadine hcl 0.2 %</i>	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PROLENSA (<i>bromfenac sodium (ophth)</i>)	NP	
TRYPTYR SOLN OP 0.003 %	NP	
ZERVIAE	NP	
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	NP	
IYUZEH SOLN	NP	
<i>latanoprost SOLN</i>	P	QL(5 ML per 31 day(s) retail)
LUMIGAN SOLN 0.01 %	P	Brand Preferred
<i>tafluprost</i>	NP	
TRAVATAN Z SOLN (<i>travoprost</i>)	P	Brand Preferred
<i>travoprost SOLN</i>	NP	Brand Preferred
VYZULTA	NP	
XALATAN SOLN (<i>latanoprost</i>)	NP	QL(5 ML per 31 day(s) retail)
XELPROS EMUL	NP	
ZIOPTAN (<i>tafluprost</i>)	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	C	QL(15 ML per 31 day(s) retail)
<i>carbamide peroxide (otic) 6.5 %</i>	C	QL(15 ML per 31 day(s) retail)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	P	1 package(s) per fill retail
Otic Combinations		
CIPRO HC 1 %-0.2 % (<i>ciprofloxacin-hydrocortisone</i>)	NP	

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Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>ciprofloxacin-hydrocortisone</i>	NP	
CORTISPORIN-TC	NP	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ML per fill retail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	1 package(s) per fill retail
Otic Steroids		
<i>fluocinolone 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 ERC 5 GM/50ML, 10 GM/100ML	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

Drug Name	Drug Tier	Requirements/ Limits
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA
HYPERRHO SOSY IM 1500 UNIT	C	SP
OCTAGAM SOLN 30 GM/300ML	C	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	C	SP
XEMBIFY	C	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>amoxicillin SUSR</i>	P	
<i>amoxicillin TABS</i>	P	
<i>ampicillin CAPS 500 MG</i>	P	
Natural Penicillins		
EXTENCILLINE SUSR	C	QL(1 EA per 28 day(s) retail)
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 57 MG/5ML-400 MG/5ML</i>	C	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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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>megestrol acetate (appetite)</i>	NP	
<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>norethindrone acetate TABS</i>	C	
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	P	QL(30 EA per fill retail)	<i>progesterone CAPS</i>	C	QL(1 EA daily)
<i>amoxicillin & pot clavulanate TABS 125 MG-875 MG</i>	P	QL(20 EA per fill retail)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
<i>amoxicillin & pot clavulanate TB12</i>	P	QL(40 EA per 31 day(s) retail)	Agents for Chemical Dependency		
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	NP	2 package(s) per fill retail	<i>disulfiram 250 MG</i>	C	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	1 package(s) per fill retail	Antidementia Agents		
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	1 package(s) per fill retail	ADLARITY PTWK	NP	
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	NP	QL(30 EA per fill retail)	ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>)	NP	
Penicillinase-Resistant Penicillins			ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	NP	QL(1 EA daily)
<i>dicloxacillin sodium</i>	P		<i>donepezil hydrochloride TABS 23 MG</i>	NP	
PHARMACEUTICAL ADJUVANTS			<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 EA daily)
Liquid Vehicles			<i>donepezil hydrochloride TBDP</i>	P	
SORBITOL XX	C	RX/OTC	EXELON 13.3 MG/24HR (<i>rivastigmine</i>)	P	Brand Preferred
Semi Solid Vehicles			EXELON 13.3 MG/24HR (<i>rivastigmine</i>)	P	
LANOLIN XX	C		EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	P	QL(1 EA daily)
PROGESTINS - Hormone Replacement/Modifying Drugs			EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	P	Brand Preferred; QL(1 EA daily)
Progestins			<i>galantamine hydrobromide CP24</i>	NP	QL(1 EA daily)
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	C		<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	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl-donepezil hcl CP24</i>	NP		INGREZZA CAPS	P	SP
<i>memantine hcl SOLN</i>	P	QL(10 ML daily)	INGREZZA CPPK	P	SP
<i>memantine hcl TABS</i>	NP		INGREZZA CPSP	P	SP
<i>memantine hcl TABS</i>	P	QL(2 EA daily)	<i>tetrabenazine</i>	P	SP
NAMZARIC CP24 (<i>memantine hcl-donepezil hcl</i>)	NP		<i>tetrabenazine</i>	P	
NAMZARIC CP24	NP		XENAZINE (<i>tetrabenazine</i>)	NP	SP
<i>rivastigmine 13.3 MG/24HR</i>	NP	Brand Preferred	Multiple Sclerosis Agents		
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	Brand Preferred; QL(1 EA daily)	AMPYRA (<i>dalfampridine</i>)	NP	SP
<i>rivastigmine tartrate CAPS</i>	P	QL(2 EA daily)	AUBAGIO (<i>teriflunomide</i>)	NP	QL(1 EA daily); SP
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP		AVONEX PEN AJKT	P	SP
Combination Psychotherapeutics			AVONEX PREFILLED PSKT	P	SP
LYBALVI	NP	AL(At least 18 yrs old); ST	BAFIERTAM	NP	SP
<i>olanzapine-fluoxetine hcl 25 MG-12 MG, 50 MG-12 MG, 50 MG-6 MG</i>	NP	ST	BETASERON KIT	P	SP
<i>olanzapine-fluoxetine hcl 25 MG-3 MG, 25 MG-6 MG</i>	NP	AL(At least 10 yrs old); ST	<i>cladribine (multiple sclerosis) 10 MG</i>	NP	
<i>perphenazine-amitriptyline</i>	C	QL(4 EA daily)	COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>)	NP	SP
Fibromyalgia Agents			COPAXONE SOSY 20 MG/ML (<i>glatiramer acetate</i>)	P	Brand Preferred; SP
SAVELLA TITRATION PACK MISC	NP	QL(55 EA per 365 day(s) retail)	<i>dalfampridine</i>	P	SP
SAVELLA TABS	NP	QL(2 EA daily)	<i>dalfampridine</i>	P	
TONMYA SUBL SL 2.8 MG	NP		<i>dimethyl fumarate CDPK</i>	P	SP
Movement Disorder Drug Therapy			<i>dimethyl fumarate CPDR</i>	P	
AUSTEDO XR PATIENT TITRATION TEPK	NP	SP	<i>dimethyl fumarate CPDR</i>	P	SP
AUSTEDO XR TB24	P	SP	<i>ingolimod hcl</i>	P	QL(1 EA daily); SP
AUSTEDO TABS	P	SP	GILENYA 0.25 MG	NP	SP
			GILENYA (<i>ingolimod hcl</i>)	NP	QL(1 EA daily); SP
			<i>glatiramer acetate SOSY 40 MG/ML</i>	NP	
			<i>glatiramer acetate SOSY 20 MG/ML</i>	NP	Brand Preferred
			<i>glatiramer acetate SOSY 40 MG/ML</i>	NP	SP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>glatiramer acetate SOSY 20 MG/ML</i>	NP	Brand Preferred; SP	REBIF TITRATION PACK SOSY	NP	SP
KESIMPTA	PA	SP; PA	REBIF SOSY	NP	SP
MAVENCLAD (10 TABS) 10 MG (<i>cladribine (multiple sclerosis)</i>)	NP	SP	TASCENSO ODT	NP	SP
MAVENCLAD (4 TABS) 10 MG (<i>cladribine (multiple sclerosis)</i>)	NP	SP	TECFIDERA CDPK (<i>dimethyl fumarate</i>)	NP	SP
MAVENCLAD (5 TABS) 10 MG (<i>cladribine (multiple sclerosis)</i>)	NP	SP	TECFIDERA CPDR (<i>dimethyl fumarate</i>)	NP	SP
MAVENCLAD (6 TABS) 10 MG (<i>cladribine (multiple sclerosis)</i>)	NP	SP	<i>teriflunomide</i>	P	QL(1 EA daily); SP
MAVENCLAD (7 TABS) 10 MG (<i>cladribine (multiple sclerosis)</i>)	NP	SP	TYRUKO CONC IV 300 MG/15ML	C	AL(At least 18 yrs old); SP; PA
MAVENCLAD (8 TABS) 10 MG (<i>cladribine (multiple sclerosis)</i>)	NP	SP	VUMERITY	NP	SP
MAVENCLAD (9 TABS) 10 MG (<i>cladribine (multiple sclerosis)</i>)	NP	SP	ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP
MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP	ZEPOSIA STARTER KIT CPPK	NP	SP
MAYZENT TABS	NP	SP	ZEPOSIA CAPS	NP	SP
PLEGRIDY STARTER PACK SOAJ	NP	SP	Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
PLEGRIDY STARTER PACK SOSY SC	NP	SP	<i>gabapentin (once-daily) TABS</i>	NP	
PLEGRIDY SOAJ	NP	SP	GRALISE TABS (<i>gabapentin (once-daily)</i>)	NP	
PLEGRIDY SOSY IM	NP	SP	LYRICA CR (<i>pregabalin (once-daily)</i>)	NP	
PONVORY STARTER PACK TBPK	NP	SP	<i>pregabalin (once-daily)</i>	NP	
PONVORY STARTER PACK TBPK	NP		Premenstrual Dysphoric Disorder (PMDD) Agents		
PONVORY TABS	NP	SP	<i>fluoxetine hcl (pmdd) TABS</i>	P	
PONVORY TABS	NP		Restless Leg Syndrome (RLS) Agents		
REBIF REBIDOSE TITRATION PACK SOAJ	NP	SP	HORIZANT	NP	
REBIF REBIDOSE SOAJ	NP	SP	Smoking Deterrents		
			<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 EA daily)
			CHANTIX CONTINUING MONTH PAK TABS (<i>varenicline tartrate</i>)	P	QL(2 EA daily; 56 EA per 30 day(s) retail)

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Drug Name	Drug Tier	Requirements/ Limits
CHANTIX STARTING MONTH PAK TBPk (varenicline tartrate)	P	QL(2 EA daily; 53 EA per 30 day(s) retail)
CHANTIX TABS 0.5 MG (varenicline tartrate)	P	QL(2 EA daily)
CHANTIX TABS 1 MG (varenicline tartrate)	P	QL(2 EA daily; 56 EA per 30 day(s) retail)
nicotine polacrilex GUM	P	QL(24 EA daily)
nicotine polacrilex LOZG	P	QL(20 EA daily)
NICOTINE KIT	P	QL(56 EA per fill retail)
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	P	QL(1 EA daily)
NICOTROL NS SOLN	P	QL(4 ML daily)
varenicline tartrate TABS 1 MG	P	QL(2 EA daily; 56 EA per 30 day(s) retail)
varenicline tartrate TABS 0.5 MG	P	QL(2 EA daily)
varenicline tartrate TBPk	P	QL(2 EA daily; 53 EA per 30 day(s) retail)
Transthyretin Amyloidosis Agents		
TEGSEDI	C	SP; PA
Vasomotor Symptom Agents		
paroxetine mesylate (vasomotor)	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
pirfenidone CAPS	C	SP; PA
pirfenidone TABS	C	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS	NP	
Tetracyclines		
demeclocycline hcl TABS	NP	
DORYX MPC TBEC 60 MG	NP	
doxycycline (monohydrate) CAPS	NP	
doxycycline (monohydrate) SUSR	NP	
doxycycline (monohydrate) TABS	NP	
doxycycline hyclate CAPS	P	
doxycycline hyclate TABS	P	
doxycycline hyclate TBEC	NP	
minocycline hcl CAPS	P	
minocycline hcl TABS	P	
minocycline hcl TB24	NP	
tetracycline hcl CAPS	P	
TETRACYCLINE HCL TABS	P	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	C	
propylthiouracil	C	
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
ARMOUR THYROID TABS	C	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	C		<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	C	
<i>levothyroxine sodium TABS</i>	C		<i>hyoscyamine sulfate SUBL 0.125 MG</i>	C	
<i>liothyronine sodium TABS</i>	C		<i>hyoscyamine sulfate TABS 0.125 MG</i>	C	
NIVA THYROID TABS	C		<i>hyoscyamine sulfate TB12 0.375 MG</i>	C	QL(4 EA daily)
NP THYROID TABS	C		<i>hyoscyamine sulfate TBDP 0.125 MG</i>	C	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C		H-2 Antagonists		
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C		<i>cimetidine hcl PO 300 MG/5ML</i>	NP	
TOXOIDS			<i>cimetidine TABS</i>	NP	RX/OTC
Toxoid Combinations			<i>famotidine SUSR</i>	P	
ADACEL SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)	<i>famotidine TABS 10 MG</i>	C	
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	C	QL(0.5 ML per fill retail; 0.5 per fill mail)	<i>famotidine TABS 20 MG, 40 MG</i>	P	RX/OTC
BOOSTRIX SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)	<i>nizatidine CAPS</i>	NP	
BOOSTRIX SUSY	C	QL(0.5 ML per fill retail; 0.5 per fill mail)	<i>ranitidine hcl TABS 300 MG</i>	NP	QL(1 EA daily)
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)	<i>ranitidine hcl TABS 150 MG</i>	NP	QL(2 EA daily)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			Misc. Anti-Ulcer		
Antispasmodics			<i>sucralfate SUSP</i>	C	QL(420 ML per fill retail)
<i>dicyclomine hcl CAPS</i>	C		<i>sucralfate TABS</i>	C	QL(4 EA daily)
<i>dicyclomine hcl SOLN PO</i>	C	QL(496 ML per 31 day(s) retail)	Proton Pump Inhibitors		
<i>dicyclomine hcl TABS</i>	C		DEXILANT (<i>dexlansoprazole</i>)	P	Brand Preferred
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	C	QL(4 EA daily)	<i>dexlansoprazole</i>	NP	Brand Preferred
<i>hyoscyamine sulfate ELIX</i>	C		<i>esomeprazole magnesium CPDR 40 MG</i>	NP	
			<i>esomeprazole magnesium CPDR 20 MG</i>	NP	QL(2 EA daily); RX/OTC
			<i>esomeprazole magnesium PACK</i>	P	
			<i>lansoprazole CPDR 15 MG</i>	NP	QL(4 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
<i>lansoprazole CPDR 30 MG</i>	NP	QL(2 EA daily)
<i>lansoprazole TBDD</i>	NP	RX/OTC
NEXIUM CPDR 40 MG (<i>esomeprazole magnesium</i>)	NP	
NEXIUM CPDR 20 MG (<i>esomeprazole magnesium</i>)	NP	QL(2 EA daily); RX/OTC
NEXIUM PACK (<i>esomeprazole magnesium</i>)	NP	
<i>omeprazole magnesium TBEC</i>	C	QL(1 EA daily)
<i>omeprazole CPDR</i>	P	QL(2 EA daily)
<i>omeprazole TBEC</i>	C	QL(1 EA daily)
<i>pantoprazole sodium PACK</i>	NP	Brand Preferred
<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(2 EA daily)
<i>pantoprazole sodium TBEC 20 MG</i>	P	QL(1 EA daily)
PREVACID SOLUTAB TBDD (<i>lansoprazole</i>)	NP	RX/OTC
PREVACID CPDR 30 MG (<i>lansoprazole</i>)	NP	QL(2 EA daily)
PRILOSEC PACK	NP	
PROTONIX PACK (<i>pantoprazole sodium</i>)	P	Brand Preferred
PROTONIX TBEC 20 MG (<i>pantoprazole sodium</i>)	NP	QL(1 EA daily)
PROTONIX TBEC 40 MG (<i>pantoprazole sodium</i>)	NP	QL(2 EA daily)
<i>rabeprazole sodium TBEC</i>	NP	
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	C	PA
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	C	14 day(s) max supply per 365 day(s) retail
KONVOMEK SUSR	NP	

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

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Drug Name	Drug Tier	Requirements/ Limits
MYRBETRIQ TB24 (mirabegron)	P	Brand Preferred
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	C	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	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)
PENMENVY SUSR IM	C	

Drug Name	Drug Tier	Requirements/ Limits
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)
PNEUMOVAX 23 SOSY	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
PREVNAR 13	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
PREVNAR 20	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
TRUMENBA 0.5 ML	C	
TYPHIM VI SOLN	C	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TYPHIM VI SOSY	C		FLUAD QUADRIVALENT	C	
VAXCHORA	C		FLUARIX QUADRIVALENT SUSY	C	
VAXNEUVANCE	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)	FLUARIX SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
VIVOTIF	C		FLUBLOK QUADRIVALENT	C	
Viral Vaccines			FLUBLOK SOSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
ABRYSVO	C	AL(At least 60 yrs old)	FLUCELVAX QUADRIVALENT SUSY	C	
ACAM2000	C		FLUCELVAX SUSP	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AFLURIA PRESERVATIVE FREE SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUCELVAX SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AFLURIA SUSP	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLULAVAL SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AREXVY	C	AL(At least 60 yrs old)	FLUMIST	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	C		FLUZONE HIGH-DOSE QUADRIVALENT	C	
COMIRNATY SUSY	C		FLUZONE HIGH-DOSE SUSY	C	QL(0.5 ML per fill retail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
ENGRIX-B SUSP 20 MCG/ML	C	3 max fill(s) per 999 day(s) retail	FLUZONE QUADRIVALENT SUSY	C	
ENGRIX-B SUSY	C	3 max fill(s) per 999 day(s) retail			
ERVEBO	C				
FLUAD	C	QL(0.5 ML per fill retail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUZONE SUSP	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	PFIZER-BIONTECH COVID-19 VACC SUSP	C	
FLUZONE SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	PREHEVBRIO	C	3 max fill(s) per 999 day(s) retail
GARDASIL 9 SUSP 0.5 ML	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	PRIORIX SUSR	C	
GARDASIL 9 SUSY 0.5 ML	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	RABAVERT	C	
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	C		RECOMBIVAX HB SUSP	C	3 max fill(s) per 999 day(s) retail
HEPLISAV-B SOSY	C	3 max fill(s) per 999 day(s) retail	RECOMBIVAX HB SUSY	C	3 max fill(s) per 999 day(s) retail
IMOVAX RABIES SUSR	C		SHINGRIX	C	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
IPOL IJ	C		SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	C	
IXIARO	C		SPIKEVAX SUSY	C	
JYNNEOS	C		STAMARIL SUSR	C	
M-M-R II SOLR	C		TICOVAC	C	
MNEXSPIKE SUSY 10 MCG/0.2ML	C		TWINRIX SUSY	C	
MODERNA COVID-19 BIVALENT	C		VAQTA	C	
MODERNA COVID-19 VACCINE SUSP	C		VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	C	
MRESVIA	C	AL(Up to 60 yrs old)	VARIVAX SUSR	C	2 max fill(s) per 999 day(s) retail
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	C	1 max fill(s) per 180 day(s) mail	YF-VAX SUSR	C	
PFIZER COVID-19 VAC BIVALENT	C		VAGINAL AND RELATED PRODUCTS		
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	C		Vaginal Anti-infectives		
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	C		<i>clindamycin phosphate vaginal CREA</i>	C	
			<i>clotrimazole vaginal CREA 1 %</i>	C	QL(45 GM per 31 day(s) retail)
			<i>clotrimazole vaginal CREA 2 %</i>	C	QL(21 GM per 31 day(s) retail)
			GYNAZOLE-1	C	
			<i>metronidazole vaginal</i>	C	

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Drug Name	Drug Tier	Requirements/ Limits
MICONAZOLE 7 SUPP 100 MG	C	QL(7 EA per 31 day(s) retail)
<i>miconazole nitrate vaginal CREA 2 %</i>	C	QL(45 GM per 31 day(s) retail)
<i>miconazole nitrate vaginal KIT</i>	C	1 package(s) per fill retail
<i>miconazole nitrate vaginal SUPP 200 MG</i>	C	QL(3 EA per fill retail; 3 EA per 31 day(s) retail)
<i>miconazole nitrate vaginal SUPP 100 MG</i>	C	QL(7 EA per 31 day(s) retail)
<i>terconazole vaginal CREA</i>	C	
<i>terconazole vaginal SUPP</i>	C	
<i>tioconazole vaginal 6.5 %</i>	C	
VANDAZOLE	C	
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	C	QL(43 GM per 31 day(s) retail)
<i>estradiol vaginal TABS</i>	C	
PREMARIN	C	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.1 MG/0.1ML, 0.15 MG/0.15ML	NP	
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(0.067 EA daily; 4 EA per 365 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	P	Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	NP	Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	NP	QL(0.067 EA daily; 4 EA per 365 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	NP	
EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	P	Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
EPIPEN JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	P	Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
Vasopressors		
<i>midodrine hcl</i>	C	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	C	QL(8 EA per 31 day(s) retail)
<i>cholecalciferol CAPS</i>	C	QL(100 EA per fill retail)
<i>cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG</i>	C	QL(2 EA daily)
<i>cholecalciferol LIQD PO 10 MCG/ML</i>	C	
<i>ergocalciferol CAPS</i>	C	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	C	QL(60 ML per 90 day(s) retail)
<i>phytonadione TABS 5 MG</i>	C	
<i>vitamin e CAPS 180 MG, 200 UNIT, 400 UNIT, 90 MG, 90 MG, 180 MG</i>	C	QL(2 EA daily)
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<i>ascorbic acid TABS</i>	C	QL(3.34 EA daily)
B-1 TABS	C	QL(3.34 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
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<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 50 MG, 250 MG</i>	C	
<i>thiamine hcl TABS 100 MG</i>	C	QL(3.34 EA daily)
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bacitracin (topical) OINT53	b-complex w/ c & folic acid CAPS .78	benzoyl peroxide GEL 2.5 %, 5 %, 10 %52
bacitracin zinc OINT53	BD AUTOSHIELD DUO71	BENZOYL PEROXIDE GEL52
bacitracin-polymyxin b (ophth)90	BD INSULIN SYR ULTRAFINE II .71	benzoyl peroxide LIQD 5 %, 10 % .52
bacitracin-poly-neomycin-hc91	BD INSULIN SYRINGE71	benzoyl peroxide LOTN 5 %, 10 % 52
baclofen SOLN PO 5 MG/5ML, 10 MG/5ML88	BD INSULIN SYRINGE MICROFINE71	BENZOYL PEROXIDE LOTN 5 %, 10 % 52
baclofen SUSP88	BD INSULIN SYRINGE U/F71	BENZOYL PEROXIDE LOTN 5 %, 10 % 52
baclofen TABS88	BD INSULIN SYRINGE ULTRAFINE71	benzoyl peroxide-erythromycin GEL . 52
BACMIN TABS79	BD INSULIN SYRINGE ULTRAFINE71	benztropine mesylate TABS38
BAFIERTAM95	BD PEN NEEDLE MICRO ULTRAFINE71	bepotastine besilate92
balsalazide disodium CAPS64	BD PEN NEEDLE MINI ULTRAFINE71	BEPREVE (bepotastine besilate) .92
BANZEL SUSP (rufinamide)18	BD PEN NEEDLE NANO 2ND GEN . 71	
BANZEL TABS (rufinamide)18	BD PEN NEEDLE NANO	

BESIVANCE	90	bicalutamide	37	BOOSTNOW IMMUNE SUPPORT CAPS	79
betamethasone dipropionate (topical) CREA	56	BIKTARVY	42	BOOSTRIX SUSP	98
betamethasone dipropionate (topical) LOTN	56	bimatoprost SOLN	92	BOOSTRIX SUSY	98
betamethasone dipropionate (topical) OINT	56	BIMZELX SOAJ	55	bosentan TABS	48
betamethasone dipropionate augmented CREA	56	BIMZELX SOSY	55	bosentan TBSO 32 MG	48
betamethasone dipropionate augmented GEL 0.05 %	56	BINOSTO TBEF	62	BPROTECTED PEDIA POLY-VITE SOLN PO	87
betamethasone dipropionate augmented LOTN	56	BIO-35 GLUTEN-FREE CAPS	79	BPROTECTED PEDIA POLY- VITE/FE SOLN	86
betamethasone dipropionate augmented LOTN	56	BIO-35 IRON FREE CAPS	79	BRAFTOVI 75 MG	37
betamethasone dipropionate augmented OINT	56	BIOCAL CAPS	79	BRAIN MIGHT/DHA & CO Q10 TABS	87
betamethasone valerate CREA	56	BIOTECT PLUS CAPS	79	BREATHE COMFORT CHAMBER/ADULT DEVI	73
betamethasone valerate FOAM ...	56	BIOTHRAX	100	BREATHE COMFORT CHAMBER/CHILD DEVI	73
betamethasone valerate LOTN	56	BIOTIN PLUS KERATIN TABS ...	87	BREATHE EASE LARGE DEVI ...	73
betamethasone valerate OINT	56	bisacodyl SUPP	68	BREATHE EASE MEDIUM DEVI ..	73
BETAPACE AF (sotalol hcl (afib/af))	46	bisacodyl TBEC	68	BREATHE EASE SMALL DEVI	73
BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	46	bismuth subsalicylate CHEW 262 MG	29	BREATHERITE VALVED MDI CHAMBER DEVI	73
BETASERON KIT	95	bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML	29	BREO ELLIPTA (fluticasone furoate- vilanterol)	15
betaxolol hcl (ophth) SOLN	89	bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG	34	BREO ELLIPTA	15
betaxolol hcl	46	bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG	34	BREXAFEMME	31
bethanechol chloride	100	bisoprolol fumarate	46	BREZTRI AEROSPHERE	15
BETHKIS NEBU (tobramycin)	3	bisoprolol fumarate 2.5 MG	46	BRILINTA 60 MG, 90 MG (ticagrelor) 66	
BETIMOL (timolol)	89	BLOOD SUGAR MANAGER TABS 79		brimonidine tartrate (topical)	60
BETIMOL	89	BONEUP 3 PER DAY CAPS	79	brimonidine tartrate 0.1 %, 0.15 %	90
BETOPTIC-S SUSP	89	BONEUP CAPS	79	brimonidine tartrate 0.2 %	90
BEVESPI AEROSPHERE	15	BONEUP VEGETARIAN TABS	79	brimonidine tartrate-timolol maleate .	
BEXSERO 0.5 ML	100	BONJESTA TBCR	30		
		BONSITY SOPN 560 MCG/2.24ML 62			

89	dihydrate FILM SL 3 MG-12 MG ...11	butorphanol tartrate NA 10 MG/ML 11
brinzolamide92	buprenorphine hcl-naloxone hcl dihydrate FILM SL 11	BUTRANS PTWK (buprenorphine) 11
BRIVIACT SOLN PO 10 MG/ML ...18	buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG11	BYDUREON BCISE AUIJ 26
BRIVIACT TABS18	buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG11	BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (exenatide)26
BRIXADI (WEEKLY) SOSY11	buprenorphine PTWK11	BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (exenatide)26
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML11	bupropion hcl (smoking deterrent) 96	BYSTOLIC (nebivolol hcl)46
bromfenac sodium (ophth)92	bupropion hcl TABS21	CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium)48
bromocriptine mesylate CAPS38	bupropion hcl TB12 100 MG21	caffeine citrate SOLN PO 1
bromocriptine mesylate TABS 2.5 MG 38	bupropion hcl TB12 150 MG21	calcipotriene CREA55
brompheniramine & phenyleph ELIX . 51	bupropion hcl TB12 200 MG21	CALCIPOTRIENE FOAM55
BROMSITE (bromfenac sodium (ophth))92	bupropion hcl TB24 150 MG21	calcipotriene OINT55
BROVANA (arformoterol tartrate) .15	bupropion hcl TB24 300 MG21	calcipotriene SOLN 55
BRYNOVIN SOLN PO 25 MG/ML .25	bupropion hcl TB24 450 MG21	calcipotriene-betamethasone dipropionate OINT 56
budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML 14	buspirone hcl 15 MG13	calcipotriene-betamethasone dipropionate SUSP56
budesonide (inhalation) SUSP 1 MG/2ML14	buspirone hcl 5 MG, 10 MG13	calcitonin (salmon) IJ 62
budesonide (intrarectal)12	buspirone hcl 7.5 MG, 30 MG 13	calcitonin (salmon) NA62
budesonide (nasal)88	butalbital-acetaminophen TABS 50 MG-325 MG7	calcitriol (topical) 55
budesonide CPEP 50	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG 7	calcitriol CAPS63
budesonide TB2450	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG7	calcium acetate (phosphate binder) CAPS65
budesonide-formoterol fumarate dihydrate15	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG 10	calcium acetate (phosphate binder) TABS65
bumetanide TABS61	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG 10	calcium carbonate (antacid) CHEW 500 MG12
buprenorphine hcl SUBL11	butalbital-aspirin-caffeine CAPS 7	
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG11	butalbital-aspirin-caffeine w/cod ...10	
buprenorphine hcl-naloxone hcl		

calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT- 600 MG	76	carbidopa-levodopa TABS	38	500 MG	49
calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 5 MCG- 500 MG, 500 MG-5 MCG	76	carbidopa-levodopa TBCR	38	cefuroxime axetil TABS 250 MG ..	49
calcium polycarbophil TABS	68	CARDURA (doxazosin mesylate) .	34	cefuroxime axetil TABS 500 MG ..	49
CAM LOTN	59	CARDURA XL	65	CELEBRATE MULTI-COMPLETE 18 CAPS	79
camphor & menthol LOTN	55	CAREONE INSULIN SYRINGE ...	71	CELEBRATE MULTI-COMPLETE 36 CAPS	79
CANASA SUPP (mesalamine)	64	CARETOUCH INSULIN SYRINGE 71		CELEBRATE MULTI-COMPLETE 45 CAPS	79
candesartan cilexetil	34	carisoprodol TABS	88	CELEBRATE MULTI-COMPLETE 60 CAPS	79
candesartan cilexetil- hydrochlorothiazide	34	carvedilol 25 MG	46	celecoxib	6
CAPEX SHAM	56	carvedilol 3.125 MG, 6.25 MG, 12.5 MG	46	CELEXA TABS 10 MG (citalopram hydrobromide)	22
CAPLYTA	38	carvedilol phosphate	46	CELEXA TABS 20 MG (citalopram hydrobromide)	22
capsaicin CREA 0.025 %, 0.035 %, 0.075 %, 0.1 %	60	CASGEVY	66	CELEXA TABS 40 MG (citalopram hydrobromide)	22
captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG- 25 MG	34	CAYSTON	36	CELLCEPT CAPS (mycophenolate mofetil)	77
captopril & hydrochlorothiazide 25 MG-50 MG	34	cefaclor CAPS	49	CELLCEPT SUSR (mycophenolate mofetil)	77
captopril	33	CEFACLOR ER TB12	49	CELLCEPT TABS (mycophenolate mofetil)	77
CAPVAXIVE	100	cefadroxil CAPS	48	CELONTIN (methsuximide)	20
carbamazepine CHEW	18	cefadroxil SUSR	48	CENTANY AT KIT	53
carbamazepine CP12	18	cefadroxil TABS	48	CENTRAVITES 50 PLUS TABS ...	79
carbamazepine SUSP	18	cefadroxil SUSR	48	CENTRAVITES ADULTS TABS ...	79
carbamazepine TABS	18	cefadroxil TABS	48	CENTRUM CARDIO TABS	79
carbamazepine TB12	18	cefdinir CAPS	49	CENTRUM MEN TABS	79
carbamide peroxide (otic) 6.5 % ...	92	cefdinir SUSR	49	CENTRUM MENOPAUSE HOT FLASH TABS	79
CARBATROL CP12 (carbamazepine)	18	cefixime CAPS	49	CENTRUM MENOPAUSE MIND/MOOD TABS	86
carbidopa	38	cefixime SUSR	49		
		cefixime TABS	49		
		cefpodoxime proxetil SUSR	49		
		cefpodoxime proxetil TABS	49		
		cefprozil SUSR 125 MG/5ML	49		
		cefprozil SUSR 250 MG/5ML	49		
		cefprozil TABS	49		
		ceftriaxone sodium IJ 1 GM, 250 MG,			

CENTRUM MINIS ADULTS 50+ TABS	79	cetirizine hcl SOLN PO	31	MCG, 50000 UNIT	103
CENTRUM MINIS MEN 50+ TABS 79		cetirizine hcl TABS	31	cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG	103
CENTRUM MINIS WOMEN 50+ TABS	79	cetirizine-pseudoephedrine	51	cholecalciferol CAPS	103
CENTRUM MINIS WOMEN IMMUNE SUP TABS	79	CHANTIX CONTINUING MONTH PAK TABS (varenicline tartrate) ...	96	cholecalciferol LIQD PO 10 MCG/ML 103	
CENTRUM PERFORMANCE TABS . 87		CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate)	97	cholestyramine light PACK	32
CENTRUM SILVER ULTRA WOMENS TABS	79	CHANTIX TABS 0.5 MG (varenicline tartrate)	97	cholestyramine light POWD	32
CENTRUM SPECIALIST ENERGY TABS	87	CHANTIX TABS 1 MG (varenicline tartrate)	97	cholestyramine PACK	32
CENTRUM SPECIALIST HEART TABS	79	CHEMET	30	cholestyramine POWD	32
CENTRUM SPECIALIST IMMUNE TABS	80	CHEMSTRIP K STRP	61	choline fenofibrate	32
CENTRUM SPECIALIST VISION TABS	80	chlordiazepoxide hcl CAPS	13	CIBINQO	58
CENTRUM ULTRA WOMENS TABS 80		chlorhexidine gluconate (mouth-throat)	78	ciclopirox GEL	54
cephalexin CAPS	48	chlorhexidine gluconate SOLN EX 4 %	42	ciclopirox KIT	54
cephalexin SUSR	48	chloroquine phosphate TABS 250 MG	36	ciclopirox olamine CREA	54
cephalexin TABS	49	chloroquine phosphate TABS 500 MG	36	ciclopirox olamine SUSP	54
CEQUA SOLN	90	chlorpheniramine maleate SYRP ..	31	ciclopirox SHAM	54
CERDELGA	66	chlorpheniramine maleate TABS ..	31	ciclopirox SOLN	54
CEREZYME 400 UNIT	66	chlorpromazine hcl TABS 10 MG ..	41	cilostazol	66
CERTAVITE SENIOR TABS	80	chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG	41	CILOXAN OINT	90
CERTAVITE SENIOR/ANTIOXIDANT TABS	80	chlorthalidone 25 MG, 50 MG	62	CIMDUO	42
CERTAVITE/ANTIOXIDANTS TABS . 80		chlorzoxazone TABS 375 MG, 750 MG	88	cimetidine hcl PO 300 MG/5ML ...	98
cetirizine hcl CHEW	31	chlorzoxazone TABS	88	cimetidine TABS	98
		CHOICEFUL MULTIVITAMIN CAPS . 80		CIMZIA (1 SYRINGE) PSKT 200 MG/ML	64
		cholecalciferol CAPS 1.25 MG, 1250		CIMZIA (2 SYRINGE) PSKT	64
				CIMZIA KIT	64
				CIMZIA-STARTER PSKT	64
				CIPRO HC 1 %-0.2 % (ciprofloxacin-hydrocortisone)	92
				CIPRO SUSR	63

CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	63	clindamycin hcl 150 MG, 300 MG .	36	57
ciprofloxacin hcl (ophth) SOLN	90	clindamycin palmitate hydrochloride .	36	
ciprofloxacin hcl (otic)	92	clindamycin phosphate (topical) FOAM	52	clobetasol propionate SHAM 57
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	63	clindamycin phosphate (topical) GEL	52	clobetasol propionate SOLN 0.05 % . 57
ciprofloxacin-dexamethasone	93	clindamycin phosphate (topical) LOTN	52	CLOBEX SHAM (clobetasol propionate)57
ciprofloxacin-fluocinolone acetonide .	93	clindamycin phosphate (topical) SOLN	52	CLOBEX SPRAY LIQD (clobetasol propionate)57
ciprofloxacin-hydrocortisone	93	clindamycin phosphate (topical) SWAB	52	clocortolone pivalate 57
CITALOPRAM HYDROBROMIDE CAPS	22	clindamycin phosphate vaginal CREA	102	clomipramine hcl 75 MG24
citalopram hydrobromide SOLN ...	22	clindamycin phosphate-benzoyl peroxide (refrigerate)	52	clonazepam TABS 18
citalopram hydrobromide TABS 10 MG	22	clindamycin phosphate-benzoyl peroxide GEL	52	clonidine hcl (adhd) TB122
citalopram hydrobromide TABS 20 MG	22	clindamycin phosphate-tretinoin ..	53	clonidine hcl TABS34
citalopram hydrobromide TABS 40 MG	22	clobazam SUSP	18	clonidine PTWK34
CITRACAL +D3 TABS	80	clobazam TABS	18	clonidine TB2434
cladribine (multiple sclerosis) 10 MG .	95	clobetasol propionate CREA 0.025 %	57	clodogrel bisulfate 300 MG 66
CLARINEX TABS (desloratadine) .	31	clobetasol propionate CREA 0.05 % .	57	clodogrel bisulfate 75 MG66
CLARINEX-D 12 HOUR TB1251		clobetasol propionate emollient base 0.05 %	56	clorazepate dipotassium TABS13
clarithromycin SUSR 125 MG/5ML	69	clobetasol propionate emulsion ...	56	clotrimazole (topical) CREA 54
clarithromycin SUSR 250 MG/5ML	69	clobetasol propionate FOAM	57	clotrimazole (topical) SOLN54
clarithromycin TABS	69	clobetasol propionate GEL 0.05 %	57	clotrimazole vaginal CREA 1 % .. 102
clarithromycin TB24	69	clobetasol propionate LIQD	57	clotrimazole vaginal CREA 2 % .. 102
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	68	clobetasol propionate LOTN	57	clotrimazole w/ betamethasone CREA 54
CLEOCIN-T LOTN (clindamycin phosphate (topical))	52	clobetasol propionate OINT 0.05 %		clotrimazole w/ betamethasone LOTN54
CLEVER CHOICE HOLDING CHAMBER DEVI	73			clozapine TABS 100 MG 40
				clozapine TABS 25 MG, 50 MG, 200 MG 40
				clozapine TBDP40
				CLOZARIL TABS 100 MG (clozapine) 40

CLOZARIL TABS 25 MG, 50 MG, 200 MG (clozapine)	40	COMPACT SPACE CHAMBER/MED MASK DEVI	73	COXANTO CAPS (oxaprozin)	6
coal tar extract SHAM 0.5 %	61	COMPACT SPACE CHAMBER/SM MASK DEVI	73	COZAAR (losartan potassium) ...	34
COARTEM	36	COMPLERA 200 MG-300 MG-25 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	42	CREON CPEP 120000 UNIT-76000 UNIT-24000 UNIT, 180000 UNIT- 114000 UNIT-36000 UNIT, 30000 UNIT-19000 UNIT-6000 UNIT, 60000 UNIT-38000 UNIT-12000 UNIT ...	61
COBENFY CAPS	41	CONCERTA TBCR 18 MG, 27 MG, 54 MG (methylphenidate hcl)	2	CREON CPEP 15000 UNIT-9500 UNIT-3000 UNIT	61
COBENFY STARTER PACK CPPK 41		CONCERTA TBCR 36 MG (methylphenidate hcl)	2	CRESEMBA CAPS	31
codeine sulfate TABS 30 MG	8	CONDYLOX GEL (podofilox)	60	CRESTOR TABS (rosuvastatin calcium)	33
CODEINE SULFATE TABS	8	CONZIP CP24 (tramadol hcl)	8	cromolyn sodium (nasal) 5.2 MG/ACT	88
colchicine CAPS	66	COPAXONE SOSY 20 MG/ML (glatiramer acetate)	95	cromolyn sodium (ophth)	92
colchicine TABS	66	COPAXONE SOSY 40 MG/ML (glatiramer acetate)	95	cromolyn sodium NEBU	13
colchicine w/ probenecid	65	CORPHENA SOLN 2 MG/5ML	31	crotamiton LOTN	60
colesevelam hcl PACK	32	CORTEF TABS (hydrocortisone) ..	50	CTEXLI TABS PO 250 MG	64
colesevelam hcl TABS	32	CORTISONE ACETATE TABS	50	CULTURELLE PROBIOTIC MEN DAILY CAPS	80
COLESTID GRAN (colestipol hcl) .	32	CORTISPORIN-TC	93	CVS ADULT 50+ EYE HEALTH CAPS	80
COLESTID TABS (colestipol hcl) .	32	COSENTYX (300 MG DOSE) SOSY . 55		CVS DAILY MULTIV/MINERAL MENS TABS	80
colestipol hcl GRAN	32	COSENTYX SENSOREADY (300 MG) SOAJ	55	CVS DAILY MULTIVITAMIN MENS TABS	80
colestipol hcl PACK	32	COSENTYX SENSOREADY PEN SOAJ	55	CVS DAILY MULTIVITAMIN WOMENS TABS	80
colestipol hcl TABS	32	COSENTYX SOSY	55	CVS EYE HEALTH ADULT 50+ CAPS	80
COMBIGAN (brimonidine tartrate- timolol maleate)	89	COSENTYX UNOREADY SOAJ ..	55	CVS HAIR/SKIN/NAILS TABS	87
COMBIPATCH PTTW	63	COSOPT (dorzolamide hcl-timolol maleate)	89	CVS IMMUNE SUPPORT CAPS ..	80
COMBIVENT RESPIMAT AERS ..	15	COSOPT PF (dorzolamide hcl- timolol maleate)	89	CVS ONE DAILY MENS 50+ ADV TABS	80
COMFORT EZ INSULIN SYRINGE . 71		COTEMPLA XR-ODT TBED	2	CVS ONE DAILY WOMENS 50+	
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	101				
COMIRNATY SUSY	101				
COMPACT SPACE CHAMBER DEVI	73				
COMPACT SPACE CHAMBER/LG MASK DEVI	73				

ADV TABS80	23	DEKAS PLUS CAPS80
CVS SPECTRAVITE ADULT 50+ TABS80	ciproheptadine hcl SYRP32	DEKAS PLUS OCEAN CAPS80
CVS SPECTRAVITE ADULTS TABS 80	ciproheptadine hcl TABS32	DELSTRIGO42
CVS SPECTRAVITE ULTRA MEN 50+ TABS80	dabigatran etexilate mesylate CAPS .17	demeclocycline hcl TABS97
CVS SPECTRAVITE ULTRA MENS TABS80	DAILY MULTIPLE VITAMINS TABS .86	DENAVIR (penciclovir)56
CVS SPECTRAVITE ULTRA WOMEN TABS80	dalfampridine95	DEPAKOTE ER TB24 250 MG (divalproex sodium)21
CVS VISION HEALTH CAPS80	DALIRESP (roflumilast)14	DEPAKOTE ER TB24 500 MG (divalproex sodium)21
cyanocobalamin SOLN IJ 1000 MCG/ML66	DANTRIUM CAPS 25 MG (dantrolene sodium)88	DEPAKOTE SPRINKLES CSDR (divalproex sodium)21
cyclobenzaprine hcl CP2488	dantrolene sodium CAPS88	DEPAKOTE TBEC 125 MG (divalproex sodium)21
cyclobenzaprine hcl TABS 5 MG, 10 MG88	dapagliflozin propanediol29	DEPAKOTE TBEC 250 MG (divalproex sodium)21
cyclobenzaprine hcl TABS 7.5 MG 88	dapagliflozin propanediol-metformin hcl24	DEPAKOTE TBEC 500 MG (divalproex sodium)21
CYCLOGYL 0.5 %89	dapsone (topical)53	DEPLIN MA CAPS80
CYCLOGYL 2 %90	dapsone36	DEPLINPRO MOOD HEALTH CAPS 80
cyclopentolate hcl 1 %90	darifenacin hydrobromide99	DEPO-SUBQ PROVERA 104 SUSY SC50
cyclosporine (ophth) EMUL90	darunavir TABS 600 MG42	DERMACINRX DAVIMET CHEW .86
cyclosporine CAPS77	darunavir TABS 800 MG42	DERMACINRX MULTITAM TABS .80
cyclosporine modified (for microemulsion) CAPS77	DAVIMET-M CHEW86	DERMACINRX MULTIVITAMIN CHEW86
cyclosporine modified (for microemulsion) SOLN77	DAYAVITE TABS80	DERMACINRX RIBOTIN-E TABS .80
CYLTEZO (2 PEN) AJKT4	DAYPRO TABS (oxaprozin)6	DERMACINRX ZINTREXYL-C TABS80
CYLTEZO (2 SYRINGE) PSKT4	DAYTRANA PTCH (methylphenidate)2	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)57
CYLTEZO-CD/UC/HS STARTER AJKT4	DAYVIGO68	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)57
CYLTEZO-PSORIASIS/UV STARTER AJKT4	DECUBI-VITE CAPS80	DERMAVITE TABS80
CYMBALTA CPEP (duloxetine hcl)	deferasirox PACK30	
	deferasirox TABS30	
	deferasirox TBSO30	
	deflazacort SUSP50	
	deflazacort TABS50	

DESCOVY 120 MG-15 MG42	dexamethasone ELIX50	dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG 1
DESCOVY 200 MG-25 MG42	DEXAMETHASONE INTENSOL CONC50	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 MG24	dexamethasone sodium phosphate (ophth)91	dextroamphetamine sulfate TABS 5 MG, 10 MG1
desipramine hcl TABS 25 MG24	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML50	dextromethorphan polistirex SUER 51
DES Loratadine SOLN PO 0.5 MG/ML31	dexamethasone sodium phosphate SOSY IJ 4 MG/ML50	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML 51
desloratadine TABS31	dexamethasone SOLN50	dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML51
desloratadine TBDP31	dexamethasone TABS50	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML51
desmopressin acetate spray63	dexamethasone TBPk50	dextromethorphan-guaifenesin TB12 600 MG-30 MG 51
desmopressin acetate spray refrigerated 0.01 %63	DEXATran CAPS80	dextromethorphan-phenylephrine-acetaminophen CAPS 51
desmopressin acetate TABS 63	dexchlorpheniramine maleate SOLN . 31	dextrose (diabetic use) CHEW 4 GM . 25
desogestrel & ethinyl estradiol49	DEXCOM G6 RECEIVER69	DHIVY TABS38
desogestrel-ethinyl estradiol (biphasic)49	DEXCOM G6 SENSOR70	DIACOMIT CAPS 250 MG18
desogestrel-ethinyl estradiol (triphasic)49	DEXCOM G6 TRANSMITTER70	DIACOMIT CAPS 500 MG18
desonide CREA57	DEXCOM G7 15 DAY SENSOR ..70	DIACOMIT PACK 250 MG18
desonide LOTN57	DEXCOM G7 RECEIVER70	DIACOMIT PACK 500 MG18
desonide OINT57	DEXCOM G7 SENSOR70	DIALYVITE SUPREME D TABS ...80
desoximetasone CREA57	DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate)1	DIATROL TABS80
desoximetasone GEL57	DEXILANT (dexlansoprazole)98	diazepam (anticonvulsant) GEL 10 MG, 20 MG18
desoximetasone LIQD57	dexlansoprazole98	
desoximetasone OINT57	dexmethylphenidate hcl CP242	
DESVENLAFAXINE ER23	dexmethylphenidate hcl TABS2	
desvenlafaxine succinate 100 MG .23	dextroamphetamine sulfate CP24 10 MG, 15 MG1	
desvenlafaxine succinate 25 MG, 50 MG23	dextroamphetamine sulfate CP24 5 MG1	
DETROL LA CP24 (tolterodine tartrate)99	dextroamphetamine sulfate SOLN ..1	
DETROL TABS (tolterodine tartrate) . 99		

diazepam SOLN PO 5 MG/5ML ... 13	difluprednate91	diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG 47
diazepam TABS13	digoxin SOLN PO 0.05 MG/ML47	diltiazem hcl TB24 47
diazoxide 25	digoxin TABS 125 MCG, 250 MCG 47	dimenhydrinate TABS 30
dibucaine 60	DILANTIN (phenytoin sodium extended) 20	dimethyl fumarate CDPK 95
DICLEGIS TBEC (doxylamine-pyridoxine) 30	DILANTIN 20	dimethyl fumarate CPDR 95
diclofenac epolamine PTCH EX ... 54	DILANTIN INFATABS CHEW (phenytoin) 20	DIOVAN HCT (valsartan-hydrochlorothiazide) 34
diclofenac potassium CAPS 6	DILANTIN SUSP (phenytoin) 20	DIOVAN TABS (valsartan) 34
diclofenac potassium TABS 6	DILANTIN-125 SUSP (phenytoin) . 20	DIPENTUM 64
diclofenac sodium (ophth) 92	DILAUDID LIQD (hydromorphone hcl) 8	diphenhydramine hcl (sleep) TABS 25 MG 67
diclofenac sodium (topical) GEL EX 54	DILAUDID TABS 2 MG (hydromorphone hcl) 8	diphenhydramine hcl CAPS 31
diclofenac sodium (topical) SOLN EX 54	DILAUDID TABS 4 MG (hydromorphone hcl) 8	diphenhydramine hcl ELIX 12.5 MG/5ML 31
diclofenac sodium TB24 6	DILAUDID TABS 8 MG (hydromorphone hcl) 8	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML 31
diclofenac sodium TBEC 6	diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG 47	diphenhydramine hcl TABS 25 MG 31
diclofenac w/ misoprostol TBEC 6	diltiazem hcl coated beads CP24 240 MG 47	diphenoxylate w/ atropine LIQD ... 29
dicloxacillin sodium 94	diltiazem hcl CP12 47	diphenoxylate w/ atropine TABS ... 29
dicyclomine hcl CAPS 98	diltiazem hcl CP24 120 MG, 180 MG 47	DIPROLENE OINT (betamethasone dipropionate augmented) 57
dicyclomine hcl SOLN PO 98	diltiazem hcl CP24 240 MG 47	dipyridamole 66
dicyclomine hcl TABS 98	diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG 47	disopyramide phosphate CAPS ... 13
DIFFERIN CREA (adapalene) 53	diltiazem hcl extended release beads 240 MG 47	disulfiram 250 MG 94
DIFFERIN GEL (adapalene) 53	diltiazem hcl TABS 47	divalproex sodium CSDR 21
DIFFERIN LOTN 53		divalproex sodium TB24 250 MG .. 21
DIFICID SUSR 69		divalproex sodium TB24 500 MG .. 21
DIFICID TABS 200 MG (fidaxomicin) 69		divalproex sodium TBEC 125 MG . 21
diflorasone diacetate CREA 57		divalproex sodium TBEC 250 MG . 21
diflorasone diacetate OINT 57		divalproex sodium TBEC 500 MG . 21
DIFLUCAN SUSR 40 MG/ML (fluconazole) 31		
diflunisal TABS 8		

docusate sodium CAPS 100 MG, 250 MG	69	DRIZALMA SPRINKLE CSDR	23	EASIVENT MISC	73
docusate sodium CAPS 50 MG ...	68	dronabinol CAPS	30	EASY TOUCH FLIPLOCK INSULIN SY	71
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	69	DROPLET INSULIN SYRINGE ...	71	EASY TOUCH INSULIN BARRELS .	71
DOCUSATE SODIUM SYRP	69	drospirenone-ethinyl estradiol 0.02 MG-3 MG	49	EASY TOUCH INSULIN SAFETY SYR	71
docusate sodium TABS	69	drospirenone-ethinyl estradiol 0.03 MG-3 MG	49	EASY TOUCH INSULIN SYRINGE	71
dofetilide	13	DROXIA CAPS	66	EASY TOUCH SHEATHLOCK SYRINGE	71
donepezil hydrochloride TABS 23 MG	94	DUAKLIR PRESSAIR	15	EBGLYSS SOAJ	59
donepezil hydrochloride TABS 5 MG, 10 MG	94	DUETACT (pioglitazone hcl-glimepiride)	24	EBGLYSS SOSY	59
donepezil hydrochloride TBDP	94	DULERA	15	econazole nitrate CREA	54
DORAL (quazepam)	67	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	15	ECONAZOLE NITRATE FOAM 1 % .	54
DORYX MPC TBEC 60 MG	97	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	23	EDARBI	34
dorzolamide hcl	92	duloxetine hcl CPEP 40 MG	23	EDARBYCLOR	35
dorzolamide hcl-timolol maleate ..	89	DUPIXENT SOAJ	58	EDLUAR SUBL	67
DOVATO	42	DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	58	EDURANT	42
doxazosin mesylate	34	DUREZOL (difluprednate)	91	EDURANT PED PO 2.5 MG	42
doxepin hcl (sleep)	67	dutasteride	65	efavirenz CAPS 200 MG	42
doxepin hcl CAPS	24	dutasteride-tamsulosin hcl	65	efavirenz CAPS 50 MG	42
doxepin hcl CONC	24	DYANAVEL XR SUER	1	efavirenz TABS	42
doxycycline (monohydrate) CAPS .	97	DYANAVEL XR TBCR	1	efavirenz-emtricitabine-tenofovir	
doxycycline (monohydrate) SUSR .	97	DYMISTA SUSP (azelastine hcl-fluticasone propionate)	88	disoproxil fumarate	42
doxycycline (monohydrate) TABS .	97	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	69	EFFER-K TBEF 25 MEQ	76
doxycycline (rosacea)	60	EASIVENT MASK LARGE MISC ..	73	EFFEXOR XR CP24 150 MG (venlafaxine hcl)	23
doxycycline hyclate CAPS	97	EASIVENT MASK MEDIUM MISC	73	EFFEXOR XR CP24 37.5 MG (venlafaxine hcl)	23
doxycycline hyclate TABS	97	EASIVENT MASK SMALL MISC ..	73		
doxycycline hyclate TBEC	97				
doxylamine succinate (sleep)	67				
doxylamine-pyridoxine TBEC	30				

EFFEXOR XR CP24 75 MG (venlafaxine hcl)	23	EMFLAZA SUSP (deflazacort)	50	ENERGIX-B SUSP 20 MCG/ML .	101
EFFIENT (prasugrel hcl)	66	EMFLAZA TABS (deflazacort)	50	ENERGIX-B SUSY	101
ELEPSIA XR TB24	18	EMGALITY (300 MG DOSE) SOSY 75		ENHERTU	37
eletriptan hydrobromide	75	EMGALITY SOAJ	75	enoxaparin sodium SOLN IJ 300 MG/3ML	17
ELIMITE CREA (permethrin)	60	EMGALITY SOSY	75	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	17
ELIQUIS (1.5 MG PACK) TBSO PO . 16		emollient LOTN	59	enoxaparin sodium SOSY 30 MG/0.3ML	17
ELIQUIS (2 MG PACK) TBSO PO .	16	EMSAM	22	enoxaparin sodium SOSY 40 MG/0.4ML	17
ELIQUIS CPSP PO 0.15 MG	16	emtricitabine CAPS	42	enoxaparin sodium SOSY 60 MG/0.6ML	17
ELIQUIS DVT/PE STARTER PACK TBPk	16	emtricitabine-rilpivirine-tenofovir disoproxil fumarate	42	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	17
ELIQUIS TABS	16	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	42	ENSPRYNG	77
ELIQUIS TBSO PO 0.5 MG	16	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	42	ENSTILAR FOAM	57
ELLA	50	EMTRIVA CAPS (emtricitabine) ..	43	entecavir TABS	45
ELON MATRIX 5000 COMPLETE TABS	87	EMTRIVA SOLN	43	ENTRESTO CPSP	48
ELON MATRIX 5000 TABS	87	EMVERM CHEW	12	ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (sacubitril-valsartan)	48
ELON MATRIX COMPLETE TABS 87		enalapril maleate & hydrochlorothiazide	35	ENTYVIO PEN SOAJ	64
ELON MATRIX PLUS TABS	87	enalapril maleate SOLN	33	ENVARUSUS XR TB24	77
ELON R3 TABS	87	enalapril maleate TABS	33	EOHILIA SUSP	50
EMBECTA INSULIN SYR ULTRAFINE	71	ENBREL MINI SOCT	7	EPANED SOLN (enalapril maleate) 33	
EMBECTA INSULIN SYRINGE ...	71	ENBREL SOLN	7	EPCLUSA PACK	45
EMBECTA INSULIN SYRINGE U- 100	71	ENBREL SOSY 25 MG/0.5ML	7	EPCLUSA TABS 100 MG-400 MG	45
EMBECTA PEN NEEDLE ULTRAFINE	71	ENBREL SOSY 50 MG/ML	7	EPCLUSA TABS 50 MG-200 MG .	45
EMEND BIPACK CAPS 80 MG (aprepitant)	31	ENBREL SURECLICK SOAJ	7	EPIDIOLEX	18
EMEND SUSR	31	ENDARI (glutamine (sickle cell)) .	66	EPIDUO FORTE GEL (adapalene- benzoyl peroxide)	53
EMEND TRIPACK CAPS (aprepitant)		ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	86		

EPIFOAM FOAM	57	EQ SPACE CHAMBER ANTI- STATIC M DEVI	73	ERZOFRI 234 MG/1.5ML	39
epinastine hcl (ophth)	92	EQ SPACE CHAMBER ANTI- STATIC S DEVI	73	ERZOFRI 351 MG/2.25ML	38
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	103	EQL CENTURY MATURE ADULTS 50+ TABS	81	ERZOFRI 39 MG/0.25ML	39
epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	103	EQL CENTURY MENS TABS	81	ERZOFRI 78 MG/0.5ML	39
epinephrine (anaphylaxis) SOAJ .103		EQL CENTURY WOMENS TABS	81	ESCITALOPRAM OXALATE CAPS PO 15 MG	22
EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	103	EQL ONE DAILY MENS TABS	81	escitalopram oxalate SOLN	22
EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	103	EQUETRO	38	escitalopram oxalate TABS 10 MG 22	
EPIVIR SOLN (lamivudine)	43	ergocalciferol CAPS	103	escitalopram oxalate TABS 20 MG 22	
EPIVIR TABS 150 MG (lamivudine) 43		ergocalciferol SOLN PO 200 MCG/ML	103	escitalopram oxalate TABS 5 MG .	22
EPIVIR TABS 300 MG (lamivudine) 43		ERTACZO	54	eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	18
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	67	ERVEBO	101	esomeprazole magnesium CPDR 20 MG	98
EPRONTIA SOLN 25 MG/ML (topiramate)	18	ERYPED 200 SUSR (erythromycin ethylsuccinate)	69	esomeprazole magnesium CPDR 40 MG	98
EPSOLAY CREA	53	ERYPED 400 SUSR (erythromycin ethylsuccinate)	69	esomeprazole magnesium PACK .	98
EQ COMPLETE MULTIVITAMIN- ADULT TABS	80	erythromycin (acne aid) GEL	53	estazolam	67
EQ ONE DAILY MENS 50+ TABS .	80	erythromycin (acne aid) PADS	53	estradiol & norethindrone acetate TABs	63
EQ ONE DAILY MENS HEALTH TABs	80	erythromycin (acne aid) SOLN	53	estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	63
EQ ONE DAILY WOMENS 50+ TABs	80	erythromycin (ophth)	90	estradiol PTTW 0.0375 MG/24HR .	63
EQ ONE DAILY WOMENS HEALTH TABs	81	erythromycin base CPEP	69	estradiol PTWK	63
EQ SPACE CHAMBER ANTI- STATIC DEVI	73	erythromycin base TABs	69	estradiol TABs	63
EQ SPACE CHAMBER ANTI- STATIC L DEVI	73	erythromycin base TBEC	69	estradiol vaginal CREA	103
		erythromycin ethylsuccinate SUSR 69		estradiol vaginal TABs	103
		erythromycin ethylsuccinate TABs	69	ESTROFACTORS TABs	86
		erythromycin stearate TABs 250 MG 69		estrogens, conjugated TABs 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	63
		ERZOFRI 117 MG/0.75ML	39		
		ERZOFRI 156 MG/ML	39		

ESTROVEN MENOPAUSE SUPPLEMENT TABS	81	EXELON 4.6 MG/24HR, 9.5 MG/24HR (rivastigmine)	94	FANAPT TITRATION PACK C	39
eszopiclone	67	exemestane	37	FARXIGA (dapagliflozin propanediol)	29
ethambutol hcl TABS	37	exenatide SOPN 10 MCG/0.04ML	26	FASENRA PEN SOAJ	13
ethosuximide CAPS	20	exenatide SOPN 5 MCG/0.02ML	26	FASENRA SOSY	13
ethosuximide SOLN	20	EXFORGE (amlodipine besylate- valsartan)	35	febuxostat	66
ethynodiol diacet & eth estrad 35 MCG-1 MG	49	EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide)	35	felbamate SUSP	20
ethynodiol diacet & eth estrad 50 MCG-1 MG	49	EXTENCILLINE SUSR	93	felbamate TABS	20
etodolac CAPS	6	EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	23	FELBATOL TABS (felbamate)	20
etodolac TABS	6	EXXUA TITRATION PACK TB24 PO 18.2 MG	23	FELDENE CAPS 20 MG (piroxicam) . 6	
etodolac TB24	6	EYE HEALTH + LUTEIN TABS ...	81	felodipine	47
etonogestrel-ethinyl estradiol	50	EYE HEALTH AREDS 2 CAPS ...	81	fenofibrate CAPS	32
etravirine 100 MG	43	EYE HEALTH CAPS	81	fenofibrate micronized 134 MG, 200 MG	32
etravirine 200 MG	43	EYE MULTIVITAMIN/SODIUM TABS	81	fenofibrate micronized 43 MG, 130 MG	32
EUCERIN LOTN	59	EYLEA SOSY	90	fenofibrate micronized 67 MG	32
EUCERIN ORIGINAL HEALING LOTN	59	EYSUVIS SUSP	91	fenofibrate TABS 160 MG	32
EUCERIN PLUS LOTN	59	EZALLOR SPRINKLE CPSP	33	fenofibrate TABS 40 MG, 120 MG	32
EUCERIN PROFESSIONAL REPAIR LOTN	59	ezetimibe	33	fenofibrate TABS 48 MG, 145 MG	32
EUCRISA	60	ezetimibe-simvastatin	32	fenofibrate TABS 54 MG	32
EVEKEO TABS (amphetamine sulfate)	1	FABIOR FOAM	53	fenofibric acid	32
everolimus (immunosuppressant) .	77	famciclovir	45	fenoprofen calcium CAPS 400 MG .	6
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	98	famotidine SUSR	98	fenoprofen calcium TABS	6
EVISTA (raloxifene hcl)	62	famotidine TABS 10 MG	98	FENOPRON CAPS	6
EVOTAZ	43	famotidine TABS 20 MG, 40 MG ..	98	FENSOLVI (6 MONTH) SC	63
EXELON 13.3 MG/24HR (rivastigmine)	94	FANAPT	39	fentanyl citrate LPOP 200 MCG, 1200 MCG	8
		FANAPT TITRATION PACK A	39	fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG	8
		FANAPT TITRATION PACK B	39	fentanyl PT72 12 MCG/HR, 25	

MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	8	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine) . 10	FLUCELVAX SUSY	101
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	8	FIRVANQ SOLR PO (vancomycin hcl)	fluconazole SUSR	31
ferrous fumarate TABS	67	FITNESS TABS FOR MEN AM/PM TABS	fluconazole TABS 100 MG, 200 MG . 31	
ferrous gluconate TABS 324 MG ..	67	FITNESS TABS FOR WOMEN AM/PM TABS	fluconazole TABS 150 MG	31
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	67	FLAGYL CAPS (metronidazole) ...	fluconazole TABS 50 MG	31
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	67	FLAREX	fludrocortisone acetate TABS	51
ferrous sulfate TABS 325 MG, 65 MG, 325 MG	67	flavoxate hcl	FLULAVAL SUSY	101
ferrous sulfate TBEC	67	flecainide acetate	FLUMIST	101
fesoterodine fumarate	99	FLEQSUVY SUSP (baclofen)	flunisolide (nasal)	88
FETZIMA CP24	23	FLEXICHAMBER ADULT MASK/SMALL	fluocinolone acetonide (otic)	93
FETZIMA TITRATION C4PK	23	FLEXICHAMBER CHILD MASK/LARGE	fluocinolone acetonide CREA	57
FEVERALL JUNIOR STRENGTH SUPP	8	FLEXICHAMBER CHILD MASK/SMALL	fluocinolone acetonide OIL	57
fexofenadine hcl TABS 180 MG ...	31	FLEXICHAMBER DEVI	fluocinolone acetonide OINT	57
fexofenadine hcl TABS 60 MG	31	FLORRAVITE TABS	fluocinolone acetonide SOLN	57
FIASP FLEXTOUCH SOPN	26	FLORRAXYL TABS	fluocinonide CREA 0.05 %	57
FIASP PENFILL SOCT	26	FLUAD	fluocinonide CREA 0.1 %	57
FIASP SOLN	26	FLUAD QUADRIVALENT	fluocinonide emulsified base	57
FIBRICOR (fenofibric acid)	32	FLUARIX QUADRIVALENT SUSY 101	fluocinonide GEL	57
fidaxomicin TABS 200 MG	69	FLUARIX SUSY	fluocinonide OINT	57
FIFTY50 SUPERIOR COMFORT SYR	71	FLUBLOK QUADRIVALENT	fluocinonide SOLN	57
FINACEA FOAM	60	FLUBLOK SOSY	fluorometholone (ophth) SUSP	91
finasteride	65	FLUCELVAX QUADRIVALENT SUSY	fluorouracil (topical) CREA 0.5 % ..	54
FINAZOL TABS	81	FLUCELVAX SUSP	fluorouracil (topical) CREA 5 %	54
fingolimod hcl	95		fluorouracil (topical) SOLN	55
FINTEPLA	18		fluoxetine hcl (pmdd) TABS	96
			fluoxetine hcl CAPS 10 MG, 20 MG 22	
			fluoxetine hcl CAPS 40 MG	22
			fluoxetine hcl CPDR	22
			fluoxetine hcl SOLN	22

FLUOXETINE HCL TABS (fluoxetine hcl)	22	MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	15	folic acid TABS 400 MCG	66
fluoxetine hcl TABS 10 MG	22	fluticasone-salmeterol AERO	16	FOLIFLEX TABS	81
fluoxetine hcl TABS 20 MG	22	fluvastatin sodium CAPS	33	FOLITIN-Z TABS	81
fluoxetine hcl TABS 60 MG	22	fluvastatin sodium TB24	33	fondaparinux sodium	17
fluphenazine decanoate	41	fluvoxamine maleate CP24	22	FORFIVO XL TB24 (bupropion hcl) 21	
fluphenazine hcl TABS	41	fluvoxamine maleate TABS 100 MG . 22		formoterol fumarate NEBU	16
flurandrenolide CREA	57	fluvoxamine maleate TABS 25 MG, 50 MG	22	FORTEO SOPN (teriparatide)	62
flurandrenolide LOTN	57	FLUZONE HIGH-DOSE QUADRIVALENT	101	FOSAMAX PLUS D	62
flurazepam hcl	67	FLUZONE HIGH-DOSE SUSY ...	101	FOSAMAX TABS 70 MG (alendronate sodium)	62
flurbiprofen sodium	92	FLUZONE QUADRIVALENT SUSY 101		fosamprenavir calcium TABS	43
flurbiprofen TABS 100 MG	6	FLUZONE SUSP	102	fosinopril sodium & hydrochlorothiazide	35
fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	14	FLUZONE SUSY	102	fosinopril sodium	33
fluticasone furoate-vilanterol	15	FML FORTE SUSP	91	FOSRENOL CHEW (lanthanum carbonate)	65
fluticasone propionate (inhalation) AEPB	14	FML LIQUIFILM SUSP (fluorometholone (ophth))	91	FOSRENOL PACK	65
fluticasone propionate (nasal) SUSP . 89		FOCALIN TABS (dexmethylphenidate hcl)	2	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	17
fluticasone propionate CREA 0.05 % 57		FOCALIN XR CP24 (dexmethylphenidate hcl)	2	FRAGMIN SOSY	17
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	14	FOLACHEW CHEW	86	FREEDAVITE TABS	81
fluticasone propionate hfa 44 MCG/ACT	14	FOLAGENT DHA CAPS	81	FREESTYLE LIBRE 14 DAY SENSOR	70
fluticasone propionate LOTN	57	FOLAMAX TABS	81	FREESTYLE LIBRE 2 PLUS SENSOR	70
fluticasone propionate OINT	57	FOLAMED DHA CAPS	81	FREESTYLE LIBRE 2 READER ..	70
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	15	FOLAPRIME TABS	81	FREESTYLE LIBRE 2 SENSOR ..	70
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232		FOLASYNC DHA CAPS	81	FREESTYLE LIBRE 3 PLUS SENSOR	70
		FOLAWISE TABS	86	FREESTYLE LIBRE 3 READER ..	70
		FOLCYTEINE TABS	86	FREESTYLE LIBRE 3 SENSOR ..	70
		folic acid TABS 1 MG	66	FROVA (frovatriptan succinate) ...	75

frovatriptan succinate 75	GALAFOLD 63	GIMOTI SOLN NA 64
FT CENTURY 50+ TABS 81	galantamine hydrobromide CP24 .. 94	GIVLAARI 66
FT CENTURY ADULTS TABS 81	galantamine hydrobromide SOLN . 94	glatiramer acetate SOSY 20 MG/ML . 95
FT CENTURY MEN 50+ TABS 81	galantamine hydrobromide TABS . 94	glatiramer acetate SOSY 20 MG/ML . 96
FT CENTURY MEN TABS 81	GAMMAGARD 93	glatiramer acetate SOSY 40 MG/ML . 95
FT CENTURY WOMEN 50+ TABS 81	GAMMAGARD ERC 5 GM/50ML, 10 GM/100ML 93	
FT CENTURY WOMEN TABS 81	GAMMAGARD S/D LESS IGA SOLR 93	glimepiride 1 MG, 2 MG 29
FT EYE HEALTH CAPS 81		glimepiride 3 MG 29
FT EYE HEALTH TABS 81	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML 93	glimepiride 4 MG 29
FT HAIR SKIN & NAILS EXTRA STR TABS 81	GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML 93	glipizide TABS 29
FT ONE DAILY MENS 50+ TABS . 81		glipizide TB24 29
FT ONE DAILY MENS TABS 81	GARDASIL 9 SUSP 0.5 ML 102	glipizide-metformin hcl 24
FT ONE DAILY WOMENS 50+ TABS 81	GARDASIL 9 SUSY 0.5 ML 102	GLOPERBA SOLN PO 66
FT ONE DAILY WOMENS TABS . 81	gatifloxacin (ophth) 90	GLP-DLAX TABS 87
furosemide SOLN PO 8 MG/ML, 10 MG/ML 61	gemfibrozil TABS 33	GLUCAGON EMERGENCY 25
furosemide TABS 61	GEMTESA 99	GLUCAGON EMERGENCY SOLR IJ 1 MG (glucagon) 25
FUZEON SOLR 43	GENICIN VITA-Q TABS 86	glucagon SOLR IJ 1 MG 25
FYCOMPA SUSP 0.5 MG/ML (perampanel) 18	GENOTROPIN CART SC 62	GLUCOPRO INSULIN SYRINGE . 71
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (perampanel) 18	GENOTROPIN MINIQUICK PRSY 62	GLUCOTROL XL TB24 5 MG, 10 MG (glipizide) 29
gabapentin (once-daily) TABS 96	gentamicin sulfate (ophth) SOLN . 90	glutamine (sickle cell) 66
gabapentin CAPS 18	gentamicin sulfate (topical) CREA . 53	glyburide micronized 1.5 MG, 3 MG, 6 MG 29
gabapentin SOLN 18	gentamicin sulfate (topical) OINT . 53	glyburide TABS 29
gabapentin TABS 600 MG 18	GENVOYA 43	glyburide-metformin 24
gabapentin TABS 800 MG 18	GEODON (ziprasidone hcl) 38	glycerin (laxative) SUPP 2 GM 68
GABARONE TABS 100 MG, 400 MG 18	GERI-FREEDA SENIOR FORMULA TABS 81	glycopyrrolate TABS 1 MG, 2 MG . 98
	GILENYA (fingolimod hcl) 95	GLYXAMBI 24
	GILENYA 0.25 MG 95	GNP CENTURY ADULT TABS 81

GNP CENTURY ADULTS MEN TABS81	guanfacine hcl (adhd)2	HARVONI PACK45
GNP CENTURY ADULTS WOMEN TABS81	guanfacine hcl34	HARVONI TABS45
GNP CENTURY MATURE ADULTS 50+ TABS81	GVOKE HYPOPEN 1-PACK SOAJ 25	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML102
GNP INSULIN SYRINGE71	GVOKE HYPOPEN 2-PACK SOAJ 25	HEAD CARE PROACTIVE HEALTH TABS82
GNP INSULIN SYRINGES71	GVOKE KIT SOLN25	HEALTHWISE INSULIN SYR/NEEDLE72
GNP INSULIN SYRINGES 28GX1/2"71	GVOKE PFS SOSY 1 MG/0.2ML .25	HEALTHY EYES SUPERVISION 2 CAPS82
GNP INSULIN SYRINGES 29GX1/2"71	GYNAZOLE-1102	HEALTHY HEART COMPLEX TABS 87
GNP INSULIN SYRINGES 30GX5/16"71	HADLIMA PUSHTOUCH SOAJ4	HEART TABS TABS87
GNP INSULIN SYRINGES 31GX5/16"71	HADLIMA SOSY4	HEMADY TABS50
GNP THERAPEUTIC-M TABS81	HAEGARDA SOLR SC66	HEMANGEOL SOLN PO46
GNP ULTRA COM INSULIN SYRINGE71	HAIR NOURISHING SUPPLEMENT TABS87	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML17
GOLD BOND ULTIMATE SOFTENING LOTN59	HAIR SKIN & NAILS ADVANCED TABS81	HEPARIN SODIUM (PORCINE) SOSY IJ17
GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ...68	HAIR SKIN & NAILS TABS81	HEPLISAV-B SOSY102
GRALISE TABS (gabapentin (once- daily))96	HAIR/SKIN/NAILS CAPS82	HETLIOZ CAPS (tasimelteon)68
granisetron hcl TABS30	halcinonide CREA57	HETLIOZ LQ SUSP68
GRASTEK SUBL3	halcinonide SOLN 0.1 %57	HIBERIX SOLR IJ100
griseofulvin microsize SUSP31	HALCION 0.25 MG (triazolam)67	HIGH POTENCY MULTIVIT/FA TABS82
griseofulvin microsize TABS31	halobetasol propionate CREA57	HIGH POTENCY MULTIVITAMIN TABS86
griseofulvin ultramicrosize31	halobetasol propionate FOAM57	HM COMPLETE MEN TABS82
guaifenesin TB12 1200 MG52	halobetasol propionate OINT57	HM ULTICARE INSULIN SYRINGE . 72
guaifenesin TB12 600 MG52	HALOG CREA (halcinonide)57	HORIZANT96
guaifenesin-codeine SOLN51	HALOG SOLN 0.1 % (halcinonide) 58	HULIO (2 PEN) AJKT4
guaifenesin-codeine SYRP51	haloperidol decanoate40	
	haloperidol lactate CONC40	
	haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG40	
	haloperidol TABS 20 MG40	

HULIO (2 SYRINGE) PSKT4	HUMULIN N KWIKPEN SUPN 27	hydrocortisone (intrarectal)12
HUMALOG JUNIOR KWIKPEN SOPN26	HUMULIN N SUSP 27	hydrocortisone (rectal) EX 1 % 12
HUMALOG KWIKPEN SOPN 100 UNIT/ML26	HUMULIN R SOLN IJ27	hydrocortisone (rectal) EX 2.5 % .. 12
HUMALOG KWIKPEN SOPN 200 UNIT/ML26	HUMULIN R U-500 (CONCENTRATED) SOLN SC27	hydrocortisone (topical) CREA 0.5 % 58
HUMALOG MIX 50/50 KWIKPEN SUPN26	HUMULIN R U-500 KWIKPEN SOPN SC27	hydrocortisone (topical) CREA 1 % 58
HUMALOG MIX 75/25 KWIKPEN SUPN26	hydralazine hcl TABS35	hydrocortisone (topical) CREA 2.5 % 58
HUMALOG MIX 75/25 SUSP27	HYDRAZONE LOTION LOTN59	hydrocortisone (topical) LOTN 2.5 % . 58
HUMALOG SOCT27	hydrochlorothiazide CAPS62	hydrocortisone (topical) OINT 1 % .58
HUMALOG SOLN IJ27	hydrochlorothiazide TABS 25 MG, 50 MG62	hydrocortisone (topical) OINT 2.5 % . 58
HUMALOG TEMPO PEN SOPN .. 27	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/15ML10	hydrocortisone butyrate OINT 58
HUMIRA (2 PEN) AJKT 80 MG/0.8ML4	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML10	hydrocortisone butyrate SOLN 58
HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML5	hydrocodone-acetaminophen SOLN . 10	hydrocortisone TABS 50
HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML4	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG10	hydrocortisone valerate CREA 58
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML5	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 acid93
HUMIRA-PSORIASIS/UVEIT STARTER AJKT5	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG . 10	hydromorphone hcl LIQD 8
HUMULIN 70/30 KWIKPEN SUPN 27		HYDROMORPHONE HCL SUPP ...8
HUMULIN 70/30 SUSP27		hydromorphone hcl TABS 2 MG8
		hydromorphone hcl TABS 4 MG8
		hydromorphone hcl TABS 8 MG8
		hydromorphone hcl TB24 8
		hydroxychloroquine sulfate 100 MG, 200 MG36

HYDROXYM GEL58	ibandronate sodium TABS62	6 MG/0.5ML75
hydroxyurea37	IBRANCE CAPS37	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML75
HYDROXYUREA49	IBRANCE TABS37	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate)75
hydroxyzine hcl SYRP13	IBSRELA65	
hydroxyzine hcl TABS13	ibuprofen CHEW6	IMITREX TABS (sumatriptan succinate)75
hydroxyzine pamoate CAPS13	ibuprofen SUSP 100 MG/5ML, 200 MG/10ML6	IMMUNE ESSENTIALS DAILY CAPS82
HYFTOR59	ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML6	IMOVAX RABIES SUSR102
HYLAZINC TABS82	ibuprofen TABS 200 MG6	IMULDOSA SOSY SC 45 MG/0.5ML 55
hyoscyamine sulfate ELIX98	ibuprofen TABS 300 MG6	IMULDOSA SOSY SC 90 MG/ML .55
hyoscyamine sulfate SOLN PO 0.125 MG/ML98	ibuprofen TABS 400 MG, 600 MG, 800 MG6	IMURAN TABS (azathioprine)77
hyoscyamine sulfate SUBL 0.125 MG98	ibuprofen-famotidine6	INCRELEX63
hyoscyamine sulfate TABS 0.125 MG98	ICAPS AREDS FORMULA TABS .82	INCRUSE ELLIPTA14
hyoscyamine sulfate TB12 0.375 MG 98	icatibant acetate SOSY66	indapamide TABS 1.25 MG, 2.5 MG . 62
hyoscyamine sulfate TBDP 0.125 MG98	ICLUSIG37	INDERAL LA CP24 (propranolol hcl) . 46
HYPERRHO SOSY IM 1500 UNIT 93	icosapent ethyl32	INDERAL XL46
HYRIMOZ SOAJ5	IDACIO (2 PEN) AJKT5	indomethacin CAPS 25 MG, 50 MG 6
HYRIMOZ SOSY5	IDACIO (2 SYRINGE) PSKT5	indomethacin CPR6
HYRIMOZ-CROHNS/UC STARTER SOAJ5	IDACIO-CROHNS/UC STARTER AJKT5	indomethacin SUPP6
HYRIMOZ-CROHNS/UC STARTER SOAJ5	IDACIO-PSORIASIS STARTER AJKT5	indomethacin SUSP6
HYRIMOZ-PED<40KG CROHN STARTER SOSY5	IGALMI FILM67	INFLECTRA SOLR64
HYRIMOZ-PED>=40KG CROHN START SOSY5	ILEVRO92	INGREZZA CAPS95
HYRIMOZ-PLAQ PSOR/UEIT START SOAJ5	imipramine hcl TABS24	INGREZZA CPPK95
	imiquimod 3.75 %59	INGREZZA CPSP95
	imiquimod 5 %59	INNOPRAN XL46
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG8	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML75	INPEFA48
HYZAAR (losartan potassium & hydrochlorothiazide)35	IMITREX STATDOSE REFILL SOCT	INREBIC37

INSPIREASE MISC	74	INTELENCE (etravirine)	43	irbesartan	34
INSPIREASE RESERVOIR BAGS 74		INTELENCE	43	irbesartan-hydrochlorothiazide	35
INSULIN ASP PROT & ASP FLEXPEN SUPN	27	INTELENCE 200 MG (etravirine) ..	43	IRON CHEWS PEDIATRIC CHEW 67	
INSULIN ASPART FLEXPEN SOPN . 27		INTUNIV (guanfacine hcl (adhd)) ..	2	ISENTRESS CHEW 100 MG	43
INSULIN ASPART PENFILL SOCT 27		INVEGA 3 MG, 6 MG, 9 MG (paliperidone)	39	ISENTRESS CHEW 25 MG	43
INSULIN ASPART PROT & ASPART SUSP	27	INVEGA HAFYERA	39	ISENTRESS HD TABS	43
INSULIN ASPART SOLN IJ	27	INVEGA SUSTENNA 117 MG/0.75ML	39	ISENTRESS PACK	43
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	27	INVEGA SUSTENNA 156 MG/ML .	39	ISENTRESS TABS	43
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	27	INVEGA SUSTENNA 234 MG/1.5ML 39		isoniazid SYRP	37
INSULIN DEGLUDEC SOLN	27	INVEGA SUSTENNA 39 MG/0.25ML 39		isoniazid TABS	37
INSULIN GLARGINE MAX SOLOSTAR SOPN	27	INVEGA SUSTENNA 78 MG/0.5ML 39		isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	13
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	27	INVEGA TRINZA 273 MG/0.88ML .	39	isosorbide mononitrate TABS	13
INSULIN GLARGINE-YFGN SOLN 27		INVEGA TRINZA 410 MG/1.32ML .	39	ISOSORBIDE MONONITRATE TABs	13
INSULIN GLARGINE-YFGN SOPN 27		INVEGA TRINZA 546 MG/1.75ML .	39	isosorbide mononitrate TB24	13
INSULIN LISPRO (1 UNIT DIAL) SOPN	27	INVEGA TRINZA 819 MG/2.63ML .	39	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	53
INSULIN LISPRO JUNIOR KWIKPEN SOPN	28	INVELTYS SUSP	91	isradipine CAPS	47
INSULIN LISPRO PROT & LISPRO SUPN	28	INVOKAMET TABS	24	ISTALOL SOLN (timolol maleate (ophth))	89
INSULIN LISPRO SOLN IJ	28	INVOKAMET XR TB24	24	itraconazole CAPS	31
INSULIN SYRINGE	72	INVOKANA	29	itraconazole SOLN	31
INSULIN SYRINGE-NEEDLE U-100 72		IOPIDINE	90	ivermectin (rosacea)	60
		IPOl IJ	102	IXIARO	102
		ipratropium bromide (nasal) 0.03 % 88		IYUZEH SOLN	92
		ipratropium bromide (nasal) 0.06 % 88		JALYN (dutasteride-tamsulosin hcl) . 65	
		ipratropium bromide SOLN 0.02 % 14		JANUMET TABS	24
		ipratropium-albuterol SOLN	16	JANUMET XR TB24	24
				JANUVIA	25

JARDIANCE	29	KERI NOURISHING SHEA BUTTER LOTN	59	KINERET SOSY	5
JAVADIN SOLN PO 0.02 MG/ML ..	34	KERI ORIGINAL LOTN	59	KINRAY INSULIN SYRINGE	72
JENTADUETO TABS	24	KERI OVERNIGHT LOTN	59	KIRSTY SOLN IJ 100 UNIT/ML ...	28
JENTADUETO XR TB24	24	KERI RENEWAL MILK BODY LOTN .	59	KIRSTY SOPN SC 100 UNIT/ML ..	28
JOINT HEALTH & BONE STRENGTH TABS	82	KERI RENEWAL SKIN FIRMING LOTN	59	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ...	3
JORNAY PM CP24	2	KERI RENEWAL STRETCH MARK LOTN	59	KLOXXADO LIQD	30
JOURNAVX	7	KERI SENSITIVE SKIN LOTN	59	KONVOMEK SUSR	99
JULUCA	43	KESIMPTA	96	K-PAX IMMUNE PROFESSIONAL ST TABS	82
JYLAMVO SOLN PO	37	ketoconazole (topical) CREA	54	KPN PRENATAL TABS	87
JYNNEOS	102	ketoconazole (topical) FOAM	54	KRINTAFEL	36
KALETRA SOLN	43	ketoconazole (topical) SHAM 2 % ..	54	labetalol hcl TABS 100 MG	46
KALETRA TABS 25 MG-100 MG (lopinavir-ritonavir)	43	ketoconazole	31	labetalol hcl TABS 200 MG	46
KALETRA TABS 50 MG-200 MG (lopinavir-ritonavir)	43	KETONE TEST STRP	61	labetalol hcl TABS 300 MG	46
KANJINTI	37	ketoprofen CAPS 25 MG	6	labetalol hcl TABS 400 MG	46
KAPSPARGO SPRINKLE CS24 ..	46	ketoprofen CP24	6	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	19
KATERZIA	47	ketorolac tromethamine (ophth) 0.4 %	92	lacosamide TABS	19
KENALOG AERS (triamcinolone acetonide (topical))	58	ketorolac tromethamine (ophth) 0.5 %	92	lactic acid (ammonium lactate) CREA	59
KEPPRA SOLN PO 100 MG/ML (levetiracetam)	18	ketorolac tromethamine TABS	6	lactic acid (ammonium lactate) LOTN 12 %	59
KEPPRA TABS 1000 MG (levetiracetam)	19	KETOSTIX STRP	61	lactulose (encephalopathy)	65
KEPPRA TABS 250 MG, 750 MG (levetiracetam)	18	ketotifen fumarate (ophth) 0.035 %	92	lactulose PACK	68
KEPPRA TABS 500 MG (levetiracetam)	19	KEVZARA SOAJ	5	lactulose SOLN	68
KEPPRA XR TB24 (levetiracetam)	18	KEVZARA SOSY	5	LAMICTAL CHEW (lamotrigine) ...	19
KERI ADVANCED MOISTURE THERAPY LOTN	59	KEYFOLIC TABS	82	LAMICTAL ODT KIT (lamotrigine) .	19
KERI BASIC ESSENTIALS LOTN .	59	KEYLOSA TABS	82	LAMICTAL ODT TBDP (lamotrigine) .	19
		KHINDIVI SOLN PO 1 MG/ML	50	LAMICTAL STARTER KIT 25 MG (lamotrigine)	19

LAMICTAL TABS (lamotrigine)	19	leucovorin calcium TABS	37	levorphanol tartrate TABS	8
LAMICTAL XR KIT	19	levalbuterol hcl	16	levothyroxine sodium TABS	98
LAMICTAL XR TB24 (lamotrigine) .	19	levalbuterol tartrate	16	LEXAPRO TABS 10 MG (escitalopram oxalate)	22
lamivudine (hbv) TABS	45	levamlodipine maleate	47	LEXAPRO TABS 20 MG (escitalopram oxalate)	22
lamivudine SOLN	43	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	19	LEXAPRO TABS 5 MG (escitalopram oxalate)	22
lamivudine TABS 150 MG	43	levetiracetam TABS 1000 MG	19	LIALDA TBEC (mesalamine)	64
lamivudine TABS 300 MG	43	levetiracetam TABS 250 MG, 750 MG	19	LIBERVANT FILM	18
lamivudine-zidovudine	43	levetiracetam TABS 500 MG	19	lidocaine CREA 4 %	60
lamotrigine CHEW	19	levetiracetam TB24	19	lidocaine hcl (mouth-throat) 2 % ...	78
lamotrigine KIT 25 MG	19	LEVETIRACETAM TB3D	19	lidocaine hcl CREA 3 %, 4 %	60
lamotrigine TABS	19	levobunolol hcl 0.5 %	89	lidocaine hcl GEL 2 %	60
lamotrigine TB24	19	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	63	lidocaine-prilocaine CREA	60
lamotrigine TBDP	19	levocarnitine (metabolic modifiers) TABs	63	LIKMEZ SUSP	36
LANOLIN XX	94	levocetirizine dihydrochloride SOLN 32	32	LINZESS	65
lansoprazole CPDR 15 MG	98	levocetirizine dihydrochloride TABS 32	32	liothyronine sodium TABS	98
lansoprazole CPDR 30 MG	99	levofloxacin (ophth) 0.5 %	90	LIPIDSHIELD PLUS TABS	87
lansoprazole TBDD	99	levofloxacin SOLN PO	63	LIPITOR TABS (atorvastatin calcium)	33
lanthanum carbonate CHEW	65	levofloxacin TABS	63	LIPOFEN CAPS (fenofibrate)	33
LANTUS SOLN	28	levonorgestrel & eth estradiol TABS 49	49	LIQREV SUSP	48
LANTUS SOLOSTAR SOPN	28	levonorgestrel (emergency oc) 1.5 MG	50	liraglutide	26
latanoprost SOLN	92	levonorgestrel-eth estradiol (triphasic)	49	lisdexamphetamine dimesylate CAPS 1	
LATUDA (lurasidone hcl)	38	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	49	lisdexamphetamine dimesylate CHEW .	1
LEDIPASVIR-SOFOSBUVIR TABS 45	45	levorphanol tartrate TABS 2 MG	8	lisinopril & hydrochlorothiazide	35
leflunomide	7			lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	33
LENTOCILIN SUSR	93			LITETOUCH INSULIN SYRINGE .	72
LEQSELVI TABS PO 8 MG	59			LITFULO	59
LESCOL XL TB24 (fluvastatin sodium)	33				
LETAIRIS (ambrisentan)	48				
letrozole	37				

lithium38	losartan potassium34	MG/0.8ML (enoxaparin sodium) ...17
lithium carbonate CAPS38	LOTEMAX GEL (loteprednol etabonate)91	loxapine succinate40
lithium carbonate TABS38	LOTEMAX OINT91	lubiprostone64
lithium carbonate TBCR38	LOTEMAX SM GEL91	LUBRIDERM LOTN59
LIVALO (pitavastatin calcium)33	LOTEMAX SUSP (loteprednol etabonate)91	LUMAVEX CAPS78
LIVER DETOX TABS82	LOTENSIN 10 MG, 20 MG (benazepril hcl)33	LUMIGAN SOLN 0.01 %92
LOHIST-D LIQD51	LOTENSIN 40 MG (benazepril hcl) 33	LUNAVIRA CAPS78
LOKELMA77	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 35	lurasidone hcl38
loperamide hcl CAPS29	loteprednol etabonate GEL91	LURBIRO TABS 100 MG (flurbiprofen)6
loperamide hcl TABS29	loteprednol etabonate SUSP91	LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG82
LOPID TABS (gemfibrozil)33	loteprednol etabonate-tobramycin 91	LYBALVI95
lopinavir-ritonavir SOLN43	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 35	LYFGENIA66
lopinavir-ritonavir TABS 25 MG-100 MG43	LOTRONEX (alosetron hcl)65	LYRICA CAPS (pregabalin)19
lopinavir-ritonavir TABS 50 MG-200 MG43	lovastatin TABS 10 MG, 20 MG ...33	LYRICA CR (pregabalin (once-daily))96
LOPRESSOR SOLN PO 10 MG/ML . 46	lovastatin TABS 40 MG33	LYRICA SOLN (pregabalin)19
LOPRESSOR TABS 100 MG (metoprolol tartrate)46	LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)17	LYUMJEV KWIKPEN SOPN28
LOPRESSOR TABS 50 MG (metoprolol tartrate)46	LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium)17	LYUMJEV SOLN28
loratadine & pseudoephedrine TB12 . 51	LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium)17	LYUMJEV TEMPO PEN SOPN ...28
loratadine & pseudoephedrine TB24 . 51	LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium)17	LYVISPAH PACK88
loratadine CHEW32	LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium)17	MAGELLAN INSULIN SAFETY SYR72
loratadine TABS32	LOVENOX SOSY 80 MG/0.8ML, 120	magnesium citrate 1.745 GM/30ML 68
loratadine TBDP 10 MG32		magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML68
lorazepam TABS 0.5 MG, 2 MG ...13		magnesium oxide (mg supplement) TABS76
lorazepam TABS 1 MG13		magnesium oxide TABS 400 MG ..12
losartan potassium & hydrochlorothiazide35		

malathion	60	dexameth)	91	MEKTOVI	37
maraviroc TABS 150 MG	43	MAXITROL SUSP (neomycin-polymy-dexameth)	91	meloxicam CAPS	6
maraviroc TABS 300 MG	43	MAYZENT STARTER PACK TBPK 0.25 MG	96	meloxicam TABS	6
MARINOL CAPS 2.5 MG (dronabinol)	30	MAYZENT TABS	96	memantine hcl CP24	94
MARPLAN	22	meclizine hcl TABS 12.5 MG, 25 MG, 50 MG	30	memantine hcl SOLN	95
MASK VORTEX/CHILD/FROG ...	74	meclofenamate sodium CAPS	6	memantine hcl TABS	95
MASK VORTEX/TODDLER/LADYBUG ..	74	MEDI TAB TABS	82	memantine hcl-donepezil hcl CP24 95	
MAVENCLAD (10 TABS) 10 MG (cladribine (multiple sclerosis))	96	MEDIC INSULIN SYRINGE	72	MEMORY COMPLEX BRAIN HEALTH TABS	87
MAVENCLAD (4 TABS) 10 MG (cladribine (multiple sclerosis))	96	MEDROL TABS (methylprednisolone)	50	MENACTRA	100
MAVENCLAD (5 TABS) 10 MG (cladribine (multiple sclerosis))	96	MEDROL TABS	50	MENATROL CAPS	82
MAVENCLAD (6 TABS) 10 MG (cladribine (multiple sclerosis))	96	MEDROL TBPK (methylprednisolone)	50	MENQUADFI 0.5 ML	100
MAVENCLAD (7 TABS) 10 MG (cladribine (multiple sclerosis))	96	medroxyprogesterone acetate (contraceptive) SUSP IM	50	MENS 50+ ADVANCED CAPS	82
MAVENCLAD (8 TABS) 10 MG (cladribine (multiple sclerosis))	96	medroxyprogesterone acetate (contraceptive) SUSY IM	50	MENS 50+ MULTIVITAMIN TABS .	82
MAVENCLAD (9 TABS) 10 MG (cladribine (multiple sclerosis))	96	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	94	MENS MULTI HEALTH FORMULA TABS	82
MAVYRET PACK	45	mefenamic acid CAPS	6	MENS MULTIVITAMIN TABS	82
MAVYRET TABS	45	mefloquine hcl	36	MENVEO SOLN	100
MAXALT TABS 10 MG (rizatriptan benzoate)	75	MEGA MULTI FOR WOMEN TABS 82		MENVEO SOLR	100
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	75	MEGA MULTI MEN TABS	82	meperidine hcl SOLN PO 50 MG/5ML	8
MAXI-COMFORT INSULIN SYRINGE	72	MEGAVITE FRUITS & VEGGIES TABS	82	meperidine hcl TABS 50 MG	9
MAXICOMFORT SYR 27G X 1/2" ..	72	MEGAVITE GOLDEN YEARS 55+ TABS	82	meprobamate	13
MAXIDEX SUSP OP	91	megestrol acetate (appetite)	94	mercaptopurine SUSP 2000 MG/100ML	37
MAXITROL OINT (neomycin-polymy-		megestrol acetate SUSP	37	mercaptopurine TABS	37
		megestrol acetate TABS	37	MERILOG SOLN SC 100 UNIT/ML 28	
				MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	28
				mesalamine CP24	64

mesalamine CPR	64	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	37	methyltestosterone TABS	11
mesalamine CPDR	64	methotrexate sodium SOLR	37	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	64
mesalamine ENEM	64	methotrexate sodium TABS 2.5 MG	37	metoclopramide hcl TABS	64
mesalamine SUPP	64			metolazone	62
mesalamine TBEC 1.2 GM	64	methsuximide	20	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG	35
mesalamine TBEC 800 MG	64	methyldopa TABS 500 MG	34	metoprolol & hydrochlorothiazide TABS 50 MG-100 MG	35
mesalamine w/ cleanser	64	methyldopa TABS	34	metoprolol succinate TB24 200 MG	46
METAVEX TABS	87	methylergonovine maleate TABS	93	metoprolol succinate TB24 25 MG, 50 MG, 100 MG	46
metaxalone	88	METHYLIN SOLN (methylphenidate hcl)	2	metoprolol tartrate TABS 100 MG	46
METAXALONE 640 MG	88	methylphenidate hcl CHEW	2	METOPROLOL TARTRATE TABS 12.5 MG	46
metformin hcl SOLN	25	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	metoprolol tartrate TABS 25 MG, 50 MG	46
metformin hcl TABS 1000 MG	25	methylphenidate hcl CP24	2	metoprolol tartrate TABS 37.5 MG, 75 MG	46
metformin hcl TABS 500 MG	25	methylphenidate hcl CPR	2	METROCREAM CREA (metronidazole (topical))	60
metformin hcl TABS 625 MG	25	methylphenidate hcl SOLN	2	METROGEL GEL 1 % (metronidazole (topical))	60
metformin hcl TABS 750 MG	25	methylphenidate hcl TABS 10 MG, 20 MG	2	metronidazole (topical) CREA	60
metformin hcl TABS 850 MG	25	methylphenidate hcl TABS 5 MG	2	metronidazole (topical) GEL 0.75 % 60	
metformin hcl TB24 500 MG, 1000 MG	25	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	2	metronidazole (topical) GEL 1 %	60
metformin hcl TB24 500 MG	25	methylphenidate hcl TB24 36 MG	2	metronidazole (topical) LOTN	60
metformin hcl TB24 750 MG	25	methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG	2	metronidazole CAPS	36
methadone hcl TABS 10 MG	9	methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	2	metronidazole TABS	36
methadone hcl TABS 5 MG	9	methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG	2	metronidazole vaginal	102
methamphetamine hcl	1	methylphenidate PTCH	2	mexiletine hcl	13
methazolamide TABS	61	methylprednisolone TABS	50		
methenamine mandelate	36	methylprednisolone TBPK	50		
methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 81.6 MG	36				
methimazole TABS	97				
methocarbamol TABS 1000 MG	88				
methocarbamol TABS	88				

MG PLUS PROTEIN TABS	87	3.75 MG (pramipexole dihydrochloride)	38	montelukast sodium PACK	14
MICARDIS (telmisartan)	34	MIRCERA	67	montelukast sodium TABS	14
MICARDIS HCT (telmisartan-hydrochlorothiazide)	35	mirtazapine TABS 15 MG	21	MOOD FOOD CAPS	82
MICONAZOLE 7 SUPP 100 MG .	103	mirtazapine TABS 30 MG	21	MOOD FOOD ES CAPS	82
miconazole nitrate (topical) CREA .	54	mirtazapine TABS 7.5 MG, 45 MG	21	morphine sulfate beads	9
miconazole nitrate vaginal CREA 2 %	103	mirtazapine TBDP 15 MG	21	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	9
miconazole nitrate vaginal KIT ...	103	mirtazapine TBDP 30 MG	21	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	9
miconazole nitrate vaginal SUPP 100 MG	103	mirtazapine TBDP 45 MG	21	morphine sulfate SOLN PO 10 MG/5ML	9
miconazole nitrate vaginal SUPP 200 MG	103	MIRVASO (brimonidine tartrate (topical))	60	morphine sulfate SOLN PO 100 MG/5ML	9
miconazole-zinc oxide-white petrolatum	54	misoprostol	99	morphine sulfate SUPP	9
MICROCHAMBER DEVI	74	MITIGARE CAPS (colchicine)	66	morphine sulfate TABS	9
MICROCHAMBER MISC	74	MM INSULIN SYRINGE/NEEDLE	72	morphine sulfate TBCR	9
MICROSPACER MISC	74	M-M-R II SOLR	102	MOTTEGRITY (prucalopride succinate)	64
midazolam hcl SOLN IJ	67	MNEXSPIKE SUSY 10 MCG/0.2ML .	102	MOTPOLY XR CP24	19
MIDAZOLAM HCL SOLN IJ	67	modafinil	2	MOUNJARO	26
midodrine hcl	103	MODERNA COVID-19 BIVALENT	102	MOVANTIK	65
MIEBO	92	MODERNA COVID-19 VACCINE SUSP	102	moxifloxacin hcl (ophth) SOLN OP	90
miglitol	24	moexipril hcl	33	moxifloxacin hcl TABS	63
MIL ADREGEN TABS	87	mometasone furoate (nasal) SUSP	89	MRESVIA	102
MINCORA TABS	86	mometasone furoate CREA	58	MS CONTIN TBCR (morphine sulfate)	9
minocycline hcl CAPS	97	mometasone furoate OINT	58	MULTI VITAMIN TABS	86
minocycline hcl TABS	97	mometasone furoate SOLN	58	MULTI VITAMIN W/D-3 TABS	86
minocycline hcl TB24	97	MONOJECT INSULIN SYRINGE	72	MULTIA CAPS	82
minoxidil 10 MG	35	MONOJECT ULTRA COMFORT SYRINGE	72	multiple vitamin TABS	86
minoxidil 2.5 MG	35	montelukast sodium CHEW	14	multiple vitamins w/ calcium TABS	78
mirabegron TB24	99				
MIRAPEX ER TB24 2.25 MG, 3 MG,					

multiple vitamins w/ minerals CAPS 82	MVW COMPLETE FORMULATION MINIS CAPS82	naltrexone hcl 30
multiple vitamins w/ minerals TABS 82	MVW MODULATOR FORMULATION CAPS83	NAMZARIC CP24 (memantine hcl- donepezil hcl) 95
MULTITOL-M TABS 82	MVW MODULATOR FORMULATION MINI CAPS83	NAMZARIC CP2495
MULTIVITAMIN ADULT (MINERALS) TABS82	mycophenolate mofetil CAPS77	naphazoline w/ pheniramine 0.3 %- 0.025 % 90
MULTIVITAMIN ADULT TABS 86	mycophenolate mofetil SUSR 77	naphazoline w/ pheniramine 0.315 %-0.027 % 90
MULTIVITAMIN DROPS/IRON SOLN87	mycophenolate mofetil TABS77	NAPRELAN TB24 (naproxen sodium) 6
MULTIVITAMIN HEALTH FORM/CA/FE TABS 82	mycophenolate sodium77	NAPROSYN SUSP (naproxen) 6
MULTIVITAMIN INFANT & TODDLER SOLN PO87	MYDAYIS CP24 (amphetamine- dextroamphetamine) 1	naproxen sodium TABS 220 MG ... 6
MULTIVITAMIN INFANT & TODDLER SOLN 87	MYFORTIC (mycophenolate sodium)77	naproxen sodium TABS 275 MG, 550 MG6
MULTIVITAMIN MEN TABS82	MYHIBBIN SUSP77	naproxen sodium TB24 6
MULTI-VITAMIN MONOCAPS TABS 82	MYRBETRIQ SRER 99	naproxen SUSP 6
MULTIVITAMIN TABS86	MYRBETRIQ TB24 (mirabegron) 100	naproxen TABS 6
MULTIVITAMIN WOMEN TABS ...82	nabumetone 6	naproxen TBEC 6
MULTIVITAMIN/ZINC STRESS TABS82	nadolol TABS 20 MG, 40 MG, 80 MG46	naproxen-esomeprazole magnesium 6
MULTIVITAMIN-MINERALS TABS 82	naftifine hcl CREA54	naratriptan hcl75
mupirocin calcium (topical)53	naftifine hcl GEL 2 %54	NARCAN LIQD (naloxone hcl)30
mupirocin OINT 54	NAFTIN GEL 2 % (naftifine hcl) ... 54	NARDIL (phenelzine sulfate)22
MVASI37	NALFON CAPS (fenoprofen calcium) 6	nateglinide29
MVW COMPLETE FORMULATION CAPS82	NALFON TABS 600 MG 6	NATESTO GEL NA 11
MVW COMPLETE FORMULATION D3000 CAPS82	NALOCET TABS10	NATROBA (spinosad)60
MVW COMPLETE FORMULATION D5000 CAPS82	naloxone hcl LIQD 30	NAT-RUL THERAVITE-M TABS .. 83
	naloxone hcl SOCT 30	NATRUL-VITES TABS83
	naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML30	NAYZILAM 18
	naloxone hcl SOSY 0.4 MG/ML ... 30	nebivolol hcl46
	naloxone hcl SOSY 2 MG/2ML30	nefazodone hcl23
		NEMLUVIO59

NEOMULTIVITE TABS	86	NEWVITE TABS	86	nitrofurantoin macrocrystal 50 MG, 100 MG	36
neomycin sulfate TABS	3	NEXICLON XR TB24 (clonidine) ..	34	nitrofurantoin monohyd macro	36
neomycin-bacitracin zn-polymyxin	90	NEXIUM CPDR 20 MG		nitroglycerin CPCR	13
neomycin-bacitracin-polymyxin OINT	54	(esomeprazole magnesium)	99	nitroglycerin PT24	13
neomycin-polymy-dexameth OINT	91	NEXIUM CPDR 40 MG		nitroglycerin SUBL	13
neomycin-polymy-dexameth SUSP	91	(esomeprazole magnesium)	99	NIVA THYROID TABS	98
neomycin-polymyxin w/ pramoxine	54	NEXIUM PACK (esomeprazole magnesium)	99	NIVEA LOTN	59
neomycin-polymyxin-gramicidin ..	90	NGENLA	62	NIVEA VISAGE LOTN	59
neomycin-polymyxin-hc (ophth) ...	91	niacin CPCR 250 MG, 500 MG ...	104	nizatidine CAPS	98
neomycin-polymyxin-hc (otic) SOLN .	93	niacin TABS 500 MG	104	NO IRON MULT VITAMIN- MINERALS TABS	83
neomycin-polymyxin-hc (otic) SUSP .	93	niacin TBCR	104	NORDITROPIN FLEXPPO SOPN .	62
NEORAL CAPS (cyclosporine modified (for microemulsion))	77	NICADAN TABS	83	norelgestromin-ethinyl estradiol ...	50
NEORAL SOLN (cyclosporine modified (for microemulsion))	77	nicardipine hcl CAPS	47	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	49
NEOVITE TABS	83	NICAZEL FORTE TABS	83	norethindrone & eth estradiol	49
NERVIVE NERVE RELIEF TABS .	87	NICAZEL TABS	83	norethindrone & ethinyl estradiol-fe 49	
NEUPRO	38	NICOTINE KIT	97	norethindrone (contraceptive)	50
NEURONTIN CAPS (gabapentin) .	19	nicotine polacrilex GUM	97	norethindrone acet & eth estra TABS 49	
NEURONTIN SOLN (gabapentin) .	19	nicotine polacrilex LOZG	97	norethindrone acetate TABS	94
NEURONTIN TABS 600 MG		nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	97	norethindrone acetate-ethinyl estradiol	63
(gabapentin)	19	NICOTROL NS SOLN	97	norethindrone acetate-ethinyl estradiol-fe	49
NEURONTIN TABS 800 MG		nifedipine CAPS	47	norethindrone-eth estradiol (triphasic)	49
(gabapentin)	19	nifedipine TB24 30 MG, 90 MG ...	47	norgestimate-ethinyl estradiol (triphasic)	49
NEVANAC	92	nifedipine TB24 60 MG	47	norgestimate-ethinyl estradiol	49
nevirapine SUSP	43	nimodipine CAPS	47		
nevirapine TABS	43	nimodipine SOLN	47		
nevirapine TB24 400 MG	43	nisoldipine	47		
		nitazoxanide TABS	36		
		NITRO-BID OINT	13		
		nitrofurantoin	36		

norgestrel & ethinyl estradiol 30 MCG-0.3 MG	49	SUSP	28	nystatin-triamcinolone CREA	54
NORLIQVA SOLN	47	NOVOLOG MIX 70/30 SUSP	28	nystatin-triamcinolone OINT	54
NORPACE CR CP12 150 MG	13	NOVOLOG PENFILL SOCT	29	OCTAGAM SOLN 30 GM/300ML ..	93
nortriptyline hcl CAPS	24	NOVOLOG RELION SOLN IJ	29	octreotide acetate KIT	63
nortriptyline hcl SOLN	24	NOVOLOG SOLN IJ	29	OCUFLOX (ofloxacin (ophth))	90
NORVASC TABS (amlodipine besylate)	47	NP THYROID TABS	98	OCULAR VITAMINS TABS	83
NORVIR PACK	43	NUCALA SOAJ	13	OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	83
NORVIR TABS (ritonavir)	43	NUCALA SOLR	13	OCUVITE ADULT 50+ CAPS	83
NOVOLIN 70/30 FLEXPEN RELION SUPN	28	NUCALA SOSY	13	OCUVITE ADULT FORMULA CAPS .	83
NOVOLIN 70/30 FLEXPEN SUPN	28	NUPLAZID CAPS	38	OCUVITE EYE PERFORMANCE CAPS	83
NOVOLIN 70/30 RELION SUSP ..	28	NUPLAZID TABS 10 MG	38	OCUVITE-LUTEIN CAPS	83
NOVOLIN 70/30 SUSP	28	NURTEC	75	ODEFSEY	43
NOVOLIN N FLEXPEN RELION SUPN	28	NUTRALYN TABS	83	OFEV	97
NOVOLIN N FLEXPEN SUPN	28	NUTRICAP TABS	83	ofloxacin (ophth)	90
NOVOLIN N RELION SUSP	28	NUTROPIN AQ NUSPIN 10 SOPN 62		ofloxacin (otic)	92
NOVOLIN N SUSP	28	NUTROPIN AQ NUSPIN 20 SOPN 62		ofloxacin 300 MG	63
NOVOLIN R FLEXPEN RELION SOPN IJ	28	NUTROPIN AQ NUSPIN 5 SOPN .62		ofloxacin 400 MG	63
NOVOLIN R FLEXPEN SOPN IJ ..	28	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	102	OGIVRI	37
NOVOLIN R RELION SOLN IJ	28	NUVIGIL (armodafinil)	2	OHTUVAYRE	14
NOVOLIN R SOLN IJ	28	NUZYRA TABS	97	olanzapine TABS 15 MG, 20 MG ..	40
NOVOLOG 70/30 FLEXPEN RELION SUPN	28	NYMALIZE SOLN 6 MG/ML	47	olanzapine TABS 2.5 MG, 5 MG ..	40
NOVOLOG FLEXPEN RELION SOPN	28	NYSTATIN (nystatin (mouth-throat)) .	78	olanzapine TABS 7.5 MG, 10 MG .	40
NOVOLOG FLEXPEN SOPN	28	nystatin (mouth-throat)	78	olanzapine TBDP	40
NOVOLOG MIX 70/30 FLEXPEN SUPN	28	nystatin (topical) CREA	54	olanzapine-fluoxetine hcl 25 MG-12 MG, 50 MG-12 MG, 50 MG-6 MG .	95
NOVOLOG MIX 70/30 RELION		nystatin (topical) OINT	54	olanzapine-fluoxetine hcl 25 MG-3 MG, 25 MG-6 MG	95
		nystatin (topical) POWD EX	54	olmesartan medoxomil	34
		nystatin TABS	31	olmesartan medoxomil-amlodipine-	

hydrochlorothiazide	35	OMVOH (300 MG DOSE) SOAJ ..	64	ONE-A-DAY MENOPAUSE FORMULA TABS	83
olmesartan medoxomil- hydrochlorothiazide	35	OMVOH (300 MG DOSE) SOSY ..	64	ONE-A-DAY MENS (MINERALS) TABS	83
olopatadine hcl (nasal)	88	OMVOH SOAJ	64	ONE-A-DAY MENS 50+ ADVANTAGE TABS	83
olopatadine hcl 0.2 %	92	OMVOH SOSY	64	ONE-A-DAY MENS 50+ TABS	83
OLUMIANT	3	ONCOVITE TABS	83	ONE-A-DAY MENS HEALTH FORMULA TABS	83
omega-3 fatty acids CAPS 1000 MG . 89		ondansetron hcl SOLN IJ	30	ONE-A-DAY MENS PRO EDGE TABS	83
omega-3-acid ethyl esters	32	ondansetron hcl SOLN PO 4 MG/5ML	30	ONE-A-DAY PROACTIVE 65+ TABS	83
omeprazole CPDR	99	ondansetron hcl SOSY	30	ONE-A-DAY TEEN ADVANTAGE/HIM TABS	83
omeprazole magnesium TBEC	99	ondansetron hcl TABS 4 MG, 8 MG 30		ONE-A-DAY WOMENS 50+ TABS	83
omeprazole TBEC	99	ondansetron TBDP 16 MG	30	ONE-A-DAY WOMENS TABS	83
omeprazole-sodium bicarbonate CAPS	99	ondansetron TBDP 4 MG, 8 MG ..	30	ONE-DAILY MULTI CAPS CAPS .	83
omeprazole-sodium bicarbonate PACK	99	ONE A DAY ENERGY TABS	83	ONEVITE TABS	83
OMNARIS SUSP	89	ONE A DAY MEN 50 PLUS TABS .	83	ONFI SUSP (clobazam)	18
OMNICAP TABS	86	ONE A DAY TRIPLE IMMUNE SUPPRT TABS	83	ONFI TABS (clobazam)	18
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	70	ONE A DAY WOMEN 50 PLUS TABS	83	ONYDA XR SUER	2
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	70	ONE DAILY ESSENTIAL TABS ...	86	OPIPZA FILM	42
OMNIPOD 5 G7 INTRO (GEN 5) KIT 70		ONE DAILY ESSENTIALS TABS .	86	OPSUMIT	48
OMNIPOD 5 G7 PODS (GEN 5) MISC	70	ONE DAILY MEN FORMULA W/O IRON TABS	83	OPSYNVI	48
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	70	ONE DAILY MENS 50+ MULTIVIT TABS	83	OPTICHAMBER DIAMOND DEVI .	74
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	70	ONE DAILY MULTIVITAMIN WOMEN TABS	83	OPTICHAMBER DIAMOND MISC .	74
OMNIPOD DASH PODS (GEN 4) MISC	70	ONE DAILY WOMENS TABS	83	OPTICHAMBER DIAMOND-LG MASK DEVI	74
OMNITROPE SOCT	62	ONE VITE DAILY MULTIVITAMIN TABS	86	OPTICHAMBER DIAMOND-MD MASK MISC	74
OMNITROPE SOLR SC	62	ONE-A-DAY ADULT VITACRAVES+DHA CHEW	86	OPTICHAMBER DIAMOND-SM MASK MISC	74
		ONE-A-DAY ENERGY TABS	83		

OPURITY TABS	83	MG/0.4ML, 25 MG/0.4ML	3	oxycodone hcl T12A 20 MG, 40 MG .	9
OPVEE NA	30	OTULFI SOLN SC 45 MG/0.5ML ..	55	oxycodone hcl TABS	9
OPZELURA	59	OTULFI SOSY SC 45 MG/0.5ML, 90		oxycodone w/ acetaminophen TABS	
ORACEA (doxycycline (rosacea))	60	MG/ML	55	325 MG-10 MG, 325 MG-5 MG, 325	
oral electrolytes SOLN	76	OVACE PLUS CREA	56	MG-7.5 MG	10
ORENCIA CLICKJECT SOAJ	7	OVACE PLUS LOTN	56	oxycodone w/ acetaminophen TABS	
ORENCIA SOSY	7	OVACE PLUS SHAM (sulfacetamide		325 MG-2.5 MG	10
ORENITRAM MONTH 1 TEPK	48	sodium)	56	oxycodone w/ acetaminophen TABS .	10
ORENITRAM MONTH 2 TEPK	48	OVACE PLUS WASH GEL			
ORENITRAM MONTH 3 TEPK	48	(sulfacetamide sodium)	56	OXYCONTIN T12A	9
ORENITRAM TBCR	48	OVACE PLUS WASH LIQD		oxymorphone hcl TABS	9
ORKAMBI PACK	97	(sulfacetamide sodium)	56	oxymorphone hcl TB12	9
ORKAMBI TABS	97	OVACE WASH LIQD (sulfacetamide		OXYTROL PTTW	99
orphenadrine citrate TB12	88	sodium)	56	oyster shell	76
orphenadrine w/ aspirin & caff	88	OVIDE (malathion)	60	OZEMPIC (0.25 OR 0.5 MG/DOSE)	
oseltamivir phosphate CAPS 30 MG .		oxaprozin CAPS	6	SOPN	26
45		oxaprozin TABS	6	OZEMPIC (1 MG/DOSE) SOPN 4	
oseltamivir phosphate CAPS 45 MG,		oxazepam CAPS	13	MG/3ML	26
75 MG	45	oxcarbazepine SUSP	19	OZEMPIC (2 MG/DOSE) SOPN ...	26
oseltamivir phosphate SUSR	46	oxcarbazepine TABS	19	OZOBAX DS SOLN PO (baclofen)	88
OSMOLEX ER TB24 129 MG, 193		oxcarbazepine TB24	19	PADCEV	37
MG	38	oxiconazole nitrate CREA	54	paliperidone	39
OSTEOPRIME PLUS TABS	83	OXISTAT LOTN	54	PANDA MASK LARGE	74
OTEZLA TABS 20 MG	7	OXTELLAR XR TB24		PANDA MASK MEDIUM	74
OTEZLA TABS 30 MG	7	(oxcarbazepine)	19	PANDA MASK SMALL	74
OTEZLA TBPk	7	oxybutynin chloride SOLN	99	PANDEL	58
OTEZLA XR TB24 PO 75 MG	7	oxybutynin chloride TABS 2.5 MG .	99	pantoprazole sodium PACK	99
OTEZLA/OTEZLA XR INITIATION		oxybutynin chloride TABS 5 MG ...	99	pantoprazole sodium TBEC 20 MG	
PK TBPk	7	oxybutynin chloride TB24	99	99	
OTREXUP SOAJ 10 MG/0.4ML, 12.5		oxycodone hcl CAPS	9	pantoprazole sodium TBEC 40 MG	
MG/0.4ML, 15 MG/0.4ML, 17.5		oxycodone hcl CONC 100 MG/5ML	9	99	
MG/0.4ML, 20 MG/0.4ML, 22.5		oxycodone hcl SOLN	9	PARI VORTEX ADULT MASK	74

PARI VORTEX PEDIATRIC MASK 74	PEGASYS SOLN 45	102
paroxetine hcl SUSP 22	PEGASYS SOSY 45	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP 102
paroxetine hcl TABS 10 MG 22	PENBRAYA 100	PFIZER-BIONT COVID-19 VAC- TRIS SUSP 102
paroxetine hcl TABS 20 MG 22	penciclovir 56	PFIZER-BIONTECH COVID-19 VACC SUSP 102
paroxetine hcl TABS 30 MG, 40 MG . 22	penicillamine TABS 77	
paroxetine hcl TB24 23	penicillin v potassium SOLR 93	phenazopyridine hcl TABS 100 MG, 200 MG 65
paroxetine mesylate (vasomotor) . 97	penicillin v potassium TABS 93	phenelzine sulfate 22
PARVLEX TABS 84	PENMENVY SUSR IM 100	PHENOBARBITAL ELIX 20 MG/5ML 67
PAXIL CR TB24 (paroxetine hcl) .. 23	PENNSAID SOLN EX 2 % (diclofenac sodium (topical)) 54	phenobarbital ELIX 67
PAXIL SUSP (paroxetine hcl) 23	PENTASA CPCR (mesalamine) ... 64	phenobarbital TABS 67
PAXIL TABS 10 MG (paroxetine hcl) . 23	PENTASA CPCR 64	phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML 51
PAXIL TABS 20 MG (paroxetine hcl) . 23	pentazocine w/ naloxone hcl 11	
PAXIL TABS 30 MG, 40 MG (paroxetine hcl) 23	pentoxifylline 66	phenylephrine-guaifenesin LIQD 5 MG/5ML-100 MG/5ML 51
PAXLOVID (150/100) 44	perampanel SUSP 0.5 MG/ML 18	phenytoin CHEW 20
PAXLOVID (300/100 & 150/100) . 44	perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG 18	phenytoin sodium extended 100 MG, 200 MG, 300 MG 20
PAXLOVID (300/100) 45	PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen) ... 10	phenytoin sodium extended 200 MG, 300 MG 20
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO 87	PERCOCET TABS 325 MG-2.5 MG (oxycodone w/ acetaminophen) ... 10	phenytoin SUSP 125 MG/5ML 20
ped multivitamins w/fl & iron SOLN 86	PERFOROMIST NEBU (formoterol fumarate) 16	PHESGO 37
PEDIATRIC PANDA MASK 74	perindopril erbumine 33	PHYTOMULTI TABS 84
PEDVAX HIB SUSP 100	permethrin CREA 60	phytonadione TABS 5 MG 103
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid 68	permethrin LIQD EX 60	PIFELTRO 43
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 68	perphenazine TABS 41	pilocarpine hcl (oral) 5 MG 78
peg 3350-potassium chloride-sod bicarbonate-sod chloride 68	perphenazine-amitriptyline 95	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 90
	PERSERIS PRSY 39	pimecrolimus 59
	PERTZYE CPEP 61	pindolol TABS 46
	PFIZER COVID-19 VAC BIVALENT .	

pioglitazone hcl	29	POLY-VITE/IRON SOLN	87	PRED MILD	91
pioglitazone hcl-glimepiride	24	PONVORY STARTER PACK TBPK		prednisolone acetate (ophth)	91
pioglitazone hcl-metformin hcl TABS .		96		PREDNISOLONE ACETATE P-F .	91
24		PONVORY TABS	96	PREDNISOLONE SODIUM	
pirfenidone CAPS	97	pot phosphate monobasic w/ sod		PHOSPHATE	91
pirfenidone TABS	97	phosphate dibasic & monobasic ..	76	prednisolone sodium phosphate	
piroxicam CAPS	6	potassium bicarbonate TBEF	76	SOLN 20 MG/5ML	50
pitavastatin calcium	33	potassium chloride CPCR 10 MEQ		prednisolone sodium phosphate	
PLAVIX 75 MG (clopidogrel bisulfate)		77		SOLN 5 MG/5ML, 10 MG/5ML, 15	
.....	66	potassium chloride CPCR 8 MEQ .	77	MG/5ML, 25 MG/5ML	50
PLEGRIDY SOAJ	96	potassium chloride		PREDNISOLONE SODIUM	
PLEGRIDY SOSY IM	96	microencapsulated crystals er	76	PHOSPHATE TBDP 10 MG, 15 MG,	
PLEGRIDY STARTER PACK SOAJ .				30 MG	51
96		potassium chloride PACK PO 20		prednisolone SOLN	51
PLEGRIDY STARTER PACK SOSY		MEQ	77	prednisolone TABS	51
SC	96	potassium chloride SOLN PO 10 %,		PREDNISONE INTENSOL CONC .	51
PNEUMOVAX 23 SOLN	100	20 %, 10 %	77	prednisone SOLN	51
PNEUMOVAX 23 SOSY	100	potassium chloride TBCR	77	prednisone TABS	51
POCKET CHAMBER DEVI	74	potassium citrate (alkalinizer) TBCR .		prednisone TBEC 1 MG, 2 MG	51
POCKET SPACER DEVI	74	65		prednisone TBPK	51
podofilox GEL	60	potassium iodide (expectorant) SOLN		pregabalin (once-daily)	96
podofilox SOLN	60		52	pregabalin CAPS	19
polyethylene glycol 3350 PACK ...	68	PRADAXA CAPS (dabigatran		pregabalin SOLN	19
polyethylene glycol 3350 POWD ..	68	etexilate mesylate)	17	PREHEVBRIO	102
polymyxin b-trimethoprim	90	PRADAXA PACK	17	PREMARIN	103
polysaccharide iron complex CAPS		pramipexole dihydrochloride TABS		PREMPRO	63
67		38		prenatal vit w/ docusate-iron	
polyvinyl alcohol 1.4 %	89	prasugrel hcl	66	carbonyl-folic acid TABS	87
POLY-VI-SOL SOLN PO	87	pravastatin sodium	33	PREPARATION H EX 1 %	12
POLY-VITA SOLN PO	87	prazosin hcl CAPS	34	PREPARATION H SOOTHING	
POLY-VITE PEDIATRIC SOLN PO		PRECISION SURE-DOSE SYRINGE		RELIEF EX 1 %	12
87			72	PRESCRIPTION SUPPORT	
		PRED FORTE (prednisolone acetate		MULTIVIT CAPS	84
		(ophth))	91		

PRESERVISION AREDS 2 CAPS .84	MISC74	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML32
PRESERVISION AREDS 2+COQ10 CAPS84	PRO COMFORT SPACER INFANT DEVI74	promethazine hcl SUPP32
PRESERVISION AREDS 2+MULTI VIT CAPS84	PROAIR RESPICLICK AEPB16	promethazine hcl TABS32
PRESERVISION AREDS CAPS ..84	probenecid66	promethazine w/codeine SOLN ...52
PRESERVISION AREDS TABS ...84	PROBIOTICS + BARIATRIC MULTI CAPS84	promethazine w/codeine SYRP ...52
PRESERVISION/LUTEIN CAPS ..84	PRO-CAL TABS84	promethazine-dm SYRP52
PREVACID CPDR 30 MG (lansoprazole)99	PROCARDIA XL TB24 30 MG, 90 MG (nifedipine)47	promethazine-phenylephrine-codeine52
PREVACID SOLUTAB TBDD (lansoprazole)99	PROCARDIA XL TB24 60 MG (nifedipine)47	propafenone hcl CP1213
PREVNAR 13100	PROCARE SPACER/ADULT MASK DEVI74	propafenone hcl TABS13
PREVNAR 20100	PROCARE SPACER/CHILD MASK DEVI74	propranolol hcl CP2446
PREV-RX TABS84	PROCERV HP TABS84	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML46
PREZCOBIX43	PROCHAMBER VHC DEVI74	propranolol hcl TABS46
PREZISTA SUSP43	prochlorperazine41	propylthiouracil97
PREZISTA TABS (darunavir)43	prochlorperazine maleate TABS ...41	PRORENAL + D TABS84
PREZISTA TABS 150 MG43	PROCRT67	PRORENAL + D W/ OMEGA-3 CAPS84
PREZISTA TABS 75 MG, 600 MG 43	PRODIGY INSULIN SYRINGE ...72	PROSCAR (finasteride)65
PREZISTA TABS 800 MG (darunavir)43	PROFOLA TABS84	PROTECT CARDIO AF CAPS84
PRILOSEC PACK99	progesterone CAPS94	PROTECT PLUS SO CAPS84
primaquine phosphate TABS36	PROGLYCEM (diazoxide)25	PROTEGRA CAPS84
primidone19	PROGRAF CAPS (tacrolimus)77	PROTONIX PACK (pantoprazole sodium)99
PRIORIX SUSR102	PROGRAF PACK77	PROTONIX TBEC 20 MG (pantoprazole sodium)99
PRISTIQ 100 MG (desvenlafaxine succinate)23	PROLATE SOLN11	PROTONIX TBEC 40 MG (pantoprazole sodium)99
PRISTIQ 25 MG, 50 MG (desvenlafaxine succinate)24	PROLATE TABS11	PROVIGIL (modafinil)2
PRO COMFORT SPACER ADULT MISC74	PROLENSA (bromfenac sodium (ophth))92	PROVIT TABS84
PRO COMFORT SPACER CHILD	promethazine & phenylephrine SYRP51	PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl)23

PROZAC CAPS 40 MG (fluoxetine hcl)	23	QC OCUHEALTH VISION SUPPORT 2 CAPS	84	quinidine sulfate TABS	13
prucalopride succinate	64	QDOLO SOLN (tramadol hcl)	9	QUINTABS TABS	86
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 52		QELBREE	2	QUINTABS-M TABS	84
pseudoephedrine hcl TABS	89	QNASL	89	QULIPTA	75
pseudoephedrine hcl TB12	89	QNASL CHILDRENS	89	QUVIVIQ	68
pseudoephedrine-guaifenesin TB12 1200 MG-120 MG	52	QTERN	24	QVAR REDHALER 40 MCG/ACT ..	15
pseudoephedrine-guaifenesin TB12 600 MG-60 MG	52	quazepam	67	QVAR REDHALER 80 MCG/ACT ..	15
PULMICORT FLEXHALER AEPB ..	14	QUDEXY XR CS24 (topiramate) ..	19	RABAVERT	102
PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML (budesonide (inhalation))	15	QUESTRAN LIGHT POWD (cholestyramine light)	32	rabeprazole sodium TBEC	99
PULMICORT SUSP 1 MG/2ML (budesonide (inhalation))	14	QUESTRAN PACK (cholestyramine) 32		RAGWITEK SUBL	3
PURE COMFORT SPACER CHAMBER DEVI	74	QUESTRAN POWD (cholestyramine)	32	RALDESY SOLN PO 10 MG/ML ..	23
PX INSULIN SYRINGE	72	quetiapine fumarate TABS 150 MG 40		raloxifene hcl	63
pyrazinamide	37	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG	40	ramelteon	68
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	61	quetiapine fumarate TABS 300 MG, 400 MG	40	ramipril CAPS	33
pyridostigmine bromide TABS 60 MG	37	quetiapine fumarate TB24	40	ranitidine hcl TABS 150 MG	98
pyridostigmine bromide TBCR	37	QUILLICHEW ER CHER	2	ranitidine hcl TABS 300 MG	98
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	104	QUILLIVANT XR SRER	2	ranolazine TB12	12
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	55	QUIN B STRONG TABS	84	RAPAFLO (silodosin)	65
PYZCHIVA SC 45 MG/0.5ML	55	quinapril hcl	33	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
QBRELIS SOLN	33	quinapril-hydrochlorothiazide 12.5 MG-10 MG	35	RAYAVIT TABS	84
QC MULTI-VITE TABS	84	quinapril-hydrochlorothiazide 12.5 MG-20 MG	35	RAYOS TBEC	51
		quinapril-hydrochlorothiazide 25 MG-20 MG	35	REALITY INSULIN SYRINGE	72
		quinidine gluconate TBCR	13	REBIF REBIDOSE SOAJ	96
				REBIF REBIDOSE TITRATION PACK SOAJ	96
				REBIF SOSY	96
				REBIF TITRATION PACK SOSY ..	96
				REBLOZYL	67

RECOMBIVAX HB SUSP 102	RENAPLEX-D TABS84	RHOGAM ULTRA-FILTERED PLUS SOSY IM93
RECOMBIVAX HB SUSY 102	RENFLEXIS 64	RHOPRESSA 91
REGLAN TABS (metoclopramide hcl)64	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG 98	ribavirin (hepatitis c) CAPS 45
RELAFEN DS6	RENVELA PACK (sevelamer carbonate)65	ribavirin (hepatitis c) TABS 200 MG 45
RELCARE TABS86	RENVELA TABS (sevelamer carbonate)65	riboflavin TABS 104
RELENZA DISKHALER46	repaglinide29	rifabutin37
RELEXXII TBCR 18 MG, 27 MG, 54 MG3	RESTA LITE LOTN59	rifampin CAPS 37
RELEXXII TBCR 36 MG 3	RESTASIS EMUL (cyclosporine (ophth))90	riluzole TABS 89
RELEXXII TBCR 45 MG, 63 MG, 72 MG (methylphenidate hcl)3	RESTASIS MULTIDOSE EMUL ...90	RINVOQ LQ SOLN3
RELEXXII TBCR 45 MG, 63 MG, 72 MG3	RESTORIL 15 MG, 30 MG (temazepam)67	RINVOQ TB24 3
RELION INSULIN SYRINGE72	RESTORIL 7.5 MG, 22.5 MG (temazepam)67	RIOMET SOLN (metformin hcl) ... 25
RELION KETONE TEST STRP ... 61	RETACRIT 67	risedronate sodium TABS 150 MG 62
RELION TRUE MET AIR GLUC METER KIT 70	RETROVIR CAPS (zidovudine) ... 44	risedronate sodium TABS 35 MG . 62
RELION TRUE METRIX TEST STRIPS STRP 61	RETROVIR SYRP (zidovudine) ... 44	risedronate sodium TABS 5 MG, 30 MG 62
RELPAK (eletriptan hydrobromide) 75	REVATIO TABS (sildenafil citrate (pulmonary hypertension))48	risedronate sodium TBEC 62
REMEDIENT CAPS84	REXTOVY LIQD 30	RISPERDAL CONSTA (risperidone microspheres)39
REMERON SOLTAB TBDP 15 MG (mirtazapine)21	REXULTI 42	RISPERDAL SOLN (risperidone) .40
REMERON SOLTAB TBDP 30 MG (mirtazapine)21	REYATAZ CAPS 200 MG (atazanavir sulfate) 44	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone) 40
REMERON SOLTAB TBDP 45 MG (mirtazapine)21	REYATAZ CAPS 300 MG (atazanavir sulfate) 44	risperidone SOLN40
REMERON TABS 15 MG (mirtazapine)21	REYATAZ PACK44	risperidone TABS 0.25 MG 40
REMERON TABS 30 MG (mirtazapine)21	REZUROCK77	risperidone TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG 40
RENAL MULTIVITAMIN TABS 84	REZVOGLAR KWIKPEN29	risperidone TABS 40
	RHAPSIDO TABS PO 25 MG 77	risperidone TBDP40
	RHOFADE60	RITALIN LA CP24 (methylphenidate hcl)3
		RITALIN TABS 10 MG, 20 MG (methylphenidate hcl) 3

RITALIN TABS 5 MG (methylphenidate hcl)	3	RYKINDO SRER	40	selenium sulfide LOTN 2.5 %	56
RITEFLO DEVI	74	SABRIL PACK (vigabatrin)	20	selenium sulfide SHAM 1 %	56
ritonavir TABS	44	SABRIL TABS (vigabatrin)	20	SELZENTRY SOLN	44
rivaroxaban SUSR 1 MG/ML	16	sacubitril-valsartan TABS	48	SELZENTRY TABS 150 MG (maraviroc)	44
rivaroxaban TABS 2.5 MG	16	salicylic acid GEL 6 %	60	SELZENTRY TABS 300 MG (maraviroc)	44
rivastigmine 13.3 MG/24HR	95	SALICYLIC ACID OINT	60	SEMGLEE (YFGN) SOLN	29
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	95	saline SOLN 0.65 %	88	SEMGLEE (YFGN) SOPN	29
rivastigmine tartrate CAPS	95	salsalate	8	sennosides TABS 8.6 MG	68
rizatriptan benzoate TABS	75	SANCUSO PTCH	30	sennosides-docusate sodium TABS 68	
rizatriptan benzoate TBDP	75	SANDIMMUNE CAPS (cyclosporine) 77		SENTRY SENIOR MENS 50+ TABS . 84	
ROCKLATAN	91	SAPHRIS (asenapine maleate) ...	40	SENTRY SENIOR/LUTEIN TABS .84	
roflumilast	14	SAVAYSA	16	SENTRY TABS	84
ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	38	SAVELLA TABS	95	SEREVENT DISKUS	16
ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	38	SAVELLA TITRATION PACK MISC 95		SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (quetiapine fumarate)	40
ropinirole hydrochloride TB24	38	saxagliptin hcl	25	SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate)	40
rosuvastatin calcium TABS	33	saxagliptin-metformin hcl	24	SEROQUEL XR TB24 (quetiapine fumarate)	40
ROWASA (mesalamine w/ cleanser) 64		SB INSULIN SYRINGE	72	SEROSTIM SC 4 MG, 5 MG, 6 MG 62	
ROXICODONE TABS 15 MG, 30 MG (oxycodone hcl)	9	scopolamine	30	SERTRALINE HCL CAPS 150 MG, 200 MG (sertraline hcl)	23
ROXYBOND TABA	9	SECUADO	40	sertraline hcl CAPS 150 MG, 200 MG	23
ROZEREM (ramelteon)	68	SECURESAFE INSULIN SYRINGE . 72		sertraline hcl CONC	23
ROZLYTREK CAPS	37	SEGLENTIS	11	sertraline hcl TABS 100 MG	23
rufinamide SUSP	19	SEGLUROMET	24	sertraline hcl TABS 25 MG, 50 MG 23	
rufinamide TABS	19	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	55		
RUKOBIA	44	SELECT-OB+DHA MISC	87		
RUXIENCE	37	selegiline hcl CAPS	38		
RYALTRIS	88	selegiline hcl TABS	38		
		selenium sulfide LOTN 1 %	56		

sevelamer carbonate PACK	65	sirolimus TABS	77	sodium sulfate-potassium sulfate- magnesium sulfate	68
sevelamer carbonate TABS	65	SITAGLIPT BASE-METFORM HCL ER TB24	24	SOFOSBUVIR-VELPATASVIR TABS	45
sevelamer hcl	65	SITAGLIPTIN	25	SOGROYA	62
SFROWASA ENEM	64	SITAGLIPTIN BASE-METFORMIN HCL TABS	24	solifenacin succinate TABS	99
SHINGRIX	102	SIVEXTRO TABS	36	SOLIQUEA	25
SIDEROL TABS	84	SKIN HAIR & NAILS ADVANCED CAPS	84	SOLO TABS	84
SIKLOS TABS	66	SKYRIZI PEN SOAJ	55	SOLOSEC	3
sildenafil citrate (pulmonary hypertension) SUSR	48	SKYRIZI SOCT	64	SOMA TABS (carisoprodol)	88
sildenafil citrate (pulmonary hypertension) TABS	48	SKYRIZI SOSY	55	SOOLANTRA (ivermectin (rosacea))	60
silodosin	65	SKYTROFA	62	SORBITOL XX	94
silver sulfadiazine	56	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	12	SORILUX FOAM	55
SIMBRINZA	90	sodium chloride (gu irrigant) 0.9 %	65	sotalol hcl (afib/afib)	46
simethicone CHEW 80 MG	64	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	52	sotalol hcl TABS	47
simethicone SUSP	64	sodium citrate & citric acid	65	SOTYKTU	55
SIMLANDI (1 PEN) AJKT	5	sodium fluoride (dental) CREA	78	SOTYLIZE SOLN PO	47
SIMLANDI (1 SYRINGE) PSKT	5	sodium fluoride (dental) GEL	78	SOVALDI PACK	45
SIMLANDI (2 PEN) AJKT	5	sodium fluoride (dental) PSTE DT .	78	SOVALDI TABS	45
SIMLANDI (2 SYRINGE) PSKT	5	sodium fluoride CHEW	76	SOVUNA 200 MG	36
SIMPONI SOAJ	5	sodium fluoride SOLN 0.5 MG/ML .	76	specialty vitamins products TABS .	87
SIMPONI SOSY	5	SODIUM FLUORIDE SOLN 0.5 MG/ML	76	SPECTRAVITE TABS	84
simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	33	sodium phosphates ENEM	68	SPEVIGO SOSY	55
simvastatin TABS 80 MG	33	sodium polystyrene sulfonate POWD 77		SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	102
SINGULAIR CHEW (montelukast sodium)	14	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	77	SPIKEVAX SUSY	102
SINGULAIR PACK (montelukast sodium)	14	sodium polystyrene sulfonate SUSP PR 30 GM/120ML	77	spinosad	61
SINGULAIR TABS (montelukast sodium)	14			SPIRIVA HANDIHALER CAPS IN (tiotropium bromide)	14
sirolimus SOLN	77			SPIRIVA RESPIMAT AERS IN	14
				spironolactone & hydrochlorothiazide .	

61	SUFLAVE	68		36	
spironolactone TABS	62	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	47	sulfasalazine TABS	64
SPORANOX CAPS (itraconazole)	.31	sulfacetamide sodium (acne)	53	sulfasalazine TBEC	64
SPORANOX SOLN (itraconazole)	.31	sulfacetamide sodium (ophth) OINT 90		sulindac TABS	6
SPRITAM TB3D	19	sulfacetamide sodium (ophth) SOLN 90		SUMADAN	53
STAMARIL SUSR	102	sulfacetamide sodium GEL	56	SUMADAN WASH LIQD (sulfacetamide sodium w/ sulfur)	53
STARJEMZA SOLN SC 45 MG/0.5ML	55	sulfacetamide sodium LIQD	56	sumatriptan 20 MG/ACT	76
STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	55	sulfacetamide sodium SHAM 10 % 56		sumatriptan 5 MG/ACT	76
STEGLATRO	29	sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	53	sumatriptan succinate SOAJ 4 MG/0.5ML	76
STEGLUJAN	25	sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	53	sumatriptan succinate SOAJ 6 MG/0.5ML	76
STELARA SOSY	55	sulfacetamide sodium w/ sulfur FOAM	53	sumatriptan succinate SOCT 4 MG/0.5ML	76
STEQEYMA	55	sulfacetamide sodium w/ sulfur LIQD 53		sumatriptan succinate SOCT 6 MG/0.5ML	76
STIOLTO RESPIMAT	16	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	53	sumatriptan succinate SOLN 6 MG/0.5ML	76
STRATTERA (atomoxetine hcl)	2	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	53	sumatriptan succinate TABS	76
STRESS FORMULA/ZINC/ENERGY TABS	86	sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	53	sumatriptan-naproxen sodium	75
STRIBILD	44	sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	53	SUMAXIN CP	53
STRIVERDI RESPIMAT	16	SULFACETAMIDE SODIUM-SULFUR SUSP	53	SUMAXIN PADS	53
STROVITE ONE TABS	84	sulfacetamide sod-prednisolone SOLN	91	SUNOSI	2
SUBLOCADE SOSY	11	sulfamethoxazole-trimethoprim SUSP	36	SUPER ANTIOXIDANT CAPS	84
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	11	sulfamethoxazole-trimethoprim TABS		SUPER D-ZINC-SELENIUM-COPPER TABS	84
SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	11			SUPERIOR MENS MULTI TABS	84
SUBVENITE SUSP PO 10 MG/ML 19				SUPERIOR WOMENS MULTI TABS 84	
sucralfate SUSP	98			SUPPORT-500 CAPS	84
sucralfate TABS	98			SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-	

magnesium sulfate)68	tacrolimus (topical) OINT 0.1 % ... 59	telmisartan-amlodipine35
SURE COMFORT INSULIN	tacrolimus CAPS77	telmisartan-hydrochlorothiazide ...35
SYRINGE72	tadalafil (pulmonary hypertension)	temazepam 15 MG, 30 MG67
SUTAB68	TABS48	temazepam 7.5 MG, 22.5 MG 67
SYMBICORT (budesonide- formoterol fumarate dihydrate)16	TADLIQ SUSP48	tenofovir disoproxil fumarate TABS
SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (budesonide-formoterol fumarate dihydrate) 16	tafluprost92	44
SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (budesonide-formoterol fumarate dihydrate) 16	TALTZ SOAJ55	TENORETIC 100 (atenolol & chlorthalidone) 35
SYMBRAVO TABS PO75	TALTZ SOSY 55	TENORETIC 50 (atenolol & chlorthalidone) 35
SYMDEKO 97	tamoxifen citrate TABS 37	TENORMIN TABS (atenolol) 46
SYMFI (efavirenz-lamivudine- tenofovir disoproxil fumarate)44	tamsulosin hcl65	terazosin hcl34
SYMFI LO (efavirenz-lamivudine- tenofovir disoproxil fumarate)44	TARPEYO CPDR51	terbinafine hcl (topical) CREA 54
SYMLINPEN 120 SOPN24	TASCENSO ODT 96	terbinafine hcl TABS31
SYMLINPEN 60 SOPN24	tasimelteon CAPS68	terbutaline sulfate TABS16
SYMPAZAN FILM18	tavaborole54	terconazole vaginal CREA103
SYMPROIC65	TAVNEOS66	terconazole vaginal SUPP103
SYMTUZA44	tazarotene CREA55	teriflunomide96
SYNALAR CREA (fluocinolone acetone)58	TAZAROTENE FOAM53	teriparatide SOPN62
SYNALAR OINT (fluocinolone acetone)58	tazarotene GEL55	TERIPARATIDE SOPN62
SYNJARDY TABS25	TECFIDERA CDPK (dimethyl fumarate)96	TESTIM GEL TD (testosterone) ... 12
SYNJARDY XR TB2425	TECFIDERA CPDR (dimethyl fumarate)96	testosterone cypionate SOLN IM 100 MG/ML 12
SYNVERA TABS87	TECHLITE INSULIN SYRINGE ...72	testosterone cypionate SOLN IM 200 MG/ML 12
SYSTANE ICAPS AREDS2 TABS 84	TEGRETOL SUSP (carbamazepine) . 19	testosterone enanthate SOLN IM ..12
TACLONEX SUSP (calcipotriene- betamethasone dipropionate)58	TEGRETOL TABS (carbamazepine) . 19	testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM12
tacrolimus (topical) OINT 0.03 % ..60	TEGRETOL-XR TB12 (carbamazepine)19	testosterone GEL TD 1 %, 50 MG/5GM 12
	TEGSEDI97	testosterone GEL TD 1.62 %, 1.62 %12
	TEKTURNA (aliskiren fumarate) ..35	
	telmisartan34	

testosterone SOLN12	THERA-TABS M TABS85	TOBI NEBU (tobramycin)3
TETANUS-DIPHTHERIA TOXOIDS	THERA-VITE MAX-M TABS85	TOBI PODHALER CAPS3
TD SUSP98	THEREMS TABS86	TOBRADEX OINT91
tetrabenazine95	thiamine hcl TABS 100 MG104	TOBRADEX ST SUSP91
tetracaine hcl (ophth)91	thiamine hcl TABS 50 MG, 250 MG	tobramycin (ophth) SOLN90
TETRACAINE HCL 0.5 %91	104	tobramycin NEBU3
tetracycline hcl CAPS97	thiamine mononitrate TABS 100 MG .	tobramycin sulfate SOLN IJ 1.2
TETRACYCLINE HCL TABS97	104	GM/30ML, 10 MG/ML, 80 MG/2ML .3
tetrahydrozoline hcl (ophth) 0.05 %	thioridazine hcl41	tobramycin sulfate SOLR3
90	thiothixene42	tobramycin-dexamethasone SUSP
TEZRULY PO 1 MG/ML34	THYROID TABS 15 MG, 30 MG, 60	91
TEZSPIRE SOAJ13	MG, 90 MG, 120 MG98	TOBREX OINT90
TEZSPIRE SOSY13	tiagabine hcl20	tolmetin sodium CAPS6
THEO-24 CP2416	ticagrelor 60 MG, 90 MG66	tolmetin sodium TABS 600 MG6
theophylline ELIX16	TICOVAC102	tolnaftate CREA54
theophylline SOLN16	timolol89	tolterodine tartrate CP2499
theophylline TB12 300 MG, 450 MG .	timolol maleate (ophth) SOLG89	tolterodine tartrate TABS99
16	timolol maleate (ophth) SOLN 0.5 % .	TONMYA SUBL SL 2.8 MG95
theophylline TB2416	89	TOPAMAX SPRINKLE CPSP 15 MG
THERA TABS86	timolol maleate (ophth) SOLN89	(topiramate)19
THERAGRAN-M ADVANCED 50	timolol maleate TABS47	TOPAMAX SPRINKLE CPSP 25 MG
PLUS TABS84	TIMOPTIC OCUDOSE SOLN (timolol	(topiramate)19
THERAGRAN-M ADVANCED TABS .	maleate (ophth))89	TOPAMAX TABS 100 MG
84	tinidazole36	(topiramate)20
THERAGRAN-M PREMIER 50 PLUS	tioconazole vaginal 6.5 %103	TOPAMAX TABS 200 MG
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