

PREFERRED DRUG LIST

Coordinated Care of Washington, Inc.

Apple Health Medicaid



coordinated care™

Pharmacy Program

Coordinated Care of Washington, Inc. (Coordinated Care) in conjunction with the Washington State Health Care Authority, is committed to providing appropriate, high quality, and cost-effective drug therapy.

Coordinated Care covers most prescription medications and certain over-the-counter (OTC) medications in accordance with the Apple Health Preferred Drug List, which is subject to state requirements including generic substitution, controlled substance limitations, and coverage preference over brand or generic drugs. Some medications may require prior authorization (PA) or have limitations on age, dosage, or quantity.

Preferred Drug List

The Preferred Drug List (PDL) is a list of drugs or products that includes information regarding coverage status and any limitations. The Preferred drugs within a chosen therapeutic class are selected based on clinical evidence of safety, efficacy, and effectiveness. The drugs within a chosen therapeutic class are evaluated by the Drug Use Review Board, which makes recommendations to HCA regarding the selection of preferred drugs. Members can fill most of these drugs or products at retail pharmacies, others may only be covered when supplied by a specialty pharmacy. Drugs or products that need to be supplied by a specialty pharmacy will have a “SP” indicator on the PDL.

Specialty Pharmacy Program

Certain medications are only covered when supplied by Coordinated Care’s specialty pharmacy. AcariaHealth is the preferred specialty pharmacy of Coordinated Care for most specialty drugs. Other specialty drugs may only be available at certain limited distribution pharmacies. Most specialty drugs, such as biopharmaceuticals and injectables, require a PA to be approved for payment by Coordinated Care.

AcariaHealth provides the following services:

- A dedicated, multilingual team available 24 hours a day, 7 days a week to meet the unique needs of each member
- Disease-specific product education and training
- Customized treatment programs and compliance monitoring
- Prior authorization support
- Timely delivery to the physician’s office or the member’s home, as requested

Centene Pharmacy Services

Coordinated Care works with Centene Pharmacy Services to administer the prior authorization (PA) process. Some drugs and products on the PDL require PA.

Dispensing Limits

Drugs or products may be dispensed up to a maximum of a 34-day supply for each new prescription or refill. A total of 80% of the days' supply must elapse before a prescription can be refilled.

Members may also be able to obtain a 90-day (3-month supply) of maintenance drugs from participating pharmacies. Maintenance drugs are used to treat long-term conditions or illnesses. Additional information about the Maintenance Drug Program can be found at www.coordinatedcarehealth.com/for-providers/pharmacy-program/

Appropriate Use and Safety Edits

The health and safety of our members is a priority of Coordinated Care. One of the ways we address member safety is through point-of-sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization.

Additional information about what drugs are part of the Appropriate Use and Safety Edits can be found on Coordinated Care's website at www.coordinatedcarehealth.com/for-providers/pharmacy-program/

Second Opinion Program

The Washington Health Care Authority (HCA) requires that Managed Care Organizations (MCOs) participate in the Second Opinion Program. The HCA developed the second opinion program to improve prescribing practices in children 17 years of age and younger. In collaboration with The Pediatric Mental Health Advisory Group and the Drug Utilization Review Board, HCA has established pediatric mental health guidelines to identify children who may be at high risk due to off-label use of prescription medication, use of multiple medications, high medication dosage, or lack of coordination among multiple prescribing providers.

Members 17 years of age and younger who are prescribed drugs outside of the established pediatric mental health guidelines, will be referred to the HCA to initiate the process of a second opinion review with an HCA-designated mental health specialist from the Second Opinion Network. After the second opinion review has been completed, Coordinated Care will receive a copy of the second opinion from the HCA. The second opinion review will have recommendations issuing an approval or denial.

Prior Authorizations

If a medication is not listed on the PDL or there is a "PA" indicator next to a drug or product, a Prior Authorization (PA) is needed. The PA request should be submitted by the prescriber to Centene Pharmacy Services on the Medication Prior Authorization Form or via [CoverMyMeds](#). The PA form can be faxed to Centene Pharmacy Services at 1-833-645-2734, which can be found on Coordinated Care's website at www.coordinatedcarehealth.com/for-providers/pharmacy-program/.

In addition, prescribers can conduct a telephonic PA by calling 855-757-6565 from 5am – 5pm PST Monday - Friday, for all non-specialty drug requests. Please visit www.coordinatedcarehealth.com/for-providers/pharmacy-program/ for more details.

Coordinated Care will cover the medication if it is determined that:

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

All reviews are performed by a licensed clinical pharmacist. Once a PA is approved, Centene Pharmacy Services will notify the member and prescriber. If the clinical information provided does not meet the coverage criteria for the requested medication, Coordinated Care will notify the member and their prescriber and provide information regarding the appeal process.

Non-preferred Medications

Some medications that are listed on the PDL may require that other preferred medications be tried and failed first before the member can receive the requested medication. If additional information is needed showing that the preferred medications were tried and failed first, and it is not received, the request will be denied. The member and their prescriber will be notified and provided information regarding the appeal process.

Quantity Limits

There may be limits on how much of a medication a member can get at one time or over a certain time period. If there is a medically necessary reason that the member needs a larger amount, then the prescriber can submit a PA request for a larger quantity. If the PA is not approved, Coordinated Care will notify the member and their prescriber of the denial and provide information regarding the appeal process.

Age Limits

Some medications may have age limit restrictions. These are set in place for certain drugs based on FDA approved labeling and for safety concerns and quality standards of care.

30-Day Emergency Supply Policy

Up to a 30-day supply of a medication can be dispensed while a member is awaiting a PA if a licensed pharmacist has used his or her professional judgment in identifying that the member has an emergency medical condition for which lack of immediate access to pharmaceutical treatment would result in either placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in

serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. Pharmacies needing an emergency fill must call Centene Pharmacy Services at 1-866-716-5099.

Exclusions

The PDL does not cover all drugs and products. Some exclusions may include:

- Drugs or products that are not approved by the FDA
- Drugs or products from a manufacturer that does not have a federal rebate agreement
- Drugs prescribed for weight loss or weight gain
- Drugs prescribed for infertility, frigidity, or impotence
- Drugs prescribed for sexual or erectile dysfunction
- Drugs prescribed for cosmetic purposes or hair growth
- Nutritional supplements
- Drug Efficacy Study Implementation (DESI), Identical, Related, or Similar (IRS), or Less Than Effective (LTE) drugs
- Non-covered OTC drugs
- Drugs and drug-related supplies for multiple patient use
- Drugs prescribed for an indication that is not evidence-based
- Drugs prescribed for a non-medically accepted indication or dosing level

Newly Approved Products

New drugs that come out to the market are reviewed for safety and effectiveness. Access to these medications will be considered through the PA review process. If Coordinated Care does not approve the PA, Coordinated Care will notify the member and their prescriber of the denial and provide information regarding the appeal process.

Over-the-Counter Medications

The PDL covers a variety of Over-the-Counter (OTC) medications. For a list of covered OTC medications, please refer to the PDL. Members can get a prescription for a covered OTC medication from a licensed prescriber that meets all the legal requirements for a prescription.

Generic Drugs

In most cases, when generic drugs are available, the brand-name drug will not be covered without prior authorization from Coordinated Care. Generic drugs have the same active ingredient as brand-name drugs. If the member or their prescriber feels a brand-name drug is medically necessary, the prescriber can submit a PA request. Coordinated Care will cover the brand-name drug according to clinical guidelines if there is a medical reason that the member needs a particular brand name drug. If Coordinated Care does not approve the PA,

Coordinated Care will notify the member and their prescriber of the denial and provide information regarding the appeal process.

Drug Efficacy Study and Implementation Products

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

Filling a Prescription

Members can have prescriptions filled at any Coordinated Care network pharmacy. If a member decides to have a prescription filled at a network pharmacy, they can locate a network pharmacy near them by contacting a Coordinated Care Member Services Representative or utilizing the Find a Provider tool on Coordinated Care's website. At the pharmacy, members will need to provide the pharmacist with the prescription and their Coordinated Care ID card.

Copayments

Washington Apple Health members will not have copayments for drugs filled at a network pharmacy.

Contact Information

Coordinated Care Provider Services:

Phone: 1-877-644-4613

Centene Pharmacy Services Prior Authorization:

Phone: 1-866-716-5099

Fax: 1-833-645-2734

Centene Pharmacy Services Help Desk:

Phone: 1-877-250-6176

Tier Description

Drug Tier	Tier Description
1	Preferred Generic
2	Preferred Brand
NF	Non-formulary
NP	Non-preferred drug
CO	Carve-out (Non-contracted) drug

Legend Description

Legend		Description
AL	Age Limit	Drug is limited to specific age.
MDD	Max Daily Dose	A limit on the number of times the drug can be taken per day.
MPL	Max Package Limit	A limit on the amount of drug covered per prescription.
MFL	Max Fill Limit	There is a limit on the number of times this drug can be refilled.
MDS	Max Days' Supply	There is a limit on the amount of this drug that is covered.
PA	Prior Authorization	Prior Authorization required before prescription can be filled.
QL	Quantity Limit	There is a limit on the amount of drug covered per prescription, or within a specific time frame.
Rx/OTC	Rx/OTC	Product has both Rx and OTC National Drug Codes.
SP	Specialty Drug	Specialty drugs are high-cost drugs used to treat complex or rare conditions and may be limited to a specific pharmacy.
MP	Maintenance Product	Maintenance Products are used to treat long-term conditions or illnesses. Maintenance products can be filled for up to a 90-day supply.

SON	Second Opinion Network	<p>A Second Opinion Network (SON) review is required for members between the ages of 0-17 years old when medication(s) exceed established pediatric mental health guidelines.</p> <p>For more information, please visit: Pediatric Mental Health Guidelines (coordinatedcarehealth.com)</p>
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Dose Form Description

Dose Form	Dose Form Description
AEPB	Aerosol Powder Breath Activated
AEPF	Aerosol, Powder, Breath Activated
AERB	Aerosol, breath activated
AERO	Aerosol
AERP	Aerosol, Powder
AERS	Aerosol, Solution
AJKT	Auto-injector Kit
AUIJ	Auto-injector
BAR	Bar
BEAD	Beads
C12A	Capsule ER 12 Hour Abuse-Deterrent
C24A	Capsule ER 24 Hour Abuse-Deterrent
C2PK	Capsule ER 12 Hour Therapy Pack
C4PK	Capsule ER 24 Hour Therapy Pack
CAPA	Capsule Abuse-Deterrent
CAPS	Capsule
CART	Cartridge
CDPK	Capsule Delayed Release Therapy Pack
CEPK	Capsule Extended Release Therapy Pack

CHEW	Tablet Chewable
CONC	Concentrate
CP12	Capsule ER 12 HR
CP24	Capsule ER 24 HR
CPCR	Capsule ER
CPCW	Capsule Chewable
CPDR	Capsule Delayed Release
CPEA	Capsule Extended Release Abuse-Deterrent
CPEC	Capsule Delayed Release
CPEP	Capsule Enteric Coated Particles
CPPK	Capsule Therapy Pack
CPSP	Capsule Sprinkle
CREA	Cream
CRYS	Crystals
CS12	Capsule ER 12 Hour Sprinkle
CS24	Capsule ER 24 Hour Sprinkle
CSER	Capsule Extended Release Sprinkle
CTKT	Cartridge Kit
DEVI	Device
DISK	Disk
DPRH	Diaphragm
ELIX	Elixir
EMUL	Emulsion
ENEM	Enema
EXTR	Fluid Extract
FILM	Film
FLAK	Flakes
FOAM	Foam
GAS	Gas

GEL	Gel (Jelly)
GRAN	Granules
GREF	Granules Effervescent
GUM	Gum
IMPL	Implant
INHA	Inhaler
INJ	Injectable
INST	Insert
IUD	Intrauterine Device
JTAJ	Jet-injector
JTKT	Jet-injector Kit (Needleless)
KIT	Kit
LEAV	Leaves
LIQD	Liquid
LOTN	Lotion
LOZG	Lozenge
LPOP	Lollipop
LQCR	Liquid ER
LQPK	Liquid Therapy Pack
MISC	Miscellaneous
NEBU	Nebulization solution
OIL	Oil
OINT	Ointment
PACK	Packet
PADS	Pads
PDEF	Powder Efferfescent
PEN	Pen-injector
PLLT	Pellet

PNKT	Pen-injector Kit
POWD	Powder
PRSY	Prefilled Syringe
PSKT	Prefilled Syringe Kit
PSTE	Paste
PT24	Patch 24 Hour
PT72	Patch 72 Hour
PTCH	Patch
PTTW	Patch Biweekly
PTWK	Patch Weekly
PUDG	Pudding
RING	Ring
SHAM	Shampoo
SHEE	Sheet
SOAJ	Solution Auto-injector
SOCT	Solution Cartridge
SOLG	Gel Forming Solution
SOLN	Solution
SOLR	Solution Reconstituted
SOPK	Solution Therapy Pack
SOPN	Solution Pen-injector
SOSY	Solution Prefilled Syringe
SOTJ	Solution Jet-injector
SPRT	Spirit
SRER	Suspension Reconstituted ER
STCK	Stick
STRP	Strip
SUAJ	Suspension Auto-injector
SUBL	Tablet Sublingual

SUCT	Suspension Cartridge
SUER	Suspension Extended Release
SUPK	Suspension Therapy Pack
SUPN	Suspension Pen-injector
SUPP	Suppository
SUSP	Suspension
SUSR	Suspension Reconstituted
SUSY	Suspension Prefilled Syringe
SUTJ	Suspension Jet-injector
SWAB	Swab
SYRP	Syrup
T12A	Tablet ER 12 Hour Abuse-Deterrent
T24A	Tablet ER 24 Hour Abuse-Deterrent
T2PK	Tablet ER 12 Hour Therapy Pack
T4PK	Tablet ER 24 Hour Therapy Pack
TABA	Tablet Abuse-Deterrent
TABS	Tablets
TAMP	Tampon
TAPE	Tape
TAR	Tar
TB12	Tablet ER 12 Hour
TB24	Tablet ER 24 Hour
TBCR	Tablet ER
TBDP	Tablet Dispersible
TBDR	Tablet Delayed Release
TBEA	Tablet Extended Release Abuse-Deterrent
TBEC	Tablet Enteric Coated
TBEF	Tablet Effervescent

TBPK	Tablet Therapy Pack
TBSO	Tablet Soluble
TDPK	Tablet Delayed Release Therapy Pack
TEPK	Tablet Extended Release Therapy Pack
TEST	Diagnostic Test
THPK	Therapy Pack
TINC	Tincture
TPPK	Tablet Dispersible Therapy Pack
TROC	Troche
WAFR	Wafer
WAX	Wax

Please note that the preferred drug list may change throughout the year. If you have any questions, please contact Coordinated Care at 1-877-644-4613 (TTY: 711)

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (amphetamine-dextroamphetamine)	2	SON; AL(At least 5 yrs old); MP
ADDERALL TABS (amphetamine-dextroamphetamine)	NP	SON; AL(At least 5 yrs old); MP; PA
ADZENYS XR-ODT TBED	NP	SON; AL(At least 5 yrs old)
amphetamine sulfate TABS	NP	SON; AL(At least 5 yrs old)
amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG-12.5 MG, 3.125 MG-3.125 MG-3.125 MG-6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG-9.375 MG	NP	SON; AL(At least 5 yrs old)
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-3.75 MG-3.75 MG-3.75 MG-5 MG-5 MG-5 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	SON; AL(At least 5 yrs old); MP
amphetamine-dextroamphetamine CP24 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	AL(At least 5 yrs old); MP
amphetamine-dextroamphetamine TABS	1	SON; AL(At least 5 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
DESOXYN (methamphetamine hcl)	NF	SON; QL(20 ea daily)
DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate)	NP	SON; AL(At least 5 yrs old); MP; PA
dextroamphetamine sulfate CP24	1	SON; AL(At least 5 yrs old); MP
dextroamphetamine sulfate SOLN	NP	SON; AL(At least 5 yrs old)
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	NP	SON; AL(At least 5 yrs old - Up to 17 yrs old); PA
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	SON; AL(At least 5 yrs old)
DYANAVEL XR CHER	NP	SON; QL(20 ea daily)
DYANAVEL XR SUER	NP	SON; AL(At least 5 yrs old)
EVEKEO ODT TBDP	NP	SON; AL(At least 5 yrs old); PA
EVEKEO TABS (amphetamine sulfate)	NP	SON; AL(At least 5 yrs old)
lisdexamfetamine dimesylate CAPS 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	1	AL(At least 5 yrs old); MP
lisdexamfetamine dimesylate CAPS	1	SON; AL(At least 5 yrs old); MP
lisdexamfetamine dimesylate CHEW	1	SON; AL(At least 5 yrs old); MP
methamphetamine hcl	NP	SON; QL(20 ea daily); PA
MYDAYIS CP24 (amphetamine-dextroamphetamine)	NP	SON; AL(At least 5 yrs old); PA
VYVANSE CAPS	NP	SON; AL(At least 5 yrs old); MP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VYVANSE CHEW	2	SON; AL(At least 5 yrs old); MP	WAKIX 4.45 MG	NP	SON; QL(8 ea daily; 14 ea per 7 day(s) retail); SP; PA
XELSTRYM	NP	SON; QL(20 ea daily); PA	Stimulants - Misc.		
Analeptics			APTENSIO XR CP24 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>methylphenidate hcl</i>)	NP	SON; AL(At least 5 yrs old); MP; PA
CAFCIT SOLN IV 60 MG/3ML (<i>caffeine citrate</i>)	NF		APTENSIO XR CP24 60 MG (<i>methylphenidate hcl</i>)	NP	SON; QL(20 ea daily); AL(At least 5 yrs old); MP; PA
<i>caffeine citrate SOLN OR</i>	1	QL(45 ml per fill retail)	<i>armodafinil 150 MG, 200 MG, 250 MG</i>	1	SON; QL(1 ea daily); AL(At least 18 yrs old); MP; PA
Anti-Obesity Agents			<i>armodafinil 50 MG</i>	1	SON; QL(2 ea daily); AL(At least 18 yrs old); MP; PA
WEGOVY	CO		AZSTARYS	NP	SON; AL(At least 5 yrs old)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents			CONCERTA TBCR (<i>methylphenidate hcl</i>)	2	SON; AL(At least 5 yrs old); MP
<i>atomoxetine hcl</i>	1	SON; AL(At least 5 yrs old); MP	COTEMPLA XR-ODT TBED	NP	SON; AL(At least 5 yrs old); PA
<i>clonidine hcl (adhd) TB12</i>	1	SON; AL(At least 4 yrs old); MP	DAYTRANA PTCH (<i>methylphenidate</i>)	NP	SON; AL(At least 5 yrs old); PA
<i>guanfacine hcl (adhd)</i>	1	SON; AL(At least 4 yrs old); MP	<i>dexmethylphenidate hcl CP24</i>	1	SON; AL(At least 5 yrs old)
INTUNIV (<i>guanfacine hcl (adhd)</i>)	NP	SON; AL(At least 4 yrs old); MP; PA	<i>dexmethylphenidate hcl TABS</i>	1	SON; AL(At least 5 yrs old); MP
KAPVAY TB12 (<i>clonidine hcl (adhd)</i>)	NF	SON; AL(At least 4 yrs old); MP	FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	NP	SON; AL(At least 5 yrs old); MP; PA
QELBREE	2	SON; AL(At least 6 yrs old); PA	FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	2	SON; AL(At least 5 yrs old); MP
STRATTERA (<i>atomoxetine hcl</i>)	NP	SON; AL(At least 5 yrs old); MP; PA	FOCALIN TABS 10 MG (<i>dexmethylphenidate hcl</i>)	NF	
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)			JORNAY PM CP24	NP	SON; AL(At least 5 yrs old); PA
SUNOSI	NP	SON; QL(1 ea daily); PA			
Histamine H3-Receptor Antagonist/Inverse Agonists					
WAKIX 17.8 MG	NP	SON; QL(2 ea daily); SP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
METADATE CD CPCR (methylphenidate hcl)	NF	AL(At least 5 yrs old); MP	NUVIGIL 150 MG, 200 MG, 250 MG (armodafinil)	NP	SON; QL(1 ea daily); AL(At least 18 yrs old); MP; PA
METHYLIN SOLN (methylphenidate hcl)	2	SON; AL(At least 5 yrs old); MP	NUVIGIL 50 MG (armodafinil)	NP	SON; QL(2 ea daily); AL(At least 18 yrs old); MP; PA
methylphenidate hcl CHEW	NP	SON; AL(At least 5 yrs old); MP; PA	PROVIGIL (modafinil)	NP	SON; QL(1 ea daily); AL(At least 18 yrs old); MP; PA
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	SON; AL(At least 5 yrs old); MP	QUILLICHEW ER CHER	NP	SON; QL(20 ea daily); AL(At least 5 yrs old); MP; PA
methylphenidate hcl CP24 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	NP	SON; AL(At least 5 yrs old); MP; PA	QUILLIVANT XR SRER	NP	SON; QL(200 ml daily); AL(At least 5 yrs old); MP; PA
methylphenidate hcl CP24 60 MG	NP	SON; QL(20 ea daily); AL(At least 5 yrs old); MP; PA	RELEXXII TBCR 45 MG, 63 MG (methylphenidate hcl)	NP	SON; QL(20 ea daily); PA
methylphenidate hcl CPCR	1	SON; AL(At least 5 yrs old); MP	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	SON; AL(At least 5 yrs old); MP
methylphenidate hcl SOLN	1	SON; AL(At least 5 yrs old); MP	RELEXXII TBCR 72 MG	NP	SON; AL(At least 5 yrs old)
methylphenidate hcl TABS	1	SON; AL(At least 5 yrs old); MP	RITALIN LA CP24 (methylphenidate hcl)	NP	SON; AL(At least 5 yrs old); MP; PA
methylphenidate hcl TB24	1	SON; AL(At least 5 yrs old); MP	RITALIN TABS (methylphenidate hcl)	NP	SON; AL(At least 5 yrs old); MP; PA
methylphenidate hcl TBCR 10 MG, 18 MG, 20 MG, 27 MG, 36 MG, 54 MG	1	SON; AL(At least 5 yrs old); MP	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
methylphenidate hcl TBCR 45 MG, 63 MG	NP	SON; QL(20 ea daily); PA	Allergenic Extracts		
methylphenidate hcl TBCR 72 MG	NP	SON; AL(At least 5 yrs old)	GRASTEK SUBL	2	PA
methylphenidate PTCH	NP	SON; AL(At least 5 yrs old); PA	ODACTRA SUBL	2	PA
modafinil	1	SON; QL(1 ea daily); AL(At least 18 yrs old); MP; PA	ORALAIR ADULT STARTER PACK SUBL	2	PA
			ORALAIR CHILDREN/ADOLESCENTS STARTER PACK SUBL	2	PA
			ORALAIR SUBL	2	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PALFORZIA INITIAL DOSE ESCALATION CSPK	2	SP; PA	<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %</i>	1	
PALFORZIA LEVEL 10 CSPK	2	SP; PA	<i>gentamicin sulfate IJ</i>	1	
PALFORZIA LEVEL 11 (MAINTENANCE) PACK	2	SP; PA	KITABIS PAK NEBU (<i>tobramycin</i>)	2	SP; PA
PALFORZIA LEVEL 11 (TITRATION) PACK	2	SP; PA	<i>neomycin sulfate TABS</i>	1	
PALFORZIA LEVEL 1 CSPK	2	SP; PA	<i>streptomycin sulfate SOLR</i>	1	
PALFORZIA LEVEL 2 CSPK	2	SP; PA	TOBI PODHALER CAPS	NP	SP; PA
PALFORZIA LEVEL 3 CSPK	2	SP; PA	TOBI NEBU (<i>tobramycin</i>)	NP	SP; PA
PALFORZIA LEVEL 4 CSPK	2	SP; PA	TOBI NEBU (<i>tobramycin</i>)	NF	SP
PALFORZIA LEVEL 5 CSPK	2	SP; PA	<i>tobramycin sulfate SOLN IJ</i>	1	
PALFORZIA LEVEL 6 CSPK	2	SP; PA	<i>tobramycin sulfate SOLR</i>	1	
PALFORZIA LEVEL 7 CSPK	2	SP; PA	<i>tobramycin NEBU</i>	NP	SP; PA
PALFORZIA LEVEL 8 CSPK	2	SP; PA	<i>tobramycin NEBU</i>	2	SP; PA
PALFORZIA LEVEL 9 CSPK	2	SP; PA	<i>tobramycin NEBU</i>	1	SP; PA
RAGWITEK SUBL	2	PA	ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
AMEBICIDES			Antirheumatic - Enzyme Inhibitors		
Amebicides			OLUMIANT	NP	SP; PA
SOLOSEC	2	PA	RINVOQ LQ SOLN	NP	SP; PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections			RINVOQ TB24	NP	SP; PA
Aminoglycosides			XELJANZ XR TB24	NP	SP; PA
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1		XELJANZ SOLN	NP	SP; PA
ARIKAYCE	NP	SP; PA	XELJANZ TABS	NP	SP; PA
BETHKIS NEBU (<i>tobramycin</i>)	NP	SP; PA	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; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	2	SP; PA	ADALIMUMAB-ADBM PSKT	NP	SP; PA
			ADALIMUMAB-FKJP AJKT	NP	SP; PA
			ADALIMUMAB-FKJP PSKT	NP	SP; PA
			ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP; PA
REDITREX SOSY	NP	SP; PA	AMJEVITA SOAJ	NP	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies			AMJEVITA SOSY	NP	SP; PA
ABRILADA 1-PEN KIT AJKT	NP	SP; PA	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP; PA
ABRILADA 2-PEN KIT AJKT	NP	SP; PA	CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT	NP	SP; PA
ABRILADA PSKT	NP	SP; PA	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP	SP; PA
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP; PA	CYLTEZO AJKT	NP	SP; PA
ADALIMUMAB-AATY 1-PEN KIT AJKT	NP	SP; PA	CYLTEZO PSKT	NP	SP; PA
ADALIMUMAB-AATY 2-PEN KIT AJKT	NP	SP; PA	HADLIMA PUSHTOUCH SOAJ	NP	SP; PA
ADALIMUMAB-AATY 2-SYRINGE KIT PSKT	NP	SP; PA	HADLIMA SOSY	NP	SP; PA
ADALIMUMAB-ADAZ SOAJ	NP	SP; PA	HULIO AJKT	NP	SP; PA
ADALIMUMAB-ADAZ SOSY	NP	SP; PA	HULIO PSKT	NP	SP; PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	NP	SP; PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	2	SP; PA
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER AJKT	NP	SP; PA	HUMIRA PEN-CD/UC/HS STARTER PNKT	2	SP; PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP; PA	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	2	SP; PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT	NP	SP; PA	HUMIRA PEN PNKT	2	SP; PA
			HUMIRA PEN-PS/UV STARTER PNKT	2	SP; PA
			HUMIRA PSKT	2	SP; PA
ADALIMUMAB-ADBM AJKT	NP	SP; PA			

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	NP	SP; PA
HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK SOSY	NP	SP; PA
HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK SOSY	NP	SP; PA
HYRIMOZ PLAQUE PSORIASIS/UVEITIS STARTER PACK SOAJ	NP	SP; PA
HYRIMOZ SOAJ	NP	SP; PA
HYRIMOZ SOSY	NP	SP; PA
IDACIO (2 PEN) AJKT	NP	SP; PA
IDACIO (2 SYRINGE) PSKT	NP	SP; PA
IDACIO STARTER PACKAGE FOR CROHN'S DISEASE AJKT	NP	SP; PA
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	NP	SP; PA
SIMLANDI 1-PEN KIT AJKT	NP	SP; PA
SIMLANDI 2-PEN KIT AJKT	NP	SP; PA
SIMPONI ARIA SOLN	NP	SP; PA
SIMPONI SOAJ	NP	SP; PA
SIMPONI SOSY	NP	SP; PA
YUFLYMA 1-PEN KIT AJKT	NP	SP; PA
YUFLYMA 2-PEN KIT AJKT	NP	SP; PA
YUFLYMA 2-SYRINGE KIT PSKT	NP	SP; PA
YUFLYMA CD/UC/HS STARTER AJKT	NP	SP; PA
YUSIMRY	NP	SP; PA
Gold Compounds		
RIDAURA	2	MP

Drug Name	Drug Tier	Requirements/Limits
Interleukin-1 Blockers		
ARCALYST	NP	SP; PA
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	NP	SP; PA
Interleukin-1beta Blockers		
ILARIS SOLN	NP	QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); SP; PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	NP	SP; PA
ACTEMRA SOLN	NP	SP; PA
ACTEMRA SOSY	NP	SP; PA
KEVZARA SOAJ	NP	SP; PA
KEVZARA SOSY	NP	SP; PA
TOFIDENCE	NP	SP; PA
TYENNE SOLN	NP	SP; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS (<i>ibuprofen</i>)	NF	MP
ALEVE ARTHRITIS TABS (<i>naproxen sodium</i>)	NF	QL(2 ea daily); MP
ALEVE TABS (<i>naproxen sodium</i>)	NF	QL(2 ea daily); MP
ANAPROX DS TABS (<i>naproxen sodium</i>)	NF	MP
ANJESO INJ	NP	PA
ARTHROTEC 50 TBEC (<i>diclofenac w/ misoprostol</i>)	NP	PA
ARTHROTEC 75 TBEC (<i>diclofenac w/ misoprostol</i>)	NP	PA
CELEBREX 100 MG, 200 MG (<i>celecoxib</i>)	NF	
CELEBREX (<i>celecoxib</i>)	NP	MP; PA
<i>celecoxib</i>	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CHILDRENS ADVIL SUSP 100 MG/5ML (<i>ibuprofen</i>)	NF	MP; RX/OTC	<i>indomethacin SUPP</i>	1	
CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>ibuprofen</i>)	NF	MP; RX/OTC	<i>indomethacin SUSP</i>	NP	PA
DAYPRO TABS (<i>oxaprozin</i>)	NP	MP; PA	INFANTS ADVIL SUSP (<i>ibuprofen</i>)	NF	MP
<i>diclofenac potassium CAPS</i>	NP	PA	<i>ketoprofen CAPS 25 MG</i>	NP	
<i>diclofenac potassium TABS</i>	1		<i>ketoprofen CP24</i>	NP	MP; PA
<i>diclofenac sodium-capsaicin</i>	NP	PA	<i>ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML</i>	1	PA
<i>diclofenac sodium TB24</i>	1	MP	KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	NP	PA
<i>diclofenac sodium TBEC</i>	1	MP	<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per 30 day(s) retail); AL(At least 17 yrs old)
<i>diclofenac w/ misoprostol TBEC</i>	NP	PA	LODINE TABS (<i>etodolac</i>)	NF	MP
DUEXIS (<i>ibuprofen-famotidine</i>)	NP	PA	<i>meclofenamate sodium CAPS</i>	NP	MP
EC-NAPROSYN TBEC (<i>naproxen</i>)	NF	QL(2 ea daily); MP	<i>mefenamic acid CAPS</i>	NP	MP; PA
<i>etodolac CAPS</i>	NP	MP	<i>meloxicam CAPS</i>	NP	PA
<i>etodolac TABS</i>	NP	MP	<i>meloxicam TABS</i>	1	MP
<i>etodolac TB24</i>	NP	MP; PA	MOTRIN CHILDRENS CHEW (<i>ibuprofen</i>)	NF	
FELDENE CAPS (<i>piroxicam</i>)	NP	MP; PA	MOTRIN INFANTS DROPS SUSP (<i>ibuprofen</i>)	NF	MP
<i>fenoprofen calcium CAPS 400 MG</i>	NP	MP; PA	<i>nabumetone</i>	1	MP
<i>fenoprofen calcium TABS</i>	NP	MP; PA	NALFON CAPS (<i>fenoprofen calcium</i>)	NP	MP; PA
<i>flurbiprofen TABS 50 MG</i>	2	MP	NALFON TABS (<i>fenoprofen calcium</i>)	NP	MP; PA
<i>flurbiprofen TABS 100 MG</i>	1	MP	NAPRELAN TB24 (<i>naproxen sodium</i>)	NP	PA
<i>ibuprofen CHEW</i>	1		NAPROSYN SUSP (<i>naproxen</i>)	NP	MP; PA
<i>ibuprofen-famotidine</i>	NP	PA	NAPROSYN TABS 500 MG (<i>naproxen</i>)	NF	MP
<i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML</i>	1	MP; RX/OTC	<i>naproxen sodium TABS 220 MG</i>	1	QL(2 ea daily); MP
<i>ibuprofen TABS</i>	1	MP	<i>naproxen sodium TABS 275 MG, 550 MG</i>	NP	MP; PA
INDOCIN SUSP (<i>indomethacin</i>)	NF				
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	MP			
<i>indomethacin CPCR</i>	NP	MP			

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium TB24</i>	NP	PA
<i>naproxen-esomeprazole magnesium</i>	NP	PA
<i>naproxen SUSP</i>	NP	MP; PA
<i>naproxen TABS</i>	1	MP
<i>naproxen TBEC</i>	1	QL(2 ea daily); MP
<i>oxaprozin TABS</i>	NP	MP
<i>piroxicam CAPS</i>	NP	MP
RELAFEN DS	NP	PA
<i>sulindac TABS</i>	1	MP
TIVORBEX CAPS (<i>indomethacin</i>)	NF	
TOLECTIN 600 TABS	NP	MP
<i>tolmetin sodium CAPS</i>	NP	MP
<i>tolmetin sodium TABS 600 MG</i>	NP	MP
VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	NP	PA
ZIPSOR CAPS (<i>diclofenac potassium</i>)	NF	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS 30 MG	NP	SP; PA
OTEZLA TBPk	NP	SP; PA
Pyrimidine Synthesis Inhibitors		
ARAVA (<i>leflunomide</i>)	NP	QL(1 ea daily); MP; PA
<i>leflunomide</i>	1	QL(1 ea daily); MP
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	NP	SP; PA
ORENCIA SOLR	NP	SP; PA
ORENCIA SOSY	NP	SP; PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	NP	SP; PA
ENBREL SURECLICK SOAJ	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOLN	2	SP; PA
ENBREL SOSY	2	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
ALLZITAL TABS	NP	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	NP	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	NP	QL(4 ea daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	QL(4 ea daily)
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	NP	
<i>butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG</i>	NP	
<i>butalbital-aspirin-caffeine CAPS</i>	NP	QL(4 ea daily)
ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	NP	QL(4 ea daily); PA
FIORICET CAPS (<i>butalbital-acetaminophen-caffeine</i>)	NP	
Analgesics Other		
<i>acetaminophen CHEW</i>	1	
<i>acetaminophen LIQD 160 MG/5ML</i>	1	
<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	1	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	1	QL(12 ea per fill retail)
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	1		<i>aspirin TBEC 81 MG, 325 MG</i>	1	
<i>acetaminophen TABS 325 MG, 500 MG</i>	1		<i>diflunisal TABS</i>	NP	MP
<i>acetaminophen TBCR</i>	1		ECOTRIN ARTHRITIS PAIN TBEC (<i>aspirin</i>)	NF	
FEVERALL INFANTS SUPP	2		ECOTRIN REGULAR STRENGTH TBEC (<i>aspirin</i>)	NF	
FEVERALL JUNIOR STRENGTH SUPP	1	QL(12 ea per fill retail)	ECOTRIN TBEC (<i>aspirin</i>)	NF	
TYLENOL 8 HOUR ARTHRITIS PAIN TBCR (<i>acetaminophen</i>)	NF		<i>salsalate</i>	NP	MP
TYLENOL 8 HOUR TBCR (<i>acetaminophen</i>)	NF		ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (<i>acetaminophen</i>)	NF		Opioid Agonists		
TYLENOL CHILDRENS PAIN + FEVER SUSP (<i>acetaminophen</i>)	NF		ACTIQ LPOP (<i>fentanyl citrate</i>)	NP	
TYLENOL CHILDRENS SUSP (<i>acetaminophen</i>)	NF		<i>codeine sulfate TABS 30 MG</i>	1	AL(At least 21 yrs old)
TYLENOL EXTRA STRENGTH TABS (<i>acetaminophen</i>)	NF		CODEINE SULFATE TABS	1	AL(At least 21 yrs old)
TYLENOL FOR CHILDREN/ADULTS SUSP (<i>acetaminophen</i>)	NF		CONZIP CP24 (<i>tramadol hcl</i>)	NP	AL(At least 21 yrs old)
TYLENOL INFANTS PAIN+FEVER SUSP (<i>acetaminophen</i>)	NF		DILAUDID LIQD (<i>hydromorphone hcl</i>)	NP	PA
TYLENOL TABS (<i>acetaminophen</i>)	NF		DILAUDID TABS (<i>hydromorphone hcl</i>)	NP	PA
TYLENOL TABS (<i>acetaminophen</i>)	NF		<i>fentanyl citrate LPOP</i>	NP	
TYLENOL TABS (<i>acetaminophen</i>)	NF		<i>fentanyl citrate SOLN IJ 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML</i>	NP	
Salicylates			FENTANYL CITRATE SOLN IJ 100 MCG/2ML, 250 MCG/5ML (<i>fentanyl citrate</i>)	NP	
<i>aspirin CHEW</i>	1		<i>fentanyl citrate TABS</i>	NP	
<i>aspirin TABS 325 MG</i>	1		<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	QL(15 ea per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP		<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	NP	
FENTORA TABS (<i>fentanyl citrate</i>)	NP		<i>morphine sulfate SUPP 10 MG, 20 MG, 30 MG</i>	1	
<i>hydrocodone bitartrate CP12</i>	NP		<i>morphine sulfate SUPP 5 MG</i>	1	QL(24 ea per fill retail)
<i>hydrocodone bitartrate T24A</i>	NP		<i>morphine sulfate TABS</i>	1	
<i>hydromorphone hcl LIQD</i>	NP		<i>morphine sulfate TBCR</i>	1	QL(3 ea daily)
HYDROMORPHONE HCL SUPP	1		MS CONTIN TBCR (<i>morphine sulfate</i>)	NP	QL(3 ea daily); PA
<i>hydromorphone hcl TABS</i>	1		NUCYNTA ER TB12	NP	
<i>hydromorphone hcl TB24</i>	NP		NUCYNTA TABS	NP	
HYSINGLA ER T24A	NP	PA	<i>oxycodone hcl CAPS</i>	NP	
<i>levorphanol tartrate TABS 2 MG</i>	NP		<i>oxycodone hcl CONC 100 MG/5ML</i>	NP	
<i>levorphanol tartrate TABS 3 MG</i>	NP		<i>oxycodone hcl SOLN</i>	1	
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	NP		<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	NP	QL(2 ea daily)
<i>meperidine hcl TABS 50 MG</i>	NP		<i>oxycodone hcl TABS 10 MG, 20 MG</i>	1	AL(At least 18 yrs old)
<i>methadone hcl CONC</i>	NP	QL(2 ml daily)	<i>oxycodone hcl TABS 5 MG, 15 MG, 30 MG</i>	1	
METHADONE HCL POWD	NP		OXYCONTIN T12A	NP	QL(2 ea daily)
<i>methadone hcl SOLN OR</i>	NP		<i>oxymorphone hcl TABS</i>	NP	
METHADONE HCL SOLN IJ	NP		<i>oxymorphone hcl TB12</i>	NP	
<i>methadone hcl TABS</i>	NP		QDOLO SOLN (<i>tramadol hcl</i>)	NP	PA
<i>methadone hcl TBSO</i>	NP	QL(0.5 ea daily)	ROXICODONE TABS 15 MG, 30 MG (<i>oxycodone hcl</i>)	NP	PA
METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	NP	QL(2 ml daily)	ROXYBOND TABA	NP	
METHADOSE CONC (<i>methadone hcl</i>)	NP	QL(2 ml daily)	<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	AL(At least 21 yrs old)
<i>morphine sulfate beads</i>	NP		<i>tramadol hcl SOLN</i>	NP	PA
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	NP		<i>tramadol hcl TABS 25 MG</i>	NP	PA
			<i>tramadol hcl TABS 50 MG</i>	1	AL(At least 21 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl TABS 100 MG</i>	NP		<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	2	
<i>tramadol hcl TB24</i>	NP	AL(At least 21 yrs old)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	
<i>tramadol hcl TB24</i>	1	AL(At least 21 yrs old)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	1	
TRAMADOL HYDROCHLORIDE SOLN (<i>tramadol hcl</i>)	NP	PA	NALOCET TABS	NP	PA
ULTRAM TABS (<i>tramadol hcl</i>)	NF	AL(At least 21 yrs old)	<i>oxycodone w/ acetaminophen SOLN</i>	NP	PA
XTAMPZA ER	NP		<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	
Opioid Combinations			PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	NP	PA
<i>acetaminophen w/ codeine SOLN</i>	1	AL(At least 21 yrs old)	PROLATE SOLN	NP	PA
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	AL(At least 21 yrs old)	PROLATE TABS	NP	PA
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NP		SEGLENTIS	NP	PA
APADAZ	NP		<i>tramadol-acetaminophen</i>	1	AL(At least 21 yrs old)
BENZHYDROCODONE/A CETAMINOPHEN	NP		ULTRACET (<i>tramadol-acetaminophen</i>)	NF	AL(At least 21 yrs old)
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1	AL(At least 21 yrs old)	Opioid Partial Agonists		
<i>butalbital-aspirin-caffeine w/cod</i>	1	AL(At least 21 yrs old)	BELBUCA FILM	NP	
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NP	AL(At least 21 yrs old); PA	BRIXADI SOSY	2	4 max fill(s) per 30 day(s) retail; SP
<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>	1		BUPRENEX SOLN (<i>buprenorphine hcl</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG</i>	NP	PA required if > 32mg buprenorphine per day; QL(16 ea daily); PA	SUBLOCADE SOSY 100 MG/0.5ML	2	QL(0.5 ml per 30 day(s) retail); SP
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>	NP	PA required if > 32mg buprenorphine per day; QL(8 ea daily); PA	SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	PA required if > 32mg buprenorphine per day; QL(2.7 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	NP	PA required if > 32mg buprenorphine per day; QL(2.7 ea daily); PA	SUBOXONE FILM SL 1 MG-4 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	PA required if > 32mg buprenorphine per day; QL(8 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>	NP	PA required if > 32mg buprenorphine per day; QL(4 ea daily); PA	SUBOXONE FILM SL 0.5 MG-2 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	PA required if > 32mg buprenorphine per day; QL(16 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	1	PA required if > 32mg buprenorphine per day; QL(16 ea daily)	SUBOXONE FILM SL 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	PA required if > 32mg buprenorphine per day; QL(4 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	1	PA required if > 32mg buprenorphine per day; QL(4 ea daily)	ZUBSOLV SUBL 0.71 MG-2.9 MG	NP	QL(7.9 ea daily); PA
<i>buprenorphine hcl SOLN</i>	NP		ZUBSOLV SUBL 0.36 MG-1.4 MG	NP	QL(16.3 ea daily); PA
<i>buprenorphine hcl SUBL 2 MG</i>	NP	QL(16 ea daily); PA	ZUBSOLV SUBL 1.4 MG-5.7 MG	NP	QL(4 ea daily); PA
<i>buprenorphine hcl SUBL 8 MG</i>	NP	QL(4 ea daily); PA	ZUBSOLV SUBL 2.9 MG-11.4 MG	NP	QL(2 ea daily); PA
<i>buprenorphine PTWK</i>	1		ZUBSOLV SUBL 2.1 MG-8.6 MG	NP	QL(2.7 ea daily); PA
<i>buprenorphine PTWK 7.5 MCG/HR</i>	1	PA	ZUBSOLV SUBL 0.18 MG-0.7 MG	NP	QL(32.6 ea daily); PA
<i>butorphanol tartrate NA 10 MG/ML</i>	NP		ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
BUTRANS PTWK (<i>buprenorphine</i>)	2		Androgens		
<i>pentazocine w/ naloxone hcl</i>	NP		ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 ea daily); MP; PA
SUBLOCADE SOSY 300 MG/1.5ML	2	QL(1.5 ml per 30 day(s) retail); SP	ANDROGEL PUMP GEL TD 1.62 % (<i>testosterone</i>)	NF	QL(150 gm per 30 day(s) retail)
			ANDROGEL PUMP GEL TD 1.62 % (<i>testosterone</i>)	NP	QL(150 gm per 30 day(s) retail); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANDROGEL GEL TD 25 MG/2.5GM (<i>testosterone</i>)	NF	QL(300 gm per 30 day(s) retail); MP	<i>testosterone GEL TD 1.62 %</i> , 20.25 MG/1.25GM, 40.5 MG/2.5GM	NP	QL(150 gm per 30 day(s) retail); ST
AVEED SOLN	NP	QL(3 ml per 30 day(s) retail); SP; ST	<i>testosterone GEL TD 1 %</i>	2	QL(300 gm per 30 day(s) retail); MP; PA
<i>danazol CAPS</i>	1		<i>testosterone GEL TD 1 %</i> , 25 MG/2.5GM, 50 MG/5GM	1	QL(300 gm per 30 day(s) retail); PA
FORTESTA GEL TD (<i>testosterone</i>)	NP	QL(120 gm per 30 day(s) retail); PA	<i>testosterone GEL TD 10 MG/ACT</i>	NP	QL(120 gm per 30 day(s) retail); ST
JATENZO CAPS	NP	QL(2 ea daily); PA	<i>testosterone SOLN</i>	NP	QL(180 ml per 30 day(s) retail); PA
METHITEST TABS	NP	QL(5 ea daily); PA	TLANDO CAPS	NP	QL(4 ea daily); PA
<i>methyltestosterone CAPS</i>	NP	QL(5 ea daily); PA	VOGELXO PUMP GEL TD (<i>testosterone</i>)	NP	QL(300 gm per 30 day(s) retail); PA
NATESTO GEL NA	NP	QL(22 gm per 30 day(s) retail); PA	VOGELXO GEL TD (<i>testosterone</i>)	NP	QL(300 gm per 30 day(s) retail); MP; PA
TESTIM GEL TD (<i>testosterone</i>)	2	QL(300 gm per 30 day(s) retail); MP; PA	XYOSTED SOAJ	NP	QL(2 ml per 28 day(s) retail); ST
TESTOPEL PLLT	NP	QL(6 ea per 90 day(s) retail); SP; PA	ANORECTAL AND RELATED PRODUCTS -		
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	1	QL(2 ml per 28 day(s) retail); PA	Rectal Drugs to Treat Pain, Swelling and Itching		
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	NP	QL(10 ml per 28 day(s) retail); PA	Intrarectal Steroids		
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	1	QL(10 ml per 56 day(s) retail; 10 ml per 56 days mail); PA	<i>budesonide (intrarectal)</i>	NP	
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	2	QL(2 ml per 28 day(s) retail); PA	CORTENEMA (<i>hydrocortisone (intrarectal)</i>)	NP	QL(420 ml per fill retail); PA
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	2	QL(20 ml per 56 day(s) retail); PA	CORTIFOAM EX 10 %	NP	PA
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	1	QL(10 ml per 28 day(s) retail); PA	<i>hydrocortisone (intrarectal)</i>	1	QL(420 ml per fill retail)
<i>testosterone enanthate SOLN IM</i>	NP	QL(2 ml per 28 day(s) retail); ST	UCERIS (<i>budesonide (intrarectal)</i>)	NP	PA
			Rectal Combinations		
			ANALPRAM HC CREA EX (<i>hydrocortisone acetate w/ pramoxine</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone acetate w/ pramoxine CREA EX 1 %-1 %</i>	1	
LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE GEL	NP	PA
<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	1	
<i>lidocaine-hydrocortisone acetate (rectal) KIT</i>	NP	PA
PROCTOFOAM HC FOAM EX	NP	PA
Rectal Steroids		
ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	NP	PA
<i>hydrocortisone (rectal) EX</i>	1	
<i>hydrocortisone (rectal) EX 1 %</i>	NP	PA; RX/OTC
<i>hydrocortisone acetate (rectal)</i>	1	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1	PA
RECTIV (<i>nitroglycerin (intra-anal)</i>)	NP	PA
ANTACIDS		
Antacid Combinations		
MAG-AL LIQD	2	
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG</i>	1	
<i>calcium carbonate (antacid) SUSP</i>	1	QL(16.67 ml daily)
CALCIUM CARBONATE SUSP	1	QL(16.67 ml daily)
CALCIUM CARBONATE TABS 648 MG	1	

Drug Name	Drug Tier	Requirements/Limits
TUMS CHEWY BITES CHEW (<i>calcium carbonate (antacid)</i>)	NF	
TUMS E-X 750 CHEW (<i>calcium carbonate (antacid)</i>)	NF	
TUMS EXTRA STRENGTH 750 CHEW (<i>calcium carbonate (antacid)</i>)	NF	
TUMS LASTING EFFECTS CHEW (<i>calcium carbonate (antacid)</i>)	NF	
TUMS SMOOTHIES CHEW (<i>calcium carbonate (antacid)</i>)	NF	
TUMS ULTRA 1000 CHEW (<i>calcium carbonate (antacid)</i>)	NF	
TUMS CHEW (<i>calcium carbonate (antacid)</i>)	NF	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1	
BENZNIDAZOLE	NP	SP; PA
BILTRICIDE (<i>praziquantel</i>)	NP	PA
EGATEN	2	
EMVERM CHEW	NP	QL(1 ea per 14 day(s) retail); PA
<i>ivermectin</i>	NP	PA
<i>praziquantel</i>	NP	PA
STROMEKTOL (<i>ivermectin</i>)	NP	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		

Drug Name	Drug Tier	Requirements/Limits
ASPRUZYO SPRINKLE PACK	NP	PA
RANEXA TB12 (ranolazine)	NF	MP
ranolazine TB12	1	MP; PA
Nitrates		
GONITRO PACK	NP	
ISORDIL TITRADOSE TABS 40 MG (isosorbide dinitrate)	NP	PA
ISORDIL TITRADOSE TABS 5 MG (isosorbide dinitrate)	2	MP
isosorbide dinitrate TABS	1	MP
isosorbide mononitrate TABS	1	QL(2 ea daily); MP
isosorbide mononitrate TB24	1	QL(1 ea daily); MP
NITRO-BID OINT	1	MP
NITRO-DUR PT24 0.1 MG/HR, 0.8 MG/HR (nitroglycerin)	NF	MP
NITRO-DUR PT24	2	
NITRO-DUR PT24 (nitroglycerin)	NP	MP; PA
nitroglycerin in d5w	1	PA
nitroglycerin CPCR	1	MP
nitroglycerin PT24	1	MP
nitroglycerin SOLN TL 0.4 MG/SPRAY	NP	PA
NITROGLYCERIN SOLN IV	NP	PA
nitroglycerin SUBL	1	MP
NITROLINGUAL SOLN TL (nitroglycerin)	NP	PA
NITROSTAT SUBL (nitroglycerin)	NP	MP; PA
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		

Drug Name	Drug Tier	Requirements/Limits
buspirone hcl 15 MG, 30 MG	1	QL(3 ea daily); MP
buspirone hcl	1	SON; QL(3 ea daily); MP
droperidol SOLN 2.5 MG/ML	1	SON; QL(200 ml daily)
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	1	SON; QL(200 ml daily)
hydroxyzine hcl SYRP	1	SON; QL(200 ml daily)
hydroxyzine hcl TABS 25 MG	1	QL(20 ea daily); MP
hydroxyzine hcl TABS	1	SON; QL(20 ea daily); MP
hydroxyzine pamoate CAPS	1	SON; QL(20 ea daily)
hydroxyzine pamoate CAPS 25 MG, 50 MG	1	QL(20 ea daily)
meprobamate	NP	SON; QL(20 ea daily); PA
VISTARIL CAPS (hydroxyzine pamoate)	NP	SON; QL(20 ea daily); MP; PA
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	NP	SON; QL(200 ml daily); 2 max fill(s) per 30 day(s) retail
alprazolam TABS	1	SON; QL(4 ea daily); 2 max fill(s) per 30 day(s) retail
alprazolam TB24	NP	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail
alprazolam TBDP	NP	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail
ATIVAN SOLN (lorazepam)	NP	SON; QL(200 ml daily); 2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ATIVAN TABS 0.5 MG, 2 MG (<i>lorazepam</i>)	NP	SON; QL(3 ea daily); 2 max fill(s) per 30 day(s) retail; PA	<i>lorazepam SOLN</i>	1	SON; QL(200 ml daily); 2 max fill(s) per 30 day(s) retail; PA
ATIVAN TABS 1 MG (<i>lorazepam</i>)	NP	SON; QL(4 ea daily); 2 max fill(s) per 30 day(s) retail; PA	<i>lorazepam TABS 0.5 MG, 2 MG</i>	1	SON; QL(3 ea daily); 2 max fill(s) per 30 day(s) retail
<i>chlordiazepoxide hcl CAPS</i>	1	SON; QL(4 ea daily); 2 max fill(s) per 30 day(s) retail	<i>lorazepam TABS 1 MG</i>	1	SON; QL(4 ea daily); 2 max fill(s) per 30 day(s) retail
<i>chlordiazepoxide hcl CAPS 5 MG</i>	1	QL(4 ea daily); 2 max fill(s) per 30 day(s) retail	LOREEV XR CS24	NP	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail; PA
<i>clorazepate dipotassium TABS</i>	NP	SON; QL(3 ea daily); 2 max fill(s) per 30 day(s) retail	<i>oxazepam CAPS</i>	NP	SON; QL(4 ea daily); 2 max fill(s) per 30 day(s) retail
<i>diazepam CONC</i>	1	SON; QL(200 ml daily); 2 max fill(s) per 30 day(s) retail	TRANXENE T TABS 7.5 MG (<i>clorazepate dipotassium</i>)	NF	SON; QL(3 ea daily)
<i>diazepam SOLN OR 5 MG/5ML</i>	1	SON; QL(500 ml per fill retail); 2 max fill(s) per 30 day(s) retail	VALIUM TABS (<i>diazepam</i>)	NF	SON; QL(4 ea daily); 2 max fill(s) per 30 day(s) retail
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML</i>	1	SON; QL(200 ml daily); 2 max fill(s) per 30 day(s) retail; PA	XANAX XR TB24 2 MG (<i>alprazolam</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail
<i>diazepam TABS</i>	1	SON; QL(4 ea daily); 2 max fill(s) per 30 day(s) retail	XANAX XR TB24 3 MG (<i>alprazolam</i>)	NF	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail
<i>lorazepam CONC</i>	1	SON; QL(200 ml daily); 2 max fill(s) per 30 day(s) retail	XANAX XR TB24 0.5 MG, 1 MG (<i>alprazolam</i>)	NP	QL(20 ea daily); 2 max fill(s) per 30 day(s) retail; PA
<i>lorazepam CONC</i>	NP	SON; QL(200 ml daily); 2 max fill(s) per 30 day(s) retail; PA	XANAX XR TB24 (<i>alprazolam</i>)	NP	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/Limits
XANAX TABS (<i>alprazolam</i>)	NP	SON; QL(4 ea daily); 2 max fill(s) per 30 day(s) retail; PA
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics - Misc.		
<i>adenosine SOLN 6 MG/2ML, 12 MG/4ML</i>	1	PA
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	MP
NORPACE CR CP12	NP	
NORPACE CAPS (<i>disopyramide phosphate</i>)	NP	MP; PA
<i>procainamide hcl SOLN 100 MG/ML</i>	2	PA
<i>procainamide hcl SOLN</i>	1	PA
<i>quinidine gluconate TBCR</i>	1	MP
<i>quinidine sulfate TABS</i>	NP	
Antiarrhythmics Type I-B		
<i>lidocaine hcl (cardiac) SOSY</i>	1	PA
LIDOCAINE HCL SOLN	1	PA
<i>lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML</i>	1	PA
<i>mexiletine hcl</i>	1	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	MP
<i>propafenone hcl CP12</i>	1	MP
<i>propafenone hcl TABS</i>	1	MP
RYTHMOL SR CP12 (<i>propafenone hcl</i>)	NP	MP; PA
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 50 MG/ML, 450 MG/9ML, 900 MG/18ML</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl TABS</i>	1	MP
<i>amiodarone hcl TABS</i>	NP	MP; PA
CORVERT (<i>ibutilide fumarate</i>)	2	PA
<i>dofetilide</i>	1	MP
<i>ibutilide fumarate</i>	1	PA
MULTAQ	NP	
NEXTERONE	2	PA
TIKOSYN (<i>dofetilide</i>)	NP	MP; PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	2	SP; MP; PA
FASENRA PEN SOAJ	2	SP; PA
FASENRA SOSY	2	SP; PA
NUCALA SOAJ	NP	SP; PA
NUCALA SOLR	NP	SP; MP; PA
NUCALA SOSY	NP	SP; PA
TEZSPIRE SOAJ	NP	SP; PA
TEZSPIRE SOSY	NP	SP; PA
XOLAIR SOAJ	2	SP; PA
XOLAIR SOLR	2	SP; PA
XOLAIR SOSY	2	SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	QL(8 ml daily); MP
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	QL(0.87 gm daily); MP
INCRUSE ELLIPTA	NP	MP
<i>ipratropium bromide SOLN 0.02 %</i>	1	QL(15 ml daily); MP
LONHALA MAGNAIR REFILL KIT SOLN	NP	MP
LONHALA MAGNAIR STARTER KIT SOLN	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	2	MP	ASMANEX TWISTHALER 14 METERED DOSES AEPB	NP	MP
SPIRIVA RESPIMAT AERS	NP	MP; PA	ASMANEX TWISTHALER 30 METERED DOSES AEPB	NP	MP
<i>tiotropium bromide monohydrate</i> CAPS	1	MP	ASMANEX TWISTHALER 60 METERED DOSES AEPB	NP	MP
TUDORZA PRESSAIR	NP	MP	<i>budesonide (inhalation)</i> SUSP	1	QL(4 ml daily); AL(At least 1 yrs old - Up to 8 yrs old); MP
YUPELRI	NP		FLOVENT DISKUS AEPB 50 MCG/BLIST (<i>fluticasone propionate (inhalation)</i>)	2	QL(2.4 ea daily); MP
Leukotriene Modulators			FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST (<i>fluticasone propionate (inhalation)</i>)	2	QL(2 ea daily); MP
ACCOLATE (<i>zafirlukast</i>)	NP	MP; PA	FLOVENT HFA 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	2	QL(0.44 gm daily); MP
<i>montelukast sodium</i> CHEW	1	QL(1 ea daily); MP	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	2	QL(0.48 gm daily); MP
<i>montelukast sodium</i> PACK	1	QL(1 ea daily); MP	<i>fluticasone propionate (inhalation)</i> AEPB 100 MCG/ACT, 250 MCG/ACT	2	QL(2 ea daily); MP
<i>montelukast sodium</i> TABS	1	QL(1 ea daily); MP	<i>fluticasone propionate (inhalation)</i> AEPB 50 MCG/ACT	2	QL(2.4 ea daily); MP
SINGULAIR CHEW (<i>montelukast sodium</i>)	NP	QL(1 ea daily); MP; PA	<i>fluticasone propionate hfa</i> 44 MCG/ACT	2	QL(0.44 gm daily); MP
SINGULAIR PACK (<i>montelukast sodium</i>)	NP	QL(1 ea daily); MP; PA	<i>fluticasone propionate hfa</i> 110 MCG/ACT, 220 MCG/ACT	2	QL(0.48 gm daily); MP
SINGULAIR TABS (<i>montelukast sodium</i>)	NP	QL(1 ea daily); MP; PA	PULMICORT FLEXHALER AEPB	2	QL(0.034 ea daily); MP
<i>zafirlukast</i>	1	MP	PULMICORT SUSP (<i>budesonide (inhalation)</i>)	NP	QL(4 ml daily); AL(At least 1 yrs old - Up to 8 yrs old); MP; PA
<i>zileuton</i> TB12	NP	MP			
ZYFLO TABS	NP	MP; PA			
Selective Phosphodiesterase 4 (PDE4) Inhibitors					
DALIRESP (<i>roflumilast</i>)	NP	PA			
<i>roflumilast</i>	1	PA			
Steroid Inhalants					
ALVESCO	NP	MP			
ARMONAIR DIGIHALER	NP	PA			
ARNUITY ELLIPTA	NP	MP			
ASMANEX HFA AERO	NP				
ASMANEX TWISTHALER 120 METERED DOSES AEPB	NP	MP			

Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER	NP	MP
Sympathomimetics		
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
AIRDUO DIGIHALER 113/14	NP	2 max fill(s) per 30 day(s) retail; PA
AIRDUO DIGIHALER 232/14	NP	2 max fill(s) per 30 day(s) retail; PA
AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
AIRSUPRA	NP	
<i>albuterol sulfate</i> AERS	1	QL(8.5 gm per fill retail; 17 gm per 30 day(s) retail)
<i>albuterol sulfate</i> AERS	NP	QL(18 gm per fill retail; 36 gm per 30 day(s) retail)
<i>albuterol sulfate</i> AERS	1	QL(6.7 gm per fill retail; 13.4 gm per 30 day(s) retail)
<i>albuterol sulfate</i> NEBU 2.5 MG/0.5ML	1	QL(2 ea daily); MP
<i>albuterol sulfate</i> NEBU 0.63 MG/3ML, 1.25 MG/3ML	1	QL(12.5 ml daily); MP
<i>albuterol sulfate</i> NEBU 0.083 %	1	QL(15 ml daily); MP
<i>albuterol sulfate</i> SYRP	1	MP
<i>albuterol sulfate</i> TABS	1	MP

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA	2	MP
<i>arformoterol tartrate</i>	NP	MP
BEVESPI AEROSPHERE	NP	MP
BREO ELLIPTA	NP	2 max fill(s) per 30 day(s) retail; PA
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
BREZTRI AEROSPHERE	NP	2 max fill(s) per 30 day(s) retail
BROVANA (<i>arformoterol tartrate</i>)	NP	MP; PA
BROVANA (<i>arformoterol tartrate</i>)	NF	MP
<i>budesonide-formoterol fumarate dihydrate</i>	1	2 max fill(s) per 30 day(s) retail
COMBIVENT RESPIMAT AERS	2	QL(4 gm per fill retail); MP
DUAKLIR PRESSAIR	NP	PA
DULERA	2	2 max fill(s) per 30 day(s) retail
<i>fluticasone furoate-vilanterol</i>	NP	2 max fill(s) per 30 day(s) retail
<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	2 max fill(s) per 30 day(s) retail
<i>fluticasone-salmeterol</i> AEPB	NP	2 max fill(s) per 30 day(s) retail; PA
<i>fluticasone-salmeterol</i> AERO	2	2 max fill(s) per 30 day(s) retail
<i>formoterol fumarate</i> NEBU	NP	MP
<i>ipratropium-albuterol</i> SOLN	1	QL(12 ml daily); MP
<i>levalbuterol hcl</i>	NP	MP
<i>levalbuterol tartrate</i>	NP	
PERFOROMIST NEBU (<i>formoterol fumarate</i>)	NP	MP; PA
PROAIR DIGIHALER	NP	PA

Drug Name	Drug Tier	Requirements/Limits
PROAIR HFA AERS (<i>albuterol sulfate</i>)	NF	Limit 2 Inhalers per month; QL(8.5 gm per fill retail; 17 gm per 30 day(s) retail)
PROAIR RESPICLICK AEPB	NP	
PROVENTIL HFA AERS (<i>albuterol sulfate</i>)	NP	Limit 2 Inhalers per month; QL(6.7 gm per fill retail; 13.4 gm per 30 day(s) retail)
SEREVENT DISKUS	2	QL(2 ea daily); MP
STIOLTO RESPIMAT	2	MP
STRIVERDI RESPIMAT	NP	MP
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	2	2 max fill(s) per 30 day(s) retail
<i>terbutaline sulfate SOLN</i>	NP	
<i>terbutaline sulfate TABS</i>	NP	MP
TRELEGY ELLIPTA	NP	2 max fill(s) per 30 day(s) retail
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	NP	QL(8 gm per fill retail; 16 gm per 30 day(s) retail)
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	NP	QL(18 gm per fill retail; 36 gm per 30 day(s) retail)
XOPENEX (<i>levalbuterol hcl</i>)	NF	MP
XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>)	NF	MP
XOPENEX HFA (<i>levalbuterol tartrate</i>)	NP	
Xanthines		
<i>aminophylline SOLN</i>	1	PA
THEO-24 CP24	NP	MP
<i>theophylline ELIX</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline SOLN</i>	1	QL(475 ml per fill retail); MP
<i>theophylline TB12</i>	1	MP
<i>theophylline TB24</i>	1	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	1	MP
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	2	QL(4 ea daily); MP
ELIQUIS TABS	2	QL(2 ea daily); MP
SAVAYSA	NP	QL(1 ea daily)
XARELTO STARTER PACK TBPK	2	
XARELTO SUSR	NP	PA
XARELTO TABS 2.5 MG	2	QL(2 ea daily)
XARELTO TABS 20 MG	2	QL(1 ea daily); AL(At least 18 yrs old); MP
XARELTO TABS 15 MG	2	QL(2 ea daily); AL(At least 18 yrs old); MP
XARELTO TABS 10 MG	2	QL(1 ea daily); 35 ea per 180 day(s) retail); AL(At least 18 yrs old); MP
Heparins And Heparinoid-Like Agents		
ARIXTRA (<i>fondaparinux sodium</i>)	NP	SP; PA
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(42 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	1	QL(6 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1	QL(5 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP	HEPARIN SODIUM/DEXTROSE 25000 UNIT/500ML-5 %, 5 %-25000 UNIT/250ML	1	PA
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	1	QL(9 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP	HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	2	PA
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(14 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP	HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-25000 UNIT/250ML	1	PA
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	1	QL(12 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP	HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IJ (<i>heparin (porcine) in sodium chloride</i>)	NF	
<i>fondaparinux sodium</i>	NP	SP	HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	1	PA
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	SP	HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	2	PA
FRAGMIN SOSY	NP	SP	HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	2	PA
<i>heparin (porcine) in sodium chloride SOLN IV 0.9 %-2000 UNIT/L</i>	2	PA	LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	QL(42 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP; PA
<i>heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L</i>	1	PA	LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	NP	QL(9 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP; PA
<i>heparin sodium (porcine) lock flush</i>	1	PA	LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NP	QL(14 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP; PA
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1	PA	LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NP	QL(5 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP; PA
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/0.5ML</i>	2	PA			
HEPARIN SODIUM/D5W	1	PA			

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NP	QL(6 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP; PA
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	NP	QL(12 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP; PA
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 ea daily); MP
<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	MP
PRADAXA CAPS 75 MG (<i>dabigatran etexilate mesylate</i>)	NF	QL(2 ea daily); MP
PRADAXA CAPS 75 MG, 150 MG (<i>dabigatran etexilate mesylate</i>)	2	QL(2 ea daily); MP
PRADAXA CAPS 110 MG (<i>dabigatran etexilate mesylate</i>)	2	MP
PRADAXA PACK	NP	SP; PA
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	2	MP; PA
FYCOMPA TABS	2	MP; PA
Anticonvulsants - Benzodiazepines		
<i>clobazam SUSP</i>	1	SON; QL(200 ml daily)
<i>clobazam TABS</i>	1	SON; QL(20 ea daily)
<i>clonazepam TABS</i>	1	SON; QL(4 ea daily); MP
<i>clonazepam TBDP</i>	NP	SON; QL(20 ea daily); PA
DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>)	2	SON; QL(1 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	2	SON; QL(1 ea per fill retail)
<i>diazepam (anticonvulsant) GEL</i>	1	SON; QL(1 ea per fill retail)
KLONOPIN TABS (<i>clonazepam</i>)	NP	SON; QL(4 ea daily); MP; PA
LIBERVANT FILM	NP	PA
NAYZILAM	NP	SON; QL(200 ea daily); PA
ONFI SUSP (<i>clobazam</i>)	NP	SON; QL(200 ml daily); PA
ONFI TABS (<i>clobazam</i>)	NP	SON; QL(20 ea daily); PA
SYMPAZAN FILM	NP	SON; QL(20 ea daily); PA
VALTOCO 10 MG DOSE LIQD	2	SON; QL(200 ea daily)
VALTOCO 15 MG DOSE LQPK	2	SON; QL(20 ea daily)
VALTOCO 20 MG DOSE LQPK	2	SON; QL(20 ea daily)
VALTOCO 5 MG DOSE LIQD	2	SON; QL(200 ea daily)
Anticonvulsants - Misc.		
APTIOM	NP	SON; QL(20 ea daily); PA
BANZEL SUSP (<i>rufinamide</i>)	NP	SON; QL(200 ml daily); SP; PA
BANZEL TABS (<i>rufinamide</i>)	NP	SON; QL(20 ea daily); SP; PA
BRIVIACT SOLN OR 10 MG/ML	NP	QL(200 ml daily); SP; PA
BRIVIACT SOLN IV 50 MG/5ML	2	SON; QL(800 ml daily); SP; PA
BRIVIACT TABS	NP	QL(20 ea daily); SP; PA
<i>carbamazepine CHEW</i>	1	SON; QL(20 ea daily); MP
<i>carbamazepine CP12</i>	1	SON; QL(20 ea daily); MP
<i>carbamazepine SUSP</i>	1	SON; QL(200 ml daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine TABS</i>	1	SON; QL(20 ea daily); MP	<i>lacosamide SOLN IV 200 MG/20ML</i>	NP	QL(800 ml daily); PA
<i>carbamazepine TABS</i>	1	QL(20 ea daily); MP	<i>lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(200 ml daily); MP
<i>carbamazepine TB12</i>	1	SON; QL(20 ea daily); MP	<i>lacosamide TABS</i>	1	SON; QL(2 ea daily); MP
CARBATROL CP12 (<i>carbamazepine</i>)	2	SON; QL(20 ea daily); MP	<i>lacosamide TABS</i>	1	QL(2 ea daily); MP
DIACOMIT CAPS	NP	SP; PA	LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA
DIACOMIT PACK	NP	SP; PA	LAMICTAL ODT KIT (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA
ELEPSIA XR TB24	NP	SON; QL(20 ea daily); PA	LAMICTAL ODT TBDP (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA
EPIDIOLEX	NP	SON; QL(200 ml daily); SP	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA
EPRONTIA SOLN	NP	SON; QL(200 ml daily); PA	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA
FINTEPLA	NP	SON; QL(200 ml daily); SP; PA	LAMICTAL STARTER/TAKING VALPROATE KIT (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA
<i>gabapentin CAPS 300 MG</i>	1	QL(20 ea daily); MP	LAMICTAL XR KIT	NP	SON; QL(20 ea daily); PA
<i>gabapentin CAPS 100 MG, 400 MG</i>	1	QL(4 ea daily); MP	LAMICTAL XR TB24 (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA
<i>gabapentin SOLN</i>	1	SON; QL(200 ml daily); MP	LAMICTAL TABS (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>gabapentin TABS 800 MG</i>	1	QL(4 ea daily); MP	<i>lamotrigine CHEW</i>	NP	SON; QL(20 ea daily); PA
<i>gabapentin TABS 800 MG</i>	1	SON; QL(4 ea daily); MP	<i>lamotrigine KIT 25 MG</i>	NP	SON; QL(20 ea daily); PA
<i>gabapentin TABS 600 MG</i>	1	QL(20 ea daily); MP	<i>lamotrigine TABS</i>	1	SON; QL(20 ea daily); MP
<i>gabapentin TABS 600 MG</i>	1	SON; QL(20 ea daily); MP	<i>lamotrigine TB24</i>	NP	SON; QL(20 ea daily); PA
KEPPRA XR TB24 (<i>levetiracetam</i>)	NP	SON; QL(20 ea daily); MP; PA	<i>lamotrigine TBDP</i>	NP	SON; QL(20 ea daily); PA
KEPPRA SOLN IV 500 MG/5ML (<i>levetiracetam</i>)	NP	SON; QL(200 ml daily); PA			
KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>)	NP	SON; QL(30 ml daily); MP; PA			
KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NP	SON; QL(4 ea daily); MP; PA			
KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	NP	SON; QL(20 ea daily); MP; PA			
<i>lacosamide SOLN OR 10 MG/ML</i>	1	SON; QL(200 ml daily); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LEVETIRACETAM (levetiracetam in sodium chloride)	1	SON; QL(800 ml daily); PA	pregabalin CAPS 225 MG, 300 MG	1	SON; QL(2 ea daily)
levetiracetam in sodium chloride	1	SON; QL(800 ml daily); PA	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	1	SON; QL(3 ea daily)
LEVETIRACETAM/SODIUM CHLORIDE	2	SON; QL(800 ml daily); PA	pregabalin SOLN	1	SON; QL(30 ml daily)
levetiracetam SOLN IV 500 MG/5ML	1	QL(200 ml daily); PA	primidone 50 MG, 250 MG	1	SON; QL(20 ea daily); MP
levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	1	SON; QL(30 ml daily); MP	primidone 125 MG	2	SON; QL(20 ea daily)
levetiracetam TABS 1000 MG	1	SON; QL(20 ea daily); MP	QUDEXY XR CS24 (topiramate)	NP	SON; QL(20 ea daily); PA
levetiracetam TABS 250 MG, 500 MG, 750 MG	1	SON; QL(4 ea daily); MP	rufinamide SUSP	NP	QL(200 ml daily); SP; PA
levetiracetam TB24	1	SON; QL(20 ea daily); MP	rufinamide TABS	NP	SON; QL(20 ea daily); SP; PA
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin)	NP	SON; QL(3 ea daily); PA	SPRITAM TB3D	NP	SON; QL(20 ea daily); PA
LYRICA CAPS 225 MG, 300 MG (pregabalin)	NP	SON; QL(2 ea daily); PA	TEGRETOL SUSP (carbamazepine)	2	SON; QL(200 ml daily); MP
LYRICA SOLN (pregabalin)	NP	SON; QL(30 ml daily); PA	TEGRETOL TABS (carbamazepine)	2	SON; QL(20 ea daily); MP
MOTPOLY XR CP24	NP	SON; QL(20 ea daily); PA	TEGRETOL-XR TB12 (carbamazepine)	2	SON; QL(20 ea daily); MP
MYSOLINE (primidone)	NP	SON; QL(20 ea daily); MP; PA	TOPAMAX SPRINKLE CPSP 25 MG (topiramate)	NP	SON; QL(8 ea daily); MP; PA
NEURONTIN CAPS 100 MG, 400 MG (gabapentin)	NP	SON; QL(4 ea daily); MP; PA	TOPAMAX SPRINKLE CPSP 15 MG (topiramate)	NP	SON; QL(6 ea daily); MP; PA
NEURONTIN CAPS 300 MG (gabapentin)	NP	SON; QL(20 ea daily); MP; PA	TOPAMAX TABS (topiramate)	NP	SON; QL(3 ea daily); MP; PA
NEURONTIN SOLN (gabapentin)	NP	SON; QL(200 ml daily); MP; PA	topiramate CP24	NP	SON; QL(20 ea daily); MP; PA
NEURONTIN TABS 600 MG (gabapentin)	NP	SON; QL(20 ea daily); MP; PA	topiramate CPSP 15 MG	1	QL(6 ea daily); MP
NEURONTIN TABS 800 MG (gabapentin)	NP	SON; QL(4 ea daily); MP; PA	topiramate CPSP 25 MG	1	QL(8 ea daily); MP
oxcarbazepine SUSP	1	SON; QL(200 ml daily); MP	topiramate CS24	NP	SON; QL(20 ea daily); PA
oxcarbazepine TABS	1	SON; QL(20 ea daily); MP	topiramate TABS	1	SON; QL(3 ea daily); MP
OXTELLAR XR TB24 (oxcarbazepine)	NP	SON; QL(20 ea daily); PA	TRILEPTAL SUSP (oxcarbazepine)	2	SON; QL(200 ml daily); MP
			TRILEPTAL TABS (oxcarbazepine)	NP	SON; QL(20 ea daily); MP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TROKENDI XR CP24 (<i>topiramate</i>)	NP	SON; QL(20 ea daily); MP; PA	DILANTIN INFATABS CHEW (<i>phenytoin</i>)	NP	MP; PA
VIMPAT SOLN IV 200 MG/20ML (<i>lacosamide</i>)	NP	SON; QL(800 ml daily); PA	DILANTIN-125 SUSP (<i>phenytoin</i>)	NP	MP; PA
VIMPAT SOLN OR 10 MG/ML (<i>lacosamide</i>)	NP	SON; QL(200 ml daily); MP; PA	<i>fosphenytoin sodium</i>	1	PA
VIMPAT TABS (<i>lacosamide</i>)	NP	SON; QL(2 ea daily); MP; PA	<i>phenytoin sodium extended 200 MG, 300 MG</i>	2	MP
ZONEGRAN CAPS 25 MG, 100 MG (<i>zonisamide</i>)	NF	SON; QL(20 ea daily); MP	<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	MP
ZONISADE SUSP	NP	SON; QL(200 ml daily); PA	<i>phenytoin sodium SOLN</i>	1	PA
<i>zonisamide CAPS</i>	1	SON; QL(20 ea daily); MP	<i>phenytoin CHEW</i>	1	MP
ZTALMY	CO		<i>phenytoin SUSP</i>	1	MP
Carbamates			Succinimides		
<i>felbamate SUSP</i>	1	MP; PA	CELONTIN (<i>methsuximide</i>)	NP	PA
<i>felbamate TABS</i>	1	MP; PA	<i>ethosuximide CAPS</i>	1	
FELBATOL SUSP (<i>felbamate</i>)	2	MP; PA	<i>ethosuximide SOLN</i>	1	
FELBATOL TABS (<i>felbamate</i>)	2	MP; PA	<i>methsuximide</i>	NP	PA
XCOPRI TABS	NP	PA	ZARONTIN CAPS (<i>ethosuximide</i>)	NP	PA
XCOPRI TBPK	NP	PA	ZARONTIN SOLN (<i>ethosuximide</i>)	NP	PA
GABA Modulators			Valproic Acid		
GABITRIL (<i>tiagabine hcl</i>)	2	MP; PA	DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	NP	SON; QL(20 ea daily); MP; PA
SABRIL PACK (<i>vigabatrin</i>)	NP	SP; MP; PA	DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	2	SON; QL(20 ea daily); MP
SABRIL TABS (<i>vigabatrin</i>)	NP	SP; MP; PA	DEPAKOTE TBEC (<i>divalproex sodium</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>tiagabine hcl</i>	1	MP; PA	<i>divalproex sodium CSDR</i>	1	SON; QL(20 ea daily); MP
<i>vigabatrin PACK</i>	NP	SP; MP; PA	<i>divalproex sodium TB24</i>	1	SON; QL(20 ea daily); MP
<i>vigabatrin TABS</i>	NP	SP; MP; PA	<i>divalproex sodium TBEC</i>	1	SON; QL(20 ea daily); MP
Hydantoins			<i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i>	1	SON; QL(200 ml daily)
CEREBYX (<i>fosphenytoin sodium</i>)	NP	PA			
DILANTIN 30 MG	2	MP			
DILANTIN (<i>phenytoin sodium extended</i>)	NP	MP; PA			

Drug Name	Drug Tier	Requirements/Limits
<i>valproate sodium SOLN OR 250 MG/5ML</i>	1	QL(200 ml daily); MP
<i>valproic acid CAPS</i>	1	SON; QL(20 ea daily); MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS 15 MG, 30 MG, 45 MG</i>	1	QL(1 ea daily); MP
<i>mirtazapine TABS</i>	1	SON; QL(1 ea daily); MP
<i>mirtazapine TBDP</i>	1	SON; QL(1 ea daily); MP
REMERON SOLTAB TBDP (<i>mirtazapine</i>)	NP	SON; QL(1 ea daily); MP; PA
REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	NP	SON; QL(1 ea daily); MP; PA
Antidepressant Combinations		
AUVELITY	NP	SON; QL(20 ea daily); PA
Antidepressants - Misc.		
APLENZIN	NP	SON; QL(20 ea daily); PA
<i>bupropion hcl TABS</i>	1	SON; QL(3 ea daily); MP
<i>bupropion hcl TB12</i>	1	SON; QL(2 ea daily); MP
<i>bupropion hcl TB24 450 MG</i>	NP	SON; QL(20 ea daily); PA
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	SON; QL(1 ea daily); MP
FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP	SON; QL(20 ea daily); PA
FORFIVO XL TB24 (<i>bupropion hcl</i>)	NF	
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	NP	SON; QL(2 ea daily); MP; PA
WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	NP	SON; QL(1 ea daily); MP; PA
GABA Receptor Modulator - Neuroactive Steroid		
ZURZUVAE	2	SON; QL(20 ea daily); SP; PA
Monoamine Oxidase Inhibitors (MAOIs)		

Drug Name	Drug Tier	Requirements/Limits
EMSAM	2	SON; QL(20 ea daily); MP
MARPLAN	NP	SON; QL(20 ea daily); MP
NARDIL (<i>phenelzine sulfate</i>)	NP	SON; QL(20 ea daily); MP; PA
PARNATE (<i>tranylcypromine sulfate</i>)	NF	SON; QL(20 ea daily); MP
<i>phenelzine sulfate</i>	1	SON; QL(20 ea daily); MP
<i>tranylcypromine sulfate</i>	1	SON; QL(20 ea daily); MP
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 40 MG (<i>citalopram hydrobromide</i>)	NP	SON; QL(1 ea daily); AL(At least 6 yrs old); MP; PA
CELEXA TABS 10 MG (<i>citalopram hydrobromide</i>)	NP	SON; QL(4 ea daily); AL(At least 6 yrs old); MP; PA
CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>)	NP	SON; QL(2 ea daily); AL(At least 6 yrs old); MP; PA
CITALOPRAM HYDROBROMIDE CAPS	NP	SON; QL(20 ea daily); PA
<i>citalopram hydrobromide SOLN</i>	NP	SON; QL(20 ml daily); AL(At least 6 yrs old); MP; PA
<i>citalopram hydrobromide TABS 20 MG</i>	1	QL(2 ea daily); AL(At least 6 yrs old); MP
<i>citalopram hydrobromide TABS 20 MG</i>	1	SON; QL(2 ea daily); AL(At least 6 yrs old); MP
<i>citalopram hydrobromide TABS 40 MG</i>	1	SON; QL(1 ea daily); AL(At least 6 yrs old); MP
<i>citalopram hydrobromide TABS 10 MG</i>	1	SON; QL(4 ea daily); AL(At least 6 yrs old); MP
<i>escitalopram oxalate SOLN</i>	NP	SON; QL(200 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate</i> TABS	1	SON; QL(1 ea daily); MP	PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	NP	SON; QL(4 ea daily); MP; PA
<i>escitalopram oxalate</i> TABS	1	QL(1 ea daily); MP	<i>sertraline hcl</i> CONC	NP	SON; QL(10 ml daily); MP; PA
<i>fluoxetine hcl</i> CAPS 10 MG, 20 MG	1	SON; QL(4 ea daily); MP	<i>sertraline hcl</i> TABS 100 MG	1	SON; QL(2 ea daily); MP
<i>fluoxetine hcl</i> CAPS 40 MG	1	SON; QL(2 ea daily); MP	<i>sertraline hcl</i> TABS 25 MG, 50 MG	1	SON; QL(1.5 ea daily); MP
<i>fluoxetine hcl</i> CAPS 20 MG	1	QL(4 ea daily); MP	SERTRALINE HYDROCHLORIDE CAPS	NP	SON; QL(20 ea daily); PA
<i>fluoxetine hcl</i> CPDR	NP	SON; QL(20 ea daily)	ZOLOFT CONC (<i>sertraline hcl</i>)	NP	SON; QL(10 ml daily); MP; PA
<i>fluoxetine hcl</i> SOLN	1	SON; MP	ZOLOFT TABS 25 MG, 50 MG (<i>sertraline hcl</i>)	NP	SON; QL(1.5 ea daily); MP; PA
<i>fluoxetine hcl</i> TABS 20 MG, 60 MG	NP	SON; QL(20 ea daily); PA	ZOLOFT TABS 100 MG (<i>sertraline hcl</i>)	NP	SON; QL(2 ea daily); MP; PA
<i>fluoxetine hcl</i> TABS 10 MG	NP	SON; QL(1 ea daily); MP; PA	Serotonin Modulators		
FLUOXETINE HYDROCHLORIDE TABS (<i>fluoxetine hcl</i>)	NP	SON; QL(20 ea daily); PA	<i>nefazodone hcl</i>	NP	SON; QL(4 ea daily); MP; PA
<i>fluvoxamine maleate</i> CP24	NP	SON; QL(20 ea daily); PA	<i>trazodone hcl</i> TABS 300 MG	1	SON; QL(2 ea daily); MP
<i>fluvoxamine maleate</i> TABS 25 MG, 50 MG	1	SON; QL(2 ea daily); MP	<i>trazodone hcl</i> TABS 50 MG, 100 MG, 150 MG	1	SON; QL(20 ea daily); MP
<i>fluvoxamine maleate</i> TABS 100 MG	1	SON; QL(3 ea daily); MP	TRINTELLIX	NP	SON; QL(1 ea daily); AL(At least 18 yrs old); MP; PA
LEXAPRO TABS (<i>escitalopram oxalate</i>)	NP	SON; QL(1 ea daily); MP; PA	VIIBRYD TABS (<i>vilazodone hcl</i>)	NP	SON; QL(1 ea daily); MP; PA
<i>paroxetine hcl</i> SUSP	NP	SON; QL(40 ml daily); MP; PA	<i>vilazodone hcl</i> TABS	NP	SON; QL(1 ea daily); MP; PA
<i>paroxetine hcl</i> TABS	1	SON; QL(2 ea daily); MP	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>paroxetine hcl</i> TB24	NP	SON; QL(20 ea daily); PA	CYMBALTA CPEP 30 MG (<i>duloxetine hcl</i>)	NP	SON; QL(2 ea daily); AL(At least 7 yrs old); MP; PA
PAXIL CR TB24 (<i>paroxetine hcl</i>)	NP	SON; QL(20 ea daily); PA	CYMBALTA CPEP 20 MG (<i>duloxetine hcl</i>)	NP	SON; QL(3 ea daily); AL(At least 7 yrs old); MP; PA
PAXIL SUSP (<i>paroxetine hcl</i>)	NP	SON; QL(40 ml daily); MP; PA			
PAXIL TABS (<i>paroxetine hcl</i>)	NP	SON; QL(2 ea daily); MP; PA			
PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	NP	SON; QL(2 ea daily); MP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CYMBALTA CPEP 60 MG (duloxetine hcl)	NP	SON; QL(1 ea daily); AL(At least 7 yrs old); MP; PA	PRISTIQ 100 MG (desvenlafaxine succinate)	NP	SON; QL(4 ea daily); MP; PA
DESVENLAFAXINE ER	NP	SON; QL(20 ea daily)	VENLAFAXINE BESYLATE ER	NP	SON; QL(20 ea daily); PA
desvenlafaxine succinate 25 MG, 50 MG	NP	SON; QL(1 ea daily); MP	venlafaxine hcl CP24	1	SON; QL(2 ea daily); MP
desvenlafaxine succinate 100 MG	NP	SON; QL(4 ea daily); MP	venlafaxine hcl CP24	1	QL(2 ea daily); MP
desvenlafaxine succinate 25 MG	NP	QL(1 ea daily); MP	venlafaxine hcl TABS	1	SON; QL(20 ea daily); MP
DRIZALMA SPRINKLE CSDR	NP	AL(At least 7 yrs old); PA	venlafaxine hcl TB24	NP	SON; QL(1 ea daily); MP; PA
duloxetine hcl CPEP 60 MG	1	SON; QL(1 ea daily); AL(At least 7 yrs old); MP	Tricyclic Agents		
duloxetine hcl CPEP 20 MG	1	QL(3 ea daily); AL(At least 7 yrs old); MP	amitriptyline hcl TABS	1	SON; QL(20 ea daily); MP
duloxetine hcl CPEP 40 MG	NP	SON; QL(1.5 ea daily); AL(At least 7 yrs old); MP; PA	amoxapine	1	SON; QL(20 ea daily); MP
duloxetine hcl CPEP 20 MG	1	SON; QL(3 ea daily); AL(At least 7 yrs old); MP	ANAFRANIL (clomipramine hcl)	NP	SON; QL(20 ea daily); PA
duloxetine hcl CPEP 30 MG	1	SON; QL(2 ea daily); AL(At least 7 yrs old); MP	clomipramine hcl	NP	SON; QL(20 ea daily)
EFFEXOR XR CP24 (venlafaxine hcl)	NP	SON; QL(2 ea daily); MP; PA	desipramine hcl TABS 25 MG	1	SON; QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (venlafaxine hcl)	NF	QL(2 ea daily); MP	desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	1	SON; QL(20 ea daily); MP
EFFEXOR XR CP24 150 MG (venlafaxine hcl)	NF		doxepin hcl CAPS	1	SON; QL(20 ea daily); MP
FETZIMA TITRATION PACK C4PK	NP	SON; QL(20 ea daily)	doxepin hcl CONC	1	SON; QL(200 ml daily); MP
FETZIMA CP24	NP	SON; QL(20 ea daily)	imipramine hcl TABS	1	SON; QL(20 ea daily); MP
PRISTIQ 25 MG, 50 MG (desvenlafaxine succinate)	NP	SON; QL(1 ea daily); MP; PA	imipramine pamoate	NP	SON; QL(20 ea daily)
			NORPRAMIN TABS 10 MG (desipramine hcl)	NP	SON; QL(20 ea daily); MP; PA
			NORPRAMIN TABS 25 MG (desipramine hcl)	NP	SON; QL(2 ea daily); PA
			nortriptyline hcl CAPS	1	SON; QL(20 ea daily); MP
			nortriptyline hcl SOLN	NP	SON; QL(20 ml daily); MP
			PAMELOR CAPS (nortriptyline hcl)	NP	SON; QL(20 ea daily); MP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>protriptyline hcl</i>	NP	SON; QL(20 ea daily); MP	JANUMET TABS	2	QL(2 ea daily); MP
<i>trimipramine maleate CAPS</i>	NP	SON; QL(20 ea daily); MP	JENTADUETO XR TB24 1000 MG-2.5 MG	2	QL(2 ea daily)
ANTIDIABETICS - Drugs to Regulate Blood Sugar					
Alpha-Glucosidase Inhibitors					
<i>acarbose</i>	1	MP	JENTADUETO XR TB24 1000 MG-5 MG	2	
<i>miglitol</i>	NP		JENTADUETO TABS	2	QL(2 ea daily); AL(At least 18 yrs old); MP
PRECOSE (<i>acarbose</i>)	NF	MP	KAZANO (<i>alogliptin-metformin hcl</i>)	NP	QL(2 ea daily); MP
Antidiabetic - Amylin Analogs					
SYMLINPEN 120 SOPN	2	PA	KOMBIGLYZE XR 1000 MG-2.5 MG (<i>saxagliptin-metformin hcl</i>)	2	QL(2 ea daily); AL(At least 18 yrs old)
SYMLINPEN 60 SOPN	2	PA	KOMBIGLYZE XR 1000 MG-5 MG, 500 MG-5 MG (<i>saxagliptin-metformin hcl</i>)	2	QL(1 ea daily); AL(At least 18 yrs old)
Antidiabetic - Cellular Therapy					
LANTIDRA	CO		OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (<i>alogliptin-pioglitazone</i>)	NP	QL(1 ea daily); MP; PA
Antidiabetic Combinations					
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	NP	QL(2 ea daily); PA	<i>pioglitazone hcl-glimepiride</i>	NP	
<i>alogliptin-metformin hcl</i>	NP	QL(2 ea daily); MP	<i>pioglitazone hcl-metformin hcl</i> TABS	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); MP; PA	QTERN	NP	PA
<i>dapagliflozin propanediol-metformin hcl</i>	2	MP	<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP	PA	<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>glipizide-metformin hcl</i>	1	MP	SEGLUROMET	NP	
<i>glyburide-metformin</i>	1	MP	SITAGLIPTIN/METFORMIN HYDROCHLORIDE	2	
GLYXAMBI	NP	PA	SOLIQUA 100/33	NP	PA
INVOKAMET XR TB24	NP		STEGLUJAN	NP	PA
INVOKAMET TABS	2	MP	SYNJARDY XR TB24	NP	
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily); MP	SYNJARDY TABS	2	
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily); MP	TRIJARDY XR	NP	PA
			XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR	2	MP	GVOKE HYPOPEN 2-PACK SOAJ	NP	PA
XULTOPHY 100/3.6	NP	PA	GVOKE KIT SOLN	NP	PA
Antidiabetic-Antibodies			GVOKE PFS SOSY	NP	PA
TZIELD	CO		KORLYM (<i>mifepristone (hyperglycemia)</i>)	2	SP; PA
Biguanides			<i>mifepristone (hyperglycemia)</i>	1	SP; PA
GLUMETZA TB24 (<i>metformin hcl</i>)	NP	PA	PROGLYCEM (<i>diazoxide</i>)	2	
<i>metformin hcl SOLN</i>	NP	PA	SM GLUCOSE CHEW	2	QL(50 ea per 30 day(s) retail)
<i>metformin hcl TABS 1000 MG</i>	1	QL(2 ea daily); MP	ZEGALOGUE SOAJ	NP	PA
<i>metformin hcl TABS 625 MG</i>	NP	PA	ZEGALOGUE SOSY	NP	PA
<i>metformin hcl TABS 500 MG</i>	1	QL(5 ea daily); MP	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>metformin hcl TABS 850 MG</i>	1	QL(3 ea daily); MP	<i>alogliptin benzoate</i>	NP	QL(1 ea daily)
<i>metformin hcl TB24 500 MG</i>	1	QL(4 ea daily); MP	JANUVIA	2	QL(1 ea daily); MP
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	PA	NESINA (<i>alogliptin benzoate</i>)	NP	QL(1 ea daily)
<i>metformin hcl TB24 750 MG</i>	1	QL(2 ea daily); MP	ONGLYZA (<i>saxagliptin hcl</i>)	2	QL(1 ea daily)
RIOMET SOLN	NP	PA	<i>saxagliptin hcl</i>	1	QL(1 ea daily)
Diabetic Other			SITAGLIPTIN	NP	PA
BAQSIMI ONE PACK POWD	2	PA	TRADJENTA	2	QL(1 ea daily); AL(At least 18 yrs old); MP
BAQSIMI TWO PACK POWD	2	PA	ZITUVIO	NP	PA
<i>diazoxide</i>	1		Dopamine Receptor Agonists - Antidiabetic		
GLUCAGEN HYPOKIT	2		CYCLOSET	NP	PA
<i>glucagon (rdna)</i>	1	QL(1 ea per fill retail)	Incretin Mimetic Agents		
GLUCAGON EMERGENCY KIT (<i>glucagon (rdna)</i>)	2	QL(1 ea per fill retail)	BYDUREON BCISE AUIJ	2	QL(0.122 ml daily)
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	NP	PA	BYETTA SOPN	2	AL(At least 18 yrs old)
GVOKE HYPOPEN 1-PACK SOAJ	NP	PA	<i>liraglutide</i>	1	QL(0.3 ml daily)
			MOUNJARO	NP	PA
			OZEMPIC SOPN 8 MG/3ML	NP	QL(3 ml per 28 day(s) retail); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OZEMPIC SOPN 2 MG/3ML	NP	QL(12 ml per 28 day(s) retail); PA	HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(1 ml daily)
OZEMPIC SOPN 4 MG/3ML	NP	QL(6 ml per 28 day(s) retail); PA	HUMALOG MIX 75/25 SUSP	2	QL(1.34 ml daily); MP
RYBELSUS TABS	NP	QL(1 ea daily); PA	HUMALOG TEMPO PEN SOPN	NP	PA
TRULICITY	NP	PA	HUMALOG SOCT	2	QL(1.34 ml daily)
VICTOZA (<i>liraglutide</i>)	2	Limit 9ml per month; QL(0.3 ml daily)	HUMALOG SOLN IJ	NP	QL(1.34 ml daily); MP; PA
Insulin			HUMULIN 70/30 KWIKPEN SUPN	2	QL(1 ml daily)
ADMELOG SOLOSTAR SOPN	NP	QL(1 ml daily)	HUMULIN 70/30 SUSP	2	QL(1.34 ml daily); MP
ADMELOG SOLN IJ	NP	QL(1.34 ml daily); MP	HUMULIN N KWIKPEN SUPN	2	QL(1 ml daily)
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	PA	HUMULIN N SUSP	2	QL(1.34 ml daily); MP
APIDRA SOLOSTAR SOPN	NP	QL(1 ml daily)	HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	MP
APIDRA SOLN	NP	QL(40 ml per 30 day(s) retail)	HUMULIN R U-500 KWIKPEN SOPN SC	2	
BASAGLAR KWIKPEN SOPN	2	QL(1 ml daily)	HUMULIN R SOLN IJ	2	QL(1.34 ml daily); MP
BASAGLAR TEMPO PEN SOPN	2		HUMULIN R SOLN IJ	NP	QL(1.34 ml daily); MP
FIASP FLEXTOUCH SOPN	NP	QL(1 ml daily)	INSULIN ASPART FLEXPEN SOPN	NP	QL(1 ml daily)
FIASP PENFILL SOCT	NP	QL(1 ml daily)	INSULIN ASPART PENFILL SOCT	NP	QL(1 ml daily)
FIASP PUMPCART SOCT	NP	QL(1 ml daily)	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	2	QL(1 ml daily)
FIASP SOLN	NP	QL(1 ml daily); MP	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	2	QL(1.34 ml daily); MP
HUMALOG JUNIOR KWIKPEN SOPN	2	QL(1 ml daily)	INSULIN ASPART SOLN IJ	NP	QL(1 ml daily); MP
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	QL(1 ml daily)	INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	
HUMALOG KWIKPEN SOPN 200 UNIT/ML	NP	QL(1.34 ml daily); PA	INSULIN DEGLUDEC SOLN	NP	
HUMALOG MIX 50/50 KWIKPEN SUPN	2	QL(1 ml daily)	INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	
HUMALOG MIX 50/50 SUSP	2	QL(1.34 ml daily); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	2	QL(1 ml daily)	NOVOLIN N FLEXPEN SUPN	NP	QL(1 ml daily)
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP		NOVOLIN N RELION SUSP	NP	QL(1.34 ml daily); MP
INSULIN GLARGINE SOLN	2	MP	NOVOLIN N SUSP	NP	QL(1.34 ml daily); MP
INSULIN GLARGINE-YFGN SOLN	NP	PA	NOVOLIN R RELION SOLN IJ	NP	QL(1.34 ml daily); MP
INSULIN GLARGINE-YFGN SOPN	NP	PA	NOVOLIN R SOLN IJ	NP	QL(1.34 ml daily); MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	QL(1 ml daily)	NOVOLOG FLEXPEN RELION SOPN	NP	QL(1 ml daily)
INSULIN LISPRO KWIKPEN SOPN	2	QL(1 ml daily)	NOVOLOG FLEXPEN SOPN	2	QL(1 ml daily)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	QL(1 ml daily)	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	NP	QL(1 ml daily); PA
INSULIN LISPRO SOLN IJ	2	QL(1.34 ml daily); MP	NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	NP	QL(1 ml daily); PA
LANTUS SOLOSTAR SOPN	NP	QL(1 ml daily); PA	NOVOLOG MIX 70/30 RELION SUSP	2	QL(1.34 ml daily); MP
LANTUS SOLN	NP	MP; PA	NOVOLOG MIX 70/30 SUSP	NP	QL(1.34 ml daily); MP; PA
LEVEMIR FLEXPEN SOPN	2		NOVOLOG PENFILL SOCT	2	QL(1 ml daily)
LEVEMIR SOLN	2	MP	NOVOLOG RELION SOLN IJ	NP	QL(1 ml daily); MP
LYUMJEV KWIKPEN SOPN	NP		NOVOLOG SOLN IJ	2	QL(1 ml daily); MP
LYUMJEV TEMPO PEN SOPN	NP	PA	REZVOGLAR KWIKPEN	NP	PA
LYUMJEV SOLN	NP		SEMGLEE SOLN	NP	PA
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(1 ml daily)	SEMGLEE SOPN	NP	PA
NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(1 ml daily)	TOUJEO MAX SOLOSTAR SOPN	NP	
NOVOLIN 70/30 RELION SUSP	NP	QL(1.34 ml daily); MP	TOUJEO SOLOSTAR SOPN	NP	
NOVOLIN 70/30 SUSP	NP	QL(1.34 ml daily); MP	TRESIBA FLEXTOUCH SOPN	NP	
NOVOLIN N FLEXPEN RELION SUPN	NP	QL(1 ml daily)	TRESIBA SOLN	NP	
			Insulin Sensitizing Agents		
			ACTOS (<i>pioglitazone hcl</i>)	NP	QL(1 ea daily); MP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl</i>	1	QL(1 ea daily); MP
Meglitinide Analogues		
<i>nateglinide</i>	1	QL(3 ea daily); MP
<i>repaglinide</i>	1	MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	2	QL(1 ea daily); MP
FARXIGA (<i>dapagliflozin propanediol</i>)	2	QL(1 ea daily); MP
FARXIGA	2	QL(1 ea daily); MP
INVOKANA	2	MP
JARDIANCE	2	QL(1 ea daily); MP
STEGLATRO	NP	
Sulfonylureas		
AMARYL 4 MG (<i>glimepiride</i>)	NP	QL(2 ea daily); MP; PA
AMARYL 1 MG, 2 MG (<i>glimepiride</i>)	NP	QL(1 ea daily); MP; PA
<i>glimepiride 4 MG</i>	1	QL(2 ea daily); MP
<i>glimepiride 1 MG, 2 MG</i>	1	QL(1 ea daily); MP
<i>glipizide TABS 2.5 MG</i>	NP	PA
<i>glipizide TABS 5 MG, 10 MG</i>	1	MP
<i>glipizide TB24</i>	1	MP
GLUCOTROL XL TB24 (<i>glipizide</i>)	NP	MP; PA
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	MP
<i>glyburide TABS</i>	1	MP
GLYNASE (<i>glyburide micronized</i>)	NP	MP; PA
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		

Drug Name	Drug Tier	Requirements/Limits
MYTESI	NP	
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate CHEW 262 MG</i>	1	
<i>bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/30ML</i>	1	
<i>bismuth subsalicylate TABS</i>	1	
PEPTO-BISMOL MAX STRENGTH SUSP (<i>bismuth subsalicylate</i>)	NF	
PEPTO-BISMOL TO-GO CHEW (<i>bismuth subsalicylate</i>)	NF	
PEPTO-BISMOL CHEW (<i>bismuth subsalicylate</i>)	NF	
PEPTO-BISMOL SUSP (<i>bismuth subsalicylate</i>)	NF	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	NP	PA
<i>diphenoxylate w/ atropine TABS</i>	NP	
IMODIUM A-D CAPS (<i>loperamide hcl</i>)	NF	RX/OTC
IMODIUM A-D TABS (<i>loperamide hcl</i>)	NF	
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	NP	PA
<i>loperamide hcl CAPS</i>	NP	RX/OTC
<i>loperamide hcl TABS</i>	1	
MOTOFEN	NP	
<i>opium tincture</i>	NP	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	2	
<i>deferasirox PACK</i>	1	SP
<i>deferasirox TABS</i>	1	SP; MP

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox TBSO</i>	1	SP; MP
<i>deferiprone TABS</i>	NP	SP; PA
EXJADE TBSO (<i>deferasirox</i>)	NP	SP; MP; PA
FERRIPROX TWICE-A-DAY TABS	NP	SP; PA
FERRIPROX SOLN	NP	SP; MP; PA
FERRIPROX TABS (<i>deferiprone</i>)	NP	SP; MP; PA
JADENU SPRINKLE PACK (<i>deferasirox</i>)	NP	SP; PA
JADENU TABS (<i>deferasirox</i>)	NP	SP; MP; PA
Antidotes and Specific Antagonists		
BAL IN OIL	2	PA
<i>deferoxamine mesylate</i>	1	SP
DEFERAL 500 MG (<i>deferoxamine mesylate</i>)	NP	SP
VISTOGARD	2	
Opioid Antagonists		
KLOXXADO LIQD	2	
<i>naloxone hcl LIQD</i>	1	RX/OTC
<i>naloxone hcl SOCT</i>	1	
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1	
<i>naloxone hcl SOSY 2 MG/2ML</i>	1	
<i>naltrexone hcl</i>	1	SON; QL(20 ea daily)
<i>naltrexone hcl</i>	1	QL(20 ea daily)
NARCAN LIQD (<i>naloxone hcl</i>)	2	RX/OTC
OPVEE NA	2	
REXTOVY LIQD	2	
VIVITROL	2	QL(1 ea per 28 day(s) retail); SP
ZIMHI SOSY	2	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		

Drug Name	Drug Tier	Requirements/Limits
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	NP	
<i>granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML</i>	NP	PA
<i>granisetron hcl TABS</i>	NP	
<i>ondansetron hcl SOLN IJ</i>	1	
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	QL(50 ml per fill retail)
<i>ondansetron hcl SOSY</i>	1	
<i>ondansetron hcl TABS 4 MG</i>	1	QL(6 ea daily)
<i>ondansetron hcl TABS 8 MG</i>	1	QL(3 ea daily)
<i>ondansetron hcl TABS 24 MG</i>	2	QL(1 ea daily)
<i>ondansetron TBDP 16 MG</i>	NP	PA
<i>ondansetron TBDP 4 MG, 8 MG</i>	1	QL(2 ea daily)
<i>palonosetron hcl SOLN</i>	NP	PA
<i>palonosetron hcl SOSY</i>	NP	PA
PALONOSETRON HYDROCHLORIDE SOLN	NP	PA
POSFREA SOLN	NP	PA
SANCUSO PTCH	NP	
SUSTOL PRSY	NP	
Antiemetics - Anticholinergic		
ANTIVERT CHEW (<i>meclizine hcl</i>)	NP	PA; RX/OTC
ANTIVERT TABS 50 MG (<i>meclizine hcl</i>)	2	
DIMENHYDRINATE SOLN	NP	PA
<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>meclizine hcl TABS 50 MG</i>	2	
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC
<i>scopolamine</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TIGAN SOLN	NP	PA	BREXAFEMME	NP	PA
TRANSDERM-SCOP (scopolamine)	NP	PA	CANCIDAS (caspofungin acetate)	NP	PA
trimethobenzamide hcl CAPS	1		caspofungin acetate	1	PA
Antiemetics - Miscellaneous			CASPOFUNGIN ACETATE	1	PA
AKYNZEO	NP	PA	ERAXIS	2	PA
AKYNZEO SOLN	2	PA	MICAFUNGIN	NP	PA
AKYNZEO SOLR	2	PA	micafungin sodium	1	PA
BONJESTA TBCR	NP	PA	MICAFUNGIN/SODIUM CHLORIDE	2	PA
DICLEGIS TBEC (doxylamine-pyridoxine)	2	PA	MYCAMINE	NP	PA
doxylamine-pyridoxine TBEC	1	PA	REZZAYO	2	PA
dronabinol CAPS	NP	PA	Antifungals		
MARINOL CAPS 2.5 MG (dronabinol)	NP	PA	ABELCET	2	PA
MARINOL CAPS 5 MG, 10 MG (dronabinol)	NF		AMBISOME (amphotericin b liposome)	NP	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists			amphotericin b IV	1	PA
APONVIE EMUL	NP	PA	amphotericin b liposome	1	PA
aprepitant CAPS	1		ANCOBON (flucytosine)	NP	PA
aprepitant CAPS	NP	PA	flucytosine	NP	
aprepitant MISC	NP	PA	griseofulvin microsize SUSP	1	
CINVANTI EMUL	NP	PA	griseofulvin microsize TABS	NP	
EMEND TRIPACK CAPS (aprepitant)	NP	PA	griseofulvin ultramicrosize	NP	
EMEND CAPS 80 MG (aprepitant)	NP	PA	nystatin TABS	1	QL(6 ea daily)
EMEND SOLR (fosaprepitant dimeglumine)	NP	PA	terbinafine hcl TABS	1	QL(1 ea daily; 90 ea per 120 day(s) retail)
EMEND SUSR	NP	PA	Imidazole-Related Antifungals		
fosaprepitant dimeglumine SOLR	NP	PA	CRESEMBA CAPS	NP	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections			CRESEMBA SOLR	2	PA
Antifungal - Glucan Synthesis Inhibitors			DIFLUCAN SUSR (fluconazole)	NP	QL(70 ml per fill retail); PA
			DIFLUCAN TABS 50 MG (fluconazole)	NF	QL(7 ea per fill retail)
			DIFLUCAN TABS 150 MG (fluconazole)	NP	QL(2 ea per fill retail); PA

Drug Name	Drug Tier	Requirements/Limits
DIFLUCAN TABS 100 MG <i>(fluconazole)</i>	NP	QL(1 ea daily); PA
DIFLUCAN TABS 200 MG <i>(fluconazole)</i>	NP	QL(2 ea daily); PA
<i>fluconazole in nacl 0.9 %- 200 MG/100ML, 0.9 %- 400 MG/200ML</i>	1	PA
FLUCONAZOLE/SODIUM CHLORIDE	1	PA
<i>fluconazole SUSR</i>	1	QL(70 ml per fill retail)
<i>fluconazole TABS 150 MG</i>	1	QL(2 ea per fill retail)
<i>fluconazole TABS 100 MG</i>	1	QL(1 ea daily)
<i>fluconazole TABS 50 MG</i>	1	QL(7 ea per fill retail)
<i>fluconazole TABS 200 MG</i>	1	QL(2 ea daily)
<i>itraconazole CAPS</i>	NP	QL(1 ea daily)
<i>itraconazole SOLN</i>	NP	PA
<i>ketoconazole</i>	NP	PA
NOXAFIL PACK	NP	PA
NOXAFIL SOLN <i>(posaconazole)</i>	NP	PA
NOXAFIL SUSP <i>(posaconazole)</i>	NP	MP; PA
NOXAFIL TBEC <i>(posaconazole)</i>	NP	MP; PA
<i>posaconazole SOLN</i>	1	PA
<i>posaconazole SUSP</i>	NP	MP; PA
<i>posaconazole TBEC</i>	NP	MP
<i>posaconazole TBEC</i>	NP	MP; PA
SPORANOX PULSEPAK CAPS <i>(itraconazole)</i>	NF	QL(1 ea daily)
SPORANOX CAPS <i>(itraconazole)</i>	NP	QL(1 ea daily); PA
SPORANOX SOLN <i>(itraconazole)</i>	NP	PA
TOLSURA CAPS	NP	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
VFEND IV SOLR <i>(voriconazole)</i>	NP	PA
VFEND SUSR <i>(voriconazole)</i>	NP	PA
VFEND TABS <i>(voriconazole)</i>	NP	PA
VIVJOA	2	PA
<i>voriconazole SOLR</i>	1	PA
VORICONAZOLE SOLR <i>(voriconazole)</i>	1	PA
<i>voriconazole SUSR</i>	NP	PA
<i>voriconazole TABS</i>	NP	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate TABS</i>	1	QL(120 ea per fill retail)
<i>dexchlorpheniramine maleate SOLN</i>	NP	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CHILDRENS LIQD <i>(diphenhydramine hcl)</i>	NF	QL(240 ml per fill retail)
BENADRYL ALLERGY ULTRATABS TABS <i>(diphenhydramine hcl)</i>	NF	QL(4 ea daily)
BENADRYL ALLERGY CAPS <i>(diphenhydramine hcl)</i>	NF	QL(4 ea daily)
BENADRYL ALLERGY TABS <i>(diphenhydramine hcl)</i>	NF	QL(4 ea daily)
<i>carbinoxamine maleate SOLN</i>	NP	
<i>carbinoxamine maleate TABS 4 MG</i>	NP	
<i>clemastine fumarate SYRP</i>	NP	
<i>clemastine fumarate TABS 2.68 MG</i>	NP	
<i>diphenhydramine hcl CAPS</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1	QL(240 ml per fill retail)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML</i>	1	QL(240 ml per fill retail)
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1	PA
<i>diphenhydramine hcl TABS 25 MG</i>	1	QL(4 ea daily)
KARBINAL ER SUER (<i>carbinoxamine maleate</i>)	NP	
RYVENT TABS	NP	
Antihistamines - Non-Sedating		
<i>cetirizine hcl SOLN OR</i>	1	RX/OTC
<i>cetirizine hcl TABS</i>	1	QL(1 ea daily)
CLARINEX TABS (<i>desloratadine</i>)	NP	PA
CLARITIN ALLERGY CHILDRENS SOLN (<i>loratadine</i>)	NF	
CLARITIN SOLN (<i>loratadine</i>)	NF	
CLARITIN TABS (<i>loratadine</i>)	NF	
<i>desloratadine TABS</i>	NP	
<i>desloratadine TBDP</i>	NP	PA
<i>levocetirizine dihydrochloride SOLN</i>	NP	RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	NP	RX/OTC
<i>loratadine SOLN</i>	1	
<i>loratadine TABS</i>	1	
XYZAL ALLERGY 24HR CHILDRENS SOLN (<i>levocetirizine dihydrochloride</i>)	NF	RX/OTC
XYZAL ALLERGY 24HR TABS (<i>levocetirizine dihydrochloride</i>)	NF	RX/OTC
ZYRTEC ALLERGY TABS (<i>cetirizine hcl</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZYRTEC CHILDRENS ALLERGY SOLN OR (<i>cetirizine hcl</i>)	NF	RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN IJ (<i>promethazine hcl</i>)	NP	PA
<i>promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML</i>	NP	PA
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl SUPP 50 MG</i>	NP	QL(12 ea per fill retail); AL(At least 2 yrs old); PA
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1	QL(12 ea per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl TABS</i>	1	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1	
<i>cyproheptadine hcl TABS</i>	1	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
NEXLETOL	2	PA
Angiotensin-like Protein Inhibitors		
EVKEEZA	CO	
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	NP	PA
NEXLIZET	NP	PA
VYTORIN (<i>ezetimibe-simvastatin</i>)	NP	PA
Antihyperlipidemics - Misc.		
<i>icosapent ethyl 1 GM</i>	NP	QL(4 ea daily); PA
<i>icosapent ethyl 0.5 GM</i>	NP	QL(8 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LOVAZA (<i>omega-3-acid ethyl esters</i>)	NP	PA	WELCHOL TABS (<i>colesevelam hcl</i>)	NP	PA
<i>omega-3-acid ethyl esters</i>	NP	PA	Fibric Acid Derivatives		
VASCEPA 0.5 GM (<i>icosapent ethyl</i>)	NP	QL(8 ea daily); PA	<i>choline fenofibrate</i>	NP	PA
VASCEPA 1 GM (<i>icosapent ethyl</i>)	NP	QL(4 ea daily); PA	<i>fenofibrate micronized 134 MG, 200 MG</i>	NP	QL(1 ea daily); PA
Bile Acid Sequestrants			<i>fenofibrate micronized 67 MG</i>	NP	QL(2 ea daily); PA
<i>cholestyramine light PACK</i>	1	MP	<i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>	NP	PA
<i>cholestyramine light POWD</i>	1	MP	<i>fenofibrate CAPS</i>	NP	PA
<i>cholestyramine PACK</i>	1	MP	<i>fenofibrate TABS 160 MG</i>	1	QL(1 ea daily); MP
<i>cholestyramine POWD</i>	1	MP	<i>fenofibrate TABS 54 MG</i>	1	QL(3 ea daily); MP
<i>colesevelam hcl PACK</i>	NP		<i>fenofibrate TABS 40 MG, 48 MG, 120 MG, 145 MG</i>	1	MP
<i>colesevelam hcl TABS</i>	NP		<i>fenofibric acid</i>	NP	PA
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	NP	PA	FENOGLIDE TABS (<i>fenofibrate</i>)	NP	MP; PA
COLESTID FLAVORED PACK (<i>colestipol hcl</i>)	NP	PA	FIBRICOR (<i>fenofibric acid</i>)	NP	PA
COLESTID GRAN (<i>colestipol hcl</i>)	NP	PA	<i>gemfibrozil TABS</i>	1	QL(2 ea daily); MP
COLESTID PACK (<i>colestipol hcl</i>)	NP	PA	LIPOFEN CAPS 50 MG (<i>fenofibrate</i>)	NF	
COLESTID PACK (<i>colestipol hcl</i>)	NF		LIPOFEN CAPS (<i>fenofibrate</i>)	NP	PA
COLESTID TABS (<i>colestipol hcl</i>)	NP	MP; PA	LOPID TABS (<i>gemfibrozil</i>)	NP	QL(2 ea daily); MP; PA
<i>colestipol hcl GRAN</i>	NP		TRICOR TABS (<i>fenofibrate</i>)	NP	MP; PA
<i>colestipol hcl PACK</i>	NP		TRILIPIX (<i>choline fenofibrate</i>)	NP	PA
<i>colestipol hcl TABS</i>	1	MP	HMG CoA Reductase Inhibitors		
QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NP	MP; PA	ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	
QUESTRAN PACK (<i>cholestyramine</i>)	NP	MP; PA	ATORVALIQ SUSP	NP	PA
QUESTRAN POWD (<i>cholestyramine</i>)	NP	MP; PA	<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily); MP
WELCHOL PACK (<i>colesevelam hcl</i>)	NP	PA	CRESTOR TABS (<i>rosuvastatin calcium</i>)	NP	PA

Drug Name	Drug Tier	Requirements/Limits
EZALLOR SPRINKLE CPSP	NP	PA
FLOLIPID SUSP	2	PA
<i>fluvastatin sodium CAPS</i>	NP	
<i>fluvastatin sodium TB24</i>	NP	
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	NF	
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	NP	PA
LIPITOR TABS (<i>atorvastatin calcium</i>)	NP	QL(1 ea daily); MP; PA
LIPITOR TABS 20 MG, 40 MG, 80 MG (<i>atorvastatin calcium</i>)	NF	QL(1 ea daily); MP
LIVALO (<i>pitavastatin calcium</i>)	NP	PA
<i>lovastatin TABS 10 MG, 20 MG</i>	1	QL(1 ea daily); MP
<i>lovastatin TABS 40 MG</i>	1	QL(2 ea daily); MP
<i>pitavastatin calcium</i>	NP	
<i>pravastatin sodium</i>	1	QL(1 ea daily); MP
<i>rosuvastatin calcium TABS</i>	1	
<i>simvastatin TABS 80 MG</i>	1	MP
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(1 ea daily); MP
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	NP	QL(1 ea daily); MP; PA
ZYPITAMAG 2 MG, 4 MG	NP	
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	MP
ZETIA (<i>ezetimibe</i>)	NP	MP; PA
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	2	SP; MP; PA
Nicotinic Acid Derivatives		

Drug Name	Drug Tier	Requirements/Limits
<i>niacin (antihyperlipidemic) TBCR</i>	1	MP
NIASPAN TBCR 1000 MG (<i>niacin (antihyperlipidemic)</i>)	NF	MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	NP	QL(4.5 ml per 365 day(s) retail); 2 max fill(s) per 30 day(s) retail; SP; PA
PRALUENT SOAJ	NP	2 max fill(s) per 30 day(s) retail; PA
REPATHA PUSHTRONEX SYSTEM SOCT	2	QL(2 ml per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
REPATHA SURECLICK SOAJ	2	QL(2 ml per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
REPATHA SOSY	2	QL(2 ml per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (<i>quinapril hcl</i>)	NP	QL(1 ea daily); PA
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	NP	QL(2 ea daily); MP; PA
<i>benazepril hcl 40 MG</i>	1	QL(2 ea daily); MP
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	1	QL(1 ea daily); MP
<i>captopril</i>	1	QL(3 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate SOLN</i>	NP		ATACAND (<i>candesartan cilexetil</i>)	NP	PA
<i>enalapril maleate TABS</i>	1	QL(2 ea daily); MP	AVAPRO (<i>irbesartan</i>)	NP	QL(1 ea daily); MP; PA
<i>enalaprilat</i>	1		BENICAR (<i>olmesartan medoxomil</i>)	NP	MP; PA
EPANED SOLN (<i>enalapril maleate</i>)	NP	PA	<i>candesartan cilexetil</i>	NP	
<i>fosinopril sodium</i>	1	QL(1 ea daily); MP	COZAAR (<i>losartan potassium</i>)	NP	QL(1 ea daily); MP; PA
<i>lisinopril TABS 2.5 MG</i>	1	QL(1 ea daily); MP	DIOVAN TABS (<i>valsartan</i>)	NP	QL(1 ea daily); MP; PA
<i>lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	QL(2 ea daily); MP	EDARBI	NP	
LOTENSIN 40 MG (<i>benazepril hcl</i>)	NP	QL(2 ea daily); MP; PA	<i>irbesartan</i>	1	QL(1 ea daily); MP
LOTENSIN 10 MG, 20 MG (<i>benazepril hcl</i>)	NP	QL(1 ea daily); MP; PA	<i>losartan potassium</i>	1	QL(1 ea daily); MP
<i>moexipril hcl</i>	NP		MICARDIS (<i>telmisartan</i>)	NP	QL(1 ea daily); PA
<i>perindopril erbumine</i>	NP		<i>olmesartan medoxomil</i>	1	MP
QBRELIS SOLN	NP		<i>telmisartan</i>	NP	QL(1 ea daily)
<i>quinapril hcl</i>	1	QL(1 ea daily)	<i>valsartan SOLN</i>	NP	PA
<i>ramipril CAPS</i>	1	QL(2 ea daily); MP	<i>valsartan TABS</i>	1	QL(1 ea daily); MP
<i>trandolapril 1 MG, 2 MG</i>	NP	QL(1 ea daily)	Antiadrenergic Antihypertensives		
<i>trandolapril 4 MG</i>	NP	QL(2 ea daily)	CARDURA (<i>doxazosin mesylate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
VASOTEC TABS (<i>enalapril maleate</i>)	NP	QL(2 ea daily); MP; PA	CARDURA 8 MG (<i>doxazosin mesylate</i>)	NF	
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (<i>lisinopril</i>)	NP	QL(2 ea daily); MP; PA	CATAPRES-TTS-1 (<i>clonidine</i>)	NF	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail; MP
ZESTRIL TABS 2.5 MG (<i>lisinopril</i>)	NP	QL(1 ea daily); MP; PA	CATAPRES-TTS-2 (<i>clonidine</i>)	NF	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail; MP
Agents for Pheochromocytoma			CATAPRES-TTS-3 (<i>clonidine</i>)	NF	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail; MP
DEMSER (<i>metyrosine</i>)	NP	SP; PA			
DIBENZYLINE (<i>phenoxybenzamine hcl</i>)	NF	2 max fill(s) per 30 day(s) retail			
<i>metyrosine</i>	NP	SP; PA			
<i>phenoxybenzamine hcl</i>	1	2 max fill(s) per 30 day(s) retail			
Angiotensin II Receptor Antagonists					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clonidine</i>	1	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail; MP	<i>terazosin hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>clonidine</i>	1	QL(20 ea daily); 2 max fill(s) per 30 day(s) retail; MP	Antihypertensive Combinations		
<i>clonidine hcl TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 4 yrs old); MP	ACCURETIC 12.5 MG-10 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(3 ea daily); MP; PA
<i>clonidine hcl TB24</i>	2	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	ACCURETIC 25 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(2 ea daily); MP; PA
<i>doxazosin mesylate</i>	1	2 max fill(s) per 30 day(s) retail; MP	ACCURETIC 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(4 ea daily); MP; PA
<i>guanfacine hcl</i>	1	2 max fill(s) per 30 day(s) retail; AL(At least 4 yrs old); MP	<i>amlodipine besylate-benazepril hcl</i>	1	QL(1 ea daily); MP; PA
<i>guanfacine hcl</i>	1	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 4 yrs old); MP	<i>amlodipine besylate-olmesartan medoxomil</i>	NP	PA
<i>methyldopa TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>amlodipine besylate-valsartan</i>	1	MP; PA
MINIPRESS CAPS (<i>prazosin hcl</i>)	NF	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail; MP	<i>amlodipine-valsartan-hydrochlorothiazide</i>	NP	PA
NEXICLON XR TB24 (<i>clonidine hcl</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP	ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	NP	PA
<i>prazosin hcl CAPS</i>	1	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail; MP	<i>atenolol & chlorthalidone</i>	1	QL(1 ea daily); MP
			AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA
			AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>)	NP	PA
			<i>benazepril & hydrochlorothiazide</i>	1	QL(1 ea daily); MP
			BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NP	MP; PA
			<i>bisoprolol & hydrochlorothiazide</i>	1	QL(1 ea daily); MP
			<i>candesartan cilexetil-hydrochlorothiazide</i>	NP	PA
			<i>captopril & hydrochlorothiazide</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA	<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	MP
EDARBYCLOR	NP	PA	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1	QL(3 ea daily); MP
<i>enalapril maleate & hydrochlorothiazide</i>	1	QL(2 ea daily); MP	<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1	QL(4 ea daily); MP
EXFORGE (<i>amlodipine besylate-valsartan</i>)	NP	MP; PA	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily); MP
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	PA	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	NP	QL(2 ea daily); MP; PA
<i>fosinopril sodium & hydrochlorothiazide</i>	1	QL(1 ea daily); MP	TEKTURNA HCT 12.5 MG-300 MG, 25 MG-300 MG	NP	PA
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA	<i>telmisartan-amlodipine</i>	NP	PA
<i>irbesartan-hydrochlorothiazide</i>	1	QL(1 ea daily); MP	<i>telmisartan-hydrochlorothiazide</i>	NP	QL(1 ea daily); PA
<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily); MP	TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NP	QL(1 ea daily); MP; PA
<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	QL(2 ea daily); MP	TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NF	
<i>losartan potassium & hydrochlorothiazide</i>	1	QL(1 ea daily); MP	TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NF	
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); MP; PA	TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NP	QL(1 ea daily); MP; PA
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); MP; PA	<i>trandolapril-verapamil hcl</i>	NP	PA
<i>metoprolol & hydrochlorothiazide TABS</i>	1	QL(2 ea daily); MP	TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	PA
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily); PA	<i>valsartan-hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP	PA	VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	NP	QL(2 ea daily); MP; PA
			ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	NP	QL(2 ea daily); MP; PA
			ZESTORETIC 25 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA

Drug Name	Drug Tier	Requirements/Limits
ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA
Antihypertensives - Misc.		
VECAMYL	NP	SP; PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	NP	PA
TEKTURNA (<i>aliskiren fumarate</i>)	NP	PA
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	MP
INSPRA (<i>eplerenone</i>)	NF	
INSPRA (<i>eplerenone</i>)	NF	MP
INSPRA (<i>eplerenone</i>)	NP	MP; PA
Vasodilators		
<i>hydralazine hcl SOLN</i>	1	PA
<i>hydralazine hcl TABS</i>	1	MP
<i>minoxidil 2.5 MG, 10 MG</i>	1	MP
NIPRIDE RTU (<i>nitroprusside sodium-sodium chloride</i>)	2	PA
<i>nitroprusside sodium</i>	1	PA
<i>nitroprusside sodium-sodium chloride</i>	1	PA
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	NP	PA
<i>bacitracin</i>	1	PA
FLAGYL CAPS (<i>metronidazole</i>)	NP	PA
LIKMEZ SUSP	NP	PA
<i>metronidazole CAPS</i>	1	
<i>metronidazole TABS</i>	1	
NEBUPENT IN (<i>pentamidine isethionate</i>)	2	PA

Drug Name	Drug Tier	Requirements/Limits
PENTAM 300 IJ (<i>pentamidine isethionate</i>)	NP	PA
<i>pentamidine isethionate IN</i>	1	PA
<i>tinidazole</i>	1	
<i>trimethoprim TABS</i>	1	
XIFAXAN	2	MP; PA
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	NP	PA
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	NP	PA
<i>methenamine-hyoscamine-methylene blue-sodium phosphate TABS</i>	NP	
<i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal</i>	NP	PA
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS</i>	NP	
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 10.8 MG-81 MG-32.4 MG-0.12 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG</i>	NP	
<i>sulfamethoxazole-trimethoprim SOLN</i>	1	PA
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
URIBEL	NP	PA
UROGESIC-BLUE TABS (<i>methenamine-hyoscamine-methylene blue-sodium phosphate</i>)	NP	PA
Antiprotozoal Agents		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALINIA TABS (nitazoxanide)	NF		CLEOCIN (clindamycin hcl)	NP	PA
atovaquone	1		CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride)	NP	PA
LAMPIT	2	PA	clindamycin hcl	1	
MEPRON (atovaquone)	NP	PA	clindamycin palmitate hydrochloride	1	
nitazoxanide TABS	NP	PA	LINCOCIN (lincomycin hcl)	2	PA
Carbapenems			LINCOCIN (lincomycin hcl)	NF	
ertapenem sodium IJ	1	SP; PA	lincomycin hcl	1	PA
INVANZ IJ (ertapenem sodium)	NP	SP; PA	Monobactams		
Glycopeptides			CAYSTON	2	SP; PA
FIRVANQ SOLR OR (vancomycin hcl)	2		Oxazolidinones		
VANCOCCIN CAPS 250 MG (vancomycin hcl)	NP	QL(8 ea daily); PA	linezolid SUSR	NP	PA
VANCOCCIN CAPS 125 MG (vancomycin hcl)	NP	QL(4 ea daily); PA	linezolid TABS	1	
vancomycin hcl CAPS 125 MG	1	QL(4 ea daily)	SIVEXTRO TABS	NP	QL(6 ea per fill retail)
vancomycin hcl CAPS 250 MG	1	QL(8 ea daily)	ZYVOX SUSR (linezolid)	NP	PA
vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML	1		ZYVOX TABS (linezolid)	NP	PA
vancomycin hcl SOLR IV 500 MG	1	QL(14 ea per 30 day(s) retail)	Urinary Anti-infectives		
vancomycin hcl SOLR OR 25 MG/ML	2		fosfomycin tromethamine	NP	PA
vancomycin hcl SOLR IV 1 GM, 1000 MG	1	QL(14 ea per fill retail)	HIPREX (methenamine hippurate)	NP	PA
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	2	QL(14 ea per 30 day(s) retail)	MACROBID (nitrofurantoin monohyd macro)	NP	PA
VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM	2	QL(14 ea per fill retail)	MACRODANTIN (nitrofurantoin macrocrystal)	NP	PA
Leprostatics			methenamine hippurate	1	
dapsone	1	MP	methenamine mandelate 0.5 GM, 1 GM	1	
Lincosamides			MONUROL (fosfomycin tromethamine)	NF	
			nitrofurantoin 25 MG/5ML	NP	PA
			NITROFURANTOIN	NP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	
<i>nitrofurantoin macrocrystal 25 MG</i>	NP	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	2	QL(24 ea per fill retail)
MALARONE (<i>atovaquone-proguanil hcl</i>)	NP	PA
Antimalarials		
<i>chloroquine phosphate TABS 500 MG</i>	1	QL(5 ea per 30 day(s) retail); 180 day(s) max supply per 365 day(s) retail
<i>chloroquine phosphate TABS 250 MG</i>	1	QL(2 ea daily); 180 day(s) max supply per 365 day(s) retail
DARAPRIM (<i>pyrimethamine</i>)	CO	
<i>hydroxychloroquine sulfate 100 MG, 300 MG, 400 MG</i>	1	
<i>hydroxychloroquine sulfate 200 MG</i>	1	QL(3 ea daily)
KRINTAFEL	NP	PA
<i>mefloquine hcl</i>	1	MP
PLAQUENIL (<i>hydroxychloroquine sulfate</i>)	NF	QL(3 ea daily)
<i>primaquine phosphate TABS</i>	1	
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pyrimethamine</i>	CO	
QUALAQUIN CAPS (<i>quinine sulfate</i>)	NF	
QUALAQUIN CAPS (<i>quinine sulfate</i>)	NP	PA
<i>quinine sulfate CAPS 324 MG</i>	1	
SOVUNA 300 MG	2	
SOVUNA 200 MG	NP	QL(3 ea daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
BLOXIVERZ SOLN IV (<i>neostigmine methylsulfate</i>)	2	PA
FIRDAPSE	CO	
MESTINON TIMESPAN TBCR (<i>pyridostigmine bromide</i>)	NP	PA
MESTINON SOLN OR (<i>pyridostigmine bromide</i>)	2	PA
MESTINON TABS (<i>pyridostigmine bromide</i>)	NP	PA
<i>neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML</i>	1	PA
NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML	1	PA
<i>neostigmine methylsulfate SOSY</i>	1	PA
NEOSTIGMINE METHYLSULFATE SOSY (<i>neostigmine methylsulfate</i>)	1	PA
<i>pyridostigmine bromide SOLN OR</i>	1	PA
<i>pyridostigmine bromide TABS 30 MG</i>	2	
<i>pyridostigmine bromide TABS 60 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide</i> TBCR	1		<i>methotrexate sodium</i> SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	1	
REGONOL SOLN IV	1	PA	<i>methotrexate sodium</i> SOLR	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)			<i>methotrexate sodium</i> TABS 2.5 MG	1	
Antimycobacterial Agents			ONUREG TABS	2	SP; PA
<i>cycloserine</i>	1		PURIXAN SUSP	2	PA
<i>ethambutol hcl</i> TABS	1	MP	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2	
<i>isoniazid</i> SYRP	1	MP	XATMEP SOLN	2	
<i>isoniazid</i> TABS	1	MP	XELODA (<i>capecitabine</i>)	NP	SP; PA
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	NP	MP; PA	Antineoplastic - Angiogenesis Inhibitors		
MYCOBUTIN (<i>rifabutin</i>)	NP	PA	FRUZAQLA	2	SP; PA
PRETOMANID	2		INLYTA 1 MG	2	QL(8 ea daily); SP; PA
PRIFTIN	2		INLYTA 5 MG	2	QL(4 ea daily); SP; PA
<i>pyrazinamide</i>	1		LENVIMA 10 MG DAILY DOSE	2	QL(1 ea daily); SP; PA
<i>rifabutin</i>	1		LENVIMA 12MG DAILY DOSE	2	QL(3 ea daily); SP; PA
<i>rifampin</i> CAPS	1		LENVIMA 14 MG DAILY DOSE	2	QL(2 ea daily); SP; PA
SIRTURO	2		LENVIMA 18 MG DAILY DOSE	2	QL(3 ea daily); SP; PA
TRECTOR	2		LENVIMA 20 MG DAILY DOSE	2	QL(2 ea daily); SP; PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			LENVIMA 24 MG DAILY DOSE	2	QL(3 ea daily); SP; PA
Alkylating Agents			LENVIMA 4 MG DAILY DOSE	2	QL(1 ea daily); SP; PA
ALKERAN (<i>melphalan</i>)	NF		LENVIMA 8 MG DAILY DOSE	2	QL(2 ea daily); SP; PA
<i>cyclophosphamide</i> CAPS	1		Antineoplastic - Anti-HER2 Agents		
CYCLOPHOSPHAMIDE TABS	2		TUKYSA	2	QL(4 ea daily); SP; PA
<i>melphalan</i>	2		Antineoplastic - BCL-2 Inhibitors		
TEMODAR CAPS 250 MG (<i>temozolomide</i>)	NF	SP			
<i>temozolomide</i> CAPS	1	SP; PA			
Antimetabolites					
<i>capecitabine</i>	1	SP; PA			
JYLAMVO SOLN	NP	SP; PA			
<i>mercaptopurine</i> TABS	1				

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK TBPK	2	SP; PA
VENCLEXTA TABS	2	SP; PA
Antineoplastic - Cellular Immunotherapy		
ABECMA	CO	
AMTAGVI	CO	SP
BREYANZI	CO	
CARVYKTI	CO	
KYMRIAH	CO	
OMISIRGE	CO	
PROVENGE	CO	
TECARTUS	CO	
TECELRA	CO	
YESCARTA	CO	
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl 100 MG, 150 MG</i>	1	QL(1 ea daily); SP; PA
<i>erlotinib hcl 25 MG</i>	1	QL(3 ea daily); SP; PA
EXKIVITY	2	QL(4 ea daily); SP; PA
<i>gefitinib</i>	1	QL(1 ea daily); SP; PA
GILOTRIF 30 MG, 40 MG	2	QL(1 ea daily); SP; PA
GILOTRIF 20 MG	2	QL(2 ea daily); SP; PA
IRESSA (<i>gefitinib</i>)	NP	QL(1 ea daily); SP; PA
TAGRISO	2	QL(1 ea daily); SP; PA
TARCEVA 25 MG (<i>erlotinib hcl</i>)	NP	QL(3 ea daily); SP; PA
TARCEVA 100 MG, 150 MG (<i>erlotinib hcl</i>)	NP	QL(1 ea daily); SP; PA
VIZIMPRO	2	QL(1 ea daily); SP; PA
Antineoplastic - Gene Therapy Agents		
ADSTILADRIN	CO	
Antineoplastic - Hedgehog Pathway Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
DAURISMO	2	SP; PA
ERIVEDGE	2	SP; PA
ODOMZO	2	SP; PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate 250 MG</i>	1	QL(120 ea per 30 day(s) retail; 120 ea per 30 days mail); SP; PA
<i>abiraterone acetate 500 MG</i>	NP	QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); SP; PA
AKEEGA	2	SP; PA
<i>anastrozole</i>	1	
ARIMIDEX (<i>anastrozole</i>)	NP	PA
AROMASIN (<i>exemestane</i>)	NP	PA
<i>bicalutamide</i>	1	
CAMCEVI	2	SP; PA
CASODEX (<i>bicalutamide</i>)	NP	PA
ELIGARD SC 22.5 MG, 30 MG, 45 MG	2	SP; PA
ELIGARD KIT SC 7.5 MG	2	SP; PA
EMCYT	2	SP; PA
ERLEADA	2	SP; PA
<i>exemestane</i>	1	
FARESTON (<i>toremifene citrate</i>)	NP	PA
FEMARA (<i>letrozole</i>)	NP	PA
<i>hydroxyprogesterone caproate (antineoplastic)</i>	1	Limit 5ml per month; QL(0.167 ml daily); SP; PA
<i>letrozole</i>	1	
LEUPROLIDE ACETATE INJ	2	PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3-MONTH) KIT IM	2	SP; PA
LUPRON DEPOT (4-MONTH) IM	2	SP; PA
LUPRON DEPOT (6-MONTH) IM	2	SP; PA
LYSODREN	2	SP; PA
<i>megestrol acetate SUSP</i>	1	
<i>megestrol acetate TABS</i>	1	
NILANDRON (<i>nilutamide</i>)	NF	
<i>nilutamide</i>	1	PA
NUBEQA	2	SP; PA
ORGOVYX	2	SP; PA
ORSERDU	2	SP; PA
SOLTAMOX SOLN	NP	PA
<i>tamoxifen citrate TABS</i>	1	MP
<i>toremifene citrate</i>	NP	PA
TRELSTAR MIXJECT	2	SP; PA
XTANDI CAPS	2	SP; PA
XTANDI TABS	2	SP; PA
YONSA	NP	QL(120 ea per 30 day(s) retail; 120 ea per 30 days mail); SP; PA
ZYTIGA 250 MG (<i>abiraterone acetate</i>)	NP	QL(120 ea per 30 day(s) retail; 120 ea per 30 days mail); SP; PA
ZYTIGA 500 MG (<i>abiraterone acetate</i>)	NP	QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); SP; PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	2	SP; PA
Antineoplastic - Immunomodulators		
POMALYST	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	2	QL(1 ea daily); SP; PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO	2	SP; PA
XPOVIO 60 MG TWICE WEEKLY	2	SP; PA
XPOVIO 80 MG TWICE WEEKLY	2	SP; PA
Antineoplastic Combinations		
INQOVI	2	SP; PA
KISQALI FEMARA 200 DOSE	2	SP; PA
KISQALI FEMARA 400 DOSE	2	SP; PA
KISQALI FEMARA 600 DOSE	2	SP; PA
LONSURF	2	SP; PA
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	NP	SP; PA
AFINITOR TABS (<i>everolimus</i>)	NP	SP; PA
ALECENSA	2	QL(8 ea daily); SP; PA
ALUNBRIG TABS 30 MG	2	QL(2 ea daily); SP; PA
ALUNBRIG TABS 90 MG, 180 MG	2	QL(1 ea daily); SP; PA
ALUNBRIG TBPK	2	QL(1 ea daily); SP; PA
AUGTYRO	2	SP; PA
BALVERSA	2	SP; PA
BOSULIF CAPS	2	SP; PA
BOSULIF TABS 100 MG	2	QL(3 ea daily); SP; PA
BOSULIF TABS 400 MG, 500 MG	2	QL(1 ea daily); SP; PA
BRAFTOVI 75 MG	2	SP; PA
BRUKINSA	2	QL(4 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TABS	2	QL(1 ea daily); SP; PA	JAKAFI	2	QL(2 ea daily); SP; PA
CALQUENCE	2	SP; PA	JAYPIRCA	2	QL(2 ea daily); SP; PA
CAPRELSA 300 MG	2	QL(1 ea daily); SP; PA	KISQALI	2	SP; PA
CAPRELSA 100 MG	2	QL(2 ea daily); SP; PA	KOSELUGO	2	SP; PA
COMETRIQ KIT	2	QL(4 ea daily); SP; PA	KRAZATI	2	SP; PA
COMETRIQ KIT	2	QL(3 ea daily); SP; PA	<i>lapatinib ditosylate</i>	1	QL(6 ea daily); SP; PA
COMETRIQ KIT	2	QL(2 ea daily); SP; PA	LORBRENA 100 MG	2	QL(1 ea daily); SP; PA
COPIKTRA	2	SP; PA	LORBRENA 25 MG	2	QL(3 ea daily); SP; PA
COTELLIC	2	SP; PA	LUMAKRAS	2	SP; PA
<i>everolimus TABS</i>	1	SP; PA	LYNPARZA TABS	2	QL(4 ea daily); SP; PA
<i>everolimus TBSO</i>	1	SP; PA	LYTGOBI	2	SP; PA
FOTIVDA	2	SP; PA	MEKINIST SOLR	2	SP; PA
GAVRETO	2	QL(4 ea daily); SP; PA	MEKINIST TABS	2	SP; PA
GLEEVEC 400 MG <i>(imatinib mesylate)</i>	NF		MEKTOVI	2	SP; PA
GLEEVEC 100 MG <i>(imatinib mesylate)</i>	NP	QL(3 ea daily); SP; PA	NERLYNX	2	QL(6 ea daily); SP; PA
GLEEVEC 400 MG <i>(imatinib mesylate)</i>	NP	QL(2 ea daily); SP; PA	NEXAVAR <i>(sorafenib tosylate)</i>	2	SP; PA
IBRANCE CAPS	2	SP; PA	NINLARO	2	SP; PA
IBRANCE TABS	2	SP; PA	OGSIVEO	2	SP; PA
ICLUSIG 10 MG	2	QL(2 ea daily); SP; PA	OJEMDA SUSR	2	SP; PA
ICLUSIG 15 MG, 30 MG, 45 MG	2	QL(1 ea daily); SP; PA	OJEMDA TABS	2	SP; PA
IDHIFA	2	SP; PA	OJJAARA	2	SP; PA
<i>imatinib mesylate 400 MG</i>	1	QL(2 ea daily); SP; PA	<i>pazopanib hcl</i>	1	QL(4 ea daily); SP; PA
<i>imatinib mesylate 100 MG</i>	1	QL(3 ea daily); SP; PA	PEMAZYRE	2	SP; PA
IMBRUVICA CAPS	2	QL(1 ea daily); SP; PA	PIQRAY 200MG DAILY DOSE	2	SP; PA
IMBRUVICA SUSP	NP	SP; PA	PIQRAY 250MG DAILY DOSE	2	SP; PA
IMBRUVICA TABS 140 MG, 280 MG, 420 MG	2	QL(1 ea daily); SP; PA	PIQRAY 300MG DAILY DOSE	2	SP; PA
INREBIC	2	SP; PA	QINLOCK	2	QL(3 ea daily); SP; PA
			RETEVMO CAPS 40 MG	2	QL(6 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RETEVMO CAPS 80 MG	2	QL(4 ea daily); SP; PA	VOTRIENT (<i>pazopanib hcl</i>)	2	QL(4 ea daily); SP; PA
REZLIDHIA	2	SP; PA	XALKORI CAPS	2	QL(2 ea daily); SP; PA
ROZLYTREK CAPS	2	SP; PA	XALKORI CPSP	2	SP; PA
ROZLYTREK PACK	2	SP; PA	XOSPATA	2	QL(3 ea daily); SP; PA
RUBRACA	2	SP; PA	ZEJULA CAPS	2	SP; PA
RYDAPT	2	SP; PA	ZEJULA TABS	2	SP; PA
SCEMBLIX 20 MG	2	QL(4 ea daily); SP; PA	ZELBORAF	2	SP; PA
SCEMBLIX 40 MG	2	QL(10 ea daily); SP; PA	ZOLINZA	2	SP; PA
SCEMBLIX 100 MG	2	SP; PA	ZYDELIG	2	SP; PA
<i>sorafenib tosylate</i>	1	SP; PA	ZYKADIA TABS	2	QL(3 ea daily); SP; PA
SPRYCEL (<i>dasatinib</i>)	2	QL(1 ea daily); SP; PA	Antineoplastic Radiopharmaceuticals		
STIVARGA	2	SP; PA	LUTATHERA	CO	
<i>sunitinib malate</i>	1	SP; PA	PLUVICTO	CO	
SUTENT (<i>sunitinib malate</i>)	2	SP; PA	Antineoplastics Misc.		
TABRECTA	2	QL(4 ea daily); SP; PA	ACTIMMUNE 100 MCG/0.5ML	CO	
TAFINLAR CAPS	2	SP; PA	BESREMI	2	SP; PA
TAFINLAR TBSO	2	SP; PA	<i>bexarotene</i>	1	SP; PA
TALZENNA	2	SP; PA	HYDREA (<i>hydroxyurea</i>)	NP	PA
TASIGNA 50 MG	2	QL(2 ea daily); SP; PA	<i>hydroxyurea</i>	1	
TASIGNA 150 MG, 200 MG	2	QL(4 ea daily); SP; PA	INTRON A SOLR 10000000 UNIT	2	SP; PA
TAZVERIK	2	SP; PA	MATULANE	NP	SP; PA
TEPMETKO	2	SP; PA	TARGRETIN (<i>bexarotene</i>)	NP	SP; PA
TIBSOVO	2	SP; PA	<i>retinoin (chemotherapy)</i>	1	SP; PA
TRUQAP	2	SP; PA	Chemotherapy Rescue/Antidote/Protective Agents		
TURALIO 125 MG	2	SP; PA	IWILFIN	2	SP; PA
TYKERB (<i>lapatinib ditosylate</i>)	2	QL(6 ea daily); SP; PA	<i>leucovorin calcium TABS</i>	1	
VANFLYTA	2	SP; PA	MESNEX TABS	2	SP
VERZENIO	2	QL(2 ea daily); SP; PA	Mitotic Inhibitors		
VITRAKVI CAPS	2	SP; PA	<i>etoposide CAPS</i>	1	SP; PA
VITRAKVI SOLN	2	SP; PA	Topoisomerase I Inhibitors		
VONJO	2	SP; PA			

Drug Name	Drug Tier	Requirements/Limits
HYCAMTIN CAPS	2	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	SON; QL(20 ea daily); MP
LODOSYN (<i>carbidopa</i>)	NP	SON; QL(20 ea daily); MP; PA
NOURIANZ	2	PA
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	1	QL(200 ml daily)
<i>benztropine mesylate TABS</i>	1	SON; QL(20 ea daily); MP
<i>trihexyphenidyl hcl SOLN</i>	1	SON; QL(16.7 ml daily); MP
<i>trihexyphenidyl hcl TABS</i>	1	SON; QL(20 ea daily); MP
Antiparkinson COMT Inhibitors		
COMTAN (<i>entacapone</i>)	NP	MP; PA
<i>entacapone</i>	1	MP
ONGENTYS	NP	
TASMAR (<i>tolcapone</i>)	NP	MP; PA
<i>tolcapone</i>	NP	MP
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	SON; QL(20 ea daily); MP
<i>amantadine hcl SOLN</i>	1	SON; QL(200 ml daily); MP
<i>amantadine hcl SOLN</i>	1	QL(200 ml daily); MP
<i>amantadine hcl TABS</i>	NP	SON; QL(20 ea daily)
APOKYN SOCT	NP	SON; QL(20 ml daily); SP; PA
<i>apomorphine hydrochloride SOCT</i>	NP	SON; QL(20 ml daily); SP
<i>bromocriptine mesylate CAPS</i>	NP	SON; QL(20 ea daily)
<i>bromocriptine mesylate TABS 2.5 MG</i>	NP	SON; QL(20 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone</i>	NP	SON; QL(20 ea daily)
<i>carbidopa-levodopa TABS 250 MG-25 MG</i>	1	QL(20 ea daily); MP
<i>carbidopa-levodopa TABS</i>	1	SON; QL(20 ea daily); MP
<i>carbidopa-levodopa TBCR</i>	1	SON; QL(20 ea daily); MP
<i>carbidopa-levodopa TBDP</i>	NP	SON; QL(20 ea daily)
DHIVY TABS	NP	SON; QL(20 ea daily); MP; PA
DUOPA SUSP	NP	SON; QL(200 ml daily)
GOCOVRI CP24	NP	SON; QL(20 ea daily); SP; PA
INBRIJA CAPS	NP	PA
KYNMOBI TITRATION KIT KIT	NP	SON; QL(20 ea daily); PA
KYNMOBI FILM	NP	SON; QL(20 ea daily)
MIRAPEX ER TB24 (<i>pramipexole dihydrochloride</i>)	NP	SON; QL(20 ea daily); PA
NEUPRO	NP	SON; QL(20 ea daily)
OSMOLEX ER TB24 129 MG, 193 MG	NP	SON; QL(20 ea daily); PA
PARLODEL CAPS (<i>bromocriptine mesylate</i>)	NP	SON; QL(20 ea daily); PA
PARLODEL TABS (<i>bromocriptine mesylate</i>)	NP	SON; QL(20 ea daily); PA
<i>pramipexole dihydrochloride TABS</i>	1	SON; QL(3 ea daily); AL(At least 18 yrs old); MP
<i>pramipexole dihydrochloride TB24</i>	NP	SON; QL(20 ea daily)
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	1	SON; QL(6 ea daily); MP
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	1	SON; QL(3 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride TB24</i>	NP	SON; QL(20 ea daily)	<i>lithium</i>	1	QL(200 ml daily); MP
RYTARY CPR	NP	SON; QL(20 ea daily)	<i>lithium carbonate CAPS</i>	1	SON; QL(20 ea daily); MP
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	NP	SON; QL(20 ea daily); MP; PA	<i>lithium carbonate TABS</i>	1	SON; QL(20 ea daily); MP
STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA	<i>lithium carbonate TBCR</i>	1	SON; QL(20 ea daily); MP
STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA	LITHOBID TBCR (<i>lithium carbonate</i>)	NP	SON; QL(20 ea daily); MP; PA
STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA	Antipsychotics - Misc.		
STALEVO 200 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA	CAPLYTA	NP	SON; QL(20 ea daily); AL(At least 18 yrs old)
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA	EQUETRO	2	SON; QL(20 ea daily); PA
STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA	GEODON (<i>ziprasidone mesylate</i>)	NF	
Antiparkinson Monoamine Oxidase Inhibitors			GEODON (<i>ziprasidone hcl</i>)	NP	SON; AL(At least 6 yrs old); MP; PA
AZILECT (<i>rasagiline mesylate</i>)	NP	SON; QL(20 ea daily); PA	GEODON (<i>ziprasidone mesylate</i>)	2	SON; QL(20 ea daily); AL(At least 18 yrs old - Up to 64 yrs old)
<i>rasagiline mesylate</i>	NP	QL(20 ea daily)	GEODON (<i>ziprasidone mesylate</i>)	NF	
<i>selegiline hcl CAPS</i>	1	SON; QL(20 ea daily); MP	LATUDA (<i>lurasidone hcl</i>)	NP	SON; AL(At least 6 yrs old); MP; PA
<i>selegiline hcl TABS</i>	1	QL(20 ea daily); MP	<i>lurasidone hcl</i>	1	SON; AL(At least 6 yrs old); MP
<i>selegiline hcl TABS</i>	1	SON; QL(20 ea daily); MP	<i>lurasidone hcl</i>	1	AL(At least 6 yrs old); MP
XADAGO	NP	SON; QL(20 ea daily)	NUPLAZID CAPS	2	SON; QL(20 ea daily); PA
ZELAPAR TBDP	NP	SON; QL(20 ea daily)	NUPLAZID TABS 10 MG	2	SON; QL(20 ea daily); PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			VRAYLAR CAPS	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); MP; PA
Antimanic Agents					
<i>lithium</i>	1	SON; QL(200 ml daily); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CPPK	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA	PERSERIS PRSY	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); SP; PA
<i>ziprasidone hcl</i>	1	SON; AL(At least 6 yrs old); MP	RISPERDAL CONSTA (<i>risperidone microspheres</i>)	2	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); SP
<i>ziprasidone mesylate</i>	1	SON; QL(20 ea daily); AL(At least 18 yrs old - Up to 64 yrs old)	RISPERDAL SOLN (<i>risperidone</i>)	NP	SON; AL(At least 3 yrs old); MP; PA
Benzisoxazoles			RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	NP	SON; AL(At least 3 yrs old); MP; PA
FANAPT	NP	SON; QL(20 ea daily); AL(At least 18 yrs old)	<i>risperidone microspheres</i>	1	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); SP
FANAPT TITRATION PACK	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA	<i>risperidone SOLN</i>	1	SON; AL(At least 3 yrs old); MP
INVEGA (<i>paliperidone</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA	<i>risperidone TABS</i>	1	SON; AL(At least 3 yrs old); MP
INVEGA HAFYERA	2	SON; AL(At least 18 yrs old - Up to 64 yrs old); SP; PA	<i>risperidone TABS</i>	1	AL(At least 3 yrs old); MP
INVEGA SUSTENNA	2	SON; QL(20 ml daily); AL(At least 18 yrs old - Up to 64 yrs old); SP	<i>risperidone TBDP</i>	1	SON; AL(At least 3 yrs old); MP
INVEGA TRINZA	2	SON; QL(20 ml daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; MP	RYKINDO SRER	2	SON; QL(200 ea daily); SP
<i>paliperidone</i>	NP	QL(20 ea daily); AL(At least 18 yrs old)	UZEDY SUSY	NP	SON; QL(20 ml daily); SP; PA
<i>paliperidone</i>	NP	SON; QL(20 ea daily); AL(At least 18 yrs old)	Butyrophenones		
			HALDOL DECANOATE 100 (<i>haloperidol decanoate</i>)	NP	SON; QL(200 ml daily); PA
			HALDOL DECANOATE 50 (<i>haloperidol decanoate</i>)	NP	SON; QL(200 ml daily); PA
			<i>haloperidol decanoate</i>	1	SON; QL(200 ml daily)
			<i>haloperidol lactate CONC</i>	1	SON; AL(At least 6 yrs old); MP
			<i>haloperidol lactate SOLN</i>	1	SON; QL(200 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	1	AL(At least 6 yrs old); MP
<i>haloperidol TABS</i>	1	SON; AL(At least 6 yrs old); MP
Dibenzapines		
ADASUVE	NP	SON; QL(20 ea daily); PA
<i>asenapine maleate</i>	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); MP
<i>clozapine TABS 50 MG</i>	1	AL(At least 13 yrs old)
<i>clozapine TABS</i>	1	SON; AL(At least 13 yrs old)
<i>clozapine TBDP 25 MG, 100 MG</i>	NP	SON; AL(At least 13 yrs old); PA
<i>clozapine TBDP 12.5 MG, 150 MG, 200 MG</i>	NP	SON; QL(20 ea daily); AL(At least 13 yrs old); PA
CLOZARIL TABS (<i>clozapine</i>)	NP	SON; AL(At least 13 yrs old); PA
<i>loxapine succinate</i>	1	SON; QL(4 ea daily); MP
<i>olanzapine SOLR</i>	1	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old)
<i>olanzapine TABS</i>	1	SON; AL(At least 6 yrs old); MP
<i>olanzapine TABS</i>	1	AL(At least 6 yrs old); MP
<i>olanzapine TBDP</i>	1	SON; AL(At least 6 yrs old); MP
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	1	AL(At least 6 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	1	SON; AL(At least 6 yrs old); MP
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	1	SON; AL(At least 6 yrs old); MP
<i>quetiapine fumarate TABS 150 MG</i>	NP	SON; QL(20 ea daily); PA
<i>quetiapine fumarate TB24</i>	1	SON; AL(At least 6 yrs old); MP
SAPHRIS 5 MG	NP	QL(20 ea daily); AL(At least 18 yrs old); MP; PA
SAPHRIS (<i>asenapine maleate</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); MP
SECUADO	NP	SON; QL(20 ea daily); PA
SEROQUEL XR TB24 (<i>quetiapine fumarate</i>)	NP	SON; AL(At least 6 yrs old); MP; PA
SEROQUEL TABS (<i>quetiapine fumarate</i>)	NP	SON; AL(At least 6 yrs old); MP; PA
VERSACLOZ SUSP	NP	SON; QL(200 ml daily); AL(At least 13 yrs old); PA
ZYPREXA RELPREVV	NP	SON; QL(20 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; PA
ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	NP	SON; AL(At least 6 yrs old); MP; PA
ZYPREXA SOLR (<i>olanzapine</i>)	NP	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); PA
ZYPREXA TABS (<i>olanzapine</i>)	NP	SON; AL(At least 6 yrs old); MP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Dihydroindolones			ABILIFY ASIMTUFII PRSY	NP	SON; AL(At least 18 yrs old); SP; PA
<i>molindone hcl 10 MG</i>	1	SON; QL(4 ea daily); MP	ABILIFY MAINTENA PRSY	2	SON; QL(20 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; MP
<i>molindone hcl 5 MG, 25 MG</i>	1	SON; QL(20 ea daily)	ABILIFY MAINTENA SRER	2	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; MP
Phenothiazines			ABILIFY MYCITE MAINTENANCE KIT	NP	SON; QL(20 ea daily); AL(At least 3 yrs old); SP; PA
<i>chlorpromazine hcl CONC</i>	NP	SON; QL(200 ml daily); PA	ABILIFY MYCITE STARTER KIT 2 MG, 15 MG, 20 MG, 30 MG	NP	SON; QL(20 ea daily); AL(At least 3 yrs old); SP; PA
<i>chlorpromazine hcl SOLN</i>	1	QL(200 ml daily)	ABILIFY MYCITE STARTER KIT 5 MG, 10 MG	NP	SON; QL(20 ea daily); SP; PA
<i>chlorpromazine hcl TABS 10 MG</i>	1	SON; QL(10 ea daily); MP	ABILIFY TABS (<i>aripiprazole</i>)	NP	SON; AL(At least 3 yrs old); MP; PA
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	1	SON; QL(3 ea daily); MP	<i>aripiprazole SOLN OR</i>	NP	AL(At least 3 yrs old); MP; PA
<i>fluphenazine decanoate</i>	1	QL(200 ml daily)	<i>aripiprazole TABS</i>	1	AL(At least 3 yrs old); MP
<i>fluphenazine hcl CONC</i>	1	SON; QL(200 ml daily)	<i>aripiprazole TABS</i>	1	SON; AL(At least 3 yrs old); MP
<i>fluphenazine hcl ELIX</i>	1	SON; QL(200 ml daily)	<i>aripiprazole TBDP</i>	NP	SON; QL(20 ea daily); AL(At least 3 yrs old); MP; PA
<i>fluphenazine hcl SOLN</i>	1	SON; QL(200 ml daily)	ARISTADA	2	SON; QL(20 ml daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; MP
<i>fluphenazine hcl TABS</i>	1	QL(20 ea daily); MP	ARISTADA INITIO	NP	SON; QL(20 ml daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; PA
<i>fluphenazine hcl TABS</i>	1	SON; QL(20 ea daily); MP			
<i>perphenazine TABS</i>	1	SON; AL(At least 6 yrs old); MP			
<i>prochlorperazine</i>	NP	PA			
<i>prochlorperazine edisylate 10 MG/2ML</i>	1	SON; QL(200 ml daily); PA			
<i>prochlorperazine maleate TABS</i>	1	SON; QL(20 ea daily); MP			
<i>prochlorperazine maleate TABS</i>	1	QL(20 ea daily); MP			
<i>thioridazine hcl</i>	1	SON; QL(3 ea daily); MP			
<i>trifluoperazine hcl TABS</i>	1	SON; QL(3 ea daily); MP			
Quinolinone Derivatives					
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	NP	AL(At least 18 yrs old); SP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REXULTI	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); MP	EDURANT	2	QL(1 ea daily); MP
Thioxanthenes			<i>efavirenz CAPS 50 MG</i>	1	QL(2 ea daily); MP
<i>thiothixene</i>	1	SON; QL(3 ea daily); MP	<i>efavirenz CAPS 200 MG</i>	1	QL(1 ea daily); MP
ANTISEPTICS & DISINFECTANTS			<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily); MP
Antiseptics & Disinfectants			<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	MP
<i>formaldehyde SOLN 10 %</i>	1	QL(90 ml per fill retail)	<i>efavirenz TABS</i>	1	QL(1 ea daily); MP
ANTIVIRALS - Drugs to Treat Viral Infections			<i>emtricitabine CAPS</i>	1	QL(1 ea daily); MP
Antiretrovirals			<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily); MP
<i>abacavir sulfate-lamivudine</i>	1	QL(1 ea daily); MP	EMTRIVA CAPS (<i>emtricitabine</i>)	2	QL(1 ea daily); MP
<i>abacavir sulfate SOLN</i>	1	QL(30 ml daily); MP	EMTRIVA SOLN	2	QL(24 ml daily); MP
<i>abacavir sulfate TABS</i>	1	QL(2 ea daily); MP	EPIVIR SOLN (<i>lamivudine</i>)	NP	QL(30 ml daily); MP; PA
APRETUDE	CO		EPIVIR TABS 150 MG (<i>lamivudine</i>)	NP	QL(2 ea daily); MP; PA
APTIVUS CAPS	2	QL(4 ea daily); MP	EPIVIR TABS 300 MG (<i>lamivudine</i>)	NP	QL(1 ea daily); MP; PA
<i>atazanavir sulfate CAPS</i>	1	QL(2 ea daily); MP	EPZICOM (<i>abacavir sulfate-lamivudine</i>)	NP	QL(1 ea daily); MP; PA
BIKTARVY	2	MP	<i>etravirine 200 MG</i>	1	QL(2 ea daily); MP
CABENUVA	CO		<i>etravirine 100 MG</i>	1	QL(4 ea daily); MP
CIMDUO	2	MP	EVOTAZ	2	QL(1 ea daily); MP
COMBIVIR (<i>lamivudine-zidovudine</i>)	NP	QL(2 ea daily); MP; PA	<i>fosamprenavir calcium TABS</i>	1	MP
COMPLERA	2	QL(1 ea daily); MP	FUZEON SOLR	CO	
<i>darunavir TABS 600 MG</i>	1	QL(2 ea daily); MP	GENVOYA	2	QL(1 ea daily); MP
<i>darunavir TABS 800 MG</i>	1	QL(1 ea daily); MP	INTELENCE (<i>etravirine</i>)	2	QL(4 ea daily); MP
DELSTRIGO	2	MP	INTELENCE 200 MG (<i>etravirine</i>)	2	QL(2 ea daily); MP
DESCOVY 200 MG-25 MG	2	QL(1 ea daily); MP			
DESCOVY 120 MG-15 MG	2	MP			
DOVATO	2	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INTELENCE	2	QL(4 ea daily); MP	<i>nevirapine TB24 400 MG</i>	1	QL(1 ea daily); MP
ISENTRESS HD TABS	2	MP	<i>nevirapine TB24 100 MG</i>	1	QL(3 ea daily); MP
ISENTRESS CHEW 100 MG	2	QL(6 ea daily); MP	NORVIR CAPS	NP	QL(12 ea daily); PA
ISENTRESS CHEW 25 MG	2	QL(12 ea daily); MP	NORVIR PACK	2	MP
ISENTRESS PACK	2	QL(2 ea daily); MP	NORVIR TABS (<i>ritonavir</i>)	NP	QL(12 ea daily); MP; PA
ISENTRESS TABS	2	QL(2 ea daily); MP	NORVIR TABS (<i>ritonavir</i>)	NF	QL(12 ea daily); MP
JULUCA	2	MP	ODEFSEY	2	MP
KALETRA SOLN (<i>lopinavir-ritonavir</i>)	2	MP	PIFELTRO	2	MP
KALETRA TABS 25 MG-100 MG (<i>lopinavir-ritonavir</i>)	2	QL(4 ea daily); MP	PREZCOBIX	2	QL(1 ea daily); MP
KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	2	QL(6 ea daily); MP	PREZISTA SUSP	2	QL(12 ml daily); MP
<i>lamivudine SOLN</i>	1	QL(30 ml daily); MP	PREZISTA TABS 600 MG (<i>darunavir</i>)	NP	QL(2 ea daily); MP; PA
<i>lamivudine TABS 150 MG</i>	1	QL(2 ea daily); MP	PREZISTA TABS 150 MG	2	QL(3 ea daily); MP
<i>lamivudine TABS 300 MG</i>	1	QL(1 ea daily); MP	PREZISTA TABS 75 MG	2	QL(2 ea daily); MP
<i>lamivudine-zidovudine</i>	1	QL(2 ea daily); MP	PREZISTA TABS 800 MG (<i>darunavir</i>)	NP	QL(1 ea daily); MP; PA
LEXIVA SUSP	2	QL(56 ml daily); MP	RETROVIR IV INFUSION SOLN	CO	
LEXIVA TABS (<i>fosamprenavir calcium</i>)	NP	MP; PA	RETROVIR CAPS (<i>zidovudine</i>)	NP	QL(6 ea daily); MP; PA
<i>lopinavir-ritonavir SOLN</i>	1	MP	RETROVIR SYRP (<i>zidovudine</i>)	NP	QL(60 ml daily); MP; PA
<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	1	QL(6 ea daily); MP	REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NP	QL(2 ea daily); MP; PA
<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	1	QL(4 ea daily); MP	REYATAZ PACK	2	QL(6 ea daily); MP
<i>maraviroc TABS 300 MG</i>	1	QL(4 ea daily); MP	<i>ritonavir TABS</i>	1	QL(12 ea daily); MP
<i>maraviroc TABS 150 MG</i>	1	QL(2 ea daily); MP	RUKOBIA	2	MP
<i>nevirapine SUSP</i>	1	QL(40 ml daily); MP	SELZENTRY SOLN	2	MP
<i>nevirapine TABS</i>	1	MP	SELZENTRY TABS 25 MG, 75 MG	2	QL 2 per day; QL(2 ea daily); MP; SL
			SELZENTRY TABS 150 MG (<i>maraviroc</i>)	2	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TABS 300 MG (<i>maraviroc</i>)	2	QL(4 ea daily); MP	VIREAD POWD	2	QL(720 gm per 90 day(s) retail); MP
<i>stavudine CAPS</i>	2	QL(2 ea daily); MP	VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily); MP
STRIBILD	2	QL(1 ea daily); MP	VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily); MP; PA
SUNLENCA SOLN	CO		VOCABRIA	2	MP
SUNLENCA TBPk	2	SP; MP	ZIAGEN SOLN (<i>abacavir sulfate</i>)	NP	QL(30 ml daily); MP; PA
SUSTIVA CAPS 50 MG (<i>efavirenz</i>)	NF	QL(2 ea daily); MP	ZIAGEN TABS (<i>abacavir sulfate</i>)	NP	QL(2 ea daily); MP; PA
SUSTIVA CAPS 200 MG (<i>efavirenz</i>)	NF	QL(1 ea daily); MP	<i>zidovudine CAPS</i>	1	QL(6 ea daily); MP
SUSTIVA TABS (<i>efavirenz</i>)	NF	QL(1 ea daily); MP	<i>zidovudine SYRP</i>	1	QL(60 ml daily); MP
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	MP; PA	<i>zidovudine TABS</i>	1	QL(2 ea daily); MP
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	MP; PA	Antiviral Combinations		
SYMTUZA	2	MP	PAXLOVID 100 MG-150 MG	CO	
<i>tenofovir disoproxil fumarate TABS</i>	1	QL(1 ea daily); MP	CMV Agents		
TIVICAY PD TBSO	2	MP	<i>cidofovir</i>	1	PA
TIVICAY TABS 10 MG, 25 MG	2	MP	<i>foscarnet sodium 6000 MG/250ML</i>	1	PA
TIVICAY TABS 50 MG	2	QL(2 ea daily); MP	FOSCAVIR 6000 MG/250ML (<i>foscarnet sodium</i>)	NF	
TRIUMEQ PD TBSO	2	MP	<i>ganciclovir sodium SOLR</i>	1	PA
TRIUMEQ TABS	2	QL(1 ea daily); MP	GANCICLOVIR SOLN	2	PA
TRIZIVIR	2	QL(2 ea daily); MP	GANCICLOVIR SOLN	NP	PA
TROGARZO	CO		LIVTENCITY	NP	SP; PA
TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily); MP; PA	PREVYMIS SOLN	2	SP; PA
TYBOST	2	QL(1 ea daily); MP	PREVYMIS TABS	2	SP; PA
VIRACEPT TABS 250 MG	2	QL(9 ea daily); MP	VALCYTE SOLR (<i>valganciclovir hcl</i>)	NP	PA
VIRACEPT TABS 625 MG	2	QL(4 ea daily); MP	VALCYTE TABS (<i>valganciclovir hcl</i>)	NP	QL(2 ea daily); PA
			<i>valganciclovir hcl SOLR</i>	1	
			<i>valganciclovir hcl TABS</i>	1	QL(2 ea daily)
			Hepatitis Agents		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>adefovir dipivoxil</i>	NP		<i>acyclovir SUSP</i>	1	QL(400 ml per 30 day(s) retail)
BARACLUDE SOLN	NP		<i>acyclovir TABS OR 400 MG</i>	1	QL(3 ea daily)
BARACLUDE TABS (<i>entecavir</i>)	NP	PA	<i>acyclovir TABS OR 800 MG</i>	1	QL(50 ea per 30 day(s) retail)
<i>entecavir TABS</i>	1		<i>famciclovir</i>	1	
EPCLUSA PACK	CO		SITAVIG TABS BU	NP	PA
EPCLUSA TABS	CO		<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(21 ea per 21 day(s) retail)
EPCLUSA TABS	CO		<i>valacyclovir hcl 500 MG</i>	1	QL(60 ea per 30 day(s) retail)
EPIVIR HBV TABS (<i>lamivudine (hbv)</i>)	NF		VALTREX 500 MG (<i>valacyclovir hcl</i>)	NP	QL(60 ea per 30 day(s) retail); PA
HARVONI PACK	CO		VALTREX 1 GM (<i>valacyclovir hcl</i>)	NP	QL(21 ea per 21 day(s) retail); PA
HARVONI TABS	CO		ZOVIRAX SUSP (<i>acyclovir</i>)	NF	QL(400 ml per 30 day(s) retail)
HARVONI TABS	CO		Influenza Agents		
HEPSERA (<i>adefovir dipivoxil</i>)	NF		<i>oseltamivir phosphate CAPS</i>	1	
<i>lamivudine (hbv) TABS</i>	1		<i>oseltamivir phosphate SUSR</i>	1	
LEDIPASVIR/SOFOSBUV IR TABS	CO		RAPIVAB	2	PA
MAVYRET PACK	CO		RELENZA DISKHALER	NP	QL(20 ea per fill retail); AL(At least 5 yrs old)
MAVYRET TABS	CO		<i>rimantadine hydrochloride TABS</i>	1	
PEGASYS SOLN	NP	SP; PA	TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	NP	PA
PEGASYS SOSY	NP	SP; PA	TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	NP	PA
<i>ribavirin (hepatitis c) CAPS</i>	1	SP	XOFLUZA 40 MG, 80 MG	NP	PA
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1	SP	Misc. Antivirals		
SOFOSBUVIR/VELPATA SVIR TABS	CO		LAGEVRIO	CO	
SOVALDI PACK	CO		Respiratory Syncytial Virus (RSV) Agents		
SOVALDI TABS	CO		<i>ribavirin</i>	1	PA
VEMLIDY	NP	SP; PA	VIRAZOLE (<i>ribavirin</i>)	NP	PA
VIEKIRA PAK TBPK	CO				
VOSEVI	CO				
ZEPATIER	CO				
Herpes Agents					
<i>acyclovir sodium SOLN</i>	1	PA			
<i>acyclovir CAPS</i>	1	QL(50 ea per 30 day(s) retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BETA BLOCKERS - Drugs to Treat High Blood Pressure			<i>bisoprolol fumarate</i>	1	QL(1 ea daily); MP
Alpha-Beta Blockers			BREVIBLOC (<i>esmolol hcl-sodium chloride</i>)	NP	PA
<i>carvedilol 25 MG</i>	1	QL(4 ea daily); MP	BREVIBLOC PREMIXED (<i>esmolol hcl-sodium chloride</i>)	NP	PA
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	1	QL(3 ea daily); MP	BREVIBLOC PREMIXED DOUBLESTRENGTH (<i>esmolol hcl-sodium chloride</i>)	NP	PA
<i>carvedilol phosphate</i>	NP	QL(1 ea daily); MP; PA	BYSTOLIC (<i>nebivolol hcl</i>)	NP	PA
COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>carvedilol</i>)	NP	QL(3 ea daily); MP; PA	BYSTOLIC 5 MG (<i>nebivolol hcl</i>)	NF	
COREG 25 MG (<i>carvedilol</i>)	NP	QL(4 ea daily); MP; PA	<i>esmolol hcl-sodium chloride</i>	1	
COREG 25 MG (<i>carvedilol</i>)	NF	QL(4 ea daily); MP	<i>esmolol hcl SOLN 100 MG/10ML</i>	1	PA
COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>carvedilol</i>)	NF	QL(3 ea daily); MP	ESMOLOL HYDROCHLORIDE INWATER DOUBLE STRENGTH SOLN	2	PA
COREG CR (<i>carvedilol phosphate</i>)	NF	QL(1 ea daily); MP	ESMOLOL HYDROCHLORIDE INWATER SOLN	2	PA
COREG CR (<i>carvedilol phosphate</i>)	NP	QL(1 ea daily); MP; PA	KAPSPARGO SPRINKLE CS24	NP	PA
<i>labetalol hcl SOLN</i>	1	PA	LOPRESSOR TABS 100 MG (<i>metoprolol tartrate</i>)	NP	QL(2 ea daily); MP; PA
<i>labetalol hcl TABS 100 MG</i>	1	QL(3 ea daily); MP	LOPRESSOR TABS 50 MG (<i>metoprolol tartrate</i>)	NP	QL(3 ea daily); MP; PA
<i>labetalol hcl TABS 300 MG</i>	1	QL(8 ea daily); MP	<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 ea daily); MP
<i>labetalol hcl TABS 200 MG</i>	1	QL(6 ea daily); MP	<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1	QL(1 ea daily); MP
LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE 0.72 %-100 MG/100ML, 0.72 %-200 MG/200ML, 0.72 %-300 MG/300ML	2	PA	<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1	PA
LABETALOL HYDROCHLORIDE SOSY 10 MG/2ML	2	PA	<i>metoprolol tartrate TABS 25 MG, 100 MG</i>	1	QL(2 ea daily); MP
Beta Blockers Cardio-Selective			<i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	1	
<i>acebutolol hcl CAPS</i>	1	MP	<i>metoprolol tartrate TABS 50 MG</i>	1	QL(3 ea daily); MP
<i>atenolol TABS</i>	1	QL(2 ea daily); MP			
<i>betaxolol hcl</i>	1	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nebivolol hcl</i>	NP		<i>timolol maleate TABS</i>	NP	
TENORMIN TABS (<i>atenolol</i>)	NP	QL(2 ea daily); MP; PA	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
TOPROL XL TB24 200 MG (<i>metoprolol succinate</i>)	NP	QL(2 ea daily); MP; PA	Calcium Channel Blockers		
TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>metoprolol succinate</i>)	NP	QL(1 ea daily); MP; PA	<i>amlodipine besylate TABS</i>	1	QL(1 ea daily); MP
Beta Blockers Non-Selective			CALAN SR TBCR (<i>verapamil hcl</i>)	NF	QL(2 ea daily); MP
BETAPACE AF (<i>sotalol hcl (afib/afI)</i>)	NP	QL(2 ea daily); MP; PA	CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML	2	PA
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NP	QL(2 ea daily); MP; PA	CARDIZEM CD CP24 360 MG (<i>diltiazem hcl coated beads</i>)	NP	MP; PA
CORGARD TABS 80 MG (<i>nadolol</i>)	NF	QL(2 ea daily); MP	CARDIZEM CD CP24 240 MG (<i>diltiazem hcl coated beads</i>)	NP	QL(2 ea daily); MP; PA
CORGARD TABS 20 MG, 40 MG (<i>nadolol</i>)	NP	QL(2 ea daily); MP; PA	CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (<i>diltiazem hcl coated beads</i>)	NP	QL(1 ea daily); MP; PA
HEMANGEOL SOLN OR	NP	SP	CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	NP	PA
INDERAL LA CP24 (<i>propranolol hcl</i>)	NF		CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	NP	QL(3 ea daily); MP; PA
INDERAL LA CP24 (<i>propranolol hcl</i>)	NP	QL(2 ea daily); MP; PA	CLEVIPREX 25 MG/50ML, 50 MG/100ML	2	PA
INDERAL XL	NP		CONJUPRI (<i>levamlodipine maleate</i>)	NF	
INNOPRAN XL	NP		<i>diltiazem hcl coated beads CP24 240 MG</i>	NP	QL(2 ea daily); MP; PA
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	QL(2 ea daily); MP	<i>diltiazem hcl coated beads CP24 360 MG</i>	1	MP
<i>pindolol TABS</i>	NP		<i>diltiazem hcl coated beads CP24 240 MG</i>	1	QL(2 ea daily); MP
<i>propranolol hcl CP24</i>	1	QL(2 ea daily); MP	<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	1	QL(1 ea daily); MP
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1	MP	<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	NP	QL(1 ea daily); MP; PA
<i>propranolol hcl SOLN IV 1 MG/ML</i>	1	PA			
<i>propranolol hcl TABS</i>	1	MP			
<i>sotalol hcl (afib/afI)</i>	1	QL(2 ea daily); MP			
<i>sotalol hcl TABS 240 MG</i>	1	MP			
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 ea daily); MP			
SOTYLIZE SOLN OR	NP	MP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl extended release beads</i>	1	QL(1 ea daily); MP	NYMALIZE SOLN 6 MG/ML	NP	
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	NP	QL(1 ea daily); MP; PA	PROCARDIA XL TB24 30 MG, 90 MG (<i>nifedipine</i>)	NP	QL(1 ea daily); MP; PA
<i>diltiazem hcl CP12</i>	1	QL(2 ea daily); MP	PROCARDIA XL TB24 60 MG (<i>nifedipine</i>)	NP	QL(2 ea daily); MP; PA
<i>diltiazem hcl CP24 240 MG</i>	1	QL(2 ea daily); MP	SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NP	PA
<i>diltiazem hcl CP24 120 MG, 180 MG</i>	1	QL(1 ea daily); MP	TIAZAC (<i>diltiazem hcl extended release beads</i>)	NP	QL(1 ea daily); MP; PA
<i>diltiazem hcl SOLN</i>	1	PA	<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	NP	QL(2 ea daily)
DILTIAZEM HCL SOLR	1	PA	<i>verapamil hcl CP24 300 MG, 360 MG</i>	NP	QL(1 ea daily)
<i>diltiazem hcl TABS</i>	1	QL(3 ea daily); MP	<i>verapamil hcl SOLN 2.5 MG/ML</i>	1	PA
<i>diltiazem hcl TB24</i>	NP		<i>verapamil hcl TABS</i>	1	QL(3 ea daily); MP
<i>felodipine</i>	1	QL(1 ea daily); MP	<i>verapamil hcl TBCR</i>	1	QL(2 ea daily); MP
<i>isradipine CAPS</i>	NP		VERAPAMIL HYDROCHLORIDE ER CP24 (<i>verapamil hcl</i>)	NP	QL(2 ea daily)
KATERZIA	NP	PA	VERELAN PM CP24 200 MG (<i>verapamil hcl</i>)	NP	QL(2 ea daily); PA
<i>levamlodipine maleate</i>	NP		VERELAN PM CP24 100 MG (<i>verapamil hcl</i>)	NP	QL(2 ea daily)
<i>nicardipine hcl CAPS</i>	NP		VERELAN PM CP24 300 MG (<i>verapamil hcl</i>)	NP	QL(1 ea daily); PA
<i>nicardipine hcl SOLN</i>	1	PA	VERELAN CP24 120 MG, 180 MG, 240 MG (<i>verapamil hcl</i>)	NP	QL(2 ea daily); PA
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN 0.9%-40 MG/200ML	2	PA	VERELAN CP24 360 MG (<i>verapamil hcl</i>)	NP	QL(1 ea daily); PA
NICARDIPINE HYDROCHLORIDE SOLN	2	PA	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>nifedipine CAPS</i>	1	QL(4 ea daily); MP	Cardiac Glycosides		
<i>nifedipine TB24 30 MG, 90 MG</i>	1	QL(1 ea daily); MP	<i>digoxin SOLN OR 0.05 MG/ML</i>	1	MP
<i>nifedipine TB24 60 MG</i>	1	QL(2 ea daily); MP	<i>digoxin TABS 0.125 MG, 125 MCG, 250 MCG</i>	1	MP
<i>nimodipine CAPS</i>	NP				
<i>nisoldipine</i>	NP				
NORLIQVA SOLN	NP	PA			
NORVASC TABS 10 MG (<i>amlodipine besylate</i>)	NF	QL(1 ea daily); MP			
NORVASC TABS (<i>amlodipine besylate</i>)	NP	QL(1 ea daily); MP; PA			

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin TABS 0.0625 MG, 62.5 MCG</i>	NP	
LANOXIN PEDIATRIC SOLN IJ	NP	
LANOXIN SOLN IJ (<i>digoxin</i>)	NP	PA
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	NF	MP
Inotropes		
<i>dobutamine hcl 12.5 MG/ML, 250 MG/20ML</i>	1	PA
DOBUTAMINE HCL/D5W	2	PA
DOBUTAMINE HYDROCHLORIDE/DEXT ROSE 5%	2	PA
<i>dopamine hcl 40 MG/ML</i>	1	PA
DOPAMINE HYDROCHLORIDE (<i>dopamine hcl</i>)	NP	PA
DOPAMINE HYDROCHLORIDE/DEXT ROSE	2	PA
DOPAMINE/D5W	2	PA
<i>milrinone lactate</i>	1	PA
<i>milrinone lactate in dextrose</i>	1	PA
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	2	SP; PA
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	NP	PA
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	NP	PA

Drug Name	Drug Tier	Requirements/Limits
CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NF	
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	PA
ENTRESTO TABS	2	QL(2 ea daily); MP
<i>isosorbide dinitrate-hydralazine hcl</i>	NP	PA
OPSYNVI	NP	SP; PA
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	
Impotence Agents		
CIALIS 5 MG (<i>tadalafil</i>)	NP	PA
<i>tadalafil 5 MG</i>	NP	PA
Prostaglandin Vasodilators		
ORENITRAM TITRATION KIT MONTH 1 TEPK	NP	SP; PA
ORENITRAM TITRATION KIT MONTH 2 TEPK	NP	SP; PA
ORENITRAM TITRATION KIT MONTH 3 TEPK	NP	SP; PA
ORENITRAM TBCR	NP	SP; PA
TYVASO DPI INSTITUTIONALKIT POWD	2	SP; PA
TYVASO DPI MAINTENANCE KIT POWD	2	SP; PA
TYVASO DPI TITRATION KIT POWD	2	SP; PA
TYVASO REFILL KIT SOLN IN	2	SP; MP; PA

Drug Name	Drug Tier	Requirements/Limits
TYVASO STARTER KIT SOLN IN	2	SP; MP; PA
TYVASO SOLN IN	2	SP; MP; PA
VENTAVIS	2	SP; MP; PA
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR	NP	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	SP; PA
<i>bosentan</i> TABS	1	SP; MP; PA
LETAIRIS (<i>ambrisentan</i>)	NP	SP; PA
OPSUMIT	NP	SP; PA
TRACLEER TABS (<i>bosentan</i>)	NP	SP; MP; PA
TRACLEER TBSO	2	SP; MP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	NP	SP; MP; PA
LIQREV SUSP	NP	SP; PA
REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; MP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	NP	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	SP; MP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	SP; MP; PA
TADLIQ SUSP	NP	SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TITRATION PACK TBPK	NP	SP; PA
UPTRAVI SOLR	NP	SP; PA
UPTRAVI TABS 200 MCG	NP	QL(2 ea daily); SP; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	NP	SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	2	SP; MP; PA
Sinus Node Inhibitors		
CORLANOR SOLN	NP	PA
CORLANOR TABS (<i>ivabradine hcl</i>)	2	MP; PA
Transthyretin Stabilizers		
VYNDAMAX	CO	
VYNDAQEL	CO	
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	2	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil</i> CAPS	1	
<i>cefadroxil</i> SUSR	1	
<i>cefadroxil</i> TABS	1	
CEFAZOLIN SODIUM/DEXTROSE SOLR	1	PA
CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML	1	PA
<i>cefazolin sodium</i> SOLR IJ 1 GM, 3 GM, 10 GM, 500 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium SOLR IJ 2 GM</i>	2	PA	<i>cefpodoxime proxetil TABS</i>	NP	
CEFAZOLIN SODIUM SOLR IV 2 GM	2	PA	<i>ceftazidime IJ 1 GM, 6 GM</i>	1	PA
CEFAZOLIN SOLN	2	PA	<i>ceftriaxone sodium IJ 250 MG, 500 MG</i>	1	QL(3 ea per fill retail); 1 max fill(s) per 30 day(s) retail; PA
CEFAZOLIN SOLR IV	2	PA	<i>ceftriaxone sodium IJ 1 GM</i>	1	QL(3 ea per fill retail); PA
<i>cephalexin CAPS</i>	1		<i>ceftriaxone sodium IJ 2 GM</i>	1	PA
<i>cephalexin SUSR</i>	1		<i>ceftriaxone sodium in dextrose</i>	1	PA
<i>cephalexin TABS</i>	NP	PA	CEFTRIAXONE/DEXTROSE	1	PA
Cephalosporins - 2nd Generation			TAZICEF 4.4 %-1 GM/50ML	2	PA
CEFACLOR ER TB12	NP		Cephalosporins - 4th Generation		
<i>cefaclor CAPS</i>	1		<i>cefepime hcl SOLR IJ 1 GM</i>	1	PA
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	NP	AL(Up to 12 yrs old); PA	CEFEPIME/DEXTROSE	2	PA
CEFOTAN IJ (<i>cefotetan disodium</i>)	NP	PA	CEFEPIME SOLN	1	PA
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1	PA	Cephalosporins - Siderophores		
<i>cefoxitin sodium IV</i>	1	PA	FETROJA	2	PA
CEFOXITIN SODIUM	1	PA	CONTRACEPTIVES - Drugs to Prevent Pregnancy		
<i>cefprozil SUSR 125 MG/5ML</i>	1	AL(Up to 12 yrs old)	Combination Contraceptives - Oral		
<i>cefprozil SUSR 250 MG/5ML</i>	1	QL(100 ml per fill retail); AL(Up to 12 yrs old)	BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	2	MP
<i>cefprozil TABS</i>	1	QL(20 ea per fill retail)	BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	NF	MP
<i>cefuroxime axetil TABS</i>	1	QL(20 ea per fill retail)	BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	2	MP
<i>cefuroxime sodium IJ 750 MG</i>	1	PA	<i>desogestrel & ethinyl estradiol</i>	1	MP
Cephalosporins - 3rd Generation			<i>desogestrel-ethinyl estradiol (biphasic)</i>	1	MP
<i>cefdinir CAPS</i>	1	QL(20 ea per fill retail)			
<i>cefdinir SUSR</i>	1				
<i>cefixime CAPS</i>	1				
<i>cefixime SUSR</i>	NP				
<i>cefpodoxime proxetil SUSR</i>	NP	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>desogestrel-ethinyl estradiol (triphasic)</i>	1	MP	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	1	MP
<i>drospirenone-ethinyl estradiol</i>	1	MP	<i>norethindrone & eth estradiol</i>	1	MP
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	1	MP	<i>norethindrone & ethinyl estradiol-fe</i>	1	MP
<i>ethynodiol diacet & eth estrad</i>	1	MP	<i>norethindrone acet & eth estra TABS</i>	1	MP
GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	NF	MP	<i>norethindrone acet & eth estra TABS</i>	2	MP
<i>levonorgestrel & eth estradiol TABS</i>	1	MP	<i>norethindrone acetate-ethinyl estradiol-fe</i>	1	MP
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	MP	<i>norethindrone-eth estradiol (triphasic)</i>	1	MP
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	1	MP	<i>norgestimate-ethinyl estradiol</i>	1	MP
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	1	MP	<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	MP
<i>levonorgestrel-ethinyl estradiol-iron</i>	1	MP	<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	1	MP
LO LOESTRIN FE TABS	2	MP	QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	2	MP
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	2	MP	SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	2	MP
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	2	MP	SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	2	MP
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	2	MP	TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	2	MP
NATAZIA	2	MP	TYBLUME CHEW	2	MP
NEXTSTELLIS	2	MP	YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	2	MP
<i>norethin acet & estrad-fe CAPS</i>	1	MP	YAZ (<i>drospirenone-ethinyl estradiol</i>)	2	MP
<i>norethin acet & estrad-fe CHEW</i>	1	MP	Combination Contraceptives - Transdermal		
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	2	MP	<i>norelgestromin-ethinyl estradiol</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
TWIRLA	2	MP
Combination Contraceptives - Vaginal		
ANNOVERA	2	MP
<i>etonogestrel-ethinyl estradiol</i>	1	MP
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	2	MP
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	2	SP; MP
Emergency Contraceptives		
ELLA	2	MP
<i>levonorgestrel (emergency oc) 1.5 MG</i>	1	MP
PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	NF	MP
Progestin Contraceptives - Implants		
NEXPLANON	2	SP; MP
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	2	MP
DEPO-PROVERA CONTRACEPTIVE SUSY IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	2	MP
DEPO-SUBQ PROVERA 104 SUSY SC	2	MP
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	1	MP
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	1	MP
Progestin Contraceptives - IUD		
KYLEENA	2	SP; MP

Drug Name	Drug Tier	Requirements/Limits
LILETTA 20.1 MCG/DAY	2	SP; MP
MIRENA	2	SP; MP
SKYLA	2	SP; MP
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	1	MP
OPILL	2	MP
SLYND	2	MP
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	NP	SP; PA
ALKINDI SPRINKLE CPSP	NP	PA
<i>betamethasone sod phosphate & acetate SUSP</i>	1	PA
<i>budesonide CPEP</i>	1	
<i>budesonide TB24</i>	1	
CELESTONE SOLUSPAN SUSP (<i>betamethasone sod phosphate & acetate</i>)	NP	PA
CORTEF TABS (<i>hydrocortisone</i>)	NP	PA
CORTISONE ACETATE TABS	1	
<i>deflazacort SUSP</i>	NP	SP; PA
<i>deflazacort TABS</i>	NP	SP; PA
DEPO-MEDROL SUSP	2	PA
DEPO-MEDROL SUSP (<i>methylprednisolone acetate</i>)	NP	PA
DEPO-MEDROL SUSP 80 MG/ML (<i>methylprednisolone acetate</i>)	NF	
DEXAMETHASONE INTENSOL CONC	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1	QL(150 ml per 30 day(s) retail); PA	ORAPRED ODT TBDP (<i>prednisolone sodium phosphate</i>)	NF	
<i>dexamethasone sodium phosphate SOLN IJ 10 MG/ML, 100 MG/10ML</i>	1	PA	ORTIKOS CP24	NP	PA
<i>dexamethasone sodium phosphate SOSY IJ 10 MG/ML</i>	2	PA	PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>)	NP	PA
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1	QL(150 ml per 30 day(s) retail); PA	<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	1	QL(150 ml per fill retail)
<i>dexamethasone ELIX</i>	1		<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 25 MG/5ML</i>	1	
<i>dexamethasone SOLN</i>	1	PA	<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	1	QL(240 ml per fill retail)
<i>dexamethasone TABS</i>	1		<i>prednisolone sodium phosphate TBDP</i>	1	
<i>dexamethasone TBPK</i>	NP	PA	<i>prednisolone SOLN</i>	1	
EMFLAZA SUSP (<i>deflazacort</i>)	NP	SP; PA	<i>prednisolone TABS</i>	NP	PA
EMFLAZA TABS (<i>deflazacort</i>)	NP	SP; PA	PREDNISONONE INTENSOL CONC	1	
EOHILIA SUSP	2	PA	<i>prednisone SOLN</i>	NP	PA
HEMADY TABS	NP	PA	<i>prednisone TABS</i>	1	
<i>hydrocortisone TABS</i>	1		<i>prednisone TBPK</i>	1	
KENALOG-10 SUSP	2	PA	RAYOS TBEC	NP	PA
KENALOG-40 SUSP (<i>triamcinolone acetonide</i>)	NP	PA	SOLU-CORTEF	2	PA
KENALOG-80 SUSP	2	PA	SOLU-MEDROL	NP	PA
MEDROL DOSEPAK TBPK (<i>methylprednisolone</i>)	NP	PA	SOLU-MEDROL (<i>methylprednisolone sod succ</i>)	NP	PA
MEDROL TABS (<i>methylprednisolone</i>)	NP	PA	TARPEYO CPDR	2	SP; PA
MEDROL TABS	NP	PA	<i>triamcinolone acetonide SUSP 40 MG/ML, 400 MG/10ML</i>	1	PA
<i>methylprednisolone acetate SUSP</i>	1	PA	<i>triamcinolone acetonide SUSP 40 MG/ML, 400 MG/10ML</i>	1	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1		UCERIS TB24 (<i>budesonide</i>)	NF	
<i>methylprednisolone TABS</i>	1				
<i>methylprednisolone TBPK</i>	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UCERIS TB24 (<i>budesonide</i>)	2		ROBITUSSIN HONEY COUGH & CHEST CONGESTION DM LIQD (<i>dextromethorphan- guaifenesin</i>)	NF	
ZILRETTA SRER	NP	SP; PA	ZYRTEC-D ALLERGY/CONGESTION (<i>cetirizine- pseudoephedrine</i>)	NF	
Mineralocorticoids			ZYRTEC-D ALLERGY/SINUS (<i>cetirizine- pseudoephedrine</i>)	NF	
<i>fludrocortisone acetate</i> TABS	1	MP	Expectorants		
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			<i>guaifenesin LIQD 100 MG/5ML, 200 MG/10ML</i>	2	QL(240 ml per 6 day(s) retail)
Antitussives			<i>guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 400 MG/20ML</i>	1	QL(240 ml per 6 day(s) retail)
<i>dextromethorphan hbr</i> SYRP 15 MG/5ML	1		<i>guaifenesin TB12 1200 MG</i>	2	
Cough/Cold/Allergy Combinations			<i>guaifenesin TB12 600 MG</i>	1	
<i>cetirizine- pseudoephedrine</i>	1		MUCINEX MAXIMUM STRENGTH TB12 (<i>guaifenesin</i>)	NF	
CLARINEX-D 12 HOUR TB12	NP		Misc. Respiratory Inhalants		
CLARITIN-D 12 HOUR TB12 (<i>loratadine & pseudoephedrine</i>)	NF		HYPERSAL NEBU (<i>sodium chloride (inhalant)</i>)	NP	
CLARITIN-D 24 HOUR TB24 (<i>loratadine & pseudoephedrine</i>)	NF	QL(1 ea daily)	<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 %</i>	1	
<i>dextromethorphan- guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ml per fill retail)	<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 %</i>	1	
<i>dextromethorphan- guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ml per fill retail)	Mucolytics		
<i>loratadine & pseudoephedrine TB12</i>	1		<i>acetylcysteine SOLN</i>	1	
<i>loratadine & pseudoephedrine TB24</i>	1	QL(1 ea daily)	DERMATOLOGICALS - Drugs to Treat Skin Conditions		
ROBITUSSIN COUGH+CHEST CONGESTION DM LIQD (<i>dextromethorphan- guaifenesin</i>)	NF		Acne Products		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ABSORICA 25 MG, 35 MG (<i>isotretinoin</i>)	NP	PA	CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	NP	QL(60 ml per fill retail); PA
ABSORICA 30 MG (<i>isotretinoin</i>)	NP	AL(At least 10 yrs old); PA	<i>clindamycin phosphate (topical)</i> FOAM	NP	PA
ABSORICA 10 MG, 20 MG, 40 MG (<i>isotretinoin</i>)	NP	QL(2 ea daily); AL(At least 10 yrs old); PA	<i>clindamycin phosphate (topical)</i> GEL	NP	QL(60 gm per fill retail); PA
ABSORICA LD	NP	PA	<i>clindamycin phosphate (topical)</i> LOTN	NP	PA
ACANYA GEL (<i>clindamycin phosphate-benzoyl peroxide</i>)	NP	PA	<i>clindamycin phosphate (topical)</i> SOLN	1	
ACZONE 7.5 % (<i>dapsone (topical)</i>)	NP	PA	<i>clindamycin phosphate (topical)</i> SWAB	NP	PA
ACZONE (<i>dapsone (topical)</i>)	NF		<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1		<i>clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %</i>	1	
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	NP	PA	<i>clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %</i>	NP	PA
<i>adapalene CREA</i>	1		<i>clindamycin phosphate-tretinoin</i>	NP	PA
<i>adapalene GEL 0.3 %</i>	1		<i>dapsone (topical) 5 %</i>	NP	
ALTRENO LOTN	NP		<i>dapsone (topical) 7.5 %</i>	NP	PA
ARAZLO LOTN	NP		DIFFERIN CREA (<i>adapalene</i>)	NF	
ATRALIN GEL (<i>tretinoin</i>)	NP	PA	DIFFERIN GEL (<i>adapalene</i>)	NF	RX/OTC
AVAR LS CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	PA	EPIDUO FORTE GEL (<i>adapalene-benzoyl peroxide</i>)	NF	
AVAR-E LS CREA (<i>sulfacetamide sodium w/ sulfur</i>)	NP	PA	EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	NF	
BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	NP	PA	ERYGEL GEL (<i>erythromycin (acne aid)</i>)	NP	PA
<i>benzoyl peroxide-erythromycin GEL</i>	1		<i>erythromycin (acne aid) GEL</i>	NP	
CABTREO	NP	PA	<i>erythromycin (acne aid) PADS</i>	NP	PA
CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	NP	PA	<i>erythromycin (acne aid) SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EVOCLIN FOAM (clindamycin phosphate (topical))	NF		sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	NP	
FABIOR FOAM	NP		sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	NP	
isotretinoin 10 MG, 20 MG, 40 MG	1	QL(2 ea daily); AL(At least 10 yrs old); PA	sulfacetamide sodium w/ sulfur FOAM	NP	PA
isotretinoin 25 MG, 35 MG	1	PA	sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 10 %-5 %	1	
isotretinoin 30 MG	1	AL(At least 10 yrs old); PA	sulfacetamide sodium w/ sulfur LIQD 9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 %	NP	
KLARON (sulfacetamide sodium (acne))	NP	QL(120 ml per fill retail); PA	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	NP	QL(60 gm per fill retail); PA
ONEXTON GEL	NP	PA	sulfacetamide sodium w/ sulfur PADS 10 %-4 %	NP	PA
ONEXTON GEL (clindamycin phosphate-benzoyl peroxide)	NP	PA	sulfacetamide sodium w/ sulfur SUSP	NP	
PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur)	NF		sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	NP	PA
PLEXION CREA (sulfacetamide sodium w/ sulfur)	NF		SUMADAN WASH LIQD (sulfacetamide sodium w/ sulfur)	NP	PA
PLEXION LOTN (sulfacetamide sodium w/ sulfur)	NF		SUMAXIN PADS	NP	PA
RETIN-A MICRO	NP	PA	TAZAROTENE FOAM	NP	
RETIN-A MICRO (tretinoin microsphere)	NP	PA	tretinoin microsphere	NP	PA
RETIN-A MICRO PUMP (tretinoin microsphere)	NP	PA	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	1	QL(45 gm per fill retail); AL(Up to 35 yrs old)
RETIN-A CREA (tretinoin)	NP	QL(45 gm per fill retail); AL(Up to 35 yrs old); PA	tretinoin GEL 0.01 %, 0.025 %	1	QL(45 gm per fill retail); AL(Up to 35 yrs old)
RETIN-A GEL (tretinoin)	2	QL(45 gm per fill retail); AL(Up to 35 yrs old)	tretinoin GEL 0.05 %	1	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	NP	PA	VELTIN (clindamycin phosphate-tretinoin)	NF	
sulfacetamide sodium (acne)	NP	QL(120 ml per fill retail)	WINLEVI	NP	
			ZIANA (clindamycin phosphate-tretinoin)	NP	PA
			ZMA CLEAR SUSP	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Agents for External Genital and Perianal Warts			<i>clotrimazole w/ betamethasone LOTN</i>	NP	PA
VEREGEN	NP	PA	<i>econazole nitrate CREA</i>	NP	
Antibiotics - Topical			ERTACZO	NP	PA
<i>bacitracin (topical) OINT</i>	1		EXTINA FOAM (<i>ketoconazole (topical)</i>)	NF	
<i>bacitracin zinc OINT</i>	1		JUBLIA	NP	PA
<i>bacitracin-polymyxin b OINT</i>	2		KERYDIN (<i>tavaborole</i>)	NP	PA
<i>bacitracin-polymyxin b OINT</i>	1		<i>ketoconazole (topical) CREA</i>	1	
CENTANY OINT	NP	PA	<i>ketoconazole (topical) FOAM</i>	NP	PA
<i>gentamicin sulfate (topical) CREA</i>	1		<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(120 ml per fill retail)
<i>gentamicin sulfate (topical) OINT</i>	1		KETODAN KIT	NP	PA
<i>mupirocin calcium (topical)</i>	NP	PA	LOPROX KIT	NP	PA
<i>mupirocin OINT</i>	1		LOPROX SHAMPOO SHAM (<i>ciclopirox</i>)	NP	PA
NEO-SYNALAR	NP		LOPROX CREA (<i>ciclopirox olamine</i>)	NP	PA
NEO-SYNALAR KIT	NP		LOPROX SUSP (<i>ciclopirox olamine</i>)	NP	PA
POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (<i>bacitracin-polymyxin b</i>)	NF		LOTRIMIN AF JOCK ITCH CREA (<i>clotrimazole (topical)</i>)	NF	QL(45 gm per fill retail); RX/OTC
XEPI	NP		LOTRIMIN AF CREA (<i>clotrimazole (topical)</i>)	NF	QL(45 gm per fill retail); RX/OTC
Antifungals - Topical			LOTRIMIN ULTRA (<i>butenafine hcl</i>)	NF	RX/OTC
<i>ciclopirox olamine CREA</i>	1		<i>luliconazole</i>	NP	PA
<i>ciclopirox olamine SUSP</i>	1		LUZU (<i>luliconazole</i>)	NP	PA
<i>ciclopirox GEL</i>	NP		MENTAX	NP	RX/OTC
<i>ciclopirox KIT</i>	NP	PA	MICATIN CREA (<i>miconazole nitrate (topical)</i>)	NF	
<i>ciclopirox SHAM</i>	1		<i>miconazole nitrate (topical) CREA</i>	1	
<i>ciclopirox SOLN</i>	NP	PA	<i>miconazole-zinc oxide-white petrolatum</i>	NP	PA
<i>clotrimazole (topical) CREA</i>	1	QL(45 gm per fill retail); RX/OTC	<i>naftifine hcl CREA</i>	NP	
<i>clotrimazole (topical) SOLN</i>	1	QL(30 ml per fill retail); RX/OTC			
<i>clotrimazole w/ betamethasone CREA</i>	1				

Drug Name	Drug Tier	Requirements/Limits
<i>naftifine hcl GEL 2 %</i>	NP	
NAFTIN GEL 1 %	NP	
NAFTIN GEL 2 % (<i>naftifine hcl</i>)	NP	PA
<i>nystatin (topical) CREA</i>	1	
<i>nystatin (topical) OINT</i>	1	
<i>nystatin (topical) POWD EX</i>	1	
<i>nystatin-triamcinolone CREA</i>	1	
<i>nystatin-triamcinolone OINT</i>	1	
<i>oxiconazole nitrate CREA</i>	NP	
OXISTAT CREA (<i>oxiconazole nitrate</i>)	NP	PA
OXISTAT LOTN	NP	
<i>tavaborole</i>	NP	PA
TINACTIN CREA (<i>tolnaftate</i>)	NF	
<i>tolnaftate CREA</i>	1	
VUSION (<i>miconazole-zinc oxide-white petrolatum</i>)	NP	PA
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine PTCH EX</i>	NP	PA
<i>diclofenac sodium (topical) GEL EX</i>	1	QL(6.68 gm daily); RX/OTC
<i>diclofenac sodium (topical) SOLN EX 2 %</i>	NP	PA
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	
FLECTOR PTCH EX (<i>diclofenac epolamine</i>)	NP	PA
LICART PT24	NP	PA
PENNSAID SOLN EX 2 % (<i>diclofenac sodium (topical)</i>)	NP	PA
PENNSAID SOLN EX	NP	PA

Drug Name	Drug Tier	Requirements/Limits
VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	NF	QL(6.68 gm daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
AMELUZ GEL	2	PA
<i>bexarotene (topical)</i>	1	SP; PA
CARAC CREA	NP	QL(30 gm per fill retail); PA
<i>diclofenac sodium (actinic keratoses) EX</i>	1	PA
EFUDEX CREA (<i>fluorouracil (topical)</i>)	NP	QL(40 gm per fill retail); PA
<i>fluorouracil (topical) CREA 5 %</i>	1	QL(40 gm per fill retail)
<i>fluorouracil (topical) CREA 0.5 %</i>	NP	QL(30 gm per fill retail); PA
<i>fluorouracil (topical) SOLN</i>	1	QL(10 ml per fill retail); PA
LEVULAN KERASTICK SOLR	2	SP; PA
TARGRETIN (<i>bexarotene (topical)</i>)	NP	SP; PA
VALCHLOR	2	SP; PA
Antipruritics - Topical		
<i>doxepin hcl (antipruritic)</i>	1	PA
PRUDOXIN (<i>doxepin hcl (antipruritic)</i>)	NP	PA
ZONALON (<i>doxepin hcl (antipruritic)</i>)	NP	PA
Antipsoriatics		
<i>acitretin</i>	1	
BIMZELX SOAJ	NP	SP; PA
BIMZELX SOSY	NP	SP; PA
<i>calcipotriene CREA</i>	1	QL(60 gm per fill retail)
CALCIPOTRIENE FOAM	NP	PA
<i>calcipotriene OINT</i>	1	
<i>calcipotriene SOLN</i>	1	QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol (topical)</i>	NP		SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN (<i>selenium sulfide</i>)	NF	
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA	SELSUN BLUE DAILY LOTN (<i>selenium sulfide</i>)	NF	
COSENTYX UNOREADY SOAJ	NP	SP; PA	SELSUN BLUE MEDICATED LOTN (<i>selenium sulfide</i>)	NF	
COSENTYX SOLN	NP	SP; PA	SELSUN BLUE MOISTURIZING LOTN (<i>selenium sulfide</i>)	NF	
COSENTYX SOSY	NP	SP; PA	SELSUN BLUE LOTN (<i>selenium sulfide</i>)	NF	
ILUMYA	NP	SP; PA	<i>sulfacetamide sodium LIQD</i>	2	
<i>methoxsalen rapid</i>	NP		<i>sulfacetamide sodium LIQD</i>	1	
SILIQ	NP	SP; PA	ZORYVE	NP	PA
SKYRIZI PEN SOAJ	NP	SP; PA	Antivirals - Topical		
SKYRIZI SOSY	NP	SP; PA	<i>acyclovir topical CREA</i>	NP	PA
SORILUX FOAM	NP	PA	<i>acyclovir topical OINT</i>	NP	QL(30 gm per 30 day(s) retail); PA
SOTYKTU	NP	SP; PA	DENAVIR (<i>penciclovir</i>)	NP	PA
SPEVIGO SOLN	2	SP; PA	<i>penciclovir</i>	NP	PA
SPEVIGO SOSY	2	SP; PA	XERESE	NP	PA
STELARA SOSY	NP	SP; PA	ZOVIRAX CREA (<i>acyclovir topical</i>)	NP	PA
TALTZ SOAJ	NP	SP; PA	ZOVIRAX OINT (<i>acyclovir topical</i>)	NP	QL(30 gm per 30 day(s) retail); PA
TALTZ SOSY 80 MG/ML	NP	SP; PA	Burn Products		
<i>tazarotene CREA 0.1 %</i>	NP	AL(Up to 21 yrs old)	<i>mafenide acetate PACK</i>	1	PA
<i>tazarotene GEL</i>	NP	AL(Up to 21 yrs old)	SILVADENE (<i>silver sulfadiazine</i>)	NP	PA
TAZORAC CREA (<i>tazarotene</i>)	NF	AL(Up to 21 yrs old)	<i>silver sulfadiazine</i>	1	
TAZORAC GEL (<i>tazarotene</i>)	NF	AL(Up to 21 yrs old)	SULFAMYLLON CREA	2	PA
TREMFYA SOPN	NP	SP; PA	Corticosteroids - Topical		
TREMFYA SOSY 100 MG/ML	NP	SP; PA	<i>alclometasone dipropionate CREA</i>	NP	
VECTICAL (<i>calcitriol (topical)</i>)	NF				
VTAMA	NP				
ZORYVE 0.3 %	NP	PA			
Antiseborrheic Products					
<i>selenium sulfide LOTN 2.5 %</i>	1	QL(120 ml per fill retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone dipropionate OINT</i>	NP		<i>clobetasol propionate emulsion</i>	NP	PA
<i>amcinonide CREA</i>	NP	PA	<i>clobetasol propionate CREA 0.05 %</i>	1	
<i>amcinonide LOTN</i>	NP	PA	<i>clobetasol propionate FOAM</i>	NP	PA
APEXICON E CREA	NP	PA	<i>clobetasol propionate GEL 0.05 %</i>	1	
<i>betamethasone dipropionate (topical) CREA</i>	NP	PA	<i>clobetasol propionate LIQD</i>	NP	PA
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate LOTN</i>	NP	PA
<i>betamethasone dipropionate (topical) OINT</i>	NP	PA	<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	NP	PA	<i>clobetasol propionate SHAM</i>	NP	PA
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	PA	<i>clobetasol propionate SOLN 0.05 %</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	NP	PA	CLOBEX LIQD (<i>clobetasol propionate</i>)	NF	
<i>betamethasone dipropionate augmented OINT</i>	NP	PA	CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	NF	
<i>betamethasone valerate CREA</i>	1	QL(45 gm per fill retail)	CLOBEX SHAM (<i>clobetasol propionate</i>)	NF	
<i>betamethasone valerate FOAM</i>	NP	PA	<i>clocortolone pivalate</i>	NP	PA
<i>betamethasone valerate LOTN</i>	1	QL(60 ml per fill retail)	CLODAN KIT	NP	PA
<i>betamethasone valerate OINT</i>	1		CLODERM (<i>clocortolone pivalate</i>)	NP	PA
BRYHALI LOTN	NP	PA	CORDRAN CREA (<i>flurandrenolide</i>)	NF	
<i>calcipotriene-betamethasone dipropionate OINT</i>	1		CORDRAN LOTN (<i>flurandrenolide</i>)	NF	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP	PA	DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	NP	PA
<i>clobetasol propionate emollient base 0.05 %</i>	NP	PA	DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	NP	PA
			DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	NF	
			<i>desonide CREA</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>desonide LOTN</i>	NP	PA	<i>halcinonide CREA</i>	NP	PA
<i>desonide OINT</i>	1		<i>halobetasol propionate CREA</i>	1	
DESOWEN CREA (<i>desonide</i>)	NF		<i>halobetasol propionate FOAM</i>	NP	PA
<i>desoximetasone CREA</i>	NP	PA	<i>halobetasol propionate OINT</i>	1	
<i>desoximetasone GEL</i>	NP	PA	HALOG CREA (<i>halcinonide</i>)	NP	PA
<i>desoximetasone LIQD</i>	NP	PA	HALOG OINT	NP	PA
<i>desoximetasone OINT</i>	NP	PA	HALOG SOLN	NP	PA
<i>diflorasone diacetate CREA</i>	NP	PA	<i>hydrocortisone (topical) CREA</i>	1	RX/OTC
<i>diflorasone diacetate OINT</i>	NP	PA	<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	NP	PA
DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	NP	PA	<i>hydrocortisone (topical) OINT</i>	1	RX/OTC
DUOBRII	NP	PA	<i>hydrocortisone butyrate hydrophilic lipo base</i>	NP	PA
ENSTILAR FOAM	NP	PA	<i>hydrocortisone butyrate CREA</i>	NP	PA
EPIFOAM FOAM	NP	PA	<i>hydrocortisone butyrate LOTN</i>	NP	PA
<i>fluocinolone acetonide CREA</i>	NP	PA	<i>hydrocortisone butyrate OINT</i>	NP	PA
<i>fluocinolone acetonide OIL</i>	NP	PA	<i>hydrocortisone butyrate SOLN</i>	NP	PA
<i>fluocinolone acetonide OINT</i>	NP	PA	<i>hydrocortisone valerate CREA</i>	NP	PA
<i>fluocinolone acetonide SOLN</i>	NP	PA	<i>hydrocortisone valerate OINT</i>	NP	PA
<i>fluocinonide emulsified base</i>	NP	PA	HYDROCORTISONE CREA	1	
<i>fluocinonide CREA</i>	NP	PA	IMPEKLO LOTN	NP	PA
<i>fluocinonide GEL</i>	NP	PA	KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	NP	PA
<i>fluocinonide OINT</i>	NP	PA	LEXETTE FOAM (<i>halobetasol propionate</i>)	NP	PA
<i>fluocinonide SOLN</i>	NP	PA	LOCOID LIPOCREAM	NP	PA
<i>flurandrenolide CREA</i>	NP	PA	LOCOID LOTN (<i>hydrocortisone butyrate</i>)	NP	PA
<i>flurandrenolide LOTN</i>	NP	PA			
<i>fluticasone propionate CREA 0.05 %</i>	1				
<i>fluticasone propionate LOTN</i>	NP	PA			
<i>fluticasone propionate OINT</i>	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LUXIQ FOAM (betamethasone valerate)	NP	PA	triamcinolone acetonide (topical) AERS	NP	PA
mometasone furoate CREA	1		triamcinolone acetonide (topical) CREA 0.025 %	1	QL(454 gm per fill retail)
mometasone furoate OINT	1		triamcinolone acetonide (topical) CREA 0.5 %	1	QL(15 gm per fill retail)
mometasone furoate SOLN	1		triamcinolone acetonide (topical) CREA 0.1 %	1	
OLUX-E (clobetasol propionate emulsion)	NP	PA	triamcinolone acetonide (topical) LOTN	1	QL(60 ml per fill retail)
OLUX FOAM (clobetasol propionate)	NF		triamcinolone acetonide (topical) OINT 0.5 %	1	QL(15 gm per fill retail)
PANDEL	NP	PA	triamcinolone acetonide (topical) OINT 0.05 %	NP	PA
SERNIVO EMUL	NP	PA	triamcinolone acetonide (topical) OINT 0.025 %, 0.05 %, 0.1 %	1	
SYNALAR CREAM KIT	NP	PA	triamcinolone acetonide- dimethicone-silicone	NP	PA
SYNALAR OINTMENT KIT	NP	PA	TRIDESILON CREA 0.05 % (desonide)	NF	
SYNALAR TS	NP	PA	ULTRAVATE LOTN	NP	PA
SYNALAR CREA (fluocinolone acetonide)	NP	PA	VANOS CREA (fluocinonide)	NP	PA
SYNALAR OINT (fluocinolone acetonide)	NP	PA	Eczema Agents		
SYNALAR SOLN (fluocinolone acetonide)	NP	PA	ADBRY SOSY	NP	SP; PA
TACLONEX OINT (calcipotriene- betamethasone dipropionate)	NP	PA	CIBINQO	2	SP; PA
TACLONEX SUSP (calcipotriene- betamethasone dipropionate)	NP	PA	DUPIXENT SOPN	2	SP; PA
TEXACORT SOLN 2.5 %	NP	PA	DUPIXENT SOSY	2	SP; PA
TOPICORT CREA (desoximetasone)	NP	PA	OPZELURA	2	PA
TOPICORT GEL (desoximetasone)	NP	PA	Emollient/Keratolytic Agents		
TOPICORT LIQD (desoximetasone)	NP	PA	DERMAL THERAPY FINGERCARE LOTN (urea)	NF	
TOPICORT OINT (desoximetasone)	NP	PA	ULTRA MIDE 25 LOTN (urea)	NF	
TOVET KIT	NP	PA	urea CREA 40 %	1	QL(200 gm per fill retail); PA; RX/OTC
			urea LOTN 40 %	2	QL(325 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1	PA; RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	PA; RX/OTC
LACTIC ACID LOTN	2	PA
Hair Growth Agents		
LITFULO	NP	SP; PA
Immunomodulating Agents - Topical		
<i>imiquimod 3.75 %</i>	NP	PA
<i>imiquimod 5 %</i>	1	QL(48 ea per 180 day(s) retail)
ZYCLARA (<i>imiquimod</i>)	NP	PA
ZYCLARA PUMP	NP	PA
ZYCLARA PUMP (<i>imiquimod</i>)	NP	PA
Immunosuppressive Agents - Topical		
ELIDEL (<i>pimecrolimus</i>)	NP	QL(30 gm per 28 day(s) retail); PA
HYFTOR	2	PA
<i>pimecrolimus</i>	NP	QL(30 gm per 28 day(s) retail); PA
<i>tacrolimus (topical) OINT</i>	1	QL(30 gm per 28 day(s) retail); PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox GEL</i>	1	
<i>podofilox SOLN</i>	1	QL(4 ml per fill retail)
<i>salicylic acid FOAM</i>	1	
SALVAX FOAM (<i>salicylic acid</i>)	NF	
SALYCIM CREA	1	
YCANTH SOLN	2	PA
Local Anesthetics - Topical		
GEN7T PTCH (<i>lidocaine</i>)	NF	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl CREA 3 %</i>	1	
<i>lidocaine hcl PRSY</i>	1	QL(30 ml per fill retail)
<i>lidocaine hcl SOLN</i>	1	
<i>lidocaine OINT</i>	1	
<i>lidocaine-prilocaine CREA</i>	1	
<i>lidocaine-prilocaine KIT</i>	NP	PA
<i>lidocaine PTCH 5 %</i>	2	
<i>lidocaine PTCH 5 %</i>	1	
LIDOCARE ARM/NECK/LEG PTCH (<i>lidocaine</i>)	NF	
LIDOCARE BACK/SHOULDER PTCH (<i>lidocaine</i>)	NF	
LIDODERM PTCH (<i>lidocaine</i>)	NP	PA
LIDODERM PTCH (<i>lidocaine</i>)	NF	
LIDOTRAL CREA	NP	PA
PLIAGLIS CREA	NP	PA
QUTENZA	NP	PA
XYLIDERM	NP	PA
ZTLIDO PTCH	NP	PA
Misc. Topical		
DRYSOL SOLN	2	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	2	
Protectives Against UV Radiation		
SCENESSE	CO	
Rosacea Agents		
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	NP	PA
<i>doxycycline (rosacea)</i>	NP	PA
FINACEA FOAM	2	
FINACEA GEL (<i>azelaic acid</i>)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin (rosacea)</i>	NP	PA
METROCREAM CREA (<i>metronidazole (topical)</i>)	NF	QL(45 gm per fill retail)
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	NF	
METROLOTION LOTN (<i>metronidazole (topical)</i>)	NF	
<i>metronidazole (topical) CREA</i>	NP	QL(45 gm per fill retail); PA
<i>metronidazole (topical) CREA</i>	1	QL(45 gm per fill retail)
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 gm per fill retail)
<i>metronidazole (topical) GEL 1 %</i>	1	
<i>metronidazole (topical) GEL 0.75 %</i>	NP	QL(45 gm per fill retail); PA
<i>metronidazole (topical) LOTN</i>	1	
MIRVASO (<i>brimonidine tartrate (topical)</i>)	NF	
NORITATE CREA	NP	PA
ORACEA (<i>doxycycline (rosacea)</i>)	NF	
RHOFADE	NP	PA
SOOLANTRA (<i>ivermectin (rosacea)</i>)	NF	
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	NP	
<i>malathion</i>	NP	QL(59 ml per fill retail; 118 ml per 30 day(s) retail)
NATROBA (<i>spinosad</i>)	2	QL(120 ml per fill retail; 240 ml per 30 day(s) retail); AL(At least 1 yrs old)
NIX CREME RINSE LIQD EX (<i>permethrin</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
OVIDE (<i>malathion</i>)	NP	QL(59 ml per fill retail; 118 ml per 30 day(s) retail); PA
<i>permethrin AERO</i>	1	
<i>permethrin CREA</i>	1	
<i>permethrin LIQD EX</i>	1	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	1	
<i>spinosad</i>	1	QL(120 ml per fill retail; 240 ml per 30 day(s) retail); AL(At least 1 yrs old)
Wound Care Products		
FILSUVEZ	CO	
VYJUVEK	CO	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ADVIN COVID-19 ANTIGEN HOME TEST KIT	2	
BINAXNOW COVID-19 AG CARD HOME TEST KIT	2	
CARESTART COVID-19 ANTIGEN HOME TEST KIT	2	
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	2	
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	2	
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	2	
COVID-19 AG TEST KIT	2	
COVID-19 AT-HOME TEST KIT KIT	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	2		IHEALTH COVID-19 ANTIGENRAPID TEST KIT	2	
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	2		INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	2	
COVID-19 TEST SPECIMEN COLLECTION	2		INTELISWAB COVID-19 RAPID TEST KIT	2	
COVID-19 TESTING ADMINISTERED BY PHARMACIST	2		KETONE TEST STRIPS STRP	2	
CVS COVID-19 AT HOME TESTKIT KIT	2		KETONE STRP	2	
DXTERITY COVID-19 HOME TEST	2		KETOSTIX STRP	2	
ELLUME COVID-19 HOME TEST KIT	2		LUCIRA CHECK IT COVID-19TEST KIT KIT	2	RX/OTC
EVERLYWELL COVID-19 TESTHOME COLLECTION KIT DTC	2		LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	2	RX/OTC
FASTEP COVID-19 ANTIGEN HOME TEST KIT	2		MYLAB BOX COVID-19 TESTING	2	
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	2		OHC COVID-19 ANTIGEN SELF TEST KIT	2	
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	2		ON/GO COVID-19 ANTIGEN SELF-TEST KIT	2	
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	2		ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	2	
GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 ea daily); PA; RX/OTC	PILOT COVID-19 AT-HOME TEST KIT	2	
GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	2		PIXEL COVID-19 PCR TEST HOME COLLECTION KIT	2	
			QUICKVUE AT-HOME COVID-19 TEST KIT	2	
			RAPID SARS-COV-2 ANTIGENTEST CARD KIT	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	2	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 ea daily); RX/OTC	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	NP	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 ea daily); PA; RX/OTC
SIMPLICITY COVID-19 HOMECOLLECTION TEST KIT	2		TRUETRACK TEST STRP	NP	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 ea daily); PA; RX/OTC
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	2				
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	2	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 ea daily); RX/OTC	DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	2	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 ea daily); RX/OTC	Digestive Enzymes		
			CREON CPEP	2	MP
			PERTZYE CPEP	NP	PA
			VIKACE TABS	NP	PA
			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	2	
			DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		

Drug Name	Drug Tier	Requirements/Limits
Carbonic Anhydrase Inhibitors		
<i>acetazolamide sodium</i>	1	PA
<i>acetazolamide CP12</i>	1	MP
<i>acetazolamide TABS</i>	1	MP
<i>dichlorphenamide</i>	NP	SP
KEVEYIS (<i>dichlorphenamide</i>)	NP	SP; PA
<i>methazolamide TABS</i>	1	MP
Diuretic Combinations		
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	NF	MP
<i>amiloride & hydrochlorothiazide</i>	1	MP
MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA
MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA
<i>spironolactone & hydrochlorothiazide</i>	1	MP
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	QL(1 ea daily); MP
<i>triamterene & hydrochlorothiazide TABS</i>	1	QL(1 ea daily); MP
Loop Diuretics		
<i>bumetanide SOLN 0.25 MG/ML</i>	1	PA
<i>bumetanide TABS</i>	1	MP
BUMEX TABS 0.5 MG (<i>bumetanide</i>)	NF	MP
EDECIN (<i>ethacrynic acid</i>)	NP	MP; PA
<i>ethacrynic acid sodium</i>	1	PA
<i>ethacrynic acid</i>	NP	MP
FUROSCIX CTKT	NP	SP; PA
<i>furosemide SOLN IJ 10 MG/ML</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1	MP
<i>furosemide TABS</i>	1	MP
LASIX TABS (<i>furosemide</i>)	NP	MP; PA
SODIUM EDECIN (<i>ethacrynic acid sodium</i>)	NP	PA
<i>torseamide TABS</i>	1	QL(1 ea daily); MP
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>spironolactone</i>)	NP	MP; PA
<i>amiloride hcl TABS</i>	1	QL(4 ea daily); MP
CAROSPIR SUSP (<i>spironolactone</i>)	NP	PA
DYRENIUM CAPS (<i>triamterene</i>)	NF	
<i>spironolactone SUSP</i>	NP	
<i>spironolactone TABS</i>	1	MP
<i>triamterene CAPS</i>	NP	
Thiazides and Thiazide-Like Diuretics		
<i>chlorothiazide sodium</i>	1	PA
<i>chlorthalidone 25 MG, 50 MG</i>	1	MP
DIURIL SUSP	NP	
<i>hydrochlorothiazide CAPS</i>	1	MP
<i>hydrochlorothiazide TABS</i>	1	MP
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	MP
<i>metolazone</i>	1	MP
SODIUM DIURIL (<i>chlorothiazide sodium</i>)	NF	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA	CO	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RECORLEV	CO		RECLAST SOLN (zoledronic acid)	NP	SP; PA
Bone Density Regulators			<i>risedronate sodium TABS 5 MG, 30 MG</i>	NP	QL(1 ea daily); MP
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	NP	QL(0.143 ea daily); MP; PA	<i>risedronate sodium TABS 150 MG</i>	NP	
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	NP	PA	<i>risedronate sodium TABS 35 MG</i>	NP	QL(0.143 ea daily); MP
<i>alendronate sodium SOLN</i>	1	QL(10.8 ml daily); MP	<i>risedronate sodium TBEC</i>	NP	QL(0.143 ea daily); MP; PA
<i>alendronate sodium TABS 10 MG</i>	1	QL(1 ea daily); MP	<i>teriparatide (recombinant) SOPN</i>	1	QL(0.14 ml daily); SP; MP; PA
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 ea daily); MP	TERIPARATIDE SOPN	2	QL(2.48 ml per 31 day(s) retail); SP; PA
<i>alendronate sodium TABS 5 MG</i>	2	QL(1 ea daily); MP	TYMLOS	NP	SP; PA
ATELVIA TBEC (<i>risedronate sodium</i>)	NP	QL(0.143 ea daily); MP; PA	XGEVA SOLN	2	SP; PA
BINOSTO TBEF	NP	PA	<i>zoledronic acid CONC</i>	1	SP; PA
<i>calcitonin (salmon) NA</i>	1	Limit 2 per month; QL(0.25 ml daily); MP	<i>zoledronic acid SOLN</i>	1	SP; PA
<i>calcitonin (salmon) IJ</i>	1	QL(2 ml per 30 day(s) retail); PA	ZOLEDRONIC ACID SOLN	2	SP; PA
EVENITY	NP	SP; PA	Corticotropin		
FORTEO SOPN (<i>teriparatide (recombinant)</i>)	NP	Limit 2 per month; QL(0.14 ml daily); SP; MP; PA	ACTHAR GEL	2	SP; PA
FOSAMAX PLUS D	NP	PA	CORTROPHIN GEL	2	SP; PA
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	NP	QL(0.15 ea daily); MP; PA	GnRH/LHRH Antagonists		
<i>ibandronate sodium SOLN</i>	NP	SP; PA	ORLISSA	2	SP; PA
<i>ibandronate sodium TABS</i>	1	MP	Growth Hormone Receptor Antagonists		
MIACALCIN IJ (<i>calcitonin (salmon)</i>)	NP	QL(2 ml per 30 day(s) retail); PA	SOMAVERT	2	SP; PA
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	NP	SP; PA	Growth Hormone Releasing Hormones (GHRH)		
PAMIDRONATE DISODIUM SOLN	NP	SP; PA	EGRIFTA SV	2	SP; PA
PROLIA SOSY	2	SP; PA	Growth Hormones		
			GENOTROPIN MINIQUICK PRSY	2	SP; PA
			GENOTROPIN CART SC	2	SP; PA
			HUMATROPE CART IJ	NP	SP; PA
			NGENLA	NP	SP; PA
			NORDITROPIN FLEXPRO SOPN	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP; PA	SYNAREL	2	SP; PA
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP; PA	TRIPTODUR	NP	SP; ST
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP; PA	Menopausal Symptoms Suppressants		
OMNITROPE SOCT	NP	SP; PA	VEOZAH	2	PA
OMNITROPE SOLR SC	NP	SP; PA	Metabolic Modifiers		
SAIZEN IJ	NP	SP; PA	ALDURAZYME	CO	
SAIZENPREP RECONSTITUTIONKIT IJ	NP	SP; PA	<i>betaine</i>	1	SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP; PA	BRINEURA	CO	
SKYTROFA	NP	SP; PA	BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	CO	
SOGROYA	NP	SP; PA	BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	CO	
ZOMACTON SOLR SC	NP	SP; PA	<i>calcitriol CAPS</i>	1	
ZORBTIVE SC	NP	SP; PA	<i>calcitriol SOLN OR</i>	1	
Hormone Receptor Modulators			CARBAGLU (<i>carglumic acid</i>)	CO	
EVISTA (<i>raloxifene hcl</i>)	NF	QL(1 ea daily); MP	<i>carglumic acid</i>	CO	
EVISTA (<i>raloxifene hcl</i>)	NP	QL(1 ea daily); MP; PA	CARNITOR SF SOLN OR (<i>levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ml daily); PA
OSPHENA	NP	PA	CARNITOR SOLN OR 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	NF	QL(30 ml daily)
<i>raloxifene hcl</i>	1	QL(1 ea daily); MP	CARNITOR SOLN OR 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ml daily); PA
Insulin-Like Growth Factor Receptor Inhibitors			CARNITOR TABS (<i>levocarnitine (metabolic modifiers)</i>)	NP	QL(3 ea daily); PA
TEPEZZA	CO		<i>cinacalcet hcl</i>	1	SP
Insulin-Like Growth Factors (Somatomedins)			CITRULLINE EASY	CO	RX/OTC
INCRELEX	2	SP; PA	CRYSVITA	CO	
LHRH/GnRH Agonist Analog Pituitary Suppressants			CYSTADANE (<i>betaine</i>)	NP	SP; PA
FENSOLVI SC	2	SP; PA	<i>doxercalciferol CAPS</i>	NP	PA
LUPRON DEPOT-PED (1-MONTH)	2	SP; PA	ELAPRASE	CO	
LUPRON DEPOT-PED (3-MONTH)	2	SP; PA	ELFABRIO 20 MG/10ML	CO	
LUPRON DEPOT-PED (6-MONTH) IM	2	SP; PA	FABRAZYME	CO	
SUPPRELIN LA	2	SP; PA	GALAFOLD	CO	
			KANUMA	CO	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KUVAN PACK (sapropterin dihydrochloride)	CO	SP	SENSIPAR (cinacalcet hcl)	2	SP
KUVAN TABS (sapropterin dihydrochloride)	CO	SP	sodium phenylbutyrate POWD	CO	
LAMZEDE	CO		sodium phenylbutyrate TABS	CO	
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	1	QL(30 ml daily)	STRENSIQ	CO	
levocarnitine (metabolic modifiers) TABS	1	QL(3 ea daily)	VIMIZIM	CO	
LUMIZYME	CO		XENPOZYME	CO	
MEPSEVII	CO		XPHOZAH	2	SP; PA
MYALEPT	CO		ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)	NP	PA
NAGLAZYME	CO		Mineralocorticoid Receptor Antagonists		
NEXVIAZYME	CO		KERENDIA	2	PA
nitisinone CAPS	CO		Natriuretic Peptides		
NITYR TABS	CO		VOXZOGO	CO	
NULIBRY	CO		Posterior Pituitary Hormones		
OLPRUVA THPK	CO		DDAVP SOLN IJ 4 MCG/ML (desmopressin acetate)	NP	SP; PA
OPFOLDA	CO		DDAVP TABS (desmopressin acetate)	NP	QL(6 ea daily); PA
ORFADIN CAPS (nitisinone)	CO		desmopressin acetate spray	1	QL(5 ml per fill retail)
ORFADIN SUSP	CO		desmopressin acetate spray refrigerated	1	QL(5 ml per fill retail)
PALYNZIQ	CO		desmopressin acetate SOLN IJ	1	SP; PA
paricalcitol CAPS	NP	PA	desmopressin acetate TABS	1	QL(6 ea daily)
PHEBURANE PLLT	CO		NOCDURNA SUBL	NP	PA
POMBILITI	CO		Progesterone Receptor Antagonists		
RAVICTI	CO		MIFEPREX (mifepristone)	NP	PA
RAYALDEE	NP	PA	mifepristone	1	
REVCOVI	CO		Prolactin Inhibitors		
ROCALTROL CAPS (calcitriol)	NP	PA	cabergoline	1	
ROCALTROL SOLN OR (calcitriol)	NP	PA	Somatostatic Agents		
sapropterin dihydrochloride PACK	CO	SP			
sapropterin dihydrochloride TABS	CO	SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lanreotide acetate</i>	1	SP; PA	ORIAHNN	2	PA
LANREOTIDE ACETATE	2	SP; PA	PREFEST	NP	
MYCAPSSA CPDR	2	SP; PA	PREMPHASE	2	MP
<i>octreotide acetate SOLN</i>	1	SP; PA	PREMPRO	2	MP
<i>octreotide acetate SOSY</i>	1	SP; PA	Estrogens		
SANDOSTATIN LAR DEPOT KIT	NP	SP; PA	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	NP	MP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NP	SP; PA	CLIMARA PTWK (<i>estradiol</i>)	NP	MP; PA
SIGNIFOR	2	SP; PA	DELESTROGEN (<i>estradiol valerate</i>)	NP	PA
SIGNIFOR LAR	NP	SP; PA	DEPO-ESTRADIOL	2	
SOMATULINE DEPOT	2	SP; PA	DIVIGEL GEL (<i>estradiol</i>)	NP	PA
Vasopressin Receptor Antagonists			ELESTRIN GEL	NP	
JYNARQUE TABS	2	SP; PA	ESTRACE TABS (<i>estradiol</i>)	NP	MP; PA
JYNARQUE TBPK	2	SP; PA	<i>estradiol valerate</i>	1	
SAMSCA TABS 15 MG (<i>tolvaptan</i>)	NP	SP; PA	<i>estradiol GEL</i>	NP	
SAMSCA TABS 30 MG (<i>tolvaptan</i>)	2	SP; PA	<i>estradiol PTTW</i>	1	MP
<i>tolvaptan</i> TABS	1	SP; PA	<i>estradiol PTWK</i>	1	MP
ESTROGENS - Hormone Replacement/Modifying Drugs			<i>estradiol TABS</i>	1	MP
Estrogen Combinations			ESTROGEL GEL (<i>estradiol</i>)	NF	
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	NP	MP; PA	EVAMIST SOLN	NP	
ANGELIQ	2		MENEST	2	MP
BIJUVA	NP		MENOSTAR PTWK	NP	
CLIMARA PRO	2		MINIVELLE PTTW (<i>estradiol</i>)	NP	MP; PA
COMBIPATCH PTTW	2	MP	PREMARIN SOLR	NP	PA
DUAVEE	2	PA	PREMARIN TABS	2	MP
<i>estradiol & norethindrone acetate</i> TABS	1	MP	VIVELLE-DOT PTTW 0.025 MG/24HR, 0.0375 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	MP
MYFEMBREE	2	PA	VIVELLE-DOT PTTW (<i>estradiol</i>)	NP	MP; PA
<i>norethindrone acetate-ethinyl estradiol</i>	1		FLUOROQUINOLONES - Drugs to Treat Bacterial		

Drug Name	Drug Tier	Requirements/Limits
Infections		
Fluoroquinolones		
BAXDELA TABS	NP	PA
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1	
<i>ciprofloxacin hcl TABS 100 MG</i>	1	QL(6 ea per fill retail)
CIPRO SUSR	2	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NP	PA
<i>levofloxacin SOLN OR</i>	NP	
<i>levofloxacin TABS</i>	1	QL(1 ea daily; 14 ea per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 300 MG, 400 MG</i>	NP	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY	NP	PA
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	NP	QL(1 ea daily); PA
Antiflatulents		
GAS-X EXTRA STRENGTH CHEW (<i>simethicone</i>)	NF	
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (<i>simethicone</i>)	NF	
MYLICON INFANTS GAS RELIEF SUSP (<i>simethicone</i>)	NF	
PHAZYME MAXIMUM STRENGTH CAPS (<i>simethicone</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
PHAZYME ULTRA STRENGTH CAPS (<i>simethicone</i>)	NF	
<i>simethicone CAPS 125 MG</i>	1	
<i>simethicone CHEW</i>	1	
<i>simethicone SUSP</i>	1	
Bile Acid Synthesis Disorder Agents		
CHOLBAM	NP	QL(5 ea daily); SP; MP
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	NP	QL(1 ea daily); SP
Gallstone Solubilizing Agents		
CHENODAL	NP	SP
RELTONE CAPS	NP	PA
URSO 250 TABS (<i>ursodiol</i>)	NP	QL(7 ea daily); MP; PA
URSO FORTE TABS (<i>ursodiol</i>)	NP	PA
<i>ursodiol CAPS</i>	1	QL(3 ea daily); MP
<i>ursodiol TABS 250 MG</i>	1	QL(7 ea daily); MP
<i>ursodiol TABS 500 MG</i>	1	
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis)</i>	NP	PA
GASTROCROM (<i>cromolyn sodium (mastocytosis)</i>)	NP	PA
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>lubiprostone</i>)	2	MP; PA
<i>lubiprostone</i>	1	MP; PA
Gastrointestinal Stimulants		
GIMOTI SOLN NA	NP	SP; PA
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	NP	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1		INFLECTRA SOLR	NP	SP; PA
<i>metoclopramide hcl TABS</i>	1		INFLIXIMAB	NP	SP; PA
<i>metoclopramide hcl TBDP</i>	2		LIALDA TBEC (<i>mesalamine</i>)	2	
REGLAN TABS (<i>metoclopramide hcl</i>)	NP	PA	<i>mesalamine w/ cleanser</i>	NP	PA
Hepatotropics			<i>mesalamine CP24</i>	1	MP
REZDIFFRA	2	SP; PA	<i>mesalamine CPCR</i>	1	QL(8 ea daily); MP
Ileal Bile Acid Transporter (IBAT) Inhibitors			<i>mesalamine CPDR</i>	1	QL(6 ea daily); MP
BYLVAY (PELLETS) CPSP	CO		<i>mesalamine ENEM</i>	1	QL(60 ml daily)
BYLVAY CAPS	CO		<i>mesalamine SUPP</i>	1	
LIVMARLI	CO		<i>mesalamine TBEC 1.2 GM</i>	1	
Inflammatory Bowel Agents			<i>mesalamine TBEC 800 MG</i>	NP	QL(3 ea daily)
APRISO CP24 (<i>mesalamine</i>)	2	MP	OMVOH SOAJ	NP	SP; PA
ASACOL HD TBEC (<i>mesalamine</i>)	NF	QL(3 ea daily)	OMVOH SOLN	NP	SP; PA
AVSOLA	NP	SP; PA	OMVOH SOSY	NP	SP; PA
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NP	MP; PA	PENTASA CPCR	2	QL(8 ea daily); MP
AZULFIDINE TABS (<i>sulfasalazine</i>)	NP	MP; PA	PENTASA CPCR (<i>mesalamine</i>)	2	QL(8 ea daily); MP
<i>balsalazide disodium CAPS</i>	1	QL(9 ea daily)	REMICADE	NP	SP; PA
CANASA SUPP (<i>mesalamine</i>)	NP	PA	RENFLEXIS	NP	SP; PA
CIMZIA STARTER KIT PSKT	NP	SP; PA	ROWASA (<i>mesalamine w/ cleanser</i>)	NP	PA
CIMZIA KIT	NP	SP; PA	SFROWASA ENEM	NP	
CIMZIA PSKT	NP	SP; PA	SKYRIZI SOCT	NP	SP; PA
COLAZAL CAPS (<i>balsalazide disodium</i>)	NP	QL(9 ea daily); PA	SKYRIZI SOLN	NP	SP; PA
DELZICOL CPDR (<i>mesalamine</i>)	2	QL(6 ea daily); MP	STELARA 130 MG/26ML	NP	SP; PA
DIPENTUM	NP		<i>sulfasalazine TABS</i>	1	MP
ENTYVIO SOLR	NP	SP; PA	<i>sulfasalazine TBEC</i>	1	MP
ENTYVIO SOPN	NP	SP; PA	VELSIPITY	NP	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); SP; PA
			ZYMFENTRA 1-PEN AJKT	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ZYMFENTRA 2-PEN AJKT	NP	SP; PA
ZYMFENTRA 2-SYRINGE PSKT	NP	SP; PA
Intestinal Acidifiers		
<i>lactulose</i> (<i>encephalopathy</i>)	1	MP
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	NP	PA
IBSRELA	NP	PA
LINZESS	2	QL(1 ea daily); PA
LOTRONEX (<i>alosetron hcl</i>)	NP	PA
VIBERZI	NP	PA
Live Fecal Microbiota		
VOWST	2	SP
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	NP	PA
ENTEREG (<i>alvimopan</i>)	NP	PA
MOVANTIK	2	PA
RELISTOR SOLN	NP	PA
RELISTOR TABS	NP	PA
SYMPROIC	NP	PA
Phosphate Binder Agents		
AURYXIA	NP	PA
<i>calcium acetate</i> (<i>phosphate binder</i>) CAPS	1	MP
<i>calcium acetate</i> (<i>phosphate binder</i>) TABS	NP	MP; PA; RX/OTC
FOSRENOL CHEW (<i>lanthanum carbonate</i>)	NP	MP; PA
FOSRENOL PACK	NP	PA
<i>lanthanum carbonate</i> CHEW	NP	MP; PA
PHOSLYRA SOLN	2	MP
RENAGEL (<i>sevelamer hcl</i>)	NP	MP; PA

Drug Name	Drug Tier	Requirements/Limits
RENVELA PACK (<i>sevelamer carbonate</i>)	NP	MP; PA
RENVELA TABS (<i>sevelamer carbonate</i>)	NP	MP; PA
<i>sevelamer carbonate</i> PACK	NP	MP; PA
<i>sevelamer carbonate</i> TABS	1	MP
<i>sevelamer hcl</i>	NP	MP; PA
VELPHORO	NP	PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	CO	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
ORACIT	NP	
ORAL CITRATE	NP	
<i>pot & sod citrates w/citric ac</i> SOLN	1	
<i>potassium citrate</i> (<i>alkalinizer</i>) TBCR 15 MEQ, 1080 MG, 1620 MG	1	
<i>potassium citrate</i> (<i>alkalinizer</i>) TBCR 540 MG	1	QL(1.433 ea daily)
<i>potassium citrate-citric acid</i> SOLN	1	RX/OTC
<i>sodium citrate & citric acid</i>	1	QL(500 ml per 30 day(s) retail); RX/OTC
UROCIT-K 10 TBCR (<i>potassium citrate</i> (<i>alkalinizer</i>))	NP	PA
UROCIT-K 15 TBCR (<i>potassium citrate</i> (<i>alkalinizer</i>))	NP	PA

Drug Name	Drug Tier	Requirements/Limits
UROCIT-K 5 TBCR (potassium citrate alkalinizer))	NP	QL(1.433 ea daily); PA
Cystinosis Agents		
CYSTAGON CAPS	CO	
PROCYSBI CPDR	CO	
PROCYSBI PACK	CO	
Genitourinary Irrigants		
sodium chloride (gu irrigant) 0.9 %	1	
Hyperoxaluria Agents		
OXLUMO	CO	
RIVFLOZA SOLN	CO	
RIVFLOZA SOSY	CO	
IgA Nephropathy (IgAN) Agents		
FILSPARI	CO	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 ea daily); PA
RIMSO-50	2	PA
Prostatic Hypertrophy Agents		
alfuzosin hcl	1	MP
AVODART (dutasteride)	NF	MP
AVODART (dutasteride)	NP	MP; PA
CARDURA XL	NP	
dutasteride	1	MP
dutasteride-tamsulosin hcl	NP	PA
ENTADFI	NP	PA
finasteride	1	QL(1 ea daily); MP
FLOMAX (tamsulosin hcl)	NP	QL(2 ea daily); MP; PA
JALYN (dutasteride-tamsulosin hcl)	NP	PA
PROSCAR (finasteride)	NP	QL(1 ea daily); MP; PA
RAPAFLO 8 MG (silodosin)	NF	MP

Drug Name	Drug Tier	Requirements/Limits
RAPAFLO (silodosin)	NP	MP
silodosin	NP	MP
tamsulosin hcl	1	QL(2 ea daily); MP
UROXATRAL (alfuzosin hcl)	NF	MP
Urinary Analgesics		
AZO URINARY PAIN RELIEF MAXIMUM STRENGTH TABS (phenazopyridine hcl)	NF	
phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG	1	
PYRIDIUM TABS (phenazopyridine hcl)	NP	PA
Urinary Stone Agents		
LITHOSTAT	2	PA
THIOLA EC TBEC (tiopronin)	NP	SP; PA
THIOLA TABS (tiopronin)	NP	SP; PA
tiopronin TABS	1	SP; PA
tiopronin TBEC	1	SP; PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	1	MP
Gout Agents		
allopurinol 100 MG, 300 MG	1	MP
ALLOPURINOL	NP	PA
allopurinol sodium	1	PA
ALOPRIM (allopurinol sodium)	1	PA
colchicine CAPS	NP	PA
colchicine TABS	1	QL(6 ea per fill retail)
COLCRYS TABS (colchicine)	NP	QL(6 ea per fill retail); PA
febuxostat	NP	MP; PA

Drug Name	Drug Tier	Requirements/Limits
GLOPERBA SOLN OR	NP	PA
KRYSTEXXA	CO	
MITIGARE CAPS (<i>colchicine</i>)	NP	PA
ULORIC (<i>febuxostat</i>)	NP	MP; PA
ZYLOPRIM (<i>allopurinol</i>)	NP	MP; PA
Uricosurics		
<i>probenecid</i>	1	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Aminolevulinic Synthase 1-Directed siRNA		
GIVLAARI	CO	
Antihemophilic Products		
ADVATE	CO	
ADYNOVATE	CO	
AFSTYLA	CO	
ALPHANATE SOLR	CO	
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	CO	
ALPROLIX	CO	
ALTUVIIIIO	CO	
ALTUVIIIIO	CO	
BENEFIX KIT	CO	
BEQVEZ	CO	
COAGADEX	CO	
CORIFACT	CO	
ELOCTATE	CO	
ESPEROCT	CO	
FEIBA	CO	
HEMGENIX	CO	
HEMLIBRA	CO	
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	CO	
HUMATE-P SOLR	CO	
IDELVION	CO	

Drug Name	Drug Tier	Requirements/Limits
IXINITY SOLR	CO	
JIVI	CO	
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	CO	
KOATE SOLR	CO	
KOGENATE FS KIT	CO	
KOVALTRY	CO	
NOVOEIGHT	CO	
NOVOSEVEN RT	CO	
NUWIQ KIT	CO	
NUWIQ SOLR	CO	
OBIZUR	CO	
PROFILNINE	CO	
REBINYN	CO	
RECOMBINATE SOLR	CO	
RIXUBIS SOLR	CO	
ROCTAVIAN	CO	
SEVENFACT	CO	
TRETTEN	CO	
VONVENDI	CO	
WILATE KIT	CO	
XYNTHA	CO	
XYNTHA SOLOFUSE	CO	
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (<i>icatibant acetate</i>)	CO	
<i>icatibant acetate SOLN</i>	CO	
<i>icatibant acetate SOSY</i>	CO	
Complement Inhibitors		
BERINERT KIT	CO	
CINRYZE SOLR IV	CO	
EMPAVELI	CO	
ENJAYMO	CO	
FABHALTA	CO	
HAEGARDA SOLR SC	CO	
RUCONEST	CO	

Drug Name	Drug Tier	Requirements/Limits
SOLIRIS	CO	
TAVNEOS	CO	
ULTOMIRIS	CO	
VEOPOZ	CO	
VOYDEYA TABS	CO	
VOYDEYA TBPK	CO	
ZILBRYSQ	CO	
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	NP	SP; PA
Hematological Enzymes - Misc		
ADZYNMA	CO	SP
Hematorheologic Agents		
<i>pentoxifylline</i>	1	MP
Hemin		
PANHEMATIN 350 MG	2	SP; PA
Human Protein C		
CEPROTIN	2	SP; PA
Plasma Kallikrein Inhibitors		
KALBITOR	CO	
ORLADEYO	CO	
TAKHZYRO SOLN	CO	
TAKHZYRO SOSY	CO	
Plasma Proteins		
RYPLAZIM	CO	
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	NP	MP; PA
<i>anagrelide hcl</i>	1	MP
<i>aspirin-dipyridamole</i>	1	MP
BRILINTA	2	QL(2 ea daily); MP
CABLIVI	CO	SP
<i>cilostazol</i>	1	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 ea daily); MP
<i>clopidogrel bisulfate 300 MG</i>	1	
<i>dipyridamole</i>	1	MP
EFFIENT (<i>prasugrel hcl</i>)	NP	QL(1 ea daily); PA
KENGREAL	NP	PA
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	NP	QL(1 ea daily); MP; PA
<i>prasugrel hcl</i>	1	QL(1 ea daily)
Protamine		
<i>protamine sulfate</i>	1	PA
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPK	CO	
PYRUKYND TABS	CO	
Thrombolytic Enzymes		
ACTIVASE IV	2	PA
CATHFLO ACTIVASE IJ	2	PA
RETAVASE 10 UNIT	NP	PA
RETAVASE HALF-KIT 10 UNIT	NP	PA
TNKASE	2	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	CO	MP
CEREZYME 400 UNIT	CO	
ELELYSO	CO	
<i>miglustat</i>	CO	MP
VPRIV	CO	
ZAVESCA (<i>miglustat</i>)	CO	MP
Agents for Sickle Cell Disease		
ADAKVEO	CO	
CASGEVY	CO	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROXIA CAPS	2	MP	MIRCERA	NP	SP; PA
ENDARI (<i>glutamine (sickle cell)</i>)	2	SP; PA	MULPLETA	NP	SP; PA
LYFGENIA	CO		NEULASTA ONPRO KIT PSKT	NP	SP; PA
OXBRYTA TABS	NP	SP; PA	NEULASTA SOSY	NP	SP; PA
OXBRYTA TBSO	NP	SP; PA	NEUPOGEN SOLN	2	SP; PA
SIKLOS TABS	2	PA	NEUPOGEN SOSY	2	SP; PA
Cobalamins			NIVESTYM SOLN	NP	SP; PA
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1		NIVESTYM SOSY	NP	SP; PA
<i>hydroxocobalamin acetate SOLN</i>	1	PA	NPLATE	NP	SP; PA
Folic Acid/Folates			NYVEPRIA	NP	SP; PA
<i>folic acid SOLN</i>	1	PA	PROCRIT	NP	SP; PA
<i>folic acid TABS 1 MG, 800 MCG</i>	1		PROCRIT	NP	SP; PA
Hematopoietic Gene Therapy			PROMACTA PACK	NP	SP; PA
ZYNTEGLO	CO	SP	PROMACTA TABS 12.5 MG, 25 MG	2	QL(1 ea daily); SP; MP; PA
Hematopoietic Growth Factors			PROMACTA TABS 50 MG, 75 MG	2	SP; MP; PA
ALVAIZ	2	SP; PA	REBLOZYL	CO	
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	2	SP; PA	RELEUKO SOLN	NP	SP; PA
ARANESP ALBUMIN FREE SOSY	2	SP; PA	RELEUKO SOSY	NP	SP; PA
DOPTELET	NP	SP; PA	RETACRIT	2	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA	ROLVEDON	NP	SP; PA
FULPHILA	NP	SP; PA	STIMUFEND	NP	SP; PA
FYLNETRA	NP	SP; PA	UDENYCA ONBODY SOSY	NP	SP; PA
GRANIX SOLN	2	SP; PA	UDENYCA SOAJ	NP	SP; PA
GRANIX SOSY	2	SP; PA	UDENYCA SOSY	NP	SP; PA
JESDUVROQ	2	PA	ZARXIO	NP	SP; PA
LEUKINE SOLR IJ	NP	SP; PA	ZIEXTENZO	NP	SP; PA
			Hematopoietic Mixtures		
			<i>fe fumarate-vitamin c-vitamin b12-folic acid</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
			<i>fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu</i>	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/Limits
<i>fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>ferrous fumarate w/ b12-vit c-fa-ifc</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
GENTLE IRON	2	2 max fill(s) per 30 day(s) retail
ICAR-C (<i>iron-vitamin c</i>)	2	2 max fill(s) per 30 day(s) retail; MP
<i>iron combinations CAPS</i>	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
<i>iron-vitamin c</i>	1	2 max fill(s) per 30 day(s) retail; MP
Iron		
ACCRUFER	NP	2 max fill(s) per 30 day(s) retail; PA
FEOSOL TABS (<i>ferrous sulfate dried</i>)	1	2 max fill(s) per 30 day(s) retail; MP
FER-IN-SOL SOLN (<i>ferrous sulfate</i>)	NF	
FER-IN-SOL SOLN (<i>ferrous sulfate</i>)	2	2 max fill(s) per 30 day(s) retail; MP
<i>ferrous gluconate TABS 27 MG, 240 MG, 324 MG</i>	1	2 max fill(s) per 30 day(s) retail
FERROUS GLUCONATE TABS 324 MG	1	2 max fill(s) per 30 day(s) retail
<i>ferrous sulfate dried TABS 200 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>ferrous sulfate SOLN 15 MG/ML, 220 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate TBEC</i>	1	2 max fill(s) per 30 day(s) retail; MP
FERROUS SULFATE TBEC (<i>ferrous sulfate</i>)	1	2 max fill(s) per 30 day(s) retail; MP
INFED	2	PA
INJECTAFER	2	PA
VENOFER	2	PA
Stem Cell Mobilizers		
APHEXDA	2	SP; PA
XOLREMDI	CO	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN OR (<i>aminocaproic acid</i>)	NP	SP; PA
AMICAR TABS 1000 MG (<i>aminocaproic acid</i>)	NP	SP; PA
AMICAR TABS 500 MG (<i>aminocaproic acid</i>)	NP	QL(24 ea per fill retail); SP; PA
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	1	SP
<i>aminocaproic acid SOLN IV 250 MG/ML</i>	1	SP; PA
<i>aminocaproic acid TABS 1000 MG</i>	1	SP
<i>aminocaproic acid TABS 500 MG</i>	1	QL(24 ea per fill retail); SP
CYKLOKAPRON SOLN (<i>tranexamic acid</i>)	2	PA
LYSTEDA TABS (<i>tranexamic acid</i>)	NF	QL(30 ea per 5 day(s) retail); AL(At least 12 yrs old)
TRANEXAMIC ACID/SODIUM CHLORIDE	2	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRANEXAMIC ACID/SODIUM CHLORIDE (<i>tranexamic acid-sodium chloride</i>)	2	PA	DORAL (<i>quazepam</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old)
<i>tranexamic acid-sodium chloride</i>	1	PA	DORAL (<i>quazepam</i>)	NF	SON; QL(20 ea daily); AL(At least 18 yrs old)
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1	PA	EDLUAR SUBL	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
<i>tranexamic acid TABS</i>	1	QL(30 ea per 5 day(s) retail); AL(At least 12 yrs old)	<i>estazolam</i>	NP	QL(20 ea daily); AL(At least 18 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			<i>eszopiclone</i>	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
Barbiturate Hypnotics			<i>flurazepam hcl</i>	NP	SON; QL(1 ea daily); AL(At least 18 yrs old)
AMYTAL SODIUM	2	PA	HALCION 0.25 MG (<i>triazolam</i>)	NP	SON; QL(1 ea daily); AL(At least 18 yrs old); PA
NEMBUTAL SODIUM SOLN (<i>pentobarbital sodium</i>)	NF		LUNESTA (<i>eszopiclone</i>)	NF	SON; QL(20 ea daily); AL(At least 18 yrs old)
<i>pentobarbital sodium SOLN</i>	1	PA	LUNESTA (<i>eszopiclone</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
<i>phenobarbital ELIX</i>	1	MP	<i>midazolam hcl SOLN IJ 2 MG/2ML, 5 MG/5ML, 10 MG/2ML, 50 MG/10ML</i>	1	QL(200 ml daily)
<i>phenobarbital TABS</i>	1	MP	<i>midazolam hcl SOLN IJ</i>	1	SON; QL(200 ml daily)
SEZABY SOLR	2	SP; PA	<i>midazolam hcl SYRP</i>	NP	SON; QL(200 ml daily)
Hypnotics - Tricyclic Agents			MIDAZOLAM/SODIUM CHLORIDE (<i>midazolam-sodium chloride</i>)	NP	
<i>doxepin hcl (sleep)</i>	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA			
SILENOR (<i>doxepin hcl (sleep)</i>)	NF	SON; QL(20 ea daily); AL(At least 18 yrs old)			
Non-Barbiturate Hypnotics					
AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA			
AMBIEN TABS (<i>zolpidem tartrate</i>)	NP	SON; QL(1 ea daily); AL(At least 18 yrs old); PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MIDAZOLAM/SODIUM CHLORIDE 0.9 %-100 MG/100ML, 0.9 %-50 MG/50ML	2		<i>zolpidem tartrate TBCR</i>	1	SON; QL(20 ea daily); AL(At least 18 yrs old)
<i>midazolam-sodium chloride</i>	1		<i>zolpidem tartrate TBCR</i>	1	QL(20 ea daily); AL(At least 18 yrs old)
MIDAZOLAM SOSY IJ 2 MG/2ML	2		Orexin Receptor Antagonists		
<i>quazepam</i>	NP	SON; QL(20 ea daily); AL(At least 18 yrs old)	BELSOMRA	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
RESTORIL 15 MG, 30 MG (<i>temazepam</i>)	NP	SON; QL(1 ea daily); AL(At least 18 yrs old); PA	DAYVIGO	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
RESTORIL 7.5 MG, 22.5 MG (<i>temazepam</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA	QUVIVIQ	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
<i>temazepam 15 MG, 30 MG</i>	1	SON; QL(1 ea daily); AL(At least 18 yrs old)	Selective Melatonin Receptor Agonists		
<i>temazepam 7.5 MG, 22.5 MG</i>	1	SON; QL(20 ea daily); AL(At least 18 yrs old)	HETLIOZ LQ SUSP	NP	SON; QL(158 ml per 30 day(s) retail; 158 ml per 30 days mail); AL(At least 18 yrs old); SP; PA
<i>triazolam</i>	1	SON; QL(1 ea daily); AL(At least 18 yrs old)	HETLIOZ CAPS (<i>tasimelteon</i>)	NP	SON; QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 18 yrs old); SP; PA
<i>zaleplon</i>	NP	QL(1 ea daily); AL(At least 18 yrs old); PA	<i>ramelteon</i>	1	QL(20 ea daily); AL(At least 18 yrs old); MP; PA
ZOLPIDEM TARTRATE CAPS	NP	SON; QL(20 ea daily); PA	<i>ramelteon</i>	1	SON; QL(20 ea daily); AL(At least 18 yrs old); MP; PA
<i>zolpidem tartrate SUBL</i>	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA			
<i>zolpidem tartrate TABS</i>	1	SON; QL(1 ea daily); AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ROZEREM (<i>ramelteon</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); MP; PA	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
<i>tasimelteon CAPS</i>	NP	SON; QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 18 yrs old); SP; PA	PLENVU	NP	
LAXATIVES - Bowel Treatment Drugs			<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NP	
			SUFLAVE	NP	
Bulk Laxatives			SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	NP	
			SUTAB	NP	
EVAC POWD (<i>psyllium</i>)	NF		Laxatives - Miscellaneous		
HYDROCIL INSTANT POWD (<i>psyllium</i>)	NF		<i>glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 80.7 %</i>	1	
METAMUCIL 4 IN 1 FIBER POWD (<i>psyllium</i>)	NF		GLYCERIN ADULT SUPP (<i>glycerin (laxative)</i>)	1	
METAMUCIL FREE & NATURAL POWD (<i>psyllium</i>)	NF		KRISTALOSE PACK	NP	
METAMUCIL ORIGINAL TEXTURE POWD (<i>psyllium</i>)	NF		KRISTALOSE PACK	NP	
METAMUCIL POWD (<i>psyllium</i>)	NF		<i>lactulose SOLN</i>	1	MP
<i>psyllium POWD 28.3 %, 30 %, 43 %</i>	1		MIRALAX POWD (<i>polyethylene glycol 3350</i>)	NF	QL(34 gm daily)
Laxative Combinations			<i>polyethylene glycol 3350 POWD</i>	1	QL(34 gm daily)
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	NP		Saline Laxatives		
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP		FLEET ENEMA ENEM (<i>sodium phosphates</i>)	NF	
MOVIPREP (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	NP	PA	FLEET SALINE ENEMA EXTRAVOLUME ENEM (<i>sodium phosphates</i>)	NF	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	NP		<i>magnesium citrate 1.745 GM/30ML</i>	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1		<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	1	QL(990 ml per 30 day(s) retail)
			OSMOPREP	NP	
			<i>sodium phosphates ENEM 19 GM/118ML-7 GM/118ML</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Stimulant Laxatives			<i>azithromycin SUSR 100 MG/5ML</i>	1	QL(30 ml per fill retail)
<i>bisacodyl SUPP</i>	1	QL(12 ea per fill retail)	<i>azithromycin TABS 500 MG</i>	1	QL(14 ea per fill retail)
<i>bisacodyl TBEC</i>	1	QL(1 ea daily)	<i>azithromycin TABS 600 MG</i>	1	QL(8 ea per 28 day(s) retail)
DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	NF	QL(1 ea daily)	<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail)
DULCOLAX SUPP (<i>bisacodyl</i>)	NF	QL(12 ea per fill retail)	ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	NP	QL(14 ea per fill retail); PA
DULCOLAX TBEC (<i>bisacodyl</i>)	NF	QL(1 ea daily)	ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	NP	QL(6 ea per fill retail); PA
<i>sennosides LIQD</i>	1		ZITHROMAX PACK (<i>azithromycin</i>)	NP	QL(20 ea per fill retail); PA
<i>sennosides SYRP 8.8 MG/5ML</i>	1		ZITHROMAX SUSR 200 MG/5ML (<i>azithromycin</i>)	NP	QL(60 ml per fill retail); PA
<i>sennosides TABS 8.6 MG, 15 MG, 25 MG</i>	1		ZITHROMAX SUSR 100 MG/5ML (<i>azithromycin</i>)	NP	QL(30 ml per fill retail); PA
<i>sennosides TABS 17.2 MG</i>	2		ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	NP	QL(6 ea per fill retail); PA
SENOKOT TABS (<i>sennosides</i>)	2		ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	NP	QL(14 ea per fill retail); PA
SENOKOT TABS (<i>sennosides</i>)	NF		Clarithromycin		
Surfactant Laxatives			<i>clarithromycin SUSR 125 MG/5ML</i>	1	
<i>benzocaine-docusate sodium ENEM</i>	1		<i>clarithromycin SUSR 250 MG/5ML</i>	1	QL(200 ml per fill retail)
<i>benzocaine-docusate sodium ENEM</i>	2		<i>clarithromycin TABS</i>	1	QL(28 ea per fill retail)
<i>docusate calcium</i>	1		<i>clarithromycin TB24</i>	NP	QL(14 ea per fill retail)
<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 ea daily)	Erythromycins		
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	1		E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NP	PA
<i>docusate sodium TABS</i>	1	QL(3 ea daily)	ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	PA
MACROLIDES - Drugs to Treat Bacterial Infections			ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	PA
Azithromycin			<i>erythromycin base CPEP</i>	1	
<i>azithromycin PACK</i>	1	QL(20 ea per fill retail); PA			
<i>azithromycin SUSR 200 MG/5ML</i>	1	QL(60 ml per fill retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base TABS</i>	NP		COVRSITE PLUS COMPOSITE DRESSING PADS	2	RX/OTC
<i>erythromycin base TBEC</i>	1		CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	2	RX/OTC
<i>erythromycin base TBEC 500 MG</i>	2		CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	2	RX/OTC
<i>erythromycin ethylsuccinate SUSR 200 MG/5ML</i>	1		CURITY ALL PURPOSE SPONGES 4"X4" PADS	2	RX/OTC
<i>erythromycin ethylsuccinate SUSR 400 MG/5ML</i>	NP	PA	CURITY AMD ANTIMICROBIAL GAUZE SPONGES 4"X4" 12 PLY PADS	2	RX/OTC
<i>erythromycin ethylsuccinate TABS</i>	1		CURITY COVER SPONGE 4"X4" PADS	2	RX/OTC
<i>erythromycin ethylsuccinate TABS</i>	NP	PA	CURITY COVER SPONGES 4"X4" PADS	2	RX/OTC
<i>erythromycin stearate TABS 250 MG</i>	NP		CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
Fidaxomicin			CURITY GAUZE PADS 4"X4" 12 PLY PADS	2	RX/OTC
DIFICID SUSR	NP	PA	CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	2	RX/OTC
DIFICID TABS	NP		CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	2	RX/OTC
MEDICAL DEVICES AND SUPPLIES			CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	2	RX/OTC
Bandages-Dressings-Tape			CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	2	RX/OTC
AMD FOAM DRESSING 4"X4" PADS	2	RX/OTC	CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	2	RX/OTC
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	2	RX/OTC	CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	2	RX/OTC
BAND-AID GAUZE PADS LARGE 4" X 4" PADS	2	RX/OTC	CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	2	RX/OTC
BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	2	RX/OTC	CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	2	RX/OTC
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	2	RX/OTC	CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	2	RX/OTC
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	2	RX/OTC			
COVRSITE COVER DRESSING PADS	2	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CURITY SPONGES/CELLULOSEFILLED/4"X4" PADS	2	RX/OTC	EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	2	RX/OTC	EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
CVS GAUZE PADS STERILE 4"X4" PADS	2	RX/OTC	EXCILON DRAIN SPONGE 4"X4" PADS	2	RX/OTC
DERMACEA DRAIN SPONGES 4"X4" PADS	2	RX/OTC	EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	2	RX/OTC	GAUZE DRESSING 4"X4" PADS	2	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS	2	RX/OTC	GAUZE PADS 4"X4" PADS	2	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS	2	RX/OTC	GAUZE PADS PADS	2	RX/OTC
DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	2	RX/OTC	HM STERILE PADS PADS	2	RX/OTC
DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	2	RX/OTC	J & J GAUZE 4"X4" 12 PLY PADS	2	RX/OTC
DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC	J & J GAUZE 4"X4" 8 PLY PADS	2	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS	2	RX/OTC	J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	2	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	2	RX/OTC	J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	2	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	2	RX/OTC	J & J GAUZE SPONGES 8-PLY 4" X 4" MISC	2	RX/OTC
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	2	RX/OTC	KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	2	RX/OTC
DRYMAX EXTRA PADS	2	RX/OTC	KERLIX SPONGES 4" X 4" 12 PLY PADS	2	RX/OTC
EQ GAUZE PADS 4"X4" PADS	2	RX/OTC	KERLIX SPONGES 4" X 4" 16 PLY PADS	2	RX/OTC
EQL GAUZE PADS 4"X4"/LARGE PADS	2	RX/OTC	MIRASORB SPONGES 4" X 4" MISC	2	RX/OTC
			NU GAUZE 4PLY 4"X4" PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	2	RX/OTC	DUREX REALFEEL NON-LATEX	2	
POLYMEM NON-ADHESIVE PAD PADS	2	RX/OTC	FANTASY LUBRICATED/SPERMICIDE MISC	2	
QC ALL PURPOSE DRESSINGS 4"X4" PADS	2	RX/OTC	FANTASY LUBRICATED MISC	2	
QC STERILE PADS PADS	2	RX/OTC	FC2 FEMALE CONDOM	2	
RA STERILE PADS 4"X4" PADS	2	RX/OTC	FEMCAP DEVI	2	
RAY-TEC X-RAY DETECTABLE SPONGES 4" X 4" 16 PLY MISC	2	RX/OTC	KIMONO LUBRICATED MISC	2	
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	2	RX/OTC	KIMONO MAXX/LARGE FLARE MISC	2	
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	2	RX/OTC	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	2	
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	2	RX/OTC	KIMONO MICRO THIN MISC	2	
SILIGENTLE SILICONE FOAM DRESSING/BORDERED PADS	2	RX/OTC	KIMONO SENSATION LUBRICATED MISC	2	
SILIGENTLE SILICONE FOAM DRESSING/NON-BORDERED PADS	2	RX/OTC	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	2	
SM GAUZE PADS 4"X4" PADS	2	RX/OTC	TRUE COVER DEVI	2	
SM STERILE PADS PADS	2	RX/OTC	TRUSTEX LUBRICATED EXTRALARGE MISC	2	
SOF-WICK 4"X4" PADS	2	RX/OTC	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	2	
TEGADERM FOAM DRESSING 4"X4" PADS	2	RX/OTC	TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	2	
TOPPER DRESSING SPONGES 4"X4" MISC	2	RX/OTC	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	2	
Contraceptives			TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	2	
AIMSCO LUBRICATED MISC	2		TRUSTEX LUBRICATED/SPERMICIDE MISC	2	
CAYA DPRH	2		TRUSTEX LUBRICATED MISC	2	
DUREX EXTRA SENSITIVE THIN DEVI	2				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUSTEX NON-LUBRICATED MISC	2		ADVANCED MOBILE LANCET 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	2		ADVOCATE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	2		ADVOCATE RAPID-SAFE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	2		AGAMATRIX ULTRA-THIN LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUSTEX/RIA LUBRICATED MISC	2		AUTO-LANCET MINI MISC	2	QL(1 ea per 180 day(s) retail)
TRUSTEX/RIA NON-LUBRICATED MISC	2		AUTO-LANCET MISC	2	QL(1 ea per 180 day(s) retail)
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	2		AUTOLET IMPRESSION LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	2		AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	2		AUTOLET MINI MISC	2	QL(1 ea per 180 day(s) retail)
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	2		AUTOLET PLUS MISC	2	QL(1 ea per 180 day(s) retail)
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	2		CARDIOCOM LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	2		CAREONE ADVANCED LANCINGDEVICE MISC	2	QL(1 ea per 180 day(s) retail)
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	2		CAREONE LANCET SUPER THIN/30G	2	200 / month; QL(6.67 ea daily); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	2		CARETOUCH LANCING DEVICewith EJECTOR MISC	2	QL(1 ea per 180 day(s) retail)
Diabetic Supplies			CARETOUCH TWIST LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	CARETOUCH TWIST LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC			
ADJUSTABLE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARETOUCH TWIST LANCETS MULTI COLOR/30G	2	200 / month; QL(6.67 ea daily); RX/OTC	DRUG MART UNILET LANCETSULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
CHOSEN LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	DRUG MART UNILET MICRO THIN LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
COMFORT ASSURED LANCETS SUPER THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY MINI EJECT LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
COMFORT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY MINI LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
CVS LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 26G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS MICRO-THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 28G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 28G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS ULTRA-THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	EASY TOUCH LANCETS 32G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC
DIATHRIVE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	EASY TOUCH LANCETS 32G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC
DROPLET GENTEEL LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	EASY TOUCH LANCETS 33G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC
DROPLET LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCING DEVICE/EJECTOR MISC	2	QL(1 ea per 180 day(s) retail)
DROPLET LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	EMBRACE LANCING DEVICE WITH EJECTOR MISC	2	QL(1 ea per 180 day(s) retail)
DRUG MART ADJUSTABLE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	EQL COLOR LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
DRUG MART UNILET LANCETSSUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
E-Z JECT LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	2	QL(1 ea per fill retail; 1 ea per 365 day(s) retail); 1 max fill(s) per 30 day(s) retail; PA
E-Z JECT LANCETS COLOR	2	200 / month; QL(6.67 ea daily); RX/OTC	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	2	QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); PA
E-Z JECT LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	2	QL(1 ea per fill retail; 1 ea per 365 day(s) retail); 1 max fill(s) per 30 day(s) retail; PA
E-Z JECT LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	2	QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); PA
E-ZJECT LANCETS MICRO-THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	2	QL(1 ea per fill retail; 1 ea per 365 day(s) retail); 1 max fill(s) per 30 day(s) retail; PA
EZ-LETS LANCETS 26G SUPER-SOFT	2	200 / month; QL(6.67 ea daily); RX/OTC	GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	2	QL(1 ea per 180 day(s) retail)
FORA LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	2	QL(1 ea per 180 day(s) retail)
FORA LANCING DEVICE/CLEARCAP MISC	2	QL(1 ea per 180 day(s) retail)	GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	2	QL(1 ea per 180 day(s) retail)
FORA LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	2	QL(1 ea per 180 day(s) retail)
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	2	QL(1 ea per 180 day(s) retail)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC			
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC			
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	2	QL(1 ea per fill retail; 1 ea per 365 day(s) retail); 1 max fill(s) per 30 day(s) retail; PA			
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	2	QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLOBAL LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	IN TOUCH LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
GNP LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	KROGER AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
GNP LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	KROGER HEALTHPRO TWIST LANCETS/26G	2	200 / month; QL(6.67 ea daily); RX/OTC
GNP LANCING SYSTEM DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	KROGER LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
GNP STERILE LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	KROGER LANCETS MICRO THIN33G	2	200 / month; QL(6.67 ea daily); RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	2	QL(1 ea per 180 day(s) retail)	KROGER LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
GOJJI STERILE LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	KROGER LANCETS ULTRATHIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC
GOODSENSE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	KROGER LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
HEALTH CARE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	LANCET DEVICE ADJUSTABLE MISC	2	QL(1 ea per 180 day(s) retail)
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	LANCET DEVICE WITH EJECTOR MISC	2	QL(1 ea per 180 day(s) retail)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
H-E-B INCONTROL LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
H-E-B INCONTROL LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
H-E-B INCONTROL LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
			LANZO MISC	2	QL(1 ea per 180 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LEADER ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
LIBERTY MINI LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	ONETOUCH DELICA PLUS LANCETS FINE 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
LITE TOUCH LANCING PEN MISC	2	QL(1 ea per 180 day(s) retail)	ONETOUCH DELICA PLUS LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
LIVE BETTER ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	ONETOUCH DELICA SAFETY LANCING DEVICE	2	200 / month; QL(6.67 ea daily); RX/OTC
LIVE BETTER LANCET ULTRATHIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	ONETOUCH DELICA SAFETY LANCING DEVICE 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
LONGS LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC	2	QL(1 ea per 180 day(s) retail)
MEIJER LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	PC LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
MEIJER LANCETS UNIVERSAL33G	2	200 / month; QL(6.67 ea daily); RX/OTC	PREFERRED PLUS LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
MEIJER SUPER THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	PREFERRED PLUS LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
MICROLET NEXT MISC	2	QL(1 ea per 180 day(s) retail)	PRODIGY LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
MINI LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	PRODIGY TWIST TOP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
MM LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	PX ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
MONOLET LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	PX LANCET AUTO INJECTOR MISC	2	QL(1 ea per 180 day(s) retail)
MULTI-LANCET DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	PX LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
NOVA SUREFLEX LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	QC ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
NOVA SUREFLEX LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QC LANCETS SUPER THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	RELION ULTRA THIN PLUS LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
QC UNILET LANCETS 28G/ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	REXALL LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
QC UNILET LANCETS 33G/MICRO THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	RIGHTEST GD500 LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
RA E-ZJECT LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	RIGHTEST GL300 LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
RA E-ZJECT LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	SELECT-LITE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
RA E-ZJECT LANCETS THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	SHOPKO AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
RA E-ZJECT LANCETS ULTRATHIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	SHOPKO UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION 2-IN-1 LANCET DEVICES 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	SHOPKO UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION 2-IN-1 LANCING DEVICE 25G	2	200 / month; QL(6.67 ea daily); RX/OTC	SIMPLE DIAGNOSTICS LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
RELION 2-IN-1 LANCING DEVICE 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	SM MICRO THIN LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION LANCETS MICRO-THIN33G	2	200 / month; QL(6.67 ea daily); RX/OTC	SM TRUEDRAW LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
RELION LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	SMART DIABETES VANTAGE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
RELION LANCETS ULTRA-THIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC	SMART SENSE COLOR LANCETS UNIVERSAL 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN LANCETS/30G	2	200 / month; QL(6.67 ea daily); RX/OTC	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN LANCETS30G	2	200 / month; QL(6.67 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SMART SENSE THIN LANCETSUNIVERSAL 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	2	QL(1 ea per 90 day(s) retail)
SOLUS V2 LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	TRUEDRAW LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
STERILANCE TL	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
SURE COMFORT LANCING PEN MISC	2	QL(1 ea per 180 day(s) retail)	TRUEPLUS LANCETS 28G SUPER THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
TECHLITE LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 30G ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
TECHLITE LANCETS 26G	2	200/month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
TGT LANCET MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	2	QL(1 ea per 180 day(s) retail)
TGT LANCET THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET CLASSIC LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
TGT LANCET ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET COMFORTOUCH LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC
TGT LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	UNILET EXCELITE	2	200 / month; QL(6.67 ea daily); RX/OTC
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	UNILET EXCELITE II	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	2	QL(1 ea per 90 day(s) retail)	UNILET G.P. SUPERLITE LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	2	QL(1 ea per 90 day(s) retail)	UNILET GP 28 ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	2		UNILET LANCETS MICRO-THIN33G	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	2	QL(1 ea per 90 day(s) retail)	UNILET LANCETS SUPER-THIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC
			UNILET LANCETS ULTRA-THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNIVERSAL 1 LANCETS THIN26G	2	200 / month; QL(6.67 ea daily); RX/OTC	DROPSAFE ALCOHOL PREP PADS	2	RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH ALCOHOL PREP PADS/MEDIUM	2	RX/OTC
VALUE PLUS LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	FIFTY50 ALCOHOL PREP PADS	2	RX/OTC
VALUMARK LANCET SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	GNP ALCOHOL SWABS	2	RX/OTC
VALUMARK LANCET ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	HM STERILE ALCOHOL PREP PADS	2	RX/OTC
VIDA MIA AUTOLET LANCINGDEVICE MISC	2	QL(1 ea per 180 day(s) retail)	PRO COMFORT ALCOHOL PADS	2	RX/OTC
VIDA MIA UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	RA ALCOHOL SWABS	2	RX/OTC
VIDA MIA UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	RELION ALCOHOL SWABS	2	RX/OTC
VIVAGUARD LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	SM ALCOHOL PREP PADS	2	RX/OTC
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	2	200 / month; QL(6.67 ea daily); RX/OTC	WEBCOL ALCOHOL PREP LARGE 1 PLY	2	RX/OTC
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	2	200 / month; QL(6.67 ea daily); RX/OTC	WEBCOL ALCOHOL PREP LARGE 2 PLY	2	RX/OTC
WALGREENS THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	WEBCOL ALCOHOL PREP MEDIUM 2 PLY	2	RX/OTC
Misc. Devices			Parenteral Therapy Supplies		
ALCOHOL PREP PADS	2	RX/OTC	1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	2	QL(5 ea daily); RX/OTC
ALCOHOL SWABS	2	RX/OTC	1ST TIER UNIFINE PENTIPS29GX12MM	2	QL(5 ea daily); RX/OTC
BD SWABS SINGLE USE	2	RX/OTC	1ST TIER UNIFINE PENTIPS31GX6MM	2	QL(5 ea daily); RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	2	RX/OTC	1ST TIER UNIFINE PENTIPS31GX8MM	2	QL(5 ea daily); RX/OTC
CVS ALCOHOL PREP PADS	2	RX/OTC	1ST TIER UNIFINE PENTIPS32GX4MM	2	QL(5 ea daily); RX/OTC
CVS PREP PADS	2	RX/OTC	1ST TIER UNIFINE PENTIPS32GX6MM	2	QL(5 ea daily)
			1ST TIER UNIFINE PENTIPS33GX4MM	2	QL(5 ea daily)
			1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	2	QL(5 ea daily); RX/OTC
			1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	2	QL(5 ea daily)	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	2	QL(5 ea daily); RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX12MM	2	QL(5 ea daily); RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	2	QL(5 ea daily); RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
2-3ML SYRINGE/LUER LOCK TIP	2	RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
2-3ML SYRINGE/LUER SLIP TIP	2	RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
3ML LUER LOCK SAFETY SYRINGES	2	RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLE 32GX 5/32"	2	QL(5 ea daily); RX/OTC	AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 30GX 5/16"	2	QL(5 ea daily)	AQ INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 3/16"	2	QL(5 ea daily); RX/OTC	AQ INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16"	2	QL(5 ea daily); RX/OTC	AQINJECT PEN NEEDLE/31G X 3/16"	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLE/32GX4MM	2	QL(5 ea daily); RX/OTC	AQINJECT PEN NEEDLE/32G X 5/32"	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES	2	QL(5 ea daily)	ASSURE ID DUO PRO SAFETYPEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	2	QL(5 ea daily)	ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	2	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	AUM INSULIN SAFETY PEN NEEDLE/31GX4MM	2	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX4MM	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AUM MINI INSULIN PEN NEEDLE/32GX5MM	2	QL(5 ea daily); RX/OTC	BD HYPODERMIC NEEDLE REGULAR BEVEL THIN WALL 18G X 1-1/2"	2	RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX6MM	2	QL(5 ea daily)	BD HYPODERMIC NEEDLES 18GX1.5"	2	RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX8MM	2	QL(5 ea daily)	BD INSULIN SYRINGE LUER-LOK/U-100/1ML	2	QL(5 ea daily); RX/OTC
AUM MINI INSULIN PEN NEEDLE/33GX4MM	2	QL(5 ea daily)	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
AUM PEN NEEDLE/32GX4MM	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	2	QL(5 ea daily)
AUM PEN NEEDLE/32GX5MM	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
AUM PEN NEEDLE/32GX6MM	2	QL(5 ea daily)	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	2	QL(5 ea daily); RX/OTC
AUM PEN NEEDLE/33GX4MM	2	QL(5 ea daily)	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
AUM SAFETY PEN NEEDLE/31G X 4MM	2	QL(5 ea daily)	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
AUM SAFETY PEN NEEDLE/31G X 5MM	2	QL(5 ea daily); RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X6MM	2	QL(5 ea daily); RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X8MM	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	2	QL(5 ea daily)
AURORA UNIFINE PENTIPS/32GX5/32"	2	QL(5 ea daily); RX/OTC	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	2	QL(5 ea daily)
AURORA UNIFINE PENTIPS/MINI/31GX3/16"	2	QL(5 ea daily); RX/OTC			
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC			
BD BLUNT FILL NEEDLE/18GX 1-1/2"	2	RX/OTC			
BD ECLIPSE 18G X 1-1/2"	2	RX/OTC			
BD ECLIPSE NEEDLE/18G X 1-1/2"	2	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	2	QL(5 ea daily)	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE/1ML/27G X 12.7MM	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	QL(5 ea daily)	BD INSULIN SYRINGE/1ML/29G X 12.7MM	2	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	QL(5 ea daily)	BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(5 ea daily)	BD LUER-LOK SYRINGE/3ML	2	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	BD NEEDLE BLUNT 5 MICRONFILTER/18G X 1-1/2"	2	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	2	QL(5 ea daily); RX/OTC	BD NEEDLE/18G 1-1/2"	2	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	2	QL(5 ea daily); RX/OTC	BD NOKOR NEEDLE ADMIX THIN WALL/18G X 1-1/2"	2	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	2	QL(5 ea daily); RX/OTC	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(5 ea daily); RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(5 ea daily)
			BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	QL(5 ea daily); RX/OTC
			BD PLASTIPAK 3ML SYRINGE/LUER-LOK	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLIDE HYPODERMICNEEDLE 18G X 1-1/2"	2	RX/OTC	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	2	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	CAREONE INSULIN SYRINGES/1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	CAREONE UNIFINE PENTIPS 29GX12MM	2	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	CAREONE UNIFINE PENTIPS 31GX5MM	2	QL(5 ea daily); RX/OTC
BD SLIP TIP SYRINGE/3ML	2	RX/OTC	CAREONE UNIFINE PENTIPS 31GX6MM	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLE 32GX4MM	2	QL(5 ea daily); RX/OTC	CAREONE UNIFINE PENTIPS 31GX8MM	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2"	2	QL(5 ea daily); RX/OTC	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 30GX5/16"	2	QL(5 ea daily)	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX5MM	2	QL(5 ea daily); RX/OTC	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX6MM	2	QL(5 ea daily)	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	2	QL(5 ea daily)	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32"	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAREPOINT PRECISION POLYHUB NEEDLE/18GX1-1/2"	2	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	2	QL(5 ea daily)
CAREPOINT PRECISION SYRINGE/LUER LOCK/3ML	2	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
CARETOUCH HYPODERMIC NEEDLE/18GX1-1/2"	2	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	2	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/0.5ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	2	QL(5 ea daily)
CARETOUCH LUER LOCK SYRINGE/3ML	2	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLE 29GX1/2"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLE 33GX5/32"	2	QL(5 ea daily)	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM	2	QL(5 ea daily); RX/OTC			
CARETOUCH PEN NEEDLES 31GX 5MM	2	QL(5 ea daily); RX/OTC			
CARETOUCH PEN NEEDLES 31GX 8MM	2	QL(5 ea daily); RX/OTC			
CARETOUCH PEN NEEDLES 32GX 4MM	2	QL(5 ea daily); RX/OTC			
CARETOUCH PEN NEEDLES 32GX 5MM	2	QL(5 ea daily); RX/OTC			
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLES 31G X 1/4"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLES 31G X 3/16"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLES 31G X 5/16"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLES 32G X 5/32"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLES/31GX1/4"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	2	QL(5 ea daily); RX/OTC	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	2	QL(5 ea daily)	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	2	QL(5 ea daily)	COMFORT EZ MICRO/32G X 4MM	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	2	QL(5 ea daily)	COMFORT EZ PRO SAFETY PEN NEEDLES 30G X 8MM	2	QL(5 ea daily)
CLICKFINE PEN NEEDLE 32GX5/32"	2	QL(5 ea daily); RX/OTC	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM	2	QL(5 ea daily)
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	2	QL(5 ea daily); RX/OTC	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC
			COMFORT EZ SHORT/31G X 8MM	2	QL(5 ea daily); RX/OTC
			COMFORT EZ/31G X 5MM	2	QL(5 ea daily); RX/OTC
			COMFORT EZ/31G X 6MM	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NEEDLES/31G X 4MM	2	QL(5 ea daily)	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)
COMFORT TOUCH PEN NEEDLES/31G X 5MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 6 MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 8 MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 4MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 5MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 6MM	2	QL(5 ea daily)	DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 8MM	2	QL(5 ea daily)	DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)
COMFORT TOUCH PEN NEEDLES/33G X 5/32"	2	QL(5 ea daily)	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
DIATHRIVE PEN NEEDLE/31 G X 6MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
DIATHRIVE PEN NEEDLE/31 GX 8MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
DIATHRIVE PEN NEEDLE/31GX 5MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
DIATHRIVE PEN NEEDLE/32GX 4MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 29G X1/2"	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 30G X 5/16"	2	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	2	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 31G X3/16"	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)	DROPLET PEN NEEDLES 31G X5/16"	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4"	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	DRUG MART UNIFINE PENTIPS 31GX5MM	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	DRUG MART UNIFINE PENTIPS29G X 12MM	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 1/4"	2	QL(5 ea daily)	DRUG MART UNIFINE PENTIPS31GX6MM	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 3/16"	2	QL(5 ea daily); RX/OTC	DRUG MART UNIFINE PENTIPS31GX8MM	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/16"	2	QL(5 ea daily)	DRUG MART UNIFINE PENTIPS32GX4MM	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/32"	2	QL(5 ea daily); RX/OTC	DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM	2	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX6MM	2	QL(5 ea daily)	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX8MM	2	QL(5 ea daily)	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	2	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	2	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	2	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	2	QL(5 ea daily); RX/OTC	EASY COMFORT PEN NEEDLES31GX1/4"	2	QL(5 ea daily); RX/OTC
DROPSAFE SAFETY PEN NEEDLE/31GX5MM	2	QL(5 ea daily); RX/OTC			
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT PEN NEEDLES31GX3/16"	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16"	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32"	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES33G X 4MM	2	QL(5 ea daily)	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
EASY COMFORT SAFETY PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
EASY COMFORT SAFETY PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY COMFORT SAFETY PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
EASY GLIDE PEN NEEDLES 33G X 5/32"	2	QL(5 ea daily)	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY GLIDE SYRINGE/LUER LLOCK/3ML	2	RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX5MM	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)
EASY TOUCH 32GX6MM	2	QL(5 ea daily)	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 18GX1-1/2"	2	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC			
EASY TOUCH HYPODERMIC NEEDLES 18GX1-1/2"	2	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	2	QL(5 ea daily); RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	2	QL(5 ea daily)	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	EASYPPOINT NEEDLE/18G X 1-1/2"	2	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	EMBRACE PEN NEEDLES/29G X 12MM	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	EMBRACE PEN NEEDLES/30G X 8MM	2	QL(5 ea daily)
EASY TOUCH PEN NEEDLE 30G X 5/16"	2	QL(5 ea daily)	EMBRACE PEN NEEDLES/31G X 5MM	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 29GX1/2"	2	QL(5 ea daily); RX/OTC	EMBRACE PEN NEEDLES/31G X 6MM	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC	EMBRACE PEN NEEDLES/31G X 8MM	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC	EMBRACE PEN NEEDLES/32G X 4MM	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4"	2	QL(5 ea daily)	EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX3/16"	2	QL(5 ea daily); RX/OTC	EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32"	2	QL(5 ea daily); RX/OTC	EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16"	2	QL(5 ea daily); RX/OTC	EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	2	QL(5 ea daily)	EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EQL INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	2	QL(5 ea daily); RX/OTC
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	2	QL(5 ea daily)	FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	2	QL(5 ea daily); RX/OTC	FIFTY50 PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC	FIFTY50 PEN NEEDLES/31GX8MM	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC	FIFTY50 PEN NEEDLES/32GX4MM	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	FIFTY50 PEN NEEDLES/32GX6MM	2	QL(5 ea daily)
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	2	QL(5 ea daily); RX/OTC
			FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	2	QL(5 ea daily); RX/OTC
			GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGES/1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGES/1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGES/3ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP ULTICARE PEN NEEDLES/31GX5/16"	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP ULTICARE PEN NEEDLES/32GX 5/32"	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	GNP ULTICARE PEN NEEDLES/32GX1/4"	2	QL(5 ea daily)
GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	GNP ULTICARE PEN NEEDLES31G X 5MM	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	2	QL(5 ea daily)
GNP INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/0.3ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1/2ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1ML/28GX1/2"	2	QL(5 ea daily); RX/OTC	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	2	QL(5 ea daily); RX/OTC
			GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	2	QL(5 ea daily); RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	2	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	2	QL(5 ea daily); RX/OTC
HEALTHWISE PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4"	2	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	2	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	2	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	2	QL(5 ea daily); RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	2	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	2	QL(5 ea daily); RX/OTC
			H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
HM ULTICARE SHORT PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
HYPODERMIC NEEDLE 18G X 1-1/2"	2	RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
HYPODERMIC NEEDLES 18GX1-1/2"	2	RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/27G X 1/2"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
			INSULIN SYRINGES/U-100/0.5ML/27GX1/2"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGES/U-100/0.5ML/28GX1/2"	2	QL(5 ea daily); RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	KMART VALU PLUS INSULIN SYRINGE/1ML/29G	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/27GX1/2"	2	QL(5 ea daily); RX/OTC	KMART VALU PLUS INSULIN SYRINGE/1ML/30G	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/28GX1/2"	2	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/30GX1/2"	2	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
INSUPEN 29G X 12MM	2	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
INSUPEN 31G X 5MM	2	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
INSUPEN 31G X 8MM	2	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
INSUPEN 32G X 4MM	2	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
INSUPEN 33GX4MM	2	QL(5 ea daily)	KROGER INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
INSUPEN PEN NEEDLES 32G X4MM	2	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
INSUPEN SENSITIVE 32GX6MM	2	QL(5 ea daily)	KROGER PEN NEEDLES 29G X12MM	2	QL(5 ea daily); RX/OTC
INSUPEN SENSITIVE 32GX8MM	2	QL(5 ea daily)			
INSUPEN ULTRAFIN 30GX8MM	2	QL(5 ea daily)			
INSUPEN ULTRAFIN 31GX6MM	2	QL(5 ea daily); RX/OTC			
INSUPEN ULTRAFIN 31GX8MM	2	QL(5 ea daily); RX/OTC			
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KROGER PEN NEEDLES 31G X8MM	2	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X1/4"	2	QL(5 ea daily); RX/OTC	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X3/16"	2	QL(5 ea daily); RX/OTC	LEADER UNIFINE PENTIPS/MINI/31GX3/16"	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X5/16"	2	QL(5 ea daily); RX/OTC	LEADER UNIFINE PENTIPS/NANO/32GX5/32"	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/32G X5/32"	2	QL(5 ea daily); RX/OTC	LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/33G X5/32"	2	QL(5 ea daily)	LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC			
LEADER INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	MARATHON MEDICAL PENTIPS29GX12MM	2	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 29GX12.7MM	2	QL(5 ea daily)	MARATHON MEDICAL PENTIPS31GX5MM	2	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC	MARATHON MEDICAL PENTIPS31GX8MM	2	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	2	QL(5 ea daily); RX/OTC	MARATHON MEDICAL PENTIPS32GX4MM	2	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM SHORT	2	QL(5 ea daily); RX/OTC	MAXICOMFORT II PEN NEEDLES/31G X 1/4"	2	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16"	2	QL(5 ea daily); RX/OTC	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	2	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 5MM/MINI	2	QL(5 ea daily); RX/OTC	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	2	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	2	QL(5 ea daily); RX/OTC	MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	2	QL(5 ea daily); RX/OTC
			MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MM PEN NEEDLES 31G X 5/16"	2	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	2	QL(5 ea daily); RX/OTC	MM PEN NEEDLES 32G X 5/32"	2	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC	MONOJECT BLUNTIP SYRINGE/3ML/CANNULA /IV ACCESS	2	RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC	MONOJECT HYPO/ALUM HUB/18G X 1-1/2"	2	RX/OTC
MEIJER PEN NEEDLES 29G X12MM	2	QL(5 ea daily); RX/OTC	MONOJECT HYPO/ALUM HUB/LUER LOCK/SHORT BEVEL/18G X 1-1/2"	2	RX/OTC
MEIJER PEN NEEDLES 31G X6MM	2	QL(5 ea daily); RX/OTC	MONOJECT HYPO/POLYPROPYLENE HUB/18G X 1-1/2"	2	RX/OTC
MEIJER PEN NEEDLES 31G X8MM	2	QL(5 ea daily); RX/OTC	MONOJECT HYPO/POLYPROPYLENE HUB/LL/SHORT BEVEL/18G X 1-1/2"	2	RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM	2	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/1ML	2	QL(5 ea daily); RX/OTC
MICRODOT PEN NEEDLE/32G X 4 MM	2	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
MICRODOT PEN NEEDLE/33G X 4 MM	2	QL(5 ea daily)	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	2	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC			
MM PEN NEEDLES 31G X 1/4"	2	QL(5 ea daily); RX/OTC			
MM PEN NEEDLES 31G X 3/16"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	MONOJECT SYRINGE/REG LUER/3ML	2	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	MONOJECT SYRINGE/REGULARTIP/3ML	2	RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	2	QL(5 ea daily); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML	2	QL(5 ea daily); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
MONOJECT MAGELLAN SAFETYNEEDLE 18GX1-1/2"	2	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
MONOJECT PHARMACY TRAY/LUER LOCK/3ML	2	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/18GX1-1/2"	2	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML	2	RX/OTC	MS INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/LUER-LOCK TIP/3ML	2	RX/OTC	MS INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MS INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	PEN NEEDLES 32G X 5MM	2	QL(5 ea daily); RX/OTC
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	2	QL(5 ea daily)	PEN NEEDLES 32G X 6MM	2	QL(5 ea daily)
NOVOFINE PEN NEEDLE 32G X 6MM	2	QL(5 ea daily)	PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
NOVOFINE PLUS PEN NEEDLE 32G X 4MM	2	QL(5 ea daily); RX/OTC	PEN NEEDLES 33G X 5/32"	2	QL(5 ea daily)
PC UNIFINE PENTIPS 29G X 1/2"	2	QL(5 ea daily); RX/OTC	PEN NEEDLES/29G X 1/2"	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X 5MM MINI	2	QL(5 ea daily); RX/OTC	PEN NEEDLES/31G X 1/4"	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	2	QL(5 ea daily); RX/OTC	PEN NEEDLES/31G X 3/16"	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X 8MM SHORT	2	QL(5 ea daily); RX/OTC	PEN NEEDLES/31G X 5/16"	2	QL(5 ea daily); RX/OTC
PEN NEEDLES	2	QL(5 ea daily)	PEN NEEDLES/31G X 6MM	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	PEN NEEDLES/32G X 5/32"	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX8MM	2	QL(5 ea daily)	PENTIPS 29G X 12MM	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 3/16"	2	QL(5 ea daily); RX/OTC	PENTIPS 29GX12MM	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC	PENTIPS 31G X 5MM	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC	PENTIPS 31G X 8MM	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC	PENTIPS 31GX5MM	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC	PENTIPS 31GX6MM	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	PENTIPS 31GX8MM	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX6MM (1/4")	2	QL(5 ea daily); RX/OTC	PENTIPS 32G X 4MM	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	PENTIPS 32GX4MM	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM (5/16")	2	QL(5 ea daily); RX/OTC	PENTIPS 32GX6MM	2	QL(5 ea daily)
PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC	PIP PEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC
			PIP PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC
			POLY HUB NEEDLE/18G X 1-1-1/2"	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	PREVENT SAFETY PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	PREVENT SAFETY PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	2	QL(5 ea daily)
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	2	QL(5 ea daily); RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	2	QL(5 ea daily); RX/OTC	PRO COMFORT PEN NEEDLES/31G X 8MM	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	2	QL(5 ea daily); RX/OTC	PRO COMFORT PEN NEEDLES/32G X 4MM	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	2	QL(5 ea daily); RX/OTC	PRO COMFORT PEN NEEDLES/32G X 5MM	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	2	QL(5 ea daily); RX/OTC	PRO COMFORT PEN NEEDLES/32G X 6MM	2	QL(5 ea daily)
			PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
			PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
			PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT PEN NEEDLE 32G X6MM	2	QL(5 ea daily)	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE 32G X8MM	2	QL(5 ea daily)	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE/32G X 5MM	2	QL(5 ea daily); RX/OTC	RA PEN NEEDLES 31G X 5MM3/16"	2	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE/32G X4MM	2	QL(5 ea daily); RX/OTC	RA PEN NEEDLES 31G X 8MM5/16"	2	QL(5 ea daily); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	2	QL(5 ea daily); RX/OTC	RAYA SURE PEN NEEDLE 29GX 12MM	2	QL(5 ea daily); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM	2	QL(5 ea daily); RX/OTC	RAYA SURE PEN NEEDLE 31GX 4MM	2	QL(5 ea daily)
PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	2	QL(5 ea daily); RX/OTC	RAYA SURE PEN NEEDLE 31GX 5MM	2	QL(5 ea daily); RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	RAYA SURE PEN NEEDLE 31GX 6MM	2	QL(5 ea daily); RX/OTC
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)	RAYA SURE PEN NEEDLE 31GX 8MM	2	QL(5 ea daily); RX/OTC
PX MINI PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 29GX12MM	2	QL(5 ea daily); RX/OTC	REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 31GX8MM	2	QL(5 ea daily); RX/OTC	REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM	2	QL(5 ea daily); RX/OTC	REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 29G X 12MM	2	QL(5 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
QC UNIFINE PENTIPS 32GX4MM	2	QL(5 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	RELION MINI PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31G X6MM	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31G X8MM	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4MM	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32G X4MM	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32G X5/32"	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8MM	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES/31G X1/4"	2	QL(5 ea daily); RX/OTC	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	2	QL(5 ea daily); RX/OTC
RELION SHORT PEN NEEDLES31GX8MM	2	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
SAFETY PEN NEEDLES/30G X5/16"	2	QL(5 ea daily)	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC			
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC			
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC			
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC			
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC			
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	2	QL(5 ea daily); RX/OTC			
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC			
SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	2	QL(5 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES32GX5/32"	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES32GX6MM	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)	SYRINGE/LUER LOCK/3ML	2	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	SYRINGE/LUER SLIP/3ML	2	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	SYRINGES/LUER LOCK/WITHOUT NEEDLE/3ML	2	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	2	QL(5 ea daily)	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES30GX5/16" SHORT	2	QL(5 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TECHLITE PEN NEEDLES 29GX 12 MM	2	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM	2	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 8MM	2	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM	2	QL(5 ea daily)	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
TECHLITE PLUS PEN NEEDLES32G X 4MM	2	QL(5 ea daily); RX/OTC	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PEN NEEDLES31G X 5MM	2	QL(5 ea daily); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PEN NEEDLES31G X 6MM	2	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PEN NEEDLES32G X 4MM	2	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	2	QL(5 ea daily)
TRUE COMFORT PRO PEN NEEDLES 32G X 5MM	2	QL(5 ea daily); RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 6MM	2	QL(5 ea daily)	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 33G X 4MM	2	QL(5 ea daily)	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
			TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	2	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	2	QL(5 ea daily)	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE MINI PEN NEEDLES31GX6MM	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE PEN NEEDLES 31GX 5MM/MINI	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE PEN NEEDLES/29GX 12.7MM	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE SHORT PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE SHORT PEN NEEDLES/31G X 8MM	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	2	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	2	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	2	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES/31G X 1/4"	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	2	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	2	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	2	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES/32G X 5/32"	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	2	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	2	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES ULTI-FINE IV	2	QL(5 ea daily); RX/OTC			
ULTICARE MINI PEN NEEDLES/31G X 6MM	2	QL(5 ea daily); RX/OTC			
ULTICARE MINI PEN NEEDLES/32G X 1/4"	2	QL(5 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAIN	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	2	QL(5 ea daily)	ULTIGUARD SAFEPACK/TINY PEN NEEDLE/32G X 4MM/SHARPS CONTAINER	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/TINY PEN NEEDLE/32G X 6MM/SHARPS CONTAINER	2	QL(5 ea daily)
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	2	QL(5 ea daily); RX/OTC	ULTILET PEN NEEDLE 29GX12.7MM	2	QL(5 ea daily)
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	2	QL(5 ea daily); RX/OTC	ULTILET PEN NEEDLE 31GX5MM	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA	2	QL(5 ea daily); RX/OTC	ULTILET PEN NEEDLE 31GX8MM	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN	2	QL(5 ea daily); RX/OTC	ULTILET PEN NEEDLE 32GX4MM	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	2	QL(5 ea daily); RX/OTC	ULTILET PEN NEEDLE 32GX4MM/SHORT	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	2	QL(5 ea daily); RX/OTC	ULTILET SHORT PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	2	QL(5 ea daily)	ULTILET SHORT PEN NEEDLES31GX3/16"	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	2	QL(5 ea daily); RX/OTC	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	2	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	2	QL(5 ea daily); RX/OTC
			ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	2	QL(5 ea daily); RX/OTC
			ULTRA FLO INSULIN PEN NEEDLE 33GX4MM	2	QL(5 ea daily)
			ULTRA FLO INSULIN PEN NEEDLES	2	QL(5 ea daily); RX/OTC
			ULTRA FLO INSULIN PEN NEELE 31GX8MM	2	QL(5 ea daily); RX/OTC
			ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	2	QL(5 ea daily)	ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	2	QL(5 ea daily)	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	2	QL(5 ea daily)	ULTRACARE PEN NEEDLES/31G X 1/4"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	ULTRACARE PEN NEEDLES/31G X 3/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	ULTRACARE PEN NEEDLES/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	2	QL(5 ea daily); RX/OTC	ULTRACARE PEN NEEDLES/32G X 1/14"	2	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	2	QL(5 ea daily); RX/OTC	ULTRACARE PEN NEEDLES/32G X 3/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	ULTRACARE PEN NEEDLES/32G X 5/32"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	ULTRACARE PEN NEEDLES/33G X 5/32"	2	QL(5 ea daily)
ULTRA THIN PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
			ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS PLUS 31GX5MM	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS PLUS 31GX6MM	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS PLUS 31GX8MM	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS PLUS 32GX4MM	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS PLUS 33GX 5/32"	2	QL(5 ea daily)
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS PLUS 33GX4MM	2	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES 29GX1/2"	2	QL(5 ea daily)	UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 8MM	2	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM	2	QL(5 ea daily); RX/OTC
UNIFINE PEN NEEDLE/32G X4MM	2	QL(5 ea daily); RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE 31GX5MM	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 29GX12MM	2	QL(5 ea daily); RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE 31GX6MM	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31G X 3/16"	2	QL(5 ea daily); RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE 31GX8MM	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM	2	QL(5 ea daily); RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX6MM	2	QL(5 ea daily); RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16"	2	QL(5 ea daily)
UNIFINE PENTIPS 31GX8MM	2	QL(5 ea daily); RX/OTC	UNIFINE ULTRA PEN NEEDLE/31GX5MM	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX4MM	2	QL(5 ea daily); RX/OTC	UNIFINE ULTRA PEN NEEDLE/31GX6MM	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX6MM	2	QL(5 ea daily)	UNIFINE ULTRA PEN NEEDLE/31GX8MM	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 33GX4MM	2	QL(5 ea daily)	UNIFINE ULTRA PEN NEEDLE/32GX4MM	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 29GX12MM	2	QL(5 ea daily); RX/OTC	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
			VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VALUMARK PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	2	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	2	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 8MM	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	2	QL(5 ea daily)	VERIFINE INSULIN SYRINGE1ML/29G X 12MM	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE1ML/31G X 8MM	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	2	QL(5 ea daily); RX/OTC	VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 5MM	2	QL(5 ea daily); RX/OTC	VERIFINE PLUS PEN NEEDLE/32G X 4MM	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 8MM	2	QL(5 ea daily); RX/OTC	VIDA MIA UNIFINE PENTIPS32GX4MM	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	2	QL(5 ea daily); RX/OTC	VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 6MM	2	QL(5 ea daily)	VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM	2	QL(5 ea daily); RX/OTC	VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM	2	QL(5 ea daily); RX/OTC	VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM	2	QL(5 ea daily); RX/OTC	WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	2	QL(5 ea daily); RX/OTC	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER MINI AEROSOLCHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER MV MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	2	QL(5 ea daily)	AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW VU MOUTHPIECE DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX PEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
ACE AEROSOL CLOUD ENHANCER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
ACTIVITY POUCH MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
ADULT AEROSOL MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
ADULT MASK LARGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC			
ADULT MASK DEVI	2	RX/OTC			
AEROBIKA DEVI	2	RX/OTC			
AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 4000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
AEROECLIPSE EZ TWIST TUBING MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
AEROECLIPSE MASK LARGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE EASE NEBULIZER MASK/CHILD MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
AEROECLIPSE MASK MEDIUM MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE EASE NEBULIZER MASK/INFANT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
AEROECLIPSE MASK SMALL MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE EASE/LARGE MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
AEROTRACH PLUS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE EASE/MEDIUM MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	BREATHE EASE/SMALL MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	2	RX/OTC	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	2	RX/OTC	CARETOUCH 2 CPAP HOSE HANGER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	2	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
CARETOUCH CPAP MASK WIPES MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	2	QL(1 ml per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	EASIVENT/MASK-LARGE MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
CARETOUCH UNIVERSAL CPAPFILTERS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	EASIVENT/MASK-MEDIUM MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	EASIVENT/MASK-SMALL MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	EASIVENT MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	EASY FLOW 300 MM HOSE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	EASY FLOW 400 MM HOSE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	EASY FLOW AIR NOZZLE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	EASY FLOW BLACK/BLUE DEVI	2	RX/OTC
CO MONITOR DEVI	2	RX/OTC	EASY FLOW BLACK/ORANGE DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	EASY FLOW BLACK/RED DEVI	2	RX/OTC
			EASY FLOW BLACK/WHITE DEVI	2	RX/OTC
			EASY FLOW BLACK/YELLOW DEVI	2	RX/OTC
			EASY FLOW HEPA FILTER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
			EASY FLOW WHITE/BLUE DEVI	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY FLOW WHITE/GREEN DEVI	2	RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	2	RX/OTC
EASY FLOW WHITE/PINK DEVI	2	RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	2	RX/OTC
EASY FLOW WHITE/WHITE DEVI	2	RX/OTC	INNOSPIRE REPLACEMENT FILTER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/YELLOW DEVI	2	RX/OTC	INSPIREASE DRUG DELIVERYSYSTEM MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
EBASE CONTROLLER KIT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	INSPIREASE RESERVOIR BAGS	2	QL(3 ea per 180 day(s) retail)
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	LITETOUCH MASK LARGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	LITETOUCH MASK MEDIUM MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	LITETOUCH MASK SMALL MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	MASK VORTEX/CHILD/FROG	2	QL(1 ea per 360 day(s) retail); RX/OTC
FILTER AIR PP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	MASK VORTEX/TODDLER/LAD YBUG	2	QL(1 ea per 360 day(s) retail); RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	2	QL(1 ea per 360 day(s) retail); RX/OTC	MICROCHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	2	QL(1 ea per 360 day(s) retail); RX/OTC	MICROCHAMBER MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	2	QL(1 ea per 360 day(s) retail); RX/OTC	MICROSPACER MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
FLEXICHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	MINIELITE FILTER REPLACEMENTS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	NEBULIZER AIR TUBE/PLUGS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
FULL KIT NEBULIZER SET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	NEBULIZER CUP/TUBING DEVI	2	RX/OTC
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	2	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEBULIZER MASK ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PARI BABY CONVERSION KITSIZE 2 MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
NEBULIZER MASK CHILD MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PARI BABY CONVERSION KITSIZE 3 MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
NOSE CLIP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PARI BUBBLES PEDIATRIC AEROSOL MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
OMBRA COMPRESSOR AIR FILTERS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PARI ERAPID NEBULIZER HANDSET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	2	RX/OTC	PARI EXPIRATORY FILTER VALVE SET DEVI	2	QL(1 ea per 360 day(s) retail); RX/OTC
ONE FLOW FVC MONITORING SPIROMETER DEVI	2	RX/OTC	PARI MANUAL INTERRUPTER DEVI	2	RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	PARI MASK SET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	PARI SMARTMASK BABY/ELBOW MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	PARI SOFT PLASTIC ADULT MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	PARI SOFT PLASTIC PEDIATRIC MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	PARI TREK S COMBO PACK DEVI	2	RX/OTC
PANDA MASK LARGE	2	QL(1 ea per 360 day(s) retail); RX/OTC	PARI VORTEX ADULT MASK	2	QL(1 ea per 360 day(s) retail); RX/OTC
PANDA MASK MEDIUM	2	QL(1 ea per 360 day(s) retail); RX/OTC	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PANDA MASK SMALL	2	QL(1 ea per 360 day(s) retail); RX/OTC	PEDIATRIC PANDA MASK	2	QL(1 ea per 360 day(s) retail); RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PFLEX MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PILLOW MASK/ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	REPLACEMENT FILTERS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PILLOW MASK/CHILD MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
POCKET CHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
POCKET SPACER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	RITEFLO DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	SAMI THE SEAL REPLACEMENTFILTERS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	SIDESTREAM ADULT FACE MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	SIDESTREAM PLUS ADULT FACE MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PRONEB ULTRA FILTER SET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	2	RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC			
QUAKE DEVI	2	RX/OTC			
REPLACEMENT AIR FILTER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SPIRO PD DEVI	2	RX/OTC
THRESHOLD IMT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
THRESHOLD PEP DEVI	2	RX/OTC
TUBING/WING TIP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
ULTRA NEB NEBULIZER ACCESSORIES KIT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
VERSAPAP/UNIVERSAL TUBING DEVI	2	RX/OTC
VERSAPAP DEVI	2	RX/OTC
VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
WINDMILL TRAINER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC

MIGRAINE PRODUCTS - Drugs to Treat Migraine

Drug Name	Drug Tier	Requirements/Limits
Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	2	QL(1 ml per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
AJOVY SOAJ	2	QL(4.5 ml per 90 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
AJOVY SOSY	2	QL(4.5 ml per 90 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EMGALITY SOAJ	2	QL(2 ml per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EMGALITY SOSY 120 MG/ML	2	QL(2 ml per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EMGALITY SOSY 100 MG/ML	2	QL(3 ml per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
NURTEC	NP	QL(16 ea per 30 day(s) retail; 16 ea per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA
QULIPTA	NP	QL(1 ea daily); 2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UBRELVY	2	QL(14 ea per 28 day(s) retail; 14 ea per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA	FROVA (<i>frovatriptan succinate</i>)	NP	PA
			<i>frovatriptan succinate</i>	NP	
VYEPTI	NP	2 max fill(s) per 30 day(s) retail; PA	IMITREX 5 MG/ACT, 20 MG/ACT (<i>sumatriptan</i>)	2	QL(6 ea per 30 day(s) retail); AL(At least 12 yrs old)
ZAVZPRET	NP	2 max fill(s) per 30 day(s) retail; PA	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	PA
Migraine Combinations			IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old); PA
CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	NP	AL(At least 18 yrs old); PA	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	PA
<i>ergotamine w/ caffeine SUPP</i>	1		IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old); PA
<i>sumatriptan-naproxen sodium</i>	NP	PA	IMITREX TABS (<i>sumatriptan succinate</i>)	NP	QL(9 ea per 30 day(s) retail); AL(At least 12 yrs old); PA
TREXIMET (<i>sumatriptan-naproxen sodium</i>)	NF		MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	NP	PA
Migraine Products			MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	NP	QL(12 ea per 30 day(s) retail); AL(At least 6 yrs old); PA
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	AL(At least 18 yrs old); PA	<i>naratriptan hcl</i>	1	QL(9 ea per 30 day(s) retail); AL(At least 18 yrs old)
MIGRANAL SOLN NA (<i>dihydroergotamine mesylate</i>)	NP	AL(At least 18 yrs old); PA	REL PAX (<i>eletriptan hydrobromide</i>)	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old); PA
Migraine Products - NSAIDs			REL PAX 40 MG (<i>eletriptan hydrobromide</i>)	NF	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)
CAMBIA (<i>diclofenac potassium (migraine)</i>)	NF		REYVOW	NP	PA
<i>diclofenac potassium (migraine)</i>	1	PA			
ELYXYB	2	PA			
Serotonin Agonists					
<i>almotriptan malate</i>	NP	QL(6 ea per 30 day(s) retail)			
<i>eletriptan hydrobromide</i>	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate TABS</i>	1	QL(12 ea per 30 day(s) retail); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP</i>	1	
<i>sumatriptan</i>	1	QL(6 ea per 30 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	NP	PA
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	NP	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old); PA
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	NP	PA
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	NP	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old); PA
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate TABS</i>	1	QL(9 ea per 30 day(s) retail); AL(At least 12 yrs old)
TOSYMRA	NP	PA
ZEMBRACE SYMTOUCH SOAJ	NP	PA
<i>zolmitriptan SOLN 5 MG</i>	NP	AL(At least 12 yrs old)
<i>zolmitriptan TABS</i>	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)
<i>zolmitriptan TBDP</i>	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)
ZOMIG SOLN (<i>zolmitriptan</i>)	NF	AL(At least 12 yrs old)
ZOMIG SOLN 2.5 MG	NP	
ZOMIG SOLN (<i>zolmitriptan</i>)	NP	AL(At least 12 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
ZOMIG TABS 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NF	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)
MINERALS & ELECTROLYTES		
Calcium		
<i>calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 400 UNIT-500 MG, 500 MG-5 MCG</i>	1	
<i>calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG</i>	2	
<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG</i>	1	QL(2 ea daily)
<i>calcium carbonate TABS 600 MG, 1250 MG</i>	1	
CALTRATE 600+D3 TABS (<i>calcium carbonate-cholecalciferol</i>)	NF	
CALTRATE BONE HEALTH TABS (<i>calcium carbonate-cholecalciferol</i>)	NF	
CALTRATE BONE HEALTH TABS (<i>calcium carbonate-cholecalciferol</i>)	NF	
<i>oyster shell</i>	1	
Fluoride		
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG</i>	1	MP
<i>sodium fluoride SOLN 0.5 MG/ML</i>	1	MP; RX/OTC
<i>sodium fluoride TABS</i>	2	
SOLUVITA SOLN	2	RX/OTC
Phosphate		
K-PHOS NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NP	QL(8 ea daily); MP; PA

Drug Name	Drug Tier	Requirements/Limits
K-PHOS TABS (potassium phosphate monobasic)	2	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	1	QL(8 ea daily); MP
potassium phosphate monobasic TABS	2	
Potassium		
EFFER-K	2	
K-TAB TBCR 10 MEQ (potassium chloride)	NP	MP; PA
K-TAB TBCR 20 MEQ (potassium chloride)	NP	
POKONZA PACK OR	NP	PA
potassium acetate SOLN 2 MEQ/ML	1	PA
POTASSIUM ACETATE SOLN 2 MEQ/ML	1	PA
potassium bicarbonate TBEF	NP	MP; PA
potassium chloride microencapsulated crystals er	1	MP
potassium chloride CPCR	1	MP
potassium chloride PACK OR 20 MEQ	NP	PA
potassium chloride SOLN IV	1	PA
potassium chloride SOLN OR 10 %	1	MP
potassium chloride SOLN IV 2 MEQ/ML	2	PA
POTASSIUM CHLORIDE SOLN IV (potassium chloride)	1	PA
potassium chloride TBCR 8 MEQ	2	MP
potassium chloride TBCR 8 MEQ, 10 MEQ	1	MP
potassium chloride TBCR 20 MEQ	NP	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS THERAPEUTIC CLASSES		
Allogeneic Tissue		
RETHYMIC	CO	
Chelating Agents		
CUPRIMINE CAPS (penicillamine)	NP	PA
CUVRIOR	NP	SP; PA
DEPEN TITRATABS TABS (penicillamine)	2	PA
penicillamine CAPS	1	PA
penicillamine TABS	1	PA
SYPRINE (trientine hcl)	NP	SP; PA
trientine hcl 250 MG	1	SP; PA
trientine hcl 500 MG	2	SP; PA
Immunomodulators		
JOENJA	CO	
lenalidomide	1	SP; PA
REVLIMID	NP	SP; PA
REZUROCK	CO	
RYSTIGGO	CO	
RYSTIGGO	CO	
THALOMID	2	SP; MP; PA
VYVGART	CO	
VYVGART HYTRULO	CO	
Immunosuppressive Agents		
ASTAGRAF XL CP24	CO	
ATGAM	CO	SP
azathioprine TABS 50 MG	1	MP
azathioprine TABS 75 MG, 100 MG	NP	QL(3 ea daily); MP; PA
CELLCEPT CAPS (mycophenolate mofetil)	CO	
CELLCEPT SUSR (mycophenolate mofetil)	CO	
CELLCEPT TABS (mycophenolate mofetil)	CO	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified (for microemulsion) CAPS</i>	CO		SANDIMMUNE SOLN OR 100 MG/ML	CO	
<i>cyclosporine modified (for microemulsion) SOLN</i>	CO		SANDIMMUNE SOLN IV 50 MG/ML	CO	
<i>cyclosporine CAPS</i>	CO		SIMULECT	CO	
<i>cyclosporine SOLN IV 50 MG/ML</i>	CO		<i>sirolimus SOLN</i>	CO	
ENSPRYNG	CO		<i>sirolimus TABS</i>	CO	
ENVARUSUS XR TB24	CO		<i>tacrolimus CAPS</i>	CO	
<i>everolimus (immunosuppressant)</i>	CO		THYMOGLOBULIN	CO	SP
GAMIFANT	CO		UPLIZNA	CO	
IMURAN TABS (<i>azathioprine</i>)	NP	MP; PA	ZORTRESS (<i>everolimus (immunosuppressant)</i>)	CO	
LUPKYNIS	NP	QL(6 ea daily); SP; PA	Irrigation Solutions		
<i>mycophenolate mofetil CAPS</i>	CO		<i>irrigation solutions, physiological</i>	1	PA
<i>mycophenolate mofetil SUSR</i>	CO		<i>ringer's irrigation</i>	1	PA
<i>mycophenolate mofetil TABS</i>	CO		PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
<i>mycophenolate sodium</i>	CO		VIJOICE PACK	CO	
MYFORTIC (<i>mycophenolate sodium</i>)	CO		VIJOICE TBPK	CO	
NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	CO		Potassium Removing Agents		
NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	CO		LOKELMA	2	
NULOJIX	CO		<i>sodium polystyrene sulfonate POWD</i>	1	QL(454 gm per fill retail)
PROGRAF CAPS (<i>tacrolimus</i>)	CO		<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	1	
PROGRAF PACK	CO		VELTASSA 8.4 GM, 16.8 GM, 25.2 GM	NP	
PROGRAF SOLN	CO		Progeria Treatment Agents		
RAPAMUNE SOLN (<i>sirolimus</i>)	CO		ZOKINVY	CO	
RAPAMUNE TABS (<i>sirolimus</i>)	CO		Systemic Lupus Erythematosus Agents		
SANDIMMUNE CAPS (<i>cyclosporine</i>)	CO		BENLYSTA SOAJ	2	SP; PA
			BENLYSTA SOLR	2	SP; PA
			BENLYSTA SOSY	2	SP; PA
			MOUTH/THROAT/DENTAL AGENTS		
			Anesthetics Topical Oral		

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	QL(100 ml per fill retail)
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
NYSTATIN (<i>nystatin (mouth-throat)</i>)	NF	QL(120 ml per fill retail)
NYSTATIN (<i>nystatin (mouth-throat)</i>)	1	QL(120 ml per fill retail)
<i>nystatin (mouth-throat)</i>	1	QL(120 ml per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
PERIDEX (<i>chlorhexidine gluconate (mouth-throat)</i>)	NP	
Dental Products		
LISTERINE TOTAL CARE ZERO SOLN (<i>sodium fluoride (dental)</i>)	NF	
LISTERINE TOTAL CARE SOLN (<i>sodium fluoride (dental)</i>)	NF	
PREVIDENT 5000 DRY MOUTH GEL (<i>sodium fluoride (dental)</i>)	NP	MP
PREVIDENT 5000 PLUS CREA (<i>sodium fluoride (dental)</i>)	NP	MP
PREVIDENT FLUORIDE GEL (<i>sodium fluoride (dental)</i>)	NP	MP
PREVIDENT RINSE SOLN (<i>sodium fluoride (dental)</i>)	NP	MP
<i>sodium fluoride (dental) CREA</i>	1	MP
<i>sodium fluoride (dental) GEL</i>	1	MP
<i>sodium fluoride (dental) SOLN 0.2 %</i>	1	MP
Steroids - Mouth/Throat/Dental		

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (mouth)</i>	1	QL(5 gm per fill retail)
Throat Products - Misc.		
<i>cevimeline hcl</i>	1	MP
EVOXAC (<i>cevimeline hcl</i>)	NP	MP; PA
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily); MP
SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	NF	QL(6 ea daily); MP
SALAGEN 7.5 MG (<i>pilocarpine hcl (oral)</i>)	NF	
MULTIVITAMINS		
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid CAPS</i>	1	QL(1 ea daily); RX/OTC
<i>b-complex w/ c & folic acid CAPS</i>	2	QL(1 ea daily); RX/OTC
<i>b-complex w/ c & folic acid TABS 100 MG-10 MG-0.3 MG-1 MG-1.5 MG-0.006 MG-10 MG-1.7 MG-20 MG, 500 MG-4 MG-0.5 MG-5 MCG-18 MG-15 MG-100 MG-15 MG, 60 MG-10 MG-300 MCG-1 MG-6 MCG-1.7 MG-20 MG-10 MG-1.5 MG</i>	1	RX/OTC
<i>b-complex w/ c & folic acid TABS 60 MG-300 MCG-1 MG-1.5 MG-20 MG-10 MG-10 MG-1.7 MG-6 MCG</i>	2	RX/OTC
Multiple Vitamins w/ Minerals		
BACMIN TABS	2	RX/OTC
CENTRUM ADULTS TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CENTRUM MEN TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC
CENTRUM SILVER 50+MEN TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC
CENTRUM SILVER 50+WOMEN TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	ONE-A-DAY WOMENS PETITES TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC
CENTRUM SILVER ADULT 50+ TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC
CENTRUM SILVER ADULTS 50+ TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	ONEVITE TABS	2	RX/OTC
CENTRUM SILVER WOMEN 50+ TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	OPTIVITE P.M.T. TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC
CENTRUM SILVER TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	STROVITE ONE TABS	2	RX/OTC
CENTRUM WOMEN TABS <i>(multiple vitamins w/ minerals)</i>	NF	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	2	RX/OTC
DERMACINRX MULTITAM TABS	2	RX/OTC	VENTRIXYL TABS	2	RX/OTC
<i>multiple vitamins w/ minerals TABS</i>	1	RX/OTC	VITAROCA PLUS TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC
NICADAN TABS	2	RX/OTC	Ped Multi Vitamins w/Fl & FE		
NICAZEL FORTE TABS	2	RX/OTC	<i>ped multivitamins w/fl & iron SOLN</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
NICAZEL TABS	2	RX/OTC	QUFLORA FE PEDIATRIC LIQD	2	
ONE-A-DAY WEIGHT SMART ADVANCED TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	Ped MV w/ Fluoride		
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	MULTIVITAMIN WITH FLUORIDE SOLN	1	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.25 MG-600 MCG- 4.5 MCG-230 MCG, 60 MG-1 MG-10 MG-1 MG- 1.2 MG-10 MCG-10 MG-1 MG-600 MCG-4.5 MCG- 230 MCG	2	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
<i>pediatric multivitamins w/fl CHEW</i>	1	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
<i>pediatric multivitamins w/fl CHEW</i>	2	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
<i>pediatric multivitamins w/fl SOLN</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
POLY-VI-FLOR CHEW	2	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
VITAMINS A/C/D/FLUORIDE SOLN	1	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
Ped MV w/ Iron		
MULTIVITAMIN W/IRON/INFANT/TODDLE R SOLN	1	QL(60 ml per fill retail)
<i>pediatric multiple vitamins w/ iron CHEW</i>	1	
Pediatric Multiple Vitamins		
INFUVITE PEDIATRIC SOLN IV	2	PA
MULTIVITAMIN INFANT/TODDLER SOLN OR	2	
VITALIPID N INFANT EMUL	2	PA
VITLIPID N INFANT EMUL	2	PA

Drug Name	Drug Tier	Requirements/Limits
Pediatric Vitamins		
VITAMIN A/C/D INFANT/TODDLER	1	
Prenatal Vitamins		
CLASSIC PRENATAL TABS	1	QL(1 ea daily); MP
COMPLETE NATAL DHA	1	MP
COMPLETENATE CHEW	1	QL(1 ea daily); MP
CO-NATAL FA TABS	2	QL(1 ea daily); MP; RX/OTC
GNP PRENATAL TABS	1	QL(1 ea daily); MP
M-NATAL PLUS TABS	1	MP; RX/OTC
NATALVIT TABS	2	QL(1 ea daily); MP
NIVA-PLUS TABS	2	MP; RX/OTC
PRENATAL PLUS VITAMIN ANDMINERAL TABS	2	MP; RX/OTC
PRENATAL PLUS TABS	2	MP; RX/OTC
PRENATAL VITAMINS PLUS LOW IRON TABS	1	MP; RX/OTC
PRENATAL VITAMINS TABS 120 MG-2.6 MG- 800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	1	QL(1 ea daily); MP
PRENATAL TABS 100 MG-2.6 MG-800 MCG-10 MCG-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-200 MG-5 MG-1200 MCG	2	QL(1 ea daily); MP
PRENATAL TABS 100 MG-2.6 MG-800 MCG-10 MCG-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-200 MG-5 MG-1200 MCG	1	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	1	MP; RX/OTC
PRENATRYL TABS	2	MP; RX/OTC
SE-NATAL 19 CHEW	1	QL(1 ea daily); MP
SE-NATAL 19 TABS	1	QL(1 ea daily); MP; RX/OTC
THRIVITE RX TABS	2	QL(1 ea daily); MP; RX/OTC
TRINATAL RX 1 TABS	1	QL(1 ea daily); MP
WESNATAL DHA COMPLETE	1	MP
WESTAB PLUS TABS	1	MP; RX/OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 (cyclobenzaprine hcl)	NP	PA
baclofen SOLN OR 5 MG/5ML, 10 MG/5ML	NP	PA
baclofen SUSP	1	PA
baclofen TABS 15 MG	NP	PA
baclofen TABS 5 MG, 10 MG, 20 MG	1	
carisoprodol TABS	NP	QL(4 ea daily); PA
chlorzoxazone TABS	NP	
cyclobenzaprine hcl CP24	NP	PA
cyclobenzaprine hcl TABS 5 MG, 10 MG	1	QL(3 ea daily)
cyclobenzaprine hcl TABS 7.5 MG	NP	PA
FLEQSUVY SUSP (baclofen)	NP	PA
LYVISPAH PACK	NP	PA
metaxalone	1	
methocarbamol SOLN	NP	PA

Drug Name	Drug Tier	Requirements/Limits
methocarbamol TABS 500 MG, 750 MG	1	
orphenadrine citrate SOLN	NP	PA
orphenadrine citrate TB12	NP	
OZOBAX DS SOLN OR (baclofen)	NF	
OZOBAX SOLN OR (baclofen)	NF	
ROBAXIN SOLN (methocarbamol)	NP	PA
SOMA TABS (carisoprodol)	NP	QL(4 ea daily); PA
tizanidine hcl CAPS	NP	PA
tizanidine hcl TABS 4 MG	1	QL(9 ea daily); MP
tizanidine hcl TABS 2 MG	1	QL(18 ea daily); MP
ZANAFLEX CAPS (tizanidine hcl)	NP	PA
ZANAFLEX TABS 4 MG (tizanidine hcl)	NP	QL(9 ea daily); MP; PA
Direct Muscle Relaxants		
DANTRIUM IV SOLR (dantrolene sodium)	2	PA
DANTRIUM CAPS 25 MG (dantrolene sodium)	NP	PA
dantrolene sodium CAPS	NP	
dantrolene sodium SOLR	1	PA
RYANODEX SUSR	2	PA
Fibrodysplasia Ossificans Progressiva (FOP) Agents		
SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG	CO	
SOHONOS 5 MG	CO	SP
Muscle Relaxant Combinations		
NORGESIC FORTE (orphenadrine w/ aspirin & caff)	NP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine w/ aspirin & caff</i>	NP	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	NP	
DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		
OCEAN NASAL SPRAY SOLN (<i>saline</i>)	NF	QL(50 ml per fill retail)
<i>saline SOLN</i>	1	QL(50 ml per fill retail)
Nasal Antiallergy		
<i>azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY</i>	1	QL(1 ml daily)
<i>olopatadine hcl (nasal)</i>	NP	
PATANASE (<i>olopatadine hcl (nasal)</i>)	NP	PA
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.06 %</i>	1	QL(0.5 ml daily); MP
<i>ipratropium bromide (nasal) 0.03 %</i>	1	QL(1.2 ml daily); MP
Nasal Steroids		
BECONASE AQ	NP	
<i>budesonide (nasal)</i>	1	
FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	NF	QL(18.2 ml per 30 day(s) retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	NF	QL(18.2 ml per 30 day(s) retail); RX/OTC
<i>flunisolide (nasal) 0.025 %</i>	NP	QL(25 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(18.2 ml per 30 day(s) retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	NP	QL(17 gm per fill retail); AL(At least 2 yrs old); RX/OTC
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	NF	QL(17 ml per fill retail); AL(At least 2 yrs old)
OMNARIS SUSP	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
<i>triamcinolone acetonide (nasal) AERO</i>	2	QL(17 ml per fill retail); AL(At least 2 yrs old)
<i>triamcinolone acetonide (nasal) AERO</i>	1	QL(17 ml per fill retail); AL(At least 2 yrs old)
XHANCE EXHU	NP	
ZETONNA AERS	NP	
Sympathomimetic Decongestants		
ADRENALIN 0.1 % (<i>epinephrine hcl (nasal)</i>)	NP	
<i>epinephrine hcl (nasal)</i>	1	
<i>phenylephrine hcl (oral) TABS</i>	1	
<i>pseudoephedrine hcl TABS</i>	1	
SUDAFED CONGESTION TABS (<i>pseudoephedrine hcl</i>)	NF	
SUDAFED PE SINUS CONGESTION TABS (<i>phenylephrine hcl (oral)</i>)	NF	
SUDAFED SINUS CONGESTION TABS (<i>pseudoephedrine hcl</i>)	NF	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>edaravone</i> SOLN	CO		ELEVIDYS 28.5-29.4 KG	CO	
EXSERVAN FILM	NP	SP; PA	ELEVIDYS 29.5-30.4 KG	CO	
QALSODY	CO		ELEVIDYS 30.5-31.4 KG	CO	
RADICAVA ORS STARTER KIT SUSP	CO		ELEVIDYS 31.5-32.4 KG	CO	
RADICAVA ORS SUSP	CO		ELEVIDYS 32.5-33.4 KG	CO	
RADICAVA SOLN (<i>edaravone</i>)	CO		ELEVIDYS 33.5-34.4 KG	CO	
RELYVRIO	CO		ELEVIDYS 34.5-35.4 KG	CO	
RILUTEK TABS (<i>riluzole</i>)	NP	MP; PA	ELEVIDYS 35.5-36.4 KG	CO	
<i>riluzole</i> TABS	1	MP	ELEVIDYS 36.5-37.4 KG	CO	
TIGLUTIK SUSP	NP	SP; PA	ELEVIDYS 37.5-38.4 KG	CO	
Friedrich's Ataxia Agents			ELEVIDYS 38.5-39.4 KG	CO	
SKYCLARYS	CO		ELEVIDYS 39.5-40.4 KG	CO	
Muscular Dystrophy Agents			ELEVIDYS 40.5-41.4 KG	CO	
AMONDYS 45	CO		ELEVIDYS 41.5-42.4 KG	CO	
DUVYZAT	CO		ELEVIDYS 42.5-43.4 KG	CO	
ELEVIDYS 10.0-10.4 KG	CO		ELEVIDYS 43.5-44.4 KG	CO	
ELEVIDYS 10.5-11.4 KG	CO		ELEVIDYS 44.5-45.4 KG	CO	
ELEVIDYS 11.5-12.4 KG	CO		ELEVIDYS 45.5-46.4 KG	CO	
ELEVIDYS 12.5-13.4 KG	CO		ELEVIDYS 46.5-47.4 KG	CO	
ELEVIDYS 13.5-14.4 KG	CO		ELEVIDYS 47.5-48.4 KG	CO	
ELEVIDYS 14.5-15.4 KG	CO		ELEVIDYS 48.5-49.4 KG	CO	
ELEVIDYS 15.5-16.4 KG	CO		ELEVIDYS 49.5-50.4 KG	CO	
ELEVIDYS 16.5-17.4 KG	CO		ELEVIDYS 50.5-51.4 KG	CO	
ELEVIDYS 17.5-18.4 KG	CO		ELEVIDYS 51.5-52.4 KG	CO	
ELEVIDYS 18.5-19.4 KG	CO		ELEVIDYS 52.5-53.4 KG	CO	
ELEVIDYS 19.5-20.4 KG	CO		ELEVIDYS 53.5-54.4 KG	CO	
ELEVIDYS 20.5-21.4 KG	CO		ELEVIDYS 54.5-55.4 KG	CO	
ELEVIDYS 21.5-22.4 KG	CO		ELEVIDYS 55.5-56.4 KG	CO	
ELEVIDYS 22.5-23.4 KG	CO		ELEVIDYS 56.5-57.4 KG	CO	
ELEVIDYS 23.5-24.4 KG	CO		ELEVIDYS 57.5-58.4 KG	CO	
ELEVIDYS 24.5-25.4 KG	CO		ELEVIDYS 58.5-59.4 KG	CO	
ELEVIDYS 25.5-26.4 KG	CO		ELEVIDYS 59.5-60.4 KG	CO	
ELEVIDYS 26.5-27.4 KG	CO		ELEVIDYS 60.5-61.4 KG	CO	
ELEVIDYS 27.5-28.4 KG	CO		ELEVIDYS 61.5-62.4 KG	CO	
			ELEVIDYS 62.5-63.4 KG	CO	
			ELEVIDYS 63.5-64.4 KG	CO	
			ELEVIDYS 64.5-65.4 KG	CO	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELEVIDYS 65.5-66.4 KG	CO		ZOLGENSMA 16.6-17.0 KG	CO	
ELEVIDYS 66.5-67.4 KG	CO		ZOLGENSMA 17.1-17.5 KG	CO	
ELEVIDYS 67.5-68.4 KG	CO		ZOLGENSMA 17.6-18.0 KG	CO	
ELEVIDYS 68.5-69.4 KG	CO		ZOLGENSMA 18.1-18.5 KG	CO	
ELEVIDYS 69.5 KG PLUS	CO		ZOLGENSMA 18.6-19.0 KG	CO	
EXONDYS 51	CO		ZOLGENSMA 19.1-19.5 KG	CO	
VILTEPSO	CO		ZOLGENSMA 19.6-20.0 KG	CO	
VYONDYS 53	CO		ZOLGENSMA 2.6-3.0 KG	CO	
Rett Syndrome Agents			ZOLGENSMA 20.1-20.5 KG	CO	
DAYBUE	CO		ZOLGENSMA 20.6-21.0 KG	CO	
Spinal Muscular Atrophy Agents (SMA)			ZOLGENSMA 3.1-3.5 KG	CO	
EVRYSDI	CO		ZOLGENSMA 3.6-4.0 KG	CO	
SPINRAZA	CO		ZOLGENSMA 4.1-4.5 KG	CO	
ZOLGENSMA 10.1-10.5 KG	CO		ZOLGENSMA 4.6-5.0 KG	CO	
ZOLGENSMA 10.6-11.0 KG	CO		ZOLGENSMA 5.1-5.5 KG	CO	
ZOLGENSMA 11.1-11.5 KG	CO		ZOLGENSMA 5.6-6.0 KG	CO	
ZOLGENSMA 11.6-12.0 KG	CO		ZOLGENSMA 6.1-6.5 KG	CO	
ZOLGENSMA 12.1-12.5 KG	CO		ZOLGENSMA 6.6-7.0 KG	CO	
ZOLGENSMA 12.6-13.0 KG	CO		ZOLGENSMA 7.1-7.5 KG	CO	
ZOLGENSMA 13.1-13.5 KG	CO		ZOLGENSMA 7.6-8.0 KG	CO	
ZOLGENSMA 13.6-14.0 KG	CO		ZOLGENSMA 8.1-8.5 KG	CO	
ZOLGENSMA 14.1-14.5 KG	CO		ZOLGENSMA 8.6-9.0 KG	CO	
ZOLGENSMA 14.6-15.0 KG	CO		ZOLGENSMA 9.1-9.5 KG	CO	
ZOLGENSMA 15.1-15.5 KG	CO		ZOLGENSMA 9.6-10.0 KG	CO	
ZOLGENSMA 15.6-16.0 KG	CO		NUTRIENTS		
ZOLGENSMA 16.1-16.5 KG	CO		Lipids		
			DOJOLVI	CO	
			OPHTHALMIC AGENTS - Drugs to Treat the Eye		
			Artificial Tears and Lubricants		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	2		COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NF	QL(10 ml per fill retail); MP
<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	1		COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NF	
LACRISERT	2		COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NP	PA
<i>polyvinyl alcohol 1.4 %</i>	1	QL(15 ml per fill retail)	<i>dorzolamide hcl-timolol maleate</i>	1	QL(10 ml per fill retail); MP
REFRESH PLUS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	2		<i>dorzolamide hcl-timolol maleate</i>	1	
REFRESH TEARS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	2		ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	NP	MP; PA
THERATEARS EXTRA SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	NF		<i>levobunolol hcl 0.5 %</i>	1	MP
THERATEARS EXTRA SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	NF		<i>timolol maleate (ophth) SOLG</i>	1	MP
THERATEARS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	NF		<i>timolol maleate (ophth) SOLN 0.25 %</i>	NP	QL(60 ea per fill retail)
<i>white petrolatum-mineral oil</i>	1		<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP	MP; PA
<i>white petrolatum-mineral oil</i>	2		<i>timolol maleate (ophth) SOLN</i>	1	MP
Beta-blockers - Ophthalmic			TIMOPTIC OCUDOSE SOLN 0.5 % (<i>timolol maleate (ophth)</i>)	2	
<i>betaxolol hcl (ophth) SOLN</i>	NP		TIMOPTIC OCUDOSE SOLN 0.25 % (<i>timolol maleate (ophth)</i>)	NP	QL(60 ea per fill retail); PA
BETIMOL	NP	PA	TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NF	
BETOPTIC-S SUSP	NP		TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	NP	MP; PA
<i>brimonidine tartrate-timolol maleate</i>	1	MP	TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	NP	MP; PA
<i>carteolol hcl (ophth)</i>	NP	QL(0.5 ml daily)	Cholinergic Agonists		
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	2	MP	TYRVAYA	2	PA
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ml per fill retail); MP; PA	Cycloplegic Mydriatics		
			<i>atropine sulfate (ophthalmic) OINT</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>atropine sulfate (ophthalmic) SOLN</i>	1	MP
ATROPINE SULFATE SOLN (<i>atropine sulfate (ophthalmic)</i>)	NF	MP
ATROPINE SULFATE SOLN 1 %	2	MP
ATROPINE SULFATE SOLN 1 %	1	MP
CYCLOGYL 0.5 %	2	QL(15 ml per fill retail); MP
CYCLOGYL 2 %	2	MP
CYCLOGYL (<i>cyclopentolate hcl</i>)	NP	MP; PA
CYCLOMYDRIL	2	MP
<i>cyclopentolate hcl 1 %</i>	1	MP
ISOPTO ATROPINE SOLN	NP	MP; PA
MYDRIACYL SOLN (<i>tropicamide</i>)	NP	MP; PA
<i>phenylephrine hcl (mydriatic) SOLN</i>	1	PA
<i>phenylephrine hcl (mydriatic) SOLN</i>	1	
<i>tropicamide SOLN 1 %</i>	1	MP
<i>tropicamide SOLN 0.5 %</i>	1	QL(15 ml per fill retail); MP
Miotics		
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	NP	
VUITY SOLN	2	PA
Ophthalmic Adrenergic Agents		
ALPHAGAN P (<i>brimonidine tartrate</i>)	2	MP
<i>apraclonidine hcl</i>	NP	
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	1	MP
<i>brimonidine tartrate 0.2 %</i>	1	QL(15 ml per fill retail); MP
IOPIDINE	NP	

Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA	2	MP
Ophthalmic Anti-infectives		
AZASITE	NP	
<i>bacitracin (ophthalmic)</i>	NP	
<i>bacitracin-polymyxin b (ophth)</i>	NP	QL(4 gm per fill retail)
BESIVANCE	NP	
CILOXAN OINT	NP	QL(4 gm per fill retail)
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
ERYTHROMYCIN	1	QL(4 gm per fill retail)
<i>erythromycin (ophth)</i>	1	QL(4 gm per fill retail)
<i>gatifloxacin (ophth)</i>	NP	
<i>gentamicin sulfate (ophth) SOLN</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ml per fill retail)
<i>moxifloxacin hcl (ophth) SOLN OP</i>	NP	PA
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	NP	QL(4 gm per fill retail)
<i>neomycin-polymyxin-gramicidin</i>	NP	
OCUFLOX (<i>ofloxacin (ophth)</i>)	NP	PA
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) OINT</i>	NP	PA
<i>sulfacetamide sodium (ophth) SOLN</i>	1	QL(15 ml per fill retail)
<i>tobramycin (ophth) SOLN</i>	1	QL(5 ml per fill retail)
TOBREX OINT	NP	QL(4 gm per fill retail)
<i>trifluridine</i>	1	QL(8 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
VIGAMOX SOLN OP <i>(moxifloxacin hcl (ophth))</i>	NP	QL(3 ml per fill retail); PA
VIGAMOX SOLN OP <i>(moxifloxacin hcl (ophth))</i>	NF	QL(3 ml per fill retail)
XDEMVI	2	
ZIRGAN GEL	NP	PA
ZYMAXID <i>(gatifloxacin (ophth))</i>	NP	PA
Ophthalmic Gene Therapy		
LUXTURNA	CO	
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	2 max fill(s) per 30 day(s) retail; PA
<i>cyclosporine (ophth) EMUL</i>	1	2 max fill(s) per 30 day(s) retail
RESTASIS MULTIDOSE EMUL	2	2 max fill(s) per 30 day(s) retail
RESTASIS EMUL <i>(cyclosporine (ophth))</i>	2	2 max fill(s) per 30 day(s) retail
VERKAZIA EMUL	NP	2 max fill(s) per 30 day(s) retail; PA
VEVYE SOLN	NP	2 max fill(s) per 30 day(s) retail; PA
Ophthalmic Integrin Antagonists		
XIIDRA	NP	2 max fill(s) per 30 day(s) retail
Ophthalmic Kinase Inhibitors		
RHOPRESSA	2	
ROCKLATAN	2	
Ophthalmic Local Anesthetics		
AKTEN	NP	
ALCAINE <i>(proparacaine hcl)</i>	NP	PA
<i>proparacaine hcl</i>	1	
<i>tetracaine hcl (ophth)</i>	2	
<i>tetracaine hcl (ophth)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Nerve Growth Factors		
OXERVATE	CO	
Ophthalmic Steroids		
ALREX SUSP <i>(loteprednol etabonate)</i>	NP	PA
<i>bacitracin-poly-neomycin-hc</i>	NP	
<i>dexamethasone sodium phosphate (ophth)</i>	1	QL(5 ml per fill retail)
<i>difluprednate</i>	1	
DUREZOL <i>(difluprednate)</i>	NP	PA
DUREZOL <i>(difluprednate)</i>	NF	
EYSUVIS SUSP	NP	PA
FLAREX	NP	
<i>fluorometholone (ophth) SUSP</i>	1	
FML FORTE SUSP	NP	
FML LIQUIFILM SUSP <i>(fluorometholone (ophth))</i>	NP	PA
INVELTYS SUSP	NP	PA
LOTEMAX SM GEL	NP	PA
LOTEMAX GEL <i>(loteprednol etabonate)</i>	NP	PA
LOTEMAX OINT	NP	PA
LOTEMAX SUSP <i>(loteprednol etabonate)</i>	NP	PA
<i>loteprednol etabonate GEL</i>	NP	
<i>loteprednol etabonate SUSP</i>	NP	
MAXIDEX SUSP OP	NP	
MAXITROL OINT <i>(neomycin-polymyx-dexameth)</i>	NP	QL(4 gm per fill retail); PA
MAXITROL SUSP <i>(neomycin-polymyx-dexameth)</i>	NF	QL(5 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAXITROL SUSP (neomycin-polymy-dexameth)	NP	QL(5 ml per fill retail); PA	azelastine hcl (ophth)	NP	QL(6 ml per fill retail)
neomycin-polymy-dexameth OINT	1	QL(4 gm per fill retail)	AZOPT (brinzolamide)	NP	MP; PA
neomycin-polymy-dexameth SUSP	1	QL(5 ml per fill retail)	bepotastine besilate	NP	
neomycin-polymyxin-hc (ophth)	NP	QL(8 ml per fill retail)	BEPREVE (bepotastine besilate)	NP	PA
PRED FORTE (prednisolone acetate (ophth))	NP	QL(0.5 ml daily); PA	brinzolamide	1	MP
PRED MILD	NP	QL(10 ml per fill retail)	bromfenac sodium (ophth)	NP	
prednisolone acetate (ophth)	1	QL(0.5 ml daily)	BROMSITE (bromfenac sodium (ophth))	NP	PA
PREDNISOLONE SODIUM PHOSPHATE	NP		cromolyn sodium (ophth)	1	
sulfacetamide sod-prednisolone SOLN	1		CYSTADROPS	NP	SP; PA
TOBRADEX ST SUSP	NP	PA	CYSTARAN	2	SP; MP; PA
TOBRADEX OINT	2	QL(4 gm per fill retail)	diclofenac sodium (ophth)	1	
TOBRADEX SUSP (tobramycin-dexamethasone)	NF		dorzolamide hcl	1	QL(10 ml per fill retail); MP
TOBRADEX SUSP (tobramycin-dexamethasone)	2		epinastine hcl (ophth)	NP	
tobramycin-dexamethasone SUSP	1		flurbiprofen sodium	1	QL(3 ml per fill retail)
TRIESENCE	NP	SP	ILEVRO	2	
ZYLET	NP		ketorolac tromethamine (ophth) 0.4 %	1	QL(0.167 ml daily)
Ophthalmics - Misc.			ketorolac tromethamine (ophth) 0.5 %	1	
ACULAR (ketorolac tromethamine (ophth))	NP	PA	ketotifen fumarate (ophth) 0.035 %	1	QL(10 ml per fill retail)
ACULAR LS (ketorolac tromethamine (ophth))	NP	QL(0.167 ml daily); PA	MIEBO	NP	
ACUVAIL	NP		NEVANAC	NP	
ALOCRIAL	NP	QL(5 ml per fill retail)	olopatadine hcl	NP	RX/OTC
ALOMIDE	NP	QL(10 ml per fill retail)	PROLENSA (bromfenac sodium (ophth))	NP	PA
			TRUSOPT (dorzolamide hcl)	NF	QL(10 ml per fill retail); MP
			ZERVIAE	NP	
			Prostaglandins - Ophthalmic		
			bimatoprost SOLN	NP	
			IYUZEH SOLN	2	
			latanoprost SOLN	1	QL(3 ml per fill retail); MP
			LUMIGAN SOLN 0.01 %	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>tafluprost</i>	NP	
TRAVATAN Z SOLN (<i>travoprost</i>)	NF	
TRAVATAN Z SOLN (<i>travoprost</i>)	NP	MP; PA
<i>travoprost SOLN</i>	NP	MP
VYZULTA	NP	
XALATAN SOLN (<i>latanoprost</i>)	NP	QL(3 ml per fill retail); MP; PA
XELPROS EMUL	NP	PA
ZIOPTAN (<i>tafluprost</i>)	NF	
ZIOPTAN (<i>tafluprost</i>)	NP	PA
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	QL(15 ml per fill retail)
<i>carbamide peroxide (otic) 6.5 %</i>	1	
DEBROX 6.5 % (<i>carbamide peroxide (otic)</i>)	NF	
<i>isopropyl alcohol-glycerin</i>	2	
Otic Anti-infectives		
CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	NF	
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
CIPRO HC	2	
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	2	QL(8 ml per fill retail)
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ml per fill retail)
<i>ciprofloxacin-fluocinolone acetonide</i>	NP	
CORTISPORIN-TC	NP	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	QL(10 ml per fill retail)
OTOVEL (<i>ciprofloxacin-fluocinolone acetonide</i>)	NF	
Otic Steroids		
DERMOTIC (<i>fluocinolone acetonide (otic)</i>)	2	
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ml per fill retail)
HYDROCORTISONE/ACETIC ACID (<i>hydrocortisone w/acetic acid</i>)	1	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
HYPERRHO S/D SOSY IM 1500 UNIT	2	AL(At least 18 yrs old); SP
RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	AL(At least 18 yrs old); SP
Monoclonal Antibodies		
EVUSHELD	2	
SYNAGIS SOLN	2	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AMOXICILLIN SUSR (amoxicillin)	1		<i>ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i>	NP	PA
<i>amoxicillin TABS</i>	1		AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	NP	PA
<i>ampicillin sodium IV 1 GM</i>	2		AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	PA
<i>ampicillin sodium IJ 1 GM, 2 GM, 125 MG, 250 MG, 500 MG</i>	1		AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	NP	QL(20 ea per fill retail); PA
<i>ampicillin CAPS 500 MG</i>	1		BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	2	PA
Natural Penicillins			<i>piperacillin sodium-tazobactam sodium 12 GM-1.5 GM</i>	2	PA
BICILLIN L-A SUSY	2	PA	<i>piperacillin sodium-tazobactam sodium</i>	1	PA
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	NP	PA	UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (ampicillin & sulbactam sodium)	NP	PA
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	1	PA	UNASYN BULK PACK IV (ampicillin & sulbactam sodium)	NP	PA
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	PA	ZOSYN	2	PA
<i>penicillin g sodium</i>	2	PA	Penicillinase-Resistant Penicillins		
<i>penicillin g sodium</i>	1	PA	<i>dicloxacillin sodium</i>	1	
<i>penicillin v potassium SOLR</i>	1		PROGESTINS - Hormone Replacement/Modifying Drugs		
<i>penicillin v potassium TABS</i>	1		Progestins		
Penicillin Combinations			AYGESTIN TABS (norethindrone acetate)	NP	MP; PA
<i>amoxicillin & pot clavulanate CHEW</i>	NP	QL(20 ea per fill retail); PA	<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP
<i>amoxicillin & pot clavulanate SUSR</i>	1		<i>megestrol acetate (appetite)</i>	1	MP
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	1	QL(30 ea per fill retail)	<i>norethindrone acetate TABS</i>	1	MP
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	1	QL(20 ea per fill retail)			
<i>amoxicillin & pot clavulanate TB12</i>	NP	QL(40 ea per 30 day(s) retail); PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>progesterone CAPS 100 MG</i>	1	QL(1 ea daily); MP	ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>)	NP	PA
<i>progesterone CAPS 200 MG</i>	1	QL(20 ea per 90 day(s) retail; 20 ea per 90 days mail); MP	<i>donepezil hydrochloride TABS 23 MG</i>	NP	PA
<i>progesterone OIL</i>	1		<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	QL(1 ea daily); AL(At least 18 yrs old); MP
PROMETRIUM CAPS 100 MG (<i>progesterone</i>)	NP	QL(1 ea daily); MP; PA	<i>donepezil hydrochloride TBDP</i>	1	
PROMETRIUM CAPS 200 MG (<i>progesterone</i>)	NP	QL(20 ea per 90 day(s) retail; 20 ea per 90 days mail); MP; PA	EXELON 13.3 MG/24HR (<i>rivastigmine</i>)	2	
PROVERA (<i>medroxyprogesterone acetate</i>)	NP	MP; PA	EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	2	QL(1 ea daily); AL(At least 18 yrs old); MP
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions			<i>galantamine hydrobromide CP24</i>	NP	QL(1 ea daily); AL(At least 18 yrs old); MP
Agents for Chemical Dependency			<i>galantamine hydrobromide SOLN</i>	NP	QL(6 ml daily); AL(At least 18 yrs old); MP; PA
<i>acamprosate calcium</i>	1	MP	<i>galantamine hydrobromide TABS</i>	NP	QL(2 ea daily); AL(At least 18 yrs old); MP
<i>disulfiram</i>	1	MP	LEQEMBI	CO	
LUCEMYRA (<i>lofexidine hcl</i>)	NP	PA	<i>memantine hcl CP24</i>	NP	
Anti-Cataplectic Agents			<i>memantine hcl SOLN 2 MG/ML</i>	NP	QL(10 ml daily); AL(At least 18 yrs old); MP; PA
SODIUM OXYBATE SOLN	NP	SON; QL(200 ml daily); SP; PA	<i>memantine hcl TABS</i>	2	QL(49 ea per fill retail); AL(At least 18 yrs old)
XYREM SOLN	NP	SON; QL(200 ml daily); SP; PA	<i>memantine hcl TABS</i>	1	QL(2 ea daily); AL(At least 18 yrs old); MP
XYWAV	NP	SON; QL(200 ml daily); SP; PA	NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NP	QL(49 ea per fill retail); AL(At least 18 yrs old); PA
Antidementia Agents			<i>NAMENDA XR CP24 (memantine hcl)</i>	NP	PA
ADLARITY PTWK	NP	PA	<i>NAMENDA TABS (memantine hcl)</i>	NP	QL(2 ea daily); AL(At least 18 yrs old); MP; PA
ADUHELM	CO				
ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	NP	QL(1 ea daily); AL(At least 18 yrs old); MP; PA			

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC C4PK	NP	PA
NAMZARIC CP24	NP	PA
RAZADYNE ER CP24 (galantamine hydrobromide)	NF	QL(1 ea daily); AL(At least 18 yrs old); MP
rivastigmine 13.3 MG/24HR	1	
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	1	QL(1 ea daily); AL(At least 18 yrs old); MP
rivastigmine tartrate CAPS	NP	QL(2 ea daily); AL(At least 18 yrs old); MP
Cerebral Adrenoleukodystrophy (CALD) Agents		
SKYSONA	CO	
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	NP	SON; QL(20 ea daily)
LYBALVI	2	SON; QL(20 ea daily); PA
olanzapine-fluoxetine hcl	NP	SON; AL(At least 6 yrs old); PA
perphenazine-amitriptyline	1	SON; AL(At least 6 yrs old); MP
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (olanzapine-fluoxetine hcl)	NP	SON; AL(At least 6 yrs old); PA
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	NP	SON; QL(55 ea per 365 day(s) retail); PA
SAVELLA TABS	NP	SON; QL(2 ea daily); MP; PA
Metachromatic Leukodystrophy (MLD) Agents		
LENMELDY	CO	
Movement Disorder Drug Therapy		
AUSTEDO PATIENT TITRATION KIT TBPk	2	SON; QL(20 ea daily)
AUSTEDO XR PATIENT TITRATION KIT TEPk	2	SON; QL(20 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TB24 30 MG, 36 MG, 42 MG, 48 MG	2	SP
AUSTEDO XR TB24 6 MG, 12 MG, 24 MG	2	SON; QL(20 ea daily); SP
AUSTEDO TABS	2	SON; QL(20 ea daily); SP
INGREZZA CAPS	NP	SON; QL(1 ea daily); SP; PA
INGREZZA CPPK	NP	SON; QL(20 ea daily); SP; PA
INGREZZA CPSP	NP	SP; PA
tetrabenazine 25 MG	1	QL(20 ea daily); SP; MP
tetrabenazine	1	SON; QL(20 ea daily); SP; MP
XENAZINE (tetrabenazine)	NP	SON; QL(20 ea daily); SP; MP; PA
Multiple Sclerosis Agents		
AMPYRA (dalfampridine)	NP	SP; PA
AUBAGIO (teriflunomide)	NP	QL(1 ea daily); SP; PA
AUBAGIO (teriflunomide)	NF	QL(1 ea daily); SP
AVONEX PEN AJKT	2	SP
AVONEX PSKT	2	SP
BAFIERTAM	NP	QL(4 ea daily); SP
BETASERON KIT	2	SP
BRIUMVI	NP	SP
COPAXONE SOSY (glatiramer acetate)	2	SP
dalfampridine	NP	SP; PA
dimethyl fumarate CDPK	1	SP
dimethyl fumarate CPDR	1	SP
EXTAVIA KIT	NP	SP
fingolimod hcl	NP	QL(1 ea daily); SP
GILENYA 0.25 MG	NP	QL(1 ea daily); SP
GILENYA 0.5 MG	NP	QL(1 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits
GILENYA (<i>fingolimod hcl</i>)	NP	QL(1 ea daily); SP; PA
<i>glatiramer acetate SOSY</i>	NP	SP
KESIMPTA	2	SP; PA
LEMTRADA	NP	SP
MAVENCLAD	NP	SP
MAYZENT STARTER PACK TBPB	NP	SP
MAYZENT TABS 1 MG, 2 MG	NP	SP
MAYZENT TABS 0.25 MG	NP	QL(4 ea daily); SP
OCREVUS	NP	SP; PA
PLEGRIDY STARTER PACK SOPN	NP	SP
PLEGRIDY STARTER PACK SOSY SC	NP	SP
PLEGRIDY SOPN	NP	SP
PLEGRIDY SOSY IM	NP	SP
PONVORY 14-DAY STARTER PACK TBPB	NP	SP
PONVORY TABS	NP	SP
REBIF REBIDOSE TITRATIONPACK SOAJ	NP	SP
REBIF REBIDOSE SOAJ	NP	SP
REBIF TITRATION PACK SOSY	NP	SP
REBIF SOSY	NP	SP
TASCENSO ODT	NP	SP
TECFIDERA STARTER PACK CDPK (<i>dimethyl fumarate</i>)	NP	SP; PA
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	NP	SP; PA
<i>teriflunomide</i>	NP	QL(1 ea daily); SP
TYSABRI	NP	SP
VUMERITY	NP	QL(4 ea daily); SP
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA STARTER KIT CPPK	NP	SP; PA
ZEPOSIA CAPS	NP	QL(1 ea daily); SP; PA
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>gabapentin (once-daily) TABS</i>	NP	SON; QL(20 ea daily); PA
GRALISE MISC	NP	SON; QL(20 ea daily); PA
GRALISE TABS (<i>gabapentin (once-daily)</i>)	NP	SON; QL(20 ea daily); PA
GRALISE TABS	NP	SON; QL(20 ea daily); PA
LYRICA CR (<i>pregabalin (once-daily)</i>)	NP	SON; QL(20 ea daily); PA
LYRICA CR 330 MG (<i>pregabalin (once-daily)</i>)	NF	
<i>pregabalin (once-daily)</i>	NP	SON; QL(20 ea daily); PA
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS</i>	NP	SON; QL(20 ea daily); PA
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	NP	SON; QL(20 ea daily); MP; PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1	SON; QL(20 ea daily); MP
<i>pimozide</i>	1	SON; QL(20 ea daily); MP
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	SON; QL(20 ea daily); PA
Smoking Deterrents		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
APO-VARENICLINE TABS	2	SON; QL(2 ea daily); 180 day(s) max supply per 365 day(s) retail; AL(At least 18 yrs old)	<i>nicotine polacrilex LOZG</i>	2	QL(20 ea daily); 180 day(s) max supply per 365 day(s) retail
<i>bupropion hcl (smoking deterrent)</i>	1	SON; QL(2 ea daily); 180 day(s) max supply per 365 day(s) retail; AL(At least 18 yrs old)	NICOTINE TRANSDERMAL SYSTEM KIT	NP	180 day(s) max supply per 365 day(s) retail; PA
NICODERM CQ PT24 TD (<i>nicotine</i>)	NF	QL(1 ea daily); 180 day(s) max supply per 365 day(s) retail	<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	1	QL(1 ea daily); 180 day(s) max supply per 365 day(s) retail
NICORETTE MINI LOZG 4 MG (<i>nicotine polacrilex</i>)	NF		NICOTROL INHALER INHA	NP	QL(504 ea per 30 day(s) retail); PA
NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	NF	QL(20 ea daily); 180 day(s) max supply per 365 day(s) retail	NICOTROL NS SOLN	NP	QL(120 ml per 30 day(s) retail); PA
NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	NF	QL(24 ea daily); 180 day(s) max supply per 365 day(s) retail	<i>varenicline tartrate TABS</i>	1	SON; QL(2 ea daily); 180 day(s) max supply per 365 day(s) retail; AL(At least 18 yrs old)
NICORETTE GUM (<i>nicotine polacrilex</i>)	NF	QL(24 ea daily); 180 day(s) max supply per 365 day(s) retail	<i>varenicline tartrate TBPk</i>	1	SON; QL(53 ea per fill retail; 53 ea per 180 day(s) retail); AL(At least 18 yrs old)
NICORETTE LOZG (<i>nicotine polacrilex</i>)	NF	QL(20 ea daily); 180 day(s) max supply per 365 day(s) retail	Transthyretin Amyloidosis Agents		
<i>nicotine polacrilex GUM</i>	1	QL(24 ea daily); 180 day(s) max supply per 365 day(s) retail	AMVUTTRA	CO	
<i>nicotine polacrilex LOZG</i>	1	QL(20 ea daily); 180 day(s) max supply per 365 day(s) retail	ONPATTRO	CO	
			TEGSEDI	CO	
			WAINUA	CO	
			Vasomotor Symptom Agents		
			<i>paroxetine mesylate (vasomotor)</i>	NP	SON; QL(20 ea daily); PA
			RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
			Alpha-Proteinase Inhibitor (Human)		

Drug Name	Drug Tier	Requirements/Limits
ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA
GLASSIA SOLN	2	SP; PA
PROLASTIN-C SOLN	2	SP; PA
ZEMAIRA SOLR 4000 MG, 5000 MG	2	PA
ZEMAIRA SOLR 1000 MG	2	SP; PA
Cystic Fibrosis Agents		
BRONCHITOL	2	SP; PA
BRONCHITOL TOLERANCE TEST	2	SP; PA
KALYDECO PACK	2	QL(56 ea per 28 day(s) retail); SP; PA
KALYDECO TABS	2	QL(60 ea per 30 day(s) retail); SP; PA
ORKAMBI PACK	2	QL(56 ea per 28 day(s) retail); SP; PA
ORKAMBI TABS	2	QL(112 ea per 28 day(s) retail); SP; PA
PULMOZYME	2	SP; PA
SYMDEKO	2	QL(56 ea per 28 day(s) retail); SP; PA
TRIKAFTA TBPk	2	QL(84 ea per 28 day(s) retail); SP; PA
TRIKAFTA THPK	2	QL(56 ea per 28 day(s) retail); SP; PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS (<i>pirfenidone</i>)	NP	QL(6 ea daily); 2 max fill(s) per 30 day(s) retail; PA
ESBRIET TABS 267 MG (<i>pirfenidone</i>)	NP	QL(6 ea daily); 2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/Limits
ESBRIET TABS 801 MG (<i>pirfenidone</i>)	NP	QL(3 ea daily); 2 max fill(s) per 30 day(s) retail; PA
OFEV	2	QL(2 ea daily); 2 max fill(s) per 30 day(s) retail; SP; PA
<i>pirfenidone</i> CAPS	1	QL(6 ea daily); 2 max fill(s) per 30 day(s) retail; PA
<i>pirfenidone</i> TABS 267 MG	1	QL(6 ea daily); 2 max fill(s) per 30 day(s) retail; PA
<i>pirfenidone</i> TABS 534 MG	2	2 max fill(s) per 30 day(s) retail; PA
<i>pirfenidone</i> TABS 801 MG	1	QL(3 ea daily); 2 max fill(s) per 30 day(s) retail; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine</i> TABS	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA SOLR	2	PA
NUZYRA TABS	NP	
Fluorocyclines		
XERAVA	2	PA
Glycylcyclines		
<i>tigecycline</i>	1	PA
TIGECYCLINE	1	PA
TYGACIL (<i>tigecycline</i>)	NP	PA
Tetracyclines		
ACTICLATE TABS (<i>doxycycline hyclate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>demeclocycline hcl TABS</i>	NP	
DORYX MPC TBEC	NP	
DORYX TBEC 50 MG, 200 MG (<i>doxycycline hyclate</i>)	NP	PA
DORYX TBEC 80 MG (<i>doxycycline hyclate</i>)	NF	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	
<i>doxycycline (monohydrate) CAPS 75 MG, 150 MG</i>	NP	
<i>doxycycline (monohydrate) SUSR</i>	NP	
<i>doxycycline (monohydrate) TABS</i>	1	
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate SOLR</i>	1	PA
<i>doxycycline hyclate TABS</i>	1	
<i>doxycycline hyclate TBEC</i>	NP	
MINOCIN SOLR	2	PA
<i>minocycline hcl CAPS</i>	1	
<i>minocycline hcl TABS</i>	NP	
<i>minocycline hcl TB24</i>	NP	PA
MINOLIRA TB24	NP	PA
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (<i>minocycline hcl</i>)	NP	PA
<i>tetracycline hcl CAPS</i>	NP	
VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	NP	PA
VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	NP	PA
XIMINO CP24	NP	
XIMINO CP24 (<i>minocycline hcl</i>)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		

Drug Name	Drug Tier	Requirements/Limits
Antithyroid Agents		
<i>methimazole TABS</i>	1	MP
<i>propylthiouracil</i>	1	MP
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	MP
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2	
ARMOUR THYROID TABS	2	MP
CYTOMEL TABS (<i>liothyronine sodium</i>)	NP	MP
ERMEZA SOLN OR	NP	
<i>levothyroxine sodium CAPS</i>	NP	
LEVOTHYROXINE SODIUM SOLN IV	NP	
LEVOTHYROXINE SODIUM SOLN IV	NP	
<i>levothyroxine sodium TABS</i>	1	MP
<i>liothyronine sodium TABS</i>	1	MP
NIVA THYROID TABS	1	MP
NP THYROID 120 TABS	1	MP
NP THYROID 15 TABS	1	MP
NP THYROID 30 TABS	1	MP
NP THYROID 60 TABS	1	MP
NP THYROID 90 TABS	1	MP
SYNTHROID TABS (<i>levothyroxine sodium</i>)	NP	MP; PA
THYQUIDITY SOLN OR	NP	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	MP
TIROSINT CAPS (<i>levothyroxine sodium</i>)	NP	
TIROSINT CAPS	NP	
TIROSINT CAPS	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TIROSINT-SOL SOLN OR	NP		CUVPOSA SOLN OR (glycopyrrolate)	NP	PA
TOXOIDS			DARTISLA ODT TBDP	NP	PA
Toxoid Combinations			dicyclomine hcl CAPS	1	
ADACEL SUSP	2	AL(At least 18 yrs old)	dicyclomine hcl SOLN IM	1	
BOOSTRIX SUSP	2	AL(At least 18 yrs old)	dicyclomine hcl SOLN OR	1	QL(40 ml daily)
BOOSTRIX SUSY	2	AL(At least 18 yrs old)	dicyclomine hcl TABS	1	
DAPTACEL	2	AL(At least 18 yrs old)	GLYCATE TABS	NP	PA
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	2	AL(At least 18 yrs old)	glycopyrrolate SOLN OR 1 MG/5ML	1	PA
INFANRIX	2	AL(At least 18 yrs old)	glycopyrrolate SOLN IJ	1	
KINRIX SUSY	2		glycopyrrolate SOSY IJ	NP	
PEDIARIX SUSY	2		GLYCOPYRROLATE SOSY IV 0.6 MG/3ML, 1 MG/5ML	NP	
PENTACEL	2		glycopyrrolate TABS 1 MG, 2 MG	1	QL(4 ea daily)
QUADRACEL SUSP	2		GLYRX-PF SOLN IJ	NP	
QUADRACEL SUSY	2		hyoscyamine sulfate ELIX	1	MP
TDVAX SUSP	2	AL(At least 18 yrs old)	hyoscyamine sulfate SOLN OR 0.125 MG/ML	1	MP
TENIVAC INJ	2	AL(At least 18 yrs old)	hyoscyamine sulfate SUBL 0.125 MG	1	MP
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	2	AL(At least 18 yrs old)	hyoscyamine sulfate TABS 0.125 MG	1	MP
VAXELIS SUSP	2		hyoscyamine sulfate TB12 0.375 MG	1	QL(4 ea daily); MP
VAXELIS SUSY	2		hyoscyamine sulfate TBDP 0.125 MG	2	MP
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			hyoscyamine sulfate TBDP 0.125 MG	NP	MP; PA
Antispasmodics			hyoscyamine sulfate TBDP 0.125 MG	1	MP
ANASPAZ TBDP (hyoscyamine sulfate)	NF	MP	LEVBIID TB12 (hyoscyamine sulfate)	NF	QL(4 ea daily); MP
BELLADONNA/OPIUM	NP		LEVSIN/SL SUBL (hyoscyamine sulfate)	NP	MP; PA
BENTYL SOLN IM (dicyclomine hcl)	NP	PA	LEVSIN SOLN IJ 0.5 MG/ML (hyoscyamine sulfate)	NF	
chlordiazepoxide hcl-clidinium bromide	NP				

Drug Name	Drug Tier	Requirements/Limits
LEVSIN TABS (<i>hyoscyamine sulfate</i>)	NP	MP; PA
LIBRAX (<i>chlordiazepoxide hcl-clidinium bromide</i>)	NP	PA
<i>methscopolamine bromide</i>	1	
ROBINUL FORTE TABS (<i>glycopyrrolate</i>)	NP	QL(4 ea daily); PA
ROBINUL TABS (<i>glycopyrrolate</i>)	NP	QL(4 ea daily); PA
H-2 Antagonists		
<i>cimetidine hcl OR 300 MG/5ML</i>	NP	QL(27 ml daily); MP; PA
<i>cimetidine TABS</i>	NP	MP
<i>famotidine in nacl SOLN</i>	NP	PA
<i>famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML</i>	NP	PA
<i>famotidine SUSR</i>	1	
<i>famotidine TABS</i>	1	MP
<i>nizatidine CAPS</i>	NP	
PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>)	NF	MP; RX/OTC
PEPCID AC TABS (<i>famotidine</i>)	NF	
PEPCID TABS (<i>famotidine</i>)	NP	MP; PA; RX/OTC
TAGAMET HB 200 TABS (<i>cimetidine</i>)	NF	RX/OTC
TAGAMET HB TABS (<i>cimetidine</i>)	NF	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP (<i>sucralfate</i>)	2	MP
CARAFATE TABS (<i>sucralfate</i>)	NP	QL(4 ea daily); MP; PA
<i>sucralfate SUSP</i>	1	MP
<i>sucralfate TABS</i>	1	QL(4 ea daily); MP
Proton Pump Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
ACIPHEX TBEC (<i>rabeprazole sodium</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP
ACIPHEX TBEC (<i>rabeprazole sodium</i>)	NF	QL(1 ea daily); MP
DEXILANT (<i>dexlansoprazole</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; PA
<i>dexlansoprazole</i>	NP	QL(1 ea daily); MP
<i>esomeprazole magnesium CPDR 20 MG</i>	1	QL(1 ea daily); MP; RX/OTC
<i>esomeprazole magnesium CPDR 20 MG</i>	1	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; RX/OTC
<i>esomeprazole magnesium CPDR</i>	NP	QL(1 ea daily); MP; PA; RX/OTC
<i>esomeprazole magnesium CPDR</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA
<i>esomeprazole magnesium PACK</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA
<i>esomeprazole sodium 40 MG</i>	1	PA
<i>lansoprazole CPDR</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; RX/OTC
<i>lansoprazole TBDD</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR (<i>esomeprazole magnesium</i>)	NF	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEXIUM 24HR CPDR (esomeprazole magnesium)	NF	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; RX/OTC	PREVACID 24HR CPDR (lansoprazole)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; RX/OTC
NEXIUM I.V. 40 MG (esomeprazole sodium)	2	PA	PREVACID SOLUTAB TBDD (lansoprazole)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); RX/OTC
NEXIUM CPDR (esomeprazole magnesium)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA	PREVACID CPDR 30 MG (lansoprazole)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily)
NEXIUM PACK (esomeprazole magnesium)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA	PRILOSEC PACK	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA
NEXIUM PACK	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA	PROTONIX PACK (pantoprazole sodium)	2	Max Limit: 60 days per 365 days; QL(1 ea daily); PA
omeprazole CPDR 10 MG	NP	Max Limit: 60 days per 365 days; QL(1 ea daily)	PROTONIX SOLR (pantoprazole sodium)	2	Max Limit: 60 days per 365 days; PA
omeprazole CPDR 20 MG, 40 MG	1	Max Limit: 60 days per 365 days; QL(1 ea daily); MP	PROTONIX TBEC (pantoprazole sodium)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; PA
omeprazole TBEC	1	QL(1 ea daily)	rabeprazole sodium TBEC	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP
pantoprazole sodium PACK	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA	VOQUEZNA	NP	
pantoprazole sodium PACK	1	QL(1 ea daily); PA	Ulcer Drugs - Prostaglandins		
pantoprazole sodium SOLR	1	Max Limit: 60 days per 365 days; PA	CYTOTEC (misoprostol)	NP	MP; PA
pantoprazole sodium TBEC	1	QL(1 ea daily); MP	misoprostol	1	MP
pantoprazole sodium TBEC	1	Max Limit: 60 days per 365 days; QL(1 ea daily); MP	Ulcer Therapy Combinations		
PREVACID 24HR CPDR (lansoprazole)	NF	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; RX/OTC	amoxicillin-clarithromycin w/ lansoprazole THPK	NP	PA
			bismuth subcitrate potassium-metronidazole-tetracycline	1	
			HELIDAC THERAPY	2	
			KONVOMEK SUSR	NP	PA
			OMECLAMOX-PAK	NP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole-sodium bicarbonate CAPS</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); RX/OTC
<i>omeprazole-sodium bicarbonate PACK</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA
PYLERA (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>)	NP	PA
TALICIA	NP	PA
VOQUEZNA DUAL PAK	NP	
VOQUEZNA TRIPLE PAK	NP	
ZEGERID CAPS (<i>omeprazole-sodium bicarbonate</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA
ZEGERID PACK (<i>omeprazole-sodium bicarbonate</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA
URINARY ANTISPASMODICS - Drugs to Treat		
Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	NP	MP
DETROL LA CP24 (<i>tolterodine tartrate</i>)	NP	QL(1 ea daily); MP; PA
DETROL TABS (<i>tolterodine tartrate</i>)	NP	QL(2 ea daily); MP; PA
DETROL TABS 2 MG (<i>tolterodine tartrate</i>)	NF	
DITROPAN XL TB24 5 MG (<i>oxybutynin chloride</i>)	NP	QL(2 ea daily); MP; PA
DITROPAN XL TB24 10 MG (<i>oxybutynin chloride</i>)	NF	QL(2 ea daily); MP
<i>fesoterodine fumarate</i>	1	MP
GELNIQUE GEL 10 %	NP	PA
<i>oxybutynin chloride SOLN</i>	1	
<i>oxybutynin chloride TABS 2.5 MG</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(3 ea daily); MP
<i>oxybutynin chloride TB24</i>	1	QL(2 ea daily); MP
OXYTROL PTTW	NP	PA; RX/OTC
<i>solifenacin succinate TABS</i>	1	MP
<i>tolterodine tartrate CP24</i>	NP	QL(1 ea daily); MP
<i>tolterodine tartrate TABS</i>	NP	QL(2 ea daily); MP
TOVIAZ (<i>fesoterodine fumarate</i>)	2	MP
<i>tropium chloride CP24</i>	NP	
<i>tropium chloride TABS</i>	NP	QL(2 ea daily); MP
VESICARE LS SUSP	NP	PA
VESICARE TABS (<i>solifenacin succinate</i>)	NP	MP; PA
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
<i>mirabegron TB24</i>	NP	MP
MYRBETRIQ SRER	NP	PA
MYRBETRIQ TB24	NP	MP; PA
MYRBETRIQ TB24 (<i>mirabegron</i>)	NP	MP; PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	NP	MP
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	2	AL(At least 18 yrs old)
BCG VACCINE	2	
BEXSERO	2	AL(At least 18 yrs old)
BIOTHRAX	2	

Drug Name	Drug Tier	Requirements/Limits
HIBERIX SOLR IJ	2	AL(At least 18 yrs old)
MENACTRA	2	AL(At least 18 yrs old)
MENQUADFI	2	AL(At least 18 yrs old)
MENVEO SOLN	2	
MENVEO SOLR	2	AL(At least 18 yrs old)
PEDVAX HIB SUSP	2	AL(At least 18 yrs old)
PENBRAYA	2	
PNEUMOVAX 23	2	AL(At least 18 yrs old)
PNEUMOVAX 23/1 DOSE	2	AL(At least 18 yrs old)
PREVNAR 13	2	AL(At least 18 yrs old)
PREVNAR 20	2	
TRUMENBA	2	AL(At least 18 yrs old)
TYPHIM VI SOLN	2	
TYPHIM VI SOSY	2	
VAXCHORA	2	
VAXNEUVANCE	2	
VIVOTIF	2	
Viral Vaccines		
ABRYSVO	2	
ACAM2000	2	
AFLURIA 2024-2025 SUSP	2	AL(At least 7 yrs old)
AFLURIA 2024-2025 SUSY	2	AL(At least 7 yrs old)
AREXVY	2	AL(At least 60 yrs old)
COMIRNATY 2023-24 SUSP	2	AL(At least 19 yrs old)
COMIRNATY 2023-24 SUSY	2	AL(At least 19 yrs old)
COMIRNATY 2024-25 SUSY	2	AL(At least 19 yrs old)
COMIRNATY SUSP	2	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
DENGVAXIA	2	
ENGERIX-B SUSP 20 MCG/ML	2	3 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
ENGERIX-B SUSY	2	3 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
FLUAD 2024-2025	2	AL(At least 65 yrs old)
FLUAD QUADRIVALENT 2022-2023	2	AL(At least 65 yrs old)
FLUAD QUADRIVALENT 2023-2024	2	AL(At least 65 yrs old)
FLUARIX 2024-2025 SUSY	2	AL(At least 7 yrs old)
FLUBLOK 2024-2025 SOSY	2	AL(At least 7 yrs old)
FLUCELVAX 2024-2025 SUSP	2	AL(At least 7 yrs old)
FLUCELVAX 2024-2025 SUSY	2	AL(At least 7 yrs old)
FLULAVAL 2024-2025 SUSY	2	AL(At least 7 yrs old)
FLUMIST NASAL VACCINE 2024-2025	2	AL(At least 7 yrs old)
FLUMIST QUADRIVALENT	2	AL(At least 7 yrs old)
FLUZONE 2024-2025 SUSP	2	AL(At least 7 yrs old)
FLUZONE 2024-2025 SUSY	2	AL(At least 7 yrs old)
FLUZONE HIGH-DOSE 2024-2025 SUSY	2	AL(At least 65 yrs old)
FLUZONE HIGH-DOSE PF 2022-2023	2	AL(At least 65 yrs old)
FLUZONE HIGH-DOSE PF 2023-2024	2	AL(At least 65 yrs old)
GARDASIL 9 SUSP	2	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 SUSY	2	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	2	AL(At least 19 yrs old)
HAVRIX	2	AL(At least 18 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP	2	AL(At least 19 yrs old)
HEPLISAV-B SOSY	2	3 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	2	AL(At least 19 yrs old)
IMOVAX RABIES (H.D.C.V.) SUSR	2		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	2	AL(At least 19 yrs old)
IPOL INACTIVATED IPV	2		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP	2	AL(At least 19 yrs old)
IXIARO	2		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	2	AL(At least 19 yrs old)
JANSSEN COVID-19 VACCINE	2	AL(At least 19 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	2	AL(At least 19 yrs old)
JYNNEOS	2	AL(At least 19 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	2	AL(At least 19 yrs old)
M-M-R II SOLR	2	AL(At least 7 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y	2	AL(At least 19 yrs old)
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	2	AL(At least 19 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	2	AL(At least 19 yrs old)
MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	2	AL(At least 19 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	2	AL(At least 19 yrs old)
MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	2	AL(At least 19 yrs old)	PFIZER-BIONTECH COVID-19VACCINE SUSP	2	AL(At least 19 yrs old)
MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	2	AL(At least 19 yrs old)	PREHEVBRIO	2	3 max fill(s) per 999 day(s) retail
MODERNA COVID-19 VACCINE6MO-5Y SUSP	2	AL(At least 19 yrs old)	PRIORIX SUSR	2	
MODERNA COVID-19 VACCINE SUSP	2	AL(At least 19 yrs old)	PROQUAD SUSR	2	
MRESVIA	2	AL(At least 60 yrs old)	RABAVERT	2	
NOVAVAX COVID-19 VACCINE/2023-24 SUSP	2	AL(At least 19 yrs old)			
NOVAVAX COVID-19 VACCINE/2024-25 SUSY	2	AL(At least 19 yrs old)			
NOVAVAX COVID-19 VACCINE SUSP	2	AL(At least 19 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB SUSP	2	3 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)	CLEOCIN CREA (clindamycin phosphate vaginal)	NP	QL(40 gm per fill retail); PA
RECOMBIVAX HB SUSY	2	3 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)	CLEOCIN SUPP	2	
ROTARIX SUSP	2		clindamycin phosphate vaginal CREA	1	QL(40 gm per fill retail)
ROTARIX SUSR	2		CLINDESSE	NP	PA
ROTATEQ SOLN	2		clotrimazole vaginal CREA 1 %	1	QL(45 gm per fill retail)
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	2	AL(At least 19 yrs old)	clotrimazole vaginal CREA 2 %	1	
SHINGRIX	2	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)	GYNAZOLE-1	NP	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	2	AL(At least 19 yrs old)	metronidazole vaginal	1	QL(70 gm per fill retail)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	2	AL(At least 19 yrs old)	miconazole nitrate vaginal CREA 2 %	1	QL(45 gm per fill retail)
SPIKEVAX COVID-19 VACCINE/2024-25 SUSY	2	AL(At least 19 yrs old)	miconazole nitrate vaginal SUPP 200 MG	1	QL(3 ea per fill retail)
SPIKEVAX COVID-19 VACCINE SUSP	2	AL(At least 19 yrs old)	MONISTAT 3 CREA (miconazole nitrate vaginal)	NF	QL(45 gm per 30 day(s) retail)
STAMARIL SUSR	2		MONISTAT 7 SIMPLY CURE CREA (miconazole nitrate vaginal)	NF	QL(45 gm per fill retail)
TICOVAC	2		NUVESSA	2	
TWINRIX SUSY	2	AL(At least 18 yrs old)	terconazole vaginal CREA 0.8 %	1	QL(20 gm per fill retail)
VAQTA	2	AL(At least 18 yrs old)	terconazole vaginal CREA 0.4 %	1	QL(45 gm per fill retail)
VARIVAX INJ	2	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)	terconazole vaginal SUPP	NP	QL(3 ea per fill retail)
YF-VAX INJ	2		VANDAZOLE	NP	QL(70 gm per fill retail); PA
VAGINAL AND RELATED PRODUCTS			XACIATO GEL	NP	PA
Vaginal Anti-infectives			Vaginal Contraceptive - pH Modulators		
			PHEXXI	2	
			Vaginal Estrogens		
			ESTRACE CREA (estradiol vaginal)	NP	MP; PA
			estradiol vaginal CREA	1	MP
			estradiol vaginal TABS	1	

Drug Name	Drug Tier	Requirements/Limits
ESTRING RING	2	
FEMRING	NP	
PREMARIN	2	MP
VAGIFEM TABS (<i>estradiol vaginal</i>)	NP	PA
Vaginal Progestins		
CRINONE GEL	NP	PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENALIN SOLN IJ 1 MG/ML, 30 MG/30ML (<i>epinephrine (anaphylaxis)</i>)	NP	PA
ADRENALIN SOLN IJ	NP	PA
AUVI-Q SOAJ 0.1 MG/0.1ML	NP	PA
AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	NP	QL(2 ea per 25 day(s) retail); PA
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(2 ea per 25 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(2 ea per 25 day(s) retail)
<i>epinephrine (anaphylaxis) SOLN IJ 30 MG/30ML</i>	NP	PA
<i>epinephrine (anaphylaxis) SOLN IJ 1 MG/ML</i>	2	
EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	2	QL(2 ea per 25 day(s) retail)
EPIPEN-JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	2	QL(2 ea per 25 day(s) retail)
SYMJEPI SOSY	2	QL(2 ea per 25 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	NP	SP; PA
NORTHERA (<i>droxidopa</i>)	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Vasopressors		
AKOVAZ SOLN IV (<i>ephedrine sulfate (pressors)</i>)	NP	PA
<i>ephedrine sulfate (pressors) SOLN IV</i>	1	PA
EPHEDRINE SULFATE SOLN IV 50 MG/ML	2	PA
EPINEPHRINE HCL SOLN IJ	2	PA
LEVOPHED IV (<i>norepinephrine bitartrate</i>)	2	PA
<i>midodrine hcl</i>	1	
<i>norepinephrine bitartrate IV</i>	1	PA
NOREPINEPHRINE BITARTRATE IV 1 MG/ML	2	PA
<i>phenylephrine hcl (pressors) SOLN IV</i>	1	PA
PHENYLEPHRINE HYDROCHLORIDE SOLN IV (<i>phenylephrine hcl (pressors)</i>)	2	PA
VAZCULEP SOLN IV (<i>phenylephrine hcl (pressors)</i>)	2	PA
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD OR (<i>cholecalciferol</i>)	NF	
<i>cholecalciferol CAPS 50 MCG, 125 MCG</i>	1	
<i>cholecalciferol CAPS 25 MCG, 1000 UNIT</i>	1	QL(100 ea per fill retail)
<i>cholecalciferol CAPS 250 MCG</i>	2	
<i>cholecalciferol LIQD OR 10 MCG/ML</i>	1	
<i>cholecalciferol TABS 25 MCG, 50 MCG, 1000 UNIT</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
D-VI-SOL LIQD OR <i>(cholecalciferol)</i>	NF	
<i>ergocalciferol CAPS</i>	1	MP
MEPHYTON TABS <i>(phytonadione)</i>	NP	
<i>phytonadione TABS 5 MG</i>	1	
VITAMIN D3 TABS <i>(cholecalciferol)</i>	NF	
Water Soluble Vitamins		
<i>niacin TABS 500 MG</i>	1	
<i>pyridoxine hcl TABS 50 MG</i>	1	
<i>thiamine hcl SOLN</i>	1	PA
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amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG 1	ANAFRANIL (clomipramine hcl) .. 28	APLENZIN 26
amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG- 12.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 6.25 MG-6.25 MG- 6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG-9.375 MG 1	anagrelide hcl 92	APOKYN SOCT 51
amphetamine-dextroamphetamine CP24 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG 1	ANALPRAM HC CREA EX (hydrocortisone acetate w/ pramoxine) 13	apomorphine hydrochloride SOCT 51
amphetamine-dextroamphetamine TABS 1	ANAPROX DS TABS (naproxen sodium) 6	APONVIE EMUL 35
amphotericin b IV 35	ANASPAZ TBDP (hyoscyamine sulfate) 173	APO-VARENICLINE TABS 170
amphotericin b liposome 35	anastrozole 47	apraclonidine hcl 162
	ANCOBON (flucytosine) 35	aprepitant CAPS 35
	ANDRODERM PT24 2 MG/24HR, 4 MG/24HR 12	aprepitant MISC 35
	ANDROGEL GEL TD 25 MG/2.5GM (testosterone) 13	APRETUDE 56
	ANDROGEL PUMP GEL TD 1.62 % (testosterone) 12	APRISO CP24 (mesalamine) 88
	ANGELIQ 86	APTENSIO XR CP24 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (methylphenidate hcl) 2
	ANJESO INJ 6	APTENSIO XR CP24 60 MG (methylphenidate hcl) 2
	ANNOVERA 67	APTIOM 22
	ANORO ELLIPTA 19	APTIVUS CAPS 56
		AQ INSULIN SYRINGE/0.5ML/30G X 5/16" 110
		AQ INSULIN SYRINGE/1ML/29G X 1/2" 110

AQ INSULIN SYRINGE/1ML/31G X 5/16"	110	ARMONAIR DIGIHALER	18	ATELVIA TBEC (risedronate sodium)	83
AQINJECT PEN NEEDLE/31G X 3/16"	110	ARMOUR THYROID TABS	172	atenolol & chlorthalidone	41
AQINJECT PEN NEEDLE/32G X 5/32"	110	ARNUITY ELLIPTA	18	atenolol TABS	60
ARALAST NP SOLR 500 MG, 1000 MG	171	AROMASIN (exemestane)	47	ATGAM	152
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	93	ARTHROTEC 50 TBEC (diclofenac w/ misoprostol)	6	ATIVAN SOLN (lorazepam)	15
ARANESP ALBUMIN FREE SOSY 93	93	ARTHROTEC 75 TBEC (diclofenac w/ misoprostol)	6	ATIVAN TABS 0.5 MG, 2 MG (lorazepam)	16
ARAVAL (leflunomide)	8	ASACOL HD TBEC (mesalamine) ..	88	ATIVAN TABS 1 MG (lorazepam) .	16
ARAZLO LOTN	70	asenapine maleate	54	atomoxetine hcl	2
ARCALYST	6	ASMANEX HFA AERO	18	ATORVALIQ SUSP	38
AREXVY	177	ASMANEX TWISTHALER 120 METERED DOSES AEPB	18	atorvastatin calcium TABS	38
arformoterol tartrate	19	ASMANEX TWISTHALER 14 METERED DOSES AEPB	18	atovaquone	44
ARICEPT TABS 23 MG (donepezil hydrochloride)	167	ASMANEX TWISTHALER 30 METERED DOSES AEPB	18	atovaquone-proguanil hcl	45
ARICEPT TABS 5 MG, 10 MG (donepezil hydrochloride)	167	ASMANEX TWISTHALER 60 METERED DOSES AEPB	18	ATRALIN GEL (tretinoin)	70
ARIKAYCE	4	aspirin CHEW	9	atropine sulfate (ophthalmic) OINT 161	161
ARIMIDEX (anastrozole)	47	aspirin TABS 325 MG	9	atropine sulfate (ophthalmic) SOLN 162	162
aripiprazole SOLN OR	55	aspirin TBEC 81 MG, 325 MG	9	ATROPINE SULFATE SOLN (atropine sulfate (ophthalmic))	162
aripiprazole TABS	55	aspirin-dipyridamole	92	ATROPINE SULFATE SOLN 1 % 162	162
aripiprazole TBDP	55	ASPRUZYO SPRINKLE PACK	15	ATROVENT HFA	17
ARISTADA	55	ASSURE ID DUO PRO SAFETY PEN NEEDLES 31G X 5MM	110	AUBAGIO (teriflunomide)	168
ARISTADA INITIO	55	ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	110	AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	166
ARIXTRA (fondaparinux sodium) .	20	ASTAGRAF XL CP24	152	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	166
armodafinil 150 MG, 200 MG, 250 MG	2	ATACAND (candesartan cilexetil) .	40	AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	166
armodafinil 50 MG	2	ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	41	AUGTYRO	48
		atazanavir sulfate CAPS	56	AUM INSULIN SAFETY PEN	

NEEDLE/31GX4MM	110	AURYXIA	89	AVSOLA	88
AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	110	AUSTEDO PATIENT TITRATION KIT TBPk	168	AYGESTIN TABS (norethindrone acetate)	166
AUM MINI INSULIN PEN NEEDLE/32GX4MM	110	AUSTEDO TABS	168	AYVAKIT	48
AUM MINI INSULIN PEN NEEDLE/32GX5MM	111	AUSTEDO XR PATIENT TITRATION KIT TEPK	168	AZASITE	162
AUM MINI INSULIN PEN NEEDLE/32GX6MM	111	AUSTEDO XR TB24 30 MG, 36 MG, 42 MG, 48 MG	168	azathioprine TABS 50 MG	152
AUM MINI INSULIN PEN NEEDLE/32GX8MM	111	AUSTEDO XR TB24 6 MG, 12 MG, 24 MG	168	azathioprine TABS 75 MG, 100 MG	152
AUM MINI INSULIN PEN NEEDLE/33GX4MM	111	AUTO-LANCET MINI MISC	102	azelaic acid GEL	78
AUM PEN NEEDLE/32GX4MM	111	AUTO-LANCET MISC	102	azelastine hcl (ophth)	164
AUM PEN NEEDLE/32GX5MM	111	AUTOLET IMPRESSION LANCING DEVICE MISC	102	azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY	158
AUM PEN NEEDLE/32GX6MM	111	AUTOLET LANCING DEVICE MISC	102	azelastine hcl-fluticasone propionate SUSP	158
AUM PEN NEEDLE/33GX4MM	111	AUTOLET MINI MISC	102	AZILECT (rasagiline mesylate)	52
AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	111	AUTOLET PLUS MISC	102	azithromycin PACK	98
AUM SAFETY PEN NEEDLE/31G X 4MM	111	AUVELITY	26	azithromycin SUSR 100 MG/5ML	98
AUM SAFETY PEN NEEDLE/31G X 5MM	111	AUVI-Q SOAJ 0.1 MG/0.1ML	180	azithromycin SUSR 200 MG/5ML	98
AURORA PEN NEEDLES 29GX12MM	111	AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	180	azithromycin TABS 250 MG	98
AURORA PEN NEEDLES 31G X6MM	111	AVALIDE (irbesartan- hydrochlorothiazide)	41	azithromycin TABS 500 MG	98
AURORA PEN NEEDLES 31G X8MM	111	AVAPRO (irbesartan)	40	azithromycin TABS 600 MG	98
AURORA UNIFINE PENTIPS/32GX5/32"	111	AVAR LS CLEANSER LIQD (sulfacetamide sodium w/ sulfur)	70	AZO URINARY PAIN RELIEF MAXIMUM STRENGTH TABS (phenazopyridine hcl)	90
AURORA UNIFINE PENTIPS/MINI/31GX3/16"	111	AVAR-E LS CREA (sulfacetamide sodium w/ sulfur)	70	AZOPT (brinzolamide)	164
		AVEED SOLN	13	AZOR (amlodipine besylate- olmesartan medoxomil)	41
		AVODART (dutasteride)	90	AZSTARYS	2
		AVONEX PEN AJKT	168	AZULFIDINE EN-TABS TBEC (sulfasalazine)	88
		AVONEX PSKT	168	AZULFIDINE TABS (sulfasalazine)	88
				BABY DDROPS LIQD OR	

ULTRAFINE/0.5ML/31G X 5/16" 112	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM .....112	BELSOMRA .....96
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM .....112	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM .....112	BENADRYL ALLERGY CAPS (diphenhydramine hcl) .....36
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM 112	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM .....112	BENADRYL ALLERGY CHILDRENS LIQD (diphenhydramine hcl) .....36
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" ....112	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" .....112	BENADRYL ALLERGY TABS (diphenhydramine hcl) .....36
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM .....112	BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM .....112	BENADRYL ALLERGY ULTRATABS TABS (diphenhydramine hcl) .....36
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM .....112	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM .....112	benazepril & hydrochlorothiazide .41
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" .....112	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM .....112	benazepril hcl 40 MG .....39
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" .....112	BD PLASTIPAK 3ML SYRINGE/LUER-LOK .....112	benazepril hcl 5 MG, 10 MG, 20 MG .39
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" .....112	BD SAFETYGLIDE HYPODERMICNEEDLE 18G X 1-1/2" .....113	BENEFIX KIT .....91
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM .....112	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" ....113	BENICAR (olmesartan medoxomil) 40
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM .....112	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" ...113	BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide) ...41
BD INSULIN SYRINGE/1ML/27G X 12.7MM .....112	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" ....113	BENLYSTA SOAJ .....153
BD INSULIN SYRINGE/1ML/29G X 12.7MM .....112	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16" 113	BENLYSTA SOLR .....153
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" .....112	BD SLIP TIP SYRINGE/3ML ....113	BENLYSTA SOSY .....153
BD LUER-LOK SYRINGE/3ML ..112	BD SWABS SINGLE USE .....109	BENTYL SOLN IM (dicyclomine hcl) .173
BD NEEDLE BLUNT 5 MICRONFILTER/18G X 1-1/2" ..112	BECONASE AQ .....158	BENZAMYCIN GEL (benzoyl peroxide-erythromycin) .....70
BD NEEDLE/18G 1-1/2" .....112	BELBUCA FILM .....11	BENZHYDROCODONE/ACETAMIN OPHEN .....11
BD NOKOR NEEDLE ADMIX THIN WALL/18G X 1-1/2" .....112	BELLADONNA/OPIUM .....173	BENZNIDAZOLE .....14
		benzocaine-docusate sodium ENEM .98
		benzoyl peroxide-erythromycin GEL .70
		benztropine mesylate SOLN .....51
		benztropine mesylate TABS .....51

bepotastine besilate	164	betaxolol hcl	60	bismuth subsalicylate CHEW 262 MG	33
BEPREVE (bepotastine besilate)	164	bethanechol chloride	176	bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/30ML	33
BEQVEZ	91	BETHKIS NEBU (tobramycin)	4	bismuth subsalicylate TABS	33
BERINERT KIT	91	BETIMOL	161	bisoprolol & hydrochlorothiazide	41
BESIVANCE	162	BETOPTIC-S SUSP	161	bisoprolol fumarate	60
BESREMI	50	BEVESPI AEROSPHERE	19	BLOXIVERZ SOLN IV (neostigmine methylsulfate)	45
betaine	84	bexarotene (topical)	73	BONJESTA TBCR	35
betamethasone dipropionate (topical) CREA	75	bexarotene	50	BOOSTRIX SUSP	173
betamethasone dipropionate (topical) LOTN	75	BEXSERO	176	BOOSTRIX SUSY	173
betamethasone dipropionate (topical) OINT	75	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium)	65	bosentan TABS	64
betamethasone dipropionate augmented CREA	75	bicalutamide	47	BOSULIF CAPS	48
betamethasone dipropionate augmented GEL 0.05 %	75	BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	166	BOSULIF TABS 100 MG	48
betamethasone dipropionate augmented LOTN	75	BICILLIN L-A SUSY	166	BOSULIF TABS 400 MG, 500 MG	48
betamethasone dipropionate augmented OINT	75	BIDIL (isosorbide dinitrate-hydralazine hcl)	63	BRAFTOVI 75 MG	48
betamethasone sod phosphate & acetate SUSP	67	BIJUVA	86	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	144
betamethasone valerate CREA	75	BIKTARVY	56	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	144
betamethasone valerate FOAM	75	BILTRICIDE (praziquantel)	14	BREATHE EASE NEBULIZER MASK/CHILD MISC	144
betamethasone valerate LOTN	75	bimatoprost SOLN	164	BREATHE EASE NEBULIZER MASK/INFANT MISC	144
betamethasone valerate OINT	75	BIMZELX SOAJ	73	BREATHE EASE/LARGE MASK DEVI	144
BETAPACE AF (sotalol hcl (afib/af))	61	BIMZELX SOSY	73	BREATHE EASE/MEDIUM MASK DEVI	144
BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	61	BINAXNOW COVID-19 AG CARD HOME TEST KIT	79	BREATHE EASE/SMALL MASK DEVI	144
BETASERON KIT	168	BINOSTO TBEF	83	BREATHERITE VALVED MDI	
betaxolol hcl (ophth) SOLN	161	BIOTHRAX	176		
		bisacodyl SUPP	98		
		bisacodyl TBEC	98		
		bismuth subcitrate potassium-metronidazole-tetracycline	175		

CHAMBER/COLLAPSIBLE DEVI	144	MG	51	buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG	12
BREATHERITE VALVED MDI		BROMSITE (bromfenac sodium		buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	12
CHAMBER/RIGID DEVI	144	(ophth))	164	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	12
BREO ELLIPTA (fluticasone furoate-vilanterol)	19	BRONCHITOL	171	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG	12
BREO ELLIPTA	19	BRONCHITOL TOLERANCE TEST	171	buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	12
BREVIBLOC (esmolol hcl-sodium chloride)	60	BROVANA (arformoterol tartrate)	19	buprenorphine PTWK 7.5 MCG/HR	12
BREVIBLOC PREMIXED (esmolol hcl-sodium chloride)	60	BRUKINSA	48	buprenorphine PTWK	12
BREVIBLOC PREMIXED DOUBLESTRENGTH (esmolol hcl-sodium chloride)	60	BRYHALI LOTN	75	bupropion hcl (smoking deterrent)	170
BREXAFEMME	35	BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	144	bupropion hcl TABS	26
BREYANZI	47	budesonide (inhalation) SUSP	18	bupropion hcl TB12	26
BREZTRI AEROSPHERE	19	budesonide (intrarectal)	13	bupropion hcl TB24 150 MG, 300 MG	26
BRILINTA	92	budesonide (nasal)	158	bupropion hcl TB24 450 MG	26
brimonidine tartrate (topical)	78	budesonide CPEP	67	bupropion hcl TB24 150 MG, 300 MG dihydrate	26
brimonidine tartrate 0.1 %, 0.15 %	162	budesonide TB24	67	bupropion hcl TB24 450 MG	26
brimonidine tartrate 0.2 %	162	budesonide-formoterol fumarate dihydrate	19	bupirone hcl	15
brimonidine tartrate-timolol maleate	161	bumetanide SOLN 0.25 MG/ML	82	bupirone hcl 15 MG, 30 MG	15
BRINEURA	84	bumetanide TABS	82	butalbital-acetaminophen CAPS 50 MG-300 MG	8
brinzolamide	164	BUMEX TABS 0.5 MG (bumetanide)	82	butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG	8
BRIUMVI	168	BUPHENYL POWD (sodium phenylbutyrate)	84	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG	8
BRIVIACT SOLN IV 50 MG/5ML	22	BUPHENYL TABS (sodium phenylbutyrate)	84	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	8
BRIVIACT SOLN OR 10 MG/ML	22	BUPRENEX SOLN (buprenorphine hcl)	11	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	8
BRIVIACT TABS	22	buprenorphine hcl SOLN	12	butalbital-acetaminophen-caffeine w/ codeine	11
BRIXADI SOSY	11	buprenorphine hcl SUBL 2 MG	12	butalbital-aspirin-caffeine CAPS	8
bromfenac sodium (ophth)	164	buprenorphine hcl SUBL 8 MG	12		
bromocriptine mesylate CAPS	51	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG	12		
bromocriptine mesylate TABS 2.5					

butalbital-aspirin-caffeine w/cod ...11	calcipotriene OINT .....73	CALTRATE BONE HEALTH TABS (calcium carbonate-cholecalciferol) 151
butorphanol tartrate NA 10 MG/ML 12	calcipotriene SOLN .....73	
BUTRANS PTWK (buprenorphine) 12	calcipotriene-betamethasone dipropionate OINT .....75	CAMBIA (diclofenac potassium (migraine)) .....150
BYDUREON BCISE AUJ .....30	calcipotriene-betamethasone dipropionate SUSP .....75	CAMCEVI .....47
BYETTA SOPN .....30	calcitonin (salmon) IJ .....83	CAMZYOS .....63
BYLVAY (PELLETS) CPSP .....88	calcitonin (salmon) NA .....83	CANASA SUPP (mesalamine) ....88
BYLVAY CAPS .....88	calcitriol (topical) .....74	CANCIDAS (casposungin acetate) 35
BYSTOLIC (nebivolol hcl) .....60	calcitriol CAPS .....84	candesartan cilexetil .....40
BYSTOLIC 5 MG (nebivolol hcl) ...60	calcitriol SOLN OR .....84	candesartan cilexetil- hydrochlorothiazide .....41
CABENUVA .....56	calcium acetate (phosphate binder) CAPS .....89	capecitabine .....46
cabergoline .....85	calcium acetate (phosphate binder) TABS .....89	CAPLYTA .....52
CABLIVI .....92	calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG .....14	CAPRELSA 100 MG .....49
CABOMETYX TABS .....49	calcium carbonate (antacid) SUSP 14	CAPRELSA 300 MG .....49
CABTREO .....70	CALCIUM CARBONATE SUSP ...14	captopril & hydrochlorothiazide ...41
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) .....63	calcium carbonate TABS 600 MG, 1250 MG .....151	captopril .....39
CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium) .....63	CALCIUM CARBONATE TABS 648 MG .....14	CARAC CREA .....73
CAFCIT SOLN IV 60 MG/3ML (caffeine citrate) .....2	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT- 600 MG .....151	CARAFATE SUSP (sucralfate) ...174
CAFERGOT TABS (ergotamine w/ caffeine) .....150	calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 400 UNIT- 500 MG, 500 MG-5 MCG .....151	CARAFATE TABS (sucralfate) ...174
caffeine citrate SOLN OR .....2	calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG .....151	CARBAGLU (carglumic acid) .....84
CALAN SR TBCR (verapamil hcl) .61	CALQUENCE .....49	carbamazepine CHEW .....22
calcipotriene CREA .....73	CALTRATE 600+D3 TABS (calcium carbonate-cholecalciferol) .....151	carbamazepine CP12 .....22
CALCIPOTRIENE FOAM .....73		carbamazepine SUSP .....22
		carbamazepine TABS .....23
		carbamazepine TB12 .....23
		carbamide peroxide (otic) 6.5 % ..165
		CARBATROL CP12 (carbamazepine) .....23
		carbidopa .....51

carbidopa-levodopa TABS 250 MG- 25 MG .....51	30GX5/16" 113	PEN NEEDLES 29GX12MM .....113
carbidopa-levodopa TABS .....51	CAREFINE PEN NEEDLES 31GX6MM .....113	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM .....113
carbidopa-levodopa TBCR .....51	CAREFINE PEN NEEDLES 31GX8MM .....113	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM .....113
carbidopa-levodopa TBDP .....51	CAREFINE PEN NEEDLES 32GX5MM .....113	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM .....113
carbidopa-levodopa-entacapone .51	CAREFINE PEN NEEDLES 32GX6MM .....113	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM .....113
carbinoxamine maleate SOLN .....36	CAREONE ADVANCED LANCINGDEVICE MISC 102	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32" 113
carbinoxamine maleate TABS 4 MG . 36	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" ...113	CAREPOINT PRECISION POLYHUB NEEDLE/18GX1-1/2" 114
carboxymethylcellulose sodium (ophth) SOLN 0.5 %161	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" .113	CAREPOINT PRECISION SYRINGE/LUER LOCK/3ML 114
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML 61	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" ...113	CARESTART COVID-19 ANTIGEN HOME TEST KIT .....79
CARDIOCOM LANCING DEVICE MISC .....102	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" .113	CARETOUCH 2 CPAP HOSE HANGER MISC .....144
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (diltiazem hcl coated beads) .....61	CAREONE INSULIN SYRINGES/1ML/30G X 1/2" .....113	CARETOUCH CPAP & BIPAP HOSE/6FT MISC 145
CARDIZEM CD CP24 240 MG (diltiazem hcl coated beads) .....61	CAREONE INSULIN SYRINGES/1ML/31GX5/16" .....113	CARETOUCH CPAP MASK WIPES MISC .....145
CARDIZEM CD CP24 360 MG (diltiazem hcl coated beads) .....61	CAREONE LANCET SUPER THIN/30G 102	CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC 145
CARDIZEM LA TB24 (diltiazem hcl) 61	CAREONE UNIFINE PENTIPS 29GX12MM 113	CARETOUCH CPAP TUBE CLEANING BRUSH MISC .....145
CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl) .....61	CAREONE UNIFINE PENTIPS 31GX5MM .....113	CARETOUCH HYPODERMIC NEEDLE/18GX1-1/2" 114
CARDURA (doxazosin mesylate) .40	CAREONE UNIFINE PENTIPS 31GX6MM .....113	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" 114
CARDURA 8 MG (doxazosin mesylate) .....40	CAREONE UNIFINE PENTIPS 31GX8MM .....113	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" 114
CARDURA XL .....90	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM .....113	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" 114
CAREFINE PEN NEEDLE 32GX4MM .....113	CAREONE UNIFINE PENTIPS PLUS	

CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	114	(levocarnitine (metabolic modifiers)) 84	GM, 10 GM, 500 MG	64
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	114	CARNITOR TABS (levocarnitine (metabolic modifiers))	84	cefazolin sodium SOLR IJ 2 GM ..
CARETOUCH LANCING DEVICEWITH EJECTOR MISC ..	102	CAROSPIR SUSP (spironolactone)	82	CEFAZOLIN SODIUM SOLR IV 2 GM
CARETOUCH LUER LOCK SYRINGE/3ML	114	carteolol hcl (ophth)	161	CEFAZOLIN SODIUM/DEXTROSE SOLR
CARETOUCH PEN NEEDLE 29GX1/2"	114	carvedilol 25 MG	60	CEFAZOLIN SOLN
CARETOUCH PEN NEEDLE 33GX5/32"	114	carvedilol 3.125 MG, 6.25 MG, 12.5 MG	60	CEFAZOLIN SOLR IV
CARETOUCH PEN NEEDLES 31G X 6 MM	114	carvedilol phosphate	60	cefdinir CAPS
CARETOUCH PEN NEEDLES 31GX 5MM	114	CARVYKTI	47	cefdinir SUSR
CARETOUCH PEN NEEDLES 31GX 8MM	114	CASGEVY	92	cefepime hcl SOLR IJ 1 GM
CARETOUCH PEN NEEDLES 32GX 4MM	114	CASODEX (bicalutamide)	47	CEFEPIME SOLN
CARETOUCH PEN NEEDLES 32GX 5MM	114	casprofungin acetate	35	CEFEPIME/DEXTROSE
CARETOUCH TWIST LANCETS 28G	102	CASPOFUNGIN ACETATE	35	cefixime CAPS
CARETOUCH TWIST LANCETS 30G	102	CATAPRES-TTS-1 (clonidine)	40	cefixime SUSR
CARETOUCH TWIST LANCETS MULTI COLOR/30G	103	CATAPRES-TTS-2 (clonidine)	40	CEFOTAN IJ (cefotetan disodium)
CARETOUCH UNIVERSAL CPAPFILTERS MISC	145	CATAPRES-TTS-3 (clonidine)	40	cefotetan disodium IJ 1 GM, 2 GM
carglumic acid	84	CATHFLO ACTIVASE IJ	92	CEFOXITIN SODIUM
carisoprodol TABS	157	CAYA DPRH	101	cefoxitin sodium IV
CARNITOR SF SOLN OR (levocarnitine (metabolic modifiers)) 84		CAYSTON	44	cefpodoxime proxetil SUSR
CARNITOR SOLN OR 1 GM/10ML		cefaclor CAPS	65	cefpodoxime proxetil TABS
		CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML	64	cefprozil SUSR 125 MG/5ML
		cefazolin sodium SOLR IJ 1 GM, 3	64	cefprozil SUSR 250 MG/5ML
				cefprozil TABS
				ceftazidime IJ 1 GM, 6 GM
				ceftriaxone sodium IJ 1 GM
				ceftriaxone sodium IJ 2 GM
				ceftriaxone sodium IJ 250 MG, 500 MG
				ceftriaxone sodium in dextrose ...
				65
				CEFTRIAAXONE/DEXTROSE
				65

cefuroxime axetil TABS	65	TABS (multiple vitamins w/ minerals)	155	chlordiazepoxide hcl CAPS	16
cefuroxime sodium IJ 750 MG	65	CENTRUM SILVER ADULTS 50+		chlordiazepoxide hcl-clidinium	
CELEBREX (celecoxib)	6	TABS (multiple vitamins w/ minerals)	155	bromide	173
CELEBREX 100 MG, 200 MG		CENTRUM SILVER TABS (multiple		chlordiazepoxide-amitriptyline ...	168
(celecoxib)	6	vitamins w/ minerals)	155	chlorhexidine gluconate (mouth-	
celecoxib	6	CENTRUM SILVER WOMEN 50+		throat)	154
CELESTONE SOLUSPAN SUSP		TABS (multiple vitamins w/ minerals)	155	chloroquine phosphate TABS 250	
(betamethasone sod phosphate &		CENTRUM WOMEN TABS (multiple		MG	45
acetate)	67	vitamins w/ minerals)	155	chloroquine phosphate TABS 500	
CELEXA TABS 10 MG (citalopram		cephalexin CAPS	65	MG	45
hydrobromide)	26	cephalexin SUSR	65	chlorothiazide sodium	82
CELEXA TABS 20 MG (citalopram		cephalexin TABS	65	chlorpheniramine maleate TABS ..	36
hydrobromide)	26	CEPROTIN	92	chlorpromazine hcl CONC	55
CELEXA TABS 40 MG (citalopram		CEQUA SOLN	163	chlorpromazine hcl SOLN	55
hydrobromide)	26	CERDELGA	92	chlorpromazine hcl TABS 10 MG ..	55
CELLCEPT CAPS (mycophenolate		CEREBYX (fosphenytoin sodium)	25	chlorpromazine hcl TABS 25 MG, 50	
mofetil)	152	CEREZYME 400 UNIT	92	MG, 100 MG, 200 MG	55
CELLCEPT SUSR (mycophenolate		cetirizine hcl SOLN OR	37	chlorthalidone 25 MG, 50 MG	82
mofetil)	152	cetirizine hcl TABS	37	chlorzoxazone TABS	157
CELLCEPT TABS (mycophenolate		cetirizine-pseudoephedrine	69	CHOLBAM	87
mofetil)	152	CETRAXAL (ciprofloxacin hcl (otic))		cholecalciferol CAPS 25 MCG, 1000	
CELLTRION DIATRUST COVID-19		165		UNIT	180
AG HOME TEST KIT	79	cevimeline hcl	154	cholecalciferol CAPS 250 MCG ..	180
CELONTIN (methsuximide)	25	CHEMET	33	cholecalciferol CAPS 50 MCG, 125	
CENTANY OINT	72	CHENODAL	87	MCG	180
CENTRUM ADULTS TABS (multiple		CHILDRENS ADVIL SUSP 100		cholecalciferol LIQD OR 10 MCG/ML	
vitamins w/ minerals)	154	MG/5ML (ibuprofen)	7	180	
CENTRUM MEN TABS (multiple		CHILDRENS MOTRIN SUSP 100		cholecalciferol TABS 25 MCG, 50	
vitamins w/ minerals)	155	MG/5ML (ibuprofen)	7	MCG, 1000 UNIT	180
CENTRUM SILVER 50+MEN TABS		chlordiazepoxide hcl CAPS 5 MG		cholestyramine light PACK	38
(multiple vitamins w/ minerals) ...	155			cholestyramine light POWD	38
CENTRUM SILVER 50+WOMEN				cholestyramine PACK	38
TABS (multiple vitamins w/ minerals)	155			cholestyramine POWD	38
CENTRUM SILVER ADULT 50+					

choline fenofibrate	38	ciprofloxacin hcl (otic)	165	ANTIGEN HOME TEST KIT	79
CHOSEN LANCING DEVICE MISC 103		ciprofloxacin hcl TABS 100 MG ...	87	clemastine fumarate SYRP	36
CIALIS 5 MG (tadalafil)	63	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	87	clemastine fumarate TABS 2.68 MG .	36
CIBINQO	77	ciprofloxacin-dexamethasone	165	CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	97
ciclopirox GEL	72	ciprofloxacin-fluocinolone acetonide .	165	CLEOCIN (clindamycin hcl)	44
ciclopirox KIT	72	CITALOPRAM HYDROBROMIDE CAPS	26	CLEOCIN CREA (clindamycin phosphate vaginal)	179
ciclopirox olamine CREA	72	citalopram hydrobromide SOLN ...	26	CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride)	44
ciclopirox olamine SUSP	72	citalopram hydrobromide TABS 10 MG	26	CLEOCIN SUPP	179
ciclopirox SHAM	72	citalopram hydrobromide TABS 20 MG	26	CLEOCIN-T LOTN (clindamycin phosphate (topical))	70
ciclopirox SOLN	72	citalopram hydrobromide TABS 40 MG	26	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	145
cidofovir	58	CITRULLINE EASY	84	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	145
cilostazol	92	CLARINEX TABS (desloratadine) .	37	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	145
CILOXAN OINT	162	CLARINEX-D 12 HOUR TB12	69	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL DEVI	145
CIMDUO	56	clarithromycin SUSR 125 MG/5ML	98	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	145
cimetidine hcl OR 300 MG/5ML ..	174	clarithromycin SUSR 250 MG/5ML	98	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	114
cimetidine TABS	174	clarithromycin TABS	98	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES	
CIMZIA KIT	88	clarithromycin TB24	98		
CIMZIA PSKT	88	CLARITIN ALLERGY CHILDRENS SOLN (loratadine)	37		
CIMZIA STARTER KIT PSKT	88	CLARITIN SOLN (loratadine)	37		
cinacalcet hcl	84	CLARITIN TABS (loratadine)	37		
CINQAIR	17	CLARITIN-D 12 HOUR TB12 (loratadine & pseudoephedrine) ...	69		
CINRYZE SOLR IV	91	CLARITIN-D 24 HOUR TB24 (loratadine & pseudoephedrine) ...	69		
CINVANTI EMUL	35	CLASSIC PRENATAL TABS	156		
CIPRO HC	165	CLEARDETECT COVID-19			
CIPRO SUSR	87				
CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	87				
CIPRODEX (ciprofloxacin- dexamethasone)	165				
ciprofloxacin hcl (ophth) SOLN ...	162				

33GX4MM	114	5/16"	115	CLICKFINE PEN NEEDLES 31G X 8MM	115
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	114	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U- 100/1ML/31GX5/16"	115	CLICKFINE PEN NEEDLES 32G X 5/32"	115
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	114	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	115	CLICKFINE PEN NEEDLES/31GX1/4"	115
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	114	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	115	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	115
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	114	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	115	CLIMARA PRO	86
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	114	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	115	CLIMARA PTWK (estradiol)	86
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	114	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	115	CLINDAGEL GEL (clindamycin phosphate (topical))	70
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	114	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	115	clindamycin hcl	44
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	114	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	115	clindamycin palmitate hydrochloride . 44	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	114	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	115	clindamycin phosphate (topical) FOAM	70
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	114	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	115	clindamycin phosphate (topical) GEL 70	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	114	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	115	clindamycin phosphate (topical) LOTN	70
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	114	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	115	clindamycin phosphate (topical) SOLN	70
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	114	CLEVIPREX 25 MG/50ML, 50 MG/100ML	61	clindamycin phosphate (topical) SWAB	70
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	115	CLICKFINE PEN NEEDLE 32GX5/32"	115	clindamycin phosphate (topical) SWAB	70
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	115	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	115	clindamycin phosphate vaginal CREA	179
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X		CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	115	clindamycin phosphate-benzoyl peroxide (refrigerate)	70
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	115	CLICKFINE PEN NEEDLES 31G X 1/4"	115	clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 % . 70	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	115	CLICKFINE PEN NEEDLES 31G X 3/16"	115	clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %	70
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X		CLICKFINE PEN NEEDLES 31G X 5/16"	115	clindamycin phosphate-tretinoin ..	70

CLINDESSE	179	clonidine hcl (adhd) TB12	2	colchicine w/ probenecid	90
CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST KIT	79	clonidine hcl TABS	41	COLCRYS TABS (colchicine)	90
clobazam SUSP	22	clonidine hcl TB24	41	colesevelam hcl PACK	38
clobazam TABS	22	clopidogrel bisulfate 300 MG	92	colesevelam hcl TABS	38
clobetasol propionate CREA 0.05 % .75		clopidogrel bisulfate 75 MG	92	COLESTID FLAVORED GRAN (colestipol hcl)	38
clobetasol propionate emollient base 0.05 %	75	clorazepate dipotassium TABS	16	COLESTID FLAVORED PACK (colestipol hcl)	38
clobetasol propionate emulsion ...	75	clotrimazole (topical) CREA	72	COLESTID GRAN (colestipol hcl) .	38
clobetasol propionate FOAM	75	clotrimazole (topical) SOLN	72	COLESTID PACK (colestipol hcl) .	38
clobetasol propionate GEL 0.05 %	75	clotrimazole	154	COLESTID TABS (colestipol hcl) .	38
clobetasol propionate LIQD	75	clotrimazole vaginal CREA 1 % ..	179	colestipol hcl GRAN	38
clobetasol propionate LOTN	75	clotrimazole vaginal CREA 2 % ..	179	colestipol hcl PACK	38
clobetasol propionate OINT 0.05 %	75	clotrimazole w/ betamethasone CREA	72	colestipol hcl TABS	38
clobetasol propionate SHAM	75	clotrimazole w/ betamethasone LOTN	72	COMBIGAN (brimonidine tartrate-timolol maleate)	161
clobetasol propionate SOLN 0.05 % .75		clozapine TABS 50 MG	54	COMBIPATCH PTTW	86
CLOBEX LIQD (clobetasol propionate)	75	clozapine TABS	54	COMBIVENT RESPIMAT AERS ..	19
CLOBEX LOTN 0.05 % (clobetasol propionate)	75	clozapine TBDP 12.5 MG, 150 MG, 200 MG	54	COMBIVIR (lamivudine-zidovudine) .	56
CLOBEX SHAM (clobetasol propionate)	75	clozapine TBDP 25 MG, 100 MG .	54	COMETRIQ KIT	49
clocortolone pivalate	75	CLOZARIL TABS (clozapine)	54	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16" ...	115
CLODAN KIT	75	CO MONITOR DEVI	145	COMFORT ASSURED LANCETS SUPER THIN 28G	103
CLODERM (clocortolone pivalate) 75		CO MONITOR REPLACEMENT TPIECES MISC	145	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	115
clomipramine hcl	28	COAGADDEX	91	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16" 115	
clonazepam TABS	22	COARTEM	45	COMFORT EZ MICRO/32G X 4MM .	115
clonazepam TBDP	22	codeine sulfate TABS 30 MG	9	COMFORT EZ PRO SAFETY PEN	
clonidine	41	CODEINE SULFATE TABS	9		
		COLAZAL CAPS (balsalazide disodium)	88		
		colchicine CAPS	90		
		colchicine TABS	90		

NEEDLES 30G X 8MM 115	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI .....145	CORGARD TABS 20 MG, 40 MG (nadolol) .....61
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM 115	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI .....145	CORGARD TABS 80 MG (nadolol) 61
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM 115	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI .....145	CORIFACT 91
COMFORT EZ SHORT/31G X 8MM 115	COMPLERA .....56	CORLANOR SOLN 64
COMFORT EZ/31G X 5MM .....115	COMPLETE NATAL DHA .....156	CORLANOR TABS (ivabradine hcl) 64
COMFORT EZ/31G X 6MM .....115	COMPLETENATE CHEW .....156	CORTEF TABS (hydrocortisone) ..67
COMFORT LANCETS 103	COMTAN (entacapone) .....51	CORTENEMA (hydrocortisone (intrarectal)) 13
COMFORT TOUCH PEN NEEDLES/31G X 4MM 116	CO-NATAL FA TABS .....156	CORTIFOAM EX 10 %13
COMFORT TOUCH PEN NEEDLES/31G X 5MM 116	CONCERTA TBCR (methylphenidate hcl) .....2	CORTISONE ACETATE TABS ....67
COMFORT TOUCH PEN NEEDLES/31G X 6 MM .....116	CONJUPRI (levamlodipine maleate) 61	CORTISPORIN-TC 165
COMFORT TOUCH PEN NEEDLES/31G X 8 MM .....116	CONZIP CP24 (tramadol hcl) .....9	CORTROPHIN GEL 83
COMFORT TOUCH PEN NEEDLES/32G X 4MM 116	COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS .....99	CORVERT (ibutilide fumarate) ....17
COMFORT TOUCH PEN NEEDLES/32G X 5MM 116	COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS .....99	COSENTYX SENSOREADY PEN SOAJ .....74
COMFORT TOUCH PEN NEEDLES/32G X 6MM 116	COPAXONE SOSY (glatiramer acetate) 168	COSENTYX SOLN .....74
COMFORT TOUCH PEN NEEDLES/32G X 8MM 116	COPIKTRA .....49	COSENTYX SOSY 74
COMFORT TOUCH PEN NEEDLES/33G X 5/32" 116	CORDRAN CREA (flurandrenolide) 75	COSENTYX UNOREADY SOAJ .. 74
COMIRNATY 2023-24 SUSP 177	CORDRAN LOTN (flurandrenolide) 75	COSOPT (dorzolamide hcl-timolol maleate) 161
COMIRNATY 2023-24 SUSY 177	COREG 25 MG (carvedilol) .....60	COSOPT PF (dorzolamide hcl- timolol maleate) .....161
COMIRNATY 2024-25 SUSY 177	COREG 3.125 MG, 6.25 MG, 12.5 MG (carvedilol) .....60	COTELLIC .....49
COMIRNATY SUSP .....177	COREG CR (carvedilol phosphate) 60	COTEMPLA XR-ODT TBED .....2
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI ..145		COVID-19 AG TEST KIT .....79
		COVID-19 AT-HOME TEST KIT KIT . 79
		COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT .....80
		COVID-19 OTC ANTIGEN TESTKIT

2-PACK KIT	80	4"X4" 12 PLY PADS	99	CVS LANCETS MICRO-THIN 33G	103
COVID-19 TEST SPECIMEN		CURITY COVER SPONGE 4"X4"			
COLLECTION	80	PADS	99	CVS LANCETS THIN 26G	103
COVID-19 TESTING		CURITY COVER SPONGES 4"X4"		CVS LANCETS ULTRA THIN 30G	
ADMINISTERED BY PHARMACIST		PADS	99	103	
80		CURITY DRESSING SPONGES		CVS LANCETS ULTRA-THIN 30G	
COVRSITE COVER DRESSING		4"X4" 6 PLY PADS	99	103	
PADS	99	CURITY GAUZE PADS 4"X4" 12		CVS LANCING DEVICE MISC ...	103
COVRSITE PLUS COMPOSITE		PLY PADS	99	CVS PREP PADS	109
DRESSING PADS	99	CURITY GAUZE SPONGE 4"X4" 12			
COZAAR (losartan potassium) ...	40	PLY PADS	99	cyanocobalamin SOLN IJ 1000	
CREON CPEP	81	CURITY GAUZE SPONGE 4"X4" 16		MCG/ML	93
CRESEMBA CAPS	35	PLY PADS	99	cyclobenzaprine hcl CP24	157
CRESEMBA SOLR	35	CURITY GAUZE SPONGE 4"X4" 8		cyclobenzaprine hcl TABS 5 MG, 10	
CRESTOR TABS (rosuvastatin		PLY PADS	99	MG	157
calcium)	38	CURITY GAUZE SPONGE 4"X4"16		cyclobenzaprine hcl TABS 7.5 MG	
CRINONE GEL	180	PLY PADS	99	157	
cromolyn sodium (mastocytosis) ..	87	CURITY GAUZE SPONGES 4"X4"		CYCLOGYL (cyclopentolate hcl) 162	
cromolyn sodium (ophth)	164	12 PLY PADS	99	CYCLOGYL 0.5 %	162
cromolyn sodium NEBU	17	CURITY GAUZE SPONGES 4"X4" 8		CYCLOGYL 2 %	162
crotamiton LOTN	79	PLY PADS	99	CYCLOMYDRIL	162
CRYSVITA	84	CURITY		cyclopentolate hcl 1 %	162
CUPRIMINE CAPS (penicillamine)		SPONGES/CELLULOSEFILLED/4"X		cyclophosphamide CAPS	46
152		4" PADS	100	CYCLOPHOSPHAMIDE TABS ...	46
CURITY ALCOHOL		CUVPOSA SOLN OR		cycloserine	46
PREPS/MEDIUM 2 PLY	109	(glycopyrrolate)	173	CYCLOSET	30
CURITY ALL PURPOSE SPONGES		CUVRIOR	152	cyclosporine (ophth) EMUL	163
4"X4" 4PLY PADS	99	CVS ALCOHOL PREP PADS ...	109	cyclosporine CAPS	153
CURITY ALL PURPOSE SPONGES		CVS COVID-19 AT HOME TESTKIT		cyclosporine modified (for	
4"X4" 4PLY/SOFT POUCH PADS .	99	KIT	80	microemulsion) CAPS	153
CURITY ALL PURPOSE SPONGES		CVS GAUZE PADS STERILE 4"X4"		cyclosporine modified (for	
4"X4" PADS	99	12-PLY PADS	100	microemulsion) SOLN	153
CURITY AMD		CVS GAUZE PADS STERILE 4"X4"		cyclosporine SOLN IV 50 MG/ML	153
ANTIMICROBIALGAUZE SPONGES		PADS	100	CYKLOKAPRON SOLN (tranexamic	
		CVS LANCETS MICRO THIN 33G			
		103			

acid)	94	DANTRIUM IV SOLR (dantrolene sodium)	157	deferoxamine mesylate	34
CYLTEZO AJKT	5	dantrolene sodium CAPS	157	deflazacort SUSP	67
CYLTEZO PSKT	5	dantrolene sodium SOLR	157	deflazacort TABS	67
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	5	dapagliflozin propanediol	33	DELESTROGEN (estradiol valerate) 86	
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	5	dapagliflozin propanediol-metformin hcl	29	DELSTRIGO	56
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT ...	5	dapsone (topical) 5 %	70	DELZICOL CPDR (mesalamine) ..	88
CYMBALTA CPEP 20 MG (duloxetine hcl)	27	dapsone (topical) 7.5 %	70	demeclocycline hcl TABS	172
CYMBALTA CPEP 30 MG (duloxetine hcl)	27	dapsone	44	DEMSEER (metyrosine)	40
CYMBALTA CPEP 60 MG (duloxetine hcl)	28	DAPTACEL	173	DENAVIR (penciclovir)	74
cyproheptadine hcl SYRP	37	DARAPRIM (pyrimethamine)	45	DENGVAXIA	177
cyproheptadine hcl TABS	37	darifenacin hydrobromide	176	DEPAKOTE ER TB24 (divalproex sodium)	25
CYSTADANE (betaine)	84	DARTISLA ODT TBDP	173	DEPAKOTE SPRINKLES CSDR (divalproex sodium)	25
CYSTADROPS	164	darunavir TABS 600 MG	56	DEPAKOTE TBEC (divalproex sodium)	25
CYSTAGON CAPS	90	darunavir TABS 800 MG	56	DEPEN TITRATABS TABS (penicillamine)	152
CYSTARAN	164	DAURISMO	47	DEPO-ESTRADIOL	86
CYTOMEL TABS (liothyronine sodium)	172	DAYBUE	160	DEPO-MEDROL SUSP (methylprednisolone acetate)	67
CYTOTEC (misoprostol)	175	DAYPRO TABS (oxaprozin)	7	DEPO-MEDROL SUSP 80 MG/ML (methylprednisolone acetate)	67
dabigatran etexilate mesylate CAPS 110 MG	22	DAYTRANA PTCH (methylphenidate)	2	DEPO-MEDROL SUSP	67
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DANTRIUM CAPS 25 MG (dantrolene sodium)	157	deferasirox PACK	33		
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ELEVIDYS 35.5-36.4 KG	159	ELEVIDYS 65.5-66.4 KG	160	EMEND CAPS 80 MG (aprepitant)	35
ELEVIDYS 36.5-37.4 KG	159	ELEVIDYS 66.5-67.4 KG	160	EMEND SOLR (fosaprepitant dimeglumine)	35
ELEVIDYS 37.5-38.4 KG	159	ELEVIDYS 67.5-68.4 KG	160	EMEND SUSR	35
ELEVIDYS 38.5-39.4 KG	159	ELEVIDYS 68.5-69.4 KG	160	EMEND TRIPACK CAPS (aprepitant)	35
ELEVIDYS 39.5-40.4 KG	159	ELEVIDYS 69.5 KG PLUS	160	EMFLAZA SUSP (deflazacort)	68
ELEVIDYS 40.5-41.4 KG	159	ELFABRIO 20 MG/10ML	84	EMFLAZA TABS (deflazacort)	68
ELEVIDYS 41.5-42.4 KG	159	ELIDEL (pimecrolimus)	78	EMGALITY SOAJ	149
ELEVIDYS 42.5-43.4 KG	159	ELIGARD KIT SC 7.5 MG	47	EMGALITY SOSY 100 MG/ML ...	149
ELEVIDYS 43.5-44.4 KG	159	ELIGARD SC 22.5 MG, 30 MG, 45 MG	47	EMGALITY SOSY 120 MG/ML ...	149
ELEVIDYS 44.5-45.4 KG	159	ELIQUIS STARTER PACK TBPK .	20	EMPAVELI	91
ELEVIDYS 45.5-46.4 KG	159	ELIQUIS TABS	20	EMSAM	26
ELEVIDYS 46.5-47.4 KG	159	ELLA	67	emtricitabine CAPS	56
ELEVIDYS 47.5-48.4 KG	159	ELLUME COVID-19 HOME TEST KIT	80	emtricitabine-tenofovir disoproxil fumarate	56
ELEVIDYS 48.5-49.4 KG	159	ELMIRON CAPS	90	EMTRIVA CAPS (emtricitabine) ...	56
ELEVIDYS 49.5-50.4 KG	159	ELOCTATE	91	EMTRIVA SOLN	56
ELEVIDYS 50.5-51.4 KG	159	ELYXYB	150	EMVERM CHEW	14
ELEVIDYS 51.5-52.4 KG	159	EMBRACE LANCING DEVICE WITH EJECTOR MISC	103	enalapril maleate & hydrochlorothiazide	42
ELEVIDYS 52.5-53.4 KG	159	EMBRACE PEN NEEDLES/29G X 12MM	119	enalapril maleate SOLN	40
ELEVIDYS 53.5-54.4 KG	159	EMBRACE PEN NEEDLES/30G X 8MM	119	enalapril maleate TABS	40
ELEVIDYS 54.5-55.4 KG	159	EMBRACE PEN NEEDLES/31G X 5MM	119	enalaprilat	40
ELEVIDYS 55.5-56.4 KG	159	EMBRACE PEN NEEDLES/31G X 6MM	119	ENBREL MINI SOCT	8
ELEVIDYS 56.5-57.4 KG	159	EMBRACE PEN NEEDLES/31G X 8MM	119	ENBREL SOLN	8
ELEVIDYS 57.5-58.4 KG	159	EMBRACE PEN NEEDLES/31G X 8MM	119	ENBREL SOSY	8
ELEVIDYS 58.5-59.4 KG	159	EMBRACE PEN NEEDLES/31G X 8MM	119	ENBREL SURECLICK SOAJ	8
ELEVIDYS 59.5-60.4 KG	159	EMBRACE PEN NEEDLES/31G X 8MM	119	ENDARI (glutamine (sickle cell)) ..	93
ELEVIDYS 60.5-61.4 KG	159	EMBRACE PEN NEEDLES/31G X 8MM	119		
ELEVIDYS 61.5-62.4 KG	159	EMBRACE PEN NEEDLES/31G X 8MM	119		
ELEVIDYS 62.5-63.4 KG	159	EMBRACE PEN NEEDLES/32G X			

ENGERIX-B SUSP 20 MCG/ML . 177	MG/ML .....180	EQ SPACE CHAMBER ANTI- STATIC DEVI .....146
ENGERIX-B SUSY 177	EPIDIOLEX .....23	EQ SPACE CHAMBER ANTI- STATIC/LARGE MASK DEVI 146
ENJAYMO .....91	EPIDUO FORTE GEL (adapalene- benzoyl peroxide) .....70	EQ SPACE CHAMBER ANTI- STATIC/MEDIUM MASK DEVI .. 146
enoxaparin sodium SOLN IJ 300 MG/3ML .....20	EPIDUO GEL (adapalene-benzoyl peroxide) .....70	EQ SPACE CHAMBER ANTI- STATIC/SMALL MASK DEVI ....146
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....21	EPIFOAM FOAM .....76	EQL COLOR LANCETS MICRO THIN 33G 103
enoxaparin sodium SOSY 30 MG/0.3ML .....21	epinastine hcl (ophth) .....164	EQL GAUZE PADS 4"X4"/LARGE PADS 100
enoxaparin sodium SOSY 40 MG/0.4ML .....20	epinephrine (anaphylaxis) SOAJ .180	EQL INSULIN SYRINGE/0.3ML/29G X 1/2" .....119
enoxaparin sodium SOSY 60 MG/0.6ML .....21	epinephrine (anaphylaxis) SOLN IJ 1 MG/ML .....180	EQL INSULIN SYRINGE/0.3ML/30G X 5/16" 119
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML 21	epinephrine (anaphylaxis) SOLN IJ 30 MG/30ML .....180	EQL INSULIN SYRINGE/0.3ML/31G X 5/16" 119
ENSPRYNG .....153	epinephrine hcl (nasal) .....158	EQL INSULIN SYRINGE/0.5ML/29G X 1/2" .....119
ENSTILAR FOAM .....76	EPINEPHRINE HCL SOLN IJ ....180	EQL INSULIN SYRINGE/0.5ML/30G X 5/16" 119
entacapone .....51	EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis)) .....180	EQL INSULIN SYRINGE/0.5ML/31G X 5/16" 119
ENTADFI 90	EPIPEN-JR 2-PAK SOAJ (epinephrine (anaphylaxis)) 180	EQL INSULIN SYRINGE/1ML/29G X 1/2" .....120
entecavir TABS 59	EPIVIR HBV TABS (lamivudine (hbv)) .....59	EQL INSULIN SYRINGE/1ML/30G X 5/16" .....120
ENTEREG (alvimopan) 89	EPIVIR SOLN (lamivudine) .....56	EQL INSULIN SYRINGE/1ML/31G X 5/16" .....120
ENTRESTO TABS .....63	EPIVIR TABS 150 MG (lamivudine) 56	EQL INSULIN SYRINGE/1ML/31G X 5/16" .....120
ENTYVIO SOLR .....88	EPIVIR TABS 300 MG (lamivudine) 56	EQUETRO .....52
ENTYVIO SOPN .....88	epiphenone .....43	ERAXIS .....35
ENVARBUS XR TB24 153	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....93	ergocalciferol CAPS 181
EOHILIA SUSP 68	EPRONTIA SOLN .....23	ergoloid mesylates TABS .....169
EPANED SOLN (enalapril maleate) 40	EPZICOM (abacavir sulfate- lamivudine) .....56	ergotamine w/ caffeine SUPP 150
EPCLUSA PACK .....59	EQ GAUZE PADS 4"X4" PADS ..100	
EPCLUSA TABS .....59		

ERIVEDGE	47	ESBRIET TABS 801 MG (pirfenidone)	171	ESTRING RING	180
ERLEADA	47	escitalopram oxalate SOLN	26	ESTROGEL GEL (estradiol)	86
erlotinib hcl 100 MG, 150 MG	47	escitalopram oxalate TABS	27	eszopiclone	95
erlotinib hcl 25 MG	47	ESGIC TABS (butalbital- acetaminophen-caffeine)	8	ethacrynate sodium	82
ERMEZA SOLN OR	172	esmolol hcl SOLN 100 MG/10ML ..	60	ethacrynic acid	82
ERTACZO	72	esmolol hcl-sodium chloride	60	ethambutol hcl TABS	46
ertapenem sodium IJ	44	ESMOLOL HYDROCHLORIDE INWATER DOUBLE STRENGTH SOLN	60	ethosuximide CAPS	25
ERYGEL GEL (erythromycin (acne aid))	70	ESMOLOL HYDROCHLORIDE INWATER SOLN	60	ethosuximide SOLN	25
ERYPED 200 SUSR (erythromycin ethylsuccinate)	98	esomeprazole magnesium CPDR 20 MG	174	ethynodiol diacet & eth estrad	66
ERYPED 400 SUSR (erythromycin ethylsuccinate)	98	esomeprazole magnesium CPDR 174		etodolac CAPS	7
erythromycin (acne aid) GEL	70	esomeprazole magnesium PACK 174		etodolac TABS	7
erythromycin (acne aid) PADS	70	esomeprazole sodium 40 MG	174	etodolac TB24	7
erythromycin (acne aid) SOLN	70	ESPEROCT	91	etonogestrel-ethinyl estradiol	67
erythromycin (ophth)	162	estazolam	95	etoposide CAPS	50
ERYTHROMYCIN	162	ESTRACE CREA (estradiol vaginal) . 179		etravirine 100 MG	56
erythromycin base CPEP	98	ESTRACE TABS (estradiol)	86	etravirine 200 MG	56
erythromycin base TABS	99	estradiol & norethindrone acetate TABs	86	EUCRISA	78
erythromycin base TBEC 500 MG .99		estradiol GEL	86	EVAC POWD (psyllium)	97
erythromycin base TBEC	99	estradiol PTTW	86	EVAMIST SOLN	86
erythromycin ethylsuccinate SUSR 200 MG/5ML	99	estradiol PTWK	86	EVEKEO ODT TBDP	1
erythromycin ethylsuccinate SUSR 400 MG/5ML	99	estradiol TABS	86	EVEKEO TABS (amphetamine sulfate)	1
erythromycin ethylsuccinate TABS 99		estradiol vaginal CREA	179	EVENITY	83
erythromycin stearate TABS 250 MG 99		estradiol vaginal TABS	179	EVERLYWELL COVID-19 TESTHOME COLLECTION KIT DTC	80
ESBRIET CAPS (pirfenidone)	171	estradiol valerate	86	everolimus (immunosuppressant) 153	
ESBRIET TABS 267 MG (pirfenidone)	171			everolimus TABS	49
				everolimus TBSO	49
				EVISTA (raloxifene hcl)	84

EVKEEZA	37	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	120	33G	104
EVOCLIN FOAM (clindamycin phosphate (topical))	71	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	120	EZ-LETS LANCETS 26G SUPER- SOFT	104
EVOTAZ	56	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	120	FABHALTA	91
EVOXAC (cevimeline hcl)	154	EXELON 13.3 MG/24HR (rivastigmine)	167	FABIOR FOAM	71
EVRYSDI	160	EXELON 4.6 MG/24HR, 9.5 MG/24HR (rivastigmine)	167	FABRAZYME	84
EVUSHELD	165	exemestane	47	famciclovir	59
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	120	EXFORGE (amlodipine besylate- valsartan)	42	famotidine in nacl SOLN	174
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	100	EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide)	42	famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML	174
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	100	EXJADE TBSO (deferasirox)	34	famotidine SUSR	174
EXCILON DRAIN SPONGE 4"X4" PADS	100	EXKIVITY	47	famotidine TABS	174
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	100	EXONDYS 51	160	FANAPT	53
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	120	EXSERVAN FILM	159	FANAPT TITRATION PACK	53
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	120	EXTAVIA KIT	168	FANTASY LUBRICATED MISC ..	101
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	120	EXTINA FOAM (ketoconazole (topical))	72	FANTASY LUBRICATED/SPERMICIDE MISC 101	
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	120	EYSUVIS SUSP	163	FARESTON (toremifene citrate) ..	47
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	120	E-Z JECT LANCETS	103	FARXIGA (dapagliflozin propanediol)	33
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	120	E-Z JECT LANCETS 21G	104	FARXIGA	33
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	120	E-Z JECT LANCETS COLOR ...	104	FASENRA PEN SOAJ	17
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	120	E-Z JECT LANCETS SUPER THIN 30G	104	FASENRA SOSY	17
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	120	EZALLOR SPRINKLE CPSP	39	FASTEP COVID-19 ANTIGEN HOME TEST KIT	80
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	120	ezetimibe	39	FC2 FEMALE CONDOM	101
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	120	ezetimibe-simvastatin	37	fe fumarate-vitamin c-vitamin b12- folic acid	93
		E-ZJECT LANCETS MICRO-THIN		fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu	93
				fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu	94

febuxostat	90	MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML	9	FETROJA	65
FEIBA	91	fentanyl citrate TABS	9	FETZIMA CP24	28
felbamate SUSP	25	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	9	FETZIMA TITRATION PACK C4PK 28	
felbamate TABS	25	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	10	FEVERALL INFANTS SUPP	9
FELBATOL SUSP (felbamate)	25	FENTORA TABS (fentanyl citrate) .	10	FEVERALL JUNIOR STRENGTH SUPP	9
FELBATOL TABS (felbamate)	25	FEOSOL TABS (ferrous sulfate dried)	94	FIASP FLEXTOUCH SOPN	31
FELDENE CAPS (piroxicam)	7	FER-IN-SOL SOLN (ferrous sulfate) .	94	FIASP PENFILL SOCT	31
felodipine	62	FERRIPROX SOLN	34	FIASP PUMPCART SOCT	31
FEMARA (letrozole)	47	FERRIPROX TABS (deferiprone) .	34	FIASP SOLN	31
FEMCAP DEVI	101	FERRIPROX TWICE-A-DAY TABS	34	FIBRICOR (fenofibric acid)	38
FEMRING	180	ferrous fumarate w/ b12-vit c-fa-ifc	94	FIFTY50 ALCOHOL PREP PADS	109
fenofibrate CAPS	38	ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS	94	FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	120
fenofibrate micronized 134 MG, 200 MG	38	ferrous gluconate TABS 27 MG, 240 MG, 324 MG	94	FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	120
fenofibrate micronized 43 MG, 90 MG, 130 MG	38	FERROUS GLUCONATE TABS 324 MG	94	FIFTY50 PEN NEEDLES 31GX5MM	120
fenofibrate micronized 67 MG	38	ferrous sulfate dried TABS 200 MG	94	FIFTY50 PEN NEEDLES/31GX8MM	120
fenofibrate TABS 160 MG	38	ferrous sulfate SOLN 15 MG/ML, 220 MG/5ML	94	FIFTY50 PEN NEEDLES/32GX4MM	120
fenofibrate TABS 40 MG, 48 MG, 120 MG, 145 MG	38	ferrous sulfate TABS 65 MG, 325 MG	94	FIFTY50 PEN NEEDLES/32GX6MM	120
fenofibrate TABS 54 MG	38	FERROUS SULFATE TBEC (ferrous sulfate)	94	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" ...	120
fenofibric acid	38	ferrous sulfate TBEC	94	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" ...	120
FENOGLIDE TABS (fenofibrate) ..	38	fesoterodine fumarate	176	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	120
fenoprofen calcium CAPS 400 MG .	7				
fenoprofen calcium TABS	7				
FENSOLVI SC	84				
fentanyl citrate LPOP	9				
FENTANYL CITRATE SOLN IJ 100 MCG/2ML, 250 MCG/5ML (fentanyl citrate)	9				
fentanyl citrate SOLN IJ 100 MCG/2ML, 250 MCG/5ML, 500					

FILSPARI	90	MASK/LARGE	146	MG/100ML, 0.9 %-400 MG/200ML	36
FILSUVEZ	79	FLEXICHAMBER CHILD		fluconazole SUSR	36
FILTER AIR PP MISC	146	MASK/SMALL	146	fluconazole TABS 100 MG	36
FINACEA FOAM	78	FLEXICHAMBER DEVI	146	fluconazole TABS 150 MG	36
FINACEA GEL (azelaic acid)	78	FLOLIPID SUSP	39	fluconazole TABS 200 MG	36
finasteride	90	FLOMAX (tamsulosin hcl)	90	fluconazole TABS 50 MG	36
fingolimod hcl	168	FLONASE ALLERGY RELIEF		FLUCONAZOLE/SODIUM	
FINTEPLA	23	CHILDRENS SUSP (fluticasone		CHLORIDE	36
FIORICET CAPS (butalbital-		propionate (nasal))	158	flucytosine	35
acetaminophen-caffeine)	8	FLONASE ALLERGY RELIEF SUSP		fludrocortisone acetate TABS	69
FIORICET/CODEINE 30 MG-40 MG-		(fluticasone propionate (nasal)) ..	158	FLULAVAL 2024-2025 SUSY	177
50 MG-300 MG (butalbital-		FLOVENT DISKUS AEPB 100		FLUMIST NASAL VACCINE 2024-	
acetaminophen-caffeine w/ codeine) .		MCG/BLIST, 250 MCG/BLIST		2025	177
11		(fluticasone propionate (inhalation))		FLUMIST QUADRIVALENT	177
FIRAZYR SOSY (icatibant acetate)		18		flunisolide (nasal) 0.025 %	158
91		FLOVENT DISKUS AEPB 50		fluocinolone acetonide (otic)	165
FIRDAPSE	45	MCG/BLIST (fluticasone propionate		fluocinolone acetonide CREA	76
FIRVANQ SOLR OR (vancomycin		(inhalation))	18	fluocinolone acetonide OIL	76
hcl)	44	FLOVENT HFA 110 MCG/ACT, 220		fluocinolone acetonide OINT	76
FLAGYL CAPS (metronidazole) ...	43	MCG/ACT (fluticasone propionate		fluocinolone acetonide SOLN	76
FLAREX	163	hfa)	18	fluocinonide CREA	76
flavoxate hcl	176	FLOVENT HFA 44 MCG/ACT		fluocinonide emulsified base	76
flecainide acetate	17	(fluticasone propionate hfa)	18	fluocinonide GEL	76
FLECTOR PTCH EX (diclofenac		FLOWFLEX COVID-19 ANTIGEN		fluocinonide OINT	76
epolamine)	73	HOME TEST KIT	80	fluorometholone (ophth) SUSP ...	163
FLEET ENEMA ENEM (sodium		FLUAD 2024-2025	177	fluorouracil (topical) CREA 0.5 % ..	73
phosphates)	97	FLUAD QUADRIVALENT 2022-2023		fluorouracil (topical) CREA 5 %	73
FLEET SALINE ENEMA		.....	177	fluorouracil (topical) SOLN	73
EXTRAVOLUME ENEM (sodium		FLUAD QUADRIVALENT 2023-2024		fluoxetine hcl (pmd) TABS	169
phosphates)	97	.....	177	fluoxetine hcl CAPS 10 MG, 20 MG	
FLEQSUVY SUSP (baclofen)	157	FLUARIX 2024-2025 SUSY	177		
FLEXICHAMBER ADULT		FLUBLOK 2024-2025 SOSY	177		
MASK/SMALL	146	FLUCELVAX 2024-2025 SUSP ..	177		
FLEXICHAMBER CHILD		FLUCELVAX 2024-2025 SUSY ..	177		
		fluconazole in nacl 0.9 %-200			

27	fluticasone propionate hfa 44 MCG/ACT	18	FOCALIN XR CP24 (dexmethylphenidate hcl)	2	
fluoxetine hcl CAPS 20 MG	27	fluticasone propionate LOTN	76	folic acid SOLN	93
fluoxetine hcl CAPS 40 MG	27	fluticasone propionate OINT	76	folic acid TABS 1 MG, 800 MCG ..	93
fluoxetine hcl CPDR	27	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	19	fondaparinux sodium	21
fluoxetine hcl SOLN	27	fluticasone-salmeterol AEPB	19	FORA LANCETS	104
fluoxetine hcl TABS 10 MG	27	fluticasone-salmeterol AERO	19	FORA LANCING DEVICE MISC ..	104
fluoxetine hcl TABS 20 MG, 60 MG	27	fluvastatin sodium CAPS	39	FORA LANCING DEVICE/CLEARCAP MISC	104
FLUOXETINE HYDROCHLORIDE TABS (fluoxetine hcl)	27	fluvastatin sodium TB24	39	FORFIVO XL TB24 (bupropion hcl) 26	
fluphenazine decanoate	55	fluvoxamine maleate CP24	27	formaldehyde SOLN 10 %	56
fluphenazine hcl CONC	55	fluvoxamine maleate TABS 100 MG .	27	formoterol fumarate NEBU	19
fluphenazine hcl ELIX	55	fluvoxamine maleate TABS 25 MG, 50 MG	27	FORTEO SOPN (teriparatide (recombinant))	83
fluphenazine hcl SOLN	55	FLUZONE 2024-2025 SUSP	177	FORTESTA GEL TD (testosterone) 13	
fluphenazine hcl TABS	55	FLUZONE 2024-2025 SUSY	177	FOSAMAX PLUS D	83
flurandrenolide CREA	76	FLUZONE HIGH-DOSE 2024-2025 SUSY	177	FOSAMAX TABS 70 MG (alendronate sodium)	83
flurandrenolide LOTN	76	FLUZONE HIGH-DOSE PF 2022-2023	177	fosamprenavir calcium TABS	56
flurazepam hcl	95	FLUZONE HIGH-DOSE PF 2023-2024	177	fosaprepitant dimeglumine SOLR ..	35
flurbiprofen sodium	164	FLYP HYPERSONIQ CARTRIDGE MISC	146	foscarnet sodium 6000 MG/250ML 58	
flurbiprofen TABS 100 MG	7	FML FORTE SUSP	163	FOSCAVIR 6000 MG/250ML (foscarnet sodium)	58
flurbiprofen TABS 50 MG	7	FML LIQUIFILM SUSP (fluorometholone (ophth))	163	fosfomycin tromethamine	44
fluticasone furoate-vilanterol	19	FOCALIN TABS (dexmethylphenidate hcl)	2	fosinopril sodium & hydrochlorothiazide	42
fluticasone propionate (inhalation) AEPB 100 MCG/ACT, 250 MCG/ACT	18	FOCALIN TABS 10 MG (dexmethylphenidate hcl)	2	fosinopril sodium	40
fluticasone propionate (inhalation) AEPB 50 MCG/ACT	18	FOSRENOL CHEW (lanthanum carbonate)	89	fosphenytoin sodium	25
fluticasone propionate (nasal) SUSP .	158				
fluticasone propionate CREA 0.05 %	76				
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	18				

FOSRENOL PACK	89	LIBRE/READER/FLASH MONITORING SYSTEM	104	GANCICLOVIR SOLN	58
FOTIVDA	49	FROVA (frovatriptan succinate) .	150	GARDASIL 9 SUSP	177
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	21	frovatriptan succinate	150	GARDASIL 9 SUSY	178
FRAGMIN SOSY	21	FRUZAQLA	46	GASTROCROM (cromolyn sodium (mastocytosis))	87
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	104	FULL KIT NEBULIZER SET MISC 146		GAS-X EXTRA STRENGTH CHEW (simethicone)	87
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	120	FULPHILA	93	gatifloxacin (ophth)	162
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	120	FUROSCIX CTKT	82	GATTEX	89
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	120	furosemide SOLN IJ 10 MG/ML ...	82	GAUZE DRESSING 4"X4" PADS	100
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G ...	104	furosemide SOLN OR 10 MG/ML, 40 MG/5ML	82	GAUZE PADS 4"X4" PADS	100
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G ...	104	furosemide TABS	82	GAUZE PADS PADS	100
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	104	FUZEON SOLR	56	GAVRETO	49
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	104	FYCOMPA SUSP	22	gefitinib	47
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	104	FYCOMPA TABS	22	GELNIQUE GEL 10 %	176
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	104	FYLNETRA	93	gemfibrozil TABS	38
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	104	gabapentin (once-daily) TABS ...	169	GEMTESA	176
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	104	gabapentin CAPS 100 MG, 400 MG . 23		GEN7T PTCH (lidocaine)	78
		gabapentin CAPS 300 MG	23	GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	80
		gabapentin SOLN	23	GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	80
		gabapentin TABS 600 MG	23	GENERESS FE (norethindrone & ethinyl estradiol-fe)	66
		gabapentin TABS 800 MG	23	GENOTROPIN CART SC	83
		GABITRIL (tiagabine hcl)	25	GENOTROPIN MINIQUICK PRSY	83
		GALAFOLD	84	gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %	4
		galantamine hydrobromide CP24	167	gentamicin sulfate (ophth) SOLN	.162
		galantamine hydrobromide SOLN 167		gentamicin sulfate (topical) CREA	.72
		galantamine hydrobromide TABS	167	gentamicin sulfate (topical) OINT	.72
		GAMIFANT	153		
		ganciclovir sodium SOLR	58		

gentamicin sulfate IJ	4	glipizide TABS 2.5 MG	33	121
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	104	glipizide TABS 5 MG, 10 MG	33	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" .....121
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC 104		glipizide TB24	33	
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC 104		glipizide-metformin hcl	29	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....121
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC .104		GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	120	
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC 104		GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	121	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2" 121
GENTLE IRON	94	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	121	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2" 121
GENVOYA	56	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	121	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" 121
GEODON (ziprasidone hcl)	52	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	121	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" 121
GEODON (ziprasidone mesylate) .52		GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	121	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" 121
GILENYA (fingolimod hcl)	169	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .	121	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16" 121
GILENYA 0.25 MG	168	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .	121	GLOBAL INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2"
GILENYA 0.5 MG	168	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....121	121	GLOBAL INSULIN SYRINGES/U- 100/0.3ML/30GX5/16"
GILOTRIF 20 MG	47	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....121	121	GLOBAL LANCING DEVICE MISC 105
GILOTRIF 30 MG, 40 MG	47	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....121	121	GLOPERBA SOLN OR
GIMOTI SOLN NA	87	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....121	121	91
GIVLAARI	91	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	121	GLUCAGEN HYPOKIT
GLASSIA SOLN	171	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	121	30
glatiramer acetate SOSY	169	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	121	glucagon (rdna)
GLEEVEC 100 MG (imatinib mesylate)	49	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	121	30
GLEEVEC 400 MG (imatinib mesylate)	49	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	121	GLUCAGON EMERGENCY KIT (glucagon (rdna))
glimepiride 1 MG, 2 MG	33	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	121	30
glimepiride 4 MG	33	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	121	GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2"

GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	121	GLYNASE (glyburide micronized) 33	SYRINGES/1ML/29GX1/2"	122
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	121	GLYRX-PF SOLN IJ	173	GNP INSULIN SYRINGES/1ML/30GX5/16"
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	121	GLYXAMBI	29	GNP INSULIN SYRINGES/3ML/31GX5/16"
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	121	GNP ALCOHOL SWABS	109	GNP LANCETS 21G
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	121	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	122	GNP LANCETS THIN 26G
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	121	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	122	GNP LANCING SYSTEM DEVICE MISC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	121	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	122	GNP PRENATAL TABS
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	121	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	122	GNP STERILE LANCETS 33G ..
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	121	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	122	GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP ..
GLUCOTROL XL TB24 (glipizide) .33		GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	122	GNP ULTICARE PEN NEEDLES/31GX5/16"
GLUMETZA TB24 (metformin hcl) .30		GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	122	GNP ULTICARE PEN NEEDLES/32GX 5/32"
glyburide micronized 1.5 MG, 3 MG, 6 MG	33	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	122	GNP ULTICARE PEN NEEDLES/32GX1/4"
glyburide TABS	33	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	122	GNP ULTICARE PEN NEEDLES31G X 5MM
glyburide-metformin	29	GNP INSULIN SYRINGE/1ML/29G X 1/2"	122	GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM
GLYCATE TABS	173	GNP INSULIN SYRINGE/1ML/30G X 5/16"	122	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM
glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 80.7 %	97	GNP INSULIN SYRINGE/1ML/31G X 5/16"	122	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM
GLYCERIN ADULT SUPP (glycerin (laxative))	97	GNP INSULIN SYRINGES/0.3ML/30GX5/16"	122	GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM
glycopyrrolate SOLN IJ	173	GNP INSULIN SYRINGES/1/2ML/29GX1/2"	122	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"
glycopyrrolate SOLN OR 1 MG/5ML .173		GNP INSULIN SYRINGES/1ML/28GX1/2"	122	GOCOVRI CP24
glycopyrrolate SOSY IJ	173	GNP INSULIN		GOJJI LANCING DEVICE/CLEAR
GLYCOPYRROLATE SOSY IV 0.6 MG/3ML, 1 MG/5ML	173			
glycopyrrolate TABS 1 MG, 2 MG	173			

CAP MISC	105	griseofulvin ultramicrosize	35	haloperidol lactate CONC	53
GOJJI STERILE LANCETS 30G	105	guaifenesin LIQD 100 MG/5ML, 200		haloperidol lactate SOLN	53
GOLYTELY SOLR (peg 3350-kcl-sod		MG/10ML, 400 MG/20ML	69	haloperidol TABS 0.5 MG, 1 MG, 2	
bicarb-sod chloride-sod sulfate) ...	97	guaifenesin LIQD 100 MG/5ML, 200		MG, 5 MG, 10 MG	54
GONITRO PACK	15	MG/10ML	69	haloperidol TABS	54
GOODSENSE CLICKFINE SAFETY		guaifenesin TB12 1200 MG	69	HARVONI PACK	59
PEN NEEDLE/31G X 3/16"	122	guaifenesin TB12 600 MG	69	HARVONI TABS	59
GOODSENSE LANCING DEVICE		guanfacine hcl (adhd)	2	HAVRIX	178
MISC	105	guanfacine hcl	41	HEALTH CARE LANCING DEVICE	
GOODSENSE PEN		GVOKE HYPOPEN 1-PACK SOAJ		MISC	105
NEEDLE/PENFINE CLASSIC/31G X		30		HEALTHWISE INSULIN	
3/16"	122	GVOKE HYPOPEN 2-PACK SOAJ		SYRINGE/U-100/0.3ML/30G X 5/16"	
GOODSENSE PEN		30		.....	123
NEEDLE/PENFINE CLASSIC/31G X		GVOKE KIT SOLN	30	HEALTHWISE INSULIN	
5/16"	122	GVOKE PFS SOSY	30	SYRINGE/U-100/0.3ML/31G X 5/16"	
GOODSENSE PEN		GYNAZOLE-1	179	.....	123
NEEDLE/PENFINE CLASSIC/32G X		HADLIMA PUSHTOUCH SOAJ	5	HEALTHWISE INSULIN	
1/4"	122	HADLIMA SOSY	5	SYRINGE/U-100/0.5ML/30G X 5/16"	
GOODSENSE PEN		HAEGARDA SOLR SC	91	.....	123
NEEDLE/PENFINE CLASSIC/32G X		halcinonide CREA	76	HEALTHWISE INSULIN	
5/32"	123	HALCION 0.25 MG (triazolam)	95	SYRINGE/U-100/1ML/30G X 5/16"	
GOTOKNOW COVID-19		HALDOL DECANOATE 100		123	
ANTIGENRAPID TEST KIT	80	(haloperidol decanoate)	53	HEALTHWISE INSULIN	
GRALISE MISC	169	HALDOL DECANOATE 50		SYRINGE/U-100/1ML/31G X 5/16"	
GRALISE TABS (gabapentin (once-		(haloperidol decanoate)	53	123	
daily))	169	halobetasol propionate CREA	76	HEALTHWISE INSULIN	
GRALISE TABS	169	halobetasol propionate FOAM	76	SYRINGE/U-100/1ML/31G X 5/16"	
granisetron hcl SOLN IV 1 MG/ML, 4		halobetasol propionate OINT	76	123	
MG/4ML	34	HALOG CREA (halcinonide)	76	HEALTHWISE MICRON PEN	
granisetron hcl TABS	34	HALOG OINT	76	NEEDLES/32G X 5/32"	123
GRANIX SOLN	93	HALOG SOLN	76	HEALTHWISE MINI PEN NEEDLES	
GRANIX SOSY	93	haloperidol decanoate	53	31GX6MM	123
GRASTEK SUBL	3			HEALTHWISE PEN NEEDLES	
griseofulvin microsize SUSP	35			29GX12MM	123
griseofulvin microsize TABS	35			HEALTHWISE SHORT PEN	
				NEEDLES 31GX8MM	123

HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	123	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	123	heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L	21
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	123	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	123	heparin (porcine) in sodium chloride SOLN IV 0.9 %-2000 UNIT/L	21
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	123	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	123	heparin sodium (porcine) lock flush	21
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	105	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	123	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	21
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	123	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	123	heparin sodium (porcine) SOLN IJ 5000 UNIT/0.5ML	21
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	123	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	123	HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	21
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	123	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	123	HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	21
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	123	H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	105	HEPARIN SODIUM/D5W	21
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	123	H-E-B INCONTROL LANCETS MICRO THIN 33G	105	HEPARIN SODIUM/DEXTROSE 25000 UNIT/500ML-5 %, 5 %-25000 UNIT/250ML	21
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G ...	105	H-E-B INCONTROL LANCETS SUPER THIN 30G	105	HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML 21	
H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	123	H-E-B INCONTROL LANCETS ULTRA THIN 28G	105	HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-25000 UNIT/250ML 21	
H-E-B IN CONTROL PEN NEEDLES 31GX5MM	123	H-E-B INCONTROL PEN NEEDLES 29GX12MM	124	HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IJ (heparin (porcine) in sodium chloride)	21
H-E-B IN CONTROL PEN NEEDLES 31GX6MM	123	HELIDAC THERAPY	175	HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	21
H-E-B IN CONTROL PEN NEEDLES 31GX8MM	123	HEMADY TABS	68	HEPLISAV-B SOSY	178
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	123	HEMANGEOL SOLN OR	61	HEPSERA (adefovir dipivoxil)	59
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4" .		HEMGENIX	91	HETLIOZ CAPS (tasimelteon)	96
		HEMLIBRA	91		
		HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	91		

HETLIOZ LQ SUSP	96	HUMATE-P SOLR	91	108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	11
HIBERIX SOLR IJ	177	HUMATROPE CART IJ	83		
HIPREX (methenamine hippurate) 44		HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	5	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	11
HM STERILE ALCOHOL PREP PADS	109	HUMIRA PEN PNKT	5		
HM STERILE PADS PADS	100	HUMIRA PEN-CD/UC/HS STARTER PNKT	5	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG 11	
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	124	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	5	hydrocortisone (intrarectal)	13
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	124	HUMIRA PEN-PS/UV STARTER PNKT	5	hydrocortisone (rectal) EX 1 %	14
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16") ..	124	HUMIRA PSKT	5	hydrocortisone (rectal) EX	14
HM ULTICARE SHORT PEN NEEDLES 31GX8MM	124	HUMULIN 70/30 KWIKPEN SUPN	31	hydrocortisone (topical) CREA	76
HORIZANT	169	HUMULIN 70/30 SUSP	31	hydrocortisone (topical) LOTN 2 %, 2.5 %	76
HULIO AJKT	5	HUMULIN N KWIKPEN SUPN	31	hydrocortisone (topical) OINT	76
HULIO PSKT	5	HUMULIN N SUSP	31	hydrocortisone acetate (rectal)	14
HUMALOG JUNIOR KWIKPEN SOPN	31	HUMULIN R SOLN IJ	31	hydrocortisone acetate w/ pramoxine CREA EX 1 %-1 %	14
HUMALOG KWIKPEN SOPN 100 UNIT/ML	31	HUMULIN R U-500 (CONCENTRATED) SOLN SC	31	hydrocortisone butyrate CREA	76
HUMALOG KWIKPEN SOPN 200 UNIT/ML	31	HUMULIN R U-500 KWIKPEN SOPN SC	31	hydrocortisone butyrate hydrophilic lipo base	76
HUMALOG MIX 50/50 KWIKPEN SUPN	31	HYCANTIN CAPS	51	hydrocortisone butyrate LOTN	76
HUMALOG MIX 50/50 SUSP	31	hydralazine hcl SOLN	43	hydrocortisone butyrate OINT	76
HUMALOG MIX 75/25 KWIKPEN SUPN	31	hydralazine hcl TABS	43	hydrocortisone butyrate SOLN	76
HUMALOG MIX 75/25 SUSP	31	HYDREA (hydroxyurea)	50	HYDROCORTISONE CREA	76
HUMALOG SOCT	31	hydrochlorothiazide CAPS	82	hydrocortisone TABS	68
HUMALOG SOLN IJ	31	hydrochlorothiazide TABS	82	hydrocortisone valerate CREA	76
HUMALOG TEMPO PEN SOPN ..	31	HYDROCIL INSTANT POWD (psyllium)	97	hydrocortisone valerate OINT	76
		hydrocodone bitartrate CP12	10	hydrocortisone w/acetic acid	165
		hydrocodone bitartrate T24A	10	HYDROCORTISONE/ACETIC ACID (hydrocortisone w/acetic acid)	165
		hydrocodone-acetaminophen SOLN		hydromorphone hcl LIQD	10

HYDROMORPHONE HCL SUPP . 10	(inhalant)) 69	icatibant acetate SOLN 91
hydromorphone hcl TABS 10	HYPODERMIC NEEDLE 18G X 1-1/2" 124	icatibant acetate SOSY 91
hydromorphone hcl TB24 10	HYPODERMIC NEEDLES 18GX1-1/2" 124	ICLUSIG 10 MG 49
hydroxocobalamin acetate SOLN . 93	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ 6	ICLUSIG 15 MG, 30 MG, 45 MG .. 49
hydroxychloroquine sulfate 100 MG, 300 MG, 400 MG 45	HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY 6	icosapent ethyl 0.5 GM 37
hydroxychloroquine sulfate 200 MG 45	HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY 6	icosapent ethyl 1 GM 37
hydroxyprogesterone caproate (antineoplastic) 47	HYRIMOZ PLAQUE PSORIASIS/VEITIS STARTER PACK SOAJ 6	IDACIO (2 PEN) AJKT 6
hydroxyurea 50	HYRIMOZ PLAQUE PSORIASIS/VEITIS STARTER PACK SOAJ 6	IDACIO (2 SYRINGE) PSKT 6
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML 15	HYRIMOZ PLAQUE PSORIASIS/VEITIS STARTER PACK SOAJ 6	IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT 6
hydroxyzine hcl SYRP 15	HYRIMOZ PLAQUE PSORIASIS/VEITIS STARTER PACK SOAJ 6	IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT 6
hydroxyzine hcl TABS 25 MG 15	HYRIMOZ SOAJ 6	IDELVION 91
hydroxyzine hcl TABS 15	HYRIMOZ SOSY 6	IDHIFA 49
hydroxyzine pamoate CAPS 25 MG, 50 MG 15	HYSINGLA ER T24A 10	IHEALTH COVID-19 ANTIGENRAPID TEST KIT 80
hydroxyzine pamoate CAPS 15	HYZAAR (losartan potassium & hydrochlorothiazide) 42	ILARIS SOLN 6
HYFTOR 78	ibandronate sodium SOLN 83	ILEVRO 164
hyoscyamine sulfate ELIX 173	ibandronate sodium TABS 83	ILUMYA 74
hyoscyamine sulfate SOLN OR 0.125 MG/ML 173	IBRANCE CAPS 49	imatinib mesylate 100 MG 49
hyoscyamine sulfate SUBL 0.125 MG 173	IBRANCE TABS 49	imatinib mesylate 400 MG 49
hyoscyamine sulfate TABS 0.125 MG 173	IBSRELA 89	IMBRUVICA CAPS 49
hyoscyamine sulfate TB12 0.375 MG 173	ibuprofen CHEW 7	IMBRUVICA SUSP 49
hyoscyamine sulfate TBDP 0.125 MG 173	ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML 7	IMBRUVICA TABS 140 MG, 280 MG, 420 MG 49
HYPERRHO S/D SOSY IM 1500 UNIT 165	ibuprofen TABS 7	imipramine hcl TABS 28
HYPERSAL NEBU (sodium chloride	ibuprofen-famotidine 7	imipramine pamoate 28
Index 43	ibutilide fumarate 17	imiquimod 3.75 % 78
	ICAR-C (iron-vitamin c) 94	imiquimod 5 % 78
		IMITREX 5 MG/ACT, 20 MG/ACT (sumatriptan) 150
		IMITREX STATDOSE REFILL SOCT

4 MG/0.5ML (sumatriptan succinate) . 150	NEEDLES/32G X 4MM 124	INQOVI 48
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (sumatriptan succinate) . 150	INCRELEX 84	INREBIC 49
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (sumatriptan succinate) .....150	INCRUSE ELLIPTA 17	INSPIREASE DRUG DELIVERYSYSTEM MISC 146
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate) .....150	indapamide TABS 1.25 MG, 2.5 MG . 82	INSPIREASE RESERVOIR BAGS 146
IMITREX TABS (sumatriptan succinate) .....150	INDERAL LA CP24 (propranolol hcl) . 61	INSPRA (eplerenone) .....43
IMODIUM A-D CAPS (loperamide hcl) 33	INDERAL XL 61	INSULIN ASPART FLEXPEN SOPN . 31
IMODIUM A-D TABS (loperamide hcl) 33	INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT ... 80	INSULIN ASPART PENFILL SOCT 31
IMOVAX RABIES (H.D.C.V.) SUSR 178	INDOCIN SUSP (indomethacin) 7	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN .....31
IMPEKLO LOTN 76	indomethacin CAPS 25 MG, 50 MG 7	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP .....31
IMURAN TABS (azathioprine) ....153	indomethacin CPCR .....7	INSULIN ASPART SOLN IJ 31
IN TOUCH LANCING DEVICE MISC 105	indomethacin SUPP .....7	INSULIN DEGLUDEC FLEXTOUCH SOPN 31
INBRIJA CAPS .....51	indomethacin SUSP .....7	INSULIN DEGLUDEC SOLN .....31
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI 146	INFANRIX .....173	INSULIN GLARGINE MAX SOLOSTAR SOPN 31
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI 146	INFANTS ADVIL SUSP (ibuprofen) .7	INSULIN GLARGINE SOLN .....32
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI .....146	INFED 94	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML 32
INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM 124	INFLECTRA SOLR 88	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML 32
INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM .....124	INFLIXIMAB .....88	INSULIN GLARGINE-YFGN SOLN 32
INCONTROL ULTICARE MINI PEN	INFUVITE PEDIATRIC SOLN IV .156	INSULIN GLARGINE-YFGN SOPN 32
	INGREZZA CAPS 168	INSULIN LISPRO JUNIOR KWIKPEN SOPN 32
	INGREZZA CPPK 168	INSULIN LISPRO KWIKPEN SOPN .
	INGREZZA CPSP 168	
	INJECTAFER .....94	
	INLYTA 1 MG .....46	
	INLYTA 5 MG .....46	
	INNOPRAN XL 61	
	INNOSPIRE REPLACEMENT FILTER MISC .....146	
	INPEFA .....63	

32	1ML/30G X 5/16"	124	INSUPEN 31G X 8MM	125
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	124	INSUPEN 32G X 4MM	125
32	INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	124	INSUPEN 33GX4MM	125
INSULIN LISPRO SOLN IJ	INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	124	INSUPEN PEN NEEDLES 32G X4MM	125
INSULIN SYRINGE/0.3ML/30G X 5/16"	INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	124	INSUPEN SENSITIVE 32GX6MM 125	
INSULIN SYRINGE/0.3ML/31G X 5/16"	INSULIN SYRINGE/U-100/1ML/29G X 1/2"	124	INSUPEN SENSITIVE 32GX8MM 125	
INSULIN SYRINGE/0.5ML/27G X 1/2"	INSULIN SYRINGE/U-100/1ML/30G X 5/16"	124	INSUPEN ULTRAFIN 30GX8MM 125	
INSULIN SYRINGE/0.5ML/28G X 1/2"	INSULIN SYRINGE/U-100/1ML/31G X 5/16"	124	INSUPEN ULTRAFIN 31GX6MM 125	
INSULIN SYRINGE/0.5ML/30G X 5/16"	INSULIN SYRINGES/U- 100/0.5ML/27GX1/2"	124	INSUPEN ULTRAFIN 31GX8MM 125	
INSULIN SYRINGE/0.5ML/31G X 5/16"	INSULIN SYRINGES/U- 100/0.5ML/28GX1/2"	125	INTELENCE (etravirine)	56
INSULIN SYRINGE/1ML/28G X 1/2" 124	INSULIN SYRINGES/U- 100/0.5ML/29GX1/2"	125	INTELENCE	57
INSULIN SYRINGE/1ML/29G X 1/2" 124	INSULIN SYRINGES/U- 100/0.5ML/30GX5/16"	125	INTELENCE 200 MG (etravirine) ..	56
INSULIN SYRINGE/1ML/30G X 5/16"	INSULIN SYRINGES/U- 100/0.5ML/31GX5/16"	125	INTELISWAB COVID-19 RAPID TEST KIT	80
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	INSULIN SYRINGES/U- 100/1ML/27GX1/2"	125	INTRON A SOLR 10000000 UNIT	50
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	INSULIN SYRINGES/U- 100/1ML/28GX1/2"	125	INTUNIV (guanfacine hcl (adhd)) ..	2
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	INSULIN SYRINGES/U- 100/1ML/29GX1/2"	125	INVANZ IJ (ertapenem sodium) ...	44
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	INSULIN SYRINGES/U- 100/1ML/30GX1/2"	125	INVEGA (paliperidone)	53
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	INSUPEN 29G X 12MM	125	INVEGA HAFYERA	53
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	INSUPEN 31G X 5MM	125	INVEGA SUSTENNA	53
INSULIN SYRINGE/NEEDLE			INVEGA TRINZA	53
			INVELTYS SUSP	163
			INVOKAMET TABS	29
			INVOKAMET XR TB24	29
			INVOKANA	33
			IOPIDINE	162

IPOLE INACTIVATED IPV	178	isotretinoin 25 MG, 35 MG	71	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	29
ipratropium bromide (nasal) 0.03 %	158	isotretinoin 30 MG	71	JANUVIA	30
ipratropium bromide (nasal) 0.06 %	158	isradipine CAPS	62	JARDIANCE	33
ipratropium bromide SOLN 0.02 %	17	ISTALOL SOLN (timolol maleate (ophth))	161	JATENZO CAPS	13
ipratropium-albuterol SOLN	19	ISTURISA	82	JAYPIRCA	49
irbesartan	40	itraconazole CAPS	36	JENTADUETO TABS	29
irbesartan-hydrochlorothiazide	42	itraconazole SOLN	36	JENTADUETO XR TB24 1000 MG-2.5 MG	29
IRESSA (gefitinib)	47	ivermectin (rosacea)	79	JENTADUETO XR TB24 1000 MG-5 MG	29
iron combinations CAPS	94	ivermectin	14	JESDUVROQ	93
iron-vitamin c	94	IWILFIN	50	JIVI	91
irrigation solutions, physiological	153	IXIARO	178	JOENJA	152
ISENTRESS CHEW 100 MG	57	IXINITY SOLR	91	JORNAY PM CP24	2
ISENTRESS CHEW 25 MG	57	IYUZEH SOLN	164	JUBLIA	72
ISENTRESS HD TABS	57	J & J GAUZE 4"X4" 12 PLY PADS 100		JULUCA	57
ISENTRESS PACK	57	J & J GAUZE 4"X4" 8 PLY PADS 100		JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	39
ISENTRESS TABS	57	J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	100	JYLAMVO SOLN	46
isoniazid SYRP	46	J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	100	JYNARQUE TABS	86
isoniazid TABS	46	J & J GAUZE SPONGES 8-PLY 4" X 4" MISC	100	JYNARQUE TBPK	86
isopropyl alcohol-glycerin	165	JADENU SPRINKLE PACK (deferasirox)	34	JYNNEOS	178
ISOPTO ATROPINE SOLN	162	JADENU TABS (deferasirox)	34	KALBITOR	92
ISORDIL TITRADOSE TABS 40 MG (isosorbide dinitrate)	15	JAKAFI	49	KALETRA SOLN (lopinavir-ritonavir)	57
ISORDIL TITRADOSE TABS 5 MG (isosorbide dinitrate)	15	JALYN (dutasteride-tamsulosin hcl)	90	KALETRA TABS 25 MG-100 MG (lopinavir-ritonavir)	57
isosorbide dinitrate TABS	15	JANSSEN COVID-19 VACCINE	178	KALETRA TABS 50 MG-200 MG (lopinavir-ritonavir)	57
isosorbide dinitrate-hydralazine hcl	63	JANUMET TABS	29	KALYDECO PACK	171
isosorbide mononitrate TABS	15	JANUMET XR TB24 1000 MG-100 MG	29	KALYDECO TABS	171
isosorbide mononitrate TB24	15				
isotretinoin 10 MG, 20 MG, 40 MG	71				

KANUMA	84	ketoconazole (topical) CREA	72	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 101
KAPSPARGO SPRINKLE CS24 ..	60	ketoconazole (topical) FOAM	72	KINERET SOSY
KAPVAY TB12 (clonidine hcl (adhd)) 2		ketoconazole (topical) SHAM 2 % ..	72	6
KARBINAL ER SUER (carbinoxamine maleate)	37	ketoconazole	36	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"
KATERZIA	62	KETODAN KIT	72	125
KAZANO (alogliptin-metformin hcl) 29		KETONE STRP	80	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"
KENALOG AERS (triamcinolone acetoneide (topical))	76	KETONE TEST STRIPS STRP ...	80	125
KENALOG-10 SUSP	68	ketoprofen CAPS 25 MG	7	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"
KENALOG-40 SUSP (triamcinolone acetoneide)	68	ketoprofen CP24	7	125
KENALOG-80 SUSP	68	ketorolac tromethamine (ophth) 0.4 %	164	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"
KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS ..	100	ketorolac tromethamine (ophth) 0.5 %	164	125
KENGREAL	92	ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML	7	KINRIX SUSY
KEPPRA SOLN IV 500 MG/5ML (levetiracetam)	23	ketorolac tromethamine TABS	7	173
KEPPRA SOLN OR 100 MG/ML (levetiracetam)	23	KETOSTIX STRP	80	KISQALI
KEPPRA TABS 1000 MG (levetiracetam)	23	ketotifen fumarate (ophth) 0.035 % 164		49
KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)	23	KEVEYIS (dichlorphenamide)	82	KISQALI FEMARA 200 DOSE
KEPPRA XR TB24 (levetiracetam)	23	KEVZARA SOAJ	6	48
KERENDIA	85	KEVZARA SOSY	6	48
KERLIX SPONGES 4" X 4" 12 PLY PADS	100	KIMONO LUBRICATED MISC ...	101	48
KERLIX SPONGES 4" X 4" 16 PLY PADS	100	KIMONO MAXX/LARGE FLARE MISC	101	KITABIS PAK NEBU (tobramycin) ..
KERYDIN (tavaborole)	72	KIMONO MICRO THIN MISC	101	4
KESIMPTA	169	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 101		KLARON (sulfacetamide sodium (acne))
		KIMONO SENSATION LUBRICATED MISC	101	71
				KLONOPIN TABS (clonazepam) ..
				22
				KLOXXADO LIQD
				34
				KMART VALU PLUS INSULIN SYRINGE/1ML/29G
				125
				KMART VALU PLUS INSULIN SYRINGE/1ML/30G
				125
				KOATE SOLR
				91
				KOATE-DVI SOLR 500 UNIT, 1000 UNIT
				91
				KOGENATE FS KIT
				91
				KOMBIGLYZE XR 1000 MG-2.5 MG (saxagliptin-metformin hcl)
				29

KOMBIGLYZE XR 1000 MG-5 MG, 500 MG-5 MG (saxagliptin-metformin hcl)	29	KROGER INSULIN SYRINGE/1ML/30G X 5/16"	125	KUVAN TABS (sapropterin dihydrochloride)	85
KONVOMEF SUSR	175	KROGER INSULIN SYRINGE/1ML/31G X 5/16"	125	KYLEENA	67
KORLYM (mifepristone (hyperglycemia))	30	KROGER LANCETS 21G	105	KYMRIAH	47
KOSELUGO	49	KROGER LANCETS MICRO THIN33G	105	KYNMOBI FILM	51
KOVALTRY	91	KROGER LANCETS THIN 26G	105	KYNMOBI TITRATION KIT KIT ...	51
K-PHOS NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	151	KROGER LANCETS ULTRATHIN30G	105	labetalol hcl SOLN	60
K-PHOS NO 2	89	KROGER LANCING DEVICE MISC 105		labetalol hcl TABS 100 MG	60
K-PHOS TABS (potassium phosphate monobasic)	152	KROGER LANCING DEVICE MISC 105		labetalol hcl TABS 200 MG	60
KRAZATI	49	KROGER LANCING DEVICE MISC 105		labetalol hcl TABS 300 MG	60
KRINTAFEL	45	KROGER PEN NEEDLES 29G X12MM	125	LABETALOL HYDROCHLORIDE SOSY 10 MG/2ML	60
KRISTALOSE PACK	97	KROGER PEN NEEDLES 31G X8MM	126	LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE 0.72 %-100 MG/100ML, 0.72 %-200 MG/200ML, 0.72 %-300 MG/300ML	60
KROGER AUTOLET LANCING DEVICE MISC	105	KROGER PEN NEEDLES 31GX1/4"	126	lacosamide SOLN IV 200 MG/20ML . 23	
KROGER HEALTHPRO TWIST LANCETS/26G	105	KROGER PEN NEEDLES/31G X3/16"	126	lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML	23
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	125	KROGER PEN NEEDLES/31G X5/16"	126	lacosamide SOLN OR 10 MG/ML .23	
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" ...	125	KROGER PEN NEEDLES/31G X5/16"	126	lacosamide TABS	23
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" ...	125	KROGER PEN NEEDLES/32G X5/32"	126	LACRISERT	161
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	125	KROGER PEN NEEDLES/33G X5/32"	126	lactic acid (ammonium lactate) CREA	78
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" ...	125	KRYSTEXXA	91	lactic acid (ammonium lactate) LOTN 12 %	78
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" ...	125	K-TAB TBCR 10 MEQ (potassium chloride)	152	LACTIC ACID LOTN	78
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	125	K-TAB TBCR 20 MEQ (potassium chloride)	152	lactulose (encephalopathy)	89
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	125	KUVAN PACK (sapropterin dihydrochloride)	85	lactulose SOLN	97
				LAGEVRIO	59
				LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine)	

23	LANCETS THIN .....105	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" ...126
LAMICTAL ODT KIT (lamotrigine) .23	LANCETS ULTRA THIN .....105	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" ...126
LAMICTAL ODT TBDP (lamotrigine) . 23	LANCING DEVICE MISC .....105	LEADER INSULIN SYRINGE/1ML/28G X 1/2" 126
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (lamotrigine) . 23	LANOXIN PEDIATRIC SOLN IJ ...63	LEADER INSULIN SYRINGE/1ML/29G X 1/2" 126
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (lamotrigine) ....23	LANOXIN SOLN IJ (digoxin) .....63	LEADER INSULIN SYRINGE/1ML/30G X 5/16" .....126
LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine) ....23	LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin) .....63	LEADER INSULIN SYRINGE/1ML/31G X 5/16" .....126
LAMICTAL TABS (lamotrigine) ....23	lanreotide acetate .....86	LEADER INSULIN SYRINGE/1ML/31G X 5/16" .....126
LAMICTAL XR KIT .....23	LANREOTIDE ACETATE .....86	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" .....126
LAMICTAL XR TB24 (lamotrigine) 23	lansoprazole CPDR .....174	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" 126
lamivudine (hbv) TABS .....59	lansoprazole TBDD .....174	LEADER UNIFINE PENTIPS/MINI/31GX3/16" .....126
lamivudine SOLN .....57	lanthanum carbonate CHEW .....89	LEADER UNIFINE PENTIPS/NANO/32GX5/32" .....126
lamivudine TABS 150 MG .....57	LANTIDRA .....29	LEADER UNIFINE PENTIPS/PLUS/32GX5/32" 126
lamivudine TABS 300 MG .....57	LANTUS SOLN .....32	LEDIPASVIR/SOFOSBUVIR TABS 59
lamivudine-zidovudine .....57	LANTUS SOLOSTAR SOPN .....32	leflunomide .....8
lamotrigine CHEW .....23	LANZO MISC .....105	LEMTRADA .....169
lamotrigine KIT 25 MG .....23	lapatinib ditosylate .....49	lenalidomide .....152
lamotrigine TABS .....23	LASIX TABS (furosemide) .....82	LENMELDY .....168
lamotrigine TB24 .....23	latanoprost SOLN .....164	LENVIMA 10 MG DAILY DOSE ...46
lamotrigine TBDP .....23	LATUDA (lurasidone hcl) .....52	LENVIMA 12MG DAILY DOSE ...46
LAMPIT .....44	LEADER ADVANCED LANCING DEVICE MISC .....106	LENVIMA 14 MG DAILY DOSE ...46
LAMZEDE .....85	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" 126	LENVIMA 18 MG DAILY DOSE ...46
LANCET DEVICE ADJUSTABLE MISC .....105	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" ...126	LENVIMA 20 MG DAILY DOSE ...46
LANCET DEVICE WITH EJECTOR MISC .....105	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" ...126	LENVIMA 24 MG DAILY DOSE ...46
LANCETS .....105	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" 126	
LANCETS 30G .....105	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" 126	

LENVIMA 4 MG DAILY DOSE	46	levobunolol hcl 0.5 %	161	LEVSIN/SL SUBL (hyoscyamine sulfate)	173
LENVIMA 8 MG DAILY DOSE	46	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	85	LEVULAN KERASTICK SOLR	73
LEQEMBI	167	levocarnitine (metabolic modifiers) TABS	85	LEXAPRO TABS (escitalopram oxalate)	27
LEQVIO	39	levocetirizine dihydrochloride SOLN	37	LEXETTE FOAM (halobetasol propionate)	76
LESCOL XL TB24 (fluvastatin sodium)	39	levocetirizine dihydrochloride TABS	37	LEXIVA SUSP	57
LETAIRIS (ambrisentan)	64	levofloxacin SOLN OR	87	LEXIVA TABS (fosamprenavir calcium)	57
letrozole	47	levofloxacin TABS	87	LIALDA TBEC (mesalamine)	88
leucovorin calcium TABS	50	levonorgestrel & eth estradiol TABS	66	LIBERTY MINI LANCING DEVICE MISC	106
LEUKINE SOLR IJ	93	levonorgestrel (emergency oc) 1.5 MG	67	LIBERVANT FILM	22
LEUPROLIDE ACETATE INJ	47	levonorgestrel-eth estradiol (triphasic)	66	LIBRAX (chlordiazepoxide hcl-clidinium bromide)	174
leuprolide acetate KIT IJ 1 MG/0.2ML	47	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	66	LICART PT24	73
levabuterol hcl	19	levonorgestrel-ethinyl estradiol (continuous)	66	lidocaine hcl (cardiac) SOSY	17
levabuterol tartrate	19	levonorgestrel-ethinyl estradiol-iron	66	lidocaine hcl (mouth-throat) 2 %	154
levamlodipine maleate	62	LEVOPHED IV (norepinephrine bitartrate)	180	lidocaine hcl CREA 3 %	78
LEVBID TB12 (hyoscyamine sulfate)	173	levorphanol tartrate TABS 2 MG	10	lidocaine hcl PRSY	78
LEVEMIR FLEXPEN SOPN	32	levorphanol tartrate TABS 3 MG	10	LIDOCAINE HCL SOLN	17
LEVEMIR SOLN	32	levothyroxine sodium CAPS	172	lidocaine hcl SOLN	78
LEVETIRACETAM (levetiracetam in sodium chloride)	24	LEVOTHYROXINE SODIUM SOLN IV	172	LIDOCAINE HCL- HYDROCORTISONE ACETATE WITH ALOE GEL	14
levetiracetam in sodium chloride	24	levothyroxine sodium TABS	172	lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML	17
levetiracetam SOLN IV 500 MG/5ML	24	LEVSIN SOLN IJ 0.5 MG/ML (hyoscyamine sulfate)	173	lidocaine OINT	78
levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	24	LEVSIN TABS (hyoscyamine sulfate)	174	lidocaine PTCH 5 %	78
levetiracetam TABS 1000 MG	24	LEVONORGESTREL & ETH ESTRADIOL TABS	66	lidocaine-hydrocortisone acetate (rectal) CREA EX	14
levetiracetam TABS 250 MG, 500 MG, 750 MG	24	LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) 0.03 MG-0.15 MG	66	lidocaine-hydrocortisone acetate (rectal) KIT	14
levetiracetam TB24	24	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS)	66		
LEVETIRACETAM/SODIUM CHLORIDE	24				

lidocaine-prilocaine CREA	78	lisinopril & hydrochlorothiazide 25 MG-20 MG	42	100/0.5ML/31G X 5/16"	127
lidocaine-prilocaine KIT	78	lisinopril TABS 2.5 MG	40	LITETOUCH INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	127
LIDOCARE ARM/NECK/LEG PTCH (lidocaine)	78	lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	40	LITETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	127
LIDOCARE BACK/SHOULDER PTCH (lidocaine)	78	LISTERINE TOTAL CARE SOLN (sodium fluoride (dental))	154	LITETOUCH INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	127
LIDODERM PTCH (lidocaine)	78	LISTERINE TOTAL CARE ZERO SOLN (sodium fluoride (dental))	154	LITETOUCH INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	127
LIDOTRAL CREA	78	LITE TOUCH LANCING PEN MISC 106		LITETOUCH MASK LARGE MISC 146	
LIKMEZ SUSP	43	LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	126	LITETOUCH MASK MEDIUM MISC . 146	
LILETTA 20.1 MCG/DAY	67	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	126	LITETOUCH MASK SMALL MISC 146	
LINCOCIN (lincomycin hcl)	44	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" ...	126	LITETOUCH PEN NEEDLES 29GX12.7MM	127
lincomycin hcl	44	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" ...	126	LITETOUCH PEN NEEDLES 31G X 6MM	127
linezolid SUSP	44	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" ...	126	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	127
linezolid TABS	44	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" ...	126	LITETOUCH PEN NEEDLES 31GX8MM SHORT	127
LINZESS	89	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	126	LITETOUCH PEN NEEDLES/31G X 3/16"	127
liothyronine sodium TABS	172	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	126	LITETOUCH PEN NEEDLES/31G X 5MM/MINI	127
LIPITOR TABS (atorvastatin calcium)	39	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	126	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	127
LIPITOR TABS 20 MG, 40 MG, 80 MG (atorvastatin calcium)	39	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	127	LITFULO	78
LIPOFEN CAPS (fenofibrate)	38	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	127	lithium	52
LIPOFEN CAPS 50 MG (fenofibrate) . 38		LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	126	lithium carbonate CAPS	52
LIQREV SUSP	64	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	126	lithium carbonate TABS	52
liraglutide	30	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	127	lithium carbonate TBCR	52
lisdexamphetamine dimesylate CAPS 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	1	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	127	LITHOBID TBCR (lithium carbonate) .	
lisdexamphetamine dimesylate CAPS 1					
lisdexamphetamine dimesylate CHEW . 1					
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	42				

52	MG	57	LOTEMAX SM GEL	163	
LITHOSTAT	90	LOPRESSOR TABS 100 MG (metoprolol tartrate)	60	LOTEMAX SUSP (loteprednol etabonate)	163
LIVALO (pitavastatin calcium)	39	LOPRESSOR TABS 50 MG (metoprolol tartrate)	60	LOTENSIN 10 MG, 20 MG (benazepril hcl)	40
LIVE BETTER ADVANCED LANCING DEVICE MISC	106	LOPROX CREA (ciclopirox olamine) . 72	LOTENSIN 40 MG (benazepril hcl) 40		
LIVE BETTER LANCET ULTRATHIN 28G	106	LOPROX KIT	72	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 42	
LIVMARLI	88	LOPROX SHAMPOO SHAM (ciclopirox)	72	loteprednol etabonate GEL	163
LIVTENCITY	58	LOPROX SUSP (ciclopirox olamine) . 72	loteprednol etabonate SUSP	163	
LO LOESTRIN FE TABS	66	loratadine & pseudoephedrine TB12 . 69	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 42		
LOCOID LIPOCREAM	76	loratadine & pseudoephedrine TB24 . 69	LOTRIMIN AF CREA (clotrimazole (topical))	72	
LOCOID LOTN (hydrocortisone butyrate)	76	loratadine SOLN	37	LOTRIMIN AF JOCK ITCH CREA (clotrimazole (topical))	72
LODINE TABS (etodolac)	7	loratadine TABS	37	LOTRIMIN ULTRA (butenafine hcl) 72	
LODOSYN (carbidopa)	51	lorazepam CONC	16	LOTRONEX (alosetron hcl)	89
LOKELMA	153	lorazepam SOLN	16	lovastatin TABS 10 MG, 20 MG ...	39
LOMOTIL TABS (diphenoxylate w/ atropine)	33	lorazepam TABS 0.5 MG, 2 MG ...	16	lovastatin TABS 40 MG	39
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" ...	127	lorazepam TABS 1 MG	16	LOVAZA (omega-3-acid ethyl esters)	38
LONGS LANCETS THIN	106	LORBRENA 100 MG	49	LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)	21
LONHALA MAGNAIR REFILL KIT SOLN	17	LORBRENA 25 MG	49	LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium)	21
LONHALA MAGNAIR STARTER KIT SOLN	17	LOREEV XR CS24	16	LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium)	21
LONSURF	48	losartan potassium & hydrochlorothiazide	42	LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium)	22
loperamide hcl CAPS	33	losartan potassium	40		
loperamide hcl TABS	33	LOSEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))	66		
LOPID TABS (gemfibrozil)	38	LOTEMAX GEL (loteprednol etabonate)	163		
lopinavir-ritonavir SOLN	57	LOTEMAX OINT	163		
lopinavir-ritonavir TABS 25 MG-100 MG	57				
lopinavir-ritonavir TABS 50 MG-200					

LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium)	21	LUXTURNA	163 127
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ...	22	LUZU (luliconazole)	72
loxapine succinate	54	LYBALVI	168
lubiprostone	87	LYFGENIA	93
LUCEMYRA (lofexidine hcl)	167	LYNPARZA TABS	49
LUCIRA CHECK IT COVID-19TEST KIT KIT	80	LYRICA CAPS 225 MG, 300 MG (pregabalin)	24
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	80	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin)	24
luliconazole	72	LYRICA CR (pregabalin (once- daily))	169
LUMAKRAS	49	LYRICA CR 330 MG (pregabalin (once-daily))	169
LUMIGAN SOLN 0.01 %	164	LYRICA SOLN (pregabalin)	24
LUMIZYME	85	LYSODREN	48
LUNESTA (eszopiclone)	95	LYSTEDA TABS (tranexamic acid) 94	94
LUPKYNIS	153	LYTGOBI	49
LUPRON DEPOT (1-MONTH) KIT IM	47	LYUMJEV KWIKPEN SOPN	32
LUPRON DEPOT (3-MONTH) KIT IM	48	LYUMJEV SOLN	32
LUPRON DEPOT (4-MONTH) IM .	48	LYUMJEV TEMPO PEN SOPN ...	32
LUPRON DEPOT (6-MONTH) IM .	48	LYVISPAH PACK	157
LUPRON DEPOT-PED (1-MONTH) . 84		MACROBID (nitrofurantoin monohyd macro)	44
LUPRON DEPOT-PED (3-MONTH) . 84		MACRODANTIN (nitrofurantoin macrocrystal)	44
LUPRON DEPOT-PED (6-MONTH) IM	84	mafenide acetate PACK	74
lurasidone hcl	52	MAG-AL LIQD	14
LUTATHERA	50	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" . 127	
LUXIQ FOAM (betamethasone valerate)	77	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" ..	
		MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" . 127	
		MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	127
		MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" 127	
		MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" 127	
		magnesium citrate 1.745 GM/30ML 97	
		magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	97
		MALARONE (atovaquone-proguanil hcl)	45
		malathion	79
		MARATHON MEDICAL PENTIPS29GX12MM	127
		MARATHON MEDICAL PENTIPS31GX5MM	127
		MARATHON MEDICAL PENTIPS31GX8MM	127
		MARATHON MEDICAL PENTIPS32GX4MM	127
		maraviroc TABS 150 MG	57
		maraviroc TABS 300 MG	57
		MARINOL CAPS 2.5 MG (dronabinol)	35
		MARINOL CAPS 5 MG, 10 MG (dronabinol)	35
		MARPLAN	26

MASK VORTEX/CHILD/FROG ..146	meclizine hcl CHEW 34	MEIJER PEN NEEDLES 29G X12MM .....128
MASK VORTEX/TODDLER/LADYBUG .146	meclizine hcl TABS 12.5 MG, 25 MG 34	MEIJER PEN NEEDLES 31G X6MM .....128
MATULANE 50	meclizine hcl TABS 50 MG 34	MEIJER PEN NEEDLES 31G X8MM .....128
MAVENCLAD 169	meclofenamate sodium CAPS 7	MEIJER SUPER THIN LANCETS 106
MAVYRET PACK 59	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" ...127	MEKINIST SOLR 49
MAVYRET TABS 59	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" ...128	MEKINIST TABS 49
MAXALT TABS 10 MG (rizatriptan benzoate) 150	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM .....128	MEKTOVI 49
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate) 150	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM 128	meloxicam CAPS .....7
MAXICOMFORT II PEN NEEDLES/31G X 1/4" 127	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM 128	meloxicam TABS .....7
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" 127	MEDROL DOSEPAK TBPK (methylprednisolone) .....68	melphalan 46
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" 127	MEDROL TABS (methylprednisolone) .....68	memantine hcl CP24 167
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" 127	MEDROL TABS .....68	memantine hcl SOLN 2 MG/ML ..167
MAXIDEX SUSP OP .....163	medroxyprogesterone acetate (contraceptive) SUSP IM .....67	memantine hcl TABS .....167
MAXITROL OINT (neomycin-polymyx-dexameth) 163	medroxyprogesterone acetate (contraceptive) SUSY IM .....67	MENACTRA .....177
MAXITROL SUSP (neomycin-polymyx-dexameth) .....163	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG .....166	MENEST 86
MAXITROL SUSP (neomycin-polymyx-dexameth) .....164	mefenamic acid CAPS 7	MENOSTAR PTWK .....86
MAXZIDE TABS (triamterene & hydrochlorothiazide) 82	mefloquine hcl .....45	MENQUADFI .....177
MAXZIDE-25 TABS (triamterene & hydrochlorothiazide) 82	megestrol acetate (appetite) .....166	MENTAX .....72
MAYZENT STARTER PACK TBPK 169	megestrol acetate SUSP 48	MENVEO SOLN .....177
MAYZENT TABS 0.25 MG 169	megestrol acetate TABS 48	MENVEO SOLR .....177
MAYZENT TABS 1 MG, 2 MG ... 169	MEIJER LANCETS THIN .....106	mepheridine hcl SOLN OR 50 MG/5ML .....10
	MEIJER LANCETS UNIVERSAL33G .....106	mepheridine hcl TABS 50 MG 10
		MEPHYTON TABS (phytonadione) 181
		meprobamate .....15
		MEPRON (atovaquone) .....44
		MEPSEVII .....85

mercaptopurine TABS	46	metformin hcl TB24 500 MG	30	GM/40ML, 50 MG/2ML, 250
mesalamine CP24	88	metformin hcl TB24 750 MG	30	MG/10ML, 1000 MG/40ML
mesalamine CPR	88	methadone hcl CONC	10	methotrexate sodium SOLR
mesalamine CPDR	88	METHADONE HCL POWD	10	46
mesalamine ENEM	88	METHADONE HCL SOLN IJ	10	methotrexate sodium TABS 2.5 MG
mesalamine SUPP	88	methadone hcl SOLN OR	10	46
mesalamine TBEC 1.2 GM	88	methadone hcl TABS	10	methoxsalen rapid
mesalamine TBEC 800 MG	88	methadone hcl TBSO	10	74
mesalamine w/ cleanser	88	METHADOSE CONC (methadone		methscopolamine bromide
MESNEX TABS	50	hcl)	10	174
MESTINON SOLN OR		METHADOSE SUGAR-FREE CONC		methsuximide
(pyridostigmine bromide)	45	(methadone hcl)	10	25
MESTINON TABS (pyridostigmine		methamphetamine hcl	1	methyl dopa TABS
bromide)	45	methazolamide TABS	82	41
MESTINON TIMESPAN TBCR		methenamine hippurate	44	methylergonovine maleate TABS
(pyridostigmine bromide)	45	methenamine mandelate 0.5 GM, 1		165
METADATE CD CPR		GM	44	METHYLIN SOLN (methylphenidate
(methylphenidate hcl)	3	methenamine-hyoscamine-methylene		hcl)
METAMUCIL 4 IN 1 FIBER POWD		blue-sodium phosphate TABS	43	3
(psyllium)	97	methenamine-hyosc-methylene blue-		methylphenidate hcl CP24 10 MG, 15
METAMUCIL FREE & NATURAL		benzoic acid-phenyl sal	43	MG, 20 MG, 30 MG, 40 MG, 50 MG
POWD (psyllium)	97	methenamine-hyosc-methylene blue-		3
METAMUCIL ORIGINAL TEXTURE		sod phos-phenyl sal CAPS	43	methylphenidate hcl CP24 10 MG, 20
POWD (psyllium)	97	methenamine-hyosc-methylene blue-		MG, 30 MG, 40 MG, 60 MG
METAMUCIL POWD (psyllium)	97	sod phos-phenyl sal TABS 10.8 MG-		3
metaxalone	157	81 MG-32.4 MG-0.12 MG-40.8 MG,		methylphenidate hcl CP24 60 MG ..
metformin hcl SOLN	30	10.8 MG-81.6 MG-36.2 MG-0.12 MG-		3
metformin hcl TABS 1000 MG	30	40.8 MG	43	methylphenidate hcl CPR
metformin hcl TABS 500 MG	30	methimazole TABS	172	3
metformin hcl TABS 625 MG	30	METHITEST TABS	13	methylphenidate hcl SOLN
metformin hcl TABS 850 MG	30	methocarbamol SOLN	157	3
metformin hcl TB24 500 MG, 1000		methocarbamol TABS 500 MG, 750		methylphenidate hcl TABS
MG	30	MG	157	3
		methotrexate sodium SOLN 1		methylphenidate hcl TB24
				3
				methylphenidate hcl TBCR 10 MG,
				18 MG, 20 MG, 27 MG, 36 MG, 54
				MG
				3
				methylphenidate hcl TBCR 45 MG,
				63 MG
				3
				methylphenidate hcl TBCR 72 MG ..
				3
				methylphenidate PTCH
				3
				methylprednisolone acetate SUSP
				68
				methylprednisolone sod succ 40 MG,
				125 MG, 500 MG, 1000 MG
				68
				methylprednisolone TABS
				68

methylprednisolone TBPK	68	metronidazole TABS	43	95	
methyltestosterone CAPS	13	metronidazole vaginal	179	midazolam hcl SOLN IJ	95
metoclopramide hcl SOLN IJ 5 MG/ML	87	metyrosine	40	midazolam hcl SYRP	95
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	88	mexiletine hcl	17	MIDAZOLAM SOSY IJ 2 MG/2ML .	96
metoclopramide hcl TABS	88	MIACALCIN IJ (calcitonin (salmon)) 83		MIDAZOLAM/SODIUM CHLORIDE (midazolam-sodium chloride)	95
metoclopramide hcl TBDP	88	MICAFUNGIN	35	MIDAZOLAM/SODIUM CHLORIDE 0.9 %-100 MG/100ML, 0.9 %-50 MG/50ML	96
metolazone	82	micafungin sodium	35	midazolam-sodium chloride	96
metoprolol & hydrochlorothiazide TABS	42	MICAFUNGIN/SODIUM CHLORIDE 35		midodrine hcl	180
metoprolol succinate TB24 200 MG 60		MICARDIS (telmisartan)	40	MIEBO	164
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	60	MICARDIS HCT (telmisartan- hydrochlorothiazide)	42	MIFEPREX (mifepristone)	85
metoprolol tartrate SOLN IV 5 MG/5ML	60	MICATIN CREA (miconazole nitrate (topical))	72	mifepristone (hyperglycemia)	30
metoprolol tartrate TABS 25 MG, 100 MG	60	miconazole nitrate (topical) CREA .	72	mifepristone	85
metoprolol tartrate TABS 37.5 MG, 75 MG	60	miconazole nitrate vaginal CREA 2 %	179	miglitol	29
metoprolol tartrate TABS 50 MG ..	60	miconazole nitrate vaginal SUPP 200 MG	179	miglustat	92
METROCREAM CREA (metronidazole (topical))	79	miconazole-zinc oxide-white petrolatum	72	MIGRANAL SOLN NA (dihydroergotamine mesylate)	150
METROGEL GEL 1 % (metronidazole (topical))	79	MICROCHAMBER DEVI	146	milrinone lactate	63
METROLOTION LOTN (metronidazole (topical))	79	MICROCHAMBER MISC	146	milrinone lactate in dextrose	63
metronidazole (topical) CREA	79	MICRODOT PEN NEEDLE/31G X 6 MM	128	MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	66
metronidazole (topical) GEL 0.75 % 79		MICRODOT PEN NEEDLE/32G X 4 MM	128	MINI LANCING DEVICE MISC ...	106
metronidazole (topical) GEL 1 % ..	79	MICRODOT PEN NEEDLE/33G X 4 MM	128	MINIELITE FILTER REPLACEMENTS MISC	146
metronidazole (topical) LOTN	79	MICROLET NEXT MISC	106	MINIPRESS CAPS (prazosin hcl) .	41
metronidazole CAPS	43	MICROSPACER MISC	146	MINIVELLE PTTW (estradiol)	86
		midazolam hcl SOLN IJ 2 MG/2ML, 5 MG/5ML, 10 MG/2ML, 50 MG/10ML .		MINOCIN SOLR	172
				minocycline hcl CAPS	172
				minocycline hcl TABS	172
				minocycline hcl TB24	172

MINOLIRA TB24	172	MM PEN NEEDLES 31G X 1/4" .	128	MONISTAT 7 SIMPLY CURE CREA (miconazole nitrate vaginal)	179
minoxidil 2.5 MG, 10 MG	43	MM PEN NEEDLES 31G X 3/16"	128	MONOJECT BLUNTIP SYRINGE/3ML/CANNULA/IV ACCESS	128
mirabegron TB24	176	MM PEN NEEDLES 31G X 5/16"	128	MONOJECT HYPO/ALUM HUB/18G X 1-1/2"	128
MIRALAX POWD (polyethylene glycol 3350)	97	MM PEN NEEDLES 32G X 5/32"	128	MONOJECT HYPO/ALUM HUB/LUER LOCK/SHORT BEVEL/18G X 1-1/2"	128
MIRAPEX ER TB24 (pramipexole dihydrochloride)	51	M-M-R II SOLR	178	MONOJECT HYPO/POLYPROPYLENE HUB/18G X 1-1/2"	128
MIRASORB SPONGES 4" X 4" MISC	100	M-NATAL PLUS TABS	156	MONOJECT HYPO/POLYPROPYLENE HUB/LL/SHORT BEVEL/18G X 1- 1/2"	128
MIRCERA	93	modafinil	3	MONOJECT INSULIN SYRINGE/1ML	128
MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	66	MODERNA COVID-19 VACCINE SUSP	178	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	128
MIRENA	67	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	178	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	128
mirtazapine TABS 15 MG, 30 MG, 45 MG	26	MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY .	178	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	128
mirtazapine TABS	26	MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY .	178	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U- 100/0.5ML/28G X 1/2"	128
mirtazapine TBDP	26	MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ..	178	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	128
MIRVASO (brimonidine tartrate (topical))	79	MODERNA COVID-19 VACCINE6MO-5Y SUSP	178	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	128
misoprostol	175	moexipril hcl	40		
MITIGARE CAPS (colchicine)	91	molindone hcl 10 MG	55		
MM INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	128	molindone hcl 5 MG, 25 MG	55		
MM INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	128	mometasone furoate (nasal) SUSP 158			
MM INSULIN SYRINGE/U- 100/1/2ML/30G X 5/16"	128	mometasone furoate CREA	77		
MM INSULIN SYRINGE/U- 100/1/2ML/31G X 5/16"	128	mometasone furoate OINT	77		
MM INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	128	mometasone furoate SOLN	77		
MM INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	128	MONISTAT 3 CREA (miconazole nitrate vaginal)	179		
MM LANCING DEVICE MISC	106				

MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	129	SYRINGE/REGULARTIP/3ML	129	100 MG	10
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	129	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	129	morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	10
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	129	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	129	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	10
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	129	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	129	morphine sulfate SUPP 5 MG	10
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	129	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	129	morphine sulfate TABS	10
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	129	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	129	morphine sulfate TBCR	10
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	129	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	129	MOTTEGRITY	87
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	129	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	129	MOTOFEN	33
MONOJECT INSULIN SYRINGEREGULAR LUER TIP/SOFTPACK/1ML	129	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	129	MOTPOLY XR CP24	24
MONOJECT MAGELLAN SAFETYNEEDLE 18GX1-1/2"	129	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	129	MOTRIN CHILDRENS CHEW (ibuprofen)	7
MONOJECT PHARMACY TRAY/LUER LOCK/3ML	129	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	129	MOTRIN INFANTS DROPS SUSP (ibuprofen)	7
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/18GX1-1/2"	129	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	129	MOUNJARO	30
MONOJECT SYRINGE/LUER LOCK/3ML	129	MONOLET LANCETS	106	MOVANTIK	89
MONOJECT SYRINGE/LUER-LOCK TIP/3ML	129	montelukast sodium CHEW	18	MOVIPREP (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	97
MONOJECT SYRINGE/REG LUER/3ML	129	montelukast sodium PACK	18	moxifloxacin hcl (ophth) SOLN OP	162
MONOJECT		montelukast sodium TABS	18	moxifloxacin hcl TABS	87
		MONUROL (fosfomycin tromethamine)	44	MRESVIA	178
		morphine sulfate beads	10	MS CONTIN TBCR (morphine sulfate)	10
		morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG,		MS INSULIN SYRINGE/0.3ML/31G X 5/16"	129
				MS INSULIN SYRINGE/0.5ML/31G X 5/16"	129
				MS INSULIN SYRINGE/1ML/31G X 5/16"	130
				MUCINEX MAXIMUM STRENGTH	

TB12 (guaifenesin)	69	162	naltrexone hcl	34
MULPLETA	93	MYFEMBREE	86	NAMENDA TABS (memantine hcl)
MULTAQ	17	MYFORTIC (mycophenolate	sodium)	153
MULTI-LANCET DEVICE MISC ..	106	MYLAB BOX COVID-19 TESTING	80	NAMENDA TITRATION PAK TABS
multiple vitamins w/ minerals TABS	155	MYLICON INFANTS GAS RELIEF	DYE FREE SUSP (simethicone) ..	87
MULTIVITAMIN INFANT/TODDLER	SOLN OR	156	MYLICON INFANTS GAS RELIEF	SUSP (simethicone)
MULTIVITAMIN	156	MYRBETRIQ SRER	176	168
W/IRON/INFANT/TODDLER SOLN	156	MYRBETRIQ TB24 (mirabegron)	176	168
MULTIVITAMIN WITH FLUORIDE	SOLN	155	MYRBETRIQ TB24	176
MULTI-VIT-FLOR CHEW 60 MG-1	MG-10 MG-1 MG-1.2 MG-10 MCG-	10 MG-0.25 MG-600 MCG-4.5 MCG-	230 MCG, 60 MG-1 MG-10 MG-1	MG-1.2 MG-10 MCG-10 MG-1 MG-
600 MCG-4.5 MCG-230 MCG	156	MYTESI	33	34
mupirocin calcium (topical)	72	nabumetone	7	7
mupirocin OINT	72	nadolol TABS 20 MG, 40 MG, 80 MG	.....	61
MYALEPT	85	naftifine hcl CREA	72	72
MYAMBUTOL TABS 400 MG	(ethambutol hcl)	73	naftifine hcl GEL 2 %	73
46	MYCAMINE	35	NAFTIN GEL 1 %	73
MYCAPSSA CPDR	86	NAFTIN GEL 2 % (naftifine hcl) ...	73	73
MYCOBUTIN (rifabutin)	46	NAGLAZYME	85	85
mycophenolate mofetil CAPS	153	NALFON CAPS (fenoprofen calcium)	.....	7
mycophenolate mofetil SUSR	153	.....	7	7
mycophenolate mofetil TABS	153	NALFON TABS (fenoprofen calcium)	7	7
mycophenolate sodium	153	NALOCET TABS	11	11
MYDAYIS CP24 (amphetamine-	dextroamphetamine)	1	naloxone hcl LIQD	34
1	MYDRIACYL SOLN (tropicamide)	34	naloxone hcl SOCT	34
34	naloxone hcl SOLN 0.4 MG/ML, 4	MG/10ML	34	34
34	naloxone hcl SOSY 2 MG/2ML	34	34	34

NATROBA (spinosad)	79	NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML 45	(esomeprazole magnesium)	174	
NAYZILAM	22	NEOSTIGMINE METHYLSULFATE SOSY (neostigmine methylsulfate) 45	NEXIUM 24HR CPDR (esomeprazole magnesium)	175	
nebivolol hcl	61	neostigmine methylsulfate SOSY ..45	NEXIUM CPDR (esomeprazole magnesium)	175	
NEBULIZER AIR TUBE/PLUGS MISC	146	NEO-SYNALAR	72	NEXIUM I.V. 40 MG (esomeprazole sodium)	175
NEBULIZER CUP/TUBING DEVI 146		NEO-SYNALAR KIT	72	NEXIUM PACK (esomeprazole magnesium)	175
NEBULIZER MASK ADULT MISC 147		NERLYNX	49	NEXIUM PACK	175
NEBULIZER MASK CHILD MISC 147		NESINA (alogliptin benzoate)	30	NEXLETOL	37
NEBUPENT IN (pentamidine isethionate)	43	NEULASTA ONPRO KIT PSKT ...	93	NEXLIZET	37
nefazodone hcl	27	NEULASTA SOSY	93	NEXPLANON	67
NEMBUTAL SODIUM SOLN (pentobarbital sodium)	95	NEUPOGEN SOLN	93	NEXTERONE	17
neomycin sulfate TABS	4	NEUPOGEN SOSY	93	NEXTSTELLIS	66
neomycin-bacitracin zn-polymyxin 162		NEUPRO	51	NEXVIAZYME	85
neomycin-polymy-dexameth OINT 164		NEURONTIN CAPS 100 MG, 400 MG (gabapentin)	24	NGENLA	83
neomycin-polymy-dexameth SUSP 164		NEURONTIN CAPS 300 MG (gabapentin)	24	niacin (antihyperlipidemic) TBCR ..	39
neomycin-polymyxin-gramicidin . 162		NEURONTIN SOLN (gabapentin) . 24		niacin TABS 500 MG	181
neomycin-polymyxin-hc (ophth) . 164		NEURONTIN TABS 600 MG (gabapentin)	24	NIASPAN TBCR 1000 MG (niacin (antihyperlipidemic))	39
neomycin-polymyxin-hc (otic) SOLN . 165		NEURONTIN TABS 800 MG (gabapentin)	24	NICADAN TABS	155
neomycin-polymyxin-hc (otic) SUSP . 165		NEVANAC	164	nicardipine hcl CAPS	62
NEORAL CAPS (cyclosporine modified (for microemulsion))	153	nevirapine SUSP	57	nicardipine hcl SOLN	62
NEORAL SOLN (cyclosporine modified (for microemulsion))	153	nevirapine TABS	57	NICARDIPINE HYDROCHLORIDE SOLN	62
neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML	45	nevirapine TB24 100 MG	57	NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN 0.9 %-40 MG/200ML	62
		nevirapine TB24 400 MG	57	NICAZEL FORTE TABS	155
		NEXAVAR (sorafenib tosylate) ...	49	NICAZEL TABS	155
		NEXICLON XR TB24 (clonidine hcl) .	41	NICODERM CQ PT24 TD (nicotine) .	
		NEXIUM 24HR CLEAR MINIS CPDR			

NORPACE CR CP12	17	SUPN	32	NP THYROID 60 TABS	172
NORPRAMIN TABS 10 MG (desipramine hcl)	28	NOVOLIN 70/30 FLEXPEN SUPN	32	NP THYROID 90 TABS	172
NORPRAMIN TABS 25 MG (desipramine hcl)	28	NOVOLIN 70/30 RELION SUSP ..	32	NPLATE	93
NORTHERA (droxidopa)	180	NOVOLIN 70/30 SUSP	32	NU GAUZE 4PLY 4"X4" PADS ..	100
nortriptyline hcl CAPS	28	NOVOLIN N FLEXPEN RELION SUPN	32	NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC ..	101
nortriptyline hcl SOLN	28	NOVOLIN N FLEXPEN SUPN	32	NUBEQA	48
NORVASC TABS (amlodipine besylate)	62	NOVOLIN N RELION SUSP	32	NUCALA SOAJ	17
NORVASC TABS 10 MG (amlodipine besylate)	62	NOVOLIN N SUSP	32	NUCALA SOLR	17
NORVIR CAPS	57	NOVOLIN R RELION SOLN IJ	32	NUCALA SOSY	17
NORVIR PACK	57	NOVOLIN R SOLN IJ	32	NUCYNTA ER TB12	10
NORVIR TABS (ritonavir)	57	NOVOLOG FLEXPEN RELION SOPN	32	NUCYNTA TABS	10
NOSE CLIP MISC	147	NOVOLOG FLEXPEN SOPN	32	NUEDEXTA	169
NOURIANZ	51	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	32	NULIBRY	85
NOVA SUREFLEX LANCETS ...	106	NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	32	NULOJIX	153
NOVA SUREFLEX LANCING DEVICE MISC	106	NOVOLOG MIX 70/30 RELION SUSP	32	NUPLAZID CAPS	52
NOVAVAX COVID-19 VACCINE SUSP	178	NOVOLOG MIX 70/30 SUSP	32	NUPLAZID TABS 10 MG	52
NOVAVAX COVID-19 VACCINE/2023-24 SUSP	178	NOVOLOG PENFILL SOCT	32	NURTEC	149
NOVAVAX COVID-19 VACCINE/2024-25 SUSY	178	NOVOLOG RELION SOLN IJ	32	NUTROPIN AQ NUSPIN 10 SOPN	84
NOVOEIGHT	91	NOVOLOG SOLN IJ	32	NUTROPIN AQ NUSPIN 20 SOPN	84
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	130	NOVOSEVEN RT	91	NUTROPIN AQ NUSPIN 5 SOPN	.84
NOVOFINE PEN NEEDLE 32G X 6MM	130	NOXAFIL PACK	36	NUVARING (etonogestrel-ethinyl estradiol)	67
NOVOFINE PLUS PEN NEEDLE32G X 4MM	130	NOXAFIL SOLN (posaconazole) ..	36	NUVESSA	179
NOVOLIN 70/30 FLEXPEN RELION		NOXAFIL SUSP (posaconazole) ..	36	NUVIGIL 150 MG, 200 MG, 250 MG (armodafinil)	3
		NOXAFIL TBEC (posaconazole) ..	36	NUVIGIL 50 MG (armodafinil)	3
		NP THYROID 120 TABS	172	NUWIQ KIT	91
		NP THYROID 15 TABS	172	NUWIQ SOLR	91
		NP THYROID 30 TABS	172	NUZYRA SOLR	171

NUZYRA TABS	171	OJEMDA TABS	49	OMISIRGE	47
NYMALIZE SOLN 6 MG/ML	62	OJJAARA	49	OMNARIS SUSP	158
NYSTATIN (nystatin (mouth-throat)) .	154	olanzapine SOLR	54	OMNITROPE SOCT	84
nystatin (mouth-throat)	154	olanzapine TABS	54	OMNITROPE SOLR SC	84
nystatin (topical) CREA	73	olanzapine TBDP	54	OMVOH SOAJ	88
nystatin (topical) OINT	73	olanzapine-fluoxetine hcl	168	OMVOH SOLN	88
nystatin (topical) POWD EX	73	olmesartan medoxomil	40	OMVOH SOSY	88
nystatin TABS	35	olmesartan medoxomil-amlodipine-		ON/GO COVID-19 ANTIGEN SELF-	
nystatin-triamcinolone CREA	73	hydrochlorothiazide	42	TEST KIT	80
nystatin-triamcinolone OINT	73	olmesartan medoxomil-		ON/GO ONE COVID-19 ANTIGEN	
NYVEPRIA	93	hydrochlorothiazide	42	HOME TEST KIT	80
OBIZUR	91	olopatadine hcl (nasal)	158	ondansetron hcl SOLN IJ	34
OCALIVA	87	olopatadine hcl	164	ondansetron hcl SOLN OR 4	
OCEAN NASAL SPRAY SOLN		OLPRUVA THPK	85	MG/5ML	34
(saline)	158	OLUMIANT	4	ondansetron hcl SOSY	34
OCREVUS	169	OLUX FOAM (clobetasol propionate)		ondansetron hcl TABS 24 MG	34
octreotide acetate SOLN	86	77		ondansetron hcl TABS 4 MG	34
octreotide acetate SOSY	86	OLUX-E (clobetasol propionate		ondansetron hcl TABS 8 MG	34
OCUFLOX (ofloxacin (ophth)) ...	162	emulsion)	77	ondansetron TBDP 16 MG	34
ODACTRA SUBL	3	OMBRA COMPRESSOR AIR		ondansetron TBDP 4 MG, 8 MG ...	34
ODEFSEY	57	FILTERS MISC	147	ONE FLOW FVC MONITORING	
ODOMZO	47	OMBRA TABLE TOP		SPIROMETER DEVI	147
OFEV	171	COMPRESSOR DEVI	147	ONE-A-DAY WEIGHT SMART	
ofloxacin (ophth)	162	OMECLAMOX-PAK	175	ADVANCED TABS (multiple vitamins	
ofloxacin (otic)	165	omega-3-acid ethyl esters	38	w/ minerals)	155
ofloxacin 300 MG, 400 MG	87	omeprazole CPDR 10 MG	175	ONE-A-DAY WOMENS 50+	
OGSIVEO	49	omeprazole CPDR 20 MG, 40 MG		ADVANTAGE TABS (multiple	
OHC COVID-19 ANTIGEN SELF		175		vitamins w/ minerals)	155
TEST KIT	80	omeprazole TBEC	175	ONE-A-DAY WOMENS 50+	
OJEMDA SUSR	49	omeprazole-sodium bicarbonate		HEALTHY ADVANTAGE TABS	
		CAPS	176	(multiple vitamins w/ minerals) ...	155
		omeprazole-sodium bicarbonate		ONE-A-DAY WOMENS ACTIVE	
		PACK	176	MIND & BODY TABS (multiple	
				vitamins w/ minerals)	155

ONE-A-DAY WOMENS PETITES TABS (multiple vitamins w/ minerals) 155	147	ORENITRAM TITRATION KIT MONTH 3 TEPK	63
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS (multiple vitamins w/ minerals) ...	155	ORFADIN CAPS (nitisinone)	85
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	106	ORFADIN SUSP	85
ONETOUCH DELICA PLUS LANCETS FINE 30G	106	ORGOVYX	48
ONETOUCH DELICA PLUS LANCING DEVICE MISC	106	ORIAHNN	86
ONETOUCH DELICA SAFETY LANCING DEVICE	106	ORILISSA	83
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	106	ORKAMBI PACK	171
ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC ...	106	ORKAMBI TABS	171
ONEVITE TABS	155	ORLADEYO	92
ONEXTON GEL (clindamycin phosphate-benzoyl peroxide)	71	orphenadrine citrate SOLN	157
ONEXTON GEL	71	orphenadrine citrate TB12	157
ONFI SUSP (clobazam)	22	orphenadrine w/ aspirin & caff ...	158
ONFI TABS (clobazam)	22	ORSERDU	48
ONGENTYS	51	ORTIKOS CP24	68
ONGLYZA (saxagliptin hcl)	30	oseltamivir phosphate CAPS	59
ONPATTRO	170	oseltamivir phosphate SUSR	59
ONUREG TABS	46	OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (alogliptin-pioglitazone)	29
OPFOLDA	85	OSMOLEX ER TB24 129 MG, 193 MG	51
OPILL	67	OSMOPREP	97
opium tincture	33	OSPHENA	84
OPSUMIT	64	OTEZLA TABS 30 MG	8
OPSYNVI	63	OTEZLA TBPK	8
OPTICHAMBER DIAMOND DEVI	147	OTOVEL (ciprofloxacin-fluocinolone acetamide)	165
OPTICHAMBER DIAMOND MISC	147	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	4
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	147	OVIDE (malathion)	79
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	147		
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	147		
OPTIVITE P.M.T. TABS (multiple vitamins w/ minerals)	155		
OPVEE NA	34		
OPZELURA	77		
ORACEA (doxycycline (rosacea))	79		
ORACIT	89		
ORAL CITRATE	89		
ORALAIR ADULT STARTER PACK SUBL	3		
ORALAIR CHILDREN/ADOLESCENTS STARTER PACK SUBL	3		
ORALAIR SUBL	3		
ORAPRED ODT TBDP (prednisolone sodium phosphate)	68		
ORENCIA CLICKJECT SOAJ	8		
ORENCIA SOLR	8		
ORENCIA SOSY	8		
ORENITRAM TBCR	63		
ORENITRAM TITRATION KIT MONTH 1 TEPK	63		
ORENITRAM TITRATION KIT MONTH 2 TEPK	63		

oxaprozin TABS	8	325 MG-5 MG, 325 MG-7.5 MG ...	11	PALONOSETRON HYDROCHLORIDE SOLN	34
oxazepam CAPS	16	OXYCONTIN T12A	10	PALYNZIQ	85
OXBRYTA TABS	93	oxymorphone hcl TABS	10	PAMELOR CAPS (nortriptyline hcl) 28	
OXBRYTA TBSO	93	oxymorphone hcl TB12	10	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	83
oxcarbazepine SUSP	24	OXYTROL PTTW	176	PAMIDRONATE DISODIUM SOLN 83	
oxcarbazepine TABS	24	oyster shell	151	PANDA MASK LARGE	147
OXERVATE	163	OZEMPIC SOPN 2 MG/3ML	31	PANDA MASK MEDIUM	147
oxiconazole nitrate CREA	73	OZEMPIC SOPN 4 MG/3ML	31	PANDA MASK SMALL	147
OXISTAT CREA (oxiconazole nitrate)	73	OZEMPIC SOPN 8 MG/3ML	30	PANDEL	77
OXISTAT LOTN	73	OZOBAX DS SOLN OR (baclofen) 157		PANHEMATIN 350 MG	92
OXLUMO	90	OZOBAX SOLN OR (baclofen) ...	157	pantoprazole sodium PACK	175
OXTELLAR XR TB24 (oxcarbazepine)	24	PALFORZIA INITIAL DOSE ESCALATION CSPK	4	pantoprazole sodium SOLR	175
oxybutynin chloride SOLN	176	PALFORZIA LEVEL 1 CSPK	4	pantoprazole sodium TBEC	175
oxybutynin chloride TABS 2.5 MG 176		PALFORZIA LEVEL 10 CSPK	4	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	67
oxybutynin chloride TABS 5 MG .	176	PALFORZIA LEVEL 11 (MAINTENANCE) PACK	4	PARI ALTERA NEBULIZER HANDSET MISC	147
oxybutynin chloride TB24	176	PALFORZIA LEVEL 11 (TITRATION) PACK	4	PARI BABY CONVERSION KITSIZE 1 MISC	147
oxycodone hcl CAPS	10	PALFORZIA LEVEL 2 CSPK	4	PARI BABY CONVERSION KITSIZE 2 MISC	147
oxycodone hcl CONC 100 MG/5ML 10		PALFORZIA LEVEL 3 CSPK	4	PARI BABY CONVERSION KITSIZE 3 MISC	147
oxycodone hcl SOLN	10	PALFORZIA LEVEL 4 CSPK	4	PARI BUBBLES PEDIATRIC AEROSOL MASK MISC	147
oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	10	PALFORZIA LEVEL 5 CSPK	4	PARI ERAPID NEBULIZER HANDSET MISC	147
oxycodone hcl TABS 10 MG, 20 MG . 10		PALFORZIA LEVEL 6 CSPK	4	PARI EXPIRATORY FILTER VALVE SET DEVI	147
oxycodone hcl TABS 5 MG, 15 MG, 30 MG	10	PALFORZIA LEVEL 7 CSPK	4		
oxycodone w/ acetaminophen SOLN 11		PALFORZIA LEVEL 8 CSPK	4		
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG,		paliperidone	53		
		palonosetron hcl SOLN	34		
		palonosetron hcl SOSY	34		

PARI MANUAL INTERRUPTER DEVI	130 147	PC UNIFINE PENTIPS 31G X5MM MINI	130 130	PEN NEEDLES 29GX12MM	130
PARI MASK SET MISC	147	PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	130 130	PEN NEEDLES 30GX8MM	130
PARI SMARTMASK BABY/ELBOW MISC	147 147	PC UNIFINE PENTIPS 31G X8MM SHORT	130 130	PEN NEEDLES 31G X 3/16"	130
PARI SOFT PLASTIC ADULT MASK MISC	147 147	ped multivitamins w/fl & iron SOLN 155		PEN NEEDLES 31G X 5MM	130
PARI SOFT PLASTIC PEDIATRIC MASK MISC	147	PEDIAPRED SOLN (prednisolone sodium phosphate)	68	PEN NEEDLES 31G X 6MM	130
PARI TREK S COMBO PACK DEVI . 147		PEDIARIX SUSY	173	PEN NEEDLES 31G X 8MM	130
PARI VORTEX ADULT MASK ...	147	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC . 147		PEN NEEDLES 31GX5/16"	130
paricalcitol CAPS	85	pediatric multiple vitamins w/ iron CHEW	156	PEN NEEDLES 31GX6MM (1/4") 130	
PARLODEL CAPS (bromocriptine mesylate)	51	pediatric multivitamins w/fl CHEW 156		PEN NEEDLES 31GX8MM (5/16") 130	
PARLODEL TABS (bromocriptine mesylate)	51	pediatric multivitamins w/fl SOLN 156		PEN NEEDLES 31GX8MM	130
PARNATE (tranylcypromine sulfate) 26		PEDIATRIC PANDA MASK	147	PEN NEEDLES 32G X 4MM	130
paroxetine hcl SUSP	27	pediatric vitamins acid w/ fluoride SOLN	156	PEN NEEDLES 32G X 5MM	130
paroxetine hcl TABS	27	PEDVAX HIB SUSP	177	PEN NEEDLES 32G X 6MM	130
paroxetine hcl TB24	27	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	97	PEN NEEDLES 32GX4MM	130
paroxetine mesylate (vasomotor) 170		peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	97	PEN NEEDLES 32GX4MM	130
PATANASE (olopatadine hcl (nasal))	158	peg 3350-potassium chloride-sod bicarbonate-sod chloride	97	PEN NEEDLES 33G X 5/32"	130
PAXIL CR TB24 (paroxetine hcl) ..	27	PEGASYS SOLN	59	PEN NEEDLES/29G X 1/2"	130
PAXIL SUSP (paroxetine hcl)	27	PEGASYS SOSY	59	PEN NEEDLES/31G X 1/4"	130
PAXIL TABS (paroxetine hcl)	27	PEMAZYRE	49	PEN NEEDLES/31G X 3/16"	130
PAXLOVID 100 MG-150 MG	58	PEN NEEDLES	130	PEN NEEDLES/31G X 5/16"	130
pazopanib hcl	49			PEN NEEDLES/31G X 6MM	130
PC LANCETS SUPER THIN 30G 106				PEN NEEDLES/32G X 5/32"	130
PC UNIFINE PENTIPS 29G X1/2"				PENBRAYA	177
				penciclovir	74
				penicillamine CAPS	152
				penicillamine TABS	152
				penicillin g potassium 5000000 UNIT, 20000000 UNIT	166
				PENICILLIN G POTASSIUM IN ISO-	

OSMOTIC DEXTROSE	166	subsalicylate)	33	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	178
penicillin g sodium	166	PEPTO-BISMOL MAX STRENGTH SUSP (bismuth subsalicylate)	33	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP	178
penicillin v potassium SOLR	166	PEPTO-BISMOL SUSP (bismuth subsalicylate)	33	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP ..	178
penicillin v potassium TABS	166	PEPTO-BISMOL TO-GO CHEW (bismuth subsalicylate)	33	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y ..	178
PENNSAID SOLN EX 2 % (diclofenac sodium (topical))	73	PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen)	11	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y ..	178
PENNSAID SOLN EX	73	PERFOROMIST NEBU (formoterol fumarate)	19	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5 ..	178
PENTACEL	173	PERIDEX (chlorhexidine gluconate (mouth-throat))	154	PFLEX MISC	147
PENTAM 300 IJ (pentamidine isethionate)	43	perindopril erbumine	40	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC ..	147
pentamidine isethionate IN	43	permethrin AERO	79	PHAZYME MAXIMUM STRENGTH CAPS (simethicone)	87
PENTASA CPCR (mesalamine) ..	88	permethrin CREA	79	PHAZYME ULTRA STRENGTH CAPS (simethicone)	87
PENTASA CPCR	88	permethrin LIQD EX	79	PHEBURANE PLLT	85
pentazocine w/ naloxone hcl	12	perphenazine TABS	55	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG	90
PENTIPS 29G X 12MM	130	perphenazine-amitriptyline	168	phenelzine sulfata	26
PENTIPS 29GX12MM	130	PERSERIS PRSY	53	PHENERGAN SOLN IJ (promethazine hcl)	37
PENTIPS 31G X 5MM	130	PERTZYE CPEP	81	phenobarbital ELIX	95
PENTIPS 31G X 8MM	130	PFIZER-BIONTECH COVID-19VACCINE SUSP	178	phenobarbital TABS	95
PENTIPS 31GX5MM	130	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	178	phenoxybenzamine hcl	40
PENTIPS 31GX6MM	130	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP ..	178	phenylephrine hcl (mydriatic) SOLN ..	162
PENTIPS 31GX8MM	130	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP ..	178	phenylephrine hcl (oral) TABS ...	158
PENTIPS 32G X 4MM	130				
PENTIPS 32GX4MM	130				
PENTIPS 32GX6MM	130				
pentobarbital sodium SOLN	95				
pentoxifylline	92				
PEPCID AC MAXIMUM STRENGTH TABS (famotidine)	174				
PEPCID AC TABS (famotidine) ..	174				
PEPCID TABS (famotidine)	174				
PEPTO-BISMOL CHEW (bismuth					

phenylephrine hcl (pressors) SOLN IV	29	180	PIE PEN NEEDLES 31G X 5MM	130	PIE PEN NEEDLES 32G X 4MM	130	PIEXION CLEANSE LIQD (sulfacetamide sodium w/ sulfur) ..	71
PHENYLEPHRINE HYDROCHLORIDE SOLN IV (phenylephrine hcl (pressors))	180		piperacillin sodium-tazobactam sodium	166			PIEXION CREA (sulfacetamide sodium w/ sulfur)	71
phenytoin CHEW	25		piperacillin sodium-tazobactam sodium 12 GM-1.5 GM	166			PIEXION LOTN (sulfacetamide sodium w/ sulfur)	71
phenytoin sodium extended 100 MG, 200 MG, 300 MG	25		PIQRAY 200MG DAILY DOSE ...	49			PLIAGLIS CREA	78
phenytoin sodium extended 200 MG, 300 MG	25		PIQRAY 250MG DAILY DOSE ...	49			PLUVICTO	50
phenytoin sodium SOLN	25		PIQRAY 300MG DAILY DOSE ...	49			PNEUMOVAX 23	177
phenytoin SUSP	25		pirfenidone CAPS	171			PNEUMOVAX 23/1 DOSE	177
PHEXXI	179		pirfenidone TABS 267 MG	171			POCKET CHAMBER DEVI	148
PHOSLYRA SOLN	89		pirfenidone TABS 534 MG	171			POCKET SPACER DEVI	148
PHOSPHOLINE IODIDE	162		pirfenidone TABS 801 MG	171			podofilox GEL	78
phytonadione TABS 5 MG	181		piroxicam CAPS	8			podofilox SOLN	78
PIFELTRO	57		pitavastatin calcium	39			POKONZA PACK OR	152
PILLOW MASK/ADULT MISC	148		PIXEL COVID-19 PCR TEST HOME COLLECTION KIT	80			POLY HUB NEEDLE/18G X 1-1-1/2"	130
PILLOW MASK/CHILD MISC	148		PLAN B ONE-STEP (levonorgestrel (emergency oc))	67			polyethylene glycol 3350 POWD ..	97
PILLOW MASK/PEDIATRIC MISC 148			PLAQUENIL (hydroxychloroquine sulfate)	45			POLYMEM NON-ADHESIVE PAD PADS	101
pilocarpine hcl (oral) 5 MG	154		PLAVIX 75 MG (clopidogrel bisulfate)	92			polymyxin b-trimethoprim	162
pilocarpine hcl (oral) 7.5 MG	154		PLEGRIDY SOPN	169			POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (bacitracin-polymyxin b)	72
pilocarpine hcl SOLN 1 %, 2 %, 4 % .	162		PLEGRIDY SOSY IM	169			POLY-VI-FLOR CHEW	156
PILOT COVID-19 AT-HOME TEST KIT	80		PLEGRIDY STARTER PACK SOPN .	169			polyvinyl alcohol 1.4 %	161
pimecrolimus	78		PLEGRIDY STARTER PACK SOSY SC	169			POMALYST	48
pimozide	169		PLENVU	97			POMBILITI	85
pindolol TABS	61						PONVORY 14-DAY STARTER PACK TBPK	169
pioglitazone hcl	33						PONVORY TABS	169
pioglitazone hcl-glimepiride	29						posaconazole SOLN	36
pioglitazone hcl-metformin hcl TABS .							posaconazole SUSP	36

posaconazole TBEC	36	PRADAXA CAPS 110 MG (dabigatran etexilate mesylate)	22	prednisolone TABS	68
POSFREA SOLN	34	PRADAXA CAPS 75 MG (dabigatran etexilate mesylate)	22	PREDNISONE INTENSOL CONC	68
pot & sod citrates w/citric ac SOLN 89		PRADAXA CAPS 75 MG, 150 MG (dabigatran etexilate mesylate)	22	prednisone SOLN	68
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	152	PRADAXA PACK	22	prednisone TABS	68
potassium acetate SOLN 2 MEQ/ML	152	PRALUENT SOAJ	39	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	131
POTASSIUM ACETATE SOLN 2 MEQ/ML	152	pramipexole dihydrochloride TABS	51	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	131
potassium bicarbonate TBEF	152	pramipexole dihydrochloride TB24	51	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	131
potassium chloride CPCR	152	prasugrel hcl	92	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	131
potassium chloride microencapsulated crystals er	152	pravastatin sodium	39	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	131
potassium chloride PACK OR 20 MEQ	152	praziquantel	14	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	131
POTASSIUM CHLORIDE SOLN IV (potassium chloride)	152	prazosin hcl CAPS	41	PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	131
potassium chloride SOLN IV 2 MEQ/ML	152	PRECISE (acarbose)	29	PRED FORTE (prednisolone acetate (ophth))	164
potassium chloride SOLN IV	152	PRED MILD	164	prednisolone acetate (ophth)	164
potassium chloride SOLN OR 10 % 152		PREDNISOLONE SODIUM PHOSPHATE	164	PREDNISOLONE SODIUM SOLN 15 MG/5ML	68
potassium chloride TBCR 20 MEQ 152		prednisolone sodium phosphate SOLN 15 MG/5ML	68	prednisolone sodium phosphate SOLN 20 MG/5ML	68
potassium chloride TBCR 8 MEQ, 10 MEQ	152	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 25 MG/5ML	68	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 25 MG/5ML	68
potassium chloride TBCR 8 MEQ	152	prednisolone sodium phosphate TBDP	68	prednisolone SOLN	68
potassium citrate (alkalinizer) TBCR 15 MEQ, 1080 MG, 1620 MG	89				
potassium citrate (alkalinizer) TBCR 540 MG	89				
potassium citrate-citric acid SOLN	89				
potassium phosphate monobasic TABS	152				

SHORT	131	MCG-1.7 MG-20 MG-28 MG-200	PREZISTA TABS 600 MG
PREFERRED PLUS UNIFINE		MG-1.8 MG-25 MG-4000 UNIT-30	(darunavir)
PENTIPS 31G X 8MM SHORT ..	131	UNIT	57
PREFERRED PLUS UNIFINE		PRENATRYL TABS	157
PENTIPS 32GX4MM	131	PRETOMANID	46
PREFERRED PLUS UNIFINE		PREVACID 24HR CPDR	PRIFTIN
PENTIPS/MINI/31GX5MM	131	(lansoprazole)	46
PREFEST	86	PREVACID CPDR 30 MG	PRILOSEC PACK
pregabalin (once-daily)	169	(lansoprazole)	175
pregabalin CAPS 225 MG, 300 MG		PREVACID SOLUTAB TBDD	PRIMAQUINE PHOSPHATE TABS
24		(lansoprazole)	(primaquine phosphate)
pregabalin CAPS 25 MG, 50 MG, 75		PREVENT DROPSAFE SAFETY	45
MG, 100 MG, 150 MG, 200 MG ...	24	PEN NEEDLES 31GX1/4"	45
pregabalin SOLN	24	PREVENT DROPSAFE SAFETY	primaquine phosphate TABS
PREHEVBRIO	178	PEN NEEDLES 31GX5/16"	45
PREMARIN	180	PREVENT SAFETY PEN NEEDLES	primidone 125 MG
PREMARIN SOLR	86	31GX1/4"	24
PREMARIN TABS	86	PREVENT SAFETY PEN NEEDLES	primidone 50 MG, 250 MG
PREMPHASE	86	31GX5/16"	24
PREMPRO	86	PREVIDENT 5000 DRY MOUTH	PRIORIX SUSR
PRENATAL PLUS TABS	156	GEL (sodium fluoride (dental)) ...	178
PRENATAL PLUS VITAMIN		PREVIDENT 5000 PLUS CREA	PRISTIQ 100 MG (desvenlafaxine
ANDMINERAL TABS	156	(sodium fluoride (dental))	succinate)
PRENATAL TABS 100 MG-2.6 MG-		PREVIDENT FLUORIDE GEL	28
800 MCG-10 MCG-4 MCG-1.7 MG-		(sodium fluoride (dental))	28
18 MG-27 MG-1.5 MG-25 MG-200		PREVIDENT RINSE SOLN (sodium	PRO COMFORT ALCOHOL PADS
MG-5 MG-1200 MCG	156	fluoride (dental))	109
PRENATAL TABS 120 MG-10 MG-1		PREVNAR 13	PRO COMFORT INHALER SPACER
MG-10 MCG-12 MCG-3 MG-20 MG-		177	CHAMBER ADULT MISC
1200 MCG-27 MG-200 MG-1.84 MG-		PREVNAR 20	148
25 MG-2 MG-10 MG	157	177	PRO COMFORT INHALER SPACER
PRENATAL VITAMINS PLUS LOW		PREVYMIS SOLN	CHAMBER CHILD MISC
IRON TABS	156	58	148
PRENATAL VITAMINS TABS 120		PREVYMIS TABS	148
MG-2.6 MG-800 MCG-400 UNIT-8		58	PRO COMFORT INHALER SPACER
		PREZCOBIX	CHAMBER INFANT DEVI
		57	148
		PREZISTA SUSP	PRO COMFORT INSULIN
		57	SYRINGES/0.5ML/30G X 1/2" ...
		PREZISTA TABS 150 MG	131
		57	PRO COMFORT INSULIN
			SYRINGES/0.5ML/30G X 5/16" .
			131
			PRO COMFORT INSULIN
			SYRINGES/0.5ML/31G X 5/16" .
			131
			PRO COMFORT INSULIN
			SYRINGES/1ML/30G X 1/2"
			131
			PRO COMFORT INSULIN
			SYRINGES/1ML/30G X 5/16" ...
			131

PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" ...	131	PROCYSBI CPDR	90	promethazine hcl SOLN OR 6.25 MG/5ML	37
PRO COMFORT PEN NEEDLES/31G X 8MM	131	PROCYSBI PACK	90	promethazine hcl SUPP 12.5 MG, 25 MG	37
PRO COMFORT PEN NEEDLES/32G X 4MM	131	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	131	promethazine hcl SUPP 50 MG ...	37
PRO COMFORT PEN NEEDLES/32G X 5MM	131	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	131	promethazine hcl TABS	37
PRO COMFORT PEN NEEDLES/32G X 6MM	131	PRODIGY LANCING DEVICE MISC . 106		PROMETRIUM CAPS 100 MG (progesterone)	167
PROAIR DIGIHALER	19	PRODIGY TWIST TOP LANCETS 106		PROMETRIUM CAPS 200 MG (progesterone)	167
PROAIR HFA AERS (albuterol sulfate)	20	PROFILNINE	91	PRONEB ULTRA FILTER SET MISC	148
PROAIR RESPICLICK AEPB	20	progesterone CAPS 100 MG	167	propafenone hcl CP12	17
probenecid	91	progesterone CAPS 200 MG	167	propafenone hcl TABS	17
procainamide hcl SOLN 100 MG/ML . 17		progesterone OIL	167	proparacaine hcl	163
procainamide hcl SOLN	17	PROGLYCEM (diazoxide)	30	propranolol hcl CP24	61
PROCARDIA XL TB24 30 MG, 90 MG (nifedipine)	62	PROGRAF CAPS (tacrolimus) ...	153	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	61
PROCARDIA XL TB24 60 MG (nifedipine)	62	PROGRAF PACK	153	propranolol hcl TABS	61
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	148	PROGRAF SOLN	153	propylthiouracil	172
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	148	PROLASTIN-C SOLN	171	PROQUAD SUSR	178
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	148	PROLATE SOLN	11	PROSCAR (finasteride)	90
prochlorperazine	55	PROLATE TABS	11	protamine sulfate	92
prochlorperazine edisylate 10 MG/2ML	55	PROLENSA (bromfenac sodium (ophth))	164	PROTONIX PACK (pantoprazole sodium)	175
prochlorperazine maleate TABS ...	55	PROLIA SOSY	83	PROTONIX SOLR (pantoprazole sodium)	175
PROCRIPT	93	PROMACTA PACK	93	PROTONIX TBEC (pantoprazole sodium)	175
PROCTOFOAM HC FOAM EX	14	PROMACTA TABS 12.5 MG, 25 MG . 93		protriptyline hcl	29
		PROMACTA TABS 50 MG, 75 MG 93		PROVENGE	47
		promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML	37	PROVENTIL HFA AERS (albuterol	

sulfate)	20	NEEDLE 32G X 4MM	132	PYRUKYND TAPER PACK TBPK	.92
PROVERA (medroxyprogesterone acetate)	167	PURIXAN SUSP	46	QALSODY	159
PROVIGIL (modafinil)	3	PX ADVANCED LANCING DEVICE MISC	106	QBRELIS SOLN	40
PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl)	27	PX EXTRA SHORT PEN NEEDLES 31GX6MM	132	QC ADVANCED LANCING DEVICE MISC	106
PROZAC CAPS 40 MG (fluoxetine hcl)	27	PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	132	QC ALL PURPOSE DRESSINGS4"X4" PADS	101
PRUDOXIN (doxepin hcl (antipruritic))	73	PX LANCET AUTO INJECTOR MISC	106	QC LANCETS SUPER THIN	107
pseudoephedrine hcl TABS	158	PX LANCETS ULTRA THIN	106	QC PEN NEEDLES 29G X 12MM 132	
psyllium POWD 28.3 %, 30 %, 43 % .97		PX MINI PEN NEEDLES 31GX5MM 132		QC PEN NEEDLES 31G X 6MM	132
PULMICORT FLEXHALER AEPB .18		PX PEN NEEDLE 29GX12MM ..	132	QC PEN NEEDLES 31G X 8MM	132
PULMICORT SUSP (budesonide (inhalation))	18	PX PEN NEEDLE 31GX8MM	132	QC STERILE PADS PADS	101
PULMOZYME	171	PX SHORTLENGTH PEN NEEDLES/31GX8MM	132	QC UNIFINE PENTIPS 32GX4MM 132	
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	148	PYLERA (bismuth subcitrate potassium-metronidazole-tetracycline)	176	QC UNILET LANCETS 28G/ULTRA THIN	107
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI 148		pyrazinamide	46	QC UNILET LANCETS 33G/MICRO THIN	107
PURE COMFORT PEN NEEDLE 32G X6MM	132	pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 % ...	79	QDOLO SOLN (tramadol hcl)	10
PURE COMFORT PEN NEEDLE 32G X8MM	132	PYRIDIDIUM TABS (phenazopyridine hcl)	90	QELBREE	2
PURE COMFORT PEN NEEDLE/32G X 5MM	132	pyridostigmine bromide SOLN OR	45	QINLOCK	49
PURE COMFORT PEN NEEDLE/32G X4MM	132	pyridostigmine bromide TABS 30 MG	45	QNASL	158
PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	132	pyridostigmine bromide TABS 60 MG	45	QNASL CHILDRENS	158
PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM	132	pyridostigmine bromide TBCR	46	QTERN	29
		pyridoxine hcl TABS 50 MG	181	QUADRACEL SUSP	173
		pyrimethamine	45	QUADRACEL SUSY	173
		PYRUKYND TABS	92	QUAKE DEVI	148
				QUALAQUIN CAPS (quinine sulfate) 45	
				QUARTETTE (levonorgestrel-ethinyl estradiol (91-day))	66
				quazepam	96

QUDEXY XR CS24 (topiramate) .. 24	RA E-ZJECT LANCETS 28G ....107	RAPAFLO 8 MG (silodosin) 90
QUESTRAN LIGHT POWD (cholestyramine light) 38	RA E-ZJECT LANCETS THIN 26G 107	RAPAMUNE SOLN (sirolimus) ... 153
QUESTRAN PACK (cholestyramine) 38	RA E-ZJECT LANCETS THIN 28G 107	RAPAMUNE TABS (sirolimus) ... 153
QUESTRAN POWD (cholestyramine) 38	RA E-ZJECT LANCETS ULTRATHIN 30G .....107	RAPID SARS-COV-2 ANTIGENTEST CARD KIT 80
quetiapine fumarate TABS 150 MG 54	RA INSULIN SYRINGE/0.5ML/29G X 1/2" 132	RAPIVAB 59
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG 54	RA INSULIN SYRINGE/1ML/29G X 1/2" 132	rasagiline mesylate 52
quetiapine fumarate TB24 54	RA INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" 132	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 5
QUFLORA FE PEDIATRIC LIQD 155	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" 132	RAVICTI 85
QUICKVUE AT-HOME COVID-19 TEST KIT 80	RA PEN NEEDLES 31G X 5MM3/16" 132	RAYA SURE PEN NEEDLE 29GX 12MM 132
QUILLICHEW ER CHER 3	RA PEN NEEDLES 31G X 8MM5/16" 132	RAYA SURE PEN NEEDLE 31GX 4MM 132
QUILLIVANT XR SRER 3	RA STERILE PADS 4"X4" PADS 101	RAYA SURE PEN NEEDLE 31GX 5MM 132
quinapril hcl 40	RABAVERT 178	RAYA SURE PEN NEEDLE 31GX 6MM 132
quinapril-hydrochlorothiazide 12.5 MG-10 MG 42	rabeprazole sodium TBEC 175	RAYA SURE PEN NEEDLE 31GX 8MM 132
quinapril-hydrochlorothiazide 12.5 MG-20 MG 42	RADICAVA ORS STARTER KIT SUSP 159	RAYALDEE 85
quinapril-hydrochlorothiazide 25 MG- 20 MG 42	RADICAVA ORS SUSP 159	RAYOS TBEC 68
quinidine gluconate TBCR 17	RADICAVA SOLN (edaravone) .. 159	RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC 101
quinidine sulfate TABS 17	RAGWITEK SUBL 4	RAZADYNE ER CP24 (galantamine hydrobromide) 168
quinine sulfate CAPS 324 MG 45	raloxifene hcl 84	REALITY INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" 132
QULIPTA 149	ramelteon 96	REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" 132
QUTENZA 78	ramipril CAPS 40	REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" 132
QUVIVIQ 96	RANEXA TB12 (ranolazine) 15	REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" 132
QVAR REDIHALER 19	ranolazine TB12 15	REALITY INSULIN SYRINGE/U-
RA ALCOHOL SWABS 109	RAPAFLO (silodosin) 90	

100/1ML/28G X 1/2"	132	RELEXII TBCR 45 MG, 63 MG (methylphenidate hcl)	3 133	RELION PEN NEEDLES 31GX6MM 133
REALITY INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	132	RELEXII TBCR 72 MG	3	RELION PEN NEEDLES 31GX8MM 133
REBIF REBIDOSE SOAJ	169	RELION 2-IN-1 LANCET DEVICES 30G	107	RELION PEN NEEDLES 32G X4MM.....133
REBIF REBIDOSE TITRATIONPACK SOAJ	169	RELION 2-IN-1 LANCING DEVICE 25G	107	RELION PEN NEEDLES 32G X5/32" .....133
REBIF SOSY	169	RELION 2-IN-1 LANCING DEVICE 30G	107	RELION PEN NEEDLES 32GX4MM 133
REBIF TITRATION PACK SOSY .	169	RELION ALCOHOL SWABS	109	RELION PEN NEEDLES/31G X1/4" . 133
REBINYN	91	RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	132	RELION SHORT PEN NEEDLES31GX8MM
REBLOZYL	93	RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	132	133
RECLAST SOLN (zoledronic acid) 83		RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	132	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP
RECOMBINATE SOLR	91	RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	132	81
RECOMBIVAX HB SUSP	179	RELION LANCETS MICRO- THIN33G	107	RELION ULTRA THIN LANCETS/30G
RECOMBIVAX HB SUSY	179	RELION LANCETS THIN 26G ...	107	107
RECORLEV	83	RELION LANCETS ULTRA- THIN30G	107	RELION ULTRA THIN PLUS LANCETS 33G
RECTIV (nitroglycerin (intra-anal)) 14		RELION LANCING DEVICE MISC 107		107
REDITREX SOSY	5	RELION MINI PEN NEEDLES 31GX6MM	132	RELISTOR SOLN
REFRESH PLUS SOLN (carboxymethylcellulose sodium (ophth))	161	RELION PEN NEEDLES 29GX12MM	133	89
REFRESH TEARS SOLN (carboxymethylcellulose sodium (ophth))	161	RELION PEN NEEDLES 31G X6MM	133	RELISTOR TABS
REGLAN TABS (metoclopramide hcl)	88	RELION PEN NEEDLES 31G X8MM	133	89
REGONOL SOLN IV	46	RELION PEN NEEDLES 31GX5/16" 133		RELIPAX (eletriptan hydrobromide) 150
RELAFEN DS	8			RELIPAX 40 MG (eletriptan hydrobromide)
RELENZA DISKHALER	59			150
RELEUKO SOLN	93			RELTONE CAPS
RELEUKO SOSY	93			87
RELEXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	3			RELYVRIO
				159
				REMERON SOLTAB TBDP (mirtazapine)
				26
				REMERON TABS 15 MG, 30 MG (mirtazapine)
				26

REMICADE	88	RETHYMIC	152	REZDIFFRA	88
RENAGEL (sevelamer hcl)	89	RETIN-A CREA (tretinoin)	71	REZLIDHIA	50
RENFLEXIS	88	RETIN-A GEL (tretinoin)	71	REZUROCK	152
RENVELA PACK (sevelamer carbonate)	89	RETIN-A MICRO (tretinoin microsphere)	71	REZVOGLAR KWIKPEN	32
RENVELA TABS (sevelamer carbonate)	89	RETIN-A MICRO	71	REZZAYO	35
repaglinide	33	RETIN-A MICRO PUMP (tretinoin microsphere)	71	RHOFADE	79
REPATHA PUSHTRONEX SYSTEM SOCT	39	RETROVIR CAPS (zidovudine) ...	57	RHOGAM ULTRA-FILTERED PLUS SOSY IM	165
REPATHA SOSY	39	RETROVIR IV INFUSION SOLN ..	57	RHOPRESSA	163
REPATHA SURECLICK SOAJ	39	RETROVIR SYRP (zidovudine) ...	57	ribavirin (hepatitis c) CAPS	59
REPLACEMENT AIR FILTER MISC .	148	REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	148	ribavirin (hepatitis c) TABS 200 MG	59
REPLACEMENT FILTERS MISC	148	REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	148	ribavirin	59
RESTASIS EMUL (cyclosporine (ophth))	163	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	148	RIDAURA	6
RESTASIS MULTIDOSE EMUL ..	163	REVATIO SUSR (sildenafil citrate (pulmonary hypertension))	64	rifabutin	46
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	101	REVATIO TABS (sildenafil citrate (pulmonary hypertension))	64	rifampin CAPS	46
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	101	REVCОВI	85	RIGHTEST GD500 LANCING DEVICE MISC	107
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	101	REVLIMID	152	RIGHTEST GL300 LANCETS ...	107
RESTORIL 15 MG, 30 MG (temazepam)	96	REXALL LANCETS ULTRA THIN	107	RILUTEK TABS (riluzole)	159
RESTORIL 7.5 MG, 22.5 MG (temazepam)	96	REXTOVY LIQD	34	riluzole TABS	159
RETACRIT	93	REXULTI	56	rimantadine hydrochloride TABS ..	59
RETAVASE 10 UNIT	92	REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate)	57	RIMSO-50	90
RETAVASE HALF-KIT 10 UNIT ...	92	REYATAZ PACK	57	ringer's irrigation	153
RETEVMO CAPS 40 MG	49	REYVOW	150	RINVOQ LQ SOLN	4
RETEVMO CAPS 80 MG	50			RINVOQ TB24	4
				RIOMET SOLN	30
				risedronate sodium TABS 150 MG	83
				risedronate sodium TABS 35 MG .	83
				risedronate sodium TABS 5 MG, 30 MG	83

risedronate sodium TBEC	83	ROBITUSSIN HONEY COUGH &CHEST CONGESTION DM LIQD (dextromethorphan-guaifenesin) ..	69	RYALTRIS	158
RISPERDAL CONSTA (risperidone microspheres)	53	ROCALTROL CAPS (calcitriol) ...	85	RYANODEX SUSR	157
RISPERDAL SOLN (risperidone) ..	53	ROCALTROL SOLN OR (calcitriol) 85		RYBELSUS TABS	31
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)	53	ROCKLATAN	163	RYDAPT	50
risperidone microspheres	53	ROCTAVIAN	91	RYKINDO SRER	53
risperidone SOLN	53	roflumilast	18	RYPLAZIM	92
risperidone TABS	53	ROLVEDON	93	RYSTIGGO	152
risperidone TBDP	53	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	51	RYTARY CPCR	52
RITALIN LA CP24 (methylphenidate hcl)	3	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	51	RYTHMOL SR CP12 (propafenone hcl)	17
RITALIN TABS (methylphenidate hcl)	3	ropinirole hydrochloride TB24	52	RYVENT TABS	37
RITEFLO DEVI	148	rosuvastatin calcium TABS	39	SABRIL PACK (vigabatrin)	25
ritonavir TABS	57	ROTARIX SUSP	179	SABRIL TABS (vigabatrin)	25
rivastigmine 13.3 MG/24HR	168	ROTARIX SUSR	179	SAFETY PEN NEEDLES/30G X5/16"	133
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	168	ROTATEQ SOLN	179	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ...	66
rivastigmine tartrate CAPS	168	ROWASA (mesalamine w/ cleanser) 88		SAIZEN IJ	84
RIVFLOZA SOLN	90	ROXICODONE TABS 15 MG, 30 MG (oxycodone hcl)	10	SAIZENPREP RECONSTITUTIONKIT IJ	84
RIVFLOZA SOSY	90	ROXYBOND TABA	10	SALAGEN 5 MG (pilocarpine hcl (oral))	154
RIXUBIS SOLR	91	ROZEREM (ramelteon)	97	SALAGEN 7.5 MG (pilocarpine hcl (oral))	154
rizatriptan benzoate TABS	151	ROZLYTREK CAPS	50	salicylic acid FOAM	78
rizatriptan benzoate TBDP	151	ROZLYTREK PACK	50	saline SOLN	158
ROBAXIN SOLN (methocarbamol) 157		RUBRACA	50	salsalate	9
ROBINUL FORTE TABS (glycopyrrolate)	174	RUCONEST	91	SALVAX FOAM (salicylic acid)	78
ROBINUL TABS (glycopyrrolate) .	174	rufinamide SUSP	24	SALYCIM CREA	78
ROBITUSSIN COUGH+CHEST CONGESTION DM LIQD (dextromethorphan-guaifenesin) ..	69	rufinamide TABS	24	SAMI THE SEAL REPLACEMENTFILTERS MISC .	148
		RUKOBIA	57	SAMSCA TABS 15 MG (tolvaptan) 86	

SAMSCA TABS 30 MG (tolvaptan) 86	SB INSULIN SYRINGE/U- 100/1ML/30G X 5/16"133	SELSUN BLUE MEDICATED LOTN (selenium sulfide) 74
SANCUSO PTCH34	SB INSULIN SYRINGE/U- 100/1ML/31G X 5/16"133	SELSUN BLUE MOISTURIZING LOTN (selenium sulfide)74
SANDIMMUNE CAPS (cyclosporine) 153	SCEMBLIX 100 MG50	SELZENTRY SOLN57
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TOBRADEX OINT	164	TOPAMAX TABS (topiramate)	24	TOPICORT OINT (desoximetasone) .	77
TOBRADEX ST SUSP	164	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4"	135	topiramate CP24	24
TOBRADEX SUSP (tobramycin-dexamethasone)	164	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16"	135	topiramate CPSP 15 MG	24
tobramycin (ophth) SOLN	162	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	135	topiramate CPSP 25 MG	24
tobramycin NEBU	4	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	135	topiramate CS24	24
tobramycin sulfate SOLN IJ	4	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	135	topiramate TABS	24
tobramycin sulfate SOLR	4	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	135	TOPPER DRESSING SPONGES 4"X4" MISC	101
tobramycin-dexamethasone SUSP 164		TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	135	TOPROL XL TB24 200 MG (metoprolol succinate)	61
TOBREX OINT	162	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	135	TOPROL XL TB24 25 MG, 50 MG, 100 MG (metoprolol succinate)	61
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	108	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	135	toremifene citrate	48
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	135	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	135	torsemide TABS	82
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	135	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	135	TOSYMRA	151
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	135	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	135	TOUJEO MAX SOLOSTAR SOPN 32	
TOFIDENCE	6	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	135	TOUJEO SOLOSTAR SOPN	32
tolcapone	51	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	135	TOVET KIT	77
TOLECTIN 600 TABS	8	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	135	TOVIAZ (fesoterodine fumarate) 176	
tolmetin sodium CAPS	8	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	135	TRACLEER TABS (bosentan)	64
tolmetin sodium TABS 600 MG	8	TOPICORT CREA (desoximetasone)	77	TRACLEER TBSO	64
tolnaftate CREA	73	TOPICORT GEL (desoximetasone) 77		TRADJENTA	30
TOLSURA CAPS	36			tramadol hcl CP24 100 MG, 200 MG, 300 MG	10
tolterodine tartrate CP24	176			tramadol hcl SOLN	10
tolterodine tartrate TABS	176			tramadol hcl TABS 100 MG	11
tolvaptan TABS	86			tramadol hcl TABS 25 MG	10
TOPAMAX SPRINKLE CPSP 15 MG (topiramate)	24			tramadol hcl TABS 50 MG	10

tramadol hcl TB24	11	tretinoin (chemotherapy)	50	CAPS 25 MG-37.5 MG	82
TRAMADOL HYDROCHLORIDE SOLN (tramadol hcl)	11	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	71	triamterene & hydrochlorothiazide TABS	82
tramadol-acetaminophen	11	tretinoin GEL 0.01 %, 0.025 %	71	triamterene CAPS	82
trandolapril 1 MG, 2 MG	40	tretinoin GEL 0.05 %	71	triazolam	96
trandolapril 4 MG	40	tretinoin microsphere	71	TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide)	42
trandolapril-verapamil hcl	42	TRETTEN	91	TRICOR TABS (fenofibrate)	38
tranexamic acid SOLN 1000 MG/10ML	95	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	46	TRIDESILON CREA 0.05 % (desonide)	77
tranexamic acid TABS	95	TREXIMET (sumatriptan-naproxen sodium)	150	trientine hcl 250 MG	152
TRANEXAMIC ACID/SODIUM CHLORIDE (tranexamic acid-sodium chloride)	95	triamcinolone acetonide (mouth)	154	trientine hcl 500 MG	152
TRANEXAMIC ACID/SODIUM CHLORIDE	94	triamcinolone acetonide (nasal) AERO	158	TRIESENCE	164
tranexamic acid-sodium chloride ..	95	triamcinolone acetonide (topical) AERS	77	trifluoperazine hcl TABS	55
TRANSDERM-SCOP (scopolamine) 35		triamcinolone acetonide (topical) CREA 0.025 %	77	trifluridine	162
TRANXENE T TABS 7.5 MG (clorazepate dipotassium)	16	triamcinolone acetonide (topical) CREA 0.1 %	77	trihexyphenidyl hcl SOLN	51
tranylcypromine sulfate	26	triamcinolone acetonide (topical) CREA 0.5 %	77	trihexyphenidyl hcl TABS	51
TRAVATAN Z SOLN (travoprost)	165	triamcinolone acetonide (topical) LOTN	77	TRIJARDY XR	29
travoprost SOLN	165	triamcinolone acetonide (topical) OINT 0.025 %, 0.05 %, 0.1 %	77	TRIKAFTA TBPK	171
trazodone hcl TABS 300 MG	27	triamcinolone acetonide (topical) OINT 0.05 %	77	TRIKAFTA THPK	171
trazodone hcl TABS 50 MG, 100 MG, 150 MG	27	triamcinolone acetonide (topical) OINT 0.5 %	77	TRILEPTAL SUSP (oxcarbazepine) 24	
TRECATOR	46	triamcinolone acetonide (topical) OINT 0.5 %	77	TRILEPTAL TABS (oxcarbazepine) 24	
TRELEGY ELLIPTA	20	triamcinolone acetonide SUSP 40 MG/ML, 400 MG/10ML	68	TRILIPIX (choline fenofibrate)	38
TRELSTAR MIXJECT	48	triamcinolone acetonide-dimethicone-silicone	77	trimethobenzamide hcl CAPS	35
TREMFYA SOPN	74	triamterene & hydrochlorothiazide		trimethoprim TABS	43
TREMFYA SOSY 100 MG/ML	74			trimipramine maleate CAPS	29
TRESIBA FLEXTOUCH SOPN	32			TRINATAL RX 1 TABS	157
TRESIBA SOLN	32			TRINTELLIX	27
				TRIPTODUR	84

TRIUMEQ PD TBSO	58	INSULINSYRINGE/U-100/1ML/30G X 1/2"	136	TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP ..	81
TRIUMEQ TABS	58	TRUE COMFORT PRO PEN NEEDLES 31G X 5MM	136	TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	108
TRIZIVIR	58	TRUE COMFORT PRO PEN NEEDLES 31G X 6MM	136	TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	108
TROGARZO	58	TRUE COMFORT PRO PEN NEEDLES 31G X 8MM	136	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	108
TROKENDI XR CP24 (topiramate)	25	TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	136	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	81
tropicamide SOLN 0.5 %	162	TRUE COMFORT PRO PEN NEEDLES 32G X 5MM	136	TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	108
tropicamide SOLN 1 %	162	TRUE COMFORT PRO PEN NEEDLES 32G X 6MM	136	TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	108
tropium chloride CP24	176	TRUE COMFORT PRO PEN NEEDLES 33G X 4MM	136	TRUEDRAW LANCING DEVICE MISC	108
tropium chloride TABS	176	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/30G X 5/16" ...	136	TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	136
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" ...	135	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/31G X 5/16" ...	136	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	136
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	135	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16"	136	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	136
TRUE COMFORT PEN NEEDLES31G X 5MM	135	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/31G X 5/16"	136	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	136
TRUE COMFORT PEN NEEDLES31G X 6MM	135	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	136	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	136
TRUE COMFORT PEN NEEDLES32G X 4MM	135	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/1ML/30G X 1/2"	136	TRUEPLUS INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	136
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	135	TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	136	TRUEPLUS INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	136
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	135	TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM	136	TRUEPLUS INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	136
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	135	TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	136	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	136
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	135	TRUE COVER DEVI	101	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	136

TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" .....137	TRUSTEX LUBRICATED EXTRALARGE MISC .....101	TUMS CHEWY BITES CHEW (calcium carbonate (antacid)) .....14
TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....137	TRUSTEX LUBRICATED EXTRASTRENGTH MISC .....101	TUMS E-X 750 CHEW (calcium carbonate (antacid)) .....14
TRUEPLUS INSULIN SYRINGE/U- 100/1ML/28G X 1/2" 137	TRUSTEX LUBRICATED MISC ..101	TUMS EXTRA STRENGTH 750 CHEW (calcium carbonate (antacid)) 14
TRUEPLUS INSULIN SYRINGE/U- 100/1ML/29G X 1/2" 137	TRUSTEX LUBRICATED/RIBBED/STUDD ED MISC .....101	TUMS LASTING EFFECTS CHEW (calcium carbonate (antacid)) .....14
TRUEPLUS INSULIN SYRINGE/U- 100/1ML/30G X 5/16" .....137	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....101	TUMS SMOOTHIES CHEW (calcium carbonate (antacid)) .....14
TRUEPLUS INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....137	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC .....101	TUMS ULTRA 1000 CHEW (calcium carbonate (antacid)) .....14
TRUEPLUS LANCETS 28G .....108	TRUSTEX LUBRICATED/SPERMICIDE MISC 101	TURALIO 125 MG 50
TRUEPLUS LANCETS 28G SUPER THIN .....108	TRUSTEX LUBRICATED/SPERMICIDE MISC 101	TWINRIX SUSY 179
TRUEPLUS LANCETS 30G ULTRA THIN .....108	TRUSTEX NON-LUBRICATED MISC.....102	TWIRLA 67
TRUEPLUS LANCETS 33G .....108	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDD ED MISC .....102	TYBLUME CHEW .....66
TRUEPLUS PEN NEEDLES 29GX12MM 137	TRUSTEX/RIA LUBRICATED MISC . 102	TYBOST .....58
TRUEPLUS PEN NEEDLES 31GX5MM .....137	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC .....102	TYENNE SOLN 6
TRUEPLUS PEN NEEDLES 31GX6MM .....137	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 102	TYGACIL (tigecycline) 171
TRUEPLUS PEN NEEDLES 32GX4MM .....137	TRUSTEX/RIA NON-LUBRICATED MISC .....102	TYKERB (lapatinib ditosylate) 50
TRUETRACK TEST STRP 81	TRUVADA (emtricitabine-tenofovir disoproxil fumarate) .....58	TYLENOL 8 HOUR ARTHRITISPAIN TBCR (acetaminophen) .....9
TRULANCE .....87	TUBING/WING TIP MISC 149	TYLENOL 8 HOUR TBCR (acetaminophen) 9
TRULICITY .....31	TUDORZA PRESSAIR .....18	TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (acetaminophen) 9
TRUMENBA .....177	TUKYSA .....46	TYLENOL CHILDRENS PAIN +FEVER SUSP (acetaminophen) ...9
TRUQAP .....50	TUMS CHEW (calcium carbonate (antacid)) .....14	TYLENOL CHILDRENS SUSP (acetaminophen) 9
TRUSOPT (dorzolamide hcl) 164		TYLENOL EXTRA STRENGTH TABS (acetaminophen) 9
		TYLENOL FOR CHILDREN/ADULTS

NEEDLES/32G X 5/32"	138	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	138	NEEDLE/32G X 1/4"/SHARPS CONTAIN	139
ULTICARE MINI PEN NEEDLES 31GX6MM	138	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	138	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	139
ULTICARE MINI PEN NEEDLES/31G X 6MM	138	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	138	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	139
ULTICARE MINI PEN NEEDLES/32G X 1/4"	138	ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	139	ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	139
ULTICARE MINI PEN NEEDLES31GX6MM	138	ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	139	ULTIGUARD SAFEPACK/TINY PEN NEEDLE/32G X 4MM/SHARPS CONTAIN	139
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	138	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM	139	ULTIGUARD SAFEPACK/TINY PEN NEEDLE/32G X 6MM/SHARPS CONTAIN	139
ULTICARE PEN NEEDLES 31GX 5MM/MINI	138	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	139	ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	108
ULTICARE PEN NEEDLES/29GX 12.7MM	138	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	139	ULTILET CLASSIC LANCETS ...	108
ULTICARE SHORT PEN NEEDLES 31GX8MM	138	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	139	ULTILET PEN NEEDLE 29GX12.7MM	139
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	138	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	139	ULTILET PEN NEEDLE 31GX5MM . 139	
ULTICARE SHORT PEN NEEDLES/31G X 8MM	138	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	139	ULTILET PEN NEEDLE 31GX8MM . 139	
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	138	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN	139	ULTILET PEN NEEDLE 32GX4MM . 139	
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	138	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	139	ULTILET PEN NEEDLE 32GX4MM/SHORT	139
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	138	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	139	ULTILET SHORT PEN NEEDLES 31GX5/16"	139
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	138	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	139	ULTILET SHORT PEN NEEDLES31GX3/16"	139
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	138	ULTIGUARD SAFEPACK/MINI PEN		ULTOMIRIS	92

ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	139	ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	140	3/16"	140
ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	139	ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	140	ULTRACARE PEN NEEDLES/32G X 5/32"	140
ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	139	ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	140	ULTRACARE PEN NEEDLES/33G X 5/32"	140
ULTRA FLO INSULIN PEN NEEDLE 33GX4MM	139	ULTRA MIDE 25 LOTN (urea)	77	ULTRACET (tramadol-acetaminophen)	11
ULTRA FLO INSULIN PEN NEEDLES	139	ULTRA NEB NEBULIZER ACCESSORIES KIT MISC	149	ULTRAM TABS (tramadol hcl)	11
ULTRA FLO INSULIN PEN NEEDLE 31GX8MM	139	ULTRA THIN PEN NEEDLES 32G X 4MM	140	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	140
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	139	ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	140	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	140
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	140	ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	140	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	140
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	140	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	140	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	141
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	140	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	140	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	141
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	140	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	140	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	141
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	140	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	140	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	141
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	140	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	140	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	141
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	140	ULTRACARE PEN NEEDLES/31G X 1/4"	140	ULTRA-THIN II MINI PEN NEEDLES/31GX3/16"	141
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	140	ULTRACARE PEN NEEDLES/31G X 3/16"	140	ULTRA-THIN II PEN NEEDLES 29GX1/2"	141
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	140	ULTRACARE PEN NEEDLES/31G X 5/16"	140	ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16"	141
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	140	ULTRACARE PEN NEEDLES/32G X 1/14"	140	ULTRAVATE LOTN	77
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	140	ULTRACARE PEN NEEDLES/32G X		UNASYN BULK PACK IV (ampicillin	

& sulbactam sodium) 166	UNIFINE SAFECONTROL PEN NEEDLE 31GX6MM 141	UPTRAVI TABS 200 MCG 64
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (ampicillin & sulbactam sodium) . 166	UNIFINE SAFECONTROL PEN NEEDLE 31GX8MM 141	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG 64
UNIFINE PEN NEEDLE/32G X4MM . 141	UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM 141	UPTRAVI TITRATION PACK TBPK 64
UNIFINE PENTIPS 29GX12MM .141	UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16" .....141	urea CREA 40 %77
UNIFINE PENTIPS 31G X 3/16" .141	UNIFINE ULTRA PEN NEEDLE/31GX5MM 141	urea LOTN 40 %77
UNIFINE PENTIPS 31GX5MM ..141	UNIFINE ULTRA PEN NEEDLE/31GX6MM 141	URIBEL .....43
UNIFINE PENTIPS 31GX6MM ..141	UNIFINE ULTRA PEN NEEDLE/31GX8MM 141	UROCIT-K 10 TBCR (potassium citrate (alkalinizer)) .....89
UNIFINE PENTIPS 31GX8MM ..141	UNIFINE ULTRA PEN NEEDLE/31GX8MM 141	UROCIT-K 15 TBCR (potassium citrate (alkalinizer)) .....89
UNIFINE PENTIPS 32GX4MM ..141	UNIFINE ULTRA PEN NEEDLE/32GX4MM 141	UROCIT-K 5 TBCR (potassium citrate (alkalinizer)) .....90
UNIFINE PENTIPS 32GX6MM ..141	UNILET COMFORTOUCH LANCET 108	UROGESIC-BLUE TABS (methenamine-hyoscamine- methylene blue-sodium phosphate) 43
UNIFINE PENTIPS 33GX4MM ..141	UNILET EXCELITE 108	UROXATRAL (alfuzosin hcl) .....90
UNIFINE PENTIPS PLUS 29GX12MM 141	UNILET EXCELITE II 108	URSO 250 TABS (ursodiol) 87
UNIFINE PENTIPS PLUS 31GX5MM.....141	UNILET G.P. SUPERLITE LANCET . 108	URSO FORTE TABS (ursodiol) ... 87
UNIFINE PENTIPS PLUS 31GX6MM.....141	UNILET GP 28 ULTRA THIN ....108	ursodiol CAPS 87
UNIFINE PENTIPS PLUS 31GX8MM.....141	UNILET LANCETS MICRO-THIN33G.....108	ursodiol TABS 250 MG 87
UNIFINE PENTIPS PLUS 32GX4MM.....141	UNILET LANCETS SUPER- THIN30G .....108	ursodiol TABS 500 MG 87
UNIFINE PENTIPS PLUS 33GX 5/32" .....141	UNILET LANCETS ULTRA-THIN 28G .....108	UZEDY SUSY .....53
UNIFINE PENTIPS PLUS 33GX4MM.....141	UNIVERSAL 1 LANCETS THIN26G . 109	VAGIFEM TABS (estradiol vaginal) 180
UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 8MM .....141	UNIVERSAL 1 LANCETS ULTRA THIN 30G 109	valacyclovir hcl 1 GM, 1000 MG ...59
UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM141	UPLIZNA153	valacyclovir hcl 500 MG 59
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		VALCYTE SOLR (valganciclovir hcl) . 58
		VALCYTE TABS (valganciclovir hcl) .

58	6MM	142	VARIVAX INJ	179
valganciclovir hcl SOLR	58	VALUMARK PEN NEEDLES 31GX 8MM	142	VASCEPA 0.5 GM (icosapent ethyl) . 38
valganciclovir hcl TABS	58	VANCOCIN CAPS 125 MG (vancomycin hcl)	44	VASCEPA 1 GM (icosapent ethyl) .38
VALIUM TABS (diazepam)	16	VANCOCIN CAPS 250 MG (vancomycin hcl)	44	VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide) ... .42
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	25	vancomycin hcl CAPS 125 MG ...	44	VASOTEC TABS (enalapril maleate) 40
valproate sodium SOLN OR 250 MG/5ML	26	vancomycin hcl CAPS 250 MG ...	44	VAXCHORA
valproic acid CAPS	26	vancomycin hcl SOLR IV 1 GM, 1000 MG	44	VAXELIS SUSP
valsartan SOLN	40	vancomycin hcl SOLR IV 500 MG .	44	VAXELIS SUSY
valsartan TABS	40	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML .	44	VAXNEUVANCE
valsartan-hydrochlorothiazide	42	vancomycin hcl SOLR OR 25 MG/ML	44	VAZCULEP SOLN IV (phenylephrine hcl (pressors))
VALTOCO 10 MG DOSE LIQD ...	22	VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM	44	VECAMYL
VALTOCO 15 MG DOSE LQPK ...	22	VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	44	VECTICAL (calcitriol (topical))
VALTOCO 20 MG DOSE LQPK ...	22	VANDAZOLE	179	VELPHORO
VALTOCO 5 MG DOSE LIQD	22	VANFLYTA	50	VELSIPITY
VALTREX 1 GM (valacyclovir hcl) .	59	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	142	VELTASSA 8.4 GM, 16.8 GM, 25.2 GM
VALTREX 500 MG (valacyclovir hcl) .	59	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" ...	142	VELTIN (clindamycin phosphate- tretinoin)
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	141	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	142	VEMLIDY
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	141	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	142	VENCLEXTA STARTING PACK TBPK
VALUE PLUS LANCING DEVICE MISC	109	VANOS CREA (fluocinonide)	77	VENCLEXTA TABS
VALUMARK LANCET SUPER THIN 30G	109	VAQTA	179	VENLAFAXINE BESYLATE ER ..
VALUMARK LANCET ULTRA THIN 28G	109	varenicline tartrate TABS	170	venlafaxine hcl CP24
VALUMARK PEN NEEDLES 29GX12MM	142	varenicline tartrate TBPK	170	venlafaxine hcl TABS
VALUMARK PEN NEEDLES 31GX				venlafaxine hcl TB24

VENTOLIN HFA AERS (albuterol sulfate)	20	VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM ...	142	VESICARE LS SUSP	176
VENTRIXYL TABS	155	VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM ..	142	VESICARE TABS (solifenacin succinate)	176
VEOPOZ	92	VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM ...	142	VEVYE SOLN	163
VEOZAH	84	VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	142	VFEND IV SOLR (voriconazole) ...	36
verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG ...	62	VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	142	VFEND SUSR (voriconazole)	36
verapamil hcl CP24 300 MG, 360 MG	62	VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	142	VFEND TABS (voriconazole)	36
verapamil hcl SOLN 2.5 MG/ML ...	62	VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM ...	142	VIBERZI	89
verapamil hcl TABS	62	VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	142	VIBRAMYCIN CAPS (doxycycline hyclate)	172
verapamil hcl TBCR	62	VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM ...	142	VIBRAMYCIN SUSR (doxycycline (monohydrate))	172
VERAPAMIL HYDROCHLORIDE ER CP24 (verapamil hcl)	62	VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	142	VICTOZA (liraglutide)	31
VEREGEN	72	VERIFINE INSULIN SYRINGE1ML/29G X 12MM	142	VIDA MIA AUTOLET LANCINGDEVICE MISC	109
VERELAN CP24 120 MG, 180 MG, 240 MG (verapamil hcl)	62	VERIFINE INSULIN SYRINGE1ML/31G X 8MM	142	VIDA MIA UNIFINE PENTIPS32GX4MM	142
VERELAN CP24 360 MG (verapamil hcl)	62	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	142	VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	142
VERELAN PM CP24 100 MG (verapamil hcl)	62	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	142	VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	142
VERELAN PM CP24 200 MG (verapamil hcl)	62	VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	142	VIDA MIA UNILET LANCETS SUPER THIN 30G	109
VERELAN PM CP24 300 MG (verapamil hcl)	62	VERIFINE PLUS PEN NEEDLE/32G X 4MM	142	VIDA MIA UNILET LANCETS ULTRA THIN 28G	109
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	142	VERKAZIA EMUL	163	VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	142
VERIFINE INSULIN PEN NEEDLE 31G X 5MM	142	VERQUVO	64	VIEKIRA PAK TBPK	59
VERIFINE INSULIN PEN NEEDLE 31G X 8MM	142	VERSACLOZ SUSP	54	vigabatrin PACK	25
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	142	VERSAPAP DEVI	149	vigabatrin TABS	25
VERIFINE INSULIN PEN NEEDLE 32G X 6MM	142	VERSAPAP/UNIVERSAL TUBING DEVI	149	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	163
		VERZENIO	50	VIIBRYD TABS (vilazodone hcl) ...	27

VIJOICE PACK	153	VITLIPID N INFANT EMUL	156	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	149
VIJOICE TBPK	153	VITRAKVI CAPS	50	VORTEX VALVED HOLDING CHAMBER DEVI	149
vilazodone hcl TABS	27	VITRAKVI SOLN	50	VOSEVI	59
VILTEPSO	160	VIVAGUARD LANCING DEVICE MISC	109	VOTRIENT (pazopanib hcl)	50
VIMIZIM	85	VIVELLE-DOT PTTW (estradiol) ..	86	VOWST	89
VIMOVO (naproxen-esomeprazole magnesium)	8	VIVELLE-DOT PTTW 0.025 MG/24HR, 0.0375 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol) 86	86	VOXZOGO	85
VIMPAT SOLN IV 200 MG/20ML (lacosamide)	25	VIVITROL	34	VOYDEYA TABS	92
VIMPAT SOLN OR 10 MG/ML (lacosamide)	25	VIVJOA	36	VOYDEYA TBPK	92
VIMPAT TABS (lacosamide)	25	VIVOTIF	177	VP INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	142
VIOKACE TABS	81	VIZIMPRO	47	VPRIV	92
VIRACEPT TABS 250 MG	58	VOCABRIA	58	VRAYLAR CAPS	52
VIRACEPT TABS 625 MG	58	VOGELXO GEL TD (testosterone) 13	13	VRAYLAR CPPK	53
VIRAZOLE (ribavirin)	59	VOGELXO PUMP GEL TD (testosterone)	13	VTAMA	74
VIREAD POWD	58	VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ..	73	VUITY SOLN	162
VIREAD TABS (tenofovir disoproxil fumarate)	58	VONJO	50	VUMERITY	169
VIREAD TABS 150 MG, 200 MG, 250 MG	58	VONVENDI	91	VUSION (miconazole-zinc oxide- white petrolatum)	73
VISTARIL CAPS (hydroxyzine pamoate)	15	VOQUEZNA	175	VYEPTI	150
VISTOGARD	34	VOQUEZNA DUAL PAK	176	VYJUVEK	79
VITALIPID N INFANT EMUL	156	VOQUEZNA TRIPLE PAK	176	VYNDAMAX	64
VITAMIN A/C/D INFANT/TODDLER . 156	156	VORICONAZOLE SOLR (voriconazole)	36	VYNDAQEL	64
VITAMIN D3 TABS (cholecalciferol) 181	181	voriconazole SOLR	36	VYONDYS 53	160
VITAMINS A/C/D/FLUORIDE SOLN . 156	156	voriconazole SUSR	36	VYTORIN (ezetimibe-simvastatin) 37	37
VITAROCA PLUS TABS (multiple vitamins w/ minerals)	155	voriconazole TABS	36	VYVANSE CAPS	1
		VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	149	VYVANSE CHEW	2
				VYVGART	152
				VYVGART HYTRULO	152
				VYZULTA	165

WAINUA	170	hcl)	26	XANAX XR TB24 2 MG (alprazolam)	16
WAKIX 17.8 MG	2	WESNATAL DHA COMPLETE ..	157	XANAX XR TB24 3 MG (alprazolam)	16
WAKIX 4.45 MG	2	WESTAB PLUS TABS	157	XARELTO STARTER PACK TBPK	20
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	109	white petrolatum-mineral oil	161	XARELTO SUSR	20
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	109	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	102	XARELTO TABS 10 MG	20
WALGREENS THIN LANCETS ..	109	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	102	XARELTO TABS 15 MG	20
warfarin sodium TABS	20	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	102	XARELTO TABS 2.5 MG	20
WEBCOL ALCOHOL PREP LARGE 1 PLY	109	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	102	XARELTO TABS 20 MG	20
WEBCOL ALCOHOL PREP LARGE 2 PLY	109	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	102	XATMEP SOLN	46
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	109	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	102	XCOPRI TABS	25
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	142	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	102	XCOPRI TBPK	25
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	142	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	102	XDEMVI	163
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	143	WILATE KIT	91	XELJANZ SOLN	4
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	143	WINDMILL TRAINER MISC	149	XELJANZ TABS	4
WEGOVI	2	WINLEVI	71	XELJANZ XR TB24	4
WELCHOL PACK (colesevelam hcl) ..	38	WINREVAIR	64	XELODA (capecitabine)	46
WELCHOL TABS (colesevelam hcl) ..	38	XACIATO GEL	179	XELPROS EMUL	165
WELIREG	48	XADAGO	52	XELSTRYM	2
WELLBUTRIN SR TB12 (bupropion hcl)	26	XALATAN SOLN (latanoprost) ...	165	XENAZINE (tetrabenazine)	168
WELLBUTRIN XL TB24 (bupropion		XALKORI CAPS	50	XENPOZYME	85
		XALKORI CPSP	50	XEPI	72
		XANAX TABS (alprazolam)	17	XERAVA	171
		XANAX XR TB24 (alprazolam)	16	XERESE	74
		XANAX XR TB24 0.5 MG, 1 MG (alprazolam)	16	XGEVA SOLN	83
				XHANCE EXHU	158
				XIFAXAN	43
				XIGDUO XR (dapagliflozin propanediol-metformin hcl)	29

XIGDUO XR	30	XYZAL ALLERGY 24HR CHILDRENS SOLN (levocetirizine dihydrochloride)	37	ZEGERID CAPS (omeprazole-sodium bicarbonate)	176
XIIDRA	163	XYZAL ALLERGY 24HR TABS (levocetirizine dihydrochloride)	37	ZEGERID PACK (omeprazole-sodium bicarbonate)	176
XIMINO CP24 (minocycline hcl) ..	172	YASMIN 28 (drospirenone-ethinyl estradiol)	66	ZEJULA CAPS	50
XIMINO CP24	172	YAZ (drospirenone-ethinyl estradiol) 66		ZEJULA TABS	50
XOFLUZA 40 MG, 80 MG	59	YCANTH SOLN	78	ZELAPAR TBDP	52
XOLAIR SOAJ	17	YESCARTA	47	ZELBORAF	50
XOLAIR SOLR	17	YF-VAX INJ	179	ZEMAIRA SOLR 1000 MG	171
XOLAIR SOSY	17	YONSA	48	ZEMAIRA SOLR 4000 MG, 5000 MG	171
XOLREMDI	94	YUFLYMA 1-PEN KIT AJKT	6	ZEMBRACE SYMTOUCH SOAJ .	151
XOPENEX (levalbuterol hcl)	20	YUFLYMA 2-PEN KIT AJKT	6	ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)	85
XOPENEX CONCENTRATE (levalbuterol hcl)	20	YUFLYMA 2-SYRINGE KIT PSKT ..	6	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	81
XOPENEX HFA (levalbuterol tartrate)	20	YUFLYMA CD/UC/HS STARTER AJKT	6	ZEPATIER	59
XOSPATA	50	YUPELRI	18	ZEPOSIA 7-DAY STARTER PACK CPPK	169
XPHOZAH	85	YUSIMRY	6	ZEPOSIA CAPS	169
XPOVIO	48	zafirlukast	18	ZEPOSIA STARTER KIT CPPK ..	169
XPOVIO 60 MG TWICE WEEKLY 48		zaleplon	96	ZERVIAE	164
XPOVIO 80 MG TWICE WEEKLY 48		ZANAFLEX CAPS (tizanidine hcl) 157		ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide)	42
XTAMPZA ER	11	ZANAFLEX TABS 4 MG (tizanidine hcl)	157	ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide) ...	42
XTANDI CAPS	48	ZARONTIN CAPS (ethosuximide) .	25	ZESTRIL TABS 2.5 MG (lisinopril) .	40
XTANDI TABS	48	ZARONTIN SOLN (ethosuximide) .	25		
XULTOPHY 100/3.6	30	ZARXIO	93		
XYLIDERM	78	ZAVESCA (miglustat)	92		
XYNTHA	91	ZAVZPRET	150		
XYNTHA SOLOFUSE	91	ZEGALOGUE SOAJ	30		
XYOSTED SOAJ	13	ZEGALOGUE SOSY	30		
XYREM SOLN	167				
XYWAV	167				

ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (lisinopril)	40	ZIOPTAN (tafluprost)	165	ZOLGENSMA 12.6-13.0 KG	160
ZETIA (ezetimibe)	39	ziprasidone hcl	53	ZOLGENSMA 13.1-13.5 KG	160
ZETONNA AERS	158	ziprasidone mesylate	53	ZOLGENSMA 13.6-14.0 KG	160
ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	143	ZIPSOR CAPS (diclofenac potassium)	8	ZOLGENSMA 14.1-14.5 KG	160
ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	143	ZIRGAN GEL	163	ZOLGENSMA 14.6-15.0 KG	160
ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	143	ZITHROMAX PACK (azithromycin) 98	98	ZOLGENSMA 15.1-15.5 KG	160
ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	143	ZITHROMAX SUSR 100 MG/5ML (azithromycin)	98	ZOLGENSMA 15.6-16.0 KG	160
ZEV RX PEN NEEDLES 31G X 5MM	143	ZITHROMAX SUSR 200 MG/5ML (azithromycin)	98	ZOLGENSMA 16.1-16.5 KG	160
ZEV RX PEN NEEDLES 31G X 6MM	143	ZITHROMAX TABS 250 MG (azithromycin)	98	ZOLGENSMA 16.6-17.0 KG	160
ZEV RX PEN NEEDLES 31G X 8MM	143	ZITHROMAX TABS 500 MG (azithromycin)	98	ZOLGENSMA 17.1-17.5 KG	160
ZEV RX PEN NEEDLES 32G X 4MM	143	ZITHROMAX TRI-PAK TABS (azithromycin)	98	ZOLGENSMA 17.6-18.0 KG	160
ZIAC (bisoprolol & hydrochlorothiazide)	43	ZITHROMAX Z-PAK TABS (azithromycin)	98	ZOLGENSMA 18.1-18.5 KG	160
ZIAGEN SOLN (abacavir sulfate) ..	58	ZITUVIO	30	ZOLGENSMA 18.6-19.0 KG	160
ZIAGEN TABS (abacavir sulfate) ..	58	ZMA CLEAR SUSP	71	ZOLGENSMA 19.1-19.5 KG	160
ZIANA (clindamycin phosphate-tretinoin)	71	ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	39	ZOLGENSMA 19.6-20.0 KG	160
zidovudine CAPS	58	ZOKINVY	153	ZOLGENSMA 2.6-3.0 KG	160
zidovudine SYRP	58	zoledronic acid CONC	83	ZOLGENSMA 20.1-20.5 KG	160
zidovudine TABS	58	zoledronic acid SOLN	83	ZOLGENSMA 20.6-21.0 KG	160
ZIEXTENZO	93	ZOLEDRONIC ACID SOLN	83	ZOLGENSMA 3.1-3.5 KG	160
ZILBRYSQ	92	ZOLGENSMA 10.1-10.5 KG	160	ZOLGENSMA 3.6-4.0 KG	160
zileuton TB12	18	ZOLGENSMA 10.6-11.0 KG	160	ZOLGENSMA 4.1-4.5 KG	160
ZILRETTA SRER	69	ZOLGENSMA 11.1-11.5 KG	160	ZOLGENSMA 4.6-5.0 KG	160
ZIMHI SOSY	34	ZOLGENSMA 11.6-12.0 KG	160	ZOLGENSMA 5.1-5.5 KG	160
		ZOLGENSMA 12.1-12.5 KG	160	ZOLGENSMA 5.6-6.0 KG	160
				ZOLGENSMA 6.1-6.5 KG	160
				ZOLGENSMA 6.6-7.0 KG	160
				ZOLGENSMA 7.1-7.5 KG	160
				ZOLGENSMA 7.6-8.0 KG	160
				ZOLGENSMA 8.1-8.5 KG	160
				ZOLGENSMA 8.6-9.0 KG	160

ZOLGENSMA 9.1-9.5 KG	160	ZOVIRAX CREA (acyclovir topical) 74	ZYPREXA ZYDIS TBDP (olanzapine)	54
ZOLGENSMA 9.6-10.0 KG	160	ZOVIRAX OINT (acyclovir topical) .74	ZYRTEC ALLERGY TABS (cetirizine hcl)	37
ZOLINZA	50	ZOVIRAX SUSP (acyclovir)	ZYRTEC CHILDRENS ALLERGY SOLN OR (cetirizine hcl)	37
zolmitriptan SOLN 5 MG	151	ZTALMY	ZYRTEC-D ALLERGY/CONGESTION (cetirizine-pseudoephedrine)	69
zolmitriptan TABS	151	ZTLIDO PTCH	ZYRTEC-D ALLERGY/SINUS (cetirizine-pseudoephedrine)	69
zolmitriptan TBDP	151	ZUBSOLV SUBL 0.18 MG-0.7 MG 12	ZYTIGA 250 MG (abiraterone acetate)	48
ZOLOFT CONC (sertraline hcl)	27	ZUBSOLV SUBL 0.36 MG-1.4 MG 12	ZYTIGA 500 MG (abiraterone acetate)	48
ZOLOFT TABS 100 MG (sertraline hcl)	27	ZUBSOLV SUBL 0.71 MG-2.9 MG 12	ZYVOX SUSR (linezolid)	44
ZOLOFT TABS 25 MG, 50 MG (sertraline hcl)	27	ZUBSOLV SUBL 1.4 MG-5.7 MG . 12	ZYVOX TABS (linezolid)	44
ZOLPIDEM TARTRATE CAPS	96	ZUBSOLV SUBL 2.1 MG-8.6 MG . 12		
zolpidem tartrate SUBL	96	ZUBSOLV SUBL 2.9 MG-11.4 MG 12		
zolpidem tartrate TABS	96	ZURZUVAE		
zolpidem tartrate TBCR	96	ZYCLARA (imiquimod)		
ZOMACTON SOLR SC	84	ZYCLARA PUMP (imiquimod)		
ZOMIG SOLN (zolmitriptan)	151	ZYCLARA PUMP		
ZOMIG SOLN 2.5 MG	151	ZYDELIG		
ZOMIG TABS 2.5 MG, 5 MG (zolmitriptan)	151	ZYFLO TABS		
ZONALON (doxepin hcl (antipruritic))	73	ZYKADIA TABS		
ZONEGRAN CAPS 25 MG, 100 MG (zonisamide)	25	ZYLET		
ZONISADE SUSP	25	ZYLOPRIM (allopurinol)		
zonisamide CAPS	25	ZYMAXID (gatifloxacin (ophth)) .163		
ZORBTIVE SC	84	ZYMFENTRA 1-PEN AJKT		
ZORTRESS (everolimus (immunosuppressant))	153	ZYMFENTRA 2-PEN AJKT		
ZORYVE	74	ZYMFENTRA 2-SYRINGE PSKT .89		
ZORYVE 0.3 %	74	ZYNTEGLO		
ZOSYN	166	ZYPITAMAG 2 MG, 4 MG		
		ZYPREXA RELPREVV		
		ZYPREXA SOLR (olanzapine)		
		ZYPREXA TABS (olanzapine)		