

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 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-3.75 MG, 5 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 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	AL(At least 5 yrs old)
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	1	SON; AL(At least 5 yrs old); MP
lisdexamfetamine dimesylate CAPS 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	1	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
VYVANSE CHEW	2	SON; AL(At least 5 yrs old); MP
XELSTRYM	NP	SON; QL(20 ea daily); PA
Analeptics		
CAFCIT SOLN IV 60 MG/3ML (<i>caffeine citrate</i>)	NF	
<i>caffeine citrate SOLN OR</i>	1	QL(45 ml per fill retail)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl</i>	1	SON; AL(At least 5 yrs old); MP
<i>clonidine hcl (adhd) TB12</i>	1	SON; AL(At least 4 yrs old); MP
<i>guanfacine hcl (adhd)</i>	1	SON; AL(At least 4 yrs old); MP
INTUNIV (<i>guanfacine hcl (adhd)</i>)	NP	SON; AL(At least 4 yrs old); MP; PA
KAPVAY TB12 (<i>clonidine hcl (adhd)</i>)	NF	SON; AL(At least 4 yrs old); MP
QELBREE	2	SON; AL(At least 6 yrs old); PA
STRATTERA (<i>atomoxetine hcl</i>)	NP	SON; AL(At least 5 yrs old); MP; PA
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
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
WAKIX 4.45 MG	NP	SON; QL(8 ea daily; 14 ea per 7 day(s) retail); SP; PA
Stimulants - Misc.		
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
APTENSIO XR CP24 60 MG (<i>methylphenidate hcl</i>)	NP	SON; QL(20 ea daily); AL(At least 5 yrs old); MP; PA
<i>armodafinil 50 MG</i>	1	SON; QL(2 ea daily); AL(At least 18 yrs old); MP; PA
<i>armodafinil 150 MG, 200 MG, 250 MG</i>	1	SON; QL(1 ea daily); AL(At least 18 yrs old); MP; PA
AZSTARYS	NP	SON; AL(At least 5 yrs old)
CONCERTA TBCR (<i>methylphenidate hcl</i>)	2	SON; AL(At least 5 yrs old); MP
COTEMPLA XR-ODT TBED	NP	SON; AL(At least 5 yrs old); PA
DAYTRANA PTCH (<i>methylphenidate</i>)	NP	SON; AL(At least 5 yrs old); PA
<i>dexmethylphenidate hcl CP24</i>	1	SON; AL(At least 5 yrs old)
<i>dexmethylphenidate hcl TABS</i>	1	SON; AL(At least 5 yrs old); MP
FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	NP	SON; AL(At least 5 yrs old); MP; PA
FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	2	SON; AL(At least 5 yrs old); MP
JORNAY PM CP24	NP	SON; AL(At least 5 yrs old); PA
METADATE CD CPCR (<i>methylphenidate hcl</i>)	NF	AL(At least 5 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
METHYLIN SOLN (methylphenidate hcl)	2	SON; 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
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 18 MG, 27 MG, 36 MG, 54 MG	2	SON; AL(At least 5 yrs old); MP
methylphenidate hcl CPCR	1	SON; AL(At least 5 yrs old); MP	RELEXXII TBCR 45 MG, 63 MG (methylphenidate hcl)	NP	SON; QL(20 ea daily); PA
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 72 MG	NP	SON; AL(At least 5 yrs old)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
methylphenidate hcl TBCR	1	SON; AL(At least 5 yrs old); MP	Allergenic Extracts		
methylphenidate hcl TBCR 45 MG, 63 MG	NP	SON; QL(20 ea daily); PA	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
NUVIGIL 50 MG (armodafinil)	NP	SON; QL(2 ea daily); AL(At least 18 yrs old); MP; PA	ORALAIR CHILDREN/ADOLESCENTS STARTER PACK SUBL	2	PA
			ORALAIR SUBL	2	PA
			PALFORZIA INITIAL DOSE ESCALATION CSPK	2	SP; PA
			PALFORZIA LEVEL 10 CSPK	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA LEVEL 11 (MAINTENANCE) PACK	2	SP; PA
PALFORZIA LEVEL 11 (TITRATION) PACK	2	SP; PA
PALFORZIA LEVEL 1 CSPK	2	SP; PA
PALFORZIA LEVEL 2 CSPK	2	SP; PA
PALFORZIA LEVEL 3 CSPK	2	SP; PA
PALFORZIA LEVEL 4 CSPK	2	SP; PA
PALFORZIA LEVEL 5 CSPK	2	SP; PA
PALFORZIA LEVEL 6 CSPK	2	SP; PA
PALFORZIA LEVEL 7 CSPK	2	SP; PA
PALFORZIA LEVEL 8 CSPK	2	SP; PA
PALFORZIA LEVEL 9 CSPK	2	SP; PA
RAGWITEK SUBL	2	PA
AMEBICIDES		
Amebicides		
SOLOSEC	2	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1	
ARIKAYCE	NP	SP; PA
BETHKIS NEBU (<i>tobramycin</i>)	NP	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	
<i>gentamicin sulfate IJ</i>	1	

Drug Name	Drug Tier	Requirements/Limits
KITABIS PAK NEBU (<i>tobramycin</i>)	2	SP; PA
<i>neomycin sulfate TABS</i>	1	
<i>streptomycin sulfate SOLR</i>	1	
TOBI PODHALER CAPS	NP	SP; PA
TOBI NEBU (<i>tobramycin</i>)	NP	SP; PA
TOBI NEBU (<i>tobramycin</i>)	NF	SP
<i>tobramycin sulfate SOLN IJ</i>	1	
<i>tobramycin sulfate SOLR</i>	1	
<i>tobramycin NEBU</i>	2	SP; PA
<i>tobramycin NEBU</i>	NP	SP; PA
<i>tobramycin NEBU</i>	1	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP; PA
RINVOQ	NP	SP; PA
XELJANZ XR TB24	NP	SP; PA
XELJANZ SOLN	NP	SP; PA
XELJANZ TABS	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
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
REDITREX SOSY	NP	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ABRILADA 1-PEN KIT AJKT	NP	SP; PA	ADALIMUMAB-FKJP PSKT	NP	SP; PA
ABRILADA 2-PEN KIT AJKT	NP	SP; PA	ADALIMUMAB-RYVK (2 PEN) 40 MG/0.4ML	NP	SP; PA
ABRILADA PSKT	NP	SP; PA	AMJEVITA SOAJ	NP	SP; PA
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP; PA	AMJEVITA SOSY	NP	SP; PA
ADALIMUMAB-AATY 1-PEN KIT AJKT	NP	SP; PA	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	PA
ADALIMUMAB-AATY 2-PEN KIT AJKT	NP	SP; PA	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP; PA
ADALIMUMAB-AATY 2-SYRINGE KIT PSKT	NP	SP; PA	CYLTEZO STARTER PACKAGE FOR PSORIASIS/UEVITIS AJKT 40 MG/0.4ML	NP	PA
ADALIMUMAB-ADAZ SOAJ	NP	SP; PA	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP	SP; PA
ADALIMUMAB-ADAZ SOSY	NP	SP; PA	CYLTEZO AJKT	NP	SP; PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	NP	SP; PA	CYLTEZO AJKT	NP	PA
ADALIMUMAB-ADBM PSORIASIS/UEVITIS STARTER AJKT	NP	SP; PA	CYLTEZO PSKT	NP	SP; PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT 40 MG/0.4ML	NP	PA	CYLTEZO PSKT 40 MG/0.4ML	NP	PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UEVITIS AJKT 40 MG/0.4ML	NP	PA	HADLIMA PUSHTOUCH SOAJ	NP	SP; PA
ADALIMUMAB-ADBM AJKT	NP	SP; PA	HADLIMA SOSY	NP	SP; PA
ADALIMUMAB-ADBM AJKT	NP	PA	HULIO AJKT	NP	SP; PA
ADALIMUMAB-ADBM PSKT	NP	SP; PA	HULIO PSKT	NP	SP; PA
ADALIMUMAB-ADBM PSKT 40 MG/0.4ML	NP	PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	2	SP; PA
ADALIMUMAB-FKJP AJKT	NP	SP; PA	HUMIRA PEN-CD/UC/HS STARTER PNKT	2	SP; PA
			HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	2	SP; PA
			HUMIRA PEN PNKT	2	SP; PA
			HUMIRA PEN-PS/UV STARTER PNKT	2	SP; PA
			HUMIRA PSKT	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	NP	SP; PA
HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	NP	SP; PA
HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	NP	SP; PA
HYRIMOZ PLAQUE PSORIASISSTARTER 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 CROHNS DISEASE AJKT	NP	SP; PA
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	NP	SP; PA
SIMLANDI 1-PEN KIT	NP	SP; PA
SIMLANDI 2-PEN KIT	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
Interleukin-1 Blockers		

Drug Name	Drug Tier	Requirements/Limits
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 SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	PA
TYENNE	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 (<i>celecoxib</i>)	NP	MP; PA
<i>celecoxib</i>	NP	MP
CHILDRENS ADVIL SUSP 100 MG/5ML (<i>ibuprofen</i>)	NF	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>ibuprofen</i>)	NF	MP; RX/OTC	<i>indomethacin SUPP</i>	1	
DAYPRO TABS (<i>oxaprozin</i>)	NP	MP; PA	<i>indomethacin SUSP</i>	NP	PA
<i>diclofenac potassium CAPS</i>	NP	PA	INFANTS ADVIL SUSP (<i>ibuprofen</i>)	NF	MP
<i>diclofenac potassium TABS</i>	1		<i>ketoprofen CAPS 25 MG</i>	NP	
<i>diclofenac sodium-capsaicin</i>	NP	PA	<i>ketoprofen CP24</i>	NP	MP; PA
<i>diclofenac sodium TB24</i>	1	MP	<i>ketorolac tromethamine SOLN IM 30 MG/ML, 60 MG/2ML</i>	1	PA
<i>diclofenac sodium TBEC</i>	1	MP	KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	NP	PA
<i>diclofenac w/ misoprostol TBEC</i>	NP	PA	<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per 30 day(s) retail); AL(At least 17 yrs old)
DUEXIS (<i>ibuprofen-famotidine</i>)	NP	PA	LODINE TABS (<i>etodolac</i>)	NF	MP
EC-NAPROSYN TBEC (<i>naproxen</i>)	NF	QL(2 ea daily); MP	<i>meclofenamate sodium CAPS</i>	NP	MP
<i>etodolac CAPS</i>	NP	MP	<i>mefenamic acid CAPS</i>	NP	MP; PA
<i>etodolac TABS</i>	NP	MP	<i>meloxicam CAPS</i>	NP	PA
<i>etodolac TB24</i>	NP	MP; PA	<i>meloxicam TABS</i>	1	MP
FELDENE CAPS 10 MG (<i>piroxicam</i>)	NF	MP	MOTRIN CHILDRENS CHEW (<i>ibuprofen</i>)	NF	
FELDENE CAPS 20 MG (<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 100 MG</i>	1	MP	NALFON TABS (<i>fenoprofen calcium</i>)	NP	MP; PA
<i>flurbiprofen TABS 50 MG</i>	2	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 600 MG	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	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

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SOAJ	2	SP; PA
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)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	2		<i>aspirin TBEC 81 MG, 325 MG</i>	1	
<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	1		<i>diflunisal TABS</i>	NP	MP
<i>acetaminophen TABS 325 MG, 500 MG</i>	1		ECOTRIN ARTHRITIS PAIN TBEC (<i>aspirin</i>)	NF	
<i>acetaminophen TBCR</i>	1		ECOTRIN REGULAR STRENGTH TBEC (<i>aspirin</i>)	NF	
FEVERALL INFANTS SUPP	2		ECOTRIN TBEC (<i>aspirin</i>)	NF	
FEVERALL JUNIOR STRENGTH SUPP	1	QL(12 ea per fill retail)	<i>salsalate</i>	NP	MP
OFIRMEV SOLN IV (<i>acetaminophen</i>)	NF		ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
TYLENOL 8 HOUR ARTHRITIS PAIN TBCR (<i>acetaminophen</i>)	NF		Opioid Agonists		
TYLENOL 8 HOUR TBCR (<i>acetaminophen</i>)	NF		ACTIQ LPOP (<i>fentanyl citrate</i>)	NP	
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (<i>acetaminophen</i>)	NF		<i>codeine sulfate TABS 30 MG</i>	1	AL(At least 21 yrs old)
TYLENOL CHILDRENS PAIN + FEVER SUSP (<i>acetaminophen</i>)	NF		CODEINE SULFATE TABS	1	AL(At least 21 yrs old)
TYLENOL CHILDRENS SUSP (<i>acetaminophen</i>)	NF		CONZIP CP24 (<i>tramadol hcl</i>)	NP	AL(At least 21 yrs old)
TYLENOL EXTRA STRENGTH TABS (<i>acetaminophen</i>)	NF		DILAUDID LIQD (<i>hydromorphone hcl</i>)	NP	PA
TYLENOL FOR CHILDREN/ADULTS SUSP (<i>acetaminophen</i>)	NF		DILAUDID TABS (<i>hydromorphone hcl</i>)	NP	PA
TYLENOL INFANTS PAIN+FEVER SUSP (<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		MORPHINE SULFATE SOLN OR 20 MG/5ML	NP	
<i>hydrocodone bitartrate CP12</i>	NP		<i>morphine sulfate SUPP 10 MG, 20 MG, 30 MG</i>	1	
<i>hydrocodone bitartrate T24A</i>	NP		<i>morphine sulfate SUPP 5 MG</i>	1	QL(24 ea per fill retail)
<i>hydromorphone hcl LIQD</i>	NP		<i>morphine sulfate TABS</i>	1	
HYDROMORPHONE HCL SUPP	1		<i>morphine sulfate TBCR</i>	1	QL(3 ea daily)
<i>hydromorphone hcl TABS</i>	1		MS CONTIN TBCR (<i>morphine sulfate</i>)	NP	QL(3 ea daily); PA
<i>hydromorphone hcl TB24</i>	NP		NUCYNTA ER TB12	NP	
HYSINGLA ER T24A	NP	PA	NUCYNTA TABS	NP	
<i>levorphanol tartrate TABS 2 MG</i>	NP		<i>oxycodone hcl CAPS</i>	NP	
<i>levorphanol tartrate TABS 3 MG</i>	NP		<i>oxycodone hcl CONC 100 MG/5ML</i>	NP	
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	NP		<i>oxycodone hcl SOLN</i>	1	
<i>meperidine hcl TABS 50 MG</i>	NP		<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	NP	QL(2 ea daily)
<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		<i>oxycodone hcl TABS 10 MG, 20 MG</i>	1	AL(At least 18 yrs old)
<i>methadone hcl SOLN OR</i>	NP		OXYCONTIN T12A	NP	QL(2 ea daily)
METHADONE HCL SOLN IJ	NP		<i>oxymorphone hcl TABS</i>	NP	
<i>methadone hcl TABS</i>	NP		<i>oxymorphone hcl TB12</i>	NP	
<i>methadone hcl TBSO</i>	NP	QL(0.5 ea daily)	QDOLO SOLN (<i>tramadol hcl</i>)	NP	PA
METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	NP	QL(2 ml daily)	ROXICODONE TABS 5 MG (<i>oxycodone hcl</i>)	NF	
METHADOSE CONC (<i>methadone hcl</i>)	NP	QL(2 ml daily)	ROXICODONE TABS 15 MG, 30 MG (<i>oxycodone hcl</i>)	NP	PA
<i>morphine sulfate beads</i>	NP		ROXYBOND TABA	NP	
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	NP		<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	AL(At least 21 yrs old)
			<i>tramadol hcl SOLN</i>	NP	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl TABS 25 MG</i>	NP	PA	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	2	
<i>tramadol hcl TABS 50 MG</i>	1	AL(At least 21 yrs old)			
<i>tramadol hcl TABS 100 MG</i>	NP		<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>tramadol hcl TB24</i>	NP	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			
ULTRAM TABS (<i>tramadol hcl</i>)	NF	AL(At least 21 yrs old)	NALOCET TABS	NP	PA
XTAMPZA ER	NP		<i>oxycodone w/ acetaminophen SOLN</i>	NP	PA
Opioid Combinations			<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	
<i>acetaminophen w/ codeine SOLN</i>	1	AL(At least 21 yrs old)	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 TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	AL(At least 21 yrs old)	PROLATE SOLN	NP	PA
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NP		PROLATE TABS	NP	PA
APADAZ	NP		SEGLENTIS	NP	PA
BENZHYDROCODONE/A CETAMINOPHEN	NP		<i>tramadol-acetaminophen</i>	1	AL(At least 21 yrs old)
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1	AL(At least 21 yrs old)	ULTRACET (<i>tramadol-acetaminophen</i>)	NF	AL(At least 21 yrs old)
<i>butalbital-aspirin-caffeine w/cod</i>	1	AL(At least 21 yrs old)	Opioid Partial Agonists		
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	BELBUCA FILM	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>	1		BRIXADI SOSY	2	SP
			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</i> FILM SL 3 MG-12 MG	NP	PA required if > 32mg buprenorphine per day; QL(2.7 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</i> FILM SL 1 MG-4 MG	NP	PA required if > 32mg buprenorphine per day; QL(8 ea daily); PA	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</i> FILM SL 2 MG-8 MG	NP	PA required if > 32mg buprenorphine per day; QL(4 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</i> FILM SL 0.5 MG-2 MG	NP	PA required if > 32mg buprenorphine per day; QL(16 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</i> SUBL 0.5 MG-2 MG	1	PA required if > 32mg buprenorphine per day; QL(16 ea daily)	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</i> SUBL 2 MG-8 MG	1	PA required if > 32mg buprenorphine per day; QL(4 ea daily)	ZUBSOLV SUBL 2.1 MG-8.6 MG	NP	QL(2.7 ea daily); PA
<i>buprenorphine hcl SOLN</i>	NP		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 0.18 MG-0.7 MG	NP	QL(32.6 ea daily); PA
<i>buprenorphine hcl SUBL 2 MG</i>	NP	QL(16 ea daily); PA	ZUBSOLV SUBL 2.9 MG-11.4 MG	NP	QL(2 ea daily); PA
<i>buprenorphine PTWK</i>	1		ZUBSOLV SUBL 0.71 MG-2.9 MG	NP	QL(7.9 ea daily); PA
<i>buprenorphine PTWK 7.5 MCG/HR</i>	1	PA	ZUBSOLV SUBL 0.36 MG-1.4 MG	NP	QL(16.3 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>)	NP	QL(150 gm per 30 day(s) retail); PA
			ANDROGEL PUMP GEL TD 1.62 % (<i>testosterone</i>)	NF	QL(150 gm per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANDROGEL GEL TD 25 MG/2.5GM, 50 MG/5GM (<i>testosterone</i>)	NF	QL(300 gm per 30 day(s) retail); MP	<i>testosterone enanthate SOLN IM</i>	NP	QL(2 ml per 28 day(s) retail); ST
ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (<i>testosterone</i>)	NF	QL(150 gm per 30 day(s) retail)	<i>testosterone GEL TD 10 MG/ACT</i>	NP	QL(120 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 %, 25 MG/2.5GM, 50 MG/5GM</i>	1	QL(300 gm per 30 day(s) retail); MP; PA
FORTESTA GEL TD (<i>testosterone</i>)	NP	QL(120 gm per 30 day(s) retail); PA	<i>testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM</i>	NP	QL(150 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 - 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 100 MG/ML</i>	1	QL(10 ml per 28 day(s) retail); PA	<i>budesonide (intrarectal)</i>	NP	
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	1	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>	1	QL(10 ml per 56 day(s) retail; 10 ml per 56 days mail); PA	CORTIFOAM EX 10 %	NP	PA
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	2	QL(20 ml per 56 day(s) retail); PA	<i>hydrocortisone (intrarectal)</i>	1	QL(420 ml per fill retail)
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	2	QL(2 ml per 28 day(s) retail); PA	UCERIS (<i>budesonide (intrarectal)</i>)	NP	PA
			Rectal Combinations		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANALPRAM HC CREA EX (hydrocortisone acetate w/ pramoxine)	NF		TUMS CHEWY BITES CHEW (calcium carbonate (antacid))	NF	
hydrocortisone acetate w/ pramoxine CREA EX 1 %- 1 %	1		TUMS E-X 750 CHEW (calcium carbonate (antacid))	NF	
LIDOCAINE HCL- HYDROCORTISONE ACETATE WITH ALOE GEL	NP	PA	TUMS EXTRA STRENGTH 750 CHEW (calcium carbonate (antacid))	NF	
lidocaine-hydrocortisone acetate (rectal) CREA EX	1		TUMS LASTING EFFECTS CHEW (calcium carbonate (antacid))	NF	
lidocaine-hydrocortisone acetate (rectal) KIT	NP	PA	TUMS SMOOTHIES CHEW (calcium carbonate (antacid))	NF	
PROCTOFOAM HC FOAM EX	NP	PA	TUMS ULTRA 1000 CHEW (calcium carbonate (antacid))	NF	
Rectal Steroids			TUMS CHEW (calcium carbonate (antacid))	NF	
ANUSOL-HC EX (hydrocortisone (rectal))	NP	PA	ANTHELMINTICS - Drugs to Treat Worm Infections		
hydrocortisone (rectal) EX 1 %	NP	PA; RX/OTC	Anthelmintics		
hydrocortisone (rectal) EX	1		<i>albendazole</i>	1	
hydrocortisone acetate (rectal)	1		BENZNIDAZOLE	NP	SP; PA
Vasodilating Agents			BILTRICIDE (praziquantel)	NP	PA
<i>nitroglycerin (intra-anal)</i>	1	PA	EGATEN	2	
RECTIV (<i>nitroglycerin (intra-anal)</i>)	NP	PA	EMVERM CHEW	NP	QL(1 ea per 14 day(s) retail); PA
ANTACIDS			<i>ivermectin</i>	NP	PA
Antacid Combinations			<i>praziquantel</i>	NP	PA
MAG-AL LIQD	2		STROMECTOL (ivermectin)	NP	PA
Antacids - Calcium Salts			ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
<i>calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG</i>	1		Antianginals-Other		
<i>calcium carbonate (antacid) SUSP</i>	1	QL(16.67 ml daily)			
CALCIUM CARBONATE TABS 648 MG	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ASPRUZYO SPRINKLE PACK	NP	PA	<i>bupirone hcl 15 MG, 30 MG</i>	1	QL(3 ea daily); MP
RANEXA TB12 (<i>ranolazine</i>)	NF	MP	<i>bupirone hcl</i>	1	SON; QL(3 ea daily); MP
<i>ranolazine TB12</i>	1	MP; PA	<i>droperidol SOLN 2.5 MG/ML</i>	1	SON; QL(200 ml daily)
Nitrates			<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	1	SON; QL(200 ml daily)
GONITRO PACK	NP		<i>hydroxyzine hcl SYRP</i>	1	SON; QL(200 ml daily)
ISORDIL TITRADOSE TABS 5 MG (<i>isosorbide dinitrate</i>)	2	MP	<i>hydroxyzine hcl TABS 25 MG</i>	1	QL(20 ea daily); MP
ISORDIL TITRADOSE TABS 40 MG (<i>isosorbide dinitrate</i>)	NP	PA	<i>hydroxyzine hcl TABS</i>	1	SON; QL(20 ea daily); MP
<i>isosorbide dinitrate TABS</i>	1	MP	<i>hydroxyzine pamoate CAPS</i>	1	SON; QL(20 ea daily)
<i>isosorbide mononitrate TABS</i>	1	QL(2 ea daily); MP	<i>hydroxyzine pamoate CAPS 25 MG, 50 MG</i>	1	QL(20 ea daily)
<i>isosorbide mononitrate TB24</i>	1	QL(1 ea daily); MP	<i>meprobamate</i>	NP	SON; QL(20 ea daily); PA
NITRO-BID OINT	1	MP	VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	NP	SON; QL(20 ea daily); MP; PA
NITRO-DUR PT24 0.1 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	NF	MP	Benzodiazepines		
NITRO-DUR PT24	2		ALPRAZOLAM INTENSOL CONC	NP	SON; QL(200 ml daily)
NITRO-DUR PT24 (<i>nitroglycerin</i>)	NP	MP; PA	<i>alprazolam TABS</i>	1	SON; QL(4 ea daily)
<i>nitroglycerin in d5w</i>	1	PA	<i>alprazolam TB24</i>	NP	SON; QL(20 ea daily)
<i>nitroglycerin CPCR</i>	1	MP	<i>alprazolam TBDP</i>	NP	SON; QL(20 ea daily)
<i>nitroglycerin PT24</i>	1	MP	ATIVAN SOLN (<i>lorazepam</i>)	NP	SON; QL(200 ml daily); PA
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	NP	PA	ATIVAN TABS 1 MG (<i>lorazepam</i>)	NP	SON; QL(4 ea daily); PA
NITROGLYCERIN SOLN IV	NP	PA	ATIVAN TABS 0.5 MG, 2 MG (<i>lorazepam</i>)	NP	SON; QL(3 ea daily); PA
<i>nitroglycerin SUBL</i>	1	MP	<i>chlordiazepoxide hcl CAPS</i>	1	SON; QL(4 ea daily)
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	NP	PA	<i>chlordiazepoxide hcl CAPS 5 MG</i>	1	QL(4 ea daily)
NITROSTAT SUBL (<i>nitroglycerin</i>)	NP	MP; PA	<i>clorazepate dipotassium TABS</i>	NP	SON; QL(3 ea daily)
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety					
Antianxiety Agents - Misc.					

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

Drug Name	Drug Tier	Requirements/Limits
NORPACE CR CP12	NP	
NORPACE CAPS (<i>disopyramide phosphate</i>)	NP	MP; PA
<i>procainamide hcl SOLN</i>	1	PA
<i>procainamide hcl SOLN 100 MG/ML</i>	2	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
<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		

Drug Name	Drug Tier	Requirements/Limits
CINQAIR	2	SP; MP; PA
FASENRA PEN SOAJ	2	SP; PA
FASENRA SOSY	2	PA
FASENRA SOSY	2	SP; MP; 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
SPIRIVA HANDHALER CAPS (<i>tiotropium bromide monohydrate</i>)	2	MP
SPIRIVA RESPIMAT AERS	NP	MP; PA
<i>tiotropium bromide monohydrate CAPS</i>	1	MP
TUDORZA PRESSAIR	NP	MP
YUPELRI	NP	
Leukotriene Modulators		
ACCOLATE (<i>zafirlukast</i>)	NP	MP; PA
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium PACK</i>	1	QL(1 ea daily); MP
<i>montelukast sodium TABS</i>	1	QL(1 ea daily); MP
SINGULAIR CHEW (<i>montelukast sodium</i>)	NP	QL(1 ea daily); MP; PA
SINGULAIR PACK (<i>montelukast sodium</i>)	NP	QL(1 ea daily); MP; PA
SINGULAIR TABS (<i>montelukast sodium</i>)	NP	QL(1 ea daily); MP; PA
<i>zafirlukast</i>	1	MP
<i>zileuton TB12</i>	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
ASMANEX TWISTHALER 14 METERED DOSES AEPB	NP	MP
ASMANEX TWISTHALER 30 METERED DOSES AEPB	NP	MP
ASMANEX TWISTHALER 60 METERED DOSES AEPB	NP	MP
<i>budesonide (inhalation) SUSP</i>	1	QL(4 ml daily); AL(At least 1 yrs old - Up to 8 yrs old); MP
FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST (<i>fluticasone propionate (inhalation)</i>)	2	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS AEPB 50 MCG/BLIST (<i>fluticasone propionate (inhalation)</i>)	2	QL(2.4 ea daily); MP	AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	MP; PA
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	2	QL(0.48 gm daily); MP	AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	MP; PA
FLOVENT HFA 44 MCG/ACT	2	QL(0.44 gm daily); MP	AIRSUPRA	NP	
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	2	QL(2.4 ea daily); MP	<i>albuterol sulfate AERS</i>	1	QL(8.5 gm per fill retail; 17 gm per 30 day(s) retail)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT, 250 MCG/ACT</i>	2	QL(2 ea daily); MP	<i>albuterol sulfate AERS</i>	1	QL(6.7 gm per fill retail; 13.4 gm per 30 day(s) retail)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	2	QL(0.48 gm daily); MP	<i>albuterol sulfate AERS</i>	NP	QL(18 gm per fill retail; 36 gm per 30 day(s) retail)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	2	QL(0.44 gm daily); MP	<i>albuterol sulfate NEBU 0.083 %</i>	1	QL(15 ml daily); MP
PULMICORT FLEXHALER AEPB	2	QL(0.034 ea daily); MP	<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	1	QL(12.5 ml daily); 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>albuterol sulfate NEBU 2.5 MG/0.5ML</i>	1	QL(2 ea daily); MP
QVAR REDHALER	NP	MP	<i>albuterol sulfate SYRP</i>	1	MP
Sympathomimetics			<i>albuterol sulfate TABS</i>	1	MP
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	2	QL(2 ea daily); MP	ANORO ELLIPTA	2	MP
ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	2	QL(0.4 gm daily); MP	<i>arformoterol tartrate</i>	NP	MP
AIRDUO DIGIHALER 113/14	NP	PA	BEVESPI AEROSPHERE	NP	MP
AIRDUO DIGIHALER 232/14	NP	PA	BREO ELLIPTA 50 MCG/INH-25 MCG/INH	NP	
AIRDUO DIGIHALER 55/14	NP	PA	BREO ELLIPTA 200 MCG/INH-25 MCG/INH	NP	QL(2 ea daily); AL(At least 18 yrs old); MP
AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	MP; PA	BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	NP	AL(At least 18 yrs old); MP
			BREZTRI AEROSPHERE	NP	
			BROVANA (<i>arformoterol tartrate</i>)	NP	MP; PA
			<i>budesonide-formoterol fumarate dihydrate</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT AERS	2	QL(4 gm per fill retail); MP	PROAIR RESPICLICK AEPB	NP	
DUAKLIR PRESSAIR	NP	PA	PROVENTIL HFA AERS (<i>albuterol sulfate</i>)	NF	Limit 2 inhalers per month; QL(6.7 gm per fill retail; 13.4 gm per 30 day(s) retail)
DULERA	2		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)
<i>fluticasone furoate-vilanterol 100 MCG/INH-25 MCG/INH</i>	NP	AL(At least 18 yrs old); MP	SEREVENT DISKUS	2	QL(2 ea daily); MP
<i>fluticasone furoate-vilanterol 200 MCG/INH-25 MCG/INH</i>	NP	QL(2 ea daily); AL(At least 18 yrs old); MP	STIOLTO RESPIMAT	2	MP
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	NP	QL(2 ea daily); MP; PA	STRIVERDI RESPIMAT	NP	MP
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 ea daily); MP	SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	2	MP
<i>fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT</i>	NP	MP; PA	<i>terbutaline sulfate SOLN</i>	NP	
<i>fluticasone-salmeterol AERO</i>	2	QL(0.4 gm daily); MP	<i>terbutaline sulfate TABS</i>	NP	MP
<i>formoterol fumarate NEBU</i>	NP	MP	TRELEGY ELLIPTA	NP	
<i>ipratropium-albuterol SOLN</i>	1	QL(12 ml daily); MP	VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	NP	QL(8 gm per fill retail; 16 gm per 30 day(s) retail)
<i>levalbuterol hcl</i>	NP	MP	XOPENEX (<i>levalbuterol hcl</i>)	NF	MP
<i>levalbuterol tartrate</i>	NP		XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>)	NF	MP
PERFOROMIST NEBU (<i>formoterol fumarate</i>)	NP	MP; PA	XOPENEX HFA (<i>levalbuterol tartrate</i>)	NP	
PROAIR DIGIHALER	NP	PA	Xanthines		
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)	<i>aminophylline SOLN</i>	1	PA
			THEO-24 CP24	NP	MP
			<i>theophylline ELIX</i>	1	MP
			<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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Coumarin Anticoagulants			<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
<i>warfarin sodium TABS</i>	1	MP	<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
Direct Factor Xa Inhibitors			<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
ELIQUIS STARTER PACK TBPK	2	QL(4 ea daily); MP	<i>fondaparinux sodium</i>	NP	SP
ELIQUIS TABS	2	QL(2 ea daily); MP	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	SP
SAVAYSA	NP	QL(1 ea daily)	FRAGMIN SOSY	NP	SP
XARELTO STARTER PACK TBPK	2		<i>heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L</i>	1	PA
XARELTO SUSR	NP	PA	<i>heparin (porcine) in sodium chloride SOLN IV 0.9 %-2000 UNIT/L</i>	2	PA
XARELTO TABS 20 MG	2	QL(1 ea daily); AL(At least 18 yrs old); MP	<i>heparin sodium (porcine) lock flush 10 UNIT/ML, 100 UNIT/ML</i>	1	PA
XARELTO TABS 15 MG	2	QL(2 ea daily); AL(At least 18 yrs old); MP	<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
XARELTO TABS 2.5 MG	2	QL(2 ea daily)	<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/0.5ML</i>	2	PA
XARELTO TABS 10 MG	2	QL(1 ea daily); 35 ea per 180 day(s) retail; AL(At least 18 yrs old); MP	HEPARIN SODIUM/D5W	1	PA
Heparins And Heparinoid-Like Agents			HEPARIN SODIUM/DEXTROSE 25000 UNIT/500ML-5 %, 5 %-25000 UNIT/250ML	1	PA
ARIXTRA (<i>fondaparinux sodium</i>)	NP	SP; PA	HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	2	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 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			
<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			

Drug Name	Drug Tier	Requirements/Limits
HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-25000 UNIT/250ML	1	PA
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IJ (<i>heparin (porcine) in sodium chloride</i>)	NF	
HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	1	PA
HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	2	PA
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	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
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
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
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
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

Drug Name	Drug Tier	Requirements/Limits
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	MP
<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 ea daily); MP
PRADAXA CAPS 110 MG (<i>dabigatran etexilate mesylate</i>)	2	MP
PRADAXA CAPS	2	QL(2 ea daily); MP
PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	2	QL(2 ea daily); 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)
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 BU 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG	NP	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NAYZILAM	NP	SON; QL(200 ea daily); PA	DIACOMIT PACK	NP	SP; PA
ONFI SUSP (<i>clobazam</i>)	NP	SON; QL(200 ml daily); PA	ELEPSIA XR TB24	NP	SON; QL(20 ea daily); PA
ONFI TABS (<i>clobazam</i>)	NP	SON; QL(20 ea daily); PA	EPIDIOLEX	NP	SON; QL(200 ml daily); SP
SYMPAZAN FILM	NP	SON; QL(20 ea daily); PA	EPRONTIA SOLN	NP	SON; QL(200 ml daily); PA
VALTOCO 10 MG DOSE LIQD	2	SON; QL(200 ea daily)	FINTEPLA	NP	SON; QL(200 ml daily); SP; PA
VALTOCO 15 MG DOSE LQPK	2	SON; QL(20 ea daily)	<i>gabapentin CAPS 100 MG, 400 MG</i>	1	QL(4 ea daily); MP
VALTOCO 20 MG DOSE LQPK	2	SON; QL(20 ea daily)	<i>gabapentin CAPS 300 MG</i>	1	QL(20 ea daily); MP
VALTOCO 5 MG DOSE LIQD	2	SON; QL(200 ea daily)	<i>gabapentin SOLN</i>	1	SON; QL(200 ml daily); MP
Anticonvulsants - Misc.			<i>gabapentin TABS 800 MG</i>	1	QL(4 ea daily); MP
APTIOM	NP	SON; QL(20 ea daily); PA	<i>gabapentin TABS 800 MG</i>	1	SON; QL(4 ea daily); MP
BANZEL SUSP (<i>rufinamide</i>)	NP	SON; QL(200 ml daily); SP; PA	<i>gabapentin TABS 600 MG</i>	1	SON; QL(20 ea daily); MP
BANZEL TABS (<i>rufinamide</i>)	NP	SON; QL(20 ea daily); SP; PA	<i>gabapentin TABS 600 MG</i>	1	QL(20 ea daily); MP
BRIVIACT SOLN OR 10 MG/ML	NP	QL(200 ml daily); SP; PA	KEPPRA XR TB24 (<i>levetiracetam</i>)	NP	SON; QL(20 ea daily); MP; PA
BRIVIACT SOLN IV 50 MG/5ML	2	SON; QL(800 ml daily); SP; PA	KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>)	NP	SON; QL(30 ml daily); MP; PA
BRIVIACT TABS	NP	QL(20 ea daily); SP; PA	KEPPRA SOLN IV 500 MG/5ML (<i>levetiracetam</i>)	NP	SON; QL(200 ml daily); PA
<i>carbamazepine CHEW</i>	1	SON; QL(20 ea daily); MP	KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NP	SON; QL(4 ea daily); MP; PA
<i>carbamazepine CP12</i>	1	SON; QL(20 ea daily); MP	KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>carbamazepine SUSP</i>	1	SON; QL(200 ml daily); MP	<i>lacosamide SOLN OR</i>	1	QL(200 ml daily); MP
<i>carbamazepine TABS</i>	1	QL(20 ea daily); MP	<i>lacosamide SOLN IV 200 MG/20ML</i>	NP	QL(800 ml daily); PA
<i>carbamazepine TABS</i>	1	SON; QL(20 ea daily); MP	<i>lacosamide SOLN OR 10 MG/ML</i>	1	SON; QL(200 ml daily); MP
<i>carbamazepine TB12</i>	1	SON; QL(20 ea daily); MP	<i>lacosamide TABS</i>	1	QL(2 ea daily); MP
CARBATROL CP12 (<i>carbamazepine</i>)	2	SON; QL(20 ea daily); MP	<i>lacosamide TABS</i>	1	SON; QL(2 ea daily); MP
DIACOMIT CAPS	NP	SP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA	<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1	QL(30 ml daily); MP
LAMICTAL ODT KIT	NP	SON; QL(20 ea daily); PA	<i>levetiracetam SOLN IV 500 MG/5ML</i>	1	SON; QL(200 ml daily); PA
LAMICTAL ODT KIT (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA	<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1	SON; QL(30 ml daily); MP
LAMICTAL ODT TBDP (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA	<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	SON; QL(4 ea daily); MP
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA	<i>levetiracetam TABS 1000 MG</i>	1	SON; QL(20 ea daily); MP
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA	<i>levetiracetam TB24</i>	1	SON; QL(20 ea daily); MP
LAMICTAL STARTER/TAKING VALPROATE KIT (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>pregabalin</i>)	NP	SON; QL(3 ea daily); PA
LAMICTAL XR KIT	NP	SON; QL(20 ea daily); PA	LYRICA CAPS 225 MG, 300 MG (<i>pregabalin</i>)	NP	SON; QL(2 ea daily); PA
LAMICTAL XR TB24 (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA	LYRICA SOLN (<i>pregabalin</i>)	NP	SON; QL(30 ml daily); PA
LAMICTAL TABS (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); MP; PA	MOTPOLY XR CP24	NP	SON; QL(20 ea daily); PA
<i>lamotrigine CHEW</i>	NP	SON; QL(20 ea daily); PA	MYSOLINE (<i>primidone</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>lamotrigine KIT 25 MG</i>	NP	SON; QL(20 ea daily); PA	NEURONTIN CAPS 300 MG (<i>gabapentin</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>lamotrigine TABS</i>	1	SON; QL(20 ea daily); MP	NEURONTIN CAPS 100 MG, 400 MG (<i>gabapentin</i>)	NP	SON; QL(4 ea daily); MP; PA
<i>lamotrigine TB24</i>	NP	SON; QL(20 ea daily); PA	NEURONTIN SOLN (<i>gabapentin</i>)	NP	SON; QL(200 ml daily); MP; PA
<i>lamotrigine TBDP</i>	NP	SON; QL(20 ea daily); PA	NEURONTIN TABS 800 MG (<i>gabapentin</i>)	NP	SON; QL(4 ea daily); MP; PA
LEVETIRACETAM (<i>levetiracetam in sodium chloride</i>)	1	SON; QL(800 ml daily); PA	NEURONTIN TABS 600 MG (<i>gabapentin</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>levetiracetam in sodium chloride</i>	1	SON; QL(800 ml daily); PA	<i>oxcarbazepine SUSP 300 MG/5ML</i>	1	QL(200 ml daily); MP
LEVETIRACETAM/SODIUM CHLORIDE	2	SON; QL(800 ml daily); PA	<i>oxcarbazepine SUSP</i>	1	SON; QL(200 ml daily); MP
			<i>oxcarbazepine TABS</i>	1	SON; QL(20 ea daily); MP
			OXTELLAR XR TB24	NP	SON; QL(20 ea daily); PA
			<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	SON; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin CAPS 225 MG, 300 MG</i>	1	SON; QL(2 ea daily)	VIMPAT SOLN OR 10 MG/ML (<i>lacosamide</i>)	NP	SON; QL(200 ml daily); MP; PA
<i>pregabalin SOLN</i>	1	SON; QL(30 ml daily)	VIMPAT SOLN IV 200 MG/20ML (<i>lacosamide</i>)	NP	SON; QL(800 ml daily); PA
<i>primidone 50 MG, 250 MG</i>	1	SON; QL(20 ea daily); MP	VIMPAT TABS (<i>lacosamide</i>)	NP	SON; QL(2 ea daily); MP; PA
<i>primidone 125 MG</i>	2	SON; QL(20 ea daily)	ZONEGRAN CAPS 25 MG, 100 MG (<i>zonisamide</i>)	NF	SON; QL(20 ea daily); MP
QUDEXY XR CS24 (<i>topiramate</i>)	NP	SON; QL(20 ea daily); PA	ZONISADE SUSP	NP	SON; QL(200 ml daily); PA
<i>rufinamide SUSP</i>	NP	QL(200 ml daily); SP; PA	<i>zonisamide CAPS</i>	1	SON; QL(20 ea daily); MP
<i>rufinamide TABS</i>	NP	SON; QL(20 ea daily); SP; PA	ZTALMY	CO	
SPRITAM TB3D	NP	SON; QL(20 ea daily); PA	Carbamates		
TEGRETOL SUSP (<i>carbamazepine</i>)	2	SON; QL(200 ml daily); MP	<i>felbamate SUSP</i>	1	MP; PA
TEGRETOL TABS (<i>carbamazepine</i>)	2	SON; QL(20 ea daily); MP	<i>felbamate TABS</i>	1	MP; PA
TEGRETOL-XR TB12 (<i>carbamazepine</i>)	2	SON; QL(20 ea daily); MP	FELBATOL SUSP (<i>felbamate</i>)	2	MP; PA
TOPAMAX SPRINKLE CPSP 25 MG (<i>topiramate</i>)	NP	SON; QL(8 ea daily); MP; PA	FELBATOL TABS (<i>felbamate</i>)	2	MP; PA
TOPAMAX SPRINKLE CPSP 15 MG (<i>topiramate</i>)	NP	SON; QL(6 ea daily); MP; PA	XCOPRI TABS	NP	PA
TOPAMAX TABS (<i>topiramate</i>)	NP	SON; QL(3 ea daily); MP; PA	XCOPRI TBPK	NP	PA
<i>topiramate CP24</i>	NP	SON; QL(20 ea daily); MP; PA	GABA Modulators		
<i>topiramate CPSP 25 MG</i>	1	QL(8 ea daily); MP	GABITRIL (<i>tiagabine hcl</i>)	2	MP; PA
<i>topiramate CPSP 15 MG</i>	1	QL(6 ea daily); MP	SABRIL PACK (<i>vigabatrin</i>)	NP	SP; MP; PA
<i>topiramate CS24</i>	NP	SON; QL(20 ea daily); PA	SABRIL TABS (<i>vigabatrin</i>)	NP	SP; MP; PA
<i>topiramate TABS</i>	1	SON; QL(3 ea daily); MP	<i>tiagabine hcl</i>	1	MP; PA
TRILEPTAL SUSP (<i>oxcarbazepine</i>)	2	SON; QL(200 ml daily); MP	<i>vigabatrin PACK</i>	NP	SP; MP; PA
TRILEPTAL TABS (<i>oxcarbazepine</i>)	NP	SON; QL(20 ea daily); MP; PA	<i>vigabatrin TABS</i>	NP	SP; MP; PA
TROKENDI XR CP24 (<i>topiramate</i>)	NP	SON; QL(20 ea daily); MP; PA	Hydantoins		
			CEREBYX (<i>fosphenytoin sodium</i>)	NP	PA
			DILANTIN (<i>phenytoin sodium extended</i>)	NP	MP; PA
			DILANTIN 30 MG	2	MP
			DILANTIN INFATABS CHEW (<i>phenytoin</i>)	NP	MP; PA

Drug Name	Drug Tier	Requirements/Limits
DILANTIN-125 SUSP (phenytoin)	NP	MP; PA
fosphenytoin sodium	1	PA
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1	MP
phenytoin sodium extended 200 MG, 300 MG	2	MP
phenytoin sodium SOLN	1	PA
phenytoin CHEW	1	MP
phenytoin SUSP	1	MP
Succinimides		
CELONTIN (methsuximide)	NP	PA
ethosuximide CAPS	1	
ethosuximide SOLN	1	
methsuximide	NP	PA
ZARONTIN CAPS (ethosuximide)	NP	PA
ZARONTIN SOLN (ethosuximide)	NP	PA
ZARONTIN SOLN (ethosuximide)	NF	
Valproic Acid		
DEPAKOTE ER TB24 (divalproex sodium)	NP	SON; QL(20 ea daily); MP; PA
DEPAKOTE ER TB24 500 MG (divalproex sodium)	NF	QL(20 ea daily); MP
DEPAKOTE SPRINKLES CSDR (divalproex sodium)	2	SON; QL(20 ea daily); MP
DEPAKOTE TBEC (divalproex sodium)	NP	SON; QL(20 ea daily); MP; PA
divalproex sodium CSDR	1	SON; QL(20 ea daily); MP
divalproex sodium TB24	1	SON; QL(20 ea daily); MP
divalproex sodium TBEC	1	SON; QL(20 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	1	SON; QL(200 ml daily)
valproate sodium SOLN OR 250 MG/5ML	1	QL(200 ml daily); MP
valproic acid CAPS	1	SON; QL(20 ea daily); MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	1	SON; QL(1 ea daily); MP
mirtazapine TABS 15 MG, 30 MG, 45 MG	1	QL(1 ea daily); MP
mirtazapine TBDP	1	SON; QL(1 ea daily); MP
REMERON SOLTAB TBDP (mirtazapine)	NP	SON; QL(1 ea daily); MP; PA
REMERON TABS 15 MG, 30 MG (mirtazapine)	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
bupropion hcl TABS	1	SON; QL(3 ea daily); MP
bupropion hcl TB12	1	SON; QL(2 ea daily); MP
bupropion hcl TB24 150 MG, 300 MG	1	QL(1 ea daily); MP
bupropion hcl TB24 150 MG, 300 MG	1	SON; QL(1 ea daily); MP
bupropion hcl TB24 450 MG	NP	SON; QL(20 ea daily); PA
FORFIVO XL TB24 (bupropion hcl)	NP	SON; QL(20 ea daily); PA
WELLBUTRIN SR TB12 (bupropion hcl)	NP	SON; QL(2 ea daily); MP; PA
WELLBUTRIN XL TB24 (bupropion hcl)	NP	SON; QL(1 ea daily); MP; PA
GABA Receptor Modulator - Neuroactive Steroid		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE	2	SON; QL(20 ea daily); SP; PA	<i>citalopram hydrobromide TABS 10 MG</i>	1	SON; QL(4 ea daily); AL(At least 6 yrs old); MP
Monoamine Oxidase Inhibitors (MAOIs)			<i>escitalopram oxalate SOLN</i>	NP	SON; QL(200 ml daily); PA
EMSAM	2	SON; QL(20 ea daily); MP	<i>escitalopram oxalate TABS</i>	1	QL(1 ea daily); MP
MARPLAN	NP	SON; QL(20 ea daily); MP	<i>escitalopram oxalate TABS</i>	1	SON; QL(1 ea daily); MP
NARDIL (<i>phenelzine sulfate</i>)	NP	SON; QL(20 ea daily); MP; PA	<i>fluoxetine hcl CAPS 40 MG</i>	1	SON; QL(2 ea daily); MP
PARNATE (<i>tranylcypromine sulfate</i>)	NF	SON; QL(20 ea daily); MP	<i>fluoxetine hcl CAPS 20 MG</i>	1	QL(4 ea daily); MP
<i>phenelzine sulfate</i>	1	SON; QL(20 ea daily); MP	<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1	SON; QL(4 ea daily); MP
<i>tranylcypromine sulfate</i>	1	SON; QL(20 ea daily); MP	<i>fluoxetine hcl CPDR</i>	NP	SON; QL(20 ea daily)
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>fluoxetine hcl SOLN</i>	1	SON; MP
CELEXA TABS 40 MG (<i>citalopram hydrobromide</i>)	NP	SON; QL(1 ea daily); AL(At least 6 yrs old); MP; PA	<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	NP	SON; QL(20 ea daily); PA
CELEXA TABS 10 MG (<i>citalopram hydrobromide</i>)	NP	SON; QL(4 ea daily); AL(At least 6 yrs old); MP; PA	<i>fluoxetine hcl TABS 10 MG</i>	NP	SON; QL(1 ea daily); MP; PA
CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>)	NP	SON; QL(2 ea daily); AL(At least 6 yrs old); MP; PA	FLUOXETINE HYDROCHLORIDE TABS (<i>fluoxetine hcl</i>)	NP	SON; QL(20 ea daily); PA
CITALOPRAM HYDROBROMIDE CAPS	NP	SON; QL(20 ea daily); PA	<i>fluvoxamine maleate CP24</i>	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>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	SON; QL(2 ea daily); MP
<i>citalopram hydrobromide TABS 20 MG</i>	1	QL(2 ea daily); AL(At least 6 yrs old); MP	<i>fluvoxamine maleate TABS 100 MG</i>	1	SON; QL(3 ea daily); MP
<i>citalopram hydrobromide TABS 40 MG</i>	1	SON; QL(1 ea daily); AL(At least 6 yrs old); MP	LEXAPRO TABS (<i>escitalopram oxalate</i>)	NP	SON; QL(1 ea daily); MP; PA
<i>citalopram hydrobromide TABS 20 MG</i>	1	SON; QL(2 ea daily); AL(At least 6 yrs old); MP	<i>paroxetine hcl SUSP</i>	NP	SON; QL(40 ml daily); MP; PA
			<i>paroxetine hcl TABS</i>	1	SON; QL(2 ea daily); MP
			<i>paroxetine hcl TB24</i>	NP	SON; QL(20 ea daily); PA
			PAXIL CR TB24 (<i>paroxetine hcl</i>)	NP	SON; QL(20 ea daily); PA
			PAXIL SUSP (<i>paroxetine hcl</i>)	NP	SON; QL(40 ml daily); MP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PAXIL TABS (<i>paroxetine hcl</i>)	NP	SON; QL(2 ea daily); MP; PA	CYMBALTA CPEP 20 MG (<i>duloxetine hcl</i>)	NP	SON; QL(3 ea daily); AL(At least 7 yrs old); MP; PA
PEXEVA 10 MG, 20 MG, 30 MG	NP	SON; QL(20 ea daily)	CYMBALTA CPEP 30 MG (<i>duloxetine hcl</i>)	NP	SON; QL(2 ea daily); AL(At least 7 yrs old); MP; PA
PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	NP	SON; QL(4 ea daily); MP; PA	CYMBALTA CPEP 60 MG (<i>duloxetine hcl</i>)	NP	SON; QL(1 ea daily); AL(At least 7 yrs old); MP; PA
PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	NP	SON; QL(2 ea daily); MP; PA	DESVENLAFAXINE ER	NP	SON; QL(20 ea daily)
<i>sertraline hcl CONC</i>	NP	SON; QL(10 ml daily); MP; PA	<i>desvenlafaxine succinate 25 MG, 50 MG</i>	NP	SON; QL(1 ea daily); MP
<i>sertraline hcl TABS 100 MG</i>	1	SON; QL(2 ea daily); MP	<i>desvenlafaxine succinate 100 MG</i>	NP	SON; QL(4 ea daily); MP
<i>sertraline hcl TABS 25 MG, 50 MG</i>	1	SON; QL(1.5 ea daily); MP	<i>desvenlafaxine succinate 25 MG</i>	NP	QL(1 ea daily); MP
SERTRALINE HYDROCHLORIDE CAPS	NP	SON; QL(20 ea daily); PA	<i>duloxetine hcl CPEP 20 MG</i>	1	QL(3 ea daily); AL(At least 7 yrs old); MP
ZOLOFT CONC (<i>sertraline hcl</i>)	NP	SON; QL(10 ml daily); MP; PA	<i>duloxetine hcl CPEP 30 MG</i>	1	SON; QL(2 ea daily); AL(At least 7 yrs old); MP
ZOLOFT TABS 100 MG (<i>sertraline hcl</i>)	NP	SON; QL(2 ea daily); MP; PA	<i>duloxetine hcl CPEP 40 MG</i>	NP	SON; QL(1.5 ea daily); AL(At least 7 yrs old); MP; PA
ZOLOFT TABS 25 MG, 50 MG (<i>sertraline hcl</i>)	NP	SON; QL(1.5 ea daily); MP; PA	<i>duloxetine hcl CPEP 20 MG</i>	1	SON; QL(3 ea daily); AL(At least 7 yrs old); MP
Serotonin Modulators			<i>duloxetine hcl CPEP 60 MG</i>	1	SON; QL(1 ea daily); AL(At least 7 yrs old); MP
<i>nefazodone hcl</i>	NP	SON; QL(4 ea daily); MP; PA	EFFEXOR XR CP24 (<i>venlafaxine hcl</i>)	NP	SON; QL(2 ea daily); MP; PA
<i>trazodone hcl TABS 300 MG</i>	1	SON; QL(2 ea daily); MP	FETZIMA TITRATION PACK C4PK	NP	SON; QL(20 ea daily)
<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	1	SON; QL(20 ea daily); MP	FETZIMA CP24	NP	SON; QL(20 ea daily)
TRINTELLIX	NP	SON; QL(1 ea daily); AL(At least 18 yrs old); MP; PA	PRISTIQ 100 MG (<i>desvenlafaxine succinate</i>)	NP	SON; QL(4 ea daily); MP; PA
VIIBRYD STARTER PACK KIT	NP	SON; QL(1 ea daily); PA			
VIIBRYD TABS (<i>vilazodone hcl</i>)	NP	SON; QL(1 ea daily); MP; PA			
<i>vilazodone hcl TABS</i>	NP	SON; QL(1 ea daily); MP; PA			
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)					

Drug Name	Drug Tier	Requirements/Limits
PRISTIQ 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NP	SON; QL(1 ea daily); MP; PA
VENLAFAXINE BESYLATE ER	NP	SON; QL(20 ea daily); PA
<i>venlafaxine hcl CP24</i>	1	SON; QL(2 ea daily); MP
<i>venlafaxine hcl CP24</i>	1	QL(2 ea daily); MP
<i>venlafaxine hcl TABS</i>	1	SON; QL(20 ea daily); MP
<i>venlafaxine hcl TB24</i>	NP	SON; QL(1 ea daily); MP; PA
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	1	SON; QL(20 ea daily); MP
<i>amitriptyline hcl TABS 25 MG, 50 MG</i>	1	QL(20 ea daily); MP
<i>amoxapine</i>	1	SON; QL(20 ea daily); MP
ANAFRANIL (<i>clomipramine hcl</i>)	NP	SON; QL(20 ea daily); PA
<i>clomipramine hcl</i>	NP	SON; QL(20 ea daily)
<i>desipramine hcl TABS 25 MG</i>	1	SON; QL(2 ea daily)
<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	1	SON; QL(20 ea daily); MP
<i>doxepin hcl CAPS</i>	1	SON; QL(20 ea daily); MP
<i>doxepin hcl CONC</i>	1	SON; QL(200 ml daily); MP
<i>imipramine hcl TABS</i>	1	SON; QL(20 ea daily); MP
<i>imipramine pamoate</i>	NP	SON; QL(20 ea daily)
NORPRAMIN TABS 10 MG (<i>desipramine hcl</i>)	NP	SON; QL(20 ea daily); MP; PA
NORPRAMIN TABS 25 MG (<i>desipramine hcl</i>)	NP	SON; QL(2 ea daily); PA
<i>nortriptyline hcl CAPS</i>	1	SON; QL(20 ea daily); MP
<i>nortriptyline hcl SOLN</i>	NP	SON; QL(20 ml daily); MP

Drug Name	Drug Tier	Requirements/Limits
PAMELOR CAPS (<i>nortriptyline hcl</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>protriptyline hcl</i>	NP	SON; QL(20 ea daily); MP
<i>trimipramine maleate CAPS</i>	NP	SON; QL(20 ea daily); MP
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	MP
<i>miglitol</i>	NP	
PRECOSE (<i>acarbose</i>)	NF	MP
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	PA
SYMLINPEN 60 SOPN	2	PA
Antidiabetic - Cellular Therapy		
LANTIDRA	CO	
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	NP	QL(2 ea daily); PA
<i>alogliptin-metformin hcl</i>	NP	QL(2 ea daily); MP
<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
<i>dapagliflozin propanediol-metformin hcl</i>	2	MP
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP	PA
<i>glipizide-metformin hcl</i>	1	MP
<i>glyburide-metformin</i>	1	MP
GLYXAMBI	NP	PA
INVOKAMET XR TB24	NP	
INVOKAMET TABS	2	MP
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily); MP
JANUMET TABS	2	QL(2 ea daily); MP
JENTADUETO XR TB24 1000 MG-5 MG	2	
JENTADUETO XR TB24 1000 MG-2.5 MG	2	QL(2 ea daily)
JENTADUETO TABS	2	QL(2 ea daily); AL(At least 18 yrs old); MP
KAZANO (<i>alogliptin-metformin hcl</i>)	NP	QL(2 ea daily); MP
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)
KOMBIGLYZE XR 1000 MG-2.5 MG (<i>saxagliptin-metformin hcl</i>)	2	QL(2 ea daily); AL(At least 18 yrs old)
OSENI 15 MG-12.5 MG, 45 MG-12.5 MG (<i>alogliptin-pioglitazone</i>)	NF	QL(1 ea daily); MP
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
<i>pioglitazone hcl-glimepiride</i>	NP	
<i>pioglitazone hcl-metformin hcl TABS</i>	NP	QL(2 ea daily)
QTERN	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>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
SEGLUROMET	NP	
SOLIQUA 100/33	NP	PA
STEGLUJAN	NP	PA
SYNJARDY XR TB24	NP	
SYNJARDY TABS	2	
TRIJARDY XR	NP	PA

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR	2	MP
XULTOPHY 100/3.6	NP	PA
Antidiabetic-Antibodies		
TZIELD	CO	
Biguanides		
GLUMETZA TB24 (<i>metformin hcl</i>)	NP	PA
<i>metformin hcl SOLN</i>	NP	PA
<i>metformin hcl TABS 625 MG</i>	NP	PA
<i>metformin hcl TABS 1000 MG</i>	1	QL(2 ea daily); MP
<i>metformin hcl TABS 850 MG</i>	1	QL(3 ea daily); MP
<i>metformin hcl TABS 500 MG</i>	1	QL(5 ea daily); MP
<i>metformin hcl TB24 750 MG</i>	1	QL(2 ea daily); MP
<i>metformin hcl TB24 500 MG</i>	1	QL(4 ea daily); MP
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	PA
RIOMET SOLN	NP	PA
Diabetic Other		
BAQSIMI ONE PACK POWD	2	PA
BAQSIMI TWO PACK POWD	2	PA
<i>diazoxide</i>	1	
GLUCAGEN HYPOKIT	2	
<i>glucagon (rdna)</i>	1	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT (<i>glucagon (rdna)</i>)	2	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	NP	PA
GVOKE HYPOPEN 1-PACK SOAJ	NP	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 2-PACK SOAJ	NP	PA	OZEMPIC SOPN 2 MG/3ML	NP	QL(12 ml per 28 day(s) retail); PA
GVOKE KIT SOLN	NP	PA	OZEMPIC SOPN 4 MG/3ML	NP	QL(6 ml per 28 day(s) retail); PA
GVOKE PFS SOSY	NP	PA	RYBELSUS TABS	NP	QL(1 ea daily); PA
KORLYM (<i>mifepristone (hyperglycemia)</i>)	2	SP; PA	TRULICITY	NP	PA
<i>mifepristone (hyperglycemia)</i>	1	SP; PA	VICTOZA	2	Limit 9ml per month; QL(0.3 ml daily)
PROGLYCEM (<i>diazoxide</i>)	2		Insulin		
SM GLUCOSE CHEW	2	QL(50 ea per 30 day(s) retail)	ADMELOG SOLOSTAR SOPN	NP	QL(1 ml daily)
ZEGALOGUE SOAJ	NP	PA	ADMELOG SOLN IJ	NP	QL(1.34 ml daily); MP
ZEGALOGUE SOSY	NP	PA	AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	PA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			APIDRA SOLOSTAR SOPN	NP	QL(1 ml daily)
<i>alogliptin benzoate</i>	NP	QL(1 ea daily)	APIDRA SOLN	NP	QL(40 ml per 30 day(s) retail)
JANUVIA	2	QL(1 ea daily); MP	BASAGLAR KWIKPEN SOPN	2	QL(1 ml daily)
NESINA (<i>alogliptin benzoate</i>)	NP	QL(1 ea daily)	BASAGLAR TEMPO PEN SOPN	2	
ONGLYZA (<i>saxagliptin hcl</i>)	2	QL(1 ea daily)	FIASP FLEXTOUCH SOPN	NP	QL(1 ml daily)
<i>saxagliptin hcl</i>	1	QL(1 ea daily)	FIASP PENFILL SOCT	NP	QL(1 ml daily)
SITAGLIPTIN	NP	PA	FIASP PUMPCART SOCT	NP	QL(1 ml daily)
TRADJENTA	2	QL(1 ea daily); AL(At least 18 yrs old); MP	FIASP SOLN	NP	QL(1 ml daily); MP
ZITUVIO	NP	PA	Dopamine Receptor Agonists - Antidiabetic		
Dopamine Receptor Agonists - Antidiabetic			HUMALOG JUNIOR KWIKPEN SOPN	2	QL(1 ml daily)
CYCLOSET	NP	PA	HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	QL(1 ml daily)
Incretin Mimetic Agents			HUMALOG KWIKPEN SOPN 200 UNIT/ML	NP	QL(1.34 ml daily); PA
BYDUREON BCISE AUIJ	2	QL(0.122 ml daily)	HUMALOG MIX 50/50 KWIKPEN SUPN	2	QL(1 ml daily)
BYETTA SOPN	2	AL(At least 18 yrs old)	HUMALOG MIX 50/50 SUSP	2	QL(1.34 ml daily); MP
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
HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(1 ml daily)	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	
HUMALOG MIX 75/25 SUSP	2	QL(1.34 ml daily); MP	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	2	QL(1 ml daily)
HUMALOG TEMPO PEN SOPN	NP	PA	INSULIN GLARGINE SOLN	2	MP
HUMALOG SOCT	2	QL(1.34 ml daily)	INSULIN GLARGINE-YFGN SOLN	NP	PA
HUMALOG SOLN IJ	NP	QL(1.34 ml daily); MP; PA	INSULIN GLARGINE-YFGN SOPN	NP	PA
HUMULIN 70/30 KWIKPEN SUPN	2	QL(1 ml daily)	INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	QL(1 ml daily)
HUMULIN 70/30 SUSP	2	QL(1.34 ml daily); MP	INSULIN LISPRO KWIKPEN SOPN	2	QL(1 ml daily)
HUMULIN N KWIKPEN SUPN	2	QL(1 ml daily)	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	QL(1 ml daily)
HUMULIN N SUSP	2	QL(1.34 ml daily); MP	INSULIN LISPRO SOLN IJ	2	QL(1.34 ml daily); MP
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	MP	LANTUS SOLOSTAR SOPN	NP	QL(1 ml daily); PA
HUMULIN R U-500 KWIKPEN SOPN SC	2		LANTUS SOLN	NP	MP; PA
HUMULIN R SOLN IJ	2	QL(1.34 ml daily); MP	LEVEMIR FLEXPEN SOPN	2	
HUMULIN R SOLN IJ	NP	QL(1.34 ml daily); MP	LEVEMIR SOLN	2	MP
INSULIN ASPART FLEXPEN SOPN	NP	QL(1 ml daily)	LYUMJEV KWIKPEN SOPN	NP	
INSULIN ASPART PENFILL SOCT	NP	QL(1 ml daily)	LYUMJEV TEMPO PEN SOPN	NP	PA
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	2	QL(1 ml daily)	LYUMJEV SOLN	NP	
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	2	QL(1.34 ml daily); MP	NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(1 ml daily)
INSULIN ASPART SOLN IJ	NP	QL(1 ml daily); MP	NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(1 ml daily)
INSULIN DEGLUDEC FLEXTOUCH SOPN	NP		NOVOLIN 70/30 RELION SUSP	NP	QL(1.34 ml daily); MP
INSULIN DEGLUDEC SOLN	NP		NOVOLIN 70/30 SUSP	NP	QL(1.34 ml daily); MP
INSULIN GLARGINE MAX SOLOSTAR SOPN	NP		NOVOLIN N FLEXPEN RELION SUPN	NP	QL(1 ml daily)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N FLEXPEN SUPN	NP	QL(1 ml daily)
NOVOLIN N RELION SUSP	NP	QL(1.34 ml daily); MP
NOVOLIN N SUSP	NP	QL(1.34 ml daily); MP
NOVOLIN R RELION SOLN IJ	NP	QL(1.34 ml daily); MP
NOVOLIN R SOLN IJ	NP	QL(1.34 ml daily); MP
NOVOLOG FLEXPEN RELION SOPN	NP	QL(1 ml daily)
NOVOLOG FLEXPEN SOPN	2	QL(1 ml daily)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	NP	QL(1 ml daily); PA
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	NP	QL(1 ml daily); PA
NOVOLOG MIX 70/30 RELION SUSP	2	QL(1.34 ml daily); MP
NOVOLOG MIX 70/30 SUSP	NP	QL(1.34 ml daily); MP; PA
NOVOLOG PENFILL SOCT	2	QL(1 ml daily)
NOVOLOG RELION SOLN IJ	NP	QL(1 ml daily); MP
NOVOLOG SOLN IJ	2	QL(1 ml daily); MP
REZVOGLAR KWIKPEN	NP	PA
SEMGLEE SOLN	NP	PA
SEMGLEE SOPN	NP	PA
TOUJEO MAX SOLOSTAR SOPN	NP	
TOUJEO SOLOSTAR SOPN	NP	
TRESIBA FLEXTOUCH SOPN	NP	
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	2	QL(1 ea daily); MP
INVOKANA	2	MP
JARDIANCE	2	QL(1 ea daily); MP
STEGLATRO	NP	
Sulfonylureas		
AMARYL 1 MG, 2 MG (<i>glimepiride</i>)	NP	QL(1 ea daily); MP; PA
AMARYL 4 MG (<i>glimepiride</i>)	NP	QL(2 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 5 MG, 10 MG</i>	1	MP
<i>glipizide TABS 2.5 MG</i>	NP	PA
<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		
MYTESI	NP	

Drug Name	Drug Tier	Requirements/Limits
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate</i> CHEW 262 MG	1	
<i>bismuth subsalicylate</i> SUSP 262 MG/15ML, 525 MG/30ML	1	
<i>bismuth subsalicylate</i> TABS	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</i> LIQD	NP	PA
<i>diphenoxylate w/ atropine</i> TABS	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</i> CAPS	NP	RX/OTC
<i>loperamide hcl</i> TABS	1	
MOTOFEN	NP	
<i>opium tincture</i>	NP	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	2	
<i>deferasirox</i> PACK	1	SP
<i>deferasirox</i> TABS	1	SP; MP
<i>deferasirox</i> TBSO	1	SP; MP

Drug Name	Drug Tier	Requirements/Limits
<i>deferiprone</i> TABS	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
DESFERAL 500 MG (<i>deferoxamine mesylate</i>)	NP	SP
VISTOGARD	2	
Opioid Antagonists		
KLOXXADO LIQD	2	
<i>naloxone hcl</i> LIQD	1	RX/OTC
<i>naloxone hcl</i> SOCT	1	
<i>naloxone hcl</i> SOLN 0.4 MG/ML, 4 MG/10ML	1	
<i>naloxone hcl</i> SOSY	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 4 MG/0.25ML	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 24 MG</i>	2	QL(1 ea daily)
<i>ondansetron hcl TABS 8 MG</i>	1	QL(3 ea daily)
<i>ondansetron TBDP</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
SANCUSO PTCH	NP	
SUSTOL PRSY	NP	
Antiemetics - Anticholinergic		
ANTIVERT CHEW (<i>meclizine hcl</i>)	NF	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	
TIGAN SOLN	NP	PA
TRANSDERM-SCOP (<i>scopolamine</i>)	NP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>trimethobenzamide hcl CAPS</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO	NP	PA
AKYNZEO SOLN	2	PA
AKYNZEO SOLR	2	PA
BONJESTA TBCR	NP	PA
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	2	PA
<i>doxylamine-pyridoxine TBEC</i>	1	PA
<i>dronabinol CAPS</i>	NP	PA
MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	NP	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	NP	PA
<i>aprepitant CAPS</i>	NP	PA
<i>aprepitant CAPS</i>	1	
<i>aprepitant MISC</i>	NP	PA
CINVANTI EMUL	NP	PA
EMEND (<i>fosaprepitant dimeglumine</i>)	NP	PA
EMEND TRIPACK CAPS (<i>aprepitant</i>)	NP	PA
EMEND CAPS 80 MG (<i>aprepitant</i>)	NP	PA
EMEND SUSR	NP	PA
<i>fosaprepitant dimeglumine</i>	NP	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	NP	PA
CANCIDAS (<i>caspofungin acetate</i>)	NP	PA
<i>caspofungin acetate</i>	1	PA
CASPOFUNGIN ACETATE	1	PA
ERAXIS	2	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MICAFUNGIN	NP	PA	<i>fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML</i>	1	PA
<i>micafungin sodium</i>	1	PA	FLUCONAZOLE/SODIUM CHLORIDE	1	PA
MICAFUNGIN/SODIUM CHLORIDE SOLN IV	2	PA	<i>fluconazole SUSR</i>	1	QL(70 ml per fill retail)
MYCAMINE	NP	PA	<i>fluconazole TABS 150 MG</i>	1	QL(2 ea per fill retail)
REZZAYO	2	PA	<i>fluconazole TABS 200 MG</i>	1	QL(2 ea daily)
Antifungals			<i>fluconazole TABS 50 MG</i>	1	QL(7 ea per fill retail)
ABELCET	2	PA	<i>fluconazole TABS 100 MG</i>	1	QL(1 ea daily)
AMBISOME (<i>amphotericin b liposome</i>)	NP	PA	<i>itraconazole CAPS</i>	NP	QL(1 ea daily)
<i>amphotericin b IV</i>	1	PA	<i>itraconazole SOLN</i>	NP	PA
<i>amphotericin b liposome</i>	1	PA	<i>ketoconazole</i>	NP	PA
ANCOBON (<i>flucytosine</i>)	NP	PA	NOXAFIL PACK	NP	PA
<i>flucytosine</i>	NP		NOXAFIL SOLN (<i>posaconazole</i>)	NP	PA
<i>griseofulvin microsize SUSP</i>	1		NOXAFIL SUSP (<i>posaconazole</i>)	NP	MP; PA
<i>griseofulvin microsize TABS</i>	NP		NOXAFIL TBEC (<i>posaconazole</i>)	NP	MP; PA
<i>griseofulvin ultramicrosize</i>	NP		<i>posaconazole SOLN</i>	1	PA
<i>nystatin TABS</i>	1	QL(6 ea daily)	<i>posaconazole SUSP</i>	NP	MP; PA
<i>terbinafine hcl TABS</i>	1	QL(1 ea daily; 90 ea per 120 day(s) retail)	<i>posaconazole TBEC</i>	NP	MP; PA
Imidazole-Related Antifungals			SPORANOX PULSEPAK CAPS (<i>itraconazole</i>)	NF	QL(1 ea daily)
CRESEMBA CAPS	NP	PA	SPORANOX CAPS (<i>itraconazole</i>)	NP	QL(1 ea daily); PA
CRESEMBA SOLR	2	PA	SPORANOX SOLN (<i>itraconazole</i>)	NP	PA
DIFLUCAN SUSR (<i>fluconazole</i>)	NP	QL(70 ml per fill retail); PA	TOLSURA CAPS	NP	QL(1 ea daily); PA
DIFLUCAN TABS 50 MG (<i>fluconazole</i>)	NF	QL(7 ea per fill retail)	VFEND IV SOLR (<i>voriconazole</i>)	NP	PA
DIFLUCAN TABS 200 MG (<i>fluconazole</i>)	NF	QL(2 ea daily)	VFEND SUSR (<i>voriconazole</i>)	NP	PA
DIFLUCAN TABS 100 MG (<i>fluconazole</i>)	NP	QL(1 ea daily); PA	VFEND TABS (<i>voriconazole</i>)	NP	PA
DIFLUCAN TABS 200 MG (<i>fluconazole</i>)	NP	QL(2 ea daily); PA			
DIFLUCAN TABS 150 MG (<i>fluconazole</i>)	NP	QL(2 ea per fill retail); PA			

Drug Name	Drug Tier	Requirements/Limits
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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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	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)
ZYRTEC CHILDRENS ALLERGY SOLN OR (<i>cetirizine hcl</i>)	NF	RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN IJ (<i>promethazine hcl</i>)	NP	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1	QL(240 ml per fill retail); AL(At least 2 yrs old)	VASCEPA 1 GM (<i>icosapent ethyl</i>)	NP	QL(4 ea daily); PA
<i>promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML</i>	NP	PA	Bile Acid Sequestrants		
<i>promethazine hcl SUPP 50 MG</i>	NP	QL(12 ea per fill retail); AL(At least 2 yrs old); PA	<i>cholestyramine light PACK</i>	1	MP
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1	QL(12 ea per fill retail); AL(At least 2 yrs old)	<i>cholestyramine light POWD</i>	1	MP
<i>promethazine hcl TABS</i>	1	AL(At least 2 yrs old)	<i>cholestyramine PACK</i>	1	MP
Antihistamines - Piperidines			<i>cholestyramine POWD</i>	1	MP
<i>cyproheptadine hcl SYRP</i>	1		<i>colesevelam hcl PACK</i>	NP	
<i>cyproheptadine hcl TABS</i>	1		<i>colesevelam hcl TABS</i>	NP	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	NP	PA
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors			COLESTID FLAVORED PACK (<i>colestipol hcl</i>)	NP	PA
NEXLETOL	2	PA	COLESTID GRAN (<i>colestipol hcl</i>)	NP	PA
Angiotensin-like Protein Inhibitors			COLESTID PACK (<i>colestipol hcl</i>)	NP	PA
EVKEEZA	CO		COLESTID TABS (<i>colestipol hcl</i>)	NP	MP; PA
Antihyperlipidemics - Combinations			<i>colestipol hcl GRAN</i>	NP	
<i>ezetimibe-simvastatin</i>	NP	PA	<i>colestipol hcl PACK</i>	NP	
NEXLIZET	NP	PA	<i>colestipol hcl TABS</i>	1	MP
VYTORIN (<i>ezetimibe-simvastatin</i>)	NP	PA	QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NP	MP; PA
Antihyperlipidemics - Misc.			QUESTRAN PACK (<i>cholestyramine</i>)	NP	MP; PA
<i>icosapent ethyl 1 GM</i>	NP	QL(4 ea daily); PA	QUESTRAN POWD (<i>cholestyramine</i>)	NP	MP; PA
<i>icosapent ethyl 0.5 GM</i>	NP	QL(8 ea daily); PA	WELCHOL PACK (<i>colesevelam hcl</i>)	NF	
LOVAZA (<i>omega-3-acid ethyl esters</i>)	NP	PA	WELCHOL PACK (<i>colesevelam hcl</i>)	NP	PA
<i>omega-3-acid ethyl esters</i>	NP	PA	WELCHOL TABS (<i>colesevelam hcl</i>)	NP	PA
VASCEPA 0.5 GM (<i>icosapent ethyl</i>)	NP	QL(8 ea daily); PA	WELCHOL TABS (<i>colesevelam hcl</i>)	NF	
			Fibric Acid Derivatives		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>choline fenofibrate</i>	NP	PA	<i>fluvastatin sodium TB24</i>	NP	
<i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>	NP	PA	LESCOL XL TB24 (<i>fluvastatin sodium</i>)	NP	PA
<i>fenofibrate micronized 67 MG</i>	NP	QL(2 ea daily); PA	LIPITOR TABS (<i>atorvastatin calcium</i>)	NP	QL(1 ea daily); MP; PA
<i>fenofibrate micronized 134 MG, 200 MG</i>	NP	QL(1 ea daily); PA	LIPITOR TABS (<i>atorvastatin calcium</i>)	NF	QL(1 ea daily); MP
<i>fenofibrate CAPS</i>	NP	PA	LIVALO (<i>pitavastatin calcium</i>)	NP	PA
<i>fenofibrate TABS 160 MG</i>	1	QL(1 ea daily); MP	<i>lovastatin TABS 10 MG, 20 MG</i>	1	QL(1 ea daily); MP
<i>fenofibrate TABS 40 MG, 48 MG, 120 MG, 145 MG</i>	1	MP	<i>lovastatin TABS 40 MG</i>	1	QL(2 ea daily); MP
<i>fenofibrate TABS 54 MG</i>	1	QL(3 ea daily); MP	<i>pitavastatin calcium</i>	NP	
<i>fenofibric acid</i>	NP	PA	<i>pravastatin sodium</i>	1	QL(1 ea daily); MP
FENOGLIDE TABS (<i>fenofibrate</i>)	NP	MP; PA	<i>rosuvastatin calcium TABS</i>	1	
FIBRICOR (<i>fenofibric acid</i>)	NP	PA	<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(1 ea daily); MP
<i>gemfibrozil TABS</i>	1	QL(2 ea daily); MP	<i>simvastatin TABS 80 MG</i>	1	MP
LIPOFEN CAPS 150 MG (<i>fenofibrate</i>)	NF		ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	NP	QL(1 ea daily); MP; PA
LIPOFEN CAPS (<i>fenofibrate</i>)	NP	PA	ZYPITAMAG 2 MG, 4 MG	NP	
LOPID TABS (<i>gemfibrozil</i>)	NP	QL(2 ea daily); MP; PA	Intestinal Cholesterol Absorption Inhibitors		
TRICOR TABS (<i>fenofibrate</i>)	NP	MP; PA	<i>ezetimibe</i>	1	MP
TRILIPIX (<i>choline fenofibrate</i>)	NP	PA	ZETIA (<i>ezetimibe</i>)	NP	MP; PA
HMG CoA Reductase Inhibitors			Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP		JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	2	SP; MP; PA
ATORVALIQ SUSP	NP	PA	Nicotinic Acid Derivatives		
<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily); MP	<i>niacin (antihyperlipidemic) TBCR</i>	1	MP
CRESTOR TABS (<i>rosuvastatin calcium</i>)	NP	PA	NIASPAN TBCR (<i>niacin (antihyperlipidemic)</i>)	NF	MP
EZALLOR SPRINKLE CPSP	NP	PA	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
<i>fluvastatin sodium CAPS</i>	NP		LEQVIO	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRALUENT SOAJ	NP	QL(2 ml per 28 day(s) retail); SP; PA	<i>perindopril erbumine</i>	NP	
REPATHA PUSHTRONEX SYSTEM SOCT	2	QL(2 ml per 28 day(s) retail); SP; PA	QBRELIS SOLN	NP	
REPATHA SURECLICK SOAJ	2	QL(2 ml per 28 day(s) retail); SP; MP; PA	<i>quinapril hcl</i>	1	QL(1 ea daily)
REPATHA SOSY	2	QL(2 ml per 28 day(s) retail); SP; PA	<i>ramipril CAPS</i>	1	QL(2 ea daily); MP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			<i>trandolapril 4 MG</i>	NP	QL(2 ea daily)
ACE Inhibitors			<i>trandolapril 1 MG, 2 MG</i>	NP	QL(1 ea daily)
<i>ACCUPRIL (quinapril hcl)</i>	NP	QL(1 ea daily); PA	VASOTEC TABS (<i>enalapril maleate</i>)	NP	QL(2 ea daily); MP; PA
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	NP	QL(2 ea daily); MP; PA	ZESTRIL TABS 2.5 MG (<i>lisinopril</i>)	NP	QL(1 ea daily); MP; PA
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	1	QL(1 ea daily); MP	ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (<i>lisinopril</i>)	NP	QL(2 ea daily); MP; PA
<i>benazepril hcl 40 MG</i>	1	QL(2 ea daily); MP	Agents for Pheochromocytoma		
<i>captopril</i>	1	QL(3 ea daily); MP	DEMSER (<i>metyrosine</i>)	NP	SP; PA
<i>enalapril maleate SOLN</i>	NP		DIBENZYLINE (<i>phenoxybenzamine hcl</i>)	NF	
<i>enalapril maleate TABS</i>	1	QL(2 ea daily); MP	<i>metyrosine</i>	NP	SP; PA
<i>enalaprilat</i>	1		<i>phenoxybenzamine hcl</i>	1	
EPANED SOLN (<i>enalapril maleate</i>)	NP	PA	<i>phentolamine mesylate SOLR</i>	1	
<i>fosinopril sodium</i>	1	QL(1 ea daily); MP	Angiotensin II Receptor Antagonists		
<i>lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	QL(2 ea daily); MP	ATACAND (<i>candesartan cilexetil</i>)	NP	PA
<i>lisinopril TABS 2.5 MG</i>	1	QL(1 ea daily); MP	AVAPRO (<i>irbesartan</i>)	NP	QL(1 ea daily); MP; PA
LOTENSIN 10 MG, 20 MG (<i>benazepril hcl</i>)	NP	QL(1 ea daily); MP; PA	BENICAR (<i>olmesartan medoxomil</i>)	NF	MP
LOTENSIN 40 MG (<i>benazepril hcl</i>)	NP	QL(2 ea daily); MP; PA	BENICAR (<i>olmesartan medoxomil</i>)	NP	MP; PA
<i>moexipril hcl</i>	NP		<i>candesartan cilexetil</i>	NP	
			COZAAR (<i>losartan potassium</i>)	NP	QL(1 ea daily); MP; PA
			DIOVAN TABS (<i>valsartan</i>)	NP	QL(1 ea daily); MP; PA
			EDARBI	NP	
			<i>irbesartan</i>	1	QL(1 ea daily); MP
			<i>losartan potassium</i>	1	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
MICARDIS (<i>telmisartan</i>)	NP	QL(1 ea daily); PA
<i>olmesartan medoxomil</i>	1	MP
<i>telmisartan</i>	NP	QL(1 ea daily)
<i>valsartan SOLN</i>	NP	PA
<i>valsartan TABS</i>	1	QL(1 ea daily); MP
Antiadrenergic Antihypertensives		
CARDURA (<i>doxazosin mesylate</i>)	NP	MP; PA
CARDURA 8 MG (<i>doxazosin mesylate</i>)	NF	MP
CATAPRES-TTS-1 (<i>clonidine</i>)	NF	SON; QL(20 ea daily); MP
CATAPRES-TTS-2 (<i>clonidine</i>)	NF	SON; QL(20 ea daily); MP
CATAPRES-TTS-3 (<i>clonidine</i>)	NF	SON; QL(20 ea daily); MP
<i>clonidine</i>	1	QL(20 ea daily); MP
<i>clonidine</i>	1	SON; QL(20 ea daily); MP
<i>clonidine hcl TABS</i>	1	SON; AL(At least 4 yrs old); MP
<i>clonidine hcl TB24</i>	NP	PA
<i>doxazosin mesylate</i>	1	MP
<i>guanfacine hcl</i>	1	AL(At least 4 yrs old); MP
<i>guanfacine hcl</i>	1	SON; AL(At least 4 yrs old); MP
<i>methyldopa TABS</i>	1	MP
MINIPRESS CAPS (<i>prazosin hcl</i>)	NP	SON; QL(20 ea daily); MP; PA
NEXICLON XR TB24 (<i>clonidine hcl</i>)	NP	PA
<i>prazosin hcl CAPS</i>	1	SON; QL(20 ea daily); MP
<i>terazosin hcl</i>	1	MP
Antihypertensive Combinations		

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

Drug Name	Drug Tier	Requirements/Limits
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>)	NP	MP; PA
INSPRA (<i>eplerenone</i>)	NF	MP
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
PENTAM 300 IJ (<i>pentamidine isethionate</i>)	NP	PA
<i>pentamidine isethionate IN</i>	1	PA
<i>tinidazole</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim TABS</i>	1	
TRIMETHOPRIM TABS 100 MG (<i>trimethoprim</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 phosph-phenyl sal CAPS</i>	NP	
<i>methenamine-hyosc-methylene blue-sod phosph-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		
ALINIA TABS (<i>nitazoxanide</i>)	NF	
<i>atovaquone</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LAMPIT	2	PA
MEPRON (<i>atovaquone</i>)	NP	PA
<i>nitazoxanide</i> TABS	NP	PA
Carbapenems		
<i>ertapenem sodium</i> IJ	1	SP; PA
INVANZ IJ (<i>ertapenem sodium</i>)	NP	SP; PA
Glycopeptides		
FIRVANQ SOLR OR (<i>vancomycin hcl</i>)	2	
VANCOCCIN CAPS 250 MG (<i>vancomycin hcl</i>)	NP	QL(8 ea daily); PA
VANCOCCIN CAPS 125 MG (<i>vancomycin hcl</i>)	NP	QL(4 ea daily); PA
<i>vancomycin hcl</i> CAPS 125 MG	1	QL(4 ea daily)
<i>vancomycin hcl</i> CAPS 250 MG	1	QL(8 ea daily)
<i>vancomycin hcl</i> SOLR OR 25 MG/ML	2	
<i>vancomycin hcl</i> SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML	1	
<i>vancomycin hcl</i> SOLR IV 1 GM, 1000 MG	1	QL(14 ea per fill retail)
<i>vancomycin hcl</i> SOLR IV 500 MG	1	QL(14 ea per 30 day(s) retail)
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	2	QL(14 ea per 30 day(s) retail)
VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM	2	QL(14 ea per fill retail)
Leprostatics		
<i>dapsone</i>	1	MP
Lincosamides		
CLEOCIN (<i>clindamycin hcl</i>)	NP	PA

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN PEDIATRIC GRANULES (<i>clindamycin palmitate hydrochloride</i>)	NP	PA
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
LINCOCIN (<i>lincomycin hcl</i>)	2	PA
LINCOCIN (<i>lincomycin hcl</i>)	NF	
<i>lincomycin hcl</i>	1	PA
Monobactams		
CAYSTON	2	SP; PA
Oxazolidinones		
<i>linezolid</i> SUSR	NP	PA
<i>linezolid</i> TABS	1	
SIVEXTRO TABS	NP	QL(6 ea per fill retail)
ZYVOX SUSR (<i>linezolid</i>)	NP	PA
ZYVOX SUSR (<i>linezolid</i>)	NF	
ZYVOX TABS (<i>linezolid</i>)	NP	PA
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	NP	PA
HIPREX (<i>methenamine hippurate</i>)	NP	PA
MACROBID (<i>nitrofurantoin monohydrate macro</i>)	NP	PA
MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	NP	PA
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i> 0.5 GM, 1 GM	1	
MONUROL (<i>fosfomycin tromethamine</i>)	NF	
<i>nitrofurantoin</i>	NP	PA
NITROFURANTOIN	NP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal 25 MG</i>	NP	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	
<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 250 MG</i>	1	QL(2 ea daily); 180 day(s) max supply per 365 day(s) retail
<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
DARAPRIM (<i>pyrimethamine</i>)	CO	
<i>hydroxychloroquine sulfate 200 MG</i>	1	QL(3 ea daily)
<i>hydroxychloroquine sulfate 100 MG, 300 MG, 400 MG</i>	1	
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>)	NP	PA
QUALAQUIN CAPS (<i>quinine sulfate</i>)	NF	
<i>quinine sulfate CAPS 324 MG</i>	1	
SOVUNA 200 MG	NP	QL(3 ea daily); PA
SOVUNA 300 MG	2	
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
<i>pyridostigmine bromide TBCR</i>	1	
REGONOL SOLN IV	1	PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	1	
<i>ethambutol hcl TABS</i>	1	MP
<i>isoniazid SYRP</i>	1	MP
<i>isoniazid TABS</i>	1	MP
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	NP	MP; PA
MYCOBUTIN (<i>rifabutin</i>)	NP	PA
PRETOMANID	2	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin CAPS</i>	1	
SIRTIURO	2	
TRECTOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (<i>melphalan</i>)	NF	
<i>cyclophosphamide CAPS</i>	1	
CYCLOPHOSPHAMIDE TABS	2	
LEUKERAN	2	PA
<i>melphalan</i>	2	
MYLERAN TABS	2	PA
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (<i>temozolomide</i>)	NF	SP
<i>temozolomide CAPS</i>	1	SP; PA
Antimetabolites		
<i>capecitabine</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/Limits
JYLAMVO SOLN	NP	SP; PA
<i>mercaptopurine TABS</i>	1	
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	
<i>methotrexate sodium SOLR</i>	1	
<i>methotrexate sodium TABS 2.5 MG</i>	1	
ONUREG TABS	2	SP; PA
PURIXAN SUSP	2	PA
TABLOID	2	SP
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2	
XATMEP SOLN	2	
XELODA (<i>capecitabine</i>)	NP	SP; PA
Antineoplastic - Angiogenesis Inhibitors		
FRUZAQLA	2	SP; PA
INLYTA 1 MG	2	QL(8 ea daily); SP; PA
INLYTA 5 MG	2	QL(4 ea daily); SP; PA
LENVIMA 10 MG DAILY DOSE	2	QL(1 ea daily); SP; PA
LENVIMA 12MG DAILY DOSE	2	QL(3 ea daily); SP; PA
LENVIMA 14 MG DAILY DOSE	2	QL(2 ea daily); SP; PA
LENVIMA 18 MG DAILY DOSE	2	QL(3 ea daily); SP; PA
LENVIMA 20 MG DAILY DOSE	2	QL(2 ea daily); SP; PA
LENVIMA 24 MG DAILY DOSE	2	QL(3 ea daily); SP; PA
LENVIMA 4 MG DAILY DOSE	2	QL(1 ea daily); SP; PA
LENVIMA 8 MG DAILY DOSE	2	QL(2 ea daily); SP; PA
Antineoplastic - Anti-HER2 Agents		

Drug Name	Drug Tier	Requirements/Limits
TUKYSA	2	QL(4 ea daily); SP; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	2	SP; PA
VENCLEXTA TABS	2	SP; PA
Antineoplastic - Cellular Immunotherapy		
ABECMA	CO	
BREYANZI	CO	
CARVYKTI	CO	
KYMRIAH	CO	
OMISIRGE	CO	
PROVENGE	CO	
TECARTUS	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 500 MG</i>	NP	SP; PA
<i>abiraterone acetate 250 MG</i>	1	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	PA
LUPRON DEPOT (1-MONTH) KIT IM	2	SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	2	SP; PA
LUPRON DEPOT (4-MONTH) IM	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
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	SP; PA
ZYTIGA (<i>abiraterone acetate</i>)	NP	SP; PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	2	SP; PA
Antineoplastic - Immunomodulators		
POMALYST	2	SP; PA
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

Drug Name	Drug Tier	Requirements/Limits
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 400 MG, 500 MG	2	QL(1 ea daily); SP; PA
BOSULIF TABS 100 MG	2	QL(3 ea daily); SP; PA
BRAFTOVI 75 MG	2	SP; PA
BRUKINSA	2	QL(4 ea daily); SP; PA
CABOMETYX TABS	2	QL(1 ea daily); SP; PA
CALQUENCE	2	SP; PA
CAPRELSA 100 MG	2	QL(2 ea daily); SP; PA
CAPRELSA 300 MG	2	QL(1 ea daily); SP; PA
COMETRIQ KIT	2	QL(2 ea daily); SP; PA
COMETRIQ KIT	2	QL(3 ea daily); SP; PA
COMETRIQ KIT	2	QL(4 ea daily); SP; PA
COPIKTRA	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COTELLIC	2	SP; PA	LYTGOBI	2	SP; PA
<i>everolimus TABS</i>	1	SP; PA	MEKINIST SOLR	2	SP; PA
<i>everolimus TBSO</i>	1	SP; PA	MEKINIST TABS	2	SP; PA
FOTIVDA	2	SP; PA	MEKTOVI	2	SP; PA
GAVRETO	2	QL(4 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
GLEEVEC 100 MG <i>(imatinib mesylate)</i>	NP	QL(3 ea daily); SP; PA	NINLARO	2	SP; PA
IBRANCE CAPS	2	SP; PA	OGSIVEO	2	SP; PA
IBRANCE TABS	2	SP; PA	OJEMDA SUSR OR 25 MG/ML	2	SP; PA
ICLUSIG 10 MG	2	QL(2 ea daily); SP; PA	OJEMDA TABS OR 100 MG	2	SP; PA
ICLUSIG 15 MG, 30 MG, 45 MG	2	QL(1 ea daily); SP; PA	OJJAARA	2	SP; PA
IDHIFA	2	SP; PA	<i>pazopanib hcl</i>	1	QL(4 ea daily); SP; PA
<i>imatinib mesylate 400 MG</i>	1	QL(2 ea daily); SP; PA	PEMAZYRE	2	SP; PA
<i>imatinib mesylate 100 MG</i>	1	QL(3 ea daily); SP; PA	PIQRAY 200MG DAILY DOSE	2	SP; PA
IMBRUVICA CAPS	2	QL(1 ea daily); SP; PA	PIQRAY 250MG DAILY DOSE	2	SP; PA
IMBRUVICA SUSP	NP	SP; PA	PIQRAY 300MG DAILY DOSE	2	SP; PA
IMBRUVICA TABS 140 MG, 280 MG, 420 MG	2	QL(1 ea daily); SP; PA	QINLOCK	2	QL(3 ea daily); SP; PA
INREBIC	2	SP; PA	RETEVMO 40 MG	2	QL(6 ea daily); SP; PA
JAKAFI	2	QL(2 ea daily); SP; PA	RETEVMO 80 MG	2	QL(4 ea daily); SP; PA
JAYPIRCA	2	QL(2 ea daily); SP; PA	REZLIDHIA	2	SP; PA
KISQALI	2	SP; PA	ROZLYTREK CAPS	2	SP; PA
KOSELUGO	2	SP; PA	ROZLYTREK PACK	2	SP; PA
KRAZATI	2	SP; PA	RUBRACA	2	SP; PA
<i>lapatinib ditosylate</i>	1	QL(6 ea daily); SP; PA	RYDAPT	2	SP; PA
LORBRENA 25 MG	2	QL(3 ea daily); SP; PA	SCEMBLIX 20 MG	2	QL(4 ea daily); SP; PA
LORBRENA 100 MG	2	QL(1 ea daily); SP; PA	SCEMBLIX 40 MG	2	QL(10 ea daily); SP; PA
LUMAKRAS	2	SP; PA	<i>sorafenib tosylate</i>	1	SP; PA
LYNPARZA TABS	2	QL(4 ea daily); SP; PA	SPRYCEL	2	QL(1 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits
STIVARGA	2	SP; PA
<i>sunitinib malate</i>	1	SP; PA
SUTENT (<i>sunitinib malate</i>)	2	SP; PA
TABRECTA	2	QL(4 ea daily); SP; PA
TAFINLAR CAPS	2	SP; PA
TAFINLAR TBSO	2	SP; PA
TALZENNA	2	PA
TASIGNA 50 MG	2	QL(2 ea daily); SP; PA
TASIGNA 150 MG, 200 MG	2	QL(4 ea daily); SP; PA
TAZVERIK	2	SP; PA
TEPMETKO	2	SP; PA
TIBSOVO	2	SP; PA
TRUQAP	2	SP; PA
TURALIO 125 MG	2	SP; PA
TYKERB (<i>lapatinib ditosylate</i>)	2	QL(6 ea daily); SP; PA
VANFLYTA	2	SP; PA
VERZENIO	2	QL(2 ea daily); SP; PA
VITRAKVI CAPS	2	SP; PA
VITRAKVI SOLN	2	SP; PA
VONJO	2	SP; PA
VOTRIENT (<i>pazopanib hcl</i>)	2	QL(4 ea daily); SP; PA
XALKORI CAPS	2	QL(2 ea daily); SP; PA
XALKORI CPSP	2	SP; PA
XOSPATA	2	QL(3 ea daily); SP; PA
ZEJULA CAPS	2	SP; PA
ZEJULA TABS	2	SP; PA
ZELBORAF	2	SP; PA
ZOLINZA	2	SP; PA
ZYDELIG	2	SP; PA
ZYKADIA TABS	2	QL(3 ea daily); SP; PA
Antineoplastic Radiopharmaceuticals		

Drug Name	Drug Tier	Requirements/Limits
LUTATHERA	CO	
PLUVICTO	CO	
Antineoplastics Misc.		
ACTIMMUNE	CO	
BESREMI	2	SP; PA
<i>bexarotene</i>	1	SP; PA
HYDREA (<i>hydroxyurea</i>)	NP	PA
<i>hydroxyurea</i>	1	
INTRON A SOLR	2	SP; PA
MATULANE	NP	SP; PA
TARGRETIN (<i>bexarotene</i>)	NP	SP; PA
<i>tretinoin (chemotherapy)</i>	1	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
IWILFIN	2	SP; PA
<i>leucovorin calcium TABS</i>	1	
MESNEX TABS	2	SP
Mitotic Inhibitors		
<i>etoposide CAPS</i>	1	SP; PA
Topoisomerase I Inhibitors		
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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl TABS</i>	1	SON; QL(20 ea daily); MP	KYNMOBI FILM	NP	SON; QL(20 ea daily)
Antiparkinson COMT Inhibitors			MIRAPEX ER TB24 (<i>pramipexole dihydrochloride</i>)	NP	SON; QL(20 ea daily); PA
COMTAN (<i>entacapone</i>)	NP	MP; PA	NEUPRO	NP	SON; QL(20 ea daily)
<i>entacapone</i>	1	MP	OSMOLEX ER TB24 129 MG, 193 MG	NP	SON; QL(20 ea daily); PA
ONGENTYS	NP		PARLODEL CAPS (<i>bromocriptine mesylate</i>)	NP	SON; QL(20 ea daily); PA
TASMAR (<i>tolcapone</i>)	NP	MP; PA	PARLODEL TABS (<i>bromocriptine mesylate</i>)	NP	SON; QL(20 ea daily); PA
<i>tolcapone</i>	NP	MP	<i>pramipexole dihydrochloride TABS</i>	1	SON; QL(3 ea daily); AL(At least 18 yrs old); MP
Antiparkinson Dopaminergics			<i>pramipexole dihydrochloride TB24</i>	NP	SON; QL(20 ea daily)
<i>amantadine hcl CAPS</i>	1	SON; QL(20 ea daily); MP	<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	1	SON; QL(6 ea daily); MP
<i>amantadine hcl SOLN</i>	1	QL(200 ml daily); MP	<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	1	SON; QL(3 ea daily); MP
<i>amantadine hcl SOLN</i>	1	SON; QL(200 ml daily); MP	<i>ropinirole hydrochloride TB24</i>	NP	SON; QL(20 ea daily)
<i>amantadine hcl TABS</i>	NP	SON; QL(20 ea daily)	RYTARY CPCR	NP	SON; QL(20 ea daily)
APOKYN SOCT	NP	SON; QL(20 ml daily); SP; PA	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>apomorphine hydrochloride SOCT</i>	NP	SON; QL(20 ml daily); SP	STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA
<i>bromocriptine mesylate CAPS</i>	NP	SON; QL(20 ea daily)	STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA
<i>bromocriptine mesylate TABS 2.5 MG</i>	NP	SON; QL(20 ea daily)	STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA
<i>carbidopa-levodopa-entacapone</i>	NP	SON; QL(20 ea daily)	STALEVO 200 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA
<i>carbidopa-levodopa TABS</i>	1	SON; QL(20 ea daily); MP			
<i>carbidopa-levodopa TABS 100 MG-25 MG, 250 MG-25 MG</i>	1	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)			
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			

Drug Name	Drug Tier	Requirements/Limits
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA
STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (<i>rasagiline mesylate</i>)	NP	SON; QL(20 ea daily); PA
<i>rasagiline mesylate</i>	NP	QL(20 ea daily)
<i>rasagiline mesylate</i>	NP	SON; QL(20 ea daily)
<i>selegiline hcl CAPS</i>	1	SON; QL(20 ea daily); MP
<i>selegiline hcl TABS</i>	1	SON; QL(20 ea daily); MP
<i>selegiline hcl TABS</i>	1	QL(20 ea daily); MP
XADAGO	NP	SON; QL(20 ea daily)
ZELAPAR TBDP	NP	SON; QL(20 ea daily)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	SON; QL(200 ml daily); MP
<i>lithium</i>	1	QL(200 ml daily); MP
<i>lithium carbonate CAPS</i>	1	SON; QL(20 ea daily); MP
<i>lithium carbonate TABS</i>	1	SON; QL(20 ea daily); MP
<i>lithium carbonate TBCR</i>	1	SON; QL(20 ea daily); MP
LITHOBID TBCR (<i>lithium carbonate</i>)	NP	SON; QL(20 ea daily); MP; PA
Antipsychotics - Misc.		
CAPLYTA	NP	SON; QL(20 ea daily); AL(At least 18 yrs old)
EQUETRO	2	SON; QL(20 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
GEODON (<i>ziprasidone mesylate</i>)	2	SON; QL(20 ea daily); AL(At least 18 yrs old - Up to 64 yrs old)
GEODON (<i>ziprasidone hcl</i>)	NP	SON; AL(At least 6 yrs old); MP; PA
GEODON 80 MG (<i>ziprasidone hcl</i>)	NF	SON; AL(At least 6 yrs old); MP
LATUDA (<i>lurasidone hcl</i>)	NP	SON; AL(At least 6 yrs old); MP; PA
<i>lurasidone hcl</i>	1	SON; AL(At least 6 yrs old); MP
<i>lurasidone hcl</i>	1	AL(At least 6 yrs old); MP
NUPLAZID CAPS	2	SON; QL(20 ea daily); PA
NUPLAZID TABS 10 MG	2	SON; QL(20 ea daily); PA
VRAYLAR CAPS	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); MP; PA
VRAYLAR CPPK	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
<i>ziprasidone hcl</i>	1	SON; AL(At least 6 yrs old); MP
<i>ziprasidone mesylate</i>	1	SON; QL(20 ea daily); AL(At least 18 yrs old - Up to 64 yrs old)
Benzisoxazoles		
FANAPT	NP	SON; QL(20 ea daily); AL(At least 18 yrs old)
FANAPT TITRATION PACK	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	SON; QL(20 ea daily); AL(At least 18 yrs old)	UZEDY SUSY	NP	SON; QL(20 ml daily); SP; PA
<i>paliperidone</i>	NP	QL(20 ea daily); AL(At least 18 yrs old)	Butyrophenones		
PERSERIS PRSY	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); SP; PA	HALDOL DECANOATE 100 (<i>haloperidol decanoate</i>)	NP	SON; QL(200 ml daily); PA
RISPERDAL CONSTA (<i>risperidone microspheres</i>)	2	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); SP	HALDOL DECANOATE 50 (<i>haloperidol decanoate</i>)	NP	SON; QL(200 ml daily); PA
RISPERDAL SOLN (<i>risperidone</i>)	NP	SON; AL(At least 3 yrs old); MP; PA	<i>haloperidol decanoate</i>	1	SON; QL(200 ml daily)
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	<i>haloperidol lactate CONC</i>	1	SON; AL(At least 6 yrs old); MP
<i>risperidone microspheres</i>	1	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); SP	<i>haloperidol lactate SOLN</i>	1	SON; QL(200 ml daily)
<i>risperidone SOLN</i>	1	SON; AL(At least 3 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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLOZARIL TABS (clozapine)	NP	SON; 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
loxapine succinate	1	SON; QL(4 ea daily); MP	ZYPREXA ZYDIS TBDP (olanzapine)	NP	SON; AL(At least 6 yrs old); MP; PA
olanzapine SOLR	1	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old)	ZYPREXA SOLR (olanzapine)	NP	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); PA
olanzapine TABS	1	SON; AL(At least 6 yrs old); MP	ZYPREXA TABS (olanzapine)	NP	SON; AL(At least 6 yrs old); MP; PA
olanzapine TABS	1	AL(At least 6 yrs old); MP	Dihydroindolones		
olanzapine TBDP	1	SON; AL(At least 6 yrs old); MP	molindone hcl 10 MG	1	SON; QL(4 ea daily); MP
quetiapine fumarate TABS 150 MG	NP	SON; QL(20 ea daily); PA	molindone hcl 5 MG, 25 MG	1	SON; QL(20 ea daily)
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	1	SON; AL(At least 6 yrs old); MP	Phenothiazines		
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	1	AL(At least 6 yrs old); MP	chlorpromazine hcl CONC	NP	SON; QL(200 ml daily); PA
quetiapine fumarate TB24	1	SON; AL(At least 6 yrs old); MP	chlorpromazine hcl SOLN	1	QL(200 ml daily)
SAPHRIS (asenapine maleate)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); MP	chlorpromazine hcl TABS 10 MG	1	SON; QL(10 ea daily); MP
SECUADO	NP	SON; QL(20 ea daily); PA	chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG	1	SON; QL(3 ea daily); MP
SEROQUEL XR TB24 (quetiapine fumarate)	NP	SON; AL(At least 6 yrs old); MP; PA	fluphenazine decanoate	1	QL(200 ml daily)
SEROQUEL TABS (quetiapine fumarate)	NP	SON; AL(At least 6 yrs old); MP; PA	fluphenazine hcl CONC	1	SON; QL(200 ml daily)
VERSACLOZ SUSP	NP	SON; QL(200 ml daily); AL(At least 13 yrs old); PA	fluphenazine hcl ELIX	1	SON; QL(200 ml daily)
			fluphenazine hcl SOLN	1	SON; QL(200 ml daily)
			fluphenazine hcl TABS	1	QL(20 ea daily); MP
			fluphenazine hcl TABS	1	SON; QL(20 ea daily); MP
			perphenazine TABS	1	SON; AL(At least 6 yrs old); MP
			prochlorperazine	NP	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine edisylate</i> 10 MG/2ML	1	SON; QL(200 ml daily); PA	<i>aripiprazole</i> TABS	1	AL(At least 3 yrs old); MP
<i>prochlorperazine maleate</i> TABS	1	QL(20 ea daily); MP	<i>aripiprazole</i> TBDP	NP	SON; QL(20 ea daily); AL(At least 3 yrs old); MP; PA
<i>prochlorperazine maleate</i> TABS	1	SON; QL(20 ea daily); MP	ARISTADA	2	SON; QL(20 ml daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; MP
<i>thioridazine hcl</i>	1	SON; QL(3 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>trifluoperazine hcl</i> TABS	1	SON; QL(3 ea daily); MP	REXULTI	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); MP
Quinolinone Derivatives			Thioxanthenes		
ABILIFY ASIMTUFII PRSY	NP	SON; AL(At least 18 yrs old); SP; PA	<i>thiothixene</i>	1	SON; QL(3 ea daily); MP
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	NP	AL(At least 18 yrs old); SP; PA	ANTISEPTICS & DISINFECTANTS		
ABILIFY MAINTENA PRSY	2	SON; QL(20 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; MP	Antiseptics & Disinfectants		
ABILIFY MAINTENA SRER	2	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; MP	<i>formaldehyde SOLN 10 %</i>	1	QL(90 ml per fill retail)
ABILIFY MYCITE MAINTENANCE KIT	NP	SON; QL(20 ea daily); AL(At least 3 yrs old); SP; PA	ANTIVIRALS - Drugs to Treat Viral Infections		
ABILIFY MYCITE STARTER KIT 5 MG, 10 MG	NP	SON; QL(20 ea daily); SP; PA	Antiretrovirals		
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>abacavir sulfate-lamivudine</i>	1	QL(1 ea daily); MP
ABILIFY TABS (<i>aripiprazole</i>)	NP	SON; AL(At least 3 yrs old); MP; PA	<i>abacavir sulfate SOLN</i>	1	QL(30 ml daily); MP
<i>aripiprazole SOLN OR</i>	NP	AL(At least 3 yrs old); MP; PA	<i>abacavir sulfate TABS</i>	1	QL(2 ea daily); MP
<i>aripiprazole</i> TABS	1	SON; AL(At least 3 yrs old); MP	APRETUDE	CO	
			APTIVUS CAPS	2	QL(4 ea daily); MP
			<i>atazanavir sulfate</i> CAPS	1	QL(2 ea daily); MP
			BIKTARVY	2	MP
			CABENUVA	CO	
			CIMDUO	2	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMBIVIR (<i>lamivudine-zidovudine</i>)	NP	QL(2 ea daily); MP; PA	<i>etravirine 100 MG</i>	1	QL(4 ea daily); MP
COMPLERA	2	QL(1 ea daily); MP	<i>etravirine 200 MG</i>	1	QL(2 ea daily); MP
<i>darunavir TABS 800 MG</i>	1	QL(1 ea daily); MP	EVOTAZ	2	QL(1 ea daily); MP
<i>darunavir TABS 600 MG</i>	1	QL(2 ea daily); MP	<i>fosamprenavir calcium TABS</i>	1	MP
DELSTRIGO	2	MP	FUZEON SOLR	CO	
DESCOVY 120 MG-15 MG	2	MP	GENVOYA	2	QL(1 ea daily); MP
DESCOVY 200 MG-25 MG	2	QL(1 ea daily); MP	INTELENCE 200 MG (<i>etravirine</i>)	2	QL(2 ea daily); MP
DOVATO	2	MP	INTELENCE (<i>etravirine</i>)	2	QL(4 ea daily); MP
EDURANT	2	QL(1 ea daily); MP	INTELENCE	2	QL(4 ea daily); MP
<i>efavirenz CAPS 50 MG</i>	1	QL(2 ea daily); MP	ISENTRESS HD TABS	2	MP
<i>efavirenz CAPS 200 MG</i>	1	QL(1 ea daily); MP	ISENTRESS CHEW 25 MG	2	QL(12 ea daily); MP
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily); MP	ISENTRESS CHEW 100 MG	2	QL(6 ea daily); MP
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	MP	ISENTRESS PACK	2	QL(2 ea daily); MP
<i>efavirenz TABS</i>	1	QL(1 ea daily); MP	ISENTRESS TABS	2	QL(2 ea daily); MP
<i>emtricitabine CAPS</i>	1	QL(1 ea daily); MP	JULUCA	2	MP
<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily); MP	KALETRA SOLN (<i>lopinavir-ritonavir</i>)	2	MP
EMTRIVA CAPS (<i>emtricitabine</i>)	2	QL(1 ea daily); MP	KALETRA TABS 25 MG-100 MG (<i>lopinavir-ritonavir</i>)	2	QL(4 ea daily); MP
EMTRIVA SOLN	2	QL(24 ml daily); MP	KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	2	QL(6 ea daily); MP
EPIVIR SOLN (<i>lamivudine</i>)	NP	QL(30 ml daily); MP; PA	<i>lamivudine SOLN</i>	1	QL(30 ml daily); MP
EPIVIR TABS 300 MG (<i>lamivudine</i>)	NP	QL(1 ea daily); MP; PA	<i>lamivudine TABS 300 MG</i>	1	QL(1 ea daily); MP
EPIVIR TABS 150 MG (<i>lamivudine</i>)	NP	QL(2 ea daily); MP; PA	<i>lamivudine TABS 150 MG</i>	1	QL(2 ea daily); MP
EPZICOM (<i>abacavir sulfate-lamivudine</i>)	NP	QL(1 ea daily); MP; PA	<i>lamivudine-zidovudine</i>	1	QL(2 ea daily); MP
			LEXIVA SUSP	2	QL(56 ml daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LEXIVA TABS (fosamprenavir calcium)	NP	MP; PA	REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate)	NP	QL(2 ea daily); MP; PA
lopinavir-ritonavir SOLN	1	MP	REYATAZ PACK	2	QL(6 ea daily); MP
lopinavir-ritonavir TABS 50 MG-200 MG	1	QL(6 ea daily); MP	ritonavir TABS	1	QL(12 ea daily); MP
lopinavir-ritonavir TABS 25 MG-100 MG	1	QL(4 ea daily); MP	RUKOBIA	2	MP
maraviroc TABS 300 MG	1	QL(4 ea daily); MP	SELZENTRY SOLN	2	MP
maraviroc TABS 150 MG	1	QL(2 ea daily); MP	SELZENTRY TABS 25 MG, 75 MG	2	QL 2 per day; QL(2 ea daily); MP; SL
nevirapine SUSP	1	QL(40 ml daily); MP	SELZENTRY TABS 300 MG (maraviroc)	2	QL(4 ea daily); MP
nevirapine TABS	1	MP	SELZENTRY TABS 150 MG (maraviroc)	2	QL(2 ea daily); MP
nevirapine TB24 400 MG	1	QL(1 ea daily); MP	stavudine CAPS	2	QL(2 ea daily); MP
nevirapine TB24 100 MG	1	QL(3 ea daily); MP	STRIBILD	2	QL(1 ea daily); MP
NORVIR CAPS	NP	QL(12 ea daily); PA	SUNLENCA SOLN	CO	
NORVIR PACK	2	MP	SUNLENCA TBPK	2	SP; MP
NORVIR TABS (ritonavir)	NF	QL(12 ea daily); MP	SUSTIVA CAPS 200 MG (efavirenz)	NF	QL(1 ea daily); MP
NORVIR TABS (ritonavir)	NP	QL(12 ea daily); MP; PA	SUSTIVA CAPS 50 MG (efavirenz)	NF	QL(2 ea daily); MP
ODEFSEY	2	MP	SUSTIVA TABS (efavirenz)	NF	QL(1 ea daily); MP
PIFELTRO	2	MP	SYMFI (efavirenz- lamivudine-tenofovir disoproxil fumarate)	NP	MP; PA
PREZCOBIX	2	QL(1 ea daily); MP	SYMFI LO (efavirenz- lamivudine-tenofovir disoproxil fumarate)	NP	MP; PA
PREZISTA SUSP	2	QL(12 ml daily); MP	SYMTUZA	2	MP
PREZISTA TABS 150 MG	2	QL(3 ea daily); MP	tenofovir disoproxil fumarate TABS	1	QL(1 ea daily); MP
PREZISTA TABS 75 MG	2	QL(2 ea daily); MP	TIVICAY PD TBSO	2	MP
PREZISTA TABS 600 MG (darunavir)	NP	QL(2 ea daily); MP; PA	TIVICAY TABS 50 MG	2	QL(2 ea daily); MP
PREZISTA TABS 800 MG (darunavir)	NP	QL(1 ea daily); MP; PA	TIVICAY TABS 10 MG, 25 MG	2	MP
RETROVIR IV INFUSION SOLN	CO		TRIUMEQ PD TBSO	2	MP
RETROVIR CAPS (zidovudine)	NP	QL(6 ea daily); MP; PA			
RETROVIR SYRP (zidovudine)	NP	QL(60 ml daily); MP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ TABS	2	QL(1 ea daily); MP	GANCICLOVIR SOLN	NP	PA
TRIZIVIR	2	QL(2 ea daily); MP	GANCICLOVIR SOLN	2	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 625 MG	2	QL(4 ea daily); MP	VALCYTE SOLR (<i>valganciclovir hcl</i>)	NP	PA
VIRACEPT TABS 250 MG	2	QL(9 ea daily); MP	VALCYTE TABS (<i>valganciclovir hcl</i>)	NP	QL(2 ea daily); PA
VIREAD POWD	2	QL(720 gm per 90 day(s) retail); MP	<i>valganciclovir hcl SOLR</i>	1	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily); MP	<i>valganciclovir hcl TABS</i>	1	QL(2 ea daily)
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily); MP; PA	Hepatitis Agents		
VOCABRIA	2	MP	<i>adefovir dipivoxil</i>	NP	
ZIAGEN SOLN (<i>abacavir sulfate</i>)	NP	QL(30 ml daily); MP; PA	BARACLUDE SOLN	NP	
ZIAGEN TABS (<i>abacavir sulfate</i>)	NP	QL(2 ea daily); MP; PA	BARACLUDE TABS (<i>entecavir</i>)	NP	PA
<i>zidovudine CAPS</i>	1	QL(6 ea daily); MP	<i>entecavir TABS</i>	1	
<i>zidovudine SYRP</i>	1	QL(60 ml daily); MP	EPCLUSA PACK	CO	
<i>zidovudine TABS</i>	1	QL(2 ea daily); MP	EPCLUSA TABS	CO	
Antiviral Combinations			EPCLUSA TABS	CO	
PAXLOVID 100 MG-150 MG	2		EPIVIR HBV TABS (<i>lamivudine (hbv)</i>)	NF	
CMV Agents			HARVONI PACK	CO	
<i>cidofovir</i>	1	PA	HARVONI TABS	CO	
<i>foscarnet sodium 6000 MG/250ML</i>	1	PA	HARVONI TABS	CO	
FOSCAVIR 6000 MG/250ML (<i>foscarnet sodium</i>)	NF		HEPSERA (<i>adefovir dipivoxil</i>)	NF	
<i>ganciclovir sodium SOLR</i>	1	PA	<i>lamivudine (hbv) TABS</i>	1	
			LEDIPASVIR/SOFOSBUV IR TABS	CO	
			MAVYRET PACK	CO	
			MAVYRET TABS	CO	
			PEGASYS SOLN	NP	SP; PA
			PEGASYS SOSY	NP	SP; PA
			<i>ribavirin (hepatitis c) CAPS</i>	1	SP
			<i>ribavirin (hepatitis c) TABS 200 MG</i>	1	SP

Drug Name	Drug Tier	Requirements/Limits
SOFOSBUVIR/VELPATA SVIR TABS	CO	
SOVALDI PACK	CO	
SOVALDI TABS	CO	
VEMLIDY	NP	SP; 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)
<i>acyclovir SUSP</i>	1	QL(400 ml per 30 day(s) retail)
<i>acyclovir TABS OR 800 MG</i>	1	QL(50 ea per 30 day(s) retail)
<i>acyclovir TABS OR 400 MG</i>	1	QL(3 ea daily)
<i>famciclovir</i>	1	
SITAVIG TABS BU	NP	PA
<i>valacyclovir hcl 500 MG</i>	1	QL(60 ea per 30 day(s) retail)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(21 ea per 21 day(s) retail)
VALTREX 500 MG (<i>valacyclovir hcl</i>)	NP	QL(60 ea per 30 day(s) retail); PA
VALTREX 1 GM (<i>valacyclovir hcl</i>)	NP	QL(21 ea per 21 day(s) retail); PA
ZOVIRAX SUSP (<i>acyclovir</i>)	NF	QL(400 ml per 30 day(s) retail)
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1	
<i>oseltamivir phosphate SUSP</i>	1	
RAPIVAB	2	PA
RELENZA DISKHALER	NP	QL(20 ea per fill retail); AL(At least 5 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>rimantadine hydrochloride TABS</i>	1	
TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	NP	PA
TAMIFLU SUSP (<i>oseltamivir phosphate</i>)	NP	PA
XOFLUZA 40 MG, 80 MG	NP	PA
Misc. Antivirals		
LAGEVRIO	NP	
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin</i>	1	PA
VIRAZOLE (<i>ribavirin</i>)	NP	PA
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	1	QL(3 ea daily); MP
<i>carvedilol 25 MG</i>	1	QL(4 ea daily); MP
<i>carvedilol phosphate</i>	NP	QL(1 ea daily); MP; PA
COREG 25 MG (<i>carvedilol</i>)	NP	QL(4 ea daily); MP; PA
COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>carvedilol</i>)	NF	QL(3 ea daily); MP
COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>carvedilol</i>)	NP	QL(3 ea daily); MP; PA
COREG 25 MG (<i>carvedilol</i>)	NF	QL(4 ea daily); MP
COREG CR (<i>carvedilol phosphate</i>)	NF	QL(1 ea daily); MP
COREG CR (<i>carvedilol phosphate</i>)	NP	QL(1 ea daily); MP; PA
<i>labetalol hcl SOLN</i>	1	PA
<i>labetalol hcl TABS 300 MG</i>	1	QL(8 ea daily); MP
<i>labetalol hcl TABS 100 MG</i>	1	QL(3 ea daily); MP
<i>labetalol hcl TABS 200 MG</i>	1	QL(6 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE 0.72 %-100 MG/100ML, 0.72 %-200 MG/200ML, 0.72 %-300 MG/300ML	2	PA	LOPRESSOR TABS 100 MG (<i>metoprolol tartrate</i>)	NP	QL(2 ea daily); MP; PA
LABETALOL HYDROCHLORIDE SOSY 10 MG/2ML	2	PA	<i>metoprolol succinate</i> TB24 200 MG	1	QL(2 ea daily); MP
Beta Blockers Cardio-Selective			<i>metoprolol succinate</i> TB24 25 MG, 50 MG, 100 MG	1	QL(1 ea daily); MP
<i>acebutolol hcl</i> CAPS	1	MP	<i>metoprolol tartrate</i> SOLN IV 5 MG/5ML	1	PA
<i>atenolol</i> TABS	1	QL(2 ea daily); MP	<i>metoprolol tartrate</i> TABS 37.5 MG, 75 MG	1	
<i>betaxolol hcl</i>	1	MP	<i>metoprolol tartrate</i> TABS 50 MG	1	QL(3 ea daily); MP
<i>bisoprolol fumarate</i>	1	QL(1 ea daily); MP	<i>metoprolol tartrate</i> TABS 25 MG, 100 MG	1	QL(2 ea daily); MP
BREVIBLOC (<i>esmolol hcl-sodium chloride</i>)	NP	PA	<i>nebivolol hcl</i>	NP	
BREVIBLOC PREMIXED (<i>esmolol hcl-sodium chloride</i>)	NP	PA	TENORMIN TABS (<i>atenolol</i>)	NP	QL(2 ea daily); MP; PA
BREVIBLOC PREMIXED DOUBLESTRENGTH (<i>esmolol hcl-sodium chloride</i>)	NP	PA	TOPROL XL TB24 200 MG (<i>metoprolol succinate</i>)	NP	QL(2 ea daily); MP; PA
BYSTOLIC (<i>nebivolol hcl</i>)	NP	PA	TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>metoprolol succinate</i>)	NP	QL(1 ea daily); MP; PA
BYSTOLIC 5 MG (<i>nebivolol hcl</i>)	NF		Beta Blockers Non-Selective		
<i>esmolol hcl-sodium chloride</i>	1		BETAPACE AF (<i>sotalol hcl (afib/afll)</i>)	NP	QL(2 ea daily); MP; PA
<i>esmolol hcl</i> SOLN 100 MG/10ML	1	PA	BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NP	QL(2 ea daily); MP; PA
ESMOLOL HYDROCHLORIDE INWATER DOUBLE STRENGTH SOLN	2	PA	CORGARD TABS 80 MG (<i>nadolol</i>)	NF	QL(2 ea daily); MP
ESMOLOL HYDROCHLORIDE INWATER SOLN	2	PA	CORGARD TABS 20 MG, 40 MG (<i>nadolol</i>)	NP	QL(2 ea daily); MP; PA
KASPARGO SPRINKLE CS24	NP	PA	HEMANGEOL SOLN OR	NP	SP
LOPRESSOR TABS 50 MG (<i>metoprolol tartrate</i>)	NP	QL(3 ea daily); MP; PA	INDERAL LA CP24 (<i>propranolol hcl</i>)	NP	QL(2 ea daily); MP; PA
			INDERAL XL	NP	
			INNOPRAN XL	NP	
			<i>nadolol</i> TABS 20 MG, 40 MG, 80 MG	1	QL(2 ea daily); MP
			<i>pindolol</i> TABS	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl CP24</i>	1	QL(2 ea daily); MP	CLEVIPREX 25 MG/50ML, 50 MG/100ML	2	PA
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1	MP	CONJUPRI (<i>levamlodipine maleate</i>)	NF	
<i>propranolol hcl SOLN IV 1 MG/ML</i>	1	PA	<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	1	QL(1 ea daily); MP
<i>propranolol hcl TABS</i>	1	MP	<i>diltiazem hcl coated beads CP24 240 MG</i>	NP	QL(2 ea daily); MP; PA
<i>sotalol hcl (afib/af)</i>	1	QL(2 ea daily); MP	<i>diltiazem hcl coated beads CP24 240 MG</i>	1	QL(2 ea daily); MP
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 ea daily); MP	<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	NP	QL(1 ea daily); MP; PA
<i>sotalol hcl TABS 240 MG</i>	1	MP	<i>diltiazem hcl coated beads CP24 360 MG</i>	1	MP
SOTYLIZE SOLN OR	NP	MP; PA	<i>diltiazem hcl extended release beads</i>	1	QL(1 ea daily); MP
<i>timolol maleate TABS</i>	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
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>diltiazem hcl CP12</i>	1	QL(2 ea daily); MP
Calcium Channel Blockers			<i>diltiazem hcl CP24 120 MG, 180 MG</i>	1	QL(1 ea daily); MP
<i>amlodipine besylate TABS</i>	1	QL(1 ea daily); MP	<i>diltiazem hcl CP24 240 MG</i>	1	QL(2 ea daily); MP
CALAN SR TBCR 120 MG, 240 MG (<i>verapamil hcl</i>)	NF	QL(2 ea daily); MP	<i>diltiazem hcl SOLN</i>	1	PA
CALAN SR TBCR 180 MG (<i>verapamil hcl</i>)	NP	QL(2 ea daily); MP; PA	DILTIAZEM HCL SOLR	1	PA
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML	2	PA	<i>diltiazem hcl TABS</i>	1	QL(3 ea daily); MP
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (<i>diltiazem hcl coated beads</i>)	NP	QL(1 ea daily); MP; PA	<i>diltiazem hcl TB24</i>	NP	
CARDIZEM CD CP24 240 MG (<i>diltiazem hcl coated beads</i>)	NP	QL(2 ea daily); MP; PA	<i>felodipine</i>	1	QL(1 ea daily); MP
CARDIZEM CD CP24 360 MG (<i>diltiazem hcl coated beads</i>)	NP	MP; PA	<i>isradipine CAPS</i>	NP	
CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	NP	PA	KATERZIA	NP	PA
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	NP	QL(3 ea daily); MP; PA	<i>levamlodipine maleate</i>	NP	
			<i>nicardipine hcl CAPS</i>	NP	
			<i>nicardipine hcl SOLN</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN 0.9%-40 MG/200ML	2	PA	VERELAN PM CP24 100 MG (<i>verapamil hcl</i>)	NP	QL(2 ea daily)
NICARDIPINE HYDROCHLORIDE SOLN	2	PA	VERELAN PM CP24 200 MG (<i>verapamil hcl</i>)	NP	QL(2 ea daily); PA
<i>nifedipine CAPS</i>	1	QL(4 ea daily); MP	VERELAN PM CP24 300 MG (<i>verapamil hcl</i>)	NP	QL(1 ea daily); PA
<i>nifedipine TB24 60 MG</i>	1	QL(2 ea daily); MP	VERELAN CP24 360 MG (<i>verapamil hcl</i>)	NP	QL(1 ea daily); PA
<i>nifedipine TB24 30 MG, 90 MG</i>	1	QL(1 ea daily); MP	VERELAN CP24 120 MG, 180 MG, 240 MG (<i>verapamil hcl</i>)	NP	QL(2 ea daily); PA
<i>nimodipine CAPS</i>	NP		CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>nisoldipine</i>	NP		Cardiac Glycosides		
NORLIQVA SOLN	NP	PA	<i>digoxin SOLN OR 0.05 MG/ML</i>	1	MP
NORVASC TABS 10 MG (<i>amlodipine besylate</i>)	NF	QL(1 ea daily); MP	<i>digoxin TABS 0.125 MG, 125 MCG, 250 MCG</i>	1	MP
NORVASC TABS (<i>amlodipine besylate</i>)	NP	QL(1 ea daily); MP; PA	<i>digoxin TABS 0.0625 MG, 62.5 MCG</i>	NP	
NYMALIZE SOLN 6 MG/ML	NP		LANOXIN PEDIATRIC SOLN IJ	NP	
PROCARDIA XL TB24 30 MG, 90 MG (<i>nifedipine</i>)	NP	QL(1 ea daily); MP; PA	LANOXIN SOLN IJ (<i>digoxin</i>)	NP	PA
PROCARDIA XL TB24 60 MG (<i>nifedipine</i>)	NP	QL(2 ea daily); MP; PA	LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	NF	MP
SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NP	PA	Inotropes		
TIAZAC (<i>diltiazem hcl extended release beads</i>)	NP	QL(1 ea daily); MP; PA	<i>dobutamine hcl 12.5 MG/ML, 250 MG/20ML</i>	1	PA
<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	NP	QL(2 ea daily)	DOBUTAMINE HCL/D5W	2	PA
<i>verapamil hcl CP24 300 MG, 360 MG</i>	NP	QL(1 ea daily)	DOBUTAMINE HYDROCHLORIDE/DEXTROSE 5%	2	PA
<i>verapamil hcl SOLN 2.5 MG/ML</i>	1	PA	<i>dopamine hcl 40 MG/ML</i>	1	PA
<i>verapamil hcl TABS</i>	1	QL(3 ea daily); MP	DOPAMINE HYDROCHLORIDE (<i>dopamine hcl</i>)	NP	PA
<i>verapamil hcl TBCR</i>	1	QL(2 ea daily); MP	DOPAMINE HYDROCHLORIDE/DEXTROSE	2	PA
VERAPAMIL HYDROCHLORIDE ER CP24 (<i>verapamil hcl</i>)	NP	QL(2 ea daily)			

Drug Name	Drug Tier	Requirements/Limits
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
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-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	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		

Drug Name	Drug Tier	Requirements/Limits
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 SOLN IN	2	SP; MP; PA
TYVASO STARTER 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 TABS</i>	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

Drug Name	Drug Tier	Requirements/Limits
REVATIO SUSR (sildenafil citrate (pulmonary hypertension))	NP	SP; PA
REVATIO TABS (sildenafil citrate (pulmonary hypertension))	NP	SP; MP; PA
sildenafil citrate (pulmonary hypertension) SUSR	NP	SP; PA
sildenafil citrate (pulmonary hypertension) TABs	1	SP; MP; PA
tadalafil (pulmonary hypertension) TABs	1	SP; MP; PA
TADLIQ SUSP	NP	SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPk	NP	SP; PA
UPTRAVI SOLR	NP	SP; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	NP	SP; PA
UPTRAVI TABS 200 MCG	NP	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	2	SP; MP; PA
Sinus Node Inhibitors		
CORLANOR SOLN	NP	PA
CORLANOR TABS	2	MP; PA
Transthyretin Stabilizers		
VYNDAMAX	CO	
VYNDAQEL	CO	
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	2	PA

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	1	
cefadroxil SUSR	1	
cefadroxil TABS	1	
CEFAZOLIN SODIUM/DEXTROSE SOLR	1	PA
CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML	1	PA
cefazolin sodium SOLR IJ 2 GM	2	PA
cefazolin sodium SOLR IJ 1 GM, 3 GM, 10 GM, 500 MG	1	PA
CEFAZOLIN SODIUM SOLR IV 2 GM	2	PA
CEFAZOLIN SOLN	2	PA
CEFAZOLIN SOLR IV	2	PA
cephalexin CAPS	1	
cephalexin SUSR	1	
cephalexin TABS	NP	PA
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
cefaclor CAPS	1	
cefaclor SUSR 125 MG/5ML, 375 MG/5ML	NP	AL(Up to 12 yrs old); PA
CEFOTAN IJ (cefotetan disodium)	NP	PA
cefotetan disodium IJ 1 GM, 2 GM	1	PA
cefoxitin sodium IV	1	PA
CEFOXITIN SODIUM	1	PA
cefprozil SUSR 250 MG/5ML	1	QL(100 ml per fill retail); AL(Up to 12 yrs old)
cefprozil SUSR 125 MG/5ML	1	AL(Up to 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil TABS</i>	1	QL(20 ea per fill retail)
<i>cefuroxime axetil TABS</i>	1	QL(20 ea per fill retail)
<i>cefuroxime sodium IJ 750 MG</i>	1	PA
Cephalosporins - 3rd Generation		
<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
<i>cefpodoxime proxetil TABS</i>	NP	
<i>ceftazidime IJ 1 GM, 6 GM</i>	1	PA
CEFTAZIDIME/DEXTROSE	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
<i>ceftriaxone sodium IJ 2 GM</i>	1	PA
<i>ceftriaxone sodium IJ 1 GM</i>	1	QL(3 ea per fill retail); PA
<i>ceftriaxone sodium in dextrose</i>	1	PA
CEFTRIAZONE/DEXTROSE	1	PA
TAZICEF 4.4 %-1 GM/50ML	2	PA
Cephalosporins - 4th Generation		
<i>cefepime hcl SOLR IJ 1 GM</i>	1	PA
CEFEPIME/DEXTROSE	2	PA
CEFEPIME SOLN	1	PA
Cephalosporins - Siderophores		

Drug Name	Drug Tier	Requirements/Limits
FETROJA	2	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	NF	MP
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	2	MP
BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	2	MP
<i>desogestrel & ethinyl estradiol</i>	1	MP
<i>desogestrel-ethinyl estradiol (biphasic)</i>	1	MP
<i>desogestrel-ethinyl estradiol (triphasic)</i>	1	MP
<i>drospirenone-ethinyl estradiol</i>	1	MP
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	1	MP
<i>ethynodiol diacet & eth estrad</i>	1	MP
GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	NF	MP
<i>levonorgestrel & eth estradiol TABS</i>	1	MP
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	MP
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	1	MP
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	1	MP
<i>levonorgestrel-ethinyl estradiol-iron</i>	1	MP
LO LOESTRIN FE TABS	2	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	2	MP	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium)	2	MP
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	2	MP	SEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	2	MP
MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	2	MP	TAYTULLA CAPS (norethin acet & estrad-fe)	2	MP
NATAZIA	2	MP	TYBLUME CHEW	2	MP
NEXTSTELLIS	2	MP	YASMIN 28 (drospirenone-ethinyl estradiol)	2	MP
norethin acet & estrad-fe CAPS	1	MP	YAZ (drospirenone-ethinyl estradiol)	2	MP
norethin acet & estrad-fe CHEW	1	MP	Combination Contraceptives - Transdermal		
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	2	MP	norelgestromin-ethinyl estradiol	1	MP
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	1	MP	TWIRLA	2	MP
norethindrone & eth estradiol	1	MP	Combination Contraceptives - Vaginal		
norethindrone & ethinyl estradiol-fe	1	MP	ANNOVERA	2	MP
norethindrone acet & eth estra	2	MP	etonogestrel-ethinyl estradiol	1	MP
norethindrone acet & eth estra	1	MP	NUVARING (etonogestrel-ethinyl estradiol)	2	MP
norethindrone acetate-ethinyl estradiol-fe	1	MP	Copper Contraceptives - IUD		
norethindrone-eth estradiol (triphasic)	1	MP	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	2	SP; MP
norgestimate-ethinyl estradiol	1	MP	Emergency Contraceptives		
norgestimate-ethinyl estradiol (triphasic)	1	MP	ELLA	2	MP
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	1	MP	levonorgestrel (emergency oc) 1.5 MG	1	MP
QUARTETTE (levonorgestrel-ethinyl estradiol (91-day))	2	MP	PLAN B ONE-STEP (levonorgestrel (emergency oc))	NF	MP
			Progestin Contraceptives - Implants		
			NEXPLANON	2	SP; MP
			Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA CONTRACEPTIVE SUSP IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	2	MP	CORTEF TABS (<i>hydrocortisone</i>)	NP	PA
DEPO-PROVERA CONTRACEPTIVE SUSY IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	2	MP	CORTISONE ACETATE TABS	1	
DEPO-SUBQ PROVERA 104 SUSY SC	2	MP	<i>deflazacort</i> TABS	NP	SP; PA
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	1	MP	DEPO-MEDROL SUSP 80 MG/ML (<i>methylprednisolone acetate</i>)	NF	
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	1	MP	DEPO-MEDROL SUSP	2	PA
Progestin Contraceptives - IUD			DEPO-MEDROL SUSP (<i>methylprednisolone acetate</i>)	NP	PA
KYLEENA	2	SP; MP	DEXAMETHASONE INTENSOL CONC	1	
LILETTA 20.1 MCG/DAY	2	SP; MP	<i>dexamethasone sodium phosphate SOLN IJ 10 MG/ML, 100 MG/10ML</i>	1	PA
MIRENA	2	SP; MP	<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
SKYLA	2	SP; MP	<i>dexamethasone sodium phosphate SOSY IJ 10 MG/ML</i>	2	PA
Progestin Contraceptives - Oral			<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1	QL(150 ml per 30 day(s) retail); PA
<i>norethindrone (contraceptive)</i>	1	MP	<i>dexamethasone ELIX</i>	1	
OPILL	2	MP	<i>dexamethasone SOLN</i>	1	PA
SLYND	2	MP	<i>dexamethasone TABS</i>	1	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			<i>dexamethasone TBPK</i>	NP	PA
Glucocorticosteroids			EMFLAZA SUSP	NP	SP; PA
AGAMREE	NP	SP; PA	EMFLAZA TABS (<i>deflazacort</i>)	NP	SP; PA
ALKINDI SPRINKLE CPSP	NP	PA	EOHILIA SUSP	2	PA
<i>betamethasone sod phosphate & acetate SUSP</i>	1	PA	HEMADY TABS	NP	PA
<i>budesonide CPEP</i>	1		<i>hydrocortisone TABS</i>	1	
<i>budesonide TB24</i>	1		KENALOG-10 SUSP	2	PA
CELESTONE SOLUSPAN SUSP (<i>betamethasone sod phosphate & acetate</i>)	NP	PA	KENALOG-40 SUSP (<i>triamcinolone acetate</i>)	NP	PA
			KENALOG-80 SUSP	2	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEDROL DOSEPAK TBPK (methylprednisolone)	NP	PA	SOLU-MEDROL (methylprednisolone sod succ)	NP	PA
MEDROL TABS	NP	PA	TARPEYO CPDR	2	SP; PA
MEDROL TABS (methylprednisolone)	NP	PA	triamcinolone acetate SUSP 40 MG/ML, 400 MG/10ML	1	
methylprednisolone acetate SUSP	1	PA	UCERIS TB24 (budesonide)	2	
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	1		UCERIS TB24 (budesonide)	NF	
methylprednisolone TABS	1		ZILRETTA SRER	NP	SP; PA
methylprednisolone TBPK	1		Mineralocorticoids		
ORAPRED ODT TBDP (prednisolone sodium phosphate)	NF		fludrocortisone acetate TABS	1	MP
ORTIKOS CP24	NP	PA	COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
PEDIAPRED SOLN (prednisolone sodium phosphate)	NP	PA	Antitussives		
prednisolone sodium phosphate SOLN 20 MG/5ML	1	QL(150 ml per fill retail)	dextromethorphan hbr SYRP 15 MG/5ML	1	
prednisolone sodium phosphate SOLN 15 MG/5ML	1	QL(240 ml per fill retail)	Cough/Cold/Allergy Combinations		
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 25 MG/5ML	1		cetirizine- pseudoephedrine	1	
prednisolone sodium phosphate TBDP	1		CLARINEX-D 12 HOUR TB12	NP	
prednisolone SOLN	1		CLARITIN-D 12 HOUR TB12 (loratadine & pseudoephedrine)	NF	
prednisolone TABS	NP	PA	CLARITIN-D 24 HOUR TB24 (loratadine & pseudoephedrine)	NF	QL(1 ea daily)
PREDNISON INTENSOL CONC	1		dextromethorphan- guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	1	QL(240 ml per fill retail)
prednisone SOLN	NP	PA	dextromethorphan- guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	1	QL(240 ml per fill retail)
prednisone TABS	1		loratadine & pseudoephedrine TB12	1	
prednisone TBPK	1				
RAYOS TBEC	NP	PA			
SOLU-CORTEF	2	PA			
SOLU-MEDROL	NP	PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>loratadine & pseudoephedrine TB24</i>	1	QL(1 ea daily)	ABSORICA 25 MG, 35 MG (<i>isotretinoin</i>)	NP	PA
ROBITUSSIN COUGH+CHEST CONGESTION DM LIQD (<i>dextromethorphan-guaifenesin</i>)	NF		ABSORICA 10 MG, 20 MG, 40 MG (<i>isotretinoin</i>)	NP	QL(2 ea daily); AL(At least 10 yrs old); PA
ROBITUSSIN HONEY COUGH & CHEST CONGESTION DM LIQD (<i>dextromethorphan-guaifenesin</i>)	NF		ABSORICA 30 MG (<i>isotretinoin</i>)	NP	AL(At least 10 yrs old); PA
ZYRTEC-D ALLERGY/CONGESTION (<i>cetirizine-pseudoephedrine</i>)	NF		ABSORICA LD	NP	PA
ZYRTEC-D ALLERGY/SINUS (<i>cetirizine-pseudoephedrine</i>)	NF		ACANYA GEL (<i>clindamycin phosphate-benzoyl peroxide</i>)	NP	PA
Expectorants			ACZONE (<i>dapsone topical</i>)	NF	
<i>guaifenesin LIQD 100 MG/5ML</i>	2	QL(240 ml per 6 day(s) retail)	ACZONE 7.5 % (<i>dapsone topical</i>)	NP	PA
<i>guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 400 MG/20ML</i>	1	QL(240 ml per 6 day(s) retail)	<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	
Misc. Respiratory Inhalants			<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	NP	PA
HYPERSAL NEBU (<i>sodium chloride inhalant</i>)	NP		<i>adapalene CREA</i>	1	
<i>sodium chloride inhalant NEBU 0.9 %, 3 %, 7 %, 10 %</i>	1		<i>adapalene GEL 0.3 %</i>	1	
<i>sodium chloride inhalant NEBU 0.9 %, 3 %, 7 %, 10 %</i>	1		ALTRENO LOTN	NP	
Mucolytics			ARAZLO LOTN	NP	
<i>acetylcysteine SOLN</i>	1		ATRALIN GEL (<i>tretinoin</i>)	NP	PA
DERMATOLOGICALS - Drugs to Treat Skin Conditions			AVAR LS CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	PA
Acne Products			AVAR-E LS CREA (<i>sulfacetamide sodium w/ sulfur</i>)	NP	PA
			BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	NP	PA
			<i>benzoyl peroxide-erythromycin GEL</i>	1	
			CABTREGO	NP	PA
			CLEOCIN-T LOTN (<i>clindamycin phosphate topical</i>)	NP	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLINDAGEL GEL (clindamycin phosphate topical))	NP	QL(60 ml per fill retail); PA	EVOCLIN FOAM (clindamycin phosphate topical))	NF	
clindamycin phosphate (topical) FOAM	NP	PA	FABIOR FOAM	NP	
clindamycin phosphate (topical) GEL	NP	QL(60 gm per fill retail); PA	isotretinoin 10 MG, 20 MG, 40 MG	1	QL(2 ea daily); AL(At least 10 yrs old); PA
clindamycin phosphate (topical) LOTN	NP	PA	isotretinoin 25 MG, 35 MG	1	PA
clindamycin phosphate (topical) SOLN	1		isotretinoin 30 MG	1	AL(At least 10 yrs old); PA
clindamycin phosphate (topical) SWAB	NP	PA	KLARON (sulfacetamide sodium (acne))	NP	QL(120 ml per fill retail); PA
clindamycin phosphate- benzoyl peroxide (refrigerate)	1		ONEXTON GEL (clindamycin phosphate- benzoyl peroxide)	NP	PA
clindamycin phosphate- benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %	1		PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur)	NF	
clindamycin phosphate- benzoyl peroxide GEL 3.75 %-1.2 %	NP	PA	PLEXION CREA (sulfacetamide sodium w/ sulfur)	NF	
clindamycin phosphate- tretinoin	NP	PA	PLEXION LOTN (sulfacetamide sodium w/ sulfur)	NF	
dapsone (topical) 7.5 %	NP	PA	RETIN-A MICRO	NP	PA
dapsone (topical) 5 %	NP		RETIN-A MICRO (tretinoin microsphere)	NP	PA
DIFFERIN CREA (adapalene)	NF		RETIN-A MICRO PUMP (tretinoin microsphere)	NP	PA
DIFFERIN GEL (adapalene)	NF	RX/OTC	RETIN-A CREA (tretinoin)	NP	QL(45 gm per fill retail); AL(Up to 35 yrs old); PA
EPIDUO FORTE GEL (adapalene-benzoyl peroxide)	NF		RETIN-A GEL (tretinoin)	2	QL(45 gm per fill retail); AL(Up to 35 yrs old)
EPIDUO GEL (adapalene- benzoyl peroxide)	NF		SODIUM SULFACETAMIDE/SULFU R CLEANSER IN UREA EMUL	NP	PA
ERYGEL GEL (erythromycin (acne aid))	NP	PA	sulfacetamide sodium (acne)	NP	QL(120 ml per fill retail)
erythromycin (acne aid) GEL	NP				
erythromycin (acne aid) PADS	NP	PA			
erythromycin (acne aid) SOLN	1				

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP	
<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP	
<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP	PA
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 %</i>	NP	
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 10 %-5 %</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	NP	QL(60 gm per fill retail); PA
<i>sulfacetamide sodium w/ sulfur PADS 10 %-4 %</i>	NP	PA
<i>sulfacetamide sodium w/ sulfur SUSP</i>	NP	
<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	NP	PA
SUMADAN WASH LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	PA
SUMAXIN PADS	NP	PA
TAZAROTENE FOAM	NP	
<i>tretinoin microsphere</i>	NP	PA
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	QL(45 gm per fill retail); AL(Up to 35 yrs old)
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1	QL(45 gm per fill retail); AL(Up to 35 yrs old)
<i>tretinoin GEL 0.05 %</i>	1	
VELTIN (<i>clindamycin phosphate-tretinoin</i>)	NF	
WINLEVI	NP	
ZIANA (<i>clindamycin phosphate-tretinoin</i>)	NP	PA
ZMA CLEAR SUSP	NP	

Drug Name	Drug Tier	Requirements/Limits
Agents for External Genital and Perianal Warts		
VEREGEN	NP	PA
Antibiotics - Topical		
<i>bacitracin (topical) OINT</i>	1	
<i>bacitracin zinc OINT</i>	1	
<i>bacitracin-polymyxin b OINT</i>	1	
<i>bacitracin-polymyxin b OINT</i>	2	
<i>gentamicin sulfate (topical) CREA</i>	1	
<i>gentamicin sulfate (topical) OINT</i>	1	
<i>mupirocin calcium (topical)</i>	NP	PA
<i>mupirocin OINT</i>	1	
NEO-SYNALAR	NP	
NEO-SYNALAR KIT	NP	
POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (<i>bacitracin-polymyxin b</i>)	NF	
XEPI	NP	
Antifungals - Topical		
<i>ciclopirox olamine CREA</i>	1	
<i>ciclopirox olamine SUSP</i>	1	
<i>ciclopirox GEL</i>	NP	
<i>ciclopirox KIT</i>	NP	PA
<i>ciclopirox SHAM</i>	1	
<i>ciclopirox SOLN</i>	NP	PA
<i>clotrimazole (topical) CREA</i>	1	QL(45 gm per fill retail); RX/OTC
<i>clotrimazole (topical) SOLN</i>	1	QL(30 ml per fill retail); RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	1	
<i>clotrimazole w/ betamethasone LOTN</i>	NP	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>econazole nitrate CREA</i>	NP		NAFTIN GEL 2 % (<i>naftifine hcl</i>)	NP	PA
ERTACZO	NP	PA	NAFTIN GEL 1 %	NP	
EXTINA FOAM (<i>ketoconazole (topical)</i>)	NF		<i>nystatin (topical) CREA</i>	1	
JUBLIA	NP	PA	<i>nystatin (topical) OINT</i>	1	
KERYDIN (<i>tavaborole</i>)	NP	PA	<i>nystatin (topical) POWD EX</i>	1	
<i>ketoconazole (topical) CREA</i>	1		<i>nystatin-triamcinolone CREA</i>	1	
<i>ketoconazole (topical) FOAM</i>	NP	PA	<i>nystatin-triamcinolone OINT</i>	1	
<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(120 ml per fill retail)	<i>oxiconazole nitrate CREA</i>	NP	
KETODAN KIT	NP	PA	OXISTAT CREA (<i>oxiconazole nitrate</i>)	NP	PA
LOPROX KIT	NP	PA	OXISTAT LOTN	NP	
LOPROX SHAMPOO SHAM (<i>ciclopirox</i>)	NP	PA	<i>tavaborole</i>	NP	PA
LOPROX CREA (<i>ciclopirox olamine</i>)	NF		TINACTIN CREA (<i>tolnaftate</i>)	NF	
LOPROX SUSP (<i>ciclopirox olamine</i>)	NP	PA	<i>tolnaftate CREA</i>	1	
LOTRIMIN AF JOCK ITCH CREA (<i>clotrimazole (topical)</i>)	NF	QL(45 gm per fill retail); RX/OTC	VUSION (<i>miconazole-zinc oxide-white petrolatum</i>)	NP	PA
LOTRIMIN AF CREA (<i>clotrimazole (topical)</i>)	NF	QL(45 gm per fill retail); RX/OTC	Anti-inflammatory Agents - Topical		
LOTRIMIN ULTRA (<i>butenafine hcl</i>)	NF	RX/OTC	<i>diclofenac epolamine PTCH EX</i>	NP	PA
<i>luliconazole</i>	NP	PA	<i>diclofenac sodium (topical) GEL EX</i>	1	QL(6.68 gm daily); RX/OTC
LUZU (<i>luliconazole</i>)	NP	PA	<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	
MENTAX	NP	RX/OTC	<i>diclofenac sodium (topical) SOLN EX 2 %</i>	NP	PA
MICATIN CREA (<i>miconazole nitrate (topical)</i>)	NF		FLECTOR PTCH EX (<i>diclofenac epolamine</i>)	NP	PA
<i>miconazole nitrate (topical) CREA</i>	1		LICART PT24	NP	PA
<i>miconazole-zinc oxide-white petrolatum</i>	NP	PA	PENNSAID SOLN EX	NP	PA
<i>naftifine hcl CREA</i>	NP		VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	NF	QL(6.68 gm daily); RX/OTC
<i>naftifine hcl GEL 2 %</i>	NP		Antineoplastic or Premalignant Lesion Agents - Topical		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AMELUZ GEL	2	PA	COSENTYX UNOREADY SOAJ	NP	SP; PA
<i>bexarotene (topical)</i>	1	SP; PA	COSENTYX SOLN	NP	SP; PA
CARAC CREA (<i>fluorouracil (topical)</i>)	NP	QL(30 gm per fill retail); PA	COSENTYX SOSY	NP	SP; PA
<i>diclofenac sodium (actinic keratoses) EX</i>	1	PA	DOVONEX CREA (<i>calcipotriene</i>)	NF	QL(60 gm per fill retail)
EFUDEX CREA (<i>fluorouracil (topical)</i>)	NP	QL(40 gm per fill retail); PA	ILUMYA	NP	SP; PA
<i>fluorouracil (topical) CREA 0.5 %</i>	NP	QL(30 gm per fill retail); PA	<i>methoxsalen rapid</i>	NP	
<i>fluorouracil (topical) CREA 5 %</i>	1	QL(40 gm per fill retail)	SILIQ	NP	SP; PA
<i>fluorouracil (topical) SOLN</i>	1	QL(10 ml per fill retail); PA	SKYRIZI PEN SOAJ	NP	SP; PA
LEVULAN KERASTICK SOLR	2	SP; PA	SKYRIZI SOSY	NP	SP; PA
TARGRETIN (<i>bexarotene (topical)</i>)	NP	SP; PA	SORILUX FOAM	NP	PA
VALCHLOR	2	SP; PA	SOTYKTU	NP	SP; PA
Antipruritics - Topical			SPEVIGO SOLN	2	SP; PA
<i>doxepin hcl (antipruritic)</i>	1	PA	SPEVIGO SOSY	2	SP; PA
PRUDOXIN (<i>doxepin hcl (antipruritic)</i>)	NP	PA	STELARA SOSY	NP	SP; PA
ZONALON (<i>doxepin hcl (antipruritic)</i>)	NP	PA	TALTZ SOAJ	NP	SP; PA
Antipsoriatics			TALTZ SOSY	NP	SP; PA
<i>acitretin</i>	1		<i>tazarotene CREA</i>	NP	AL(Up to 21 yrs old)
BIMZELX SOAJ	NP	SP; PA	<i>tazarotene GEL</i>	NP	AL(Up to 21 yrs old)
BIMZELX SOSY	NP	SP; PA	TAZORAC CREA (<i>tazarotene</i>)	NF	AL(Up to 21 yrs old)
<i>calcipotriene CREA</i>	1	QL(60 gm per fill retail)	TAZORAC GEL (<i>tazarotene</i>)	NF	AL(Up to 21 yrs old)
<i>calcipotriene FOAM</i>	NP	PA	TREMFYA SOPN	NP	SP; PA
CALCIPOTRIENE FOAM	NP	PA	TREMFYA SOSY	NP	SP; PA
<i>calcipotriene OINT</i>	1		VECTICAL (<i>calcitriol (topical)</i>)	NF	
<i>calcipotriene SOLN</i>	1	QL(60 ml per fill retail)	VTAMA	NP	
<i>calcitriol (topical)</i>	NP		ZORYVE	NP	PA
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA	Antiseborrheic Products		
			<i>selenium sulfide LOTN 2.5 %</i>	1	QL(120 ml per fill retail)
			SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN (<i>selenium sulfide</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SELSUN BLUE DAILY LOTN (<i>selenium sulfide</i>)	NF		<i>amcinonide CREA</i>	NP	PA
SELSUN BLUE MEDICATED LOTN (<i>selenium sulfide</i>)	NF		<i>amcinonide LOTN</i>	NP	PA
SELSUN BLUE MOISTURIZING LOTN (<i>selenium sulfide</i>)	NF		APEXICON E CREA	NP	PA
SELSUN BLUE LOTN (<i>selenium sulfide</i>)	NF		<i>betamethasone dipropionate (topical) CREA</i>	NP	PA
<i>sulfacetamide sodium LIQD</i>	1		<i>betamethasone dipropionate (topical) LOTN</i>	1	
<i>sulfacetamide sodium LIQD</i>	2		<i>betamethasone dipropionate (topical) OINT</i>	NP	PA
ZORYVE	NP	PA	<i>betamethasone dipropionate augmented CREA</i>	NP	PA
Antivirals - Topical			<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	PA
<i>acyclovir topical CREA</i>	NP	PA	<i>betamethasone dipropionate augmented LOTN</i>	NP	PA
<i>acyclovir topical OINT</i>	NP	QL(30 gm per 30 day(s) retail); PA	<i>betamethasone dipropionate augmented OINT</i>	NP	PA
DENAVIR (<i>penciclovir</i>)	NP	PA	<i>betamethasone valerate CREA</i>	1	QL(45 gm per fill retail)
<i>penciclovir</i>	NP	PA	<i>betamethasone valerate FOAM</i>	NP	PA
XERESE	NP	PA	<i>betamethasone valerate LOTN</i>	1	QL(60 ml per fill retail)
ZOVIRAX CREA (<i>acyclovir topical</i>)	NP	PA	<i>betamethasone valerate OINT</i>	1	
ZOVIRAX OINT (<i>acyclovir topical</i>)	NP	QL(30 gm per 30 day(s) retail); PA	BRYHALI LOTN	NP	PA
Burn Products			<i>calcipotriene-betamethasone dipropionate OINT</i>	1	
<i>mafenide acetate PACK</i>	1	PA	<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP	PA
SILVADENE (<i>silver sulfadiazine</i>)	NP	PA	<i>clobetasol propionate emollient base 0.05 %</i>	NP	PA
<i>silver sulfadiazine</i>	1		<i>clobetasol propionate emulsion</i>	NP	PA
SULFAMYLON CREA	2	PA			
SULFAMYLON PACK 5 % (<i>mafenide acetate</i>)	NF				
Corticosteroids - Topical					
<i>alclometasone dipropionate CREA</i>	NP				
<i>alclometasone dipropionate OINT</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate CREA 0.05 %</i>	1		DESOWEN CREA (<i>desonide</i>)	NF	
<i>clobetasol propionate FOAM</i>	NP	PA	<i>desoximetasone CREA</i>	NP	PA
<i>clobetasol propionate GEL 0.05 %</i>	1		<i>desoximetasone GEL</i>	NP	PA
<i>clobetasol propionate LIQD</i>	NP	PA	<i>desoximetasone LIQD</i>	NP	PA
<i>clobetasol propionate LOTN</i>	NP	PA	<i>desoximetasone OINT</i>	NP	PA
<i>clobetasol propionate OINT 0.05 %</i>	1		<i>diflorasone diacetate CREA</i>	NP	PA
<i>clobetasol propionate SHAM</i>	NP	PA	<i>diflorasone diacetate OINT</i>	NP	PA
<i>clobetasol propionate SOLN 0.05 %</i>	1		DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	NP	PA
CLOBEX LIQD (<i>clobetasol propionate</i>)	NF		DUOBRII	NP	PA
CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	NF		ENSTILAR FOAM	NP	PA
CLOBEX SHAM (<i>clobetasol propionate</i>)	NF		EPIFOAM FOAM	NP	PA
<i>clocortolone pivalate</i>	NP	PA	<i>fluocinolone acetonide CREA</i>	NP	PA
CLODAN KIT	NP	PA	<i>fluocinolone acetonide OIL</i>	NP	PA
CLODERM (<i>clocortolone pivalate</i>)	NP	PA	<i>fluocinolone acetonide OINT</i>	NP	PA
CORDRAN CREA (<i>flurandrenolide</i>)	NF		<i>fluocinolone acetonide SOLN</i>	NP	PA
CORDRAN LOTN (<i>flurandrenolide</i>)	NF		<i>fluocinonide emulsified base</i>	NP	PA
DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	NP	PA	<i>fluocinonide CREA</i>	NP	PA
DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	NP	PA	<i>fluocinonide GEL</i>	NP	PA
DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	NF		<i>fluocinonide OINT</i>	NP	PA
<i>desonide CREA</i>	1		<i>fluocinonide SOLN</i>	NP	PA
<i>desonide LOTN</i>	NP	PA	<i>flurandrenolide CREA</i>	NP	PA
<i>desonide OINT</i>	1		<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	
			<i>halcinonide CREA</i>	NP	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>halobetasol propionate</i> CREA	1		<i>mometasone furoate</i> CREA	1	
<i>halobetasol propionate</i> FOAM	NP	PA	<i>mometasone furoate</i> OINT	1	
<i>halobetasol propionate</i> OINT	1		<i>mometasone furoate</i> SOLN	1	
HALOG CREA (<i>halcinonide</i>)	NP	PA	OLUX-E (<i>clobetasol propionate emulsion</i>)	NP	PA
HALOG OINT	NP	PA	OLUX FOAM (<i>clobetasol propionate</i>)	NF	
HALOG SOLN	NP	PA	PANDEL	NP	PA
<i>hydrocortisone (topical)</i> CREA	1		SERNIVO EMUL	NP	PA
<i>hydrocortisone (topical)</i> LOTN 2.5 %	NP	PA	SYNALAR CREAM KIT	NP	PA
<i>hydrocortisone (topical)</i> OINT	1		SYNALAR OINTMENT KIT	NP	PA
<i>hydrocortisone butyrate hydrophilic lipo base</i>	NP	PA	SYNALAR TS	NP	PA
<i>hydrocortisone butyrate</i> CREA	NP	PA	SYNALAR CREA (<i>fluocinolone acetonide</i>)	NP	PA
<i>hydrocortisone butyrate</i> LOTN	NP	PA	SYNALAR OINT (<i>fluocinolone acetonide</i>)	NP	PA
<i>hydrocortisone butyrate</i> OINT	NP	PA	SYNALAR SOLN (<i>fluocinolone acetonide</i>)	NP	PA
<i>hydrocortisone butyrate</i> SOLN	NP	PA	TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>)	NP	PA
<i>hydrocortisone valerate</i> CREA	NP	PA	TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	NP	PA
<i>hydrocortisone valerate</i> OINT	NP	PA	TEMOVATE CREA (<i>clobetasol propionate</i>)	NF	
HYDROCORTISONE CREA	1		TEMOVATE OINT (<i>clobetasol propionate</i>)	NF	
IMPEKLO LOTN	NP	PA	TEXACORT SOLN 2.5 %	NP	PA
KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	NP	PA	TOPICORT CREA (<i>desoximetasone</i>)	NP	PA
LEXETTE FOAM	NP	PA	TOPICORT GEL (<i>desoximetasone</i>)	NP	PA
LOCOID LIPOCREAM	NP	PA	TOPICORT LIQD (<i>desoximetasone</i>)	NP	PA
LOCOID LOTN (<i>hydrocortisone butyrate</i>)	NP	PA			
LUXIQ FOAM (<i>betamethasone valerate</i>)	NP	PA			

Drug Name	Drug Tier	Requirements/Limits
TOPICORT OINT (desoximetasone)	NP	PA
TOVET KIT	NP	PA
triamcinolone acetonide (topical) AERS	NP	PA
triamcinolone acetonide (topical) CREA 0.1 %	1	
triamcinolone acetonide (topical) CREA 0.5 %	1	QL(15 gm per fill retail)
triamcinolone acetonide (topical) CREA 0.025 %	1	QL(454 gm per fill retail)
triamcinolone acetonide (topical) LOTN	1	QL(60 ml per fill retail)
triamcinolone acetonide (topical) OINT 0.05 %	NP	PA
triamcinolone acetonide (topical) OINT 0.5 %	1	QL(15 gm per fill retail)
triamcinolone acetonide (topical) OINT 0.025 %, 0.05 %, 0.1 %	1	
triamcinolone acetonide-dimethicone-silicone	NP	PA
TRIDESILON CREA 0.05 % (desonide)	NF	
ULTRAVATE LOTN	NP	PA
VANOS CREA (fluocinonide)	NP	PA
Eczema Agents		
ADBRY	NP	SP; PA
CIBINQO	2	SP; PA
DUPIXENT SOPN	2	SP; PA
DUPIXENT SOSY	2	SP; PA
OPZELURA	2	PA
Emollient/Keratolytic Agents		
DERMAL THERAPY FINGERCARE LOTN (urea)	NF	
ULTRA MIDE 25 LOTN (urea)	NF	

Drug Name	Drug Tier	Requirements/Limits
urea CREA 40 %	1	QL(200 gm per fill retail); PA; RX/OTC
urea LOTN 40 %	2	QL(325 gm per fill retail)
Emollients		
lactic acid (ammonium lactate) CREA	1	PA; RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	1	PA; RX/OTC
LACTIC ACID LOTN	2	PA
Hair Growth Agents		
LITFULO	NP	SP; PA
Immunomodulating Agents - Topical		
imiquimod 5 %	1	QL(48 ea per 180 day(s) retail)
imiquimod 3.75 %	NP	PA
ZYCLARA (imiquimod)	NP	PA
ZYCLARA PUMP (imiquimod)	NP	PA
ZYCLARA PUMP	NP	PA
Immunosuppressive Agents - Topical		
ELIDEL (pimecrolimus)	NP	QL(30 gm per 28 day(s) retail); PA
HYFTOR	2	PA
pimecrolimus	NP	QL(30 gm per 28 day(s) retail); PA
tacrolimus (topical) OINT	1	QL(30 gm per 28 day(s) retail); PA
Keratolytic/Antimitotic/Vesicant Agents		
podofilox GEL	1	
podofilox SOLN	1	QL(4 ml per fill retail)
salicylic acid FOAM	1	
SALVAX FOAM (salicylic acid)	NF	
SALYCIM CREA	1	

Drug Name	Drug Tier	Requirements/Limits
YCANTH SOLN	2	PA
Local Anesthetics - Topical		
GEN7T PTCH (<i>lidocaine</i>)	NF	RX/OTC
<i>lidocaine hcl</i> CREA 3 %	1	
<i>lidocaine hcl</i> PRSY	1	QL(30 ml per fill retail)
<i>lidocaine hcl</i> SOLN	1	
<i>lidocaine OINT</i>	1	
<i>lidocaine-prilocaine</i> CREA	1	
<i>lidocaine-prilocaine</i> KIT	NP	PA
<i>lidocaine</i> PTCH 5 %	1	
<i>lidocaine</i> PTCH 5 %	2	
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</i> GEL	1	
<i>brimonidine tartrate</i> (<i>topical</i>)	NP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline</i> (<i>rosacea</i>)	NP	PA
FINACEA FOAM	2	
FINACEA GEL (<i>azelaic acid</i>)	2	
<i>ivermectin</i> (<i>rosacea</i>)	NP	PA
METROCREAM CREA (<i>metronidazole</i> (<i>topical</i>))	NF	QL(45 gm per fill retail)
METROGEL GEL 1 % (<i>metronidazole</i> (<i>topical</i>))	NF	
METROLOTION LOTN (<i>metronidazole</i> (<i>topical</i>))	NF	
<i>metronidazole</i> (<i>topical</i>) CREA	1	QL(45 gm per fill retail)
<i>metronidazole</i> (<i>topical</i>) GEL 0.75 %	1	QL(45 gm per fill retail)
<i>metronidazole</i> (<i>topical</i>) GEL 1 %	1	
<i>metronidazole</i> (<i>topical</i>) LOTN	1	
MIRVASO (<i>brimonidine tartrate</i> (<i>topical</i>))	NF	
NORITATE CREA	NP	PA
ORACEA (<i>doxycycline</i> (<i>rosacea</i>))	NF	
RHOFADE	NP	PA
SOOLANTRA (<i>ivermectin</i> (<i>rosacea</i>))	NF	
Scabicides & Pediculicides		
<i>crotamiton</i> LOTN	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	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	COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	2	
<i>permethrin CREA</i>	1		COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	2	
<i>permethrin LIQD EX</i>	1		COVID-19 TEST SPECIMEN COLLECTION	2	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	1		COVID-19 TESTING ADMINISTERED BY PHARMACIST	2	
<i>spinosad</i>	1	QL(120 ml per fill retail; 240 ml per 30 day(s) retail); AL(At least 1 yrs old)	CVS COVID-19 AT HOME TESTKIT KIT	2	
Wound Care Products			DXTERITY COVID-19 HOME TEST	2	
FILSUVEZ	CO		ELLUME COVID-19 HOME TEST KIT	2	
VYJUVEK	CO		EVERLYWELL COVID-19 TESTHOME COLLECTION KIT DTC	2	
DIAGNOSTIC PRODUCTS			FASTEP COVID-19 ANTIGEN HOME TEST KIT	2	
Diagnostic Tests			FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	2	
ADVIN COVID-19 ANTIGEN HOME TEST KIT	2		GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	2	
BD VERITOR AT-HOME COVID-19 TEST KIT	2		GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	2	
BINAXNOW COVID-19 AG CARD 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
CARESTART COVID-19 ANTIGEN HOME TEST KIT	2		GOTOKNOW COVID-19 ANTIGENRAPID 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
IHEALTH COVID-19 ANTIGEN RAPID TEST KIT	2		RELION 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
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	2				
INTELISWAB COVID-19 RAPID TEST KIT	2				
KETONE TEST STRIPS STRP	2				
KETONE STRP	2		SIMPLICITY COVID-19 HOME COLLECTION TEST KIT	2	
KETOSTIX STRP	2		SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	2	
LUCIRA CHECK IT COVID-19 TEST KIT KIT	2	RX/OTC			
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	2	RX/OTC			
MYLAB BOX COVID-19 TESTING	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
OHC COVID-19 ANTIGEN SELF TEST KIT	2				
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	2				
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	2				
PILOT COVID-19 AT-HOME TEST KIT	2				
PIXEL COVID-19 PCR TEST HOME COLLECTION KIT	2				
QUICKVUE AT-HOME COVID-19 TEST KIT	2				
RAPID SARS-COV-2 ANTIGEN TEST CARD KIT	2		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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	<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
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	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
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			<i>spironolactone & hydrochlorothiazide</i>	1	MP
Digestive Enzymes			<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	QL(1 ea daily); MP
CREON CPEP	2	MP	<i>triamterene & hydrochlorothiazide TABS</i>	1	QL(1 ea daily); MP
PERTZYE CPEP	NP	PA	Loop Diuretics		
VIOKACE TABS	NP	PA	<i>bumetanide SOLN 0.25 MG/ML</i>	1	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		<i>bumetanide TABS</i>	1	MP
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			BUMEX TABS 0.5 MG (<i>bumetanide</i>)	NF	MP
Carbonic Anhydrase Inhibitors			EDECRIN (<i>ethacrynic acid</i>)	NP	MP; PA
			<i>ethacrynate 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 EDECRIN (<i>ethacrynate 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
RECORLEV	CO	
Bone Density Regulators		
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	NP	PA
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	NP	QL(0.143 ea daily); MP; PA
<i>alendronate sodium SOLN</i>	1	QL(10.8 ml daily); MP
<i>alendronate sodium TABS 10 MG</i>	1	QL(1 ea daily); MP
<i>alendronate sodium TABS 5 MG</i>	2	QL(1 ea daily); MP
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 ea daily); MP
AELVIA TBEC (<i>risedronate sodium</i>)	NP	QL(0.143 ea daily); MP; PA
BINOSTO TBEF	NP	PA
BONIVA TABS (<i>ibandronate sodium</i>)	NF	MP
<i>calcitonin (salmon) NA</i>	1	Limit 2 per month; QL(0.25 ml daily); MP
<i>calcitonin (salmon) IJ</i>	1	QL(2 ml per 30 day(s) retail); PA
EVENITY	NP	SP; PA
FORTEO SOPN (<i>teriparatide (recombinant)</i>)	NP	Limit 2 per month; QL(0.14 ml daily); SP; MP; PA
FOSAMAX PLUS D	NP	PA
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	NP	QL(0.15 ea daily); MP; PA
<i>ibandronate sodium SOLN</i>	NP	SP; PA
<i>ibandronate sodium TABS</i>	1	MP
MIACALCIN IJ (<i>calcitonin (salmon)</i>)	NP	QL(2 ml per 30 day(s) retail); PA
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PAMIDRONATE DISODIUM SOLN	NP	SP; PA	NGENLA	NP	SP; PA
PROLIA SOSY	2	SP; PA	NORDITROPIN FLEXPRO SOPN	2	SP; PA
RECLAST SOLN (zoledronic acid)	NP	SP; PA	NUTROPIN AQ NUSPIN 10 SOPN	NP	SP; PA
<i>risedronate sodium TABS 35 MG</i>	NP	QL(0.143 ea daily); MP	NUTROPIN AQ NUSPIN 20 SOPN	NP	SP; PA
<i>risedronate sodium TABS 150 MG</i>	NP		NUTROPIN AQ NUSPIN 5 SOPN	NP	SP; PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	NP	QL(1 ea daily); MP	OMNITROPE SOCT	NP	SP; PA
<i>risedronate sodium TBEC</i>	NP	QL(0.143 ea daily); MP; PA	OMNITROPE SOLR SC	NP	SP; PA
<i>teriparatide (recombinant) SOPN</i>	1	QL(0.14 ml daily); SP; MP; PA	SAIZEN IJ	NP	SP; PA
TERIPARATIDE SOPN	2	QL(2.48 ml per 31 day(s) retail); SP; PA	SAIZENPREP RECONSTITUTIONKIT IJ	NP	SP; PA
TYMLOS	NP	SP; PA	SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP; PA
XGEVA SOLN	2	SP; PA	SKYTROFA	NP	SP; PA
<i>zoledronic acid CONC</i>	1	SP; PA	SOGROYA	NP	SP; PA
<i>zoledronic acid SOLN</i>	1	SP; PA	ZOMACTON SOLR SC	NP	SP; PA
ZOLEDRONIC ACID SOLN	2	SP; PA	ZORBTIVE SC	NP	SP; PA
Corticotropin			Hormone Receptor Modulators		
ACTHAR	2	SP; PA	EVISTA (<i>raloxifene hcl</i>)	NP	QL(1 ea daily); MP; PA
CORTROPHIN	2	SP; PA	EVISTA (<i>raloxifene hcl</i>)	NF	QL(1 ea daily); MP
GnRH/LHRH Antagonists			OSPHERA	NP	PA
ORLISSA	2	SP; PA	<i>raloxifene hcl</i>	1	QL(1 ea daily); MP
Growth Hormone Receptor Antagonists			Insulin-Like Growth Factor Receptor Inhibitors		
SOMAVERT	2	SP; PA	TEPEZZA	CO	
Growth Hormone Releasing Hormones (GHRH)			Insulin-Like Growth Factors (Somatomedins)		
EGRIFTA SV	2	SP; PA	INCRELEX	2	SP; PA
Growth Hormones			LHRH/GnRH Agonist Analog Pituitary Suppressants		
GENOTROPIN MINIQUICK PRSY	2	SP; PA	FENSOLVI SC	2	SP; PA
GENOTROPIN CART SC	2	SP; PA	LUPRON DEPOT-PED (1-MONTH)	2	SP; PA
HUMATROPE CART IJ	NP	SP; PA	LUPRON DEPOT-PED (3-MONTH)	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (6-MONTH) IM	2	SP; PA	KUVAN PACK <i>(sapropterin dihydrochloride)</i>	CO	SP
SUPPRELIN LA	2	SP; PA	KUVAN TABS <i>(sapropterin dihydrochloride)</i>	CO	SP
SYNAREL	2	SP; PA	LAMZEDE	CO	
TRIPTODUR	NP	SP; ST	<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1	QL(30 ml daily)
Menopausal Symptoms Suppressants			<i>levocarnitine (metabolic modifiers) TABS</i>	1	QL(3 ea daily)
VEOZAH	2	PA	LUMIZYME	CO	
Metabolic Modifiers			MEPSEVII	CO	
ALDURAZYME	CO		MYALEPT	CO	
<i>betaine</i>	1	SP; PA	NAGLAZYME	CO	
BRINEURA	CO		NEXVIAZYME	CO	
BUPHENYL POWD <i>(sodium phenylbutyrate)</i>	CO		<i>nitisinone CAPS</i>	CO	
BUPHENYL TABS <i>(sodium phenylbutyrate)</i>	CO		NITYR TABS	CO	
<i>calcitriol CAPS</i>	1		NULIBRY	CO	
<i>calcitriol SOLN OR</i>	1		OLPRUVA THPK	CO	
CARBAGLU <i>(carglumic acid)</i>	CO		OPFOLDA	CO	
<i>carglumic acid</i>	CO		ORFADIN CAPS <i>(nitisinone)</i>	CO	
CARNITOR SF SOLN OR <i>(levocarnitine (metabolic modifiers))</i>	NP	QL(30 ml daily); PA	ORFADIN SUSP	CO	
CARNITOR SOLN OR 1 GM/10ML <i>(levocarnitine (metabolic modifiers))</i>	NP	QL(30 ml daily); PA	PALYNZIQ	CO	
CARNITOR TABS <i>(levocarnitine (metabolic modifiers))</i>	NP	QL(3 ea daily); PA	<i>paricalcitol CAPS</i>	NP	PA
<i>cinacalcet hcl</i>	1	SP	PHEBURANE PLLT	CO	
CITRULLINE EASY	CO	RX/OTC	POMBILITI	CO	
CRYSVITA	CO		RAVICTI	CO	
CYSTADANE <i>(betaine)</i>	NP	SP; PA	RAYALDEE	NP	PA
<i>doxercalciferol CAPS</i>	NP	PA	REVCOVI	CO	
ELAPRASE	CO		ROCALTROL CAPS <i>(calcitriol)</i>	NP	PA
ELFABRIO	CO		ROCALTROL SOLN OR <i>(calcitriol)</i>	NP	PA
FABRAZYME	CO		<i>sapropterin dihydrochloride PACK</i>	CO	SP
GALAFOLD	CO		<i>sapropterin dihydrochloride TABS</i>	CO	SP
KANUMA	CO				

Drug Name	Drug Tier	Requirements/Limits
SENSIPAR (<i>cinacalcet hcl</i>)	2	SP
<i>sodium phenylbutyrate POWD</i>	CO	
<i>sodium phenylbutyrate TABS</i>	CO	
STRENSIQ	CO	
VIMIZIM	CO	
XENPOZYME	CO	
XPHOZAH	2	SP; PA
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	NP	PA
Mineralocorticoid Receptor Antagonists		
KERENDIA	2	PA
Natriuretic Peptides		
VOXZOGO	CO	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (<i>desmopressin acetate</i>)	NP	SP; PA
DDAVP TABS (<i>desmopressin acetate</i>)	NP	QL(6 ea daily); PA
<i>desmopressin acetate spray</i>	1	QL(5 ml per fill retail)
<i>desmopressin acetate spray refrigerated</i>	1	QL(5 ml per fill retail)
<i>desmopressin acetate SOLN IJ</i>	1	SP; PA
<i>desmopressin acetate TABS</i>	1	QL(6 ea daily)
NOCDURNA SUBL	NP	PA
Progesterone Receptor Antagonists		
MIFEPREX (<i>mifepristone</i>)	NP	PA
<i>mifepristone</i>	1	
Prolactin Inhibitors		
<i>cabergoline</i>	1	
Somatostatic Agents		

Drug Name	Drug Tier	Requirements/Limits
LANREOTIDE ACETATE	2	SP; PA
MYCAPSSA CPDR	2	SP; PA
<i>octreotide acetate SOLN</i>	1	SP; PA
<i>octreotide acetate SOSY</i>	1	SP; PA
SANDOSTATIN LAR DEPOT KIT	NP	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NP	SP; PA
SIGNIFOR	2	SP; PA
SIGNIFOR LAR	NP	SP; PA
SOMATULINE DEPOT	2	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS	2	SP; PA
JYNARQUE TBPB	2	SP; PA
SAMSCA TABS 30 MG (<i>tolvaptan</i>)	2	SP; PA
SAMSCA TABS 15 MG (<i>tolvaptan</i>)	NP	SP; PA
<i>tolvaptan TABS</i>	1	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	NP	MP; PA
ANGELIQ	2	
BIJUVA	NP	
CLIMARA PRO	2	
COMBIPATCH PTTW	2	MP
DUAVEE	2	PA
<i>estradiol & norethindrone acetate TABS</i>	1	MP
MYFEMBREE	2	PA
<i>norethindrone acetate-ethinyl estradiol</i>	1	
ORIAHNN	2	PA

Drug Name	Drug Tier	Requirements/Limits
PREFEST	NP	
PREMPHASE	2	MP
PREMPRO	2	MP
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	NP	MP; PA
CLIMARA PTWK (estradiol)	NP	MP; PA
DELESTROGEN (estradiol valerate)	NP	PA
DEPO-ESTRADIOL	2	
DIVIGEL GEL (estradiol)	NP	PA
ELESTRIN GEL	NP	
ESTRACE TABS (estradiol)	NP	MP; PA
estradiol valerate	1	
estradiol GEL	NP	
estradiol PTTW	1	MP
estradiol PTWK	1	MP
estradiol TABS	1	MP
ESTROGEL GEL 0.06 % (estradiol)	NF	
EVAMIST SOLN	NP	
MENEST	2	MP
MENOSTAR PTWK	NP	
MINIVELLE PTTW (estradiol)	NP	MP; PA
PREMARIN SOLR	NP	PA
PREMARIN TABS	2	MP
VIVELLE-DOT PTTW (estradiol)	NP	MP; PA
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	NP	PA

Drug Name	Drug Tier	Requirements/Limits
<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	
PHAZYME ULTRA STRENGTH CAPS (<i>simethicone</i>)	NF	
<i>simethicone CAPS 125 MG</i>	1	
<i>simethicone CHEW</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl TBDP</i>	2	
REGLAN TABS (<i>metoclopramide hcl</i>)	NP	PA

Drug Name	Drug Tier	Requirements/Limits
Hepatotropics		
REZDIFFRA	2	SP; PA
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CPSP	CO	
BYLVAY CAPS	CO	
LIVMARLI	CO	
Inflammatory Bowel Agents		
APRISO CP24 (<i>mesalamine</i>)	2	MP
ASACOL HD TBEC (<i>mesalamine</i>)	NF	QL(3 ea daily)
AVSOLA	NP	SP; PA
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NP	MP; PA
AZULFIDINE TABS (<i>sulfasalazine</i>)	NP	MP; PA
<i>balsalazide disodium CAPS</i>	1	QL(9 ea daily)
CANASA SUPP (<i>mesalamine</i>)	NP	PA
CIMZIA STARTER KIT PSKT	NP	SP; PA
CIMZIA KIT	NP	SP; PA
CIMZIA PSKT	NP	SP; PA
COLAZAL CAPS (<i>balsalazide disodium</i>)	NP	QL(9 ea daily); PA
DELZICOL CPDR (<i>mesalamine</i>)	2	QL(6 ea daily); MP
DIPENTUM	NP	
ENTYVIO SOLR	NP	SP; PA
ENTYVIO SOPN	NP	SP; PA
INFLECTRA SOLR	NP	SP; PA
INFLIXIMAB	NP	SP; PA
LIALDA TBEC (<i>mesalamine</i>)	2	
<i>mesalamine w/ cleanser</i>	NP	PA
<i>mesalamine CP24</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine CPCR</i>	1	QL(8 ea daily); MP	<i>lactulose (encephalopathy)</i>	1	MP
<i>mesalamine CPDR</i>	1	QL(6 ea daily); MP	Irritable Bowel Syndrome (IBS) Agents		
<i>mesalamine ENEM</i>	1	QL(60 ml daily)	<i>alosecron hcl</i>	NP	PA
<i>mesalamine SUPP</i>	1		IBSRELA	NP	PA
<i>mesalamine TBEC 800 MG</i>	NP	QL(3 ea daily)	LINZESS	2	QL(1 ea daily); PA
<i>mesalamine TBEC 1.2 GM</i>	1		LOTRONEX (<i>alosecron hcl</i>)	NP	PA
OMVOH SOAJ	NP	SP; PA	VIBERZI	NP	PA
OMVOH SOLN	NP	SP; PA	Live Fecal Microbiota		
OMVOH SOSY SC 100 MG/ML	NP	PA	VOWST	2	SP
PENTASA CPCR	2	QL(8 ea daily); MP	Peripheral Opioid Receptor Antagonists		
PENTASA CPCR (<i>mesalamine</i>)	2	QL(8 ea daily); MP	<i>alvimopan</i>	NP	PA
REMICADE	NP	SP; PA	ENTEREG (<i>alvimopan</i>)	NP	PA
RENFLIXIS	NP	SP; PA	MOVANTIK	2	PA
ROWASA (<i>mesalamine w/ cleanser</i>)	NP	PA	RELISTOR SOLN	NP	PA
SFROWASA ENEM	NP		RELISTOR TABS	NP	PA
SKYRIZI SOCT	NP	SP; PA	SYMPROIC	NP	PA
SKYRIZI SOLN	NP	SP; PA	Phosphate Binder Agents		
STELARA 130 MG/26ML	NP	SP; PA	AURYXIA	NP	PA
<i>sulfasalazine TABS</i>	1	MP	<i>calcium acetate (phosphate binder) CAPS</i>	1	MP
<i>sulfasalazine TBEC</i>	1	MP	<i>calcium acetate (phosphate binder) TABS</i>	NP	MP; PA; RX/OTC
VELSIPITY	NP	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); SP; PA	FOSRENOL CHEW (<i>lanthanum carbonate</i>)	NP	MP; PA
ZYMFENTRA 1-PEN AJKT	NP	SP; PA	FOSRENOL PACK	NP	PA
ZYMFENTRA 2-PEN AJKT	NP	SP; PA	<i>lanthanum carbonate CHEW</i>	NP	MP; PA
ZYMFENTRA 2-SYRINGE PSKT	NP	SP; PA	PHOSLYRA SOLN	2	MP
Intestinal Acidifiers			RENAGEL (<i>sevelamer hcl</i>)	NP	MP; PA
			RENVELA PACK (<i>sevelamer carbonate</i>)	NP	MP; PA
			RENVELA TABS (<i>sevelamer carbonate</i>)	NP	MP; PA

Drug Name	Drug Tier	Requirements/Limits
<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 (alkalinizer)</i> TBCR 540 MG	1	QL(1.433 ea daily)
<i>potassium citrate (alkalinizer)</i> TBCR 15 MEQ, 1080 MG, 1620 MG	1	
<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 (alkalinizer)</i>)	NP	PA
UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	NP	PA
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	NP	QL(1.433 ea daily); PA
Cystinosis Agents		

Drug Name	Drug Tier	Requirements/Limits
CYSTAGON CAPS	CO	
PROCYSBI CPDR	CO	
PROCYSBI PACK	CO	
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant)</i> 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		
<i>alfuzosin hcl</i>	1	MP
AVODART (<i>dutasteride</i>)	NF	MP
AVODART (<i>dutasteride</i>)	NP	MP; PA
CARDURA XL	NP	
<i>dutasteride</i>	1	MP
<i>dutasteride-tamsulosin hcl</i>	NP	PA
ENTADFI	NP	PA
<i>finasteride</i>	1	QL(1 ea daily); MP
FLOMAX (<i>tamsulosin hcl</i>)	NP	QL(2 ea daily); MP; PA
JALYN (<i>dutasteride-tamsulosin hcl</i>)	NP	PA
PROSCAR (<i>finasteride</i>)	NP	QL(1 ea daily); MP; PA
RAPAFLO (<i>silodosin</i>)	NP	MP
RAPAFLO 8 MG (<i>silodosin</i>)	NF	MP
<i>silodosin</i>	NP	MP
<i>tamsulosin hcl</i>	1	QL(2 ea daily); MP

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

Drug Name	Drug Tier	Requirements/Limits
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		
Aminolevulinate 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 SUPK IV	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	
IXINITY SOLR	CO	
JIVI	CO	
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	CO	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KOATE SOLR	CO		VOYDEYA TABS	CO	
KOGENATE FS KIT	CO		VOYDEYA TBPK	CO	
KOVALTRY	CO		ZILBRYSQ	CO	
NOVOEIGHT	CO		Hemataologic - Tyrosine Kinase Inhibitors		
NOVOSEVEN RT	CO		TAVALISSE	NP	SP; PA
NUWIQ KIT	CO		Hematorheologic Agents		
NUWIQ SOLR	CO		<i>pentoxifylline</i>	1	MP
OBIZUR	CO		Hemin		
PROFILNINE	CO		PANHEMATIN 350 MG	2	SP; PA
REBINYN	CO		Human Protein C		
RECOMBINATE SOLR	CO		CEPROTIN	2	SP; PA
RIXUBIS SOLR	CO		Plasma Kallikrein Inhibitors		
ROCTAVIAN	CO		KALBITOR	CO	
SEVENFACT	CO		ORLADEYO	CO	
TRETTEN	CO		TAKHZYRO SOLN	CO	
VONVENDI	CO		TAKHZYRO SOSY	CO	
WILATE KIT	CO		Plasma Proteins		
XYNTHA	CO		RYPLAZIM	CO	
XYNTHA SOLOFUSE	CO		Platelet Aggregation Inhibitors		
Bradykinin B2 Receptor Antagonists			AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	NP	MP; PA
FIRAZYR SOSY (<i>icatibant acetate</i>)	CO		<i>anagrelide hcl</i>	1	MP
<i>icatibant acetate SOLN</i>	CO		<i>aspirin-dipyridamole</i>	1	MP
<i>icatibant acetate SOSY</i>	CO		BRILINTA	2	QL(2 ea daily); MP
Complement Inhibitors			CABLIVI	CO	SP
BERINERT KIT	CO		<i>cilostazol</i>	1	QL(2 ea daily); MP
CINRYZE SOLR IV	CO		<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 ea daily); MP
EMPAVELI	CO		<i>clopidogrel bisulfate 300 MG</i>	1	
ENJAYMO	CO		<i>dipyridamole</i>	1	MP
FABHALTA	CO		EFFIENT (<i>prasugrel hcl</i>)	NF	QL(1 ea daily)
HAEGARDA SOLR SC	CO		EFFIENT (<i>prasugrel hcl</i>)	NP	QL(1 ea daily); PA
RUCONEST	CO				
SOLIRIS	CO				
TAVNEOS	CO				
ULTOMIRIS	CO				
VEOPOZ	CO				

Drug Name	Drug Tier	Requirements/Limits
KENGREAL	NP	PA
PLAVIX 75 MG (clopidogrel bisulfate)	NP	QL(1 ea daily); MP; PA
PLAVIX 75 MG (clopidogrel bisulfate)	NF	QL(1 ea daily); MP
prasugrel hcl	1	QL(1 ea daily)
Protamine		
protamine sulfate	1	PA
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPB	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	
miglustat	CO	MP
VPRIV	CO	
ZAVESCA (miglustat)	CO	MP
Agents for Sickle Cell Disease		
ADAKVEO	CO	
CASGEVY	CO	
DROXIA CAPS	2	MP
ENDARI	2	SP; PA
LYFGENIA	CO	
OXBRYTA TABS	NP	SP; PA
OXBRYTA TBSO	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
SIKLOS TABS	2	PA
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	1	
hydroxocobalamin acetate SOLN	1	PA
Folic Acid/Folates		
folic acid SOLN	1	PA
folic acid TABS 1 MG	1	MP; RX/OTC
Hematopoietic Gene Therapy		
ZYNTEGLO	CO	SP
Hematopoietic Growth Factors		
ALVAIZ	2	SP; PA
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	2	SP; PA
ARANESP ALBUMIN FREE SOSY	2	SP; PA
DOPTELET	NP	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
FULPHILA	NP	SP; PA
FYLNETRA	NP	SP; PA
GRANIX SOLN	2	SP; PA
GRANIX SOSY	2	SP; PA
JESDUVROQ	2	PA
LEUKINE SOLR IJ	NP	SP; PA
MIRCERA	NP	SP; PA
MULPLETA	NP	SP; PA
NEULASTA ONPRO KIT PSKT	NP	SP; PA
NEULASTA SOSY	NP	SP; PA
NEUPOGEN SOLN	2	SP; PA
NEUPOGEN SOSY	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
NIVESTYM SOLN	NP	SP; PA
NIVESTYM SOSY	NP	SP; PA
NPLATE	NP	SP; PA
NYVEPRIA	NP	SP; PA
PROCRIT	NP	SP; PA
PROCRIT	NP	SP; PA
PROMACTA PACK	NP	SP; PA
PROMACTA TABS 50 MG, 75 MG	2	SP; MP; PA
PROMACTA TABS 12.5 MG, 25 MG	2	QL(1 ea daily); SP; MP; PA
REBLOZYL	CO	
RELEUKO SOLN	NP	SP; PA
RELEUKO SOSY	NP	SP; PA
RETACRIT	2	SP; PA
ROLVEDON	NP	SP; PA
STIMUFEND	NP	SP; PA
UDENYCA ONBODY SOSY	NP	SP; PA
UDENYCA SOAJ	NP	SP; PA
UDENYCA SOSY	NP	SP; PA
ZARXIO	NP	SP; PA
ZIEXTENZO	NP	SP; PA
Hematopoietic Mixtures		
<i>fe fumarate-vitamin c-vitamin b12-folic acid 60 MG-1 MG-10 MCG-151 MG</i>	1	RX/OTC
<i>fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu</i>	1	
<i>ferrous fumarate w/ b12-vit c-fa-ifc</i>	1	
<i>iron polysaccharide complex-vit b12-folic acid CAPS</i>	1	RX/OTC
Iron		
FER-IN-SOL SOLN (<i>ferrous sulfate</i>)	NF	QL(3.4 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate SOLN</i>	1	
<i>ferrous sulfate SOLN 15 MG/ML</i>	1	QL(3.4 ml daily)
<i>ferrous sulfate TABS 325 MG</i>	1	MP
<i>ferrous sulfate TBEC</i>	1	
FERROUS SULFATE TBEC (<i>ferrous sulfate</i>)	1	
INFED	2	PA
INJECTAFER	2	PA
VENOFER	2	PA
Stem Cell Mobilizers		
APHEXDA	2	SP; PA
XOLREMDI CAPS OR 100 MG	CO	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN OR (<i>aminocaproic acid</i>)	NF	SP
AMICAR TABS 500 MG (<i>aminocaproic acid</i>)	NF	QL(24 ea per fill retail); SP
AMICAR TABS 1000 MG (<i>aminocaproic acid</i>)	NF	SP
<i>aminocaproic acid SOLN IV 250 MG/ML</i>	1	SP; PA
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	1	SP
<i>aminocaproic acid TABS 500 MG</i>	1	QL(24 ea per fill retail); SP
<i>aminocaproic acid TABS 1000 MG</i>	1	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)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRANEXAMIC ACID/SODIUM CHLORIDE	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</i>	1	SON; QL(200 ml daily)
<i>phenobarbital TABS</i>	1	MP	<i>midazolam hcl SOLN IJ 2 MG/2ML, 5 MG/5ML, 10 MG/2ML</i>	1	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 0.9 %-100 MG/100ML, 0.9 %-50 MG/50ML	2	
<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
MIDAZOLAM/SODIUM CHLORIDE (<i>midazolam-sodium chloride</i>)	NP	
<i>midazolam-sodium chloride</i>	1	
MIDAZOLAM SOSY IJ 2 MG/2ML	2	
<i>quazepam</i>	NP	SON; QL(20 ea daily); AL(At least 18 yrs old)
RESTORIL 15 MG, 30 MG (<i>temazepam</i>)	NP	SON; QL(1 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
<i>temazepam 15 MG, 30 MG</i>	1	SON; QL(1 ea daily); AL(At least 18 yrs old)
<i>temazepam 7.5 MG, 22.5 MG</i>	1	SON; QL(20 ea daily); AL(At least 18 yrs old)
<i>triazolam</i>	1	SON; QL(1 ea daily); AL(At least 18 yrs old)
<i>zaleplon</i>	NP	QL(1 ea daily); AL(At least 18 yrs old); PA
ZOLPIDEM TARTRATE CAPS	NP	SON; QL(20 ea daily); 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)
<i>zolpidem tartrate TBCR</i>	1	QL(20 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate TBCR</i>	1	SON; QL(20 ea daily); AL(At least 18 yrs old)
Orexin Receptor Antagonists		
BELSOMRA	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
DAYVIGO	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
Selective Melatonin Receptor Agonists		
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
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>ramelteon</i>	1	QL(20 ea daily); AL(At least 18 yrs old); MP; PA
<i>ramelteon</i>	1	SON; QL(20 ea daily); AL(At least 18 yrs old); MP; PA
ROZEREM (<i>ramelteon</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); MP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
LAXATIVES - Bowel Treatment Drugs			PLENVU	NP	
Bulk Laxatives			<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NP	
EVAC POWD (<i>psyllium</i>)	NF		SUFLAVE	NP	
HYDROCIL INSTANT POWD (<i>psyllium</i>)	NF		SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	NP	
METAMUCIL 4 IN 1 FIBER POWD (<i>psyllium</i>)	NF		SUTAB	NP	
METAMUCIL FREE & NATURAL POWD (<i>psyllium</i>)	NF		Laxatives - Miscellaneous		
METAMUCIL ORIGINAL TEXTURE POWD (<i>psyllium</i>)	NF		<i>glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 80.7 %</i>	1	
METAMUCIL POWD (<i>psyllium</i>)	NF		GLYCERIN ADULT SUPP (<i>glycerin (laxative)</i>)	1	
<i>psyllium POWD 28.3 %, 30 %, 43 %</i>	1		KRISTALOSE PACK	NP	
Laxative Combinations			KRISTALOSE PACK	NP	
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	NP		<i>lactulose SOLN</i>	1	MP
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP		MIRALAX POWD (<i>polyethylene glycol 3350</i>)	NF	QL(34 gm daily)
MOVIPREP (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	NP	PA	<i>polyethylene glycol 3350 POWD</i>	1	QL(34 gm daily)
NULYTELY (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	NF		Saline Laxatives		
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	NP		FLEET ENEMA ENEM (<i>sodium phosphates</i>)	NF	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1		<i>magnesium citrate 1.745 GM/30ML</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	
			Stimulant Laxatives		
			<i>bisacodyl SUPP</i>	1	QL(12 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bisacodyl TBEC</i>	1	QL(1 ea daily)	<i>azithromycin TABS 500 MG</i>	1	QL(14 ea per fill 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 100 MG/5ML (<i>azithromycin</i>)	NP	QL(30 ml per fill retail); PA
<i>sennosides TABS 8.6 MG, 15 MG, 25 MG</i>	1		ZITHROMAX SUSR 200 MG/5ML (<i>azithromycin</i>)	NP	QL(60 ml per fill retail); PA
<i>sennosides TABS 17.2 MG</i>	2		ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	NP	QL(14 ea per fill retail); PA
SEKOKOT TABS (<i>sennosides</i>)	NF		ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	NP	QL(6 ea per fill retail); PA
SEKOKOT TABS (<i>sennosides</i>)	2		Clarithromycin		
Surfactant Laxatives			<i>clarithromycin SUSR 250 MG/5ML</i>	1	QL(200 ml per fill retail)
<i>benzocaine-docusate sodium ENEM</i>	1		<i>clarithromycin SUSR 125 MG/5ML</i>	1	
<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>erythromycin base TABS</i>	NP	
<i>azithromycin SUSR 200 MG/5ML</i>	1	QL(60 ml per fill retail)	<i>erythromycin base TBEC</i>	1	
<i>azithromycin SUSR 100 MG/5ML</i>	1	QL(30 ml per fill retail)	<i>erythromycin base TBEC 500 MG</i>	2	
<i>azithromycin TABS 600 MG</i>	1	QL(8 ea per 28 day(s) retail)			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	2	RX/OTC	EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
CVS GAUZE PADS STERILE 4"X4" PADS	2	RX/OTC	EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
DERMACEA DRAIN SPONGES 4"X4" PADS	2	RX/OTC	EXCILON DRAIN SPONGE 4"X4" PADS	2	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	2	RX/OTC	EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS	2	RX/OTC	GAUZE DRESSING 4"X4" PADS	2	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS	2	RX/OTC	GAUZE PADS 4"X4" PADS	2	RX/OTC
DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	2	RX/OTC	GAUZE PADS PADS	2	RX/OTC
DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	2	RX/OTC	HM STERILE PADS PADS	2	RX/OTC
DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC	HYDROCELL ADHESIVE DRESSING 4"X4" PADS	2	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS	2	RX/OTC	HYDROCELL DRESSING 4"X4" PADS	2	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	2	RX/OTC	J & J GAUZE 4"X4" 12 PLY PADS	2	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	2	RX/OTC	J & J GAUZE 4"X4" 8 PLY PADS	2	RX/OTC
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	2	RX/OTC	J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	2	RX/OTC
DRYMAX EXTRA PADS	2	RX/OTC	J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	2	RX/OTC
EQ GAUZE PADS 4"X4" PADS	2	RX/OTC	J & J GAUZE SPONGES 8-PLY4" X 4" MISC	2	RX/OTC
EQL GAUZE PADS 4"X4"/LARGE PADS	2	RX/OTC	KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	2	RX/OTC
			KERLIX SPONGES 4" X 4" 12 PLY PADS	2	RX/OTC
			KERLIX SPONGES 4" X 4" 16 PLY PADS	2	RX/OTC
			MIRASORB SPONGES 4" X 4" MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NU GAUZE 4PLY 4"X4" PADS	2	RX/OTC	KIMONO MICRO THIN MISC	2	
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	2	RX/OTC	TRUSTEX NON-LUBRICATED MISC	2	
POLYMEM NON-ADHESIVE PAD PADS	2	RX/OTC	TRUSTEX/RIA NON-LUBRICATED MISC	2	
QC ALL PURPOSE DRESSINGS4"X4" PADS	2	RX/OTC	Diabetic Supplies		
QC STERILE PADS PADS	2	RX/OTC	1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
RA STERILE PADS 4"X4" PADS	2	RX/OTC	1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC	2	RX/OTC	ADJUSTABLE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	2	RX/OTC	ADVANCED MOBILE LANCET 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	2	RX/OTC	ADVOCATE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	2	RX/OTC	ADVOCATE RAPID-SAFE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
SILIGENTLE SILICONE FOAMDRESSING/BORDED PADS	2	RX/OTC	AGAMATRIX ULTRA-THIN LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
SILIGENTLE SILICONE FOAMDRESSING/NON-BORDERED PADS	2	RX/OTC	AUTO-LANCET MINI MISC	2	QL(1 ea per 180 day(s) retail)
SM GAUZE PADS 4"X4" PADS	2	RX/OTC	AUTO-LANCET MISC	2	QL(1 ea per 180 day(s) retail)
SM STERILE PADS PADS	2	RX/OTC	AUTOLET IMPRESSION LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
SOF-WICK 4"X4" PADS	2	RX/OTC	AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
STERILE PADS 4"X4" PADS	2	RX/OTC	AUTOLET MINI MISC	2	QL(1 ea per 180 day(s) retail)
TEGADERM FOAM DRESSING 4"X4" PADS	2	RX/OTC	AUTOLET PLUS MISC	2	QL(1 ea per 180 day(s) retail)
TOPPER DRESSING SPONGES 4"X4" MISC	2	RX/OTC			
Contraceptives					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARDIOCOM LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	DIATHRIVE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
CAREONE ADVANCED LANCINGDEVICE MISC	2	QL(1 ea per 180 day(s) retail)	DROPLET GENTEEL LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
CAREONE LANCET SUPER THIN/30G	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
CARETOUCH LANCING DEVICewith EJECTOR MISC	2	QL(1 ea per 180 day(s) retail)	DROPLET LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
CARETOUCH TWIST LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	DRUG MART ADJUSTABLE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
CARETOUCH TWIST LANCETS 30G	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
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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCETS 32G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 33G/TWIST	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
EASY TOUCH LANCING DEVICE/EJECTOR MISC	2	QL(1 ea per 180 day(s) retail)	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	2	QL(1 ea per 14 day(s) retail); 1 max fill(s) per 30 day(s) retail; PA
EMBRACE LANCING DEVICE WITH EJECTOR MISC	2	QL(1 ea per 180 day(s) retail)	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	2	QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); PA
EQL COLOR LANCETS MICRO THIN 33G	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	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 21G	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-Z JECT LANCETS COLOR	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)
E-Z JECT LANCETS SUPER THIN 30G	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)
E-Z JECT LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	2	QL(1 ea per 180 day(s) retail)
E-ZJECT LANCETS MICRO-THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	2	QL(1 ea per 180 day(s) retail)
EZ-LETS LANCETS 26G SUPER-SOFT	2	200 / month; QL(6.67 ea daily); RX/OTC			
FORA LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC			
FORA LANCING DEVICE/CLEARCAP MISC	2	QL(1 ea per 180 day(s) retail)			
FORA LANCING DEVICE 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)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	2	QL(1 ea per 180 day(s) retail)	H-E-B INCONTROL LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
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
			LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LANZO MISC	2	QL(1 ea per 180 day(s) retail)	NOVA SUREFLEX LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
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			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QC ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	RELION ULTRA THIN LANCETS30G	2	200 / month; QL(6.67 ea daily); RX/OTC
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

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 SAFETY PEN 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); RX/OTC	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); RX/OTC	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); RX/OTC	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); RX/OTC
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/0.5ML/30GX5/16"	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 LUER LOCK SYRINGE/3ML	2	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	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/30G 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/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	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); RX/OTC
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); RX/OTC
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); RX/OTC
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/SAFETY/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX6MM	2	QL(5 ea daily)	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)
EASY TOUCH FLIPLOCK NEEDLES 18GX1-1/2"	2	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G 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/28G 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/29G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	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 INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	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); RX/OTC
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); RX/OTC	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); RX/OTC
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); RX/OTC	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	SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31G X6MM	2	QL(5 ea daily); RX/OTC	SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31G X8MM	2	QL(5 ea daily); RX/OTC	SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC	SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	2	QL(5 ea daily)
RELION PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32G X4MM	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5M M	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32G X5/32"	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES/31G X1/4"	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMO VR/32GX4MM	2	QL(5 ea daily); RX/OTC
RELION SHORT PEN NEEDLES31GX8MM	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29 GX12MM	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC			
SAFETY INSULIN SYRINGES 1ML/30GX1/2"	2	QL(5 ea daily); RX/OTC			
SAFETY PEN NEEDLES/30G X5/16"	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			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	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
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/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
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES30GX5/16" SHORT	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G 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-100/0.5ML/28G X 1/2"	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/29G 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); RX/OTC	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/31G X 5/16"	2	QL(5 ea daily); RX/OTC	SYRINGES/LUER LOCK/WITHOUT NEEDLE/3ML	2	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	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/29G 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
			TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G 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
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G 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
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	2	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
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); RX/OTC
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			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	2	QL(5 ea daily)	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	2	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	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	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)	ULTILET PEN NEEDLE 29GX12.7MM	2	QL(5 ea daily)
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM	2	QL(5 ea daily); RX/OTC	ULTILET PEN NEEDLE 31GX5MM	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	2	QL(5 ea daily); RX/OTC	ULTILET PEN NEEDLE 31GX8MM	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	2	QL(5 ea daily); RX/OTC	ULTILET PEN NEEDLE 32GX4MM	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 32GX4MM/SHORT	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 SHORT PEN NEEDLES 31GX5/16"	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 SHORT PEN NEEDLES31GX3/16"	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	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
			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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	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 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); RX/OTC
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); RX/OTC	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
			ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	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/30GX5/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS PLUS 29GX12MM	2	QL(5 ea daily); RX/OTC
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
			VALUE HEALTH 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
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	2	QL(5 ea daily); RX/OTC
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); RX/OTC	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			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
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); RX/OTC	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 VUMOUTHPIECE 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			
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			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 3000 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 4000 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 5000 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 6000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	2	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/ADULT 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 COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	2	QL(2 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/CHILD 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 NEBULIZER MASK/INFANT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
AEROTRACH PLUS 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
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	BREATHE EASE/MEDIUM 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	BREATHE EASE/SMALL MASK 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/COLLAPSIBLE 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	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	2	QL(2 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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARETOUCH 2 CPAP HOSE HANGER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
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
			EASY FLOW BLACK/RED DEVI	2	RX/OTC
			EASY FLOW BLACK/WHITE DEVI	2	RX/OTC
			EASY FLOW BLACK/YELLOW DEVI	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY FLOW HEPA FILTER 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
EASY FLOW WHITE/BLUE DEVI	2	RX/OTC	IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	2	RX/OTC
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			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEBULIZER AIR TUBE/PLUGS MISC	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
NEBULIZER CUP/TUBING DEVI	2	RX/OTC	PARI BABY CONVERSION KITSIZE 1 MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
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 ERAPID NEBULIZER HANDSET 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 EXPIRATORY FILTER VALVE SET DEVI	2	QL(1 ea per 360 day(s) retail); RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	2	RX/OTC	PARI MANUAL INTERRUPTER DEVI	2	RX/OTC
ONE FLOW FVC MONITORING SPIROMETER DEVI	2	RX/OTC	PARI MASK SET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	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/MEDIUM FACE 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/SMALLFACE MASK MISC	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 DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	PARI TREK S COMBO PACK DEVI	2	RX/OTC
OPTICHAMBER DIAMOND MISC	2	QL(2 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 LARGE	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 MEDIUM	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
PANDA MASK SMALL	2	QL(1 ea per 360 day(s) retail); RX/OTC	PFLEX MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	QUAKE DEVI	2	RX/OTC
PILLOW MASK/ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	REPLACEMENT AIR FILTER 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	REPLACEMENT FILTERS 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/LARGE/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/MEDIUM/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	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	2	QL(1 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	RITFLO DEVI	2	QL(2 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	SAMI THE SEAL REPLACEMENTFILTERS 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 ADULT FACE MASK 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/SAMI THE SEAL 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/TUCKER THE TURTLE 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 PEDIATRIC FACEMASK 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	SIDESTREAM PLUS ADULT FACE MASK 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/ADULT 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			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	WINDMILL TRAINER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
SOOTHENE NBL 100 CHILD MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	AIMOVIG	2	QL(1 ml per 28 day(s) retail); SP; PA
SOOTHENE NBL 100 MEDICATION CUP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	AJOVY SOAJ	2	QL(1.5 ml per 28 day(s) retail); SP; PA
SOOTHENE NBL 100 MESH CAP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	AJOVY SOSY	2	QL(1.5 ml per 28 day(s) retail); SP; PA
SOOTHENE NBL100 ADULT MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	EMGALITY SOAJ	2	QL(2 ml per 28 day(s) retail); SP; PA
SPIRO PD DEVI	2	RX/OTC	EMGALITY SOSY 120 MG/ML	2	QL(2 ml per 28 day(s) retail); SP; PA
THRESHOLD IMT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	EMGALITY SOSY 100 MG/ML	2	QL(3 ml per 28 day(s) retail); SP; PA
THRESHOLD PEP DEVI	2	RX/OTC	NURTEC	NP	QL(16 ea per 28 day(s) retail; 16 ea per 28 days mail); PA
TUBING/WING TIP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	QULIPTA	NP	QL(1 ea daily); PA
ULTRA NEB NEBULIZER ACCESSORIES KIT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	UBRELVY	2	QL(16 ea per 30 day(s) retail; 16 ea per 30 days mail); PA
VERSAPAP/UNIVERSAL TUBING DEVI	2	RX/OTC	VYEPTI	NP	QL(3 ml per 84 day(s) retail); SP; PA
VERSAPAP DEVI	2	RX/OTC	ZAVZPRET	NP	PA
VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	Migraine Combinations		
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	CAFERGOT TABS (ergotamine w/ caffeine)	NP	AL(At least 18 yrs old); PA
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	ergotamine w/ caffeine SUPP	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan-naproxen sodium</i>	NP	PA	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	PA
TREXIMET (<i>sumatriptan-naproxen sodium</i>)	NF		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
Migraine Products			IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	PA
D.H.E. 45 SOLN IJ (<i>dihydroergotamine mesylate</i>)	NF	AL(At least 18 yrs old)	IMITREX TABS (<i>sumatriptan succinate</i>)	NP	QL(9 ea per 30 day(s) retail); AL(At least 12 yrs old); PA
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	AL(At least 18 yrs old); PA	MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	NP	PA
MIGRANAL SOLN NA (<i>dihydroergotamine mesylate</i>)	NP	AL(At least 18 yrs old); PA	MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	NP	QL(12 ea per 30 day(s) retail); AL(At least 6 yrs old); PA
Migraine Products - NSAIDs			<i>naratriptan hcl</i>	1	QL(9 ea per 30 day(s) retail); AL(At least 18 yrs old)
CAMBIA (<i>diclofenac potassium (migraine)</i>)	NF		RELPAX (<i>eletriptan hydrobromide</i>)	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old); PA
<i>diclofenac potassium (migraine)</i>	1	PA	REYVOW	NP	PA
ELYXYB	2	PA	<i>rizatriptan benzoate TABS</i>	1	QL(12 ea per 30 day(s) retail); AL(At least 6 yrs old)
Serotonin Agonists			<i>rizatriptan benzoate TBDP</i>	1	
<i>almotriptan malate</i>	NP	QL(6 ea per 30 day(s) retail)	<i>sumatriptan</i>	1	QL(6 ea per 30 day(s) retail); AL(At least 12 yrs old)
AMERGE (<i>naratriptan hcl</i>)	NF	QL(9 ea per 30 day(s) retail); AL(At least 18 yrs old)	<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	NP	PA
<i>eletriptan hydrobromide</i>	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)	<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
FROVA (<i>frovatriptan succinate</i>)	NP	PA			
<i>frovatriptan succinate</i>	NP				
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)			
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			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	NP	PA	<i>calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG</i>	2	
<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>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG</i>	1	QL(2 ea daily)
<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>calcium carbonate TABS 600 MG</i>	1	
<i>sumatriptan succinate TABS</i>	1	QL(9 ea per 30 day(s) retail); AL(At least 12 yrs old)	CALTRATE 600+D3 TABS (<i>calcium carbonate-cholecalciferol</i>)	NF	
TOSYMRA	NP	PA	CALTRATE BONE HEALTH TABS (<i>calcium carbonate-cholecalciferol</i>)	NF	
ZEMBRACE SYMTOUCH SOAJ	NP	PA	<i>oyster shell</i>	1	
<i>zolmitriptan SOLN 5 MG</i>	NP	AL(At least 12 yrs old)	Fluoride		
<i>zolmitriptan TABS</i>	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)	<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG</i>	1	MP
<i>zolmitriptan TBDP</i>	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)	<i>sodium fluoride SOLN 0.5 MG/ML</i>	1	MP; RX/OTC
ZOMIG SOLN (<i>zolmitriptan</i>)	NP	AL(At least 12 yrs old); PA	<i>sodium fluoride TABS</i>	2	
ZOMIG SOLN 2.5 MG	NP		Phosphate		
ZOMIG TABS 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old); PA	K-PHOS NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NP	QL(8 ea daily); MP; PA
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)	K-PHOS TABS (<i>potassium phosphate monobasic</i>)	2	
MINERALS & ELECTROLYTES			<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	QL(8 ea daily); MP
Calcium			<i>potassium phosphate monobasic TABS</i>	2	
<i>calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 400 UNIT-500 MG, 500 MG-5 MCG</i>	1		Potassium		
			EFFER-K	2	
			K-TAB TBCR 8 MEQ (<i>potassium chloride</i>)	NF	MP
			K-TAB TBCR 20 MEQ (<i>potassium chloride</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
K-TAB TBCR 10 MEQ (potassium chloride)	NP	MP; PA	<i>penicillamine</i> TABS	1	PA
POKONZA PACK OR	NP	PA	SYPRINE (<i>trientine hcl</i>)	NP	SP; PA
<i>potassium acetate</i> SOLN 2 MEQ/ML	1	PA	<i>trientine hcl</i> 250 MG	1	SP; PA
POTASSIUM ACETATE SOLN 2 MEQ/ML	1	PA	<i>trientine hcl</i> 500 MG	2	SP; PA
<i>potassium bicarbonate</i> TBEF	NP	MP; PA	Immunomodulators		
<i>potassium chloride</i> <i>microencapsulated</i> <i>crystals er</i>	1	MP	JOENJA	CO	
<i>potassium chloride</i> CPCR	1	MP	<i>lenalidomide</i>	1	SP; PA
<i>potassium chloride</i> PACK OR 20 MEQ	NP	PA	REVLIMID	NP	SP; PA
<i>potassium chloride</i> SOLN OR 20 %	1	MP; PA	REZUROCK	2	SP; PA
<i>potassium chloride</i> SOLN OR 10 %	1	MP	RYSTIGGO	CO	
<i>potassium chloride</i> SOLN IV 2 MEQ/ML	2	PA	THALOMID	2	SP; MP; PA
POTASSIUM CHLORIDE SOLN IV (<i>potassium</i> <i>chloride</i>)	1	PA	VYVGART	CO	
<i>potassium chloride</i> TBCR 20 MEQ	NP		VYVGART HYTRULO	CO	
<i>potassium chloride</i> TBCR 8 MEQ, 10 MEQ	1	MP	Immunosuppressive Agents		
<i>potassium chloride</i> TBCR 8 MEQ	2	MP	ASTAGRAF XL CP24	NP	PA
MISCELLANEOUS THERAPEUTIC CLASSES			<i>azathioprine</i> TABS 50 MG	1	MP
Allogeneic Tissue			<i>azathioprine</i> TABS 75 MG, 100 MG	NP	QL(3 ea daily); MP; PA
RETHYMIC	CO		CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	NP	QL(2 ea daily); MP; PA
Chelating Agents			CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	2	MP
CUPRIMINE CAPS (<i>penicillamine</i>)	NP	PA	CELLCEPT TABS (<i>mycophenolate mofetil</i>)	NP	MP; PA
CUVRIOR	NP	SP; PA	<i>cyclosporine</i> modified (for <i>microemulsion</i>) CAPS 25 MG, 100 MG	1	QL(4 ea daily); MP
DEPEN TITRATABS TABs (<i>penicillamine</i>)	2	PA	<i>cyclosporine</i> modified (for <i>microemulsion</i>) CAPS 50 MG	NP	QL(4 ea daily); MP; PA
<i>penicillamine</i> CAPS	1	PA	<i>cyclosporine</i> modified (for <i>microemulsion</i>) SOLN	1	QL(8 ml daily); MP
			<i>cyclosporine</i> CAPS	1	QL(4 ea daily); MP
			ENSPRYNG	CO	
			ENVARUSUS XR TB24	NP	PA
			<i>everolimus</i> (<i>immunosuppressant</i>)	NP	
			GAMIFANT	CO	

Drug Name	Drug Tier	Requirements/Limits
IMURAN TABS (azathioprine)	NP	MP; PA
LUPKYNIS	NP	QL(6 ea daily); SP; PA
mycophenolate mofetil CAPS	1	QL(2 ea daily); MP
mycophenolate mofetil SUSR	1	MP
mycophenolate mofetil TABS	1	MP
mycophenolate sodium 180 MG	NP	QL(2 ea daily); MP; PA
mycophenolate sodium 360 MG	NP	QL(4 ea daily); MP; PA
MYFORTIC 180 MG (mycophenolate sodium)	NP	QL(2 ea daily); MP; PA
MYFORTIC 360 MG (mycophenolate sodium)	NP	QL(4 ea daily); MP; PA
NEORAL CAPS (cyclosporine modified (for microemulsion))	NP	QL(4 ea daily); MP; PA
NEORAL SOLN (cyclosporine modified (for microemulsion))	NP	QL(8 ml daily); MP; PA
PROGRAF CAPS (tacrolimus)	NP	QL(3 ea daily); MP; PA
PROGRAF PACK	NP	PA
PROGRAF SOLN	2	PA
RAPAMUNE SOLN (sirolimus)	2	MP; PA
RAPAMUNE TABS (sirolimus)	2	MP
SANDIMMUNE CAPS (cyclosporine)	NP	QL(4 ea daily); MP; PA
SANDIMMUNE SOLN OR	NP	QL(8 ml daily); MP; PA
sirolimus SOLN	1	MP; PA
sirolimus TABS	1	MP
tacrolimus CAPS	1	QL(3 ea daily); MP
UPLIZNA	CO	
ZORTRESS (everolimus (immunosuppressant))	NP	PA

Drug Name	Drug Tier	Requirements/Limits
Irrigation Solutions		
irrigation solutions, physiological	1	PA
ringer's irrigation	1	PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE	CO	
Potassium Removing Agents		
LOKELMA	2	
sodium polystyrene sulfonate POWD	1	QL(454 gm per fill retail)
sodium polystyrene sulfonate SUSP OR 15 GM/60ML	1	
VELTASSA	NP	
Progeria Treatment Agents		
ZOKINVY	CO	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	2	SP; PA
BENLYSTA SOLR	2	SP; PA
BENLYSTA SOSY	2	SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth- throat) 2 %	1	QL(100 ml per fill retail)
Anti-infectives - Throat		
clotrimazole	1	
NYSTATIN 100000 UNIT/ML (nystatin (mouth-throat))	1	QL(120 ml per fill retail)
nystatin (mouth-throat)	1	QL(120 ml per fill retail)
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PERIDEX (<i>chlorhexidine gluconate (mouth-throat)</i>)	NP		<i>b-complex w/ c & folic acid CAPS</i>	2	QL(1 ea daily); RX/OTC
Dental Products			<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
PREVIDENT 5000 DRY MOUTH GEL (<i>sodium fluoride (dental)</i>)	NP	MP	<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
PREVIDENT 5000 PLUS CREA (<i>sodium fluoride (dental)</i>)	NP	MP	Multiple Vitamins w/ Minerals		
PREVIDENT FLUORIDE GEL (<i>sodium fluoride (dental)</i>)	NP	MP	BACMIN TABS	2	RX/OTC
PREVIDENT RINSE SOLN	2	MP	CENTRUM ADULTS TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
<i>sodium fluoride (dental) CREA</i>	1	MP	CENTRUM MEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
<i>sodium fluoride (dental) GEL</i>	1	MP	CENTRUM SILVER 50+MEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
<i>sodium fluoride (dental) SOLN 0.2 %</i>	1	MP	CENTRUM SILVER 50+WOMEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
Steroids - Mouth/Throat/Dental			CENTRUM SILVER ADULT 50+ TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
<i>triamcinolone acetonide (mouth)</i>	1	QL(5 gm per fill retail)	CENTRUM SILVER ADULTS 50+ TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
Throat Products - Misc.			CENTRUM SILVER TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
<i>cevimeline hcl</i>	1	MP			
EVOXAC (<i>cevimeline hcl</i>)	NP	MP; PA			
EVOXAC (<i>cevimeline hcl</i>)	NF	MP			
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily); MP			
<i>pilocarpine hcl (oral) 7.5 MG</i>	1				
SALAGEN 7.5 MG (<i>pilocarpine hcl (oral)</i>)	NF				
SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	NF	QL(6 ea daily); MP			
MULTIVITAMINS					
B-Complex w/ Folic Acid					
<i>b-complex w/ c & folic acid CAPS</i>	1	QL(1 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CENTRUM WOMEN TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	VITAROCA PLUS TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC
DERMACINRX MULTITAM TABS	2	RX/OTC	Ped Multi Vitamins w/Fl & FE		
<i>multiple vitamins w/ minerals TABS</i>	1	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
NICADAN TABS	2	RX/OTC	QUFLORA FE PEDIATRIC LIQD	2	
NICAZEL FORTE TABS	2	RX/OTC	Ped MV w/ Fluoride		
NICAZEL TABS	2	RX/OTC	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
ONE-A-DAY WEIGHT SMART ADVANCED TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	2	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	1	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	<i>pediatric multivitamins w/fl SOLN</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
ONE-A-DAY WOMENS PETITES TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	<i>pediatric vitamins acid w/ fluoride SOLN</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old)
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	POLY-VI-FLOR CHEW	2	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
ONEVITE TABS	2	RX/OTC	Ped MV w/ Iron		
SIDEROL TABS	2	RX/OTC	MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	1	QL(60 ml per fill retail)
STROVITE FORTE TABS <i>(multiple vitamins w/ minerals)</i>	NF	RX/OTC	<i>pediatric multiple vitamins w/ iron CHEW</i>	1	
STROVITE ONE TABS	2	RX/OTC	Pediatric Multiple Vitamins		
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			
VENTRIXYL TABS	2	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INFUVITE PEDIATRIC SOLN IV	2	PA	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
MULTIVITAMIN INFANT/TODDLER SOLN OR	2		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
VITALIPID N INFANT EMUL	2	PA	PRENATRYL TABS	2	MP; RX/OTC
VITLIPID N INFANT EMUL	2	PA	SE-NATAL 19 CHEW	1	QL(1 ea daily); MP
Pediatric Vitamins			SE-NATAL 19 TABS	1	QL(1 ea daily); MP; RX/OTC
VITAMIN A/C/D INFANT/TODDLER	1		THRIVITE RX TABS	2	QL(1 ea daily); MP; RX/OTC
Prenatal Vitamins			TRINATAL RX 1 TABS	1	QL(1 ea daily); MP
CLASSIC PRENATAL TABS	1	QL(1 ea daily); MP	WESNATAL DHA COMPLETE	1	MP
COMPLETE NATAL DHA	1	MP	WESTAB PLUS TABS	1	MP; RX/OTC
COMPLETENATE CHEW	1	QL(1 ea daily); MP	MUSCULOSKELETAL THERAPY AGENTS -		
CO-NATAL FA TABS	2	QL(1 ea daily); MP; RX/OTC	Drugs to Treat Spasms		
GNP PRENATAL TABS	1	QL(1 ea daily); MP	Central Muscle Relaxants		
M-NATAL PLUS TABS	1	MP; RX/OTC	AMRIX CP24 (cyclobenzaprine hcl)	NP	PA
NATALVIT TABS	2	QL(1 ea daily); MP	baclofen SOLN OR 5 MG/5ML, 10 MG/5ML	NP	PA
NIVA-PLUS TABS	2	MP; RX/OTC	baclofen SUSP	1	PA
PRENATAL PLUS VITAMIN ANDMINERAL TABS	2	MP; RX/OTC	baclofen TABS	1	
PRENATAL PLUS TABS	2	MP; RX/OTC	baclofen TABS 15 MG	NP	PA
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	carisoprodol TABS	NP	QL(4 ea daily); PA
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	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

Drug Name	Drug Tier	Requirements/Limits
FLEQSUVY SUSP (baclofen)	NP	PA
LYVISPAH PACK metaxalone	NP 1	PA
methocarbamol SOLN	NP	PA
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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	NF	QL(18.2 ml per 30 day(s) retail); RX/OTC	SUDAFED SINUS CONGESTION TABS (<i>pseudoephedrine hcl</i>)	NF	
<i>flunisolide (nasal) 0.025 %</i>	NP	QL(25 ml per fill retail)	NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(18.2 ml per 30 day(s) retail); RX/OTC	ALS Agents		
<i>mometasone furoate (nasal) SUSP</i>	NP	QL(17 gm per fill retail); AL(At least 2 yrs old); RX/OTC	EXSERVAN FILM	NP	SP; PA
NASACORT ALLERGY 24HR CHILDRENS AERO (<i>triamcinolone acetonide (nasal)</i>)	NF	QL(17 ml per fill retail); AL(At least 2 yrs old)	QALSODY	CO	
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	NF	QL(17 ml per fill retail); AL(At least 2 yrs old)	RADICAVA ORS STARTER KIT SUSP	CO	
OMNARIS SUSP	NP		RADICAVA ORS SUSP	CO	
QNASL	NP		RADICAVA SOLN	CO	
QNASL CHILDRENS	NP		RELYVRIO	CO	
<i>triamcinolone acetonide (nasal) AERO</i>	1	QL(17 ml per fill retail); AL(At least 2 yrs old)	RILUTEK TABS (<i>riluzole</i>)	NP	MP; PA
XHANCE EXHU	NP		<i>riluzole</i> TABS	1	MP
ZETONNA AERS	NP		TIGLUTIK SUSP	NP	SP; PA
Sympathomimetic Decongestants			Friedrich's Ataxia Agents		
ADRENALIN 0.1 % (<i>epinephrine hcl (nasal)</i>)	NP		SKYCLARYS	CO	
<i>epinephrine hcl (nasal)</i>	1		Muscular Dystrophy Agents		
<i>phenylephrine hcl (oral) TABS</i>	1		AMONDYS 45	CO	
<i>pseudoephedrine hcl TABS</i>	1		ELEVIDYS 10.0-10.4 KG	CO	
SUDAFED CONGESTION TABS (<i>pseudoephedrine hcl</i>)	NF		ELEVIDYS 10.5-11.4 KG	CO	
SUDAFED PE SINUS CONGESTION TABS (<i>phenylephrine hcl (oral)</i>)	NF		ELEVIDYS 11.5-12.4 KG	CO	
			ELEVIDYS 12.5-13.4 KG	CO	
			ELEVIDYS 13.5-14.4 KG	CO	
			ELEVIDYS 14.5-15.4 KG	CO	
			ELEVIDYS 15.5-16.4 KG	CO	
			ELEVIDYS 16.5-17.4 KG	CO	
			ELEVIDYS 17.5-18.4 KG	CO	
			ELEVIDYS 18.5-19.4 KG	CO	
			ELEVIDYS 19.5-20.4 KG	CO	
			ELEVIDYS 20.5-21.4 KG	CO	
			ELEVIDYS 21.5-22.4 KG	CO	
			ELEVIDYS 22.5-23.4 KG	CO	
			ELEVIDYS 23.5-24.4 KG	CO	
			ELEVIDYS 24.5-25.4 KG	CO	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 25.5-26.4 KG	CO		ELEVIDYS 62.5-63.4 KG	CO	
ELEVIDYS 26.5-27.4 KG	CO		ELEVIDYS 63.5-64.4 KG	CO	
ELEVIDYS 27.5-28.4 KG	CO		ELEVIDYS 64.5-65.4 KG	CO	
ELEVIDYS 28.5-29.4 KG	CO		ELEVIDYS 65.5-66.4 KG	CO	
ELEVIDYS 29.5-30.4 KG	CO		ELEVIDYS 66.5-67.4 KG	CO	
ELEVIDYS 30.5-31.4 KG	CO		ELEVIDYS 67.5-68.4 KG	CO	
ELEVIDYS 31.5-32.4 KG	CO		ELEVIDYS 68.5-69.4 KG	CO	
ELEVIDYS 32.5-33.4 KG	CO		ELEVIDYS 69.5 KG PLUS	CO	
ELEVIDYS 33.5-34.4 KG	CO		EXONDYS 51	CO	
ELEVIDYS 34.5-35.4 KG	CO		VILTEPSO	CO	
ELEVIDYS 35.5-36.4 KG	CO		VYONDYS 53	CO	
ELEVIDYS 36.5-37.4 KG	CO		Rett Syndrome Agents		
ELEVIDYS 37.5-38.4 KG	CO		DAYBUE	CO	
ELEVIDYS 38.5-39.4 KG	CO		Spinal Muscular Atrophy Agents (SMA)		
ELEVIDYS 39.5-40.4 KG	CO		EVRYSDI	CO	
ELEVIDYS 40.5-41.4 KG	CO		SPINRAZA	CO	
ELEVIDYS 41.5-42.4 KG	CO		ZOLGENSMA 10.1-10.5 KG	CO	
ELEVIDYS 42.5-43.4 KG	CO		ZOLGENSMA 10.6-11.0 KG	CO	
ELEVIDYS 43.5-44.4 KG	CO		ZOLGENSMA 11.1-11.5 KG	CO	
ELEVIDYS 44.5-45.4 KG	CO		ZOLGENSMA 11.6-12.0 KG	CO	
ELEVIDYS 45.5-46.4 KG	CO		ZOLGENSMA 12.1-12.5 KG	CO	
ELEVIDYS 46.5-47.4 KG	CO		ZOLGENSMA 12.6-13.0 KG	CO	
ELEVIDYS 47.5-48.4 KG	CO		ZOLGENSMA 13.1-13.5 KG	CO	
ELEVIDYS 48.5-49.4 KG	CO		ZOLGENSMA 13.6-14.0 KG	CO	
ELEVIDYS 49.5-50.4 KG	CO		ZOLGENSMA 14.1-14.5 KG	CO	
ELEVIDYS 50.5-51.4 KG	CO		ZOLGENSMA 14.6-15.0 KG	CO	
ELEVIDYS 51.5-52.4 KG	CO		ZOLGENSMA 15.1-15.5 KG	CO	
ELEVIDYS 52.5-53.4 KG	CO				
ELEVIDYS 53.5-54.4 KG	CO				
ELEVIDYS 54.5-55.4 KG	CO				
ELEVIDYS 55.5-56.4 KG	CO				
ELEVIDYS 56.5-57.4 KG	CO				
ELEVIDYS 57.5-58.4 KG	CO				
ELEVIDYS 58.5-59.4 KG	CO				
ELEVIDYS 59.5-60.4 KG	CO				
ELEVIDYS 60.5-61.4 KG	CO				
ELEVIDYS 61.5-62.4 KG	CO				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 15.6-16.0 KG	CO		DOJOLVI	CO	
ZOLGENSMA 16.1-16.5 KG	CO		OPHTHALMIC AGENTS - Drugs to Treat the Eye		
ZOLGENSMA 16.6-17.0 KG	CO		Artificial Tears and Lubricants		
ZOLGENSMA 17.1-17.5 KG	CO		<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	2	
ZOLGENSMA 17.6-18.0 KG	CO		<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	1	
ZOLGENSMA 18.1-18.5 KG	CO		LACRISERT	2	
ZOLGENSMA 18.6-19.0 KG	CO		<i>polyvinyl alcohol 1.4 %</i>	1	QL(15 ml per fill retail)
ZOLGENSMA 19.1-19.5 KG	CO		REFRESH PLUS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	2	
ZOLGENSMA 19.6-20.0 KG	CO		REFRESH TEARS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	2	
ZOLGENSMA 2.6-3.0 KG	CO		THERATEARS EXTRA SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	NF	
ZOLGENSMA 20.1-20.5 KG	CO		THERATEARS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	NF	
ZOLGENSMA 20.6-21.0 KG	CO		<i>white petrolatum-mineral oil</i>	1	
ZOLGENSMA 3.1-3.5 KG	CO		<i>white petrolatum-mineral oil</i>	2	
ZOLGENSMA 3.6-4.0 KG	CO		Beta-blockers - Ophthalmic		
ZOLGENSMA 4.1-4.5 KG	CO		<i>betaxolol hcl (ophth) SOLN</i>	NP	
ZOLGENSMA 4.6-5.0 KG	CO		BETIMOL	NP	PA
ZOLGENSMA 5.1-5.5 KG	CO		BETOPTIC-S SUSP	NP	
ZOLGENSMA 5.6-6.0 KG	CO		<i>brimonidine tartrate-timolol maleate</i>	1	MP
ZOLGENSMA 6.1-6.5 KG	CO		<i>carteolol hcl (ophth)</i>	NP	QL(0.5 ml daily)
ZOLGENSMA 6.6-7.0 KG	CO		COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	2	MP
ZOLGENSMA 7.1-7.5 KG	CO		COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NF	QL(10 ml per fill retail); MP
ZOLGENSMA 7.6-8.0 KG	CO		NUTRIENTS		
ZOLGENSMA 8.1-8.5 KG	CO		Lipids		
ZOLGENSMA 8.6-9.0 KG	CO				
ZOLGENSMA 9.1-9.5 KG	CO				
ZOLGENSMA 9.6-10.0 KG	CO				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ml per fill retail); MP; PA	<i>atropine sulfate (ophthalmic) SOLN</i>	1	MP
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NP	PA	ATROPINE SULFATE SOLN (<i>atropine sulfate (ophthalmic)</i>)	NF	MP
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NF		ATROPINE SULFATE SOLN 1 %	1	MP
<i>dorzolamide hcl-timolol maleate</i>	1	QL(10 ml per fill retail); MP	ATROPINE SULFATE SOLN 1 %	2	MP
<i>dorzolamide hcl-timolol maleate</i>	1		CYCLOGYL 0.5 %	2	QL(15 ml per fill retail); MP
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	NP	MP; PA	CYCLOGYL 2 %	2	MP
<i>levobunolol hcl 0.5 %</i>	1	MP	CYCLOGYL (<i>cyclopentolate hcl</i>)	NP	MP; PA
<i>timolol maleate (ophth) SOLG</i>	1	MP	CYCLOMYDRIL	2	MP
<i>timolol maleate (ophth) SOLN 0.25 %</i>	NP	QL(60 ea per fill retail)	<i>cyclopentolate hcl 1 %</i>	1	MP
<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP	MP; PA	ISOPTO ATROPINE SOLN	NP	MP; PA
<i>timolol maleate (ophth) SOLN</i>	1	MP	MYDRIACYL SOLN (<i>tropicamide</i>)	NP	MP; PA
TIMOPTIC OCUDOSE SOLN 0.25 % (<i>timolol maleate (ophth)</i>)	NP	QL(60 ea per fill retail); PA	<i>phenylephrine hcl (mydriatic) SOLN</i>	1	
TIMOPTIC OCUDOSE SOLN 0.5 % (<i>timolol maleate (ophth)</i>)	NF		<i>tropicamide SOLN 0.5 %</i>	1	QL(15 ml per fill retail); MP
TIMOPTIC OCUDOSE SOLN 0.5 % (<i>timolol maleate (ophth)</i>)	2		<i>tropicamide SOLN 1 %</i>	1	MP
TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	NP	MP; PA	Miotics		
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	NP	MP; PA	ISOPTO CARPINE SOLN 1 % (<i>pilocarpine hcl</i>)	NF	
Cholinergic Agonists			PHOSPHOLINE IODIDE	2	
TYRVAYA	2	PA	<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	NP	
Cycloplegic Mydriatics			VUITY SOLN	2	PA
<i>atropine sulfate (ophthalmic) OINT</i>	1	MP	Ophthalmic Adrenergic Agents		
			ALPHAGAN P (<i>brimonidine tartrate</i>)	2	MP
			<i>apraclonidine hcl</i>	NP	
			<i>brimonidine tartrate 0.2 %</i>	1	QL(15 ml per fill retail); MP
			<i>brimonidine tartrate 0.1 %, 0.15 %</i>	1	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	
BLEPH-10 SOLN <i>(sulfacetamide sodium (ophth))</i>	NF	QL(15 ml per fill retail)
CILOXAN OINT	NP	QL(4 gm per fill retail)
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
<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>	NP	PA
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ml per fill retail)
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
XDEMVIY	2	
ZIRGAN GEL	NP	PA
ZYMAXID (<i>gatifloxacin (ophth)</i>)	NP	PA
Ophthalmic Gene Therapy		
LUXTURN A	CO	
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	PA
<i>cyclosporine (ophth) EMUL</i>	1	MP
RESTASIS MULTIDOSE EMUL	2	MP
RESTASIS EMUL <i>(cyclosporine (ophth))</i>	2	MP
VERKAZIA EMUL	NP	PA
VEVYE SOLN	NP	PA
Ophthalmic Integrin Antagonists		
XIIDRA	2	
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	
Ophthalmic Nerve Growth Factors		
OXERVATE	CO	
Ophthalmic Steroids		
ALREX SUSP <i>(loteprednol etabonate)</i>	NP	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-poly-neomycin-hc</i>	NP		<i>neomycin-polymyxin-hc (ophth)</i>	NP	QL(8 ml per fill retail)
<i>dexamethasone sodium phosphate (ophth)</i>	1	QL(5 ml per fill retail)	PRED FORTE (<i>prednisolone acetate (ophth)</i>)	NP	QL(0.5 ml daily); PA
<i>difluprednate</i>	1		PRED MILD	NP	QL(10 ml per fill retail)
DUREZOL (<i>difluprednate</i>)	NF		<i>prednisolone acetate (ophth)</i>	1	QL(0.5 ml daily)
DUREZOL (<i>difluprednate</i>)	NP	PA	PREDNISOLONE SODIUM PHOSPHATE	NP	
EYSUVIS SUSP	NP	PA	<i>sulfacetamide sod-prednisolone SOLN</i>	1	
FLAREX	NP		TOBRADEX ST SUSP	NP	PA
<i>fluorometholone (ophth) SUSP</i>	1		TOBRADEX OINT	2	QL(4 gm per fill retail)
FML FORTE SUSP	NP		TOBRADEX SUSP (<i>tobramycin-dexamethasone</i>)	2	
FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	NP	PA	TOBRADEX SUSP (<i>tobramycin-dexamethasone</i>)	NF	
INVELTYS SUSP	NP	PA	<i>tobramycin-dexamethasone SUSP</i>	1	
LOTEMAX SM GEL	NP	PA	TRIESENCE	NP	SP
LOTEMAX GEL (<i>loteprednol etabonate</i>)	NP	PA	ZYLET	NP	
LOTEMAX OINT	NP	PA	Ophthalmics - Misc.		
LOTEMAX SUSP (<i>loteprednol etabonate</i>)	NP	PA	ACULAR (<i>ketorolac tromethamine (ophth)</i>)	NP	PA
<i>loteprednol etabonate GEL</i>	NP		ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	NP	QL(0.167 ml daily); PA
<i>loteprednol etabonate SUSP</i>	NP		ACUVAIL	NP	
MAXIDEX SUSP OP	NP		ALOCRIAL	NP	QL(5 ml per fill retail)
MAXITROL OINT (<i>neomycin-polymy-dexameth</i>)	NP	QL(4 gm per fill retail); PA	ALOMIDE	NP	QL(10 ml per fill retail)
MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>)	NF	QL(5 ml per fill retail)	<i>azelastine hcl (ophth)</i>	NP	QL(6 ml per fill retail)
MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>)	NP	QL(5 ml per fill retail); PA	AZOPT (<i>brinzolamide</i>)	NP	MP; PA
<i>neomycin-polymy-dexameth OINT</i>	1	QL(4 gm per fill retail)	AZOPT (<i>brinzolamide</i>)	NF	MP
<i>neomycin-polymy-dexameth SUSP</i>	1	QL(5 ml per fill retail)	<i>bepotastine besilate</i>	NP	
			BEPREVE (<i>bepotastine besilate</i>)	NP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>brinzolamide</i>	1	MP
<i>bromfenac sodium (ophth)</i>	NP	
BROMSITE (<i>bromfenac sodium (ophth)</i>)	NP	PA
<i>cromolyn sodium (ophth)</i>	1	
CYSTADROPS	NP	SP; PA
CYSTARAN	2	SP; MP; PA
<i>diclofenac sodium (ophth)</i>	1	
<i>dorzolamide hcl</i>	1	QL(10 ml per fill retail); MP
<i>epinastine hcl (ophth)</i>	NP	
<i>flurbiprofen sodium</i>	1	QL(3 ml per fill retail)
ILEVRO	2	
<i>ketorolac tromethamine (ophth) 0.5 %</i>	1	
<i>ketorolac tromethamine (ophth) 0.4 %</i>	1	QL(0.167 ml daily)
<i>ketotifen fumarate (ophth) 0.035 %</i>	1	QL(10 ml per fill retail)
MIEBO	NP	
NEVANAC	NP	
<i>olopatadine hcl</i>	NP	RX/OTC
PROLENSA (<i>bromfenac sodium (ophth)</i>)	NP	PA
TRUSOPT (<i>dorzolamide hcl</i>)	NF	QL(10 ml per fill retail); MP
ZERVIATE	NP	
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	NP	
IYUZEH SOLN	2	
<i>latanoprost SOLN</i>	1	QL(3 ml per fill retail); MP
LUMIGAN SOLN 0.01 %	NP	
<i>tafluprost</i>	NP	
TRAVATAN Z SOLN (<i>travoprost</i>)	NP	MP; PA
<i>travoprost SOLN</i>	NP	MP
VYZULTA	NP	

Drug Name	Drug Tier	Requirements/Limits
XALATAN SOLN (<i>latanoprost</i>)	NP	QL(3 ml per fill retail); MP; PA
XELPROS EMUL	NP	PA
ZIOPTAN (<i>tafluprost</i>)	NP	PA
ZIOPTAN (<i>tafluprost</i>)	NF	
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 acetamide</i>	NP	
CORTISPORIN-TC	NP	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	QL(10 ml per fill retail)
Otic Steroids		
DERMOTIC (<i>fluocinolone acetamide (otic)</i>)	2	
<i>fluocinolone acetamide (otic)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
AMOXICILLIN SUSR (<i>amoxicillin</i>)	1	
<i>amoxicillin TABS</i>	1	
<i>ampicillin sodium IJ 1 GM, 2 GM, 125 MG, 250 MG, 500 MG</i>	1	
<i>ampicillin sodium IV 1 GM</i>	2	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A SUSY	2	PA
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	NP	PA
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	1	PA
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	PA
<i>penicillin g sodium</i>	2	PA
<i>penicillin g sodium</i>	1	PA
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	NP	QL(20 ea per fill retail); PA
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	1	QL(30 ea per fill retail)
<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
<i>ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM</i>	NP	PA
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	NP	PA
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	PA
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	NP	QL(20 ea per fill retail); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	2	PA	PROMETRIUM CAPS 200 MG (<i>progesterone</i>)	NF	QL(20 ea per 90 day(s) retail; 20 ea per 90 days mail); MP
<i>piperacillin sodium-tazobactam sodium 12 GM-1.5 GM</i>	2	PA	PROMETRIUM CAPS 100 MG (<i>progesterone</i>)	NF	QL(1 ea daily); MP
<i>piperacillin sodium-tazobactam sodium</i>	1	PA	PROMETRIUM CAPS 100 MG (<i>progesterone</i>)	NP	QL(1 ea daily); MP; PA
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (<i>ampicillin & sulbactam sodium</i>)	NP	PA	PROVERA (<i>medroxyprogesterone acetate</i>)	NP	MP; PA
UNASYN BULK PACK IV (<i>ampicillin & sulbactam sodium</i>)	NP	PA	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
ZOSYN	2	PA	Agents for Chemical Dependency		
Penicillinase-Resistant Penicillins			<i>acamprosate calcium</i>	1	MP
<i>dicloxacillin sodium</i>	1		<i>disulfiram</i>	1	MP
PROGESTINS - Hormone Replacement/Modifying Drugs			LUCEMYRA	NP	PA
Progestins			Anti-Cataplectic Agents		
AYGESTIN TABS (<i>norethindrone acetate</i>)	NP	MP; PA	SODIUM OXYBATE SOLN	NP	SON; QL(200 ml daily); SP; PA
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP	XYREM SOLN	NP	SON; QL(200 ml daily); SP; PA
<i>megestrol acetate (appetite)</i>	1	MP	XYWAV	NP	SON; QL(200 ml daily); SP; PA
<i>norethindrone acetate TABS</i>	1	MP	Antidementia Agents		
<i>progesterone CAPS 100 MG</i>	1	QL(1 ea daily); MP	ADLARITY PTWK	NP	PA
<i>progesterone CAPS 200 MG</i>	1	QL(20 ea per 90 day(s) retail; 20 ea per 90 days mail); MP	ADUHELM	CO	
<i>progesterone OIL</i>	1		ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	NP	QL(1 ea daily); AL(At least 18 yrs old); MP; PA
PROMETRIUM CAPS 200 MG (<i>progesterone</i>)	NP	QL(20 ea per 90 day(s) retail; 20 ea per 90 days mail); MP; PA	ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>)	NP	PA
			<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	QL(1 ea daily); AL(At least 18 yrs old); MP
			<i>donepezil hydrochloride TABS 23 MG</i>	NP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride TBDP</i>	1	
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	2	QL(1 ea daily); AL(At least 18 yrs old); MP
EXELON 13.3 MG/24HR (<i>rivastigmine</i>)	2	
<i>galantamine hydrobromide CP24</i>	NP	QL(1 ea daily); AL(At least 18 yrs old); MP
<i>galantamine hydrobromide SOLN</i>	NP	QL(6 ml daily); AL(At least 18 yrs old); MP; PA
<i>galantamine hydrobromide TABS</i>	NP	QL(2 ea daily); AL(At least 18 yrs old); MP
LEQEMBI	CO	
<i>memantine hcl CP24</i>	NP	
<i>memantine hcl SOLN 2 MG/ML</i>	NP	QL(10 ml daily); AL(At least 18 yrs old); MP; PA
<i>memantine hcl TABS</i>	1	QL(2 ea daily); AL(At least 18 yrs old); MP
<i>memantine hcl TABS</i>	2	QL(49 ea per fill retail); AL(At least 18 yrs old)
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NP	QL(49 ea per fill retail); AL(At least 18 yrs old); PA
NAMENDA XR CP24 (<i>memantine hcl</i>)	NP	PA
NAMENDA TABS (<i>memantine hcl</i>)	NP	QL(2 ea daily); AL(At least 18 yrs old); MP; PA
NAMZARIC C4PK	NP	PA
NAMZARIC CP24	NP	PA
RAZADYNE ER CP24 16 MG (<i>galantamine hydrobromide</i>)	NF	QL(1 ea daily); AL(At least 18 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
RAZADYNE ER CP24 8 MG, 24 MG (<i>galantamine hydrobromide</i>)	NP	QL(1 ea daily); AL(At least 18 yrs old); MP; PA
<i>rivastigmine 13.3 MG/24HR</i>	1	
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	1	QL(1 ea daily); AL(At least 18 yrs old); MP
<i>rivastigmine tartrate CAPS</i>	NP	QL(2 ea daily); AL(At least 18 yrs old); MP
Cerebral Adrenoleukodystrophy (CALD) Agents		
SKYSONA	CO	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	NP	SON; QL(20 ea daily)
LYBALVI	2	SON; QL(20 ea daily); PA
<i>olanzapine-fluoxetine hcl</i>	NP	SON; AL(At least 6 yrs old); PA
<i>perphenazine-amitriptyline</i>	1	SON; AL(At least 6 yrs old); MP
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	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
AUSTEDO XR TB24	2	SON; QL(20 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TABS	2	SON; QL(20 ea daily); SP	MAVENCLAD	NP	SP
INGREZZA CAPS	NP	SON; QL(1 ea daily); SP; PA	MAYZENT STARTER PACK TBPK	NP	SP
INGREZZA CPPK	NP	SON; QL(20 ea daily); SP; PA	MAYZENT TABS 1 MG, 2 MG	NP	SP
INGREZZA CPSP OR 60 MG	NP	PA	MAYZENT TABS 0.25 MG	NP	QL(4 ea daily); SP
<i>tetrabenazine</i>	1	SON; QL(20 ea daily); SP; MP	OCREVUS	NP	SP; PA
<i>tetrabenazine 25 MG</i>	1	QL(20 ea daily); SP; MP	PLEGRIDY STARTER PACK SOPN	NP	SP
XENAZINE (<i>tetrabenazine</i>)	NP	SON; QL(20 ea daily); SP; MP; PA	PLEGRIDY STARTER PACK SOSY SC	NP	SP
Multiple Sclerosis Agents			PLEGRIDY SOPN	NP	SP
AMPYRA (<i>dalfampridine</i>)	NP	SP; PA	PLEGRIDY SOSY IM	NP	SP
AUBAGIO (<i>teriflunomide</i>)	NF	QL(1 ea daily); SP	PONVORY 14-DAY STARTER PACK TBPK	NP	SP
AUBAGIO (<i>teriflunomide</i>)	NP	QL(1 ea daily); SP; PA	PONVORY TABS	NP	SP
AVONEX PEN AJKT	2	SP	REBIF REBIDOSE TITRATIONPACK SOAJ	NP	SP
AVONEX PSKT	2	SP	REBIF REBIDOSE SOAJ	NP	SP
BAFIERTAM	NP	QL(4 ea daily); SP	REBIF TITRATION PACK SOSY	NP	SP
BETASERON KIT	2	SP	REBIF SOSY	NP	SP
BRIUMVI	NP	SP	TASCENSO ODT	NP	SP
COPAXONE SOSY (<i>glatiramer acetate</i>)	2	SP	TECFIDERA STARTER PACK CDPK (<i>dimethyl fumarate</i>)	NP	SP; PA
<i>dalfampridine</i>	NP	SP; PA	TECFIDERA CPDR (<i>dimethyl fumarate</i>)	NP	SP; PA
<i>dimethyl fumarate CDPK</i>	1	SP	<i>teriflunomide</i>	NP	QL(1 ea daily); SP
<i>dimethyl fumarate CPDR</i>	1	SP	TYSABRI	NP	SP
EXTAVIA KIT	NP	SP	VUMERITY	NP	QL(4 ea daily); SP
<i> fingolimod hcl</i>	NP	QL(1 ea daily); SP	ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP; PA
<i> fingolimod hcl</i>	NP	QL(1 ea daily)	ZEPOSIA STARTER KIT CPPK	NP	SP; PA
GILENYA 0.5 MG	NP	QL(1 ea daily); SP; PA	ZEPOSIA CAPS	NP	QL(1 ea daily); SP; PA
GILENYA 0.25 MG	NP	QL(1 ea daily); SP	Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>glatiramer acetate SOSY</i>	NP	SP			
KESIMPTA	2	SP; PA			
LEMTRADA	NP	SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin (once-daily) TABS</i>	NP	SON; QL(20 ea daily); PA	NICODERM CQ PT24 TD (<i>nicotine</i>)	NF	QL(1 ea daily); 180 day(s) max supply per 365 day(s) retail
GRALISE MISC	NP	SON; QL(20 ea daily); PA	NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	NF	QL(20 ea daily); 180 day(s) max supply per 365 day(s) retail
GRALISE TABS (<i>gabapentin (once-daily)</i>)	NP	SON; QL(20 ea daily); PA	NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	NF	QL(24 ea daily); 180 day(s) max supply per 365 day(s) retail
GRALISE TABS	NP	SON; QL(20 ea daily); PA	NICORETTE GUM (<i>nicotine polacrilex</i>)	NF	QL(24 ea daily); 180 day(s) max supply per 365 day(s) retail
LYRICA CR (<i>pregabalin (once-daily)</i>)	NP	SON; QL(20 ea daily); PA	NICORETTE LOZG (<i>nicotine polacrilex</i>)	NF	QL(20 ea daily); 180 day(s) max supply per 365 day(s) retail
<i>pregabalin (once-daily)</i>	NP	SON; QL(20 ea daily); PA	<i>nicotine polacrilex GUM</i>	1	QL(24 ea daily); 180 day(s) max supply per 365 day(s) retail
Premenstrual Dysphoric Disorder (PMDD) Agents			<i>nicotine polacrilex LOZG</i>	2	QL(20 ea daily); 180 day(s) max supply per 365 day(s) retail
<i>fluoxetine hcl (pmdd) TABS</i>	NP	SON; QL(20 ea daily); PA	<i>nicotine polacrilex LOZG</i>	1	QL(20 ea daily); 180 day(s) max supply per 365 day(s) retail
Pseudobulbar Affect (PBA) Agents			NICOTINE TRANSDERMAL SYSTEM KIT	NP	180 day(s) max supply per 365 day(s) retail; PA
NUEDEXTA	NP	SON; QL(20 ea daily); MP; PA	<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
Psychotherapeutic and Neurological Agents - Misc.			NICOTROL INHALER INHA	NP	QL(504 ea per 30 day(s) retail); PA
<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					
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>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)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SOLN	NP	QL(120 ml per 30 day(s) retail); PA	KALYDECO PACK	2	QL(56 ea per 28 day(s) retail); SP; PA
<i>varenicline tartrate TABS</i>	1	QL(2 ea daily); 180 day(s) max supply per 365 day(s) retail; AL(At least 18 yrs old)	KALYDECO TABS	2	QL(60 ea per 30 day(s) retail); SP; PA
<i>varenicline tartrate TBPk</i>	1	QL(53 ea per fill retail; 53 ea per 180 day(s) retail); AL(At least 18 yrs old)	ORKAMBI PACK	2	QL(56 ea per 28 day(s) retail); SP; PA
Transthyretin Amyloidosis Agents			ORKAMBI TABS	2	QL(112 ea per 28 day(s) retail); SP; PA
AMVUTTRA	CO		PULMOZYME	2	SP; PA
ONPATTRO	CO		SYMDEKO	2	QL(56 ea per 28 day(s) retail); SP; PA
TEGSEDI	CO		TRIKAFTA TBPk	2	QL(84 ea per 28 day(s) retail); SP; PA
WAINUA	CO		TRIKAFTA THPK	2	QL(56 ea per 28 day(s) retail); SP; PA
Vasomotor Symptom Agents			Pulmonary Fibrosis Agents		
BRISDELLE (<i>paroxetine mesylate (vasomotor)</i>)	NF	QL(20 ea daily)	ESBRIET CAPS (<i>pirfenidone</i>)	NP	QL(9 ea daily); SP; PA
<i>paroxetine mesylate (vasomotor)</i>	NP	SON; QL(20 ea daily); PA	ESBRIET TABS 267 MG (<i>pirfenidone</i>)	NP	QL(9 ea daily); SP; PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			ESBRIET TABS 801 MG (<i>pirfenidone</i>)	NP	QL(3 ea daily); SP; PA
Alpha-Proteinase Inhibitor (Human)			OFEV	2	QL(2 ea daily); SP; PA
ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA	<i>pirfenidone CAPS</i>	1	QL(9 ea daily); SP; PA
GLASSIA SOLN	2	SP; PA	<i>pirfenidone TABS 267 MG</i>	1	QL(9 ea daily); SP; PA
PROLASTIN-C SOLN	2	SP; PA	<i>pirfenidone TABS 801 MG</i>	1	QL(3 ea daily); SP; PA
ZEMAIRA SOLR 4000 MG, 5000 MG	2	PA	<i>pirfenidone TABS 534 MG</i>	2	QL(3 ea daily); SP; PA
ZEMAIRA SOLR 1000 MG	2	SP; PA	SULFONAMIDES - Drugs to Treat Bacterial Infections		
Cystic Fibrosis Agents			Sulfonamides		
BRONCHITOL	2	SP; PA	<i>sulfadiazine TABS</i>	1	
BRONCHITOL TOLERANCE TEST	2	SP; PA	TETRACYCLINES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Aminomethylcyclines			SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (<i>minocycline hcl</i>)	NP	PA
NUZYRA SOLR	2	PA	<i>tetracycline hcl CAPS</i>	NP	
NUZYRA TABS	NP		VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	NP	PA
Fluorocyclines			VIBRAMYCIN SUSR (<i>doxycycline monohydrate</i>)	NP	PA
XERAVA	2	PA	XIMINO CP24 (<i>minocycline hcl</i>)	NF	
Glycylcyclines			XIMINO CP24	NP	
<i>tigecycline</i>	1	PA	THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
TIGECYCLINE	1	PA	Antithyroid Agents		
TYGACIL (<i>tigecycline</i>)	NP	PA	<i>methimazole TABS</i>	1	MP
Tetracyclines			<i>propylthiouracil</i>	1	MP
ACTICLATE TABS (<i>doxycycline hyclate</i>)	NF		Thyroid Hormones		
<i>demeclocycline hcl TABS</i>	NP		ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2	
DORYX MPC TBEC	NP		ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	MP
DORYX TBEC 80 MG (<i>doxycycline hyclate</i>)	NP		ARMOUR THYROID TABS	2	MP
DORYX TBEC 50 MG, 200 MG (<i>doxycycline hyclate</i>)	NP	PA	CYTOMEL TABS (<i>liothyronine sodium</i>)	NP	MP
<i>doxycycline (monohydrate) CAPS 75 MG, 150 MG</i>	NP		ERMEZA SOLN OR	NP	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1		<i>levothyroxine sodium CAPS</i>	NP	
<i>doxycycline (monohydrate) SUSR</i>	NP		LEVOTHYROXINE SODIUM SOLN IV	NP	
<i>doxycycline (monohydrate) TABS</i>	1		LEVOTHYROXINE SODIUM SOLN IV	NP	
<i>doxycycline hyclate CAPS</i>	1		<i>levothyroxine sodium TABS</i>	1	MP
<i>doxycycline hyclate SOLR</i>	1	PA	<i>liothyronine sodium TABS</i>	1	MP
<i>doxycycline hyclate TABS</i>	1		NIVA THYROID TABS	1	MP
<i>doxycycline hyclate TBEC</i>	NP		NP THYROID 120 TABS	1	MP
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			

Drug Name	Drug Tier	Requirements/ Limits
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	NP	
TIROSINT CAPS (<i>levothyroxine sodium</i>)	NP	
TIROSINT CAPS	NP	
TIROSINT-SOL SOLN OR	NP	

TOXOIDS

Toxoid Combinations		
ADACEL SUSP	2	
BOOSTRIX SUSP	2	
BOOSTRIX SUSY	2	
DAPTACEL	2	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	2	
INFANRIX	2	
KINRIX SUSY	2	
PEDIARIX SUSY	2	
PENTACEL	2	
QUADRACEL SUSP	2	
QUADRACEL SUSY	2	
TDVAX SUSP	2	
TENIVAC INJ	2	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	2	
VAXELIS SUSP	2	
VAXELIS SUSY	2	

ULCER DRUGS - Drugs to Treat Bowel, Intestine

Drug Name	Drug Tier	Requirements/ Limits
and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (<i>hyoscyamine sulfate</i>)	NF	MP
BENTYL SOLN IM (<i>dicyclomine hcl</i>)	NP	PA
<i>chlordiazepoxide hcl- clidinium bromide</i>	NP	
CUVPOSA SOLN OR (<i>glycopyrrolate</i>)	NP	PA
DARTISLA ODT TBDP	NP	PA
<i>dicyclomine hcl CAPS</i>	1	
<i>dicyclomine hcl SOLN OR</i>	1	QL(40 ml daily)
<i>dicyclomine hcl SOLN IM</i>	1	
<i>dicyclomine hcl TABS</i>	1	
GLYCATE TABS	NP	PA
<i>glycopyrrolate SOLN OR 1 MG/5ML</i>	1	PA
<i>glycopyrrolate SOLN IJ</i>	1	
<i>glycopyrrolate SOSY IJ</i>	NP	
GLYCOPYRROLATE SOSY IJ 0.6 MG/3ML, 1 MG/5ML	NP	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	QL(4 ea daily)
GLYRX-PF SOLN IJ	NP	
<i>hyoscyamine sulfate ELIX</i>	1	MP
<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	1	MP
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	MP
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	MP
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	QL(4 ea daily); MP
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	2	MP
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LEVBID TB12 (<i>hyoscyamine sulfate</i>)	NF	QL(4 ea daily); MP	CARAFATE SUSP (<i>sucralfate</i>)	2	MP
LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	NP	MP; PA	CARAFATE TABS (<i>sucralfate</i>)	NP	QL(4 ea daily); MP; PA
LEVSIN SOLN IJ 0.5 MG/ML (<i>hyoscyamine sulfate</i>)	NF		<i>sucralfate SUSP</i>	1	MP
LEVSIN TABS (<i>hyoscyamine sulfate</i>)	NP	MP; PA	<i>sucralfate TABS</i>	1	QL(4 ea daily); MP
LIBRAX (<i>chlordiazepoxide hcl-clidinium bromide</i>)	NP	PA	Proton Pump Inhibitors		
<i>methscopolamine bromide</i>	1		ACIPHEX TBEC (<i>rabeprazole sodium</i>)	NF	QL(1 ea daily); MP
ROBINUL FORTE TABS (<i>glycopyrrolate</i>)	NP	QL(4 ea daily); PA	ACIPHEX TBEC (<i>rabeprazole sodium</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP
ROBINUL TABS (<i>glycopyrrolate</i>)	NP	QL(4 ea daily); PA	DEXILANT (<i>dexlansoprazole</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; PA
H-2 Antagonists			<i>dexlansoprazole</i>	NP	QL(1 ea daily); MP
<i>cimetidine hcl OR 300 MG/5ML</i>	NP	QL(27 ml daily); MP; PA	<i>esomeprazole magnesium CPDR 20 MG</i>	1	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; RX/OTC
<i>cimetidine TABS</i>	NP	MP	<i>esomeprazole magnesium CPDR 20 MG</i>	1	QL(1 ea daily); MP; RX/OTC
<i>famotidine in nacl SOLN</i>	NP	PA	<i>esomeprazole magnesium CPDR 40 MG</i>	NP	QL(1 ea daily); PA
<i>famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML</i>	NP	PA	<i>esomeprazole magnesium CPDR</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA
<i>famotidine SUSR</i>	1		<i>esomeprazole magnesium PACK</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA
<i>famotidine TABS</i>	1	MP	<i>esomeprazole sodium 40 MG</i>	1	PA
<i>nizatidine CAPS</i>	NP		<i>lansoprazole CPDR</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; RX/OTC
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					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole TBDD</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); RX/OTC	<i>pantoprazole sodium TBEC</i>	1	QL(1 ea daily); MP
NEXIUM 24HR CLEAR MINIS CPDR (<i>esomeprazole magnesium</i>)	NF	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; RX/OTC	<i>pantoprazole sodium TBEC</i>	1	Max Limit: 60 days per 365 days; QL(1 ea daily); MP
NEXIUM 24HR CPDR (<i>esomeprazole magnesium</i>)	NF	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; RX/OTC	PREVACID 24HR CPDR (<i>lansoprazole</i>)	NF	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; RX/OTC
NEXIUM I.V. 40 MG (<i>esomeprazole sodium</i>)	2	PA	PREVACID 24HR CPDR (<i>lansoprazole</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; RX/OTC
NEXIUM CPDR (<i>esomeprazole magnesium</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA	PREVACID SOLUTAB TBDD (<i>lansoprazole</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); RX/OTC
NEXIUM PACK	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA	PREVACID CPDR 30 MG (<i>lansoprazole</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily)
NEXIUM PACK (<i>esomeprazole magnesium</i>)	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
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	Max Limit: 60 days per 365 days; QL(1 ea daily); MP	PROTONIX PACK (<i>pantoprazole sodium</i>)	2	Max Limit: 60 days per 365 days; QL(1 ea daily); PA
<i>omeprazole CPDR 10 MG</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily)	PROTONIX SOLR (<i>pantoprazole sodium</i>)	2	Max Limit: 60 days per 365 days; PA
<i>omeprazole TBEC</i>	1	Max Limit: 60 days per 365 days; QL(1 ea daily)	PROTONIX TBEC (<i>pantoprazole sodium</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; PA
<i>omeprazole TBEC</i>	1	QL(1 ea daily)	<i>rabeprazole sodium TBEC</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP
<i>pantoprazole sodium PACK</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA	VOQUEZNA	NP	
<i>pantoprazole sodium SOLR</i>	1	Max Limit: 60 days per 365 days; PA	Ulcer Drugs - Prostaglandins		
			CYTOTEC (<i>misoprostol</i>)	NP	MP; PA
			<i>misoprostol</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	NP	PA
<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	1	
HELIDAC THERAPY	2	
KONVOMEF SUSR	NP	PA
OMECLAMOX-PAK	NP	PA
<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

Drug Name	Drug Tier	Requirements/Limits
DETROL TABS 1 MG (<i>tolterodine tartrate</i>)	NF	
DITROPAN XL TB24 10 MG (<i>oxybutynin chloride</i>)	NF	QL(2 ea daily); MP
DITROPAN XL TB24 5 MG (<i>oxybutynin chloride</i>)	NP	QL(2 ea daily); MP; PA
<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	
<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>trospium chloride CP24</i>	NP	
<i>trospium chloride TABS</i>	NP	QL(2 ea daily); MP
VESICARE LS SUSP	NP	PA
VESICARE TABS (<i>solifenacin succinate</i>)	NP	MP; PA
VESICARE TABS 10 MG (<i>solifenacin succinate</i>)	NF	MP
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
<i>mirabegron TB24 25 MG, 50 MG</i>	NP	MP
MYRBETRIQ SRER	NP	PA
MYRBETRIQ TB24	NP	MP; PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Urinary Antispasmodics - Direct Muscle Relaxants			AFLURIA QUADRIVALENT 2022-2023 SUSY	2	
<i>flavoxate hcl</i>	NP	MP	AFLURIA QUADRIVALENT 2023-2024 SUSP	2	
VACCINES			AFLURIA QUADRIVALENT 2023-2024 SUSY	2	
Bacterial Vaccines			AREXVY	2	AL (At least 60 yrs old)
ACTHIB SOLR IM	2		COMIRNATY 2023-24 SUSP	2	
BCG VACCINE	2		COMIRNATY 2023-24 SUSY	2	
BEXSERO	2		COMIRNATY SUSP	2	
BIOTHRAX	2		DENGVAIXA	2	
HIBERIX SOLR IJ	2		ENGERIX-B SUSP 20 MCG/ML	2	3 max fill(s) per 999 day(s) retail
MENACTRA	2		ENGERIX-B SUSY	2	3 max fill(s) per 999 day(s) retail
MENQUADFI	2		FLUAD QUADRIVALENT 2021-2022	2	
MENVEO SOLN	2		FLUAD QUADRIVALENT 2022-2023	2	
MENVEO SOLR	2		FLUAD QUADRIVALENT 2023-2024	2	
PEDVAX HIB SUSP	2		FLUARIX QUADRIVALENT 2021-2022 SUSY	2	
PENBRAYA	2		FLUARIX QUADRIVALENT 2022-2023 SUSY	2	
PNEUMOVAX 23	2		FLUARIX QUADRIVALENT 2023-2024 SUSY	2	
PNEUMOVAX 23/1 DOSE	2		FLUBLOK QUADRIVALENT 2021-2022	2	
PREVNAR 13	2		FLUBLOK QUADRIVALENT 2022-2023	2	
PREVNAR 20	2				
TRUMENBA	2				
TYPHIM VI SOLN	2				
TYPHIM VI SOSY	2				
VAXCHORA	2				
VAXNEUVANCE	2				
VIVOTIF	2				
Viral Vaccines					
ABRYSVO	2				
ACAM2000	2				
AFLURIA QUADRIVALENT 2021-2022 SUSP	2				
AFLURIA QUADRIVALENT 2021-2022 SUSY	2				
AFLURIA QUADRIVALENT 2022-2023 SUSP	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUBLOK QUADRIVALENT 2023-2024	2		FLUZONE QUADRIVALENT 2022-2023 SUSP	2	
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	2		FLUZONE QUADRIVALENT 2022-2023 SUSY	2	
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	2		FLUZONE QUADRIVALENT 2023-2024 SUSP	2	
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	2		FLUZONE QUADRIVALENT 2023-2024 SUSY	2	
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	2		GARDASIL 9 SUSP	2	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	2		GARDASIL 9 SUSY	2	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	2		HAVRIX	2	
FLULAVAL QUADRIVALENT 2021-2022 SUSY	2		HEPLISAV-B SOSY	2	3 max fill(s) per 999 day(s) retail
FLULAVAL QUADRIVALENT 2022-2023 SUSY	2		IMOVAX RABIES (H.D.C.V.) SUSR	2	
FLULAVAL QUADRIVALENT 2023-2024 SUSY	2		IPOL INACTIVATED IPV	2	
FLUMIST QUADRIVALENT	2		IXIARO	2	
FLUZONE HIGH-DOSE PF 2021-2022	2		JANSSEN COVID-19 VACCINE	2	
FLUZONE HIGH-DOSE PF 2022-2023	2		JYNNEOS	2	
FLUZONE HIGH-DOSE PF 2023-2024	2		M-M-R II SOLR	2	
FLUZONE QUADRIVALENT 2021-2022 SUSP	2		MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	2	
FLUZONE QUADRIVALENT 2021-2022 SUSY	2		MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	2	
			MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	2	
			MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MODERNA COVID-19 VACCINE6-11Y SUSP	2		PROQUAD SUSR	2	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	2		RABAVERT	2	
MODERNA COVID-19 VACCINE SUSP	2		RECOMBIVAX HB SUSP	2	3 max fill(s) per 999 day(s) retail
NOVAVAX COVID-19 VACCINE	2		RECOMBIVAX HB SUSY	2	3 max fill(s) per 999 day(s) retail
NOVAVAX COVID-19 VACCINE/2023-24	2		ROTARIX SUSP	2	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	2		ROTARIX SUSR	2	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	2		ROTATEQ SOLN	2	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	2		SHINGRIX	2	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	2		SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	2	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	2		SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	2	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	2		SPIKEVAX COVID-19 VACCINE SUSP	2	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	2		STAMARIL SUSR	2	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	2		TICOVAC	2	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	2		TWINRIX SUSY	2	
PFIZER-BIONTECH COVID-19VACCINE SUSP	2		VAQTA	2	
PREHEVBRIO	2	3 max fill(s) per 999 day(s) retail	VARIVAX INJ	2	2 max fill(s) per 999 day(s) retail
PRIORIX SUSR	2		YF-VAX INJ	2	
			VAGINAL AND RELATED PRODUCTS		
			Vaginal Anti-infectives		
			CLEOCIN CREA (clindamycin phosphate vaginal)	NP	QL(40 gm per fill retail); PA
			CLEOCIN SUPP	2	
			clindamycin phosphate vaginal CREA	1	QL(40 gm per fill retail)
			CLINDESSE	NP	PA
			clotrimazole vaginal CREA 2 %	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole vaginal CREA 1 %</i>	1	QL(45 gm per fill retail)
GYNAZOLE-1	NP	
<i>metronidazole vaginal</i>	1	QL(70 gm per fill retail)
<i>miconazole nitrate vaginal CREA 2 %</i>	1	QL(45 gm per fill retail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	QL(3 ea per fill retail)
MONISTAT 3 CREA (<i>miconazole nitrate vaginal</i>)	NF	QL(45 gm per 30 day(s) retail)
MONISTAT 7 SIMPLY CURE CREA (<i>miconazole nitrate vaginal</i>)	NF	QL(45 gm per fill retail)
NUVESSA	2	
<i>terconazole vaginal CREA 0.8 %</i>	1	QL(20 gm per fill retail)
<i>terconazole vaginal CREA 0.4 %</i>	1	QL(45 gm per fill retail)
<i>terconazole vaginal SUPP</i>	NP	QL(3 ea per fill retail)
VANDAZOLE	NP	QL(70 gm per fill retail); PA
XACIATO GEL	NP	PA
Vaginal Contraceptive - pH Modulators		
PHEXXI	2	
Vaginal Estrogens		
ESTRACE CREA (<i>estradiol vaginal</i>)	NP	MP; PA
<i>estradiol vaginal CREA</i>	1	MP
<i>estradiol vaginal TABS</i>	1	
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		

Drug Name	Drug Tier	Requirements/Limits
Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENALIN SOLN 1 MG/ML, 30 MG/30ML (<i>epinephrine (anaphylaxis)</i>)	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 1 MG/ML</i>	2	
<i>epinephrine (anaphylaxis) SOLN 30 MG/30ML</i>	NP	PA
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
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

Drug Name	Drug Tier	Requirements/Limits
LEVOPHED IV (norepinephrine bitartrate)	2	PA
midodrine hcl	1	
norepinephrine bitartrate IV	1	PA
NOREPINEPHRINE BITARTRATE IV 1 MG/ML	2	PA
phenylephrine hcl (pressors) SOLN IV	1	PA
PHENYLEPHRINE HYDROCHLORIDE SOLN IV (phenylephrine hcl (pressors))	2	PA
VAZCULEP SOLN IV (phenylephrine hcl (pressors))	2	PA
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD OR (cholecalciferol)	NF	
cholecalciferol CAPS 250 MCG	2	
cholecalciferol CAPS 25 MCG, 1000 UNIT	1	QL(100 ea per fill retail)
cholecalciferol LIQD OR 10 MCG/ML	1	
cholecalciferol TABS 25 MCG, 1000 UNIT	1	
D-VI-SOL LIQD OR (cholecalciferol)	NF	
ergocalciferol CAPS	1	MP
MEPHYTON TABS (phytonadione)	NP	
phytonadione TABS 5 MG	1	
VITAMIN D3 TABS (cholecalciferol)	NF	
Water Soluble Vitamins		
niacin TABS 500 MG	1	
pyridoxine hcl TABS 50 MG	1	
thiamine hcl SOLN	1	PA

Drug Name	Drug Tier	Requirements/Limits
thiamine hcl TABS 100 MG	1	QL(100 ea per 34 day(s) retail)

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AZOPT (brinzolamide)	160	BALVERSA	47	BD HYPODERMIC NEEDLE REGULAR BEVEL THIN WALL 18G X 1-1/2"	108
AZOR (amlodipine besylate-olmesartan medoxomil)	40	BAND-AID GAUZE PADS LARGE 4" X 4" PADS	97	BD HYPODERMIC NEEDLES 18GX1.5"	108
AZSTARYS	2	BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	97	BD INSULIN SYRINGE LUER-LOK/U-100/1ML	108
AZULFIDINE EN-TABS TBEC (sulfasalazine)	86	BANZEL SUSP (rufinamide)	22	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	108
AZULFIDINE TABS (sulfasalazine) 86		BANZEL TABS (rufinamide)	22	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	108
BABY DDROPS LIQD OR (cholecalciferol)	177	BAQSIMI ONE PACK POWD	29	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	108
bacitracin (ophthalmic)	159	BAQSIMI TWO PACK POWD	29	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	108
bacitracin (topical) OINT	70	BARACLUDE SOLN	57	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	108
bacitracin	42	BARACLUDE TABS (entecavir) ...	57	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" 108	
bacitracin zinc OINT	70	BASAGLAR KWIKPEN SOPN	30	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" 108	
bacitracin-polymyxin b (ophth) ...	159	BASAGLAR TEMPO PEN SOPN ..	30	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" .108	
bacitracin-polymyxin b OINT	70	BAXDELA TABS	85	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" .108	
bacitracin-poly-neomycin-hc	160	BCG VACCINE	173	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	108
baclofen SOLN OR 5 MG/5ML, 10 MG/5ML	153	b-complex w/ c & folic acid CAPS 151		B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	108
baclofen SUSP	153	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	151	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	108
baclofen TABS 15 MG	153	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" 108		BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ..108	
baclofen TABS	153	BD BLUNT FILL NEEDLE/18GX 1-1/2"	108	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ..108	
BACMIN TABS	151			BD INSULIN SYRINGE ULTRA-	
BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	42				
BACTRIM TABS (sulfamethoxazole-trimethoprim)	42				
BAFIERTAM	165				
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BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" 109	BD INSULIN SYRINGE/1ML/29G X 12.7MM 109	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" 110
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM .....109	BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" 109	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16" 110
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ..109	BD LUER-LOK SYRINGE/3ML ..109	BD SLIP TIP SYRINGE/3ML 110
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ..109	BD NEEDLE BLUNT 5 MICRONFILTER/18G X 1-1/2" .. 109	BD SWABS SINGLE USE 106
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM 109	BD NEEDLE/18G 1-1/2" 109	BD VERITOR AT-HOME COVID-19 TEST KIT .....78
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" 109	BD NOKOR NEEDLE ADMIX THIN WALL/18G X 1-1/2" .....109	BECONASE AQ .....154
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM .....109	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM 109	BELBUCA FILM .....11
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM 109	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM 109	BELSOMRA .....94
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" ....109	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM 109	BENADRYL ALLERGY CAPS (diphenhydramine hcl) 36
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM 109	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" 109	BENADRYL ALLERGY CHILDRENS LIQD (diphenhydramine hcl) .....36
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM .....109	BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM 109	BENADRYL ALLERGY TABS (diphenhydramine hcl) 36
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" 109	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM 109	BENADRYL ALLERGY ULTRATABS TABS (diphenhydramine hcl) 36
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BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"109	BD SAFETYGLIDE HYPODERMICNEEDLE 18G X 1-1/2"110	benazepril hcl 40 MG 39
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM 109	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" 110	benazepril hcl 5 MG, 10 MG, 20 MG . 39
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM 109	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" ...110	BENEFIX KIT 89

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BENZAMYCIN GEL (benzoyl peroxide-erythromycin) 68	betamethasone sod phosphate & acetate SUSP 66	BILTRICIDE (praziquantel) 14
BENZHYDROCODONE/ACETAMIN OPHEN 11	betamethasone valerate CREA ... 73	bimatoprost SOLN 161
BENZNIDAZOLE 14	betamethasone valerate FOAM ... 73	BIMZELX SOAJ 72
benzocaine-docusate sodium ENEM . 96	betamethasone valerate LOTN ... 73	BIMZELX SOSY 72
benzoyl peroxide-erythromycin GEL . 68	betamethasone valerate OINT 73	BINAXNOW COVID-19 AG CARD HOME TEST KIT 78
benztropine mesylate SOLN 49	BETAPACE AF (sotalol hcl (afib/af)) 59	BINOSTO TBEF 81
benztropine mesylate TABS 49	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl) 59	BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS 97
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BEPREVE (bepotastine besilate) 160	betaxolol hcl (ophth) SOLN 157	bisacodyl SUPP 95
BEQVEZ SUPK IV 89	betaxolol hcl 59	bisacodyl TBEC 96
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BESIVANCE 159	BETHKIS NEBU (tobramycin) 4	bismuth subsalicylate CHEW 262 MG 33
BESREMI 49	BETIMOL 157	bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/30ML 33
betaine 83	BETOPTIC-S SUSP 157	bismuth subsalicylate TABS 33
betamethasone dipropionate (topical) CREA 73	BEVESPI AEROSPHERE 18	bisoprolol & hydrochlorothiazide .. 40
betamethasone dipropionate (topical) LOTN 73	bexarotene (topical) 72	bisoprolol fumarate 59
betamethasone dipropionate (topical) OINT 73	bexarotene 49	BLEPH-10 SOLN (sulfacetamide sodium (ophth)) 159
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betamethasone dipropionate augmented GEL 0.05 % 73	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ... 64	BONIVA TABS (ibandronate sodium) 81
betamethasone dipropionate augmented LOTN 73	bicalutamide 46	BONJESTA TBCR 34
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	BICILLIN L-A SUSY 162	BOOSTRIX SUSY 169
	BIDIL (isosorbide dinitrate- hydralazine hcl) 62	bosentan TABS 62
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BOSULIF TABS 100 MG	47	BREXAFEMME	34	MASK/PVC MISC	141
BOSULIF TABS 400 MG, 500 MG	47	BREYANZI	46	budesonide (inhalation) SUSP	17
BRAFTOVI 75 MG	47	BREZTRI AEROSPHERE	18	budesonide (intrarectal)	13
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	141	BRILINTA	90	budesonide (nasal)	154
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	141	brimonidine tartrate (topical)	77	budesonide CPEP	66
BREATHE EASE NEBULIZER MASK/CHILD MISC	141	brimonidine tartrate 0.1 %, 0.15 % 158		budesonide TB24	66
BREATHE EASE NEBULIZER MASK/INFANT MISC	141	brimonidine tartrate 0.2 %	158	budesonide-formoterol fumarate dihydrate	18
BREATHE EASE/LARGE MASK DEVI	141	brimonidine tartrate-timolol maleate . 157		bumetanide SOLN 0.25 MG/ML ...	80
BREATHE EASE/MEDIUM MASK DEVI	141	BRINEURA	83	bumetanide TABS	80
BREATHE EASE/SMALL MASK DEVI	141	brinzolamide	161	BUMEX TABS 0.5 MG (bumetanide) . 80	
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	141	BRISDELLE (paroxetine mesylate (vasomotor))	167	BUPHENYL POWD (sodium phenylbutyrate)	83
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	141	BRIUMVI	165	BUPHENYL TABS (sodium phenylbutyrate)	83
BREO ELLIPTA (fluticasone furoate- vilanterol)	18	BRIVIACT SOLN IV 50 MG/5ML ..	22	BUPRENEX SOLN (buprenorphine hcl)	11
BREO ELLIPTA 200 MCG/INH-25 MCG/INH	18	BRIVIACT SOLN OR 10 MG/ML ..	22	buprenorphine hcl SOLN	12
BREO ELLIPTA 50 MCG/INH-25 MCG/INH	18	BRIVIACT TABS	22	buprenorphine hcl SUBL 2 MG	12
BREVIBLOC (esmolol hcl-sodium chloride)	59	BRIXADI SOSY	11	buprenorphine hcl SUBL 8 MG	12
BREVIBLOC PREMIXED (esmolol hcl-sodium chloride)	59	bromfenac sodium (ophth)	161	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG ..	12
BREVIBLOC PREMIXED DOUBLESTRENGTH (esmolol hcl- sodium chloride)	59	bromocriptine mesylate CAPS	50	buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG	12
		bromocriptine mesylate TABS 2.5 MG	50	buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	12
		BROMSITE (bromfenac sodium (ophth))	161	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...	12
		BRONCHITOL	167	buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	12
		BRONCHITOL TOLERANCE TEST . 167		buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	12
		BROVANA (arformoterol tartrate) .	18	buprenorphine PTWK 7.5 MCG/HR	
		BRUKINSA	47		
		BRYHALI LOTN	73		
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12	BYSTOLIC (nebivolol hcl)	59	calcitonin (salmon) IJ	81		
buprenorphine PTWK	12	BYSTOLIC 5 MG (nebivolol hcl) ..	59	calcitonin (salmon) NA	81	
bupropion hcl (smoking deterrent) 166	CABENUVA	54	calcitriol (topical)	72		
bupropion hcl TABS	25	cabergoline	84	calcitriol CAPS	83	
bupropion hcl TB12	25	CABLIVI	90	calcitriol SOLN OR	83	
bupropion hcl TB24 150 MG, 300 MG	25	CABOMETRYX TABS	47	calcium acetate (phosphate binder) CAPS	87	
bupropion hcl TB24 450 MG	25	CABTREO	68	calcium acetate (phosphate binder) TABs	87	
buspiron hcl	15	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)	62	calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	14	
buspiron hcl 15 MG, 30 MG	15	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-80 MG (amlodipine besylate-atorvastatin calcium)	62	calcium carbonate (antacid) SUSP	14	
butalbital-acetaminophen CAPS 50 MG-300 MG	8	CAFCIT SOLN IV 60 MG/3ML (caffeine citrate)	2	calcium carbonate TABS 600 MG 148		
butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG	8	CAFERGOT TABS (ergotamine w/ caffeine)	146	CALCIUM CARBONATE TABS 648 MG	14	
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG	8	caffeine citrate SOLN OR	2	calcium carbonate-cholecalciferol TABs 10 MCG-600 MG, 400 UNIT- 600 MG	148	
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	8	CALAN SR TBCR 120 MG, 240 MG (verapamil hcl)	60	calcium carbonate-cholecalciferol TABs 200 UNIT-500 MG, 400 UNIT- 500 MG, 500 MG-5 MCG	148	
butalbital-acetaminophen-caffeine TABs 40 MG-50 MG-325 MG	8	CALAN SR TBCR 180 MG (verapamil hcl)	60	CALQUENCE	47	
butalbital-acetaminophen-caffeine w/ codeine	11	calcipotriene CREA	72	CALTRATE 600+D3 TABs (calcium carbonate-cholecalciferol)	148	
butalbital-aspirin-caffeine CAPS	8	calcipotriene FOAM	72	CALTRATE BONE HEALTH TABs (calcium carbonate-cholecalciferol) 148		
butalbital-aspirin-caffeine w/cod ...	11	CALCIPOTRIENE FOAM	72	CAMBIA (diclofenac potassium (migraine))	147	
butorphanol tartrate NA 10 MG/ML 12	BYDUREON BCISE AUIJ	30	calcipotriene OINT	72	CAMCEVI	46
BUTRANS PTWK (buprenorphine) 12	BYETTA SOPN	30	calcipotriene SOLN	72	CAMZYOS	62
BYDUREON BCISE AUIJ	30	calcipotriene-betamethasone dipropionate OINT	73	CANASA SUPP (mesalamine)	86	
BYETTA SOPN	30	calcipotriene-betamethasone dipropionate SUSP	73			
BYLVAY (PELLETS) CPSP	86					
BYLVAY CAPS	86					

CANCIDAS (caspofungin acetate) 34	carbinoxamine maleate TABS 4 MG . 36	32GX6MM .....110
candesartan cilexetil .....39	carboxymethylcellulose sodium (ophth) SOLN 0.5 %157	CAREONE ADVANCED LANCINGDEVICE MISC 100
candesartan cilexetil- hydrochlorothiazide .....40	CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML 60	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" ...110
capecitabine .....45	CARDIOCOM LANCING DEVICE MISC .....100	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" . 110
CAPLYTA .....51	CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (diltiazem hcl coated beads) .....60	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" ...110
CAPRELSA 100 MG .....47	CARDIZEM CD CP24 240 MG (diltiazem hcl coated beads) .....60	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" . 110
CAPRELSA 300 MG .....47	CARDIZEM CD CP24 360 MG (diltiazem hcl coated beads) .....60	CAREONE INSULIN SYRINGES/1ML/30G X 1/2" .....110
captopril & hydrochlorothiazide ... 40	CARDIZEM LA TB24 (diltiazem hcl) 60	CAREONE LANCET SUPER THIN/30G 100
captopril 39	CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl) .....60	CAREONE UNIFINE PENTIPS 29GX12MM 110
CARAC CREA (fluorouracil (topical)) 72	CARDURA (doxazosin mesylate) .40	CAREONE UNIFINE PENTIPS 31GX5MM .....110
CARAFATE SUSP (sucralfate) ...170	CARDURA 8 MG (doxazosin mesylate) .....40	CAREONE UNIFINE PENTIPS 31GX6MM .....110
CARAFATE TABS (sucralfate) ... 170	CARDURA XL .....88	CAREONE UNIFINE PENTIPS 31GX8MM .....110
CARBAGLU (carglumic acid) 83	CAREFINE PEN NEEDLE 32GX4MM .....110	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM .....110
carbamazepine CHEW 22	CAREFINE PEN NEEDLES 29GX1/2" .....110	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM .....110
carbamazepine CP12 .....22	CAREFINE PEN NEEDLES 30GX5/16" 110	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM .....110
carbamazepine SUSP 22	CAREFINE PEN NEEDLES 31GX6MM .....110	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM .....110
carbamazepine TABS .....22	CAREFINE PEN NEEDLES 31GX8MM .....110	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM .....110
carbamazepine TB12 .....22	CAREFINE PEN NEEDLES 32GX5MM .....110	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM .....110
carbamide peroxide (otic) 6.5 % ..161	CAREFINE PEN NEEDLES	CAREONE UNIFINE PENTIPS PLUS
CARBATROL CP12 (carbamazepine) .....22	CAREFINE PEN NEEDLES	CAREONE UNIFINE PENTIPS PLUS
carbidopa .....49	CAREFINE PEN NEEDLES	CAREONE UNIFINE PENTIPS PLUS
carbidopa-levodopa TABS 100 MG- 25 MG, 250 MG-25 MG .....50	CAREFINE PEN NEEDLES	CAREONE UNIFINE PENTIPS PLUS
carbidopa-levodopa TABS .....50	CAREFINE PEN NEEDLES	CAREONE UNIFINE PENTIPS PLUS
carbidopa-levodopa TBCR .....50	CAREFINE PEN NEEDLES	CAREONE UNIFINE PENTIPS PLUS
carbidopa-levodopa TBDP .....50	CAREFINE PEN NEEDLES	CAREONE UNIFINE PENTIPS PLUS
carbidopa-levodopa-entacapone ..50	CAREFINE PEN NEEDLES	CAREONE UNIFINE PENTIPS PLUS
carbinoxamine maleate SOLN .....36	CAREFINE PEN NEEDLES	CAREONE UNIFINE PENTIPS PLUS

PEN NEEDLES 32GX4MM .....110	CARETOUCH PEN NEEDLE 29GX1/2" .....111	carvedilol 3.125 MG, 6.25 MG, 12.5 MG 58
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32" 110	CARETOUCH PEN NEEDLE 33GX5/32" 111	carvedilol phosphate 58
CAREPOINT PRECISION POLYHUB NEEDLE/18GX1-1/2" 111	CARETOUCH PEN NEEDLES 31G X 6 MM .....111	CARVYKTI 46
CAREPOINT PRECISION SYRINGE/LUER LOCK/3ML 111	CARETOUCH PEN NEEDLES 31GX 5MM .....111	CASGEVY .....91
CARESTART COVID-19 ANTIGEN HOME TEST KIT .....78	CARETOUCH PEN NEEDLES 31GX 8MM .....111	CASODEX (bicalutamide) 46
CARETOUCH 2 CPAP HOSE HANGER MISC .....142	CARETOUCH PEN NEEDLES 32GX 4MM .....111	casopfungin acetate .....34
CARETOUCH CPAP & BIPAP HOSE/6FT MISC 142	CARETOUCH PEN NEEDLES 32GX 5MM .....111	CASPOFUNGIN ACETATE .....34
CARETOUCH CPAP MASK WIPES MISC .....142	CARETOUCH TWIST LANCETS 28G .....100	CATAPRES-TTS-1 (clonidine) ....40
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC 142	CARETOUCH TWIST LANCETS 30G .....100	CATAPRES-TTS-2 (clonidine) ....40
CARETOUCH CPAP TUBE CLEANING BRUSH MISC .....142	CARETOUCH TWIST LANCETS MULTI COLOR/30G 100	CATAPRES-TTS-3 (clonidine) ....40
CARETOUCH HYPODERMIC NEEDLE/18GX1-1/2" 111	CARETOUCH UNIVERSAL CPAPFILTERS MISC .....142	CATHFLO ACTIVASE IJ 91
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" 111	carglumic acid 83	CAYSTON 43
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" 111	carisoprodol TABS .....153	cefaclor CAPS 63
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" 111	CARNITOR SF SOLN OR (levocarnitine (metabolic modifiers)) 83	CEFACLOR ER TB12 63
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" 111	CARNITOR SOLN OR 1 GM/10ML (levocarnitine (metabolic modifiers)) 83	cefaclor SUSR 125 MG/5ML, 375 MG/5ML .....63
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16" .....111	CARNITOR TABS (levocarnitine (metabolic modifiers)) .....83	cefadroxil CAPS 63
CARETOUCH LANCING DEVICEWITH EJECTOR MISC ..100	CAROSPIR SUSP (spironolactone) 81	cefadroxil SUSR 63
CARETOUCH LUER LOCK SYRINGE/3ML .....111	carteolol hcl (ophth) .....157	cefadroxil TABS .....63
	carvedilol 25 MG 58	CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML .....63
		cefazolin sodium SOLR IJ 1 GM, 3 GM, 10 GM, 500 MG .....63
		cefazolin sodium SOLR IJ 2 GM ..63
		CEFAZOLIN SODIUM SOLR IV 2 GM 63
		CEFAZOLIN SODIUM/DEXTROSE SOLR .....63
		CEFAZOLIN SOLN 63
		CEFAZOLIN SOLR IV 63
		cefdinir CAPS .....64

cefdinir SUSR	64	hydrobromide)	26	CEPROTIN	90
cefepime hcl SOLR IJ 1 GM	64	CELEXA TABS 20 MG (citalopram hydrobromide)	26	CEQUA SOLN	159
CEFEPIME SOLN	64	CELEXA TABS 40 MG (citalopram hydrobromide)	26	CERDELGA	91
CEFEPIME/DEXTROSE	64	CELLCEPT CAPS (mycophenolate mofetil)	149	CEREBYX (fosphenytoin sodium) 24	
cefixime CAPS	64	CELLCEPT SUSR (mycophenolate mofetil)	149	CEREZYME 400 UNIT	91
cefixime SUSR	64	CELLCEPT TABS (mycophenolate mofetil)	149	cetirizine hcl SOLN OR	36
CEFOTAN IJ (cefotetan disodium) 63		CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	78	cetirizine hcl TABS	36
cefotetan disodium IJ 1 GM, 2 GM 63		CELONTIN (methsuximide)	25	cetirizine-pseudoephedrine	67
CEFOXITIN SODIUM	63	CENTRUM ADULTS TABS (multiple vitamins w/ minerals)	151	CETRAXAL (ciprofloxacin hcl (otic)) . 161	
cefoxitin sodium IV	63	CENTRUM MEN TABS (multiple vitamins w/ minerals)	151	cevimeline hcl	151
cefpodoxime proxetil SUSR	64	CENTRUM SILVER 50+MEN TABS (multiple vitamins w/ minerals) ...	151	CHEMET	33
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cefprozil SUSR 125 MG/5ML	63	CENTRUM SILVER ADULT 50+ TABS (multiple vitamins w/ minerals) 151		CHILDRENS ADVIL SUSP 100 MG/5ML (ibuprofen)	6
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dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1	DIBENZYLINE (phenoxybenzamine hcl) 39	DIFICID SUSR 97
dextroamphetamine sulfate TABS 5 MG, 10 MG 1	dichlorphenamide 80	DIFICID TABS 97
dextromethorphan hbr SYRP 15 MG/5ML 67	DICLEGIS TBEC (doxylamine- pyridoxine) 34	diflorasone diacetate CREA 74
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML 67	diclofenac epolamine PTCH EX ... 71	diflorasone diacetate OINT 74
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML 67	diclofenac potassium (migraine) . 147	DIFLUCAN SUSR (fluconazole) ... 35
	diclofenac potassium CAPS 7	DIFLUCAN TABS 100 MG (fluconazole) 35
	diclofenac potassium TABS 7	DIFLUCAN TABS 150 MG (fluconazole) 35
	diclofenac sodium (actinic keratoses) EX 72	DIFLUCAN TABS 200 MG (fluconazole) 35
		DIFLUCAN TABS 50 MG (fluconazole) 35
		diflunisal TABS 9

difluprednate	160	diltiazem hcl TABS	60	divalproex sodium TB24	25
digoxin SOLN OR 0.05 MG/ML	61	diltiazem hcl TB24	60	divalproex sodium TBEC	25
digoxin TABS 0.0625 MG, 62.5 MCG 61		DIMENHYDRINATE SOLN	34	DIVIGEL GEL (estradiol)	85
digoxin TABS 0.125 MG, 125 MCG, 250 MCG	61	dimethyl fumarate CDPK	165	dobutamine hcl 12.5 MG/ML, 250 MG/20ML	61
dihydroergotamine mesylate SOLN NA 4 MG/ML	147	dimethyl fumarate CPDR	165	DOBUTAMINE HCL/D5W	61
DILANTIN (phenytoin sodium extended)	24	DIOVAN HCT (valsartan- hydrochlorothiazide)	41	DOBUTAMINE HYDROCHLORIDE/DEXTROSE 5%	61
DILANTIN 30 MG	24	DIOVAN TABS (valsartan)	39	docusate calcium	96
DILANTIN INFATABS CHEW (phenytoin)	24	DIPENTUM	86	docusate sodium CAPS 100 MG, 250 MG	96
DILANTIN-125 SUSP (phenytoin) .	25	diphenhydramine hcl CAPS	36	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	96
DILAUDID LIQD (hydromorphone hcl)	9	diphenhydramine hcl ELIX 12.5 MG/5ML	36	docusate sodium TABS	96
DILAUDID TABS (hydromorphone hcl)	9	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML	36	dofetilide	16
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	60	diphenhydramine hcl SOLN 50 MG/ML	36	DOJOLVI	157
diltiazem hcl coated beads CP24 240 MG	60	diphenhydramine hcl TABS 25 MG 36		donepezil hydrochloride TABS 23 MG	163
diltiazem hcl coated beads CP24 360 MG	60	diphenoxylate w/ atropine LIQD ...	33	donepezil hydrochloride TABS 5 MG, 10 MG	163
diltiazem hcl CP12	60	diphenoxylate w/ atropine TABS ...	33	donepezil hydrochloride TBDP ...	164
diltiazem hcl CP24 120 MG, 180 MG 60		DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP .	169	dopamine hcl 40 MG/ML	61
diltiazem hcl CP24 240 MG	60	DIPROLENE OINT (betamethasone dipropionate augmented)	74	DOPAMINE HYDROCHLORIDE (dopamine hcl)	61
diltiazem hcl extended release beads	60	dipyridamole	90	DOPAMINE HYDROCHLORIDE/DEXTROSE .	61
diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	60	disopyramide phosphate CAPS ...	16	DOPAMINE/D5W	62
diltiazem hcl SOLN	60	disulfiram	163	DOPTLET	91
DILTIAZEM HCL SOLR	60	DITROPAN XL TB24 10 MG (oxybutynin chloride)	172	DORAL (quazepam)	93
		DITROPAN XL TB24 5 MG (oxybutynin chloride)	172	DORYX MPC TBEC	168
		DIURIL SUSP	81	DORYX TBEC 50 MG, 200 MG (doxycycline hyclate)	168
		divalproex sodium CSDR	25		

DORYX TBEC 80 MG (doxycycline hyclate)	168	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	113	DROPLET PEN NEEDLES 29G X1/2"	113
dorzolamide hcl	161	DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	113	DROPLET PEN NEEDLES 29GX12MM	113
dorzolamide hcl-timolol maleate ..	158	DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	113	DROPLET PEN NEEDLES 30G X 5/16"	113
DOVATO	55	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	113	DROPLET PEN NEEDLES 31G X3/16"	113
DOVONEX CREA (calcipotriene) ..72		DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	113	DROPLET PEN NEEDLES 31G X5/16"	113
doxazosin mesylate	40	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	113	DROPLET PEN NEEDLES 31GX5MM	114
doxepin hcl (antipruritic)	72	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	113	DROPLET PEN NEEDLES 31GX6MM	114
doxepin hcl (sleep)	93	DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	113	DROPLET PEN NEEDLES 32G X 1/4"	114
doxepin hcl CAPS	28	DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	113	DROPLET PEN NEEDLES 32G X 3/16"	114
doxepin hcl CONC	28	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	113	DROPLET PEN NEEDLES 32G X 5/16"	114
doxercalciferol CAPS	83	DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	113	DROPLET PEN NEEDLES 32G X 5/32"	114
doxycycline (monohydrate) CAPS 50 MG, 100 MG	168	DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	113	DROPLET PEN NEEDLES 32GX4MM	114
doxycycline (monohydrate) CAPS 75 MG, 150 MG	168	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	113	DROPLET PEN NEEDLES 32GX5MM	114
doxycycline (monohydrate) SUSR 168		DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	113	DROPLET PEN NEEDLES 32GX6MM	114
doxycycline (monohydrate) TABS 168		DROPLET INSULIN SYRINGE/U-100/1ML/30G X 5/16"	113	DROPLET PEN NEEDLES 32GX8MM	114
doxycycline (rosacea)	77	DROPLET LANCETS ULTRA THIN 30G	100	DROPSAFE ALCOHOL PREP PADS	106
doxycycline hyclate CAPS	168	DROPLET LANCING DEVICE MISC 100		DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	114
doxycycline hyclate SOLR	168				
doxycycline hyclate TABS	168				
doxycycline hyclate TBEC	168				
doxylamine-pyridoxine TBEC	34				
dronabinol CAPS	34				
droperidol SOLN 2.5 MG/ML	15				
DROPLET GENTEEL LANCING DEVICE MISC	100				
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	113				

DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	114	DRUG MART UNILET LANCETSULTRA THIN 28G	100	DYANAVEL XR SUER	1
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	114	DRUG MART UNILET MICRO THIN LANCETS 33G	100	DYMISTA SUSP (azelastine hcl-fluticasone propionate)	154
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	114	DRYMAX EXTRA PADS	98	DYRENIUM CAPS (triamterene) ..	81
DROPSAFE SAFETY PEN NEEDLE/31GX5MM	114	DRYSOL SOLN	77	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	96
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	114	DUAKLIR PRESSAIR	19	EASIVENT MISC	142
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4"	114	DUAVEE	84	EASIVENT/MASK-LARGE MISC ..	142
drospirenone-ethinyl estradiol	64	DUETACT (pioglitazone hcl-glimepiride)	28	EASIVENT/MASK-MEDIUM MISC ..	142
drospirenone-ethinyl estradiol-levomefolate calcium	64	DUEXIS (ibuprofen-famotidine)	7	EASIVENT/MASK-SMALL MISC ..	142
DROXIA CAPS	91	DULCOLAX PINK LAXATIVE TBEC (bisacodyl)	96	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" ...	114
droxidopa	176	DULCOLAX SUPP (bisacodyl)	96	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" ...	114
DRUG MART ADJUSTABLE LANCING DEVICE MISC	100	DULCOLAX TBEC (bisacodyl)	96	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" ...	114
DRUG MART UNIFINE PENTIPS 31GX5MM	114	DULERA	19	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	114
DRUG MART UNIFINE PENTIPS29G X 12MM	114	duloxetine hcl CPEP 20 MG	27	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	114
DRUG MART UNIFINE PENTIPS31GX6MM	114	duloxetine hcl CPEP 30 MG	27	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	114
DRUG MART UNIFINE PENTIPS31GX8MM	114	duloxetine hcl CPEP 40 MG	27	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	114
DRUG MART UNIFINE PENTIPS32GX4MM	114	duloxetine hcl CPEP 60 MG	27	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" ..	114
DRUG MART UNILET LANCETSSUPER THIN 30G	100	DUOBRII	74	EASY COMFORT PEN NEEDLES31GX1/4"	114
		DUOPA SUSP	50	EASY COMFORT PEN NEEDLES31GX3/16"	115
		DUPIXENT SOPN	76	EASY COMFORT PEN NEEDLES31GX5/16"	115
		DUPIXENT SOSY	76	EASY COMFORT PEN NEEDLES32GX5/32"	115
		DUREZOL (difluprednate)	160		
		dutasteride	88		
		dutasteride-tamsulosin hcl	88		
		D-VI-SOL LIQD OR (cholecalciferol) .	177		
		DXTERITY COVID-19 HOME TEST .	78		
		DYANAVEL XR CHER	1		

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EASY COMFORT SAFETY PEN NEEDLES 31GX5MM115	EASY MINI EJECT LANCING DEVICE MISC 100	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16"115
EASY COMFORT SAFETY PEN NEEDLES 31GX6MM .....115	EASY MINI LANCING DEVICE MISC.....100	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" .....115
EASY COMFORT SAFETY PEN NEEDLES 32GX4MM .....115	EASY TOUCH 32GX5MM 115	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" .....115
EASY FLOW 300 MM HOSE MISC 142	EASY TOUCH 32GX6MM 115	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" .....115
EASY FLOW 400 MM HOSE MISC 142	EASY TOUCH ALCOHOL PREP PADS/MEDIUM 106	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" . 115
EASY FLOW AIR NOZZLE MISC 142	EASY TOUCH FLIPLOCK NEEDLES 18GX1-1/2" .....115	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" . 115
EASY FLOW BLACK/BLUE DEVI 142	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" 115	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" . 115
EASY FLOW BLACK/ORANGE DEVI.....142	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" 115	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . 115
EASY FLOW BLACK/RED DEVI .142	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" 115	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . 115
EASY FLOW BLACK/WHITE DEVI 142	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" 115	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....115
EASY FLOW BLACK/YELLOW DEVI.....142	EASY TOUCH HYPODERMIC NEEDLES 18GX1-1/2" .....115	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" 116
EASY FLOW HEPA FILTER MISC 143	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" ...115	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" 116
EASY FLOW WHITE/BLUE DEVI 143	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" 115	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8" 116
EASY FLOW WHITE/GREEN DEVI 143	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" ...115	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" 116
EASY FLOW WHITE/PINK DEVI .143	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" .....115	EASY TOUCH INSULIN
EASY FLOW WHITE/WHITE DEVI 143	EASY TOUCH INSULIN	
EASY FLOW WHITE/YELLOW DEVI 143		
EASY GLIDE PEN NEEDLES 33G X 5/32"115		

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EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" 116	EASY TOUCH PEN NEEDLES 32GX5/32" 116	efavirenz CAPS 50 MG55
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" 116	EASY TOUCH PEN NEEDLES/31G X 3/16" 116	efavirenz TABS 55
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EASY TOUCH LANCETS 28G/PULL- TOP 100	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" 116	efavirenz-lamivudine-tenofovir disoproxil fumarate55
EASY TOUCH LANCETS 28G/TWIST 100	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" 116	EFFER-K148
EASY TOUCH LANCETS 30G/PULL- TOP 100	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" 116	EFFEXOR XR CP24 (venlafaxine hcl) 27
EASY TOUCH LANCETS 30G/TWIST 100	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" 116	EFFIENT (prasugrel hcl) 90
EASY TOUCH LANCETS 32G/PULL- TOP 100	EASYPOINT NEEDLE/18G X 1-1/2" 116	EFUDEX CREA (fluorouracil (topical))72
EASY TOUCH LANCETS 32G/TWIST 101	EBASE CONTROLLER KIT MISC 143	EGATEN14
EASY TOUCH LANCETS 33G/TWIST 101	EC-NAPROSYN TBEC (naproxen) .7	EGRIFTA SV82
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EASY TOUCH PEN NEEDLE 30G X 5/16"116	ECOTRIN ARTHRITIS PAIN TBEC (aspirin)9	ELELYSO 91
EASY TOUCH PEN NEEDLES 29GX1/2"116	ECOTRIN REGULAR STRENGTH TBEC (aspirin)9	ELEPSIA XR TB24 22
EASY TOUCH PEN NEEDLES 31GX1/4"116	ECOTRIN TBEC (aspirin)9	ELESTRIN GEL85
EASY TOUCH PEN NEEDLES 31GX5/16" 116	EDARBI39	eletriptan hydrobromide147
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ELEVIDYS 24.5-25.4 KG	155	ELEVIDYS 54.5-55.4 KG	156	EMBRACE PEN NEEDLES/30G X 8MM	116
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ELEVIDYS 31.5-32.4 KG	156	ELEVIDYS 61.5-62.4 KG	156	EMEND CAPS 80 MG (aprepitant)	34
ELEVIDYS 32.5-33.4 KG	156	ELEVIDYS 62.5-63.4 KG	156	EMEND SUSR	34
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EMTRIVA CAPS (emtricitabine) ...	55	entecavir TABS	57	EPIVIR HBV TABS (lamivudine (hbv))	57
EMTRIVA SOLN	55	ENTEREG (alvimopan)	87	EPIVIR SOLN (lamivudine)	55
EMVERM CHEW	14	ENTRESTO	62	EPIVIR TABS 150 MG (lamivudine) 55	
enalapril maleate & hydrochlorothiazide	41	ENTYVIO SOLR	86	EPIVIR TABS 300 MG (lamivudine) 55	
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ENBREL MINI SOCT	8	EPANED SOLN (enalapril maleate) 39		EPZICOM (abacavir sulfate- lamivudine)	55
ENBREL SOLN	8	EPCLUSA PACK	57	EQ GAUZE PADS 4"X4" PADS ...	98
ENBREL SOSY	8	EPCLUSA TABS	57	EQ SPACE CHAMBER ANTI- STATIC DEVI	143
ENBREL SURECLICK SOAJ	8	ephedrine sulfate (pressors) SOLN IV	176	EQ SPACE CHAMBER ANTI- STATIC/LARGE MASK DEVI	143
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ENJAYMO	90	EPIDUO GEL (adapalene-benzoyl peroxide)	69	EQL GAUZE PADS 4"X4"/LARGE PADS	98
enoxaparin sodium SOLN IJ 300 MG/3ML	20	EPIFOAM FOAM	74	EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	116
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	20	epinastine hcl (ophth)	161	EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	116
enoxaparin sodium SOSY 30 MG/0.3ML	20	epinephrine (anaphylaxis) SOAJ .	176	EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	116
enoxaparin sodium SOSY 40 MG/0.4ML	20	epinephrine (anaphylaxis) SOLN 1 MG/ML	176	EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	116
enoxaparin sodium SOSY 60 MG/0.6ML	20	epinephrine (anaphylaxis) SOLN 30 MG/30ML	176		
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	20	epinephrine hcl (nasal)	155		
ENSPRYNG	149	EPINEPHRINE HCL SOLN IJ	176		
ENSTILAR FOAM	74	EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	176		
entacapone	50	EPIPEN-JR 2-PAK SOAJ (epinephrine (anaphylaxis))	176		
ENTADFI	88				

EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	116	erythromycin base TABS	96	ESPEROCT	89
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	116	erythromycin base TBEC 500 MG	96	estazolam	93
EQL INSULIN SYRINGE/1ML/29G X 1/2"	117	erythromycin base TBEC	96	ESTRACE CREA (estradiol vaginal)	176
EQL INSULIN SYRINGE/1ML/30G X 5/16"	117	erythromycin ethylsuccinate SUSR 200 MG/5ML	97	ESTRACE TABS (estradiol)	85
EQL INSULIN SYRINGE/1ML/31G X 5/16"	117	erythromycin ethylsuccinate SUSR 400 MG/5ML	97	estradiol & norethindrone acetate TABS	84
EQUETRO	51	erythromycin ethylsuccinate TABS	97	estradiol GEL	85
ERAXIS	34	erythromycin stearate TABS 250 MG	97	estradiol PTTW	85
ergocalciferol CAPS	177	ESBRIET CAPS (pirfenidone)	167	estradiol PTWK	85
ergoloid mesylates TABS	166	ESBRIET TABS 267 MG (pirfenidone)	167	estradiol TABS	85
ergotamine w/ caffeine SUPP	146	ESBRIET TABS 801 MG (pirfenidone)	167	estradiol vaginal CREA	176
ERIVEDGE	46	escitalopram oxalate SOLN	26	estradiol vaginal TABS	176
ERLEADA	46	escitalopram oxalate TABS	26	estradiol valerate	85
erlotinib hcl 100 MG, 150 MG	46	ESGIC TABS (butalbital-acetaminophen-caffeine)	8	ESTRING RING	176
erlotinib hcl 25 MG	46	esmolol hcl SOLN 100 MG/10ML	59	ESTROGEL GEL 0.06 % (estradiol)	85
ERMEZA SOLN OR	168	esmolol hcl-sodium chloride	59	eszopiclone	93
ERTACZO	71	ESMOLOL HYDROCHLORIDE INWATER DOUBLE STRENGTH SOLN	59	ethacrynate sodium	80
ertapenem sodium IJ	43	ESMOLOL HYDROCHLORIDE INWATER SOLN	59	ethacrynic acid	80
ERYGEL GEL (erythromycin (acne aid))	69	esomeprazole magnesium CPDR 20 MG	170	ethambutol hcl TABS	45
ERYPED 200 SUSR (erythromycin ethylsuccinate)	96	esomeprazole magnesium CPDR 40 MG	170	ethosuximide CAPS	25
ERYPED 400 SUSR (erythromycin ethylsuccinate)	96	esomeprazole magnesium CPDR 170	170	ethosuximide SOLN	25
erythromycin (acne aid) GEL	69	esomeprazole magnesium PACK	170	ethynodiol diacet & eth estrad	64
erythromycin (acne aid) PADS	69	esomeprazole sodium 40 MG	170	etodolac CAPS	7
erythromycin (acne aid) SOLN	69			etodolac TABS	7
erythromycin (ophth)	159			etodolac TB24	7
erythromycin base CPEP	96			etonogestrel-ethinyl estradiol	65

EUCRISA	77	EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM ...	117	EXTAVIA KIT	165
EVAC POWD (psyllium)	95	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	117	EXTINA FOAM (ketoconazole (topical))	71
EVAMIST SOLN	85	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	117	EYSUVIS SUSP	160
EVEKEO ODT TBDP	1	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	117	E-Z JECT LANCETS	101
EVEKEO TABS (amphetamine sulfate)	1	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	117	E-Z JECT LANCETS 21G	101
EVENITY	81	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	117	E-Z JECT LANCETS COLOR ...	101
EVERLYWELL COVID-19 TESTHOME COLLECTION KIT DTC	78	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	117	E-Z JECT LANCETS SUPER THIN 30G	101
everolimus (immunosuppressant) 149		EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	117	E-Z JECT LANCETS THIN 26G .	101
everolimus TABS	48	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	117	EZALLOR SPRINKLE CPSP	38
everolimus TBSO	48	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	117	ezetimibe	38
EVISTA (raloxifene hcl)	82	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	117	ezetimibe-simvastatin	37
EVKEEZA	37	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	117	E-ZJECT LANCETS MICRO-THIN 33G	101
EVOCLIN FOAM (clindamycin phosphate (topical))	69	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	117	EZ-LETS LANCETS 26G SUPER- SOFT	101
EVOTAZ	55	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	117	FABHALTA	90
EVOXAC (cevimeline hcl)	151	EXELON 13.3 MG/24HR (rivastigmine)	164	FABIOR FOAM	69
EVRYSDI	156	EXELON 4.6 MG/24HR, 9.5 MG/24HR (rivastigmine)	164	FABRAZYME	83
EVUSHELD	162	exemestane	46	famciclovir	58
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	117	EXFORGE (amlodipine besylate- valsartan)	41	famotidine in nacl SOLN	170
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	98	EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide)	41	famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML	170
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	98	EXJADE TBSO (deferasirox)	33	famotidine SUSR	170
EXCILON DRAIN SPONGE 4"X4" PADS	98	EXKIVITY	46	famotidine TABS	170
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	98	EXONDYS 51	156	FANAPT	51
		EXSERVAN FILM	155	FANAPT TITRATION PACK	51
				FARESTON (toremifene citrate) ..	46
				FARXIGA	32
				FASENRA PEN SOAJ	17
				FASENRA SOSY	17

FASTEP COVID-19 ANTIGEN HOME TEST KIT	78	fenoprofen calcium TABS	7	FETZIMA TITRATION PACK C4PK	27
fe fumarate-vitamin c-vitamin b12-folic acid 60 MG-1 MG-10 MCG-151 MG	92	FENSOLVI SC	82	FEVERALL INFANTS SUPP	9
fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu	92	fentanyl citrate LPOP	9	FEVERALL JUNIOR STRENGTH SUPP	9
febuxostat	89	FENTANYL CITRATE SOLN IJ 100 MCG/2ML, 250 MCG/5ML (fentanyl citrate)	9	FIASP FLEXTOUCH SOPN	30
FEIBA	89	fentanyl citrate SOLN IJ 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML	9	FIASP PENFILL SOCT	30
felbamate SUSP	24	fentanyl citrate TABS	9	FIASP PUMPCART SOCT	30
felbamate TABS	24	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	9	FIASP SOLN	30
FELBATOL SUSP (felbamate)	24	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	10	FIBRICOR (fenofibric acid)	38
FELBATOL TABS (felbamate)	24	FENTORA TABS (fentanyl citrate)	10	FIFTY50 ALCOHOL PREP PADS	106
FELDENE CAPS 10 MG (piroxicam) .	7	FER-IN-SOL SOLN (ferrous sulfate) .	92	FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	117
FELDENE CAPS 20 MG (piroxicam) .	7	FERRIPROX SOLN	33	FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	117
felodipine	60	FERRIPROX TABS (deferiprone) .	33	FIFTY50 PEN NEEDLES 31GX5MM	117
FEMARA (letrozole)	46	FERRIPROX TWICE-A-DAY TABS	33	FIFTY50 PEN NEEDLES/31GX8MM	117
FEMRING	176	ferrous fumarate w/ b12-vit c-fa-ifc	92	FIFTY50 PEN NEEDLES/32GX4MM	117
fenofibrate CAPS	38	ferrous sulfate SOLN 15 MG/ML ..	92	FIFTY50 PEN NEEDLES/32GX6MM	117
fenofibrate micronized 134 MG, 200 MG	38	ferrous sulfate SOLN	92	FIFTY50 SUPERIOR COMFORTINSULIN	
fenofibrate micronized 43 MG, 90 MG, 130 MG	38	ferrous sulfate TABS 325 MG	92	SYRINGE/0.3ML/31G X 5/16" ...	117
fenofibrate micronized 67 MG	38	FERROUS SULFATE TBEC (ferrous sulfate)	92	FIFTY50 SUPERIOR COMFORTINSULIN	
fenofibrate TABS 160 MG	38	ferrous sulfate TBEC	92	SYRINGE/0.5ML/31G X 5/16" ...	117
fenofibrate TABS 40 MG, 48 MG, 120 MG, 145 MG	38	fesoterodine fumarate	172	FIFTY50 SUPERIOR COMFORTINSULIN	
fenofibrate TABS 54 MG	38	FETROJA	64	SYRINGE/1ML/31G X 5/16"	117
fenofibric acid	38	FETZIMA CP24	27	FILSPARI	88
FENOGLIDE TABS (fenofibrate) ..	38			FILSUVEZ	78
fenoprofen calcium CAPS 400 MG .	7				

FILTER AIR PP MISC	143	FLONASE ALLERGY RELIEF CHILDRENS SUSP (fluticasone propionate (nasal))	154	FLUCELVAX QUADRIVALENT 2021-2022 SUSY	174
FINACEA FOAM	77	FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal)) ..	155	FLUCELVAX QUADRIVALENT 2022-2023 SUSP	174
FINACEA GEL (azelaic acid)	77	FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST (fluticasone propionate (inhalation))	17	FLUCELVAX QUADRIVALENT 2023-2024 SUSP	174
finasteride	88	FLOVENT DISKUS AEPB 50 MCG/BLIST (fluticasone propionate (inhalation))	18	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	174
fingolimod hcl	165	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	18	fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML	35
FINTEPLA	22	FLOVENT HFA 44 MCG/ACT	18	fluconazole SUSR	35
FIORICET CAPS (butalbital-acetaminophen-caffeine)	8	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	78	fluconazole TABS 100 MG	35
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine) .	11	FLUAD QUADRIVALENT 2021-2022	173	fluconazole TABS 150 MG	35
FIRAZYR SOSY (icatibant acetate) 90		FLUAD QUADRIVALENT 2022-2023	173	fluconazole TABS 200 MG	35
FIRDAPSE	44	FLUAD QUADRIVALENT 2023-2024	173	fluconazole TABS 50 MG	35
FIRVANQ SOLR OR (vancomycin hcl)	43	FLUARIX QUADRIVALENT 2021-2022 SUSY	173	FLUCONAZOLE/SODIUM CHLORIDE	35
FLAGYL CAPS (metronidazole) ...	42	FLUARIX QUADRIVALENT 2022-2023 SUSY	173	flucytosine	35
FLAREX	160	FLUARIX QUADRIVALENT 2023-2024 SUSY	173	fludrocortisone acetate TABS	67
flavoxate hcl	173	FLUBLOK QUADRIVALENT 2021-2022	173	FLULAVAL QUADRIVALENT 2021-2022 SUSY	174
flecainide acetate	16	FLUBLOK QUADRIVALENT 2022-2023	173	FLULAVAL QUADRIVALENT 2022-2023 SUSY	174
FLECTOR PTCH EX (diclofenac epolamine)	71	FLUBLOK QUADRIVALENT 2023-2024	174	FLUMIST QUADRIVALENT	174
FLEET ENEMA ENEM (sodium phosphates)	95	FLUCELVAX QUADRIVALENT 2021-2022 SUSP	174	flunisolide (nasal) 0.025 %	155
FLEQSUVY SUSP (baclofen)	154			fluocinolone acetonide (otic)	161
FLEXICHAMBER ADULT MASK/SMALL	143			fluocinolone acetonide CREA	74
FLEXICHAMBER CHILD MASK/LARGE	143			fluocinolone acetonide OIL	74
FLEXICHAMBER CHILD MASK/SMALL	143			fluocinolone acetonide OINT	74
FLEXICHAMBER DEVI	143				
FLOMAX (tamsulosin hcl)	88				

fluocinolone acetonide SOLN74	flurbiprofen TABS 100 MG7	fluvoxamine maleate TABS 25 MG, 50 MG26
fluocinonide CREA74	flurbiprofen TABS 50 MG7	FLUZONE HIGH-DOSE PF 2021- 2022174
fluocinonide emulsified base74	fluticasone furoate-vilanterol 100 MCG/INH-25 MCG/INH19	FLUZONE HIGH-DOSE PF 2022- 2023174
fluocinonide GEL74	fluticasone furoate-vilanterol 200 MCG/INH-25 MCG/INH19	FLUZONE HIGH-DOSE PF 2023- 2024174
fluocinonide OINT74	fluticasone propionate (inhalation) AEPB 100 MCG/ACT, 250 MCG/ACT18	FLUZONE QUADRIVALENT 2021- 2022 SUSP174
fluocinonide SOLN74	fluticasone propionate (inhalation) AEPB 50 MCG/ACT18	FLUZONE QUADRIVALENT 2021- 2022 SUSY174
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fluorouracil (topical) CREA 5 %72	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT18	FLUZONE QUADRIVALENT 2023- 2024 SUSP174
fluorouracil (topical) SOLN72	fluticasone propionate hfa 44 MCG/ACT18	FLUZONE QUADRIVALENT 2023- 2024 SUSY174
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fluoxetine hcl CAPS 10 MG, 20 MG 26	fluticasone propionate OINT74	FML FORTE SUSP160
fluoxetine hcl CAPS 20 MG26	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT19	FML LIQUIFILM SUSP (fluorometholone (ophth)) 160
fluoxetine hcl CAPS 40 MG26	fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT19	FOCALIN TABS (dexmethylphenidate hcl) 2
fluoxetine hcl CPDR26	fluticasone-salmeterol AERO19	FOCALIN XR CP24 (dexmethylphenidate hcl) 2
fluoxetine hcl SOLN26	fluvastatin sodium CAPS38	folic acid SOLN91
fluoxetine hcl TABS 10 MG26	fluvastatin sodium TB2438	folic acid TABS 1 MG91
fluoxetine hcl TABS 20 MG, 60 MG 26	fluvoxamine maleate CP2426	fondaparinux sodium20
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DEVICE/CLEARCAP MISC	101	117	FUZEON SOLR	55
FORFIVO XL TB24 (bupropion hcl) 25		FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	FYCOMPA SUSP	21
formaldehyde SOLN 10 %	54	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	FYCOMPA TABS	21
formoterol fumarate NEBU	19	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G ...	FYLNETRA	91
FORTEO SOPN (teriparatide (recombinant))	81	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	gabapentin (once-daily) TABS ...	166
FORTESTA GEL TD (testosterone) 13		FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	gabapentin CAPS 100 MG, 400 MG . 22	
FOSAMAX PLUS D	81	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	gabapentin CAPS 300 MG	22
FOSAMAX TABS 70 MG (alendronate sodium)	81	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	gabapentin SOLN	22
fosamprenavir calcium TABS	55	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	gabapentin TABS 600 MG	22
fosaprepitant dimeglumine	34	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	gabapentin TABS 800 MG	22
foscarnet sodium 6000 MG/250ML 57		FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	GABITRIL (tiagabine hcl)	24
FOSCAVIR 6000 MG/250ML (foscarnet sodium)	57	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	GALAFOLD	83
fosfomycin tromethamine	43	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	galantamine hydrobromide CP24	164
fosinopril sodium & hydrochlorothiazide	41	FROVA (frovatriptan succinate) .	galantamine hydrobromide SOLN	164
fosinopril sodium	39	frovatriptan succinate	galantamine hydrobromide TABS	164
fosphenytoin sodium	25	FRUZAQLA	GAMIFANT	149
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FOSRENOL PACK	87	FULPHILA	GANCICLOVIR SOLN	57
FOTIVDA	48	FUROSCIX CTKT	GARDASIL 9 SUSP	174
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	20	furosemide SOLN IJ 10 MG/ML ...	GARDASIL 9 SUSY	174
FRAGMIN SOSY	20	furosemide SOLN OR 10 MG/ML, 40 MG/5ML	GASTROCROM (cromolyn sodium (mastocytosis))	86
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	101	furosemide TABS	GAS-X EXTRA STRENGTH CHEW (simethicone)	85
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM			gatifloxacin (ophth)	159

GAVRETO	48	GENVOYA	55	X 5/16"	118
gefitinib	46	GEODON (ziprasidone hcl)	51	GLOBAL EASY GLIDE PEN	
GELNIQUE GEL 10 %	172	GEODON (ziprasidone mesylate) .	51	NEEDLES 32GX4MM	118
gemfibrozil TABS	38	GEODON 80 MG (ziprasidone hcl)		GLOBAL INJECT EASE INSULIN	
GEMTESA	172	51		SYRINGE/U-100/0.3ML/29G X 1/2" .	
GEN7T PTCH (lidocaine)	77	GILENYA 0.25 MG	165	118	
GENABIO COVID-19 RAPID SELF		GILENYA 0.5 MG	165	GLOBAL INJECT EASE INSULIN	
TEST KIT 1-PACK KIT	78	GILOTRIF 20 MG	46	SYRINGE/U-100/0.3ML/30G X 1/2" .	
GENABIO COVID-19 RAPID SELF		GILOTRIF 30 MG, 40 MG	46	118	
TEST KIT 2-PACK KIT	78	GILOTRIF 30 MG, 40 MG	46	GLOBAL INJECT EASE INSULIN	
GENERESS FE (norethindrone &		GIMOTI SOLN NA	86	SYRINGE/U-100/0.3ML/30G X 5/16"	
ethinyl estradiol-fe)	64	GIVLAARI	89	.....118	
GENOTROPIN CART SC	82	GLASSIA SOLN	167	GLOBAL INJECT EASE INSULIN	
GENOTROPIN MINIQUICK PRSY 82		glatiramer acetate SOSY	165	SYRINGE/U-100/0.3ML/31G X 5/16"	
gentamicin in saline 0.8 MG/ML-0.9		GLEEVEC 100 MG (imatinib		.....118	
% , 1 MG/ML-0.9 % , 1.2 MG/ML-0.9		mesylate)	48	GLOBAL INJECT EASE INSULIN	
% , 1.6 MG/ML-0.9 % , 2 MG/ML-0.9		GLEEVEC 400 MG (imatinib		SYRINGE/U-100/0.5ML/28G X 1/2" .	
%	4	mesylate)	48	118	
gentamicin sulfate (ophth) SOLN .	159	glipepiride 1 MG, 2 MG	32	GLOBAL INJECT EASE INSULIN	
gentamicin sulfate (topical) CREA .	70	glipepiride 4 MG	32	SYRINGE/U-100/0.5ML/30G X 1/2" .	
gentamicin sulfate (topical) OINT ..	70	glipizide TABS 2.5 MG	32	118	
gentamicin sulfate IJ	4	glipizide TABS 5 MG, 10 MG	32	GLOBAL INJECT EASE INSULIN	
GENTEEL PLUS LANCING		glipizide TB24	32	SYRINGE/U-100/0.5ML/30G X 5/16"	
DEVICE/BUFF BLACK MISC	101	glipizide-metformin hcl	28	.....118	
GENTEEL PLUS LANCING		GLOBAL EASE INJECT PEN		GLOBAL INJECT EASE INSULIN	
DEVICE/BUTTERFLY BLUE MISC	101	NEEDLES 29GX12MM	117	SYRINGE/U-100/0.5ML/31G X 5/16"	
101		GLOBAL EASE INJECT PEN		.....118	
GENTEEL PLUS LANCING		NEEDLES 31GX8MM	118	GLOBAL INJECT EASE INSULIN	
DEVICE/PLAYFUL PURPLE MISC	101	GLOBAL EASE INJECT PEN		SYRINGE/U-100/1ML/28G X 1/2"	
101		NEEDLES 32GX4MM	118	118	
GENTEEL PLUS LANCING		GLOBAL EASE INJECT PEN		GLOBAL INJECT EASE INSULIN	
DEVICE/PRINCESS PINK MISC .	101	NEEDLES 31GX5MM	118	SYRINGE/U-100/1ML/29G X 1/2"	
101		GLOBAL EASE INJECT PEN		118	
GENTEEL PLUS LANCING		NEEDLES 31GX5MM	118	GLOBAL INJECT EASE INSULIN	
DEVICE/WILLOWY WHITE MISC	102	GLOBAL EASY GLIDE		SYRINGE/U-100/1ML/30G X 1/2"	
102		INSULINSYRINGE/U-100/0.3ML/31G		118	

GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" 118	100/1ML/31G X 5/16" .....118	GNP INSULIN SYRINGE/0.5ML/28G X 1/2" .....119
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16" 118	GLUCOTROL XL TB24 (glipizide) .32	GNP INSULIN SYRINGE/0.5ML/29G X 1/2" .....119
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" 118	GLUMETZA TB24 (metformin hcl) .29	GNP INSULIN SYRINGE/0.5ML/30G X 5/16" 119
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16" 118	glyburide micronized 1.5 MG, 3 MG, 6 MG 32	GNP INSULIN SYRINGE/0.5ML/31G X 5/16" 119
GLOBAL LANCING DEVICE MISC 102	glyburide TABS 32	GNP INSULIN SYRINGE/1ML/29G X 1/2" .....119
GLOPERBA SOLN OR .....89	glyburide-metformin .....28	GNP INSULIN SYRINGE/1ML/30G X 5/16" .....119
GLUCAGEN HYPOKIT .....29	GLYCATE TABS .....169	GNP INSULIN SYRINGE/1ML/31G X 5/16" .....119
glucagon (rdna) .....29	glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 80.7 %95	GNP INSULIN SYRINGES/0.3ML/30GX5/16" ...119
GLUCAGON EMERGENCY KIT (glucagon (rdna)) .....29	GLYCERIN ADULT SUPP (glycerin (laxative)) .....95	GNP INSULIN SYRINGES/1/2ML/29GX1/2" ....119
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR .....29	glycopyrrolate SOLN IJ .....169	GNP INSULIN SYRINGES/1ML/28GX1/2" .....119
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" 118	glycopyrrolate SOLN OR 1 MG/5ML .169	GNP INSULIN SYRINGES/1ML/29GX1/2" .....119
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....118	GLYCOPYRROLATE SOSY IJ 0.6 MG/3ML, 1 MG/5ML .....169	GNP INSULIN SYRINGES/1ML/30GX5/16" .....119
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....118	glycopyrrolate SOSY IJ .....169	GNP INSULIN SYRINGES/1ML/29GX1/2" .....119
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" 118	glycopyrrolate TABS 1 MG, 2 MG 169	GNP INSULIN SYRINGES/1ML/30GX5/16" .....119
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" .....118	GLYNASE (glyburide micronized) 32	GNP LANCETS 21G .....102
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....118	GLYRX-PF SOLN IJ .....169	GNP LANCETS THIN 26G 102
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2" 118	GLYXAMBI .....28	GNP LANCING SYSTEM DEVICE MISC .....102
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" .....118	GNP ALCOHOL SWABS 106	GNP PRENATAL TABS 153
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" .....118	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" .....119	GNP STERILE LANCETS 33G ..102
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" .....118	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" 119	GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP ..78
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" .....118	GNP INSULIN SYRINGE/0.3ML/29G X 1/2" .....119	GNP ULTICARE PEN
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" .....118	GNP INSULIN SYRINGE/0.3ML/30G X 5/16" 119	
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" .....118	GNP INSULIN SYRINGE/0.3ML/31G X 5/16" 119	

NEEDLES/31GX5/16"	119	GOODSENSE PEN	HADLIMA PUSHTOUCH SOAJ	5
GNP ULTICARE PEN		NEEDLE/PENFINE CLASSIC/32G X	HADLIMA SOSY	5
NEEDLES/32GX 5/32"	119	1/4"		
GNP ULTICARE PEN		GOODSENSE PEN	HAEGARDA SOLR SC	90
NEEDLES/32GX1/4"	119	NEEDLE/PENFINE CLASSIC/32G X	halcinonide CREA	74
GNP ULTICARE PEN NEEDLES31G		5/32"	HALCION 0.25 MG (triazolam)	93
X 5MM	119	GOTOKNOW COVID-19	HALDOL DECANOATE 100	
GNP ULTIGUARD		ANTIGENRAPID TEST KIT	(haloperidol decanoate)	52
SAFEPACK/MICRO PEN		GRALISE MISC	HALDOL DECANOATE 50	
NEEDLE/32GX4MM	119	GRALISE TABS (gabapentin (once-	(haloperidol decanoate)	52
GNP ULTIGUARD SAFEPACK/MINI		daily))	halobetasol propionate CREA	75
PEN NEEDLE/31GX5MM	119	GRALISE TABS	halobetasol propionate FOAM	75
GNP ULTIGUARD SAFEPACK/MINI		granisetron hcl SOLN IV 1 MG/ML, 4	halobetasol propionate OINT	75
PEN NEEDLE/32GX6MM	119	MG/4ML	HALOG CREA (halcinonide)	75
GNP ULTIGUARD		granisetron hcl TABS	HALOG OINT	75
SAFEPACK/SHORT PEN		GRANIX SOLN	HALOG SOLN	75
NEEDLE/31GX8MM	119	GRANIX SOSY	haloperidol decanoate	52
GNP ULTRA COMFORT INSULIN		GRASTEK SUBL	haloperidol lactate CONC	52
SYRINGE/1ML/28G X 1/2"	119	griseofulvin microsize SUSP	haloperidol lactate SOLN	52
GOCOVRI CP24	50	griseofulvin microsize TABS	haloperidol TABS	52
GOJJI LANCING DEVICE/CLEAR		griseofulvin ultramicrosize	HARVONI PACK	57
CAP MISC	102	guaifenesin LIQD 100 MG/5ML, 200	HARVONI TABS	57
GOJJI STERILE LANCETS 30G	102	MG/10ML, 400 MG/20ML	HAVRIX	174
GOLYTELY SOLR (peg 3350-kcl-sod		guaifenesin LIQD 100 MG/5ML ...	HEALTH CARE LANCING DEVICE	
bicarb-sod chloride-sod sulfate) ...	95	guanfacine hcl (adhd)	MISC	102
GONITRO PACK	15	guanfacine hcl	HEALTHWISE INSULIN	
GOODSENSE CLICKFINE SAFETY		GVOKE HYPOPEN 1-PACK SOAJ	SYRINGE/U-100/0.3ML/30G X 5/16"	
PEN NEEDLE/31G X 3/16"	119	29	.....	120
GOODSENSE LANCING DEVICE		GVOKE HYPOPEN 2-PACK SOAJ	HEALTHWISE INSULIN	
MISC	102	30	SYRINGE/U-100/0.3ML/31G X 5/16"	
GOODSENSE PEN		GVOKE KIT SOLN .....	.....	120
NEEDLE/PENFINE CLASSIC/31G X		GVOKE PFS SOSY	HEALTHWISE INSULIN	
3/16"	119	GYNAZOLE-1	SYRINGE/U-100/0.5ML/30G X 5/16"	
GOODSENSE PEN			.....	120
NEEDLE/PENFINE CLASSIC/31G X				
5/16"	119			

HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....120	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....120	MISC .....102 H-E-B INCONTROL LANCETS MICRO THIN 33G .....102
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" 120	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G ... 102	H-E-B INCONTROL LANCETS SUPER THIN 30G 102
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" 120	H-E-B IN CONTROL PEN NEEDLE 31GX3/16" 120	H-E-B INCONTROL LANCETS ULTRA THIN 28G .....102
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32" .....120	H-E-B IN CONTROL PEN NEEDLES 31GX5MM .....120	H-E-B INCONTROL PEN NEEDLES 29GX12MM 121
HEALTHWISE MINI PEN NEEDLES 31GX6MM .....120	H-E-B IN CONTROL PEN NEEDLES 31GX6MM .....120	HELIDAC THERAPY .....172
HEALTHWISE PEN NEEDLES 29GX12MM 120	H-E-B IN CONTROL PEN NEEDLES 31GX8MM .....120	HEMADY TABS .....66
HEALTHWISE SHORT PEN NEEDLES 31GX8MM .....120	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM ....120	HEMANGEOL SOLN OR .....59
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16" .....120	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4" . 120	HEMGENIX .....89
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" .....120	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16" .....120	HEMLIBRA .....89
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM .....120	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16" .....120	HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT 89
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC .....102	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16" .....120	heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L 20
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM 120	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM.....120	heparin (porcine) in sodium chloride SOLN IV 0.9 %-2000 UNIT/L 20
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM.....120	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM.....120	heparin sodium (porcine) lock flush 10 UNIT/ML, 100 UNIT/ML 20
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM.....120	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32" .....120	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....20
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM.....120	H-E-B INCONTROL ADVANCEDLANCING DEVICE	heparin sodium (porcine) SOLN IJ 5000 UNIT/0.5ML .....20
		HEPARIN SODIUM SOLN IJ 5000 UNIT/ML 21
		HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML .....21
		HEPARIN SODIUM/D5W 20
		HEPARIN SODIUM/DEXTROSE

25000 UNIT/500ML-5 %, 5 %-25000 UNIT/250ML	20	HULIO PSKT	5	HUMULIN R SOLN IJ	31
HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML 20		HUMALOG JUNIOR KWIKPEN SOPN	30	HUMULIN R U-500 (CONCENTRATED) SOLN SC	31
HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-25000 UNIT/250ML 21		HUMALOG KWIKPEN SOPN 100 UNIT/ML	30	HUMULIN R U-500 KWIKPEN SOPN SC	31
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IJ (heparin (porcine) in sodium chloride)	21	HUMALOG KWIKPEN SOPN 200 UNIT/ML	30	HYCANTIN CAPS	49
HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	21	HUMALOG MIX 50/50 KWIKPEN SUPN	30	hydralazine hcl SOLN	42
HEPLISAV-B SOSY	174	HUMALOG MIX 50/50 SUSP	30	hydralazine hcl TABS	42
HEPSERA (adefovir dipivoxil)	57	HUMALOG MIX 75/25 KWIKPEN SUPN	31	HYDREA (hydroxyurea)	49
HETLIOZ CAPS (tasimelteon)	94	HUMALOG MIX 75/25 SUSP	31	HYDROCELL ADHESIVE DRESSING 4"X4" PADS	98
HETLIOZ LQ SUSP	94	HUMALOG SOCT	31	HYDROCELL DRESSING 4"X4" PADS	98
HIBERIX SOLR IJ	173	HUMALOG SOLN IJ	31	hydrochlorothiazide CAPS	81
HIPREX (methenamine hippurate) 43		HUMALOG TEMPO PEN SOPN	31	hydrochlorothiazide TABS	81
HM STERILE ALCOHOL PREP PADS	106	HUMATE-P SOLR	89	HYDROCIL INSTANT POWD (psyllium)	95
HM STERILE PADS PADS	98	HUMATROPE CART IJ	82	hydrocodone bitartrate CP12	10
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	121	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	5	hydrocodone bitartrate T24A	10
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	121	HUMIRA PEN PNKT	5	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	11
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16") ..	121	HUMIRA PEN-CD/UC/HS STARTER PNKT	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 ULTICARE SHORT PEN NEEDLES 31GX8MM	121	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	5	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	11
HORIZANT	166	HUMIRA PEN-PS/UV STARTER PNKT	5	hydrocortisone (intrarectal)	13
HULIO AJKT	5	HUMIRA PSKT	5	hydrocortisone (rectal) EX 1 %	14
		HUMULIN 70/30 KWIKPEN SUPN	31	hydrocortisone (rectal) EX	14
		HUMULIN 70/30 SUSP	31	hydrocortisone (topical) CREA	75
		HUMULIN N KWIKPEN SUPN	31		
		HUMULIN N SUSP	31		

hydrocortisone (topical) LOTN 2.5 % . 75	hydroxyzine hcl SYRP 15	HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ . 6
hydrocortisone (topical) OINT 75	hydroxyzine hcl TABS 25 MG .....15	HYRIMOZ SOAJ 6
hydrocortisone acetate (rectal) ....14	hydroxyzine hcl TABS 15	HYRIMOZ SOSY .....6
hydrocortisone acetate w/ pramoxine CREA EX 1 %-1 %14	hydroxyzine pamoate CAPS 25 MG, 50 MG .....15	HYSINGLA ER T24A 10
hydrocortisone butyrate CREA 75	hydroxyzine pamoate CAPS .....15	HYZAAR (losartan potassium & hydrochlorothiazide) 41
hydrocortisone butyrate hydrophilic lipo base .....75	HYFTOR .....76	ibandronate sodium SOLN 81
hydrocortisone butyrate LOTN .....75	hyoscyamine sulfate ELIX .....169	ibandronate sodium TABS .....81
hydrocortisone butyrate OINT 75	hyoscyamine sulfate SOLN OR 0.125 MG/ML .....169	IBRANCE CAPS .....48
hydrocortisone butyrate SOLN .....75	hyoscyamine sulfate SUBL 0.125 MG.....169	IBRANCE TABS 48
HYDROCORTISONE CREA .....75	hyoscyamine sulfate TABS 0.125 MG.....169	IBSRELA 87
hydrocortisone TABS 66	hyoscyamine sulfate TB12 0.375 MG 169	ibuprofen CHEW 7
hydrocortisone valerate CREA .....75	hyoscyamine sulfate TBDP 0.125 MG.....169	ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML 7
hydrocortisone valerate OINT 75	HYPERRHO S/D SOSY IM 1500 UNIT 162	ibuprofen TABS 7
hydrocortisone w/ acetic acid .....162	HYPERSAL NEBU (sodium chloride (inhalant)) 68	ibuprofen-famotidine .....7
HYDROCORTISONE/ACETIC ACID (hydrocortisone w/ acetic acid) ....162	HYPODERMIC NEEDLE 18G X 1- 1/2" .....121	ibutilide fumarate 16
hydromorphone hcl LIQD 10	HYPODERMIC NEEDLES 18GX1- 1/2" .....121	icatibant acetate SOLN 90
HYDROMORPHONE HCL SUPP . 10	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ .....6	icatibant acetate SOSY .....90
hydromorphone hcl TABS 10	HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY .....6	ICLUSIG 10 MG .....48
hydromorphone hcl TB24 .....10	HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY .....6	ICLUSIG 15 MG, 30 MG, 45 MG .. 48
hydroxocobalamin acetate SOLN .91		icosapent ethyl 0.5 GM 37
hydroxychloroquine sulfate 100 MG, 300 MG, 400 MG .....44		icosapent ethyl 1 GM 37
hydroxychloroquine sulfate 200 MG 44		IDACIO (2 PEN) AJKT 6
hydroxyprogesterone caproate (antineoplastic) .....46		IDACIO (2 SYRINGE) PSKT .....6
hydroxyurea .....49		IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT 6
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML 15		IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT 6
		IDELVION 89

IDHIFA	48	IMODIUM A-D TABS (loperamide hcl)	33	indomethacin SUPP	7
IHEALTH COVID-19 ANTIGEN RAPID TEST KIT	79	IMOVAX RABIES (H.D.C.V.) SUSR 174		indomethacin SUSP	7
ILARIS SOLN	6	IMPEKLO LOTN	75	INFANRIX	169
ILEVRO	161	IMURAN TABS (azathioprine)	150	INFANTS ADVIL SUSP (ibuprofen)	7
ILUMYA	72	IN TOUCH LANCING DEVICE MISC 102		INFED	92
imatinib mesylate 100 MG	48	INBRIJA CAPS	50	INFLECTRA SOLR	86
imatinib mesylate 400 MG	48	IN-CHECK DIAL		INFLIXIMAB	86
IMBRUVICA CAPS	48	INSPIRATORY FLOW TRAINER DEVI	143	INFUVITE PEDIATRIC SOLN IV	153
IMBRUVICA SUSP	48	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	143	INGREZZA CAPS	165
IMBRUVICA TABS 140 MG, 280 MG, 420 MG	48	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	143	INGREZZA CPPK	165
imipramine hcl TABS	28	INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	121	INGREZZA CPSP OR 60 MG	165
imipramine pamoate	28	INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	121	INJECTAFER	92
imiquimod 3.75 %	76	INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	121	INLYTA 1 MG	45
imiquimod 5 %	76	INCRELEX	82	INLYTA 5 MG	45
IMITREX 5 MG/ACT, 20 MG/ACT (sumatriptan)	147	INCRUSE ELLIPTA	17	INNOPRAN XL	59
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (sumatriptan succinate)	147	indapamide TABS 1.25 MG, 2.5 MG	81	INNOSPIRE REPLACEMENT FILTER MISC	143
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (sumatriptan succinate)	147	INDERAL LA CP24 (propranolol hcl)	59	INPEFA	62
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (sumatriptan succinate)	147	INDERAL XL	59	INQOVI	47
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate)	147	INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	79	INREBIC	48
IMITREX TABS (sumatriptan succinate)	147	INDOCIN SUSP (indomethacin)	7	INSPIREASE DRUG DELIVERY SYSTEM MISC	143
IMODIUM A-D CAPS (loperamide hcl)	33	indomethacin CAPS 25 MG, 50 MG	7	INSPIREASE RESERVOIR BAGS	143
		indomethacin CPCR	7	INSPIREASE RESERVOIR BAGS	143
				INSPRA (eplerenone)	42
				INSULIN ASPART FLEXPEN SOPN	31
				INSULIN ASPART PENFILL SOCT	31
				INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	31

INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP .....31	INSULIN SYRINGE/0.5ML/31G X 5/16" .....121	INSULIN SYRINGES/U- 100/0.5ML/28GX1/2" .....122
INSULIN ASPART SOLN IJ 31	INSULIN SYRINGE/1ML/28G X 1/2" 121	INSULIN SYRINGES/U- 100/0.5ML/29GX1/2" .....122
INSULIN DEGLUDEC FLEXTOUCH SOPN 31	INSULIN SYRINGE/1ML/29G X 1/2" 121	INSULIN SYRINGES/U- 100/0.5ML/30GX5/16" 122
INSULIN DEGLUDEC SOLN 31	INSULIN SYRINGE/1ML/30G X 5/16" .....121	INSULIN SYRINGES/U- 100/0.5ML/31GX5/16" 122
INSULIN GLARGINE MAX SOLOSTAR SOPN 31	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16" .....121	INSULIN SYRINGES/U- 100/1ML/27GX1/2" .....122
INSULIN GLARGINE SOLN 31	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" .....121	INSULIN SYRINGES/U- 100/1ML/28GX1/2" .....122
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML 31	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" .....121	INSULIN SYRINGES/U- 100/1ML/29GX1/2" .....122
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML 31	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" .....121	INSULIN SYRINGES/U- 100/1ML/30GX1/2" .....122
INSULIN GLARGINE-YFGN SOLN 31	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" .....121	INSULIN SYRINGES/U- 100/1ML/31GX5/16" 122
INSULIN GLARGINE-YFGN SOPN 31	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2" .....121	INSUPEN 29G X 12MM 122
INSULIN LISPRO JUNIOR KWIKPEN SOPN .....31	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" .....121	INSUPEN 31G X 5MM .....122
INSULIN LISPRO KWIKPEN SOPN . 31	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16" .....121	INSUPEN 31G X 8MM .....122
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN 31	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" .....121	INSUPEN 32G X 4MM .....122
INSULIN LISPRO SOLN IJ 31	INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" 121	INSUPEN 33GX4MM 122
INSULIN SYRINGE/0.3ML/30G X 5/16" .....121	INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" 121	INSUPEN PEN NEEDLES 32G X4MM 122
INSULIN SYRINGE/0.3ML/31G X 5/16" .....121	INSULIN SYRINGE/U-100/1ML/29G X 1/2" .....121	INSUPEN SENSITIVE 32GX6MM 122
INSULIN SYRINGE/0.5ML/27G X 1/2" .....121	INSULIN SYRINGE/U-100/1ML/30G X 5/16" 121	INSUPEN SENSITIVE 32GX8MM 122
INSULIN SYRINGE/0.5ML/28G X 1/2" .....121	INSULIN SYRINGE/U-100/1ML/31G X 5/16" 121	INSUPEN ULTRAFIN 30GX8MM 122
INSULIN SYRINGE/0.5ML/30G X 5/16" .....121	INSULIN SYRINGES/U- 100/0.5ML/27GX1/2" .....121	INSUPEN ULTRAFIN 31GX6MM 122
		INSUPEN ULTRAFIN 31GX8MM 122

INTELENCE (etravirine)	55	ISENTRESS CHEW 25 MG	55	IXINITY SOLR	89
INTELENCE	55	ISENTRESS HD TABS	55	IYUZEH SOLN	161
INTELENCE 200 MG (etravirine) ..	55	ISENTRESS PACK	55	J & J GAUZE 4"X4" 12 PLY PADS	98
INTELISWAB COVID-19 RAPID TEST KIT	79	ISENTRESS TABS	55	J & J GAUZE 4"X4" 8 PLY PADS .	98
INTRON A SOLR	49	isoniazid SYRP	45	J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	98
INTUNIV (guanfacine hcl (adhd)) ..	2	isoniazid TABS	45	J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	98
INVANZ IJ (ertapenem sodium) ...	43	isopropyl alcohol-glycerin	161	J & J GAUZE SPONGES 8-PLY4" X 4" MISC	98
INVEGA (paliperidone)	52	ISOPTO ATROPINE SOLN	158	JADENU SPRINKLE PACK (deferiasirox)	33
INVEGA HAFYERA	52	ISOPTO CARPINE SOLN 1 % (pilocarpine hcl)	158	JADENU TABS (deferiasirox)	33
INVEGA SUSTENNA	52	ISORDIL TITRADOSE TABS 40 MG (isosorbide dinitrate)	15	JAKAFI	48
INVEGA TRINZA	52	ISORDIL TITRADOSE TABS 5 MG (isosorbide dinitrate)	15	JALYN (dutasteride-tamsulosin hcl) . 88	
INVELTYS SUSP	160	isosorbide dinitrate TABS	15	JANSSEN COVID-19 VACCINE .	174
INVOKAMET TABS	28	isosorbide dinitrate-hydralazine hcl 62		JANUMET TABS	29
INVOKAMET XR TB24	28	isosorbide mononitrate TABS	15	JANUMET XR TB24 1000 MG-100 MG	28
INVOKANA	32	isosorbide mononitrate TB24	15	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	29
IOPIDINE	158	isotretinoin 10 MG, 20 MG, 40 MG	69	JANUVIA	30
IPOL INACTIVATED IPV	174	isotretinoin 25 MG, 35 MG	69	JARDIANCE	32
ipratropium bromide (nasal) 0.03 % 154		isotretinoin 30 MG	69	JATENZO CAPS	13
ipratropium bromide (nasal) 0.06 % 154		isradipine CAPS	60	JAYPIRCA	48
ipratropium bromide SOLN 0.02 %	17	ISTALOL SOLN (timolol maleate (ophth))	158	JENTADUETO TABS	29
ipratropium-albuterol SOLN	19	ISTURISA	81	JENTADUETO XR TB24 1000 MG- 2.5 MG	29
irbesartan	39	itraconazole CAPS	35	JENTADUETO XR TB24 1000 MG-5 MG	29
irbesartan-hydrochlorothiazide	41	itraconazole SOLN	35	JESDUVROQ	91
IRESSA (gefitinib)	46	ivermectin (rosacea)	77	JIVI	89
iron polysaccharide complex-vit b12- folic acid CAPS	92	ivermectin	14		
irrigation solutions, physiological	150	IWILFIN	49		
ISENTRESS CHEW 100 MG	55	IXIARO	174		

JOENJA	149	KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS ...	98	MG/ML, 60 MG/2ML	7
JORNAY PM CP24	2	KENGREAL	91	KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	7
JUBLIA	71	KEPPRA SOLN IV 500 MG/5ML (levetiracetam)	22	ketorolac tromethamine TABS	7
JULUCA	55	KEPPRA SOLN OR 100 MG/ML (levetiracetam)	22	KETOSTIX STRP	79
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	38	KEPPRA TABS 1000 MG (levetiracetam)	22	ketotifen fumarate (ophth) 0.035 % 161	
JYLAMVO SOLN	45	KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)	22	KEVEYIS (dichlorphenamide)	80
JYNARQUE TABS	84	KEPPRA XR TB24 (levetiracetam)	22	KEVZARA SOAJ	6
JYNARQUE TBPK	84	KERENDIA	84	KEVZARA SOSY	6
JYNNEOS	174	KERLIX SPONGES 4" X 4" 12 PLY PADS	98	KIMONO MICRO THIN MISC	99
KALBITOR	90	KERLIX SPONGES 4" X 4" 16 PLY PADS	98	KINERET SOSY	6
KALETRA SOLN (lopinavir-ritonavir) . 55		KERYDIN (tavaborole)	71	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	122
KALETRA TABS 25 MG-100 MG (lopinavir-ritonavir)	55	KESIMPTA	165	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	122
KALETRA TABS 50 MG-200 MG (lopinavir-ritonavir)	55	ketoconazole (topical) CREA	71	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	122
KALYDECO PACK	167	ketoconazole (topical) FOAM	71	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	122
KALYDECO TABS	167	ketoconazole (topical) SHAM 2 %	71	KINRIX SUSY	169
KANUMA	83	ketodan KIT	71	KISQALI	48
KAPSPARGO SPRINKLE CS24 ..	59	KETONE STRP	79	KISQALI FEMARA 200 DOSE	47
KAPVAY TB12 (clonidine hcl (adhd)) 2		KETONE TEST STRIPS STRP	79	KISQALI FEMARA 400 DOSE	47
KARBINAL ER SUER	36	ketoprofen CAPS 25 MG	7	KISQALI FEMARA 600 DOSE	47
KATERZIA	60	ketoprofen CP24	7	KITABIS PAK NEBU (tobramycin) ..	4
KAZANO (alogliptin-metformin hcl) 29		ketorolac tromethamine (ophth) 0.4 %	161	KLARON (sulfacetamide sodium (acne))	69
KENALOG AERS (triamcinolone acetoneide (topical))	75	ketorolac tromethamine (ophth) 0.5 %	161	KLONOPIN TABS (clonazepam) ..	21
KENALOG-10 SUSP	66	ketorolac tromethamine SOLN IM 30		KLOXXADO LIQD	33
KENALOG-40 SUSP (triamcinolone acetoneide)	66				
KENALOG-80 SUSP	66				

KMART VALU PLUS INSULIN SYRINGE/1ML/29G	122	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" ...	122	KROGER PEN NEEDLES/33G X5/32"	123
KMART VALU PLUS INSULIN SYRINGE/1ML/30G	122	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	122	KRYSTEXXA	89
KOATE SOLR	90	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" ...	122	K-TAB TBCR 10 MEQ (potassium chloride)	149
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	89	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" ...	122	K-TAB TBCR 20 MEQ (potassium chloride)	148
KOGENATE FS KIT	90	KROGER INSULIN SYRINGE/1ML/29G X 1/2"	122	K-TAB TBCR 8 MEQ (potassium chloride)	148
KOMBIGLYZE XR 1000 MG-2.5 MG (saxagliptin-metformin hcl)	29	KROGER INSULIN SYRINGE/1ML/30G X 5/16"	122	KUVAN PACK (sapropterin dihydrochloride)	83
KOMBIGLYZE XR 1000 MG-5 MG, 500 MG-5 MG (saxagliptin-metformin hcl)	29	KROGER INSULIN SYRINGE/1ML/31G X 5/16"	122	KUVAN TABS (sapropterin dihydrochloride)	83
KONVOMEK SUSR	172	KROGER LANCETS 21G	102	KYLEENA	66
KORLYM (mifepristone (hyperglycemia))	30	KROGER LANCETS MICRO THIN33G	102	KYMRIAH	46
KOSELUGO	48	KROGER LANCETS THIN 26G ..	102	KYNMOBI FILM	50
KOVALTRY	90	KROGER LANCETS ULTRATHIN30G	102	KYNMOBI TITRATION KIT KIT ...	50
K-PHOS NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	148	KROGER LANCING DEVICE MISC 102		labetalol hcl SOLN	58
K-PHOS NO 2	88	KROGER PEN NEEDLES 29G X12MM	122	labetalol hcl TABS 100 MG	58
K-PHOS TABS (potassium phosphate monobasic)	148	KROGER PEN NEEDLES 31G X8MM	123	labetalol hcl TABS 200 MG	58
KRAZATI	48	KROGER PEN NEEDLES 31GX1/4"	123	labetalol hcl TABS 300 MG	58
KRINTAFEL	44	KROGER PEN NEEDLES/31G X1/4"	123	LABETALOL HYDROCHLORIDE SOSY 10 MG/2ML	59
KRISTALOSE PACK	95	KROGER PEN NEEDLES/31G X3/16"	123	LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE 0.72 %-100 MG/100ML, 0.72 %-200 MG/200ML, 0.72 %-300 MG/300ML	59
KROGER AUTOLET LANCING DEVICE MISC	102	KROGER PEN NEEDLES/31G X5/16"	123	lacosamide SOLN IV 200 MG/20ML .	22
KROGER HEALTHPRO TWIST LANCETS/26G	102	KROGER PEN NEEDLES/31G X5/16"	123	lacosamide SOLN OR 10 MG/ML .	22
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	122	KROGER PEN NEEDLES/31G X5/16"	123	lacosamide SOLN OR	22
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" ...	122	KROGER PEN NEEDLES/32G X5/32"	123	lacosamide TABS	22

lactic acid (ammonium lactate) CREA.....76	lamotrigine TABS 23	DEVICE MISC 103
lactic acid (ammonium lactate) LOTN 12 %76	lamotrigine TB24 23	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" 123
LACTIC ACID LOTN .....76	lamotrigine TBDP 23	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" ... 123
lactulose (encephalopathy) 87	LAMPIT .....43	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" ... 123
lactulose SOLN 95	LAMZEDE 83	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" 123
LAGEVRIO 58	LANCET DEVICE ADJUSTABLE MISC .....102	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" 123
LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine) 23	LANCET DEVICE WITH EJECTOR MISC .....102	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" ... 123
LAMICTAL ODT KIT (lamotrigine) .23	LANCETS 102	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" ... 123
LAMICTAL ODT KIT .....23	LANCETS 30G .....102	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" 123
LAMICTAL ODT TBDP (lamotrigine) . 23	LANCETS THIN .....102	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" ... 123
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (lamotrigine) . 23	LANCETS ULTRA THIN .....102	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" ... 123
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (lamotrigine) ....23	LANCING DEVICE MISC .....102	LEADER INSULIN SYRINGE/1ML/28G X 1/2" 123
LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine) ....23	LANOXIN PEDIATRIC SOLN IJ ... 61	LEADER INSULIN SYRINGE/1ML/29G X 1/2" 123
LAMICTAL TABS (lamotrigine) ....23	LANOXIN SOLN IJ (digoxin) 61	LEADER INSULIN SYRINGE/1ML/30G X 5/16" 123
LAMICTAL XR KIT .....23	LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin) 61	LEADER INSULIN SYRINGE/1ML/31G X 5/16" 123
LAMICTAL XR TB24 (lamotrigine) .23	LANREOTIDE ACETATE 84	LEADER INSULIN SYRINGE/1ML/31G X 5/16" 123
lamivudine (hbv) TABS 57	lansoprazole CPDR .....170	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" 123
lamivudine SOLN 55	lansoprazole TBDD .....171	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" 123
lamivudine TABS 150 MG 55	lanthanum carbonate CHEW 87	LEADER UNIFINE PENTIPS/MINI/31GX3/16" 123
lamivudine TABS 300 MG 55	LANTIDRA 28	LEADER UNIFINE PENTIPS/NANO/32GX5/32" 123
lamivudine-zidovudine 55	LANTUS SOLN 31	LEADER UNIFINE PENTIPS/PLUS/32GX5/32" 123
lamotrigine CHEW 23	LANTUS SOLOSTAR SOPN 31	LEDIPASVIR/SOFOSBUVIR TABS 57
lamotrigine KIT 25 MG .....23	LANZO MISC 103	leflunomide 8
	lapatinib ditosylate 48	
	LASIX TABS (furosemide) 81	
	latanoprost SOLN .....161	
	LATUDA (lurasidone hcl) .....51	
	LEADER ADVANCED LANCING	

LEMTRADA	165	sodium chloride)	23	LEVOPHED IV (norepinephrine bitartrate)	177
lenalidomide	149	levetiracetam in sodium chloride ..	23	levorphanol tartrate TABS 2 MG ...	10
LENMELDY	164	levetiracetam SOLN IV 500 MG/5ML	23	levorphanol tartrate TABS 3 MG ...	10
LENVIMA 10 MG DAILY DOSE ..	45	levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	23	levothyroxine sodium CAPS	168
LENVIMA 12MG DAILY DOSE ...	45	levetiracetam TABS 1000 MG	23	LEVOTHYROXINE SODIUM SOLN IV	168
LENVIMA 14 MG DAILY DOSE ..	45	levetiracetam TABS 250 MG, 500 MG, 750 MG	23	levothyroxine sodium TABS	168
LENVIMA 18 MG DAILY DOSE ..	45	levetiracetam TB24	23	LEVSIN SOLN IJ 0.5 MG/ML (hyoscyamine sulfate)	170
LENVIMA 20 MG DAILY DOSE ..	45	LEVETIRACETAM/SODIUM CHLORIDE	23	LEVSIN TABS (hyoscyamine sulfate)	170
LENVIMA 24 MG DAILY DOSE ..	45	levobunolol hcl 0.5 %	158	LEVSIN/SL SUBL (hyoscyamine sulfate)	170
LENVIMA 4 MG DAILY DOSE	45	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	83	LEVULAN KERASTICK SOLR	72
LENVIMA 8 MG DAILY DOSE	45	levocarnitine (metabolic modifiers) TABS	83	LEXAPRO TABS (escitalopram oxalate)	26
LEQEMBI	164	levocetirizine dihydrochloride SOLN	36	LEXETTE FOAM	75
LEQVIO	38	levocetirizine dihydrochloride TABS	36	LEXIVA SUSP	55
LESCOL XL TB24 (fluvastatin sodium)	38	levofloxacin SOLN OR	85	LEXIVA TABS (fosamprenavir calcium)	56
LETAIRIS (ambrisentan)	62	levofloxacin TABS	85	LIALDA TBEC (mesalamine)	86
letrozole	46	levonorgestrel & eth estradiol TABS	64	LIBERTY MINI LANCING DEVICE MISC	103
leucovorin calcium TABS	49	levonorgestrel (emergency oc) 1.5 MG	65	LIBERVANT FILM BU 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG	21
LEUKERAN	45	levonorgestrel-eth estradiol (triphasic)	64	LIBRAX (chlordiazepoxide hcl-clidinium bromide)	170
LEUKINE SOLR IJ	91	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	64	LICART PT24	71
LEUPROLIDE ACETATE INJ	46	levonorgestrel-ethinyl estradiol (continuous)	64	lidocaine hcl (cardiac) SOSY	16
leuprolide acetate KIT IJ 1 MG/0.2ML	46	levonorgestrel-ethinyl estradiol-iron	64	lidocaine hcl (mouth-throat) 2 % ..	150
levalbuterol hcl	19			lidocaine hcl CREA 3 %	77
levalbuterol tartrate	19			lidocaine hcl PRSY	77
levamlodipine maleate	60				
LEVBID TB12 (hyoscyamine sulfate) 170					
LEVEMIR FLEXPEN SOPN	31				
LEVEMIR SOLN	31				
LEVETIRACETAM (levetiracetam in					

LIDOCAINE HCL SOLN	16	(fenofibrate)	38	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	124
lidocaine hcl SOLN	77	LIQREV SUSP	62	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	124
LIDOCAINE HCL- HYDROCORTISONE ACETATE WITH ALOE GEL	14	lisdexamfetamine dimesylate CAPS 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	1	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	124
lidocaine in d5w 5 %-4 MG/ML, 5 %- 8 MG/ML	16	lisdexamfetamine dimesylate CAPS 1	1	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	124
lidocaine OINT	77	lisdexamfetamine dimesylate CHEW . 1	1	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	124
lidocaine PTCH 5 %	77	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	41	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	124
lidocaine-hydrocortisone acetate (rectal) CREA EX	14	lisinopril & hydrochlorothiazide 25 MG-20 MG	41	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	124
lidocaine-hydrocortisone acetate (rectal) KIT	14	lisinopril TABS 2.5 MG	39	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	124
lidocaine-prilocaine CREA	77	lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	39	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	124
lidocaine-prilocaine KIT	77	LITE TOUCH LANCING PEN MISC 103		LITETOUCH MASK LARGE MISC 143	
LIDOCARE ARM/NECK/LEG PTCH (lidocaine)	77	LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	123	LITETOUCH MASK MEDIUM MISC 143	
LIDOCARE BACK/SHOULDER PTCH (lidocaine)	77	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	123	LITETOUCH MASK SMALL MISC 143	
LIDODERM PTCH (lidocaine)	77	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	123	LITETOUCH PEN NEEDLES 29GX12.7MM	124
LIDOTRAL CREA	77	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	123	LITETOUCH PEN NEEDLES 31G X 6MM	124
LIKMEZ SUSP	42	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	123	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	124
LILETTA 20.1 MCG/DAY	66	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	123	LITETOUCH PEN NEEDLES 31GX8MM SHORT	124
LINCOCIN (lincomycin hcl)	43	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	123	LITETOUCH PEN NEEDLES/31G X 3/16"	124
lincomycin hcl	43	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	123	LITETOUCH PEN NEEDLES/31G X 5MM/MINI	124
linezolid SUSR	43	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	123	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	124
linezolid TABS	43				
LINZESS	87				
liothyronine sodium TABS	168				
LIPITOR TABS (atorvastatin calcium)	38				
LIPOFEN CAPS (fenofibrate)	38				
LIPOFEN CAPS 150 MG					

LITFULO	76	loperamide hcl TABS	33	losartan potassium	39
lithium	51	LOPID TABS (gemfibrozil)	38	LOSEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))	65
lithium carbonate CAPS	51	lopinavir-ritonavir SOLN	56	LOTEMAX GEL (loteprednol etabonate)	160
lithium carbonate TABS	51	lopinavir-ritonavir TABS 25 MG-100 MG	56	LOTEMAX OINT	160
lithium carbonate TBCR	51	lopinavir-ritonavir TABS 50 MG-200 MG	56	LOTEMAX SM GEL	160
LITHOBID TBCR (lithium carbonate) . 51		LOPRESSOR TABS 100 MG (metoprolol tartrate)	59	LOTEMAX SUSP (loteprednol etabonate)	160
LITHOSTAT	89	LOPRESSOR TABS 50 MG (metoprolol tartrate)	59	LOTENSIN 10 MG, 20 MG (benazepril hcl)	39
LIVALO (pitavastatin calcium)	38	LOPROX CREA (ciclopirox olamine) . 71		LOTENSIN 40 MG (benazepril hcl) 39	
LIVE BETTER ADVANCED LANCING DEVICE MISC	103	LOPROX KIT	71	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 41	
LIVE BETTER LANCET ULTRATHIN 28G	103	LOPROX SHAMPOO SHAM (ciclopirox)	71	loteprednol etabonate GEL	160
LIVMARLI	86	LOPROX SUSP (ciclopirox olamine) . 71		loteprednol etabonate SUSP	160
LIVTENCITY	57	loratadine & pseudoephedrine TB12 . 67		LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 41	
LO LOESTRIN FE TABS	64	loratadine & pseudoephedrine TB24 . 68		LOTRIMIN AF CREA (clotrimazole (topical))	71
LOCOID LIPOCREAM	75	loratadine SOLN	36	LOTRIMIN AF JOCK ITCH CREA (clotrimazole (topical))	71
LOCOID LOTN (hydrocortisone butyrate)	75	loratadine TABS	36	LOTRIMIN ULTRA (butenafine hcl) 71	
LODINE TABS (etodolac)	7	lorazepam CONC	16	LOTRONEX (alosetron hcl)	87
LODOSYN (carbidopa)	49	lorazepam SOLN	16	lovastatin TABS 10 MG, 20 MG ...	38
LOKELMA	150	lorazepam TABS 0.5 MG, 2 MG ...	16	lovastatin TABS 40 MG	38
LOMOTIL TABS (diphenoxylate w/ atropine)	33	lorazepam TABS 1 MG	16	LOVAZA (omega-3-acid ethyl esters)	37
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" ...	124	LORBRENA 100 MG	48	LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)	21
LONGS LANCETS THIN	103	LORBRENA 25 MG	48		
LONHALA MAGNAIR REFILL KIT SOLN	17	LOREEV XR CS24	16		
LONHALA MAGNAIR STARTER KIT SOLN	17	losartan potassium & hydrochlorothiazide	41		
LONSURF	47				
loperamide hcl CAPS	33				

LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium)	21	IM	83	SYRINGE/U-100/0.3ML/29G X 1/2" .	124
LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium)	21	lurasidone hcl	51	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	124
LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium)	21	LUTATHERA	49	LUXIQ FOAM (betamethasone valerate)	75
LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium)	21	LUXTURNA	159	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" .	124
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ...	21	LUZU (luliconazole)	71	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	124
loxapine succinate	53	LYBALVI	164	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" .	124
lubiprostone	86	LYFGENIA	91	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" .	124
LUCEMYRA	163	LYNPARZA TABS	48	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" .	124
LUCIRA CHECK IT COVID-19TEST KIT KIT	79	LYRICA CAPS 225 MG, 300 MG (pregabalin)	23	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" .	124
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	79	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin)	23	magnesium citrate 1.745 GM/30ML	95
luliconazole	71	LYRICA CR (pregabalin (once-daily))	166	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	95
LUMAKRAS	48	LYRICA SOLN (pregabalin)	23	MALARONE (atovaquone-proguanil hcl)	44
LUMIGAN SOLN 0.01 %	161	LYSODREN	47	malathion	77
LUMIZYME	83	LYSTEDA TABS (tranexamic acid) 92	48	MARATHON MEDICAL PENTIPS29GX12MM	124
LUNESTA (eszopiclone)	93	LYTGOBI	48	MARATHON MEDICAL PENTIPS31GX5MM	124
LUPKYNIS	150	LYUMJEV KWIKPEN SOPN	31	MARATHON MEDICAL PENTIPS31GX8MM	124
LUPRON DEPOT (1-MONTH) KIT IM	46	LYUMJEV SOLN	31	MARATHON MEDICAL PENTIPS32GX4MM	124
LUPRON DEPOT (3-MONTH) KIT IM	46	LYUMJEV TEMPO PEN SOPN ...	31	maraviroc TABS 150 MG	56
LUPRON DEPOT (4-MONTH) IM .	46	LYVISPAH PACK	154	maraviroc TABS 300 MG	56
LUPRON DEPOT (6-MONTH) IM .	47	MACROBID (nitrofurantoin monohyd macro)	43	MARINOL CAPS 2.5 MG (dronabinol)	34
LUPRON DEPOT-PED (1-MONTH) .	82	MACRODANTIN (nitrofurantoin macrocrystal)	43		
LUPRON DEPOT-PED (3-MONTH) .	82	mafenide acetate PACK	73		
LUPRON DEPOT-PED (6-MONTH)		MAG-AL LIQD	14		
		MAGELLAN INSULIN SAFETY			

MARPLAN	26	meclizine hcl CHEW	34	MEIJER PEN NEEDLES 29G X12MM	125
MASK VORTEX/CHILD/FROG ..	143	meclizine hcl TABS 12.5 MG, 25 MG 34		MEIJER PEN NEEDLES 31G X6MM	125
MASK VORTEX/TODDLER/LADYBUG ..	143	meclizine hcl TABS 50 MG	34	MEIJER PEN NEEDLES 31G X8MM	125
MATULANE	49	meclofenamate sodium CAPS	7	MEIJER SUPER THIN LANCETS 103	
MAVENCLAD	165	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" ...	124	MEKINIST SOLR	48
MAVYRET PACK	57	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" ...	125	MEKINIST TABS	48
MAVYRET TABS	57	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	125	MEKTOVI	48
MAXALT TABS 10 MG (rizatriptan benzoate)	147	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	125	meloxicam CAPS	7
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	147	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	125	meloxicam TABS	7
MAXICOMFORT II PEN NEEDLES/31G X 1/4"	124	MEDROL DOSEPAK TBPK (methylprednisolone)	67	melphalan	45
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" 124		MEDROL TABS (methylprednisolone)	67	memantine hcl CP24	164
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" ..	124	MEDROL TABS	67	memantine hcl SOLN 2 MG/ML ..	164
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	124	medroxyprogesterone acetate (contraceptive) SUSP IM	66	memantine hcl TABS	164
MAXIDEX SUSP OP	160	medroxyprogesterone acetate (contraceptive) SUSY IM	66	MENACTRA	173
MAXITROL OINT (neomycin-polymy- dexameth)	160	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	163	MENEST	85
MAXITROL SUSP (neomycin- polymy-dexameth)	160	mefenamic acid CAPS	7	MENOSTAR PTWK	85
MAXZIDE TABS (triamterene & hydrochlorothiazide)	80	mefloquine hcl	44	MENQUADFI	173
MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	80	megestrol acetate (appetite)	163	MENTAX	71
MAYZENT STARTER PACK TBPK 165		megestrol acetate SUSP	47	MENVEO SOLN	173
MAYZENT TABS 0.25 MG	165	megestrol acetate TABS	47	MENVEO SOLR	173
MAYZENT TABS 1 MG, 2 MG ...	165	MEIJER LANCETS THIN	103	meperidine hcl SOLN OR 50 MG/5ML	10
		MEIJER LANCETS UNIVERSAL33G	103	meperidine hcl TABS 50 MG	10
				MEPHYTON TABS (phytonadione) 177	
				meprobamate	15
				MEPRON (atovaquone)	43
				MEPSEVII	83

mercaptopurine TABS	45	metformin hcl TB24 500 MG	29	GM/40ML, 50 MG/2ML, 250
mesalamine CP24	86	metformin hcl TB24 750 MG	29	MG/10ML, 1000 MG/40ML
mesalamine CPR	87	methadone hcl CONC	10	methotrexate sodium SOLR
mesalamine CPDR	87	METHADONE HCL POWD	10	45
mesalamine ENEM	87	METHADONE HCL SOLN IJ	10	methoxsalen rapid
mesalamine SUPP	87	methadone hcl SOLN OR	10	72
mesalamine TBEC 1.2 GM	87	methadone hcl TABS	10	methscopolamine bromide
mesalamine TBEC 800 MG	87	methadone hcl TBSO	10	170
mesalamine w/ cleanser	86	METHADOSE CONC (methadone		methsuximide
MESNEX TABS	49	hcl)	10	25
MESTINON SOLN OR		METHADOSE SUGAR-FREE CONC		methylodopa TABS
(pyridostigmine bromide)	44	(methadone hcl)	10	40
MESTINON TABS (pyridostigmine		methamphetamine hcl	1	methylergonovine maleate TABS
bromide)	44	methazolamide TABS	80	162
MESTINON TIMESPAN TBCR		methenamine hippurate	43	METHYLIN SOLN (methylphenidate
(pyridostigmine bromide)	44	methenamine mandelate 0.5 GM, 1		hcl)
METADATE CD CPR		GM	43	3
(methylphenidate hcl)	2	methenamine-hyoscamine-methylene		methylphenidate hcl CHEW
METAMUCIL 4 IN 1 FIBER POWD		blue-sodium phosphate TABS	42	3
(psyllium)	95	methenamine-hyosc-methylene blue-		methylphenidate hcl CP24 10 MG, 15
METAMUCIL FREE & NATURAL		benzoic acid-phenyl sal	42	MG, 20 MG, 30 MG, 40 MG, 50 MG
POWD (psyllium)	95	methenamine-hyosc-methylene blue-		3
METAMUCIL ORIGINAL TEXTURE		sod phos-phenyl sal CAPS	42	methylphenidate hcl CP24 10 MG, 20
POWD (psyllium)	95	methenamine-hyosc-methylene blue-		MG, 30 MG, 40 MG, 60 MG
METAMUCIL POWD (psyllium) ...	95	sod phos-phenyl sal TABS 10.8 MG-		3
metaxalone	154	81 MG-32.4 MG-0.12 MG-40.8 MG,		methylphenidate hcl CP24 60 MG ..
metformin hcl SOLN	29	10.8 MG-81.6 MG-36.2 MG-0.12 MG-		3
metformin hcl TABS 1000 MG	29	40.8 MG	42	methylphenidate hcl CPR
metformin hcl TABS 500 MG	29	methimazole TABS	168	3
metformin hcl TABS 625 MG	29	METHITEST TABS	13	methylphenidate hcl SOLN
metformin hcl TABS 850 MG	29	methocarbamol SOLN	154	3
metformin hcl TB24 500 MG, 1000		methocarbamol TABS 500 MG, 750		methylphenidate hcl TABS
MG	29	MG	154	3
methotrexate sodium SOLN 1				methylphenidate hcl TB24
				3
				methylphenidate hcl TBCR 45 MG,
				63 MG
				3
				methylphenidate hcl TBCR 72 MG ..
				3
				methylphenidate hcl TBCR
				3
				methylphenidate PTCH
				3
				methylprednisolone acetate SUSP
				67
				methylprednisolone sod succ 40 MG,
				125 MG, 500 MG, 1000 MG
				67
				methylprednisolone TABS
				67
				methylprednisolone TBPK
				67

methyltestosterone CAPS	13	metronidazole vaginal	176	midazolam hcl SYRP	93
metoclopramide hcl SOLN IJ 5 MG/ML	86	metyrosine	39	MIDAZOLAM SOSY IJ 2 MG/2ML .	94
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	86	mexiletine hcl	16	MIDAZOLAM/SODIUM CHLORIDE (midazolam-sodium chloride)	94
metoclopramide hcl TABS	86	MICALCIN IJ (calcitonin (salmon)) 81		MIDAZOLAM/SODIUM CHLORIDE 0.9 %-100 MG/100ML, 0.9 %-50 MG/50ML	93
metoclopramide hcl TBDP	86	MICAFUNGIN	35	midazolam-sodium chloride	94
metolazone	81	micafungin sodium	35	midodrine hcl	177
metoprolol & hydrochlorothiazide TABS	41	MICAFUNGIN/SODIUM CHLORIDE SOLN IV	35	MIEBO	161
metoprolol succinate TB24 200 MG 59		MICARDIS (telmisartan)	40	MIFEPREX (mifepristone)	84
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	59	MICARDIS HCT (telmisartan- hydrochlorothiazide)	41	mifepristone (hyperglycemia)	30
metoprolol tartrate SOLN IV 5 MG/5ML	59	MICATIN CREA (miconazole nitrate (topical))	71	mifepristone	84
metoprolol tartrate TABS 25 MG, 100 MG	59	miconazole nitrate (topical) CREA .	71	miglitol	28
metoprolol tartrate TABS 37.5 MG, 75 MG	59	miconazole nitrate vaginal CREA 2 %	176	miglustat	91
metoprolol tartrate TABS 50 MG ..	59	miconazole nitrate vaginal SUPP 200 MG	176	MIGRANAL SOLN NA (dihydroergotamine mesylate)	147
METROCREAM CREA (metronidazole (topical))	77	miconazole-zinc oxide-white petrolatum	71	milrinone lactate	62
METROGEL GEL 1 % (metronidazole (topical))	77	MICROCHAMBER DEVI	143	milrinone lactate in dextrose	62
METROLOTION LOTN (metronidazole (topical))	77	MICROCHAMBER MISC	143	MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	65
metronidazole (topical) CREA	77	MICRODOT PEN NEEDLE/31G X 6 MM	125	MINI LANCING DEVICE MISC ...	103
metronidazole (topical) GEL 0.75 % 77		MICRODOT PEN NEEDLE/32G X 4 MM	125	MINIELITE FILTER REPLACEMENTS MISC	143
metronidazole (topical) GEL 1 % ..	77	MICRODOT PEN NEEDLE/33G X 4 MM	125	MINIPRESS CAPS (prazosin hcl) .	40
metronidazole (topical) LOTN	77	MICROLET NEXT MISC	103	MINIVELLE PTTW (estradiol)	85
metronidazole CAPS	42	MICROSPACER MISC	143	MINOCIN SOLR	168
metronidazole TABS	42	midazolam hcl SOLN IJ 2 MG/2ML, 5 MG/5ML, 10 MG/2ML	93	minocycline hcl CAPS	168
		midazolam hcl SOLN IJ	93	minocycline hcl TABS	168

mirabegron TB24 25 MG, 50 MG	172	125	MONISTAT 7 SIMPLY CURE CREA (miconazole nitrate vaginal)	176
MIRALAX POWD (polyethylene glycol 3350)	95	125	MONOJECT BLUNTIP SYRINGE/3ML/CANNULA/IV ACCESS	125
MIRAPEX ER TB24 (pramipexole dihydrochloride)	50	125	MONOJECT HYPO/ALUM HUB/18G X 1-1/2"	125
MIRASORB SPONGES 4" X 4" MISC	98	M-M-R II SOLR 174	MONOJECT HYPO/ALUM HUB/LUER LOCK/SHORT BEVEL/18G X 1-1/2"	125
MIRCERA	91	M-NATAL PLUS TABS 153	MONOJECT HYPO/POLYPROPYLENE HUB/18G X 1-1/2"	125
MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	65	modafinil 3	MONOJECT HYPO/POLYPROPYLENE HUB/18G X 1-1/2"	125
MIRENA	66	MODERNA COVID-19 VACCINE SUSP 175	MONOJECT HYPO/POLYPROPYLENE HUB/18G X 1-1/2"	125
mirtazapine TABS 15 MG, 30 MG, 45 MG	25	MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON 174	MONOJECT HYPO/POLYPROPYLENE HUB/LL/SHORT BEVEL/18G X 1- 1/2"	125
mirtazapine TABS	25	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP . 174	MONOJECT INSULIN SYRINGE/1ML	125
mirtazapine TBDP	25	MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y . . 174	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	125
MIRVASO (brimonidine tartrate (topical))	77	MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 . 174	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	125
misoprostol	171	MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 . 174	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	125
MITIGARE CAPS (colchicine)	89	MODERNA COVID-19 VACCINE6- 11Y SUSP 175	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/28G X 1/2"	125
MM INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	125	MODERNA COVID-19 VACCINE6MO-5Y SUSP 175	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	125
MM INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	125	moexipril hcl 39	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U- 100/0.5ML/28G X 1/2"	125
MM INSULIN SYRINGE/U- 100/1/2ML/30G X 5/16"	125	molindone hcl 10 MG 53	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	125
MM INSULIN SYRINGE/U- 100/1/2ML/31G X 5/16"	125	molindone hcl 5 MG, 25 MG 53	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	125
MM INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	125	mometasone furoate (nasal) SUSP 155	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	125
MM INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	125	mometasone furoate CREA 75	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	125
MM LANCING DEVICE MISC	103	mometasone furoate OINT 75	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	125
MM PEN NEEDLES 31G X 1/4"	125	mometasone furoate SOLN 75	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	125
MM PEN NEEDLES 31G X 3/16"		MONISTAT 3 CREA (miconazole nitrate vaginal) 176		

MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	126	SYRINGE/REGULARTIP/3ML	126	100 MG	10
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	126	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	126	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"	126	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	126	MORPHINE SULFATE SOLN OR 20 MG/5ML	10
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	126	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	126	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	10
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	126	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	126	morphine sulfate SUPP 5 MG	10
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	126	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	126	morphine sulfate TABS	10
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	126	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	126	morphine sulfate TBCR	10
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	126	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	126	MOTTEGRITY	85
MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML	126	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	126	MOTOFEN	33
MONOJECT MAGELLAN SAFETYNEEDLE 18GX1-1/2"	126	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	126	MOTPOLY XR CP24	23
MONOJECT PHARMACY TRAY/LUER LOCK/3ML	126	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	126	MOTRIN CHILDRENS CHEW (ibuprofen)	7
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/18GX1-1/2"	126	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	126	MOTRIN INFANTS DROPS SUSP (ibuprofen)	7
MONOJECT SYRINGE/LUER LOCK/3ML	126	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	126	MOUNJARO	30
MONOJECT SYRINGE/LUER-LOCK TIP/3ML	126	MONOLET LANCETS	103	MOVANTIK	87
MONOJECT SYRINGE/REG LUER/3ML	126	montelukast sodium CHEW	17	MOVIPREP (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	95
MONOJECT		montelukast sodium PACK	17	moxifloxacin hcl (ophth) SOLN OP	159
		montelukast sodium TABS	17	moxifloxacin hcl TABS	85
		MONUROL (fosfomycin tromethamine)	43	MS CONTIN TBCR (morphine sulfate)	10
		morphine sulfate beads	10	MS INSULIN SYRINGE/0.3ML/31G X 5/16"	126
		morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG,		MS INSULIN SYRINGE/0.5ML/31G X 5/16"	126
				MS INSULIN SYRINGE/1ML/31G X 5/16"	127

MULPLETA	91	MYFORTIC 180 MG (mycophenolate sodium)	150	naltrexone hcl	33
MULTAQ	16	MYFORTIC 360 MG (mycophenolate sodium)	150	NAMENDA TABS (memantine hcl) 164	
MULTI-LANCET DEVICE MISC ..	103	MYLAB BOX COVID-19 TESTING 79		NAMENDA TITRATION PAK TABS (memantine hcl)	164
multiple vitamins w/ minerals TABS 152		MYLERAN TABS	45	NAMENDA XR CP24 (memantine hcl)	164
MULTIVITAMIN INFANT/TODDLER SOLN OR	153	MYLICON INFANTS GAS RELIEF DYE FREE SUSP (simethicone) ..	85	NAMZARIC C4PK	164
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN 152		MYLICON INFANTS GAS RELIEF SUSP (simethicone)	85	NAMZARIC CP24	164
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	152	MYRBETRIQ SRER	172	NAPRELAN TB24 (naproxen sodium)	7
mupirocin calcium (topical)	70	MYRBETRIQ TB24	172	NAPROSYN SUSP (naproxen)	7
mupirocin OINT	70	MYSOLINE (primidone)	23	NAPROSYN TABS 500 MG (naproxen)	7
MYALEPT	83	MYTESI	32	naproxen sodium TABS 220 MG	7
MYAMBUTOL TABS 400 MG (ethambutol hcl)	45	nabumetone	7	naproxen sodium TABS 275 MG, 550 MG	7
MYCAMINE	35	nadolol TABS 20 MG, 40 MG, 80 MG	59	naproxen sodium TB24	8
MYCAPSSA CPDR	84	naftifine hcl CREA	71	naproxen SUSP	8
MYCOBUTIN (rifabutin)	45	naftifine hcl GEL 2 %	71	naproxen TABS	8
mycophenolate mofetil CAPS	150	NAFTIN GEL 1 %	71	naproxen TBEC	8
mycophenolate mofetil SUSR	150	NAFTIN GEL 2 % (naftifine hcl) ...	71	naproxen-esomeprazole magnesium	8
mycophenolate mofetil TABS	150	NAGLAZYME	83	naratriptan hcl	147
mycophenolate sodium 180 MG ..	150	NALFON CAPS (fenoprofen calcium)	7	NARCAN LIQD (naloxone hcl)	33
mycophenolate sodium 360 MG ..	150	NALFON TABS (fenoprofen calcium) 7		NARDIL (phenelzine sulfate)	26
MYDAYIS CP24 (amphetamine-dextroamphetamine)	1	NALOCET TABS	11	NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal)) 155	
MYDRIACYL SOLN (tropicamide) 158		naloxone hcl LIQD	33	NASACORT ALLERGY 24HR CHILDRENS AERO (triamcinolone acetonide (nasal))	155
MYFEMBREE	84	naloxone hcl SOCT	33	NATAACYN	159
		naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	33	NATALVIT TABS	153
		naloxone hcl SOSY	33		

NATAZIA	65	modified (for microemulsion))	150	NEXICLON XR TB24 (clonidine hcl) .	40
nateglinide	32	neostigmine methylsulfate SOLN IV 5		NEXIUM 24HR CLEAR MINIS CPDR	
NATESTO GEL NA	13	MG/10ML, 10 MG/10ML	44	(esomeprazole magnesium)	171
NATROBA (spinosad)	77	NEOSTIGMINE METHYLSULFATE		NEXIUM 24HR CPDR	
NAYZILAM	22	SOLN IV 5 MG/10ML, 10 MG/10ML		(esomeprazole magnesium)	171
nebivolol hcl	59	44		NEXIUM CPDR (esomeprazole	
NEBULIZER AIR TUBE/PLUGS		NEOSTIGMINE METHYLSULFATE		magnesium)	171
MISC	144	SOSY (neostigmine methylsulfate) 44		NEXIUM I.V. 40 MG (esomeprazole	
NEBULIZER CUP/TUBING DEVI	144	neostigmine methylsulfate SOSY .	44	sodium)	171
NEBULIZER MASK ADULT MISC	144	NEO-SYNALAR	70	NEXIUM PACK (esomeprazole	
144		NEO-SYNALAR KIT	70	magnesium)	171
NEBULIZER MASK CHILD MISC	144	NERLYNX	48	NEXIUM PACK	171
144		NESINA (alogliptin benzoate)	30	NEXLETOL	37
NEBUPENT IN (pentamidine		NEULASTA ONPRO KIT PSKT ...	91	NEXLIZET	37
isethionate)	42	NEULASTA SOSY	91	NEXPLANON	65
nefazodone hcl	27	NEUPOGEN SOLN	91	NEXTERONE	16
NEMBUTAL SODIUM SOLN		NEUPOGEN SOSY	91	NEXTSTELLIS	65
(pentobarbital sodium)	93	NEUPRO	50	NEXVIAZYME	83
neomycin sulfate TABS	4	NEURONTIN CAPS 100 MG, 400		NGENLA	82
neomycin-bacitracin zn-polymyxin	159	MG (gabapentin)	23	niacin (antihyperlipidemic) TBCR ..	38
159		NEURONTIN CAPS 300 MG		niacin TABS 500 MG	177
neomycin-polymy-dexameth OINT	160	(gabapentin)	23	NIASPAN TBCR (niacin	
160		NEURONTIN SOLN (gabapentin) .	23	(antihyperlipidemic))	38
neomycin-polymy-dexameth SUSP	160	NEURONTIN TABS 600 MG		NICADAN TABS	152
160		(gabapentin)	23	nicardipine hcl CAPS	60
neomycin-polymyxin-gramicidin .	159	NEURONTIN TABS 800 MG		nicardipine hcl SOLN	60
159		(gabapentin)	23	NICARDIPINE HYDROCHLORIDE	
neomycin-polymyxin-hc (ophth) .	160	NEVANAC	161	SOLN	61
160		nevirapine SUSP	56	NICARDIPINE	
neomycin-polymyxin-hc (otic) SOLN .	161	nevirapine TABS	56	HYDROCHLORIDE/SODIUM	
161		nevirapine TB24 100 MG	56	CHLORIDE SOLN 0.9 %-40	
neomycin-polymyxin-hc (otic) SUSP .	161	nevirapine TB24 400 MG	56	MG/200ML	61
161		NEXAVAR (sorafenib tosylate) ...	48	NICAZEL FORTE TABS	152
NEORAL CAPS (cyclosporine					
modified (for microemulsion))	150				
NEORAL SOLN (cyclosporine					

NICAZEL TABS	152	NITRO-DUR PT24 0.1 MG/HR, 0.8 MG/HR (nitroglycerin)	15	NORDITROPIN FLEXPPO SOPN .	82
NICODERM CQ PT24 TD (nicotine) . 166		NITRO-DUR PT24	15	norelgestromin-ethinyl estradiol ...	65
NICORETTE GUM (nicotine polacrilex)	166	nitrofurantoin	43	NOREPINEPHRINE BITARTRATE IV 1 MG/ML	177
NICORETTE LOZG (nicotine polacrilex)	166	NITROFURANTOIN	43	norepinephrine bitartrate IV	177
NICORETTE MINI LOZG (nicotine polacrilex)	166	nitrofurantoin macrocrystal 25 MG	44	norethin acet & estrad-fe CAPS ...	65
NICORETTE STARTER KIT GUM (nicotine polacrilex)	166	nitrofurantoin macrocrystal 50 MG, 100 MG	44	norethin acet & estrad-fe CHEW ..	65
nicotine polacrilex GUM	166	nitrofurantoin monohyd macro	44	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	65
nicotine polacrilex LOZG	166	nitroglycerin (intra-anal)	14	norethindrone & eth estradiol	65
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR	166	nitroglycerin CPCR	15	norethindrone & ethinyl estradiol-fe 65	
NICOTINE TRANSDERMAL SYSTEM KIT	166	nitroglycerin in d5w	15	norethindrone (contraceptive)	66
NICOTROL INHALER INHA	166	nitroglycerin PT24	15	norethindrone acet & eth estra	65
NICOTROL NS SOLN	167	NITROGLYCERIN SOLN IV	15	norethindrone acetate TABS	163
nifedipine CAPS	61	nitroglycerin SOLN TL 0.4 MG/SPRAY	15	norethindrone acetate-ethinyl estradiol	84
nifedipine TB24 30 MG, 90 MG ...	61	nitroglycerin SUBL	15	norethindrone acetate-ethinyl estradiol-fe	65
nifedipine TB24 60 MG	61	NITROLINGUAL SOLN TL (nitroglycerin)	15	norethindrone-eth estradiol (triphasic)	65
NILANDRON (nilutamide)	47	nitroprusside sodium	42	NORGESIC FORTE (orphenadrine w/ aspirin & caff)	154
nilutamide	47	nitroprusside sodium-sodium chloride	42	norgestimate-ethinyl estradiol (triphasic)	65
nimodipine CAPS	61	NITROSTAT SUBL (nitroglycerin) .	15	norgestimate-ethinyl estradiol	65
NINLARO	48	NITYR TABS	83	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	65
NIPRIDE RTU (nitroprusside sodium-sodium chloride)	42	NIVA THYROID TABS	168	NORITATE CREA	77
nisoldipine	61	NIVA-PLUS TABS	153	NORLIQVA SOLN	61
nitazoxanide TABS	43	NIVESTYM SOLN	92	NORPACE CAPS (disopyramide phosphate)	16
nitisinone CAPS	83	NIVESTYM SOSY	92	NORPACE CR CP12	16
NITRO-BID OINT	15	NIX CREME RINSE LIQD EX (permethrin)	77		
NITRO-DUR PT24 (nitroglycerin) ..	15	nizatidine CAPS	170		
		NOCDURNA SUBL	84		

NORPRAMIN TABS 10 MG (desipramine hcl)	28	NOVOLIN 70/30 SUSP	31	NU GAUZE 4PLY 4"X4" PADS	99
NORPRAMIN TABS 25 MG (desipramine hcl)	28	NOVOLIN N FLEXPEN RELION SUPN	31	NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	99
NORTHERA (droxidopa)	176	NOVOLIN N FLEXPEN SUPN	32	NUBEQA	47
nortriptyline hcl CAPS	28	NOVOLIN N RELION SUSP	32	NUCALA SOAJ	17
nortriptyline hcl SOLN	28	NOVOLIN N SUSP	32	NUCALA SOLR	17
NORVASC TABS (amlodipine besylate)	61	NOVOLIN R RELION SOLN IJ	32	NUCALA SOSY	17
NORVASC TABS 10 MG (amlodipine besylate)	61	NOVOLIN R SOLN IJ	32	NUCYN TA ER TB12	10
NORVIR CAPS	56	NOVOLOG FLEXPEN RELION SOPN	32	NUCYN TA TABS	10
NORVIR PACK	56	NOVOLOG FLEXPEN SOPN	32	NUEDEX TA	166
NORVIR TABS (ritonavir)	56	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	32	NULIBRY	83
NOSE CLIP MISC	144	NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	32	NULYTELY (peg 3350-potassium chloride-sod bicarbonate-sod chloride)	95
NOURIANZ	49	NOVOLOG MIX 70/30 RELION SUSP	32	NUPLAZID CAPS	51
NOVA SUREFLEX LANCETS	103	NOVOLOG MIX 70/30 SUSP	32	NUPLAZID TABS 10 MG	51
NOVA SUREFLEX LANCING DEVICE MISC	103	NOVOLOG PENFILL SOCT	32	NURTEC	146
NOVAVAX COVID-19 VACCINE	175	NOVOLOG RELION SOLN IJ	32	NUTROPIN AQ NUSPIN 10 SOPN 82	
NOVAVAX COVID-19 VACCINE/2023-24	175	NOVOLOG SOLN IJ	32	NUTROPIN AQ NUSPIN 20 SOPN 82	
NOVOEIGHT	90	NOVOSEVEN RT	90	NUTROPIN AQ NUSPIN 5 SOPN	82
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	127	NOXAFIL PACK	35	NUVARING (etonogestrel-ethinyl estradiol)	65
NOVOFINE PEN NEEDLE 32G X 6MM	127	NOXAFIL SOLN (posaconazole)	35	NUVESSA	176
NOVOFINE PLUS PEN NEEDLE 32G X 4MM	127	NOXAFIL SUSP (posaconazole)	35	NUVIGIL 150 MG, 200 MG, 250 MG (armodafinil)	3
NOVOLIN 70/30 FLEXPEN RELION SUPN	31	NOXAFIL TBEC (posaconazole)	35	NUVIGIL 50 MG (armodafinil)	3
NOVOLIN 70/30 FLEXPEN SUPN	31	NP THYROID 120 TABS	168	NUWIQ KIT	90
NOVOLIN 70/30 RELION SUSP	31	NP THYROID 15 TABS	169	NUWIQ SOLR	90
		NP THYROID 30 TABS	169	NUZYRA SOLR	168
		NP THYROID 60 TABS	169	NUZYRA TABS	168
		NP THYROID 90 TABS	169		
		NPLATE	92		

NYMALIZE SOLN 6 MG/ML	61	OJEMDA SUSR OR 25 MG/ML ...	48	PACK	172
nystatin (mouth-throat)	150	OJEMDA TABS OR 100 MG	48	OMISIRGE	46
nystatin (topical) CREA	71	OJJAARA	48	OMNARIS SUSP	155
nystatin (topical) OINT	71	olanzapine SOLR	53	OMNITROPE SOCT	82
nystatin (topical) POWD EX	71	olanzapine TABS	53	OMNITROPE SOLR SC	82
NYSTATIN 100000 UNIT/ML (nystatin (mouth-throat))	150	olanzapine TBP	53	OMVOH SOAJ	87
nystatin TABS	35	olanzapine-fluoxetine hcl	164	OMVOH SOLN	87
nystatin-triamcinolone CREA	71	olmesartan medoxomil	40	OMVOH SOSY SC 100 MG/ML ...	87
nystatin-triamcinolone OINT	71	olmesartan medoxomil-amlodipine- hydrochlorothiazide	41	ON/GO COVID-19 ANTIGEN SELF- TEST KIT	79
NYVEPRIA	92	olmesartan medoxomil- hydrochlorothiazide	41	ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	79
OBIZUR	90	olopatadine hcl (nasal)	154	ondansetron hcl SOLN IJ	34
OCALIVA	86	olopatadine hcl	161	ondansetron hcl SOLN OR 4 MG/5ML	34
OCEAN NASAL SPRAY SOLN (saline)	154	OLPRUVA THPK	83	ondansetron hcl SOSY	34
OCREVUS	165	OLUMIANT	4	ondansetron hcl TABS 24 MG	34
octreotide acetate SOLN	84	OLUX FOAM (clobetasol propionate) 75		ondansetron hcl TABS 4 MG	34
octreotide acetate SOSY	84	OLUX-E (clobetasol propionate emulsion)	75	ondansetron hcl TABS 8 MG	34
OCUFLOX (ofloxacin (ophth)) ...	159	OMBRA COMPRESSOR AIR FILTERS MISC	144	ondansetron TBP	34
ODACTRA SUBL	3	OMBRA TABLE TOP COMPRESSOR DEVI	144	ONE FLOW FVC MONITORING SPIROMETER DEVI	144
ODEFSEY	56	OMECLAMOX-PAK	172	ONE-A-DAY WEIGHT SMART ADVANCED TABS (multiple vitamins w/ minerals)	152
ODOMZO	46	omega-3-acid ethyl esters	37	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (multiple vitamins w/ minerals)	152
OFEV	167	omeprazole CPDR 10 MG	171	ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS (multiple vitamins w/ minerals)	152
OFIRMEV SOLN IV (acetaminophen)	9	omeprazole CPDR 20 MG, 40 MG 171		ONE-A-DAY WOMENS PETITES TABs (multiple vitamins w/ minerals) 152	
ofloxacin (ophth)	159	omeprazole TBEC	171		
ofloxacin (otic)	161	omeprazole-sodium bicarbonate CAPS	172		
ofloxacin 300 MG, 400 MG	85	omeprazole-sodium bicarbonate			
OGSIVEO	48				
OHC COVID-19 ANTIGEN SELF TEST KIT	79				

ONE-A-DAY WOMENS PLUS	DIAMOND/LARGEFACE MASK	ORLISSA	82
HEALTHY SKIN SUPPORT TABS	DEVI	ORKAMBI PACK	167
(multiple vitamins w/ minerals) ...	152	ORKAMBI TABS	167
ONETOUCH DELICA PLUS	OPTICHAMBER	ORLADEYO	90
LANCETS EXTRA FINE 33G	103	orphenadrine citrate SOLN	154
ONETOUCH DELICA PLUS	DIAMOND/SMALLFACE MASK	orphenadrine citrate TB12	154
LANCETS FINE 30G	103	orphenadrine w/ aspirin & caff ...	154
ONETOUCH DELICA PLUS	OPVEE NA	ORSERDU	47
LANCING DEVICE MISC	103	ORTIKOS CP24	67
ONETOUCH DELICA SAFETY	OPZELURA	oseltamivir phosphate CAPS	58
LANCING DEVICE	103	oseltamivir phosphate SUSR	58
ONETOUCH DELICA SAFETY	ORACEA (doxycycline (rosacea))	OSENI 15 MG-12.5 MG, 45 MG-12.5	
LANCING DEVICE 30G	77	MG (alogliptin-pioglitazone)	29
ONETOUCH DELICA SAFETY	ORACIT	OSENI 15 MG-25 MG, 30 MG-12.5	
LANCING DEVICE 30G	103	MG, 30 MG-25 MG, 45 MG-25 MG	
ONETOUCH DELICA SAFETY	ORALAIR ADULT STARTER PACK	(alogliptin-pioglitazone)	29
LANCING DEVICE 30G MISC ...	SUBL		
ONEVITE TABS	3	OSMOLEX ER TB24 129 MG, 193	
ONEXTON GEL (clindamycin	ORALAIR	MG	50
phosphate-benzoyl peroxide)	CHILDREN/ADOLESCENTS	OSMOPREP	95
ONFI SUSP (clobazam)	STARTER PACK SUBL	OSPHENA	82
22	3	OTEZLA TABS	8
ONFI TABS (clobazam)	ORALAIR SUBL	OTEZLA TBPK	8
22	3	OTREXUP SOAJ 10 MG/0.4ML, 12.5	
ONGENTYS	ORAPRED ODT TBDP (prednisolone	MG/0.4ML, 15 MG/0.4ML, 17.5	
50	sodium phosphate)	MG/0.4ML, 20 MG/0.4ML, 22.5	
ONGLYZA (saxagliptin hcl)	67	MG/0.4ML, 25 MG/0.4ML	4
30	ORENCIA CLICKJECT SOAJ	OVIDE (malathion)	78
ONPATTRO	8	oxaprozin TABS	8
167	ORENCIA SOLR	oxazepam CAPS	16
ONUREG TABS	8	OXBRYTA TABS	91
45	ORENCIA SOSY	OXBRYTA TBSO	91
OPFOLDA	8	oxcarbazepine SUSP 300 MG/5ML	
83	ORENITRAM TBCR	23	
OPILL	62		
66	ORENITRAM TITRATION KIT		
opium tincture	MONTH 1 TEPK		
33	62		
OPSUMIT	ORENITRAM TITRATION KIT		
62	MONTH 2 TEPK		
OPSYNVI	62		
62	ORENITRAM TITRATION KIT		
OPTICHAMBER DIAMOND DEVI	MONTH 3 TEPK		
144	62		
OPTICHAMBER DIAMOND MISC	ORFADIN CAPS (nitisinone)		
144	83		
OPTICHAMBER	ORFADIN SUSP		
	83		
	ORGOVYX		
	47		
	ORIAHNN		
	84		

oxcarbazepine SUSP	23	oyster shell	148	MG/10ML, 90 MG/10ML	81
oxcarbazepine TABS	23	OZEMPIC SOPN 2 MG/3ML	30	PAMIDRONATE DISODIUM SOLN	
OXERVATE	159	OZEMPIC SOPN 4 MG/3ML	30	82	
oxiconazole nitrate CREA	71	OZEMPIC SOPN 8 MG/3ML	30	PANDA MASK LARGE	144
OXISTAT CREA (oxiconazole nitrate)		OZOBAX DS SOLN OR (baclofen)		PANDA MASK MEDIUM	144
.....	71	154		PANDA MASK SMALL	144
OXISTAT LOTN	71	OZOBAX SOLN OR (baclofen) ...	154	PANDEL	75
OXLUMO	88	PALFORZIA INITIAL DOSE		PANHEMATIN 350 MG	90
OXTELLAR XR TB24	23	ESCALATION CSPK	3	pantoprazole sodium PACK	171
oxybutynin chloride SOLN	172	PALFORZIA LEVEL 1 CSPK	4	pantoprazole sodium SOLR	171
oxybutynin chloride TABS 2.5 MG		PALFORZIA LEVEL 10 CSPK	3	pantoprazole sodium TBEC	171
172		PALFORZIA LEVEL 11		PARAGARD INTRAUTERINE	
oxybutynin chloride TABS 5 MG .	172	(MAINTENANCE) PACK	4	COPPER CONTRACEPTIVE T380A	
oxybutynin chloride TB24	172	PALFORZIA LEVEL 11 (TITRATION)		.....	65
oxycodone hcl CAPS	10	PACK	4	PARI ALTERA NEBULIZER	
oxycodone hcl CONC 100 MG/5ML		PALFORZIA LEVEL 2 CSPK	4	HANDSET MISC	144
10		PALFORZIA LEVEL 3 CSPK	4	PARI BABY CONVERSION KITSIZE	
oxycodone hcl SOLN	10	PALFORZIA LEVEL 4 CSPK	4	1 MISC	144
oxycodone hcl T12A 10 MG, 20 MG,		PALFORZIA LEVEL 5 CSPK	4	PARI BABY CONVERSION KITSIZE	
40 MG, 80 MG	10	PALFORZIA LEVEL 6 CSPK	4	2 MISC	144
oxycodone hcl TABS 10 MG, 20 MG .		PALFORZIA LEVEL 7 CSPK	4	PARI BABY CONVERSION KITSIZE	
10		PALFORZIA LEVEL 8 CSPK	4	3 MISC	144
oxycodone hcl TABS 5 MG, 15 MG,		PALFORZIA LEVEL 9 CSPK	4	PARI ERAPID NEBULIZER	
30 MG	10	paliperidone	52	HANDSET MISC	144
oxycodone w/ acetaminophen SOLN		palonosetron hcl SOLN	34	PARI EXPIRATORY FILTER VALVE	
11		palonosetron hcl SOSY	34	SET DEVI	144
oxycodone w/ acetaminophen TABS		PALONOSETRON		PARI MANUAL INTERRUPTER	
325 MG-10 MG, 325 MG-2.5 MG,		HYDROCHLORIDE SOLN	34	DEVI	144
325 MG-5 MG, 325 MG-7.5 MG ...	11	PALYNZIQ	83	PARI MASK SET MISC	144
OXYCONTIN T12A	10	PAMELOR CAPS (nortriptyline hcl)		PARI SMARTMASK BABY/ELBOW	
oxymorphone hcl TABS	10	28		MISC	144
oxymorphone hcl TB12	10	pamidronate disodium SOLN 30		PARI SOFT PLASTIC ADULT MASK	
OXYTROL PTTW	172			MISC	144
				PARI SOFT PLASTIC PEDIATRIC	

MASK MISC	144	152	PEN NEEDLES 31GX5MM	127
PARI TREK S COMBO PACK DEVI 144		PEDIAPRED SOLN (prednisolone sodium phosphate)	PEN NEEDLES 31GX6MM (1/4") 127	
PARI VORTEX ADULT MASK ...	144	PEDIARIX SUSY	PEN NEEDLES 31GX8MM (5/16") 127	
paricalcitol CAPS	83	PEDIATRIC		
PARLODEL CAPS (bromocriptine mesylate)	50	MOUTHPIECE/DISPOSABLE MISC . 144	PEN NEEDLES 31GX8MM	127
PARLODEL TABS (bromocriptine mesylate)	50	pediatric multiple vitamins w/ iron CHEW	PEN NEEDLES 32G X 4MM	127
PARNATE (tranylcypromine sulfate) 26		pediatric multivitamins w/fl CHEW 152	PEN NEEDLES 32G X 5MM	127
paroxetine hcl SUSP	26	pediatric multivitamins w/fl SOLN 152	PEN NEEDLES 32G X 6MM	127
paroxetine hcl TABS	26	PEDIATRIC PANDA MASK	PEN NEEDLES 32GX4MM	127
paroxetine hcl TB24	26	pediatric vitamins acd w/ fluoride SOLN	PEN NEEDLES 33G X 5/32"	127
paroxetine mesylate (vasomotor) 167		PEDVAX HIB SUSP	PEN NEEDLES/29G X 1/2"	127
PATANASE (olopatadine hcl (nasal))	154	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	PEN NEEDLES/31G X 1/4"	127
PAXIL CR TB24 (paroxetine hcl) ..	26	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	PEN NEEDLES/31G X 3/16"	127
PAXIL SUSP (paroxetine hcl)	26	peg 3350-potassium chloride-sod bicarbonate-sod chloride	PEN NEEDLES/31G X 5/16"	127
PAXIL TABS (paroxetine hcl)	27	PEGASYS SOLN	PEN NEEDLES/31G X 6MM	127
PAXLOVID 100 MG-150 MG	57	PEGASYS SOSY	PEN NEEDLES/32G X 5/32"	127
pazopanib hcl	48	PEMAZYRE	PENBRAYA	173
PC LANCETS SUPER THIN 30G 103		PEN NEEDLES	peniclovir	73
PC UNIFINE PENTIPS 29G X1/2" 127		PEN NEEDLES 29GX12MM	penicillamine CAPS	149
PC UNIFINE PENTIPS 31G X5MM MINI	127	PEN NEEDLES 30GX8MM	penicillamine TABS	149
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	127	PEN NEEDLES 31G X 3/16"	penicillin g potassium 5000000 UNIT, 20000000 UNIT	162
PC UNIFINE PENTIPS 31G X8MM SHORT	127	PEN NEEDLES 31G X 5MM	PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE	162
ped multivitamins w/fl & iron SOLN		PEN NEEDLES 31G X 6MM	penicillin g sodium	162
		PEN NEEDLES 31G X 8MM	penicillin v potassium SOLR	162
		PEN NEEDLES 31GX5/16"	penicillin v potassium TABS	162
			PENNSAID SOLN EX	71
			PENTACEL	169
			PENTAM 300 IJ (pentamidine isethionate)	42

pentamidine isethionate IN	42	fumarate)	19	CHAMBER MASK WIPES MISC .	145
PENTASA CPCR (mesalamine) ...	87	PERIDEX (chlorhexidine gluconate		PHAZYME MAXIMUM STRENGTH	
PENTASA CPCR	87	(mouth-throat))	151	CAPS (simethicone)	85
pentazocine w/ naloxone hcl	12	perindopril erbumine	39	PHAZYME ULTRA STRENGTH	
PENTIPS 29G X 12MM	127	permethrin CREA	78	CAPS (simethicone)	85
PENTIPS 29GX12MM	127	permethrin LIQD EX	78	PHEBURANE PLLT	83
PENTIPS 31G X 5MM	127	perphenazine TABS	53	phenazopyridine hcl TABS 100 MG,	
PENTIPS 31G X 8MM	127	perphenazine-amitriptyline	164	100 MG, 200 MG	89
PENTIPS 31GX5MM	127	PERSERIS PRSY	52	phenelzine sulfate	26
PENTIPS 31GX6MM	127	PERTZYE CPEP	80	PHENERGAN SOLN IJ	
PENTIPS 31GX8MM	127	PEXEVA 10 MG, 20 MG, 30 MG ..	27	(promethazine hcl)	36
PENTIPS 32G X 4MM	127	PFIZER-BIONTECH COVID-		phenobarbital ELIX	93
PENTIPS 32GX4MM	127	19VACCINE SUSP	175	phenobarbital TABS	93
PENTIPS 32GX6MM	127	PFIZER-BIONTECH COVID-		phenoxybenzamine hcl	39
pentobarbital sodium SOLN	93	19VACCINE/5-11Y SUSP	175	phentolamine mesylate SOLR	39
pentoxifylline	90	PFIZER-BIONTECH COVID-		phenylephrine hcl (mydriatic) SOLN	
PEPCID AC MAXIMUM STRENGTH		19VACCINE/5-11Y/2023-24 SUSP		158	
TABS (famotidine)	170	175		phenylephrine hcl (oral) TABS ...	155
PEPCID AC TABS (famotidine) ..	170	PFIZER-BIONTECH COVID-		phenylephrine hcl (pressors) SOLN	
PEPCID TABS (famotidine)	170	19VACCINE/6MO-4Y SUSP	175	IV	177
PEPTO-BISMOL CHEW (bismuth		PFIZER-BIONTECH COVID-		PHENYLEPHRINE	
subsalicylate)	33	19VACCINE/6MO-4Y/2023-24 SUSP		HYDROCHLORIDE SOLN IV	
PEPTO-BISMOL MAX STRENGTH		.....	175	(phenylephrine hcl (pressors))	177
SUSP (bismuth subsalicylate)	33	PFIZER-BIONTECH COVID-		phenytoin CHEW	25
PEPTO-BISMOL SUSP (bismuth		19VACCINE/ADULT RTU SUSP .	175	phenytoin sodium extended 100 MG,	
subsalicylate)	33	PFIZER-BIONTECH COVID-		200 MG, 300 MG	25
PEPTO-BISMOL TO-GO CHEW		19VACCINE/BIVALENT/5-11Y ..	175	phenytoin sodium extended 200 MG,	
(bismuth subsalicylate)	33	PFIZER-BIONTECH COVID-		300 MG	25
PERCOCET TABS 325 MG-10 MG,		19VACCINE/BIVALENT/6M-4Y .	175	phenytoin sodium SOLN	25
325 MG-2.5 MG, 325 MG-5 MG, 325		PFIZER-BIONTECH COVID-		phenytoin SUSP	25
MG-7.5 MG (oxycodone w/		19VACCINE/BIVALENT/BA.4/BA.5		PHEXXI	176
acetaminophen)	11	175		PHOSLYRA SOLN	87
PERFOROMIST NEBU (formoterol		PFLEX MISC	144	PHOSPHOLINE IODIDE	158
NEBULIZER/CPAP/INHALER		PHARMACIST CHOICE			

phytonadione TABS 5 MG	177	pirfenidone TABS 801 MG	167	POLY HUB NEEDLE/18G X 1-1-1/2"	127
PIFELTRO	56	piroxicam CAPS	8	polyethylene glycol 3350 POWD ..	95
PILLOW MASK/ADULT MISC	145	pitavastatin calcium	38	POLYMEM NON-ADHESIVE PAD	
PILLOW MASK/CHILD MISC	145	PIXEL COVID-19 PCR TEST HOME		PADS	99
PILLOW MASK/PEDIATRIC MISC		COLLECTION KIT	79	polymyxin b-trimethoprim	159
145		PLAN B ONE-STEP (levonorgestrel		POLYSPORIN OINT 10000	
pilocarpine hcl (oral) 5 MG	151	(emergency oc))	65	UNIT/GM-500 UNIT/GM (bacitracin-	
pilocarpine hcl (oral) 7.5 MG	151	PLAQUENIL (hydroxychloroquine		polymyxin b)	70
pilocarpine hcl SOLN 1 %, 2 %, 4 % .		sulfate)	44	POLY-VI-FLOR CHEW	152
158		PLAVIX 75 MG (clopidogrel bisulfate)		polyvinyl alcohol 1.4 %	157
PILOT COVID-19 AT-HOME TEST		.....	91	POMALYST	47
KIT	79	PLEGRIDY SOPN	165	POMBILITI	83
pimecrolimus	76	PLEGRIDY SOSY IM	165	PONVORY 14-DAY STARTER	
pimozide	166	PLEGRIDY STARTER PACK SOPN .		PACK TBPK	165
pindolol TABS	59	165		PONVORY TABS	165
pioglitazone hcl	32	PLEGRIDY STARTER PACK SOSY		posaconazole SOLN	35
pioglitazone hcl-glimepiride	29	SC	165	posaconazole SUSP	35
pioglitazone hcl-metformin hcl TABS .		PLENVU	95	posaconazole TBEC	35
29		PLEXION CLEANSER LIQD		pot & sod citrates w/citric ac SOLN	
PIP PEN NEEDLES 31G X 5MM		(sulfacetamide sodium w/ sulfur) ..	69	88	
127		PLEXION CREA (sulfacetamide		pot phosphate monobasic w/ sod	
PIP PEN NEEDLES 32G X 4MM		sodium w/ sulfur)	69	phosphate dibasic & monobasic .	148
127		PLEXION LOTN (sulfacetamide		potassium acetate SOLN 2 MEQ/ML .	
piperacillin sodium-tazobactam		sodium w/ sulfur)	77	149	
sodium	163	PLIAGLIS CREA	77	POTASSIUM ACETATE SOLN 2	
piperacillin sodium-tazobactam		PLUVICTO	49	MEQ/ML	149
sodium 12 GM-1.5 GM	163	PNEUMOVAX 23	173	potassium bicarbonate TBEF	149
PIQRAY 200MG DAILY DOSE ...	48	PNEUMOVAX 23/1 DOSE	173	potassium chloride CPCR	149
PIQRAY 250MG DAILY DOSE ...	48	POCKET CHAMBER DEVI	145	potassium chloride	
PIQRAY 300MG DAILY DOSE ...	48	POCKET SPACER DEVI	145	microencapsulated crystals er ...	149
pirfenidone CAPS	167	podofilox GEL	76	potassium chloride PACK OR 20	
pirfenidone TABS 267 MG	167	podofilox SOLN	76	MEQ	149
pirfenidone TABS 534 MG	167	POKONZA PACK OR	149	POTASSIUM CHLORIDE SOLN IV	

(potassium chloride)	149	SYRINGE/0.3ML/30G X 5/16" ...	128	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	128
potassium chloride SOLN IV 2 MEQ/ML	149	PRECOSE (acarbose)	28		
potassium chloride SOLN OR 10 % 149		PRED FORTE (prednisolone acetate (ophth))	160	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" 128	
potassium chloride SOLN OR 20 % 149		PRED MILD	160	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" 128	
potassium chloride TBCR 20 MEQ 149		prednisolone acetate (ophth)	160	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" 128	
potassium chloride TBCR 8 MEQ, 10 MEQ	149	PREDNISOLONE SODIUM PHOSPHATE	160	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" 128	
potassium chloride TBCR 8 MEQ	149	prednisolone sodium phosphate SOLN 15 MG/5ML	67	PREFERRED PLUS LANCETS SUPER THIN 30G	103
potassium citrate (alkalinizer) TBCR 15 MEQ, 1080 MG, 1620 MG	88	prednisolone sodium phosphate SOLN 20 MG/5ML	67	PREFERRED PLUS LANCETS THIN 26G	103
potassium citrate (alkalinizer) TBCR 540 MG	88	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 25 MG/5ML	67	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	128
potassium citrate-citric acid SOLN	88	prednisolone sodium phosphate TBDP	67	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	128
potassium phosphate monobasic TABS	148	prednisolone SOLN	67	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT ..	128
PRADAXA CAPS (dabigatran etexilate mesylate)	21	prednisolone TABS	67	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	128
PRADAXA CAPS 110 MG (dabigatran etexilate mesylate)	21	PREDNISON INTENSOL CONC	67	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT ..	128
PRADAXA CAPS	21	prednisone SOLN	67	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	128
PRADAXA PACK	21	prednisone TABS	67	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	128
PRALUENT SOAJ	39	prednisone TBPk	67	PREFEST	85
pramipexole dihydrochloride TABS 50		PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" . 128		pregabalin (once-daily)	166
pramipexole dihydrochloride TB24	50	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	128	pregabalin CAPS 225 MG, 300 MG 24	
prasugrel hcl	91	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" . 128		pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	23
pravastatin sodium	38	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . 128		pregabalin SOLN	24
praziquantel	14			PREHEVBRIO	175
prazosin hcl CAPS	40			PREMARIN	176
PRECISION SURE-DOSE INSULIN					

PREMARIN SOLR	85	PREVIDENT 5000 DRY MOUTH GEL (sodium fluoride (dental)) ...	151	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	145
PREMARIN TABS	85	PREVIDENT 5000 PLUS CREA (sodium fluoride (dental))	151	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	145
PREMPHASE	85	PREVIDENT FLUORIDE GEL (sodium fluoride (dental))	151	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	145
PREMPRO	85	PREVIDENT RINSE SOLN	151	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" ...	128
PRENATAL PLUS TABS	153	PREVNAR 13	173	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" .	128
PRENATAL PLUS VITAMIN ANDMINERAL TABS	153	PREVNAR 20	173	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" .	128
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	153	PREVYMIS SOLN	57	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	128
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	153	PREVYMIS TABS	57	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" ...	128
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	153	PREZCOBIX	56	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" ...	128
PRENATRYL TABS	153	PREZISTA SUSP	56	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" ...	128
PRETOMANID	45	PREZISTA TABS 150 MG	56	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" ...	128
PREVACID 24HR CPDR (lansoprazole)	171	PREZISTA TABS 600 MG (darunavir)	56	PRO COMFORT PEN NEEDLES/31G X 8MM	128
PREVACID CPDR 30 MG (lansoprazole)	171	PREZISTA TABS 75 MG	56	PRO COMFORT PEN NEEDLES/32G X 4MM	128
PREVACID SOLUTAB TBDD (lansoprazole)	171	PREZISTA TABS 800 MG (darunavir)	56	PRO COMFORT PEN NEEDLES/32G X 5MM	128
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"	128	PRIFTIN	45	PRO COMFORT PEN NEEDLES/32G X 6MM	128
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	128	PRILOSEC PACK	171	PROAIR DIGIHALER	19
PREVENT SAFETY PEN NEEDLES 31GX1/4"	128	PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)	44	PROAIR HFA AERS (albuterol sulfate)	19
PREVENT SAFETY PEN NEEDLES 31GX5/16"	128	primaquine phosphate TABS	44	PROAIR RESPICLICK AEPB	19
		primidone 125 MG	24	probenecid	89
		primidone 50 MG, 250 MG	24	procainamide hcl SOLN 100 MG/ML . 16	
		PRIORIX SUSR	175	procainamide hcl SOLN	16
		PRISTIQ 100 MG (desvenlafaxine succinate)	27	PROCARDIA XL TB24 30 MG, 90	
		PRISTIQ 25 MG, 50 MG (desvenlafaxine succinate)	28		
		PRO COMFORT ALCOHOL PADS 106			

MG (nifedipine)	61	PROGRAF PACK	150	MG/5ML, 40 MG/5ML	60
PROCARDIA XL TB24 60 MG (nifedipine)	61	PROGRAF SOLN	150	propranolol hcl TABS	60
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	145	PROLASTIN-C SOLN	167	propylthiouracil	168
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	145	PROLATE SOLN	11	PROQUAD SUSR	175
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	145	PROLATE TABS	11	PROSCAR (finasteride)	88
prochlorperazine	53	PROLENSA (bromfenac sodium (ophth))	161	protamine sulfate	91
prochlorperazine edisylate 10 MG/2ML	54	PROLIA SOSY	82	PROTONIX PACK (pantoprazole sodium)	171
prochlorperazine maleate TABS ..	54	PROMACTA PACK	92	PROTONIX SOLR (pantoprazole sodium)	171
PROCRIPT	92	PROMACTA TABS 12.5 MG, 25 MG . 92		PROTONIX TBEC (pantoprazole sodium)	171
PROCTOFOAM HC FOAM EX	14	PROMACTA TABS 50 MG, 75 MG 92		PROVENTIL HFA AERS (albuterol sulfate)	19
PROCYSBI CPDR	88	promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML	37	PROVERA (medroxyprogesterone acetate)	163
PROCYSBI PACK	88	promethazine hcl SOLN OR 6.25 MG/5ML	37	PROVIGIL (modafinil)	3
PRODIGY INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	128	promethazine hcl SUPP 12.5 MG, 25 MG	37	PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl)	27
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" ...	128	promethazine hcl SUPP 50 MG ...	37	PROZAC CAPS 40 MG (fluoxetine hcl)	27
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	128	promethazine hcl TABS	37	PROMETRIUM CAPS 100 MG (progesterone)	163
PRODIGY LANCING DEVICE MISC . 103		PROMETRIUM CAPS 200 MG (progesterone)	163	PRUDOXIN (doxepin hcl (antipruritic))	72
PRODIGY TWIST TOP LANCETS 103		PRONEB ULTRA FILTER SET MISC	145	pseudoephedrine hcl TABS	155
PROFILNINE	90	propafenone hcl CP12	16	psyllium POWD 28.3 %, 30 %, 43 % . 95	
progesterone CAPS 100 MG	163	propafenone hcl TABS	16	PULMICORT FLEXHALER AEPB .	18
progesterone CAPS 200 MG	163	proparacaine hcl	159	PULMICORT SUSP (budesonide (inhalation))	18
progesterone OIL	163	propranolol hcl CP24	60	PULMOZYME	167
PROGLYCEM (diazoxide)	30	propranolol hcl SOLN IV 1 MG/ML	60	PURE COMFORT 3-BALL BREATH EXERCISER DEVI	145
PROGRAF CAPS (tacrolimus) ...	150	propranolol hcl SOLN OR 20			

PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI 145	pyrazinamide 45	QDOLO SOLN (tramadol hcl) 10
PURE COMFORT PEN NEEDLE 32G X6MM 129	pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 % 78	QELBREE 2
PURE COMFORT PEN NEEDLE 32G X8MM 129	PYRIDIDIUM TABS (phenazopyridine hcl) 89	QINLOCK 48
PURE COMFORT PEN NEEDLE/32G X 5MM 129	pyridostigmine bromide SOLN OR 44	QNASL 155
PURE COMFORT PEN NEEDLE/32G X4MM 129	pyridostigmine bromide TABS 30 MG 44	QNASL CHILDRENS 155
PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM 129	pyridostigmine bromide TABS 60 MG 44	QTERN 29
PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM 129	pyridostigmine bromide TBCR 45	QUADRACEL SUSP 169
PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM 129	pyridoxine hcl TABS 50 MG 177	QUADRACEL SUSY 169
PURIXAN SUSP 45	pyrimethamine 44	QUAKE DEVI 145
PX ADVANCED LANCING DEVICE MISC 103	PYRUKYND TABS 91	QUALAQUIN CAPS (quinine sulfate) 44
PX EXTRA SHORT PEN NEEDLES 31GX6MM 129	PYRUKYND TAPER PACK TBPB .91	QUARTETTE (levonorgestrel-ethinyl estradiol (91-day)) 65
PX INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" 129	QALSODY 155	quazepam 94
PX LANCET AUTO INJECTOR MISC 103	QBRELIS SOLN 39	QUDEXY XR CS24 (topiramate) .. 24
PX LANCETS ULTRA THIN 103	QC ADVANCED LANCING DEVICE MISC 104	QUESTRAN LIGHT POWD (cholestyramine light) 37
PX MINI PEN NEEDLES 31GX5MM 129	QC ALL PURPOSE DRESSINGS4"X4" PADS 99	QUESTRAN PACK (cholestyramine) 37
PX PEN NEEDLE 29GX12MM .. 129	QC LANCETS SUPER THIN 104	QUESTRAN POWD (cholestyramine) 37
PX PEN NEEDLE 31GX8MM 129	QC PEN NEEDLES 29G X 12MM 129	quetiapine fumarate TABS 150 MG 53
PX SHORTLENGTH PEN NEEDLES/31GX8MM 129	QC PEN NEEDLES 31G X 6MM 129	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG 53
PYLERA (bismuth subcitrate potassium-metronidazole- tetracycline) 172	QC PEN NEEDLES 31G X 8MM 129	quetiapine fumarate TB24 53
	QC STERILE PADS PADS 99	QUFLORA FE PEDIATRIC LIQD 152
	QC UNIFINE PENTIPS 32GX4MM 129	QUICKVUE AT-HOME COVID-19 TEST KIT 79
	QC UNILET LANCETS 28G/ULTRA THIN 104	QUILLICHEW ER CHER 3
	QC UNILET LANCETS 33G/MICRO THIN 104	QUILLIVANT XR SRER 3
		quinapril hcl 39

quinapril-hydrochlorothiazide 12.5 MG-10 MG	41	RABAVERT	175	6MM	129
quinapril-hydrochlorothiazide 12.5 MG-20 MG	41	rabeprazole sodium TBEC	171	RAYA SURE PEN NEEDLE 31GX 8MM	129
quinapril-hydrochlorothiazide 25 MG-20 MG	41	RADICAVA ORS STARTER KIT SUSP	155	RAYALDEE	83
quinidine gluconate TBCR	16	RADICAVA ORS SUSP	155	RAYOS TBEC	67
quinidine sulfate TABS	16	RADICAVA SOLN	155	RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC	99
quinine sulfate CAPS 324 MG	44	RAGWITEK SUBL	4	RAZADYNE ER CP24 16 MG (galantamine hydrobromide)	164
QULIPTA	146	raloxifene hcl	82	RAZADYNE ER CP24 8 MG, 24 MG (galantamine hydrobromide)	164
QUTENZA	77	ramelteon	94	REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	129
QUVIVIQ	94	ramipril CAPS	39	REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	129
QVAR REDIHALER	18	RANEXA TB12 (ranolazine)	15	REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	129
RA ALCOHOL SWABS	106	ranolazine TB12	15	REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	129
RA E-ZJECT LANCETS 28G	104	RAPAFLO (silodosin)	88	REBIF REBIDOSE SOAJ	165
RA E-ZJECT LANCETS THIN 26G 104		RAPAFLO 8 MG (silodosin)	88	REBIF REBIDOSE TITRATIONPACK SOAJ	165
RA E-ZJECT LANCETS THIN 28G 104		RAPAMUNE SOLN (sirolimus)	150	REBIF SOSY	165
RA E-ZJECT LANCETS THIN 28G 104		RAPAMUNE TABS (sirolimus)	150	REBIF TITRATION PACK SOSY	165
RA E-ZJECT LANCETS ULTRATHIN 30G	104	RAPID SARS-COV-2 ANTIGENTEST CARD KIT	79	REBINYN	90
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	129	RAPIVAB	58	REBLOZYL	92
RA INSULIN SYRINGE/1ML/29G X 1/2"	129	rasagiline mesylate	51	RECLAST SOLN (zoledronic acid)	82
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	129	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	4	RECOMBINATE SOLR	90
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	129	RAVICTI	83	RECOMBIVAX HB SUSP	175
RA PEN NEEDLES 31G X 5MM3/16"	129	RAYA SURE PEN NEEDLE 29GX 12MM	129	RECOMBIVAX HB SUSY	175
RA PEN NEEDLES 31G X 8MM5/16"	129	RAYA SURE PEN NEEDLE 31GX 4MM	129	RECORLEV	81
RA STERILE PADS 4"X4" PADS	99	RAYA SURE PEN NEEDLE 31GX 5MM	129	RECTIV (nitroglycerin (intra-anal))	14

REDITREX SOSY	4	THIN33G	104	104
REFRESH PLUS SOLN (carboxymethylcellulose sodium (ophth))	157	RELION LANCETS THIN 26G ...	104	RELION ULTRA THIN PLUS LANCETS 33G
REFRESH TEARS SOLN (carboxymethylcellulose sodium (ophth))	157	RELION LANCETS ULTRA- THIN30G	104	RELISTOR SOLN
REGLAN TABS (metoclopramide hcl)	86	RELION LANCING DEVICE MISC 104		RELISTOR TABS
REGONOL SOLN IV	45	RELION MINI PEN NEEDLES 31GX6MM	129	RELPAK (eletriptan hydrobromide) 147
RELAFEN DS	8	RELION PEN NEEDLES 29GX12MM	130	RELTONE CAPS
RELENZA DISKHALER	58	RELION PEN NEEDLES 31G X6MM	130	RELYVRIO
RELEUKO SOLN	92	RELION PEN NEEDLES 31G X8MM	130	REMERON SOLTAB TBDP (mirtazapine)
RELEUKO SOSY	92	RELION PEN NEEDLES 31GX5/16" 130		REMERON TABS 15 MG, 30 MG (mirtazapine)
RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	3	RELION PEN NEEDLES 31GX6MM 130		REMICADE
RELEXXII TBCR 45 MG, 63 MG (methylphenidate hcl)	3	RELION PEN NEEDLES 31GX8MM 130		RENAGEL (sevelamer hcl)
RELEXXII TBCR 72 MG	3	RELION PEN NEEDLES 32G X4MM	130	RENFLEXIS
RELION 2-IN-1 LANCET DEVICES 30G	104	RELION PEN NEEDLES 32G X5/32"	130	RENVELA PACK (sevelamer carbonate)
RELION 2-IN-1 LANCING DEVICE 25G	104	RELION PEN NEEDLES 32GX4MM 130		RENVELA TABS (sevelamer carbonate)
RELION 2-IN-1 LANCING DEVICE 30G	104	RELION PEN NEEDLES/31G X1/4" 130		repaglinide
RELION ALCOHOL SWABS	106	RELION SHORT PEN NEEDLES31GX8MM	130	REPATHA PUSHTRONEX SYSTEM SOCT
RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	129	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	79	REPATHA SOSY
RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	129	RELION ULTRA THIN LANCETS/30G	104	REPATHA SURECLICK SOAJ
RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	129	RELION ULTRA THIN LANCETS30G		REPLACEMENT AIR FILTER MISC . 145
RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	129			REPLACEMENT FILTERS MISC 145
RELION LANCETS MICRO-				RESTASIS EMUL (cyclosporine (ophth))
				RESTASIS MULTIDOSE EMUL ..
				RESTORE FOAM DRESSING BORDERED 4"X4" PADS

RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	99	(pulmonary hypertension))	63	RILUTEK TABS (riluzole)	155
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	99	REVATIO TABS (sildenafil citrate (pulmonary hypertension))	63	riluzole TABS	155
RESTORIL 15 MG, 30 MG (temazepam)	94	REVCIVI	83	rimantadine hydrochloride TABS ..	58
RESTORIL 7.5 MG, 22.5 MG (temazepam)	94	REVLIMID	149	RIMSO-50	88
RETACRIT	92	REXALL LANCETS ULTRA THIN 104		ringer's irrigation	150
RETAVASE 10 UNIT	91	REXTOVY LIQD 4 MG/0.25ML	33	RINVOQ	4
RETAVASE HALF-KIT 10 UNIT	91	REXULTI	54	RIOMET SOLN	29
RETEVMO 40 MG	48	REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate)	56	risedronate sodium TABS 150 MG	82
RETEVMO 80 MG	48	REYATAZ PACK	56	risedronate sodium TABS 35 MG ..	82
RETHYMIC	149	REYVOW	147	risedronate sodium TABS 5 MG, 30 MG	82
RETIN-A CREA (tretinoin)	69	REZDIFFRA	86	risedronate sodium TBEC	82
RETIN-A GEL (tretinoin)	69	REZLIDHIA	48	RISPERDAL CONSTA (risperidone microspheres)	52
RETIN-A MICRO (tretinoin microsphere)	69	REZUROCK	149	RISPERDAL SOLN (risperidone) ..	52
RETIN-A MICRO	69	REZVOGLAR KWIKPEN	32	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)	52
RETIN-A MICRO PUMP (tretinoin microsphere)	69	REZZAYO	35	risperidone microspheres	52
RETROVIR CAPS (zidovudine) ...	56	RHOFADE	77	risperidone SOLN	52
RETROVIR IV INFUSION SOLN ..	56	RHOGAM ULTRA-FILTERED PLUS SOSY IM	162	risperidone TABS	52
RETROVIR SYRP (zidovudine) ...	56	RHOPRESSA	159	risperidone TBDP	52
REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	145	ribavirin (hepatitis c) CAPS	57	RITALIN LA CP24 (methylphenidate hcl)	3
REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	145	ribavirin (hepatitis c) TABS 200 MG 57		RITALIN TABS (methylphenidate hcl)	3
REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	145	ribavirin	58	RITEFLO DEVI	145
REVATIO SUSR (sildenafil citrate		RIDAURA	6	ritonavir TABS	56
		rifabutin	45	rivastigmine 13.3 MG/24HR	164
		rifampin CAPS	45	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	164
		RIGHTEST GD500 LANCING DEVICE MISC	104	rivastigmine tartrate CAPS	164
		RIGHTEST GL300 LANCETS ...	104	RIVFLOZA SOLN	88

RIVFLOZA SOSY	88	ROXICODONE TABS 15 MG, 30 MG (oxycodone hcl)	10	SAFETY INSULIN SYRINGES 1ML/30GX1/2"	130
RIXUBIS SOLR	90	ROXICODONE TABS 5 MG (oxycodone hcl)	10	SAFETY PEN NEEDLES/30G X5/16"	130
rizatriptan benzoate TABS	147	ROXYBOND TABA	10	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium)	65
rizatriptan benzoate TBDP	147	ROZEREM (ramelteon)	94	SAIZEN IJ	82
ROBAXIN SOLN (methocarbamol) 154		ROZLYTREK CAPS	48	SAIZENPREP	
ROBINUL FORTE TABS (glycopyrrolate)	170	ROZLYTREK PACK	48	RECONSTITUTIONKIT IJ	82
ROBINUL TABS (glycopyrrolate) .	170	RUBRACA	48	SALAGEN 5 MG (pilocarpine hcl (oral))	151
ROBITUSSIN COUGH+CHEST CONGESTION DM LIQD (dextromethorphan-guaifenesin) ...	68	RUCONEST	90	SALAGEN 7.5 MG (pilocarpine hcl (oral))	151
ROBITUSSIN HONEY COUGH &CHEST CONGESTION DM LIQD (dextromethorphan-guaifenesin) ...	68	rufinamide SUSP	24	salicylic acid FOAM	76
ROCALTROL CAPS (calcitriol)	83	rufinamide TABS	24	saline SOLN	154
ROCALTROL SOLN OR (calcitriol) 83		RUKOBIA	56	salsalate	9
ROCKLATAN	159	RYALTRIS	154	SALVAX FOAM (salicylic acid)	76
ROCTAVIAN	90	RYANODEX SUSR	154	SALYCIM CREA	76
roflumilast	17	RYBELSUS TABS	30	SAMI THE SEAL	
ROLVEDON	92	RYDAPT	48	REPLACEMENTFILTERS MISC .	145
ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	50	RYKINDO SRER	52	SAMSCA TABS 15 MG (tolvaptan) 84	
ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	50	RYPLAZIM	90	SAMSCA TABS 30 MG (tolvaptan) 84	
ropinirole hydrochloride TB24	50	RYSTIGGO	149	SANCUSO PTCH	34
rosuvastatin calcium TABS	38	RYTARY CPCR	50	SANDIMMUNE CAPS (cyclosporine) 150	
ROTARIX SUSP	175	RYTHMOL SR CP12 (propafenone hcl)	16	SANDIMMUNE SOLN OR	150
ROTARIX SUSR	175	RYVENT TABS	36	SANDOSTATIN LAR DEPOT KIT .	84
ROTATEQ SOLN	175	SABRIL PACK (vigabatrin)	24	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (octreotide acetate)	84
ROWASA (mesalamine w/ cleanser) 87		SABRIL TABS (vigabatrin)	24	SAPHRIS (asenapine maleate) ...	53
		SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	130	sapropterin dihydrochloride PACK .	83
		SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	130		
		SAFETY INSULIN SYRINGES 1ML/29GX1/2"	130		

sapropterin dihydrochloride TABS .83	SEGLENTIS .....11	SENOKOT TABS (sennosides) ....96
SAVAYSA .....20	SEGLUROMET .....29	SENSIPAR (cinacalcet hcl) .....84
SAVELLA TABS .....164	SELECT-LITE LANCING DEVICE	SEREVENT DISKUS .....19
SAVELLA TITRATION PACK MISC	MISC .....104	SERNIVO EMUL .....75
164	selegiline hcl CAPS .....51	SEROQUEL TABS (quetiapine
saxagliptin hcl .....30	selegiline hcl TABS .....51	fumarate) .....53
saxagliptin-metformin hcl 1000 MG-	selenium sulfide LOTN 2.5 %72	SEROQUEL XR TB24 (quetiapine
2.5 MG .....29	SELSUN BLUE CARE MENS	fumarate) .....53
saxagliptin-metformin hcl 1000 MG-5	MAXIMUM STRENGTH LOTN	SEROSTIM SC 4 MG, 5 MG, 6 MG
MG, 500 MG-5 MG .....29	(selenium sulfide) .....72	82
SB INSULIN SYRINGE/U-	SELSUN BLUE DAILY LOTN	sertraline hcl CONC .....27
100/0.5ML/29G X 1/2" .....130	(selenium sulfide) .....73	sertraline hcl TABS 100 MG .....27
SB INSULIN SYRINGE/U-	SELSUN BLUE LOTN (selenium	sertraline hcl TABS 25 MG, 50 MG
100/0.5ML/30G X 5/16" .....130	sulfide) .....73	27
SB INSULIN SYRINGE/U-	SELSUN BLUE MEDICATED LOTN	SERTRALINE HYDROCHLORIDE
100/1ML/29G X 1/2" .....130	(selenium sulfide) .....73	CAPS .....27
SB INSULIN SYRINGE/U-	SELSUN BLUE MOISTURIZING	sevelamer carbonate PACK .....88
100/1ML/30G X 5/16" .....130	LOTN (selenium sulfide) .....73	sevelamer carbonate TABS .....88
SB INSULIN SYRINGE/U-	SELZENTRY SOLN .....56	sevelamer hcl .....88
100/1ML/31G X 5/16" .....130	SELZENTRY TABS 150 MG	SEVENFACT .....90
SCEMBLIX 20 MG .....48	(maraviroc) .....56	SEZABY SOLR .....93
SCEMBLIX 40 MG .....48	SELZENTRY TABS 25 MG, 75 MG	SFROWASA ENEM .....87
SCENESSE .....77	56	SHINGRIX .....175
scopolamine .....34	SELZENTRY TABS 300 MG	SHOPKO AUTOLET LANCING
SEASONIQUE (levonorgestrel-	(maraviroc) .....56	DEVICE MISC .....104
ethinyl estradiol (91-day)) .....65	SEMGLEE SOLN .....32	SHOPKO UNIFINE PENTIPS PEN
SECUADO .....53	SEMGLEE SOPN .....32	NEEDLES/MICRO/32GX4MM ...130
SECURESAFE SAFETY INSULIN	SE-NATAL 19 CHEW .....153	SHOPKO UNIFINE PENTIPS PEN
SYRINGES/U-100/0.5ML/29GX1/2" .	SE-NATAL 19 TABS .....153	NEEDLES/MINI/31GX5MM .....130
130	sennosides LIQD .....96	SHOPKO UNIFINE PENTIPS PEN
SECURESAFE SAFETY INSULIN	sennosides SYRP 8.8 MG/5ML ....96	NEEDLES/ORIGINAL/29GX12MM
SYRINGES/U-100/1ML/29GX1/2"	sennosides TABS 17.2 MG .....96	130
130	sennosides TABS 8.6 MG, 15 MG,	SHOPKO UNIFINE PENTIPS PEN
SECURESAFE SAFETY PEN	25 MG .....96	NEEDLES/SHORT/31GX8MM ..130
NEEDLES/30G X 5/16" .....130		

SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4 MM	130	sildenafil citrate (pulmonary hypertension) TABS	63	SIMPONI ARIA SOLN	6
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5M M	130	SILENOR (doxepin hcl (sleep)) ...	93	SIMPONI SOAJ	6
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM 130		SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	145	SIMPONI SOSY	6
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8 MM	130	SILICONE MASK FOR BREATHRITE CHAMBER/INFANT MISC	146	simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	38
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8 MM	130	SILICONE MASK FOR BREATHRITE CHAMBER/PEDIATRIC MISC ...	146	simvastatin TABS 80 MG	38
SHOPKO UNILET LANCETS SUPER THIN 30G	104	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	146	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	50
SHOPKO UNILET LANCETS ULTRA THIN 28G	104	SILIGENTLE SILICONE FOAMDRESSING/BORDERED PADS	99	SINGULAIR CHEW (montelukast sodium)	17
SIDEROL TABS	152	SILIGENTLE SILICONE FOAMDRESSING/NON-BORDERED PADS	99	SINGULAIR PACK (montelukast sodium)	17
SIDESTREAM ADULT FACE MASK MISC	145	SILIQ	72	SINGULAIR TABS (montelukast sodium)	17
SIDESTREAM PEDIATRIC FACEMASK MISC	145	silodosin	88	sirolimus SOLN	150
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC . 145		SILVADENE (silver sulfadiazine) .	73	sirolimus TABS	150
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	145	SIMBRINZA	159	SIRTURO	45
SIDESTREAM PLUS ADULT FACE MASK MISC	145	simethicone CAPS 125 MG	85	SITAGLIPTIN	30
SIGNIFOR	84	simethicone CHEW	85	SITAVIG TABS BU	58
SIGNIFOR LAR	84	simethicone SUSP	86	SIVEXTRO TABS	43
SIKLOS TABS	91	SIMLANDI 1-PEN KIT	6	SKYCLARYS	155
sildenafil citrate (pulmonary hypertension) SUSR	63	SIMLANDI 2-PEN KIT	6	SKYLA	66
		SIMPLE DIAGNOSTICS LANCING DEVICE MISC	104	SKYRIZI PEN SOAJ	72
		SIMPLICITY COVID-19 HOMECOLLECTION TEST KIT ..	79	SKYRIZI SOCT	87
				SKYRIZI SOLN	87
				SKYRIZI SOSY	72
				SKYSONA	164
				SKYTROFA	82
				SLYND	66
				SM ALCOHOL PREP PADS	106
				SM GAUZE PADS 4"X4" PADS ...	99

SM GLUCOSE CHEW .....30	sodium phenylbutyrate POWD .....84	SOMA TABS (carisoprodol) 154
SM MICRO THIN LANCETS 33G 104	sodium phenylbutyrate TABS .....84	SOMATULINE DEPOT .....84
SM STERILE PADS PADS .....99	sodium phosphates ENEM 19 GM/118ML-7 GM/118ML 95	SOMAVERT .....82
SM TRUEDRAW LANCING DEVICE MISC .....104	sodium polystyrene sulfonate POWD 150	SOOLANTRA (ivermectin (rosacea)) .....77
SMART DIABETES VANTAGE LANCING DEVICE MISC .....104	sodium polystyrene sulfonate SUSP OR 15 GM/60ML .....150	SOOTHENEB NBL 100 CHILD MASK MISC 146
SMART SENSE COLOR LANCETS UNIVERSAL 33G 104	SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL 69	SOOTHENEB NBL 100 MEDICATION CUP MISC 146
SMART SENSE STANDARD LANCETS UNIVERSAL 21G 104	sodium sulfate-potassium sulfate- magnesium sulfate .....95	SOOTHENEB NBL 100 MESH CAP MISC .....146
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G 104	SOFOSBUVIR/VELPATASVIR TABS.....58	SOOTHENEB NBL100 ADULT MASK MISC 146
SMART SENSE THIN LANCETSUNIVERSAL 26G .....105	SOF-WICK 4"X4" PADS .....99	sorafenib tosylate 48
sodium chloride (gu irrigant) 0.9 % 88	SOGROYA 82	SORILUX FOAM .....72
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 %68	SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG .....154	sotalol hcl (afib/afI) 60
sodium citrate & citric acid 88	SOHONOS 5 MG .....154	sotalol hcl TABS 240 MG .....60
SODIUM DIURIL (chlorothiazide sodium) .....81	solifenacin succinate TABS 172	sotalol hcl TABS 80 MG, 120 MG, 160 MG .....60
SODIUM EDECRIN (ethacrynate sodium) .....81	SOLQUA 100/33 .....29	SOTYKTU .....72
sodium fluoride (dental) CREA ...151	SOLIRIS .....90	SOTYLIZE SOLN OR .....60
sodium fluoride (dental) GEL .....151	SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (minocycline hcl) .....168	SOVALDI PACK 58
sodium fluoride (dental) SOLN 0.2 % 151	SOLOSEC .....4	SOVALDI TABS .....58
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG .....148	SOLTAMOX SOLN 47	SOVUNA 200 MG .....44
sodium fluoride SOLN 0.5 MG/ML 148	SOLU-CORTEF .....67	SOVUNA 300 MG .....44
sodium fluoride TABS 148	SOLU-MEDROL (methylprednisolone sod succ) 67	SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT 79
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		SPIKEVAX COVID-19 VACCINE/2023-24 SUSP 175

SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	175	STEGLUJAN	29	sucralfate TABS	170
spinosad	78	STELARA 130 MG/26ML	87	SUDAFED CONGESTION TABS (pseudoephedrine hcl)	155
SPINRAZA	156	STELARA SOSY	72	SUDAFED PE SINUS CONGESTION TABS (phenylephrine hcl (oral))	155
SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate)	17	STERILANCE TL	105	SUDAFED SINUS CONGESTION TABS (pseudoephedrine hcl)	155
SPIRIVA RESPIMAT AERS	17	STERILE PADS 4"X4" PADS	99	SUFLAVE	95
SPIRO PD DEVI	146	STIMUFEND	92	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	61
spironolactone & hydrochlorothiazide	80	STIOLTO RESPIMAT	19	sulfacetamide sodium (acne)	69
spironolactone SUSP	81	STIVARGA	49	sulfacetamide sodium (ophth) OINT	159
spironolactone TABS	81	STRATTERA (atomoxetine hcl)	2	sulfacetamide sodium (ophth) SOLN	159
SPORANOX CAPS (itraconazole)	35	STRENSIQ	84	sulfacetamide sodium LIQD	73
SPORANOX PULSEPAK CAPS (itraconazole)	35	streptomycin sulfate SOLR	4	sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	70
SPORANOX SOLN (itraconazole)	35	STRIBILD	56	sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	70
SPRITAM TB3D	24	STRIVERDI RESPIMAT	19	sulfacetamide sodium w/ sulfur FOAM	70
SPRYCEL	48	STROMECTOL (ivermectin)	14	sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 10 %-5 %	70
STALEVO 100 (carbidopa-levodopa-entacapone)	50	STROVITE FORTE TABS (multiple vitamins w/ minerals)	152	sulfacetamide sodium w/ sulfur LIQD 9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 %	70
STALEVO 125 (carbidopa-levodopa-entacapone)	50	STROVITE ONE TABS	152	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	70
STALEVO 150 (carbidopa-levodopa-entacapone)	50	SUBLOCADE SOSY 100 MG/0.5ML	12	sulfacetamide sodium w/ sulfur PADS 10 %-4 %	70
STALEVO 200 (carbidopa-levodopa-entacapone)	50	SUBLOCADE SOSY 300 MG/1.5ML	12	sulfacetamide sodium w/ sulfur SUSP	70
STALEVO 50 (carbidopa-levodopa-entacapone)	51	SUBOXONE FILM SL 0.5 MG-2 MG (buprenorphine hcl-naloxone hcl dihydrate)	12	sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	70
STALEVO 75 (carbidopa-levodopa-entacapone)	51	SUBOXONE FILM SL 1 MG-4 MG (buprenorphine hcl-naloxone hcl dihydrate)	12		
STAMARIL SUSR	175	SUBOXONE FILM SL 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	12		
stavudine CAPS	56	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	12		
STEGLATRO	32	sucralfate SUSP	170		

sulfacetamide sod-prednisolone SOLN	160	SUNOSI	2	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .	131
sulfadiazine TABS	167	SUPPRELIN LA	83	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	131
sulfamethoxazole-trimethoprim SOLN	42	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	95	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	131
sulfamethoxazole-trimethoprim SUSP	42	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4" .	131	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	131
sulfamethoxazole-trimethoprim TABS	42	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	131	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	131
SULFAMYLON CREA	73	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .	131	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	131
SULFAMYLON PACK 5 % (mafenide acetate)	73	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .	131	SURE COMFORT LANCING PEN MISC	105
sulfasalazine TABS	87	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .	131	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	131
sulfasalazine TBEC	87	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .	131	SURE COMFORT PEN NEEDLES30GX5/16" SHORT ...	131
sulindac TABS	8	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	131	SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	131
SUMADAN WASH LIQD (sulfacetamide sodium w/ sulfur) ..	70	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	131	SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	131
sumatriptan	147	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	131	SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	131
sumatriptan succinate SOAJ 4 MG/0.5ML	147	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	131	SURE COMFORT PEN NEEDLES32GX5/32"	131
sumatriptan succinate SOAJ 6 MG/0.5ML	147	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	131	SURE COMFORT PEN NEEDLES32GX6MM	131
sumatriptan succinate SOCT 4 MG/0.5ML	148	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	131	SUSTIVA CAPS 200 MG (efavirenz) .	56
sumatriptan succinate SOCT 6 MG/0.5ML	148	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	131	SUSTIVA CAPS 50 MG (efavirenz)	56
sumatriptan succinate SOLN 6 MG/0.5ML	148	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	131		
sumatriptan succinate TABS	148				
sumatriptan-naproxen sodium ...	147				
SUMAXIN PADS	70				
sunitinib malate	49				
SUNLENCA SOLN	56				
SUNLENCA TBPK	56				

SUSTIVA TABS (efavirenz)	56	SYNTHROID TABS (levothyroxine sodium)	169	TALZENNA	49
SUSTOL PRSY	34	SYPRINE (trientine hcl)	149	TAMIFLU CAPS (oseltamivir phosphate)	58
SUTAB	95	SYRINGE/LUER LOCK/3ML	131	TAMIFLU SUSR (oseltamivir phosphate)	58
SUTENT (sunitinib malate)	49	SYRINGE/LUER SLIP/3ML	131	tamoxifen citrate TABS	47
SYMBICORT (budesonide-formoterol fumarate dihydrate)	19	SYRINGES/LUER LOCK/WITHOUT NEEDLE/3ML	131	tamsulosin hcl	88
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (olanzapine-fluoxetine hcl)	164	TABLOID	45	TARCEVA 100 MG, 150 MG (erlotinib hcl)	46
SYMDEKO	167	TABRECTA	49	TARCEVA 25 MG (erlotinib hcl) ...	46
SYMFI (efavirenz-lamivudine-tenofovir disoproxil fumarate)	56	TACLONEX OINT (calcipotriene-betamethasone dipropionate)	75	TARGRETIN (bexarotene (topical))	72
SYMFI LO (efavirenz-lamivudine-tenofovir disoproxil fumarate)	56	TACLONEX SUSP (calcipotriene-betamethasone dipropionate)	75	TARGRETIN (bexarotene)	49
SYMJEPI SOSY	176	tacrolimus (topical) OINT	76	TARPEYO CPDR	67
SYMLINPEN 120 SOPN	28	tacrolimus CAPS	150	TASCENSO ODT	165
SYMLINPEN 60 SOPN	28	tadalafil (pulmonary hypertension) TABS	63	TASIGNA 150 MG, 200 MG	49
SYMPAZAN FILM	22	tadalafil 5 MG	62	TASIGNA 50 MG	49
SYMPROIC	87	TADLIQ SUSP	63	tasimelteon CAPS	95
SYMTUZA	56	TAFINLAR CAPS	49	TASMAR (tolcapone)	50
SYNAGIS SOLN	162	TAFINLAR TBSO	49	tavaborole	71
SYNALAR CREA (fluocinolone acetonide)	75	tafluprost	161	TAVALISSE	90
SYNALAR CREAM KIT	75	TAGAMET HB 200 TABS (cimetidine)	170	TAVNEOS	90
SYNALAR OINT (fluocinolone acetonide)	75	TAGAMET HB TABS (cimetidine) 170		TAYTULLA CAPS (norethin acet & estrad-fe)	65
SYNALAR OINTMENT KIT	75	TAGRISSE	46	tazarotene CREA	72
SYNALAR SOLN (fluocinolone acetonide)	75	TAKHZYRO SOLN	90	TAZAROTENE FOAM	70
SYNALAR TS	75	TAKHZYRO SOSY	90	tazarotene GEL	72
SYNAREL	83	TALICIA	172	TAZICEF 4.4 %-1 GM/50ML	64
SYNJARDY TABS	29	TALTZ SOAJ	72	TAZORAC CREA (tazarotene)	72
SYNJARDY XR TB24	29	TALTZ SOSY	72	TAZORAC GEL (tazarotene)	72
				TAZVERIK	49
				TDVAX SUSP	169

TECARTUS	46	TEGRETOL-XR TB12 (carbamazepine)	24	terconazole vaginal CREA 0.8 %	.176
TECFIDERA CPDR (dimethyl fumarate)	165	TEGSEDI	167	terconazole vaginal SUPP	176
TECFIDERA STARTER PACK CDPK (dimethyl fumarate)	165	TEKURNA (aliskiren fumarate) ..	42	teriflunomide	165
TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 5/16"	131	TEKURNA HCT 12.5 MG-300 MG, 25 MG-300 MG	41	teriparatide (recombinant) SOPN ..	82
TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 5/16"	131	telmisartan	40	TERIPARATIDE SOPN	82
TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2"	131	telmisartan-amlodipine	41	TESTIM GEL TD (testosterone) ...	13
TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 5/16"	132	telmisartan-hydrochlorothiazide ..	41	TESTOPEL PLLT	13
TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16"	132	temazepam 15 MG, 30 MG	94	testosterone cypionate SOLN IM 100 MG/ML	13
TECHLITE INSULIN SYRINGEU- 100/1ML/29G X 1/2"	132	temazepam 7.5 MG, 22.5 MG	94	testosterone cypionate SOLN IM 200 MG/ML	13
TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2"	132	TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (temozolomide) ..	45	testosterone enanthate SOLN IM ..	13
TECHLITE INSULIN SYRINGEU- 100/1ML/29G X 1/2"	132	TEMOVATE CREA (clobetasol propionate)	75	testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	13
TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2"	132	TEMOVATE OINT (clobetasol propionate)	75	testosterone GEL TD 1 %	13
TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16"	132	temozolomide CAPS	45	testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM	13
TECHLITE LANCETS	105	TENIVAC INJ	169	testosterone GEL TD 10 MG/ACT ..	13
TECHLITE LANCETS 26G	105	tenofovir disoproxil fumarate TABS 56		testosterone SOLN	13
TECHLITE PEN NEEDLES/31GX 8MM	132	TENORETIC 100 (atenolol & chlorthalidone)	41	TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT SUSP	169
TECHLITE PEN NEEDLES/32GX 6MM	132	TENORETIC 50 (atenolol & chlorthalidone)	41	tetrabenazine	165
TECHLITE PLUS PEN NEEDLES32G X 4MM	132	TENORMIN TABS (atenolol)	59	tetrabenazine 25 MG	165
TEGADERM FOAM DRESSING 4"X4" PADS	99	TEPEZZA	82	tetracaine hcl (ophth)	159
TEGRETOL SUSP (carbamazepine) .	24	TEPMETKO	49	tetracycline hcl CAPS	168
TEGRETOL TABS (carbamazepine) .	24	terazosin hcl	40	TEXACORT SOLN 2.5 %	75
		terbinafine hcl TABS	35	TEZSPIRE SOAJ	17
		terbutaline sulfate SOLN	19	TEZSPIRE SOSY	17
		terbutaline sulfate TABS	19	TGT LANCET MICRO THIN 33G 105	
		terconazole vaginal CREA 0.4 %	.176	TGT LANCET THIN 26G	105
				TGT LANCET ULTRA THIN 30G	

105	TIGAN SOLN	34	TIVORBEX CAPS (indomethacin) ..	8	
TGT LANCING DEVICE MISC ...	105	tigecycline	168	tizanidine hcl CAPS	154
THALITONE	81	TIGECYCLINE	168	tizanidine hcl TABS 2 MG	154
THALOMID	149	TIGLUTIK SUSP	155	tizanidine hcl TABS 4 MG	154
THEO-24 CP24	19	TIKOSYN (dofetilide)	16	TLANDO CAPS	13
theophylline ELIX	19	timolol maleate (ophth) SOLG	158	TNKASE	91
theophylline SOLN	19	timolol maleate (ophth) SOLN 0.25 %	158	TOBI NEBU (tobramycin)	4
theophylline TB12	19	.....	158	TOBI PODHALER CAPS	4
theophylline TB24	19	timolol maleate (ophth) SOLN 0.5 % .	158	TOBRADEX OINT	160
THERATEARS EXTRA SOLN (carboxymethylcellulose sodium (ophth))	157	timolol maleate (ophth) SOLN	158	TOBRADEX ST SUSP	160
THERATEARS SOLN (carboxymethylcellulose sodium (ophth))	157	timolol maleate TABS	60	TOBRADEX SUSP (tobramycin- dexamethasone)	160
thiamine hcl SOLN	177	TIMOPTIC OCUDOSE SOLN 0.25 % (timolol maleate (ophth))	158	tobramycin (ophth) SOLN	159
thiamine hcl TABS 100 MG	177	TIMOPTIC OCUDOSE SOLN 0.5 % (timolol maleate (ophth))	158	tobramycin NEBU	4
THIOLA EC TBEC (tiopronin)	89	TIMOPTIC SOLN (timolol maleate (ophth))	158	tobramycin sulfate SOLN IJ	4
THIOLA TABS (tiopronin)	89	TIMOPTIC-XE SOLG (timolol maleate (ophth))	158	tobramycin sulfate SOLR	4
thioridazine hcl	54	TINACTIN CREA (tolnaftate)	71	tobramycin-dexamethasone SUSP	160
thiothixene	54	tinidazole	42	TOBREX OINT	159
THRESHOLD IMT MISC	146	tiopronin TABS	89	TODAYS HEALTH ADVANCED LANCING DEVICE MISC	105
THRESHOLD PEP DEVI	146	tiopronin TBEC	89	TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	132
THRIVITE RX TABS	153	tiotropium bromide monohydrate CAPS	17	TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	132
THYQUIDITY SOLN OR	169	TIROSINT CAPS (levothyroxine sodium)	169	TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	132
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	169	TIROSINT CAPS	169	TOFIDENCE SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	6
tiagabine hcl	24	TIROSINT-SOL SOLN OR	169	tolcapone	50
TIAZAC (diltiazem hcl extended release beads)	61	TIVICAY PD TBSO	56	TOLECTIN 600 TABS 600 MG	8
TIBSOVO	49	TIVICAY TABS 10 MG, 25 MG	56	tolmetin sodium CAPS	8
TICOVAC	175	TIVICAY TABS 50 MG	56		

tolmetin sodium TABS 600 MG 8	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" 132	TRACLEER TBSO 62
tolnaftate CREA 71	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" 132	TRADJENTA 30
TOLSURA CAPS 35	TOPICORT CREA (desoximetasone) 75	tramadol hcl CP24 100 MG, 200 MG, 300 MG 10
tolterodine tartrate CP24 172	TOPICORT GEL (desoximetasone) 75	tramadol hcl SOLN 10
tolterodine tartrate TABS 172	TOPICORT LIQD (desoximetasone) . 75	tramadol hcl TABS 100 MG 11
tolvaptan TABS 84	TOPICORT OINT (desoximetasone) . 76	tramadol hcl TABS 25 MG 11
TOPAMAX SPRINKLE CPSP 15 MG (topiramate) 24	topiramate CP24 24	tramadol hcl TABS 50 MG 11
TOPAMAX SPRINKLE CPSP 25 MG (topiramate) 24	topiramate CPSP 15 MG 24	tramadol hcl TB24 11
TOPAMAX TABS (topiramate) 24	topiramate CPSP 25 MG 24	TRAMADOL HYDROCHLORIDE SOLN (tramadol hcl) 11
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4" 132	topiramate CS24 24	tramadol-acetaminophen 11
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16" 132	topiramate TABS 24	trandolapril 1 MG, 2 MG 39
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TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" 132	TOPROL XL TB24 25 MG, 50 MG, 100 MG (metoprolol succinate) ... 59	tranexamic acid SOLN 1000 MG/10ML 93
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	TOVET KIT 76	tranylcypromine sulfate 26
	TOVIAZ (fesoterodine fumarate) 172	TRAVATAN Z SOLN (travoprost) 161
	TRACLEER TABS (bosentan) 62	travoprost SOLN 161
		trazodone hcl TABS 300 MG 27
		trazodone hcl TABS 50 MG, 100 MG, 150 MG 27
		TRECATOR 45

TRELEGY ELLIPTA	19	triamcinolone acetonide (topical) OINT 0.5 %	76	trimethobenzamide hcl CAPS	34
TRELSTAR MIXJECT	47	triamcinolone acetonide SUSP 40 MG/ML, 400 MG/10ML	67	TRIMETHOPRIM TABS 100 MG (trimethoprim)	42
TREMFYA SOPN	72	triamcinolone acetonide-dimethicone- silicone	76	trimethoprim TABS	42
TREMFYA SOSY	72	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	80	trimipramine maleate CAPS	28
TRESIBA FLEXTOUCH SOPN	32	triamterene & hydrochlorothiazide TABs	80	TRINATAL RX 1 TABS	153
TRESIBA SOLN	32	triamterene CAPS	81	TRINTELLIX	27
tretinoin (chemotherapy)	49	triazolam	94	TRIPTODUR	83
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	70	TRIBENZOR (olmesartan medoxomil-amlodipine- hydrochlorothiazide)	41	TRIUMEQ PD TBSO	56
tretinoin GEL 0.01 %, 0.025 %	70	TRICOR TABS (fenofibrate)	38	TRIUMEQ TABS	57
tretinoin GEL 0.05 %	70	TRIDESILON CREA 0.05 % (desonide)	76	TRIZIVIR	57
tretinoin microsphere	70	trientine hcl 250 MG	149	TROGARZO	57
TRETTEN	90	trientine hcl 500 MG	149	TROKENDI XR CP24 (topiramate) 24	
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	45	TRIESENCE	160	tropicamide SOLN 0.5 %	158
TREXIMET (sumatriptan-naproxen sodium)	147	trifluoperazine hcl TABS	54	tropicamide SOLN 1 %	158
triamcinolone acetonide (mouth) 151		trifluridine	159	trospium chloride CP24	172
triamcinolone acetonide (nasal) AERO	155	trihexyphenidyl hcl SOLN	49	trospium chloride TABS	172
triamcinolone acetonide (topical) AERS	76	trihexyphenidyl hcl TABS	50	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" ...	132
triamcinolone acetonide (topical) CREA 0.025 %	76	TRIJARDY XR	29	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	132
triamcinolone acetonide (topical) CREA 0.1 %	76	TRIKAFTA TBPK	167	TRUE COMFORT PEN NEEDLES31G X 5MM	132
triamcinolone acetonide (topical) CREA 0.5 %	76	TRIKAFTA THPK	167	TRUE COMFORT PEN NEEDLES31G X 6MM	132
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triamcinolone acetonide (topical) OINT 0.025 %, 0.05 %, 0.1 %	76	TRILEPTAL TABS (oxcarbazepine) 24		TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	132
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TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"133	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/1ML/30G X 1/2" 133	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM133
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TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"133	TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM 133	TRUEPLUS INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" 134
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TRUE COMFORT PRO PEN NEEDLES 31G X 6MM 133	TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN105	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" 134
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TRULANCE	85	TYBLUME CHEW	65	TYVASO SOLN IN	62
TRULICITY	30	TYBOST	57	TYVASO STARTER SOLN IN	62
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TRUQAP	49	TYGACIL (tigecycline)	168	UBRELVY	146
TRUSOPT (dorzolamide hcl)	161	TYKERB (lapatinib ditosylate)	49	UCERIS (budesonide (intrarectal)) 13	
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TUBING/WING TIP MISC	146	TYLENOL CHILDRENS PAIN +FEVER SUSP (acetaminophen)	9	UDENYCA SOAJ	92
TUDORZA PRESSAIR	17	TYLENOL CHILDRENS SUSP (acetaminophen)	9	UDENYCA SOSY	92
TUKYSA	46	TYLENOL EXTRA STRENGTH TABS (acetaminophen)	9	ULORIC (febuxostat)	89
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TUMS CHEWY BITES CHEW (calcium carbonate (antacid))	14	TYLENOL INFANTS PAIN+FEVER SUSP (acetaminophen)	9	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	134
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TUMS SMOOTHIES CHEW (calcium carbonate (antacid))	14	TYPHIM VI SOSY	173	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	134
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ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" 134	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.3ML/31G X 5/16" 135	ULTICARE SHORT PEN NEEDLES 31GX8MM 135
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		ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	137	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	137
		ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	137	ULTRA FLO INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	137
		ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	137	ULTRACARE INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	137
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ULTRACARE PEN NEEDLES/32G X 3/16"	137	UNASYN BULK PACK IV (ampicillin & sulbactam sodium)	163	UNIFINE SAFECONTROL PEN NEEDLE 31GX6MM	138
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ULTRACARE PEN NEEDLES/33G X 5/32"	137	UNIFINE PEN NEEDLE/32G X4MM ..	138	UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	138
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ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" ..	137	UNIFINE PENTIPS 31GX5MM ..	138	UNIFINE ULTRA PEN NEEDLE/31GX6MM	138
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" ..	137	UNIFINE PENTIPS 31GX6MM ..	138	UNIFINE ULTRA PEN NEEDLE/31GX8MM	138
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" ..	138	UNIFINE PENTIPS 31GX8MM ..	138	UNIFINE ULTRA PEN NEEDLE/31GX6MM	138
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ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" ..	138	UNIFINE PENTIPS 32GX6MM ..	138	UNIFINE ULTRA PEN NEEDLE/32GX4MM	138
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UNILET EXCELITE II	105	UROXATRAL (alfuzosin hcl)	89	VALTREX 500 MG (valacyclovir hcl) .
UNILET G.P. SUPERLITE LANCET .	105	URSO 250 TABS (ursodiol)	86	58
UNILET GP 28 ULTRA THIN	105	URSO FORTE TABS (ursodiol) ...	86	VALUE HEALTH INSULIN
UNILET LANCETS MICRO-THIN33G	105	ursodiol CAPS	86	SYRINGE/U-100/0.5ML/29G X 1/2" .
UNILET LANCETS SUPER-	105	ursodiol TABS 250 MG	86	138
THIN30G	105	ursodiol TABS 500 MG	86	VALUE HEALTH INSULIN
UNILET LANCETS ULTRA-THIN	105	UZEDY SUSY	52	SYRINGE/U-100/1ML/29G X 1/2"
28G	105	VAGIFEM TABS (estradiol vaginal)	176	139
UNIVERSAL 1 LANCETS THIN26G .	106	valacyclovir hcl 1 GM, 1000 MG ..	58	VALUE PLUS LANCING DEVICE
UNIVERSAL 1 LANCETS ULTRA	106	valacyclovir hcl 500 MG	58	MISC
THIN 30G	106	VALCHLOR	72	106
UPLIZNA	150	VALCYTE SOLR (valganciclovir hcl) .	57	VALUMARK LANCET SUPER THIN
UPTRAVI SOLR	63	VALCYTE TABS (valganciclovir hcl) .	57	30G
UPTRAVI TABS 200 MCG	63	VALIUM TABS (diazepam)	16	106
UPTRAVI TABS 400 MCG, 600	63	valproate sodium SOLN IV 100	25	VALUMARK LANCET ULTRA THIN
MCG, 800 MCG, 1000 MCG, 1200	63	MG/ML, 500 MG/5ML	25	28G
MCG, 1400 MCG, 1600 MCG	63	valproate sodium SOLN OR 250	25	106
UPTRAVI TITRATION PACK TBPK	63	MG/5ML	25	VALUMARK PEN NEEDLES
63	63	valproic acid CAPS	25	29GX12MM
urea CREA 40 %	76	valsartan SOLN	40	139
urea LOTN 40 %	76	valsartan TABS	40	VALUMARK PEN NEEDLES 31GX
URIBEL	42	valsartan-hydrochlorothiazide	41	6MM
UROCIT-K 10 TBCR (potassium	88	VALTOCO 10 MG DOSE LIQD ...	22	139
citrate (alkalinizer))	88	VALTOCO 15 MG DOSE LQPK ...	22	VALUMARK PEN NEEDLES 31GX
UROCIT-K 15 TBCR (potassium	88	VALTOCO 20 MG DOSE LQPK ...	22	8MM
citrate (alkalinizer))	88	VALTOCO 5 MG DOSE LIQD	22	139
UROGESIC-BLUE TABS	88			VALUMARK PEN NEEDLES 31GX
(methenamine-hyoscamine-	88			8MM
methylene blue-sodium phosphate)	88			139
				VANCOGIN CAPS 125 MG
				(vancomycin hcl)
				43
				VANCOGIN CAPS 250 MG
				(vancomycin hcl)
				43
				vancomycin hcl CAPS 125 MG
				43
				vancomycin hcl CAPS 250 MG
				43
				vancomycin hcl SOLR IV 1 GM, 1000
				MG
				43
				vancomycin hcl SOLR IV 500 MG .
				43
				vancomycin hcl SOLR OR 25
				MG/ML, 50 MG/ML, 250 MG/5ML .
				43
				vancomycin hcl SOLR OR 25 MG/ML
			
				43
				VANCOMYCIN HYDROCHLORIDE
				SOLR IV 1 GM
				43

VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	VELSIPITY	87	VERELAN PM CP24 100 MG (verapamil hcl)	61
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	VELTASSA	150	VERELAN PM CP24 200 MG (verapamil hcl)	61
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	VELTIN (clindamycin phosphate-tretinoin)	70	VERELAN PM CP24 300 MG (verapamil hcl)	61
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	VEMLIDY	58	VERIFINE INSULIN PEN NEEDLE 29G X 12MM	139
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	VENCLEXTA STARTING PACK TBPK	46	VERIFINE INSULIN PEN NEEDLE 31G X 5MM	139
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	VENCLEXTA TABS	46	VERIFINE INSULIN PEN NEEDLE 31G X 8MM	139
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	VENLAFAXINE BESYLATE ER	28	VERIFINE INSULIN PEN NEEDLE 32G X 4MM	139
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	venlafaxine hcl CP24	28	VERIFINE INSULIN PEN NEEDLE 32G X 6MM	139
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	venlafaxine hcl TABS	28	VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM	139
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	venlafaxine hcl TB24	28	VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM	139
VANOS CREA (fluocinonide)	VENOFER	92	VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM	139
VAQTA	VENTAVIS	62	VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	139
varenicline tartrate TABS	VENTOLIN HFA AERS (albuterol sulfate)	19	VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	139
varenicline tartrate TBPK	VENTRIXYL TABS	152	VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	139
VARIVAX INJ	VEOPOZ	90	VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	139
VASCEPA 0.5 GM (icosapent ethyl)	VEOZAH	83	VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	139
VASCEPA 0.5 GM (icosapent ethyl)	verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG	61	VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	139
VASCEPA 1 GM (icosapent ethyl)	verapamil hcl CP24 300 MG, 360 MG	61	VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	139
VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide)	verapamil hcl SOLN 2.5 MG/ML	61	VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	139
VASOTEC TABS (enalapril maleate)	verapamil hcl TABS	61	VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	139
VAXCHORA	verapamil hcl TBCR	61	VERIFINE INSULIN SYRINGE1ML/29G X 12MM	139
VAXELIS SUSP	VERAPAMIL HYDROCHLORIDE ER CP24 (verapamil hcl)	61	VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	139
VAXELIS SUSY	VEREGEN	70	VERIFINE INSULIN SYRINGE1ML/31G X 8MM	139
VAXNEUVANCE	VERELAN CP24 120 MG, 180 MG, 240 MG (verapamil hcl)	61	VERIFINE INSULIN SYRINGE1ML/29G X 12MM	139
VAZCULEP SOLN IV (phenylephrine hcl (pressors))	VERELAN CP24 360 MG (verapamil hcl)	61		
VECAMYL				
VECTICAL (calcitriol (topical))				
VELPHORO				

VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	139	VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	139	VIREAD POWD	57
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	139	VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM 139		VIREAD TABS (tenofovir disoproxil fumarate)	57
VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	139	VIDA MIA UNILET LANCETS SUPER THIN 30G	106	VIREAD TABS 150 MG, 200 MG, 250 MG	57
VERIFINE PLUS PEN NEEDLE/32G X 4MM	139	VIDA MIA UNILET LANCETS ULTRA THIN 28G	106	VISTARIL CAPS (hydroxyzine pamoate)	15
VERKAZIA EMUL	159	VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	139	VISTOGARD	33
VERQUVO	63	VIEKIRA PAK TBPB	58	VITALIPID N INFANT EMUL	153
VERSACLOZ SUSP	53	vigabatrin PACK	24	VITAMIN A/C/D INFANT/TODDLER . 153	
VERSAPAP DEVI	146	vigabatrin TABS	24	VITAMIN D3 TABS (cholecalciferol) 177	
VERSAPAP/UNIVERSAL TUBING DEVI	146	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	159	VITAROCA PLUS TABS (multiple vitamins w/ minerals)	152
VERZENIO	49	VIIBRYD STARTER PACK KIT ...	27	VITLIPID N INFANT EMUL	153
VESICARE LS SUSP	172	VIIBRYD TABS (vilazodone hcl) ...	27	VITRAKVI CAPS	49
VESICARE TABS (solifenacin succinate)	172	VIJOICE	150	VITRAKVI SOLN	49
VESICARE TABS 10 MG (solifenacin succinate)	172	vilazodone hcl TABS	27	VIVAGUARD LANCING DEVICE MISC	106
VEVYE SOLN	159	VILTEPSO	156	VIVELLE-DOT PTTW (estradiol) ..	85
VFEND IV SOLR (voriconazole) ...	35	VIMIZIM	84	VIVITROL	33
VFEND SUSR (voriconazole)	35	VIMOVO (naproxen-esomeprazole magnesium)	8	VIVJOA	36
VFEND TABS (voriconazole)	35	VIMPAT SOLN IV 200 MG/20ML (lacosamide)	24	VIVOTIF	173
VIBERZI	87	VIMPAT SOLN OR 10 MG/ML (lacosamide)	24	VIZIMPRO	46
VIBRAMYCIN CAPS (doxycycline hyclate)	168	VIMPAT TABS (lacosamide)	24	VOCABRIA	57
VIBRAMYCIN SUSR (doxycycline monohydrate))	168	VIOKACE TABS	80	VOGELXO GEL TD (testosterone) 13	
VICTOZA	30	VIRACEPT TABS 250 MG	57	VOGELXO PUMP GEL TD (testosterone)	13
VIDA MIA AUTOLET LANCINGDEVICE MISC	106	VIRACEPT TABS 625 MG	57	VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ...	71
VIDA MIA UNIFINE PENTIPS32GX4MM	139	VIRAZOLE (ribavirin)	58	VONJO	49
				VONVENDI	90

VOQUEZNA	171	VYJUVEK	78	WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM 140
VOQUEZNA DUAL PAK	172	VYNDAMAX	63	WELCHOL PACK (colesevelam hcl) . 37
VOQUEZNA TRIPLE PAK	172	VYNDAQEL	63	WELCHOL TABS (colesevelam hcl) . 37
VORICONAZOLE SOLR (voriconazole)	36	VYONDYS 53	156	WELIREG
voriconazole SOLR	36	VYTORIN (ezetimibe-simvastatin) 37		47
voriconazole SUSR	36	VYVANSE CAPS	1	WELLBUTRIN SR TB12 (bupropion hcl)
voriconazole TABS	36	VYVANSE CHEW	2	25
VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	146	VYVGART	149	WELLBUTRIN XL TB24 (bupropion hcl)
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	146	VYVGART HYTRULO	149	25
VORTEX VALVED HOLDING CHAMBER DEVI	146	VYZULTA	161	WESNATAL DHA COMPLETE ..153
VOSEVI	58	WAINUA	167	WESTAB PLUS TABS
VOTRIENT (pazopanib hcl)	49	WAKIX 17.8 MG	2	153
VOWST	87	WAKIX 4.45 MG	2	white petrolatum-mineral oil
VOXZOGO	84	WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	106	157
VOYDEYA TABS	90	WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	106	WILATE KIT
VOYDEYA TBPK	90	WALGREENS THIN LANCETS .	106	90
VP INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	139	warfarin sodium TABS	20	WINDMILL TRAINER MISC
VPRIV	91	WEBCOL ALCOHOL PREP LARGE 1 PLY	106	146
VRAYLAR CAPS	51	WEBCOL ALCOHOL PREP LARGE 2 PLY	106	WINLEVI
VRAYLAR CPPK	51	WEBCOL ALCOHOL PREP MEDIUM 2 PLY	106	70
VTAMA	72	WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	139	WINREVAIR
VUITY SOLN	158	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	140	62
VUMERITY	165	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	140	XACIATO GEL
VUSION (miconazole-zinc oxide- white petrolatum)	71			176
VYEPTI	146			XADAGO
				51
				XALATAN SOLN (latanoprost) ...
				161
				XALKORI CAPS
				49
				XALKORI CPSP
				49
				XANAX TABS (alprazolam)
				16
				XANAX XR TB24 (alprazolam)
				16
				XANAX XR TB24 0.5 MG (alprazolam)
				16
				XARELTO STARTER PACK TBPK
				20
				XARELTO SUSR
				20
				XARELTO TABS 10 MG
				20
				XARELTO TABS 15 MG
				20

XARELTO TABS 2.5 MG	20	XOPENEX CONCENTRATE (levalbuterol hcl)	19	YONSA	47
XARELTO TABS 20 MG	20	XOPENEX HFA (levalbuterol tartrate)	19	YUFLYMA 1-PEN KIT AJKT	6
XATMEP SOLN	45	XOSPATA	49	YUFLYMA 2-PEN KIT AJKT	6
XCOPRI TABS	24	XPHOZAH	84	YUFLYMA 2-SYRINGE KIT PSKT ..	6
XCOPRI TBPK	24	XPOVIO	47	YUFLYMA CD/UC/HS STARTER AJKT	6
XDEMVY	159	XPOVIO 60 MG TWICE WEEKLY 47		YUPELRI	17
XELJANZ SOLN	4	XPOVIO 80 MG TWICE WEEKLY 47		YUSIMRY	6
XELJANZ TABS	4	XTAMPZA ER	11	zafirlukast	17
XELJANZ XR TB24	4	XTANDI CAPS	47	zaleplon	94
XELODA (capecitabine)	45	XTANDI TABS	47	ZANAFLEX CAPS (tizanidine hcl) 154	
XELPROS EMUL	161	XULTOPHY 100/3.6	29	ZANAFLEX TABS 4 MG (tizanidine hcl)	154
XELSTRYM	2	XYLIDERM	77	ZARONTIN CAPS (ethosuximide) .	25
XENAZINE (tetrabenazine)	165	XYNTHA	90	ZARONTIN SOLN (ethosuximide) .	25
XENPOZYME	84	XYNTHA SOLOFUSE	90	ZARXIO	92
XEPI	70	XYOSTED SOAJ	13	ZAVESCA (miglustat)	91
XERAIVA	168	XYREM SOLN	163	ZAVZPRET	146
XERESE	73	XYWAV	163	ZEGALOGUE SOAJ	30
XGEVA SOLN	82	XYZAL ALLERGY 24HR CHILDRENS SOLN (levocetirizine dihydrochloride)	36	ZEGALOGUE SOSY	30
XHANCE EXHU	155	XYZAL ALLERGY 24HR TABS (levocetirizine dihydrochloride)	36	ZEGERID CAPS (omeprazole- sodium bicarbonate)	172
XIFAXAN	42	YASMIN 28 (drospirenone-ethinyl estradiol)	65	ZEGERID PACK (omeprazole- sodium bicarbonate)	172
XIGDUO XR	29	YAZ (drospirenone-ethinyl estradiol) 65		ZEJULA CAPS	49
XIIDRA	159	YCANTH SOLN	77	ZEJULA TABS	49
XIMINO CP24 (minocycline hcl) ..	168	YESCARTA	46	ZELAPAR TBDP	51
XIMINO CP24	168	YF-VAX INJ	175	ZELBORAF	49
XOFLUZA 40 MG, 80 MG	58			ZEMAIRA SOLR 1000 MG	167
XOLAIR SOAJ	17			ZEMAIRA SOLR 4000 MG, 5000 MG	167
XOLAIR SOLR	17				
XOLAIR SOSY	17				
XOLREMDI CAPS OR 100 MG	92				
XOPENEX (levalbuterol hcl)	19				

ZEMBRACE SYMTOUCH SOAJ .148	ZEV RX PEN NEEDLES 31G X 5MM140	(azithromycin)96
ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol) 84	ZEV RX PEN NEEDLES 31G X 6MM140	ZITHROMAX TABS 250 MG (azithromycin)96
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 80	ZEV RX PEN NEEDLES 31G X 8MM140	ZITHROMAX TABS 500 MG (azithromycin)96
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ZEPOSIA 7-DAY STARTER PACK CPPK 165	ZIAC (bisoprolol & hydrochlorothiazide) 41	ZITHROMAX Z-PAK TABS (azithromycin)96
ZEPOSIA CAPS 165	ZIAGEN SOLN (abacavir sulfate) .57	ZITUVIO30
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ZETONNA AERS 155	zileuton TB12 17	ZOLGENSMA 10.6-11.0 KG156
ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2" 140	ZILRETTA SRER 67	ZOLGENSMA 11.1-11.5 KG156
ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16" ...140	ZIMHI SOSY 33	ZOLGENSMA 11.6-12.0 KG156
ZEV RX INSULIN SYRINGE/1ML/30G X 1/2" 140	ZIOPTAN (tafluprost) 161	ZOLGENSMA 12.1-12.5 KG156
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	ZIPSOR CAPS (diclofenac potassium)8	ZOLGENSMA 13.6-14.0 KG156
	ZIRGAN GEL 159	ZOLGENSMA 14.1-14.5 KG156
	ZITHROMAX PACK (azithromycin) 96	ZOLGENSMA 14.6-15.0 KG156
	ZITHROMAX SUSR 100 MG/5ML (azithromycin)96	ZOLGENSMA 15.1-15.5 KG156
	ZITHROMAX SUSR 200 MG/5ML	ZOLGENSMA 15.6-16.0 KG157
		ZOLGENSMA 16.1-16.5 KG157
		ZOLGENSMA 16.6-17.0 KG157
		ZOLGENSMA 17.1-17.5 KG157

ZOLGENSMA 17.6-18.0 KG157	ZOLPIDEM TARTRATE CAPS94	ZUBSOLV SUBL 2.9 MG-11.4 MG 12
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