

Comprehensive

DRUG FORMULARY LIST

Delaware First Health

Delaware First Health: Drug Formulary List



This Drug Formulary List is searchable. Here is how to search for a drug:

1. Press Control F to open the search tool
2. Type the drug name into the text box
3. Press Enter

Delaware First Health Plan Pharmacy Program

Delaware First Health Plan, Inc. (Delaware First Health) is committed to providing appropriate, high quality, and cost-effective drug therapy to all Delaware First Health members. Delaware First Health works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered according to Centers for Medicare and Medicaid Services (CMS) designation of an outpatient covered drug. Delaware First Health covers prescription medications and certain over the counter (OTC) medications when ordered by a physician/clinician. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities.

This section provides an overview of the Delaware First Health pharmacy program. For more detailed information, please visit our website at [Delawarefirsthealth.com](https://delawarefirsthealth.com) or call Pharmacy Services to talk to someone about the list of drugs Delaware First Health covers. The Pharmacy Services phone number is 1-833-236-1887 (TTY 711).

Preferred Drug List (PDL)

Delaware First Health uses the Preferred Drug List (PDL) as developed by the Delaware Medicaid Program. The comprehensive drug formulary list contains additional drugs that are not listed on the Delaware Medicaid Program PDL. For more detailed information, please visit their website at <https://medicaid.dhss.delaware.gov/provider/Home/PharmacyCornerLanding/tabid/2096/Default.aspx>

Prior Authorization (PA) Process

Delaware First Health works with Centene Pharmacy Services to process all pharmacy claims for prescribed drugs. Some drugs on the Delaware First Health Drug List (DL) require a PA as well as any brand name drugs not listed on the PDL. Centene Pharmacy Services is responsible for administering this process.

Delaware First Health will cover the medication if it is determined that:

1. There is a medical reason you need the specific medication.
2. Depending on the medication, other medications on the PDL have not worked or cannot be tried

Follow these guidelines for efficient processing of your authorization requests:

1. Complete the Delaware First Health Prior Authorization Request Form for Prescription Drugs which can be found at Delawarefirsthealth.com
2. Fax to Centene Pharmacy Services at 1-844-233-6130.
3. Prior Authorization decisions will be completed within 24 hours of receipt.
4. Once approved, Centene Pharmacy Services notifies the prescriber
5. If the clinical information provided does not explain the medical necessity for the requested PA medication, the request will be denied, and the prescriber and the member will be notified.
6. A pharmacy can provide up to a 72-hour supply of a medication by calling Pharmacy Services at 1-833-236-1887

Transition Period

Delaware First Health members new to the plan will be able to receive their prescription drugs with no new prior authorization (PA) requirements for first 60 days for regular non-Behavioral Health Medications and 90 days for Behavioral Health Medications. Specialty medications and non-formulary diabetic meters are exceptions to the transition period allowance and will require coverage determination. This transition period will allow you and your doctor time to consider other medications that do not require PA and to learn the steps to getting a PA. Delaware First Health's PDL and PA List identify the drugs that will require a PA. If you are not sure when you will need to have your medications prior authorized or have other questions about continuing to get your medications, Pharmacy Services at 1-833-236-1887 (TTY 711).

72-Hour Supply Policy

State and federal law require that a pharmacy dispense a 72-hour (3-day) supply of medication to any patient awaiting a PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether the PA request is ultimately approved or denied. The pharmacy must call the Pharmacy Services at 1-833-236-1887 (TTY 711) for a prescription override to submit the 72-hour medication supply for payment.

Dispensing Limits, Quantity Limits, and Age Limits

You may receive up to a maximum 34-day supply for each new or refill prescription. A total of 90 percent (90%) of the days supplied must have elapsed before the prescription for a medication can be refilled. For example, with a 34 day supply you must have taken 31 days of the medication before you can get the next refill. Prescriptions that exceed the quantity limit (QL) allowed or age limits (AL) require PA. Delaware First Health may limit how much of a medication you can get at one time. If the physician/clinician feels you have a medical reason for getting a larger amount, he or she can ask for PA. If Delaware First Health does not grant PA, we will notify you and your physician/clinician and provide information regarding the appeal process. Some medications on

the Delaware First Health Drug List may have Age Limits. These are set for certain drugs based on Food and Drug Administration (FDA) approved labeling and for safety concerns and quality standards of care. The Age Limit aligns with current FDA alerts for the appropriate use of pharmaceuticals.

Medical Necessity Requests

If you require a medication that does not appear on the Preferred Drug List (PDL), you or your physician/clinician can make a medical necessity request for the medication. It is anticipated that such exceptions will be rare and that Drug List medications will be appropriate to treat the vast majority of medical conditions. Delaware First Health requires:

Documentation of failure of at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications) for the same diagnosis (e.g., migraine, neuropathic pain, etc.); or

Documented intolerance or contraindication to at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications); or

Documented clinical history or presentation where the patient is not a candidate for any of the PDL agents for the indication.

Appropriate Use and Safety Edits

Your health and safety are a priority for Delaware First Health. One of the ways we address your 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.

Medicare Eligible Members

Members that are also eligible for Medicare must bill the pharmacy claim to Medicare first. Delaware First Health will not cover medications covered by Medicare. If the drug is part of the Medicare benefit but Medicare denies coverage, Delaware First Health will not cover the drug. Delaware First Health will cover medications not covered by Medicare if they are covered by Medicaid.

DUR (Drug Utilization Review) Programs

Delaware First Health will monitor ongoing prescribing of medications for clinical appropriateness. Delaware First Health reviews prescribing retrospectively to review for both safety and efficacy. Delaware First Health will work with Centene Pharmacy Services to review for such things as disease management, fraud and abuse, and prescriber profiling. Prescriber or member outreach may occur based on prescribing/dispensing patterns.

Delaware First Health will continue to monitor for issues going forward and take action as needed.

Mandatory Generic Substitution

When generic drugs are available, the brand name drug will not be covered without Delaware First Health PA. Generic drugs have the same active ingredient and work the same as brand name drugs. If you or your physician/clinician feels a brand name drug is medically necessary, the physician/clinician can ask for PA.

We will cover the brand name drug according to our clinical guidelines if there is a medical reason you need the particular brand name drug. If Delaware First Health does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process. Certain brand name drugs that have generics available are preferred (covered) on the Medicaid PDL and will be covered by Delaware First Health as determined by Delaware Medicaid.

Over-The-Counter Medications

The pharmacy program covers a selection of OTC medications. All covered OTC medications appear in the Drug List. All OTC medications must be written on a valid prescription by a licensed physician/clinician in order to be reimbursed.

Drug Efficacy Study and Implementation Drugs

Drug Efficacy Study and Implementation (DESI) drugs are said to be less effective by the Food and Drug Administration. DESI products are not covered by Delaware First Health Plan.

Filling a Prescription

You can have prescriptions filled at a Delaware First Health network pharmacy. If you decide to have a prescription filled at a network pharmacy, you can locate a pharmacy near you by contacting Pharmacy Services at 1-833-236-1887 (TTY 711).

Specialty Medication

AcariaHealth is one of the providers of specialty medications for Delaware First Health. Most specialty drugs require a PA to be approved for payment.

Providers can request that AcariaHealth deliver the specialty drug to the office/member. If you want AcariaHealth to deliver the specialty drug to the office/member, contact them at 1-800-511-5144 (TTY 711).

Unapproved Use of Preferred Medication

Medication coverage under this program is limited to non-experimental indications as approved by the FDA. Other indications may also be covered if they are accepted as safe and effective using current medical and pharmaceutical reference texts and evidence-based medicine. Reimbursement decisions for specific non-approved indications will be made by Delaware First Health. Experimental drugs and investigational drugs are not eligible for coverage.

Benefit Exclusions

The following drug categories are not part of the Delaware First Health benefit and are not covered by the 72-hour supply policy:

- Fertility enhancing drugs
- Anorexia, weight loss, or weight gain drugs
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) – drugs that are classified as ineffective- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs prescribed to treat impotence
- Bulk powders, 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.
- Drugs and devices classified as experimental by the FDA
- Drugs and devices not approved by the FDA

Newly Approved Products

We review new drugs for safety and effectiveness before adding them to the Delaware First Health Drug List. During this period, access to these medications will be considered through the PA review process. If Delaware First Health does not grant PA, we will notify you and your physician/clinician and provide information regarding the appeal process.

DME/Home Health Benefits

The following medical services are a part of the Delaware First Health medical benefit and are not available at the retail pharmacy:

1. Enteral products
2. Nebulizers
3. Medical Supplies – this does not include diabetic supplies as those are available at the retail pharmacy.

Contacts for Pharmacy Appeals/Grievances

Members: In the event a member disagrees with the decision regarding coverage of a medication, the member may file an appeal with Delaware First Health by calling Pharmacy Services at 1-833-236-1887 (TTY 711).

Physicians / Clinicians: In the event a clinician disagrees with the decision regarding coverage of a medication, the clinician may request an appeal by submitting additional information to Delaware First Health in writing to the Appeals Department at the following address:

Delaware First Health
Appeals Department
PO Box 31398
Tampa, FL 33631-3398
Appeals Fax: 1-888-865-6531

A decision will be rendered, and the clinician will be notified with a mailed response. An expedited appeal may be requested at any time the provider believes the adverse determination might seriously jeopardize the life or health of a member by calling Pharmacy Services at 1-833-236-1887(TTY 711). A response will be rendered the same day as receipt of complete information. In circumstances that require research, a same day response may not be possible.

Member Copay Responsibility

Price of Medication \$10.00 or less = \$0.50 copay

Price of Medication \$10.01 to \$25.00 = \$1.00 copay

Price of Medication \$25.01 to \$50.00 = \$2.00 copay

Price of Medication \$50.01 or more = \$3.00 copay

The most a member will pay for prescription copays, in a calendar month, is \$15. Once the member reaches the \$15 of accumulated prescription copays in a calendar month, copays are waived for the remainder of the calendar month in which the member reaches the \$15 maximum. The copays and the \$15 copay maximum will start over on the next calendar month.

Members and Services exempt for copays:

1. Children under the age of 21
2. Pregnant women, including the post-partum period (12 months)
3. Chronic Renal Disease Program (CRDP) members
4. Individuals eligible under the long-term care nursing facility group or the acute care hospital group
5. Family planning services and supplies
6. Hospice services
7. Naloxone opioid overdose rescue medications
8. Medication-Assisted Treatment (MAT) used for Opioid Use Disorder
9. Tobacco cessation products

Contact Information

Delaware First Health Member Services:	1-877-236-1341 (TTY 711)
Pharmacy Prior Authorizations Telephone:	1-833-236-1887 (TTY 711)
Pharmacy Prior Authorizations Fax:	1-844-233-6130
Pharmacy Services (Member and Provider):	1-833-236-1887 (TTY 711)
AcariaHealth Shipping Questions:	1-800-511-5144 (TTY 711)

Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS			
Tier		Tier Definitions	
P		Preferred Drug	
NP		Non-Preferred Drug	
REQUIREMENT or LIMITS			
Requirement/Limits		Requirement/Limit Description	
AL		Age Limit: Drug is limited to a specific age	
PA		Prior Authorization: Review required before prescription can be filled	
QL		Quantity Limit: There is a limit on the amount covered per prescription or within a set time frame.	
Rx/OTC		Product has both prescription and over the counter coverage	
SP		Specialty Drug: High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.	
ST		Step Therapy: Requires trial and failure of one or more preferred products prior to coverage.	
STANDARD ABBREVIATIONS			
Dose Form		Dose Form Description	
AEPB	Aerosol Powder Breath Activated	EX	External
AERB	Aerosol, breath activated	GRAN	Granules
AERO	Aerosol	IJ	Injection
AJKT	Auto-injector Kit	IMPL	Implant
AUIJ	Auto-injector	INHA	Inhaler
CAPS	Capsule	INJ	Injectable
CHEW	Tablet Chewable	IUD	Intrauterine Device
CONC	Concentrate	IV	Intravenous
CP12	Capsule ER 12 HR	LIQD	Liquid
CP24	Capsule ER 24 HR	LOTN	Lotion
CPCR	Capsule ER	LOZG	Lozenge
CPDR	Capsule Delayed Release	LPOP	Lollipop
CPEP	Capsule Enteric Coated Particles	MISC	Miscellaneous
CPSP	Capsule Sprinkle	NA	Nasal
CREA	Cream	NEBU	Nebulization solution
CSDR	Capsule Delayed Release Sprinkle	OINT	Ointment
DEVI	Device	OP	Ophthalmic
ELIX	Elixir	OPHT	Ophthalmic
EMUL	Emulsion	OR	Oral
ENEM	Enema	PACK	Packet

Dose Form	Dose Form Description	Dose Form	Dose Form Description
<i>PEN</i>	Pen-injector	<i>SUER</i>	Suspension Extended Release
<i>PNKT</i>	Pen-injector Kit	<i>SUPN</i>	Suspension Pen-injector
<i>POT</i>	Potassium	<i>SUPP</i>	Suppository
<i>POWD</i>	Powder	<i>SUSP</i>	Suspension
<i>PRSY</i>	Prefilled Syringe	<i>SUSR</i>	Suspension Reconstituted
<i>PSKT</i>	Prefilled Syringe Kit	<i>SUSY</i>	Suspension Prefilled Syringe
<i>PSTE</i>	Paste	<i>SYRP</i>	Syrup
<i>PT24</i>	Patch 24 Hour	<i>T12A</i>	Tablet ER 12 Hour Abuse-Deterrent
<i>PT72</i>	Patch 72 Hour	<i>TABS</i>	Tablets
<i>PTCH</i>	Patch	<i>TB12</i>	Tablet ER 12 Hour
<i>PTTW</i>	Patch Biweekly	<i>TB24</i>	Tablet ER 24 Hour
<i>PTWK</i>	Patch Weekly	<i>TBCR</i>	Tablet ER
<i>RE</i>	Rectal	<i>TBDP</i>	Tablet Dispersible
<i>S.O.P.</i>	Sterile Ophthalmic Preparation	<i>TBEC</i>	Tablet Enteric Coated
<i>SHAM</i>	Shampoo	<i>TBEF</i>	Tablet Effervescent
<i>SOAJ</i>	Solution Auto-injector	<i>TBPK</i>	Tablet Therapy Pack
<i>SOCT</i>	Solution Cartridge	<i>TBSO</i>	Tablet Soluble
<i>SOLN</i>	Solution	<i>TEST</i>	Diagnostic Test
<i>SOLR</i>	Solution Reconstituted	<i>TINC</i>	Tincture
<i>SOPN</i>	Solution Pen-injector	<i>TROC</i>	Troche
<i>SOSY</i>	Solution Prefilled Syringe	<i>VA</i>	Vaginal
<i>SRER</i>	Suspension Reconstituted ER	<i>VI</i>	Visual Indicator
<i>STRP</i>	Strip	<i>WAFR</i>	Wafer
<i>SUBL</i>	Tablet Sublingual	<i>XR</i>	Extended Release

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders			<i>dextroamphetamine sulfate CP24</i>	P	AL(Up to 21 yrs old)
Amphetamines			<i>dextroamphetamine sulfate SOLN</i>	P	Brand Preferred; QL(15 ML daily); AL(Up to 21 yrs old)
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	AL(Up to 21 yrs old)	<i>dextroamphetamine sulfate SOLN</i>	NP	Brand Preferred; QL(15 ML daily); AL(Up to 21 yrs old)
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	NP	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)	<i>dextroamphetamine sulfate TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG</i>	P	QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old)
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG (<i>amphetamine</i>)	NP	AL(Up to 21 yrs old); ST	<i>dextroamphetamine sulfate TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG</i>	NP	QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old)
<i>amphetamine sulfate TABS 5 MG</i>	NP	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)	<i>dextroamphetamine sulfate TABS 30 MG</i>	NP	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)
<i>amphetamine sulfate TABS 10 MG</i>	NP	QL(180 EA per 30 day(s) retail); AL(Up to 21 yrs old)	<i>dextroamphetamine sulfate TABS 30 MG</i>	P	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)
<i>amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	NP	AL(Up to 21 yrs old)	DYANAVEL XR SUER	P	AL(Up to 21 yrs old)
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	P	AL(Up to 21 yrs old)	DYANAVEL XR SUER	NP	AL(Up to 21 yrs old)
<i>amphetamine-dextroamphetamine TABS</i>	P	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)	DYANAVEL XR TBCR	NP	AL(Up to 21 yrs old)
<i>amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG</i>	NP	AL(Up to 21 yrs old); ST	EVEKEO TABS 5 MG (<i>amphetamine sulfate</i>)	NP	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)
ARYNTA SOLN PO 10 MG/ML	NP		EVEKEO TABS 10 MG (<i>amphetamine sulfate</i>)	NP	QL(180 EA per 30 day(s) retail); AL(Up to 21 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (<i>dextroamphetamine sulfate</i>)	NP	AL(Up to 21 yrs old)	<i>lisdexamfetamine dimesylate CAPS</i>	NP	Brand Preferred; AL(Up to 21 yrs old)
			<i>lisdexamfetamine dimesylate CHEW</i>	NP	AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methamphetamine hcl</i>	NP	QL(5 EA daily; 150 EA per 30 day(s) retail); AL(Up to 21 yrs old)	WEGOVY PO 1.5 MG, 4 MG, 9 MG, 25 MG	NP	PA
MYDAYIS CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	AL(Up to 21 yrs old)	WEGOVY HD 7.2 MG/0.75ML	P	PA
VYVANSE CAPS (<i>lisdexamfetamine dimesylate</i>)	P	Brand Preferred; AL(Up to 21 yrs old)	WEGOVY HD 7.2 MG/0.75ML	NP	PA
VYVANSE CHEW (<i>lisdexamfetamine dimesylate</i>)	NP	AL(Up to 21 yrs old)	XENICAL (<i>orlistat</i>)	NP	PA
XELSTRYM	NP		ZEPBOUND KWIKPEN SOPN SC 2.5 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML, 10 MG/0.6ML, 12.5 MG/0.6ML, 15 MG/0.6ML	P	PA
Anorexiants Non-Amphetamine			ZEPBOUND SOAJ	P	PA
ADIPEX-P TABS (<i>phentermine hcl</i>)	NP	PA	ZEPBOUND SOAJ	NP	PA
<i>benzphetamine hcl 50 MG</i>	NP	PA	ZEPBOUND SOLN	NP	PA
<i>diethylpropion hcl TABS</i>	NP	PA	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>diethylpropion hcl TB24</i>	NP	PA	<i>atomoxetine hcl</i>	P	AL(Up to 21 yrs old)
PHENDIMETRAZINE TARTRATE ER CP24	NP	PA	<i>clonidine hcl (adhd) TB12</i>	P	AL(Up to 21 yrs old)
<i>phendimetrazine tartrate TABS</i>	NP	PA	<i>guanfacine hcl (adhd) 1 MG, 2 MG</i>	P	QL(1 EA daily); AL(Up to 21 yrs old)
<i>phentermine hcl CAPS</i>	P	PA	<i>guanfacine hcl (adhd) 3 MG, 4 MG</i>	P	AL(Up to 21 yrs old)
<i>phentermine hcl TABS</i>	NP	PA	INTUNIV 1 MG, 2 MG (<i>guanfacine hcl (adhd)</i>)	NP	QL(1 EA daily); AL(Up to 21 yrs old)
<i>phentermine hcl TABS</i>	P	PA	INTUNIV 3 MG, 4 MG (<i>guanfacine hcl (adhd)</i>)	NP	AL(Up to 21 yrs old)
<i>phentermine hcl-topiramate</i>	NP		ONYDA XR SUER	NP	
Anti-Obesity Agents			QELBREE	NP	AL(Up to 21 yrs old)
FOUNDAYO TABS PO 0.8 MG, 2.5 MG, 5.5 MG, 9 MG, 14.5 MG, 17.2 MG	NP		STRATTERA (<i>atomoxetine hcl</i>)	NP	AL(Up to 21 yrs old)
<i>liraglutide (weight management) 18 MG/3ML</i>	NP	PA	Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
<i>orlistat</i>	NP	PA	SUNOSI	NP	AL(Up to 21 yrs old)
SAXENDA 18 MG/3ML (<i>liraglutide (weight management)</i>)	NP	PA	Histamine H3-Receptor Antagonist/Inverse		
WEGOVY	P	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Agonists			<i>methylphenidate hcl CHEW</i>	NP	QL(3 EA daily; 90 EA per 30 day(s) retail); AL(Up to 21 yrs old)
WAKIX 17.8 MG	NP	SP			
WAKIX 4.45 MG	NP	AL(Up to 21 yrs old); SP	<i>methylphenidate hcl CP24</i>	NP	AL(Up to 21 yrs old)
Stimulants - Misc.			<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i>	P	AL(Up to 21 yrs old)
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	NP	AL(Up to 21 yrs old)	<i>methylphenidate hcl CPCR</i>	P	AL(Up to 21 yrs old)
<i>armodafinil</i>	P	AL(Up to 21 yrs old)	<i>methylphenidate hcl SOLN 10 MG/5ML</i>	P	QL(30 ML daily); AL(Up to 21 yrs old)
AZSTARYS	NP	AL(Up to 21 yrs old)	<i>methylphenidate hcl SOLN 5 MG/5ML</i>	P	QL(60 ML daily); AL(Up to 21 yrs old)
CONCERTA TBCR (<i>methylphenidate hcl</i>)	NP	AL(Up to 21 yrs old)	<i>methylphenidate hcl TABS</i>	P	QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old)
COTEMPLA XR-ODT TBED	NP	AL(Up to 21 yrs old); ST	<i>methylphenidate hcl TB24</i>	P	AL(Up to 21 yrs old)
DAYTRANA PTCH (<i>methylphenidate</i>)	NP	AL(Up to 21 yrs old)	<i>methylphenidate hcl TBCR 45 MG, 63 MG</i>	NP	
<i>dexmethylphenidate hcl CP24</i>	P	AL(Up to 21 yrs old)	<i>methylphenidate hcl TBCR 72 MG</i>	NP	AL(Up to 21 yrs old)
<i>dexmethylphenidate hcl TABS 2.5 MG, 10 MG</i>	P	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)	<i>methylphenidate hcl TBCR 10 MG, 18 MG, 20 MG, 27 MG, 36 MG, 54 MG</i>	P	AL(Up to 21 yrs old)
<i>dexmethylphenidate hcl TABS 5 MG</i>	P	QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old)	<i>methylphenidate PTCH</i>	NP	AL(Up to 21 yrs old)
FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	NP	AL(Up to 21 yrs old)	<i>modafinil</i>	P	AL(Up to 21 yrs old)
FOCALIN TABS 5 MG (<i>dexmethylphenidate hcl</i>)	NP	QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old)	NUVIGIL (<i>armodafinil</i>)	NP	AL(Up to 21 yrs old)
FOCALIN TABS 2.5 MG, 10 MG (<i>dexmethylphenidate hcl</i>)	NP	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)	PROVIGIL (<i>modafinil</i>)	NP	AL(Up to 21 yrs old)
JORNAY PM CP24	NP	AL(Up to 21 yrs old)	QUILLICHEW ER CHER	P	AL(Up to 21 yrs old)
METHYLIN SOLN 5 MG/5ML (<i>methylphenidate hcl</i>)	NP	QL(60 ML daily); AL(Up to 21 yrs old)	QUILLIVANT XR SRER	P	AL(Up to 21 yrs old)
METHYLIN SOLN 10 MG/5ML (<i>methylphenidate hcl</i>)	NP	QL(30 ML daily); AL(Up to 21 yrs old)	RELEXXII TBCR	NP	AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELEXXII TBCR 45 MG, 63 MG (<i>methylphenidate hcl</i>)	NP		<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 80 MG/2ML</i>	P	
RITALIN LA CP24 (<i>methylphenidate hcl</i>)	NP	AL(Up to 21 yrs old)	<i>tobramycin NEBU</i>	NP	SP
RITALIN TABS (<i>methylphenidate hcl</i>)	NP	QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old)	<i>tobramycin NEBU</i>	NP	SP; ST
ALTERNATIVE MEDICINES			<i>tobramycin NEBU</i>	P	SP
Alternative Medicine - C's			ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
<i>calcium glycerophosphate 340 MG, 65 MG-50 MG-340 MG</i>	P		Antirheumatic - Enzyme Inhibitors		
Alternative Medicine - L's			OLUMIANT 1 MG, 2 MG	NP	QL(1 EA daily); SP; PA
<i>lycopene CAPS</i>	P		OLUMIANT 4 MG	NP	SP; PA
AMEBICIDES			RINVOQ LQ SOLN	NP	SP; PA
Amebicides			RINVOQ TB24	P	SP; PA
SOLOSEC	NP		XELJANZ XR TB24 11 MG	P	SP; PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections			XELJANZ XR TB24 22 MG (<i>tofacitinib citrate</i>)	NP	SP; PA
Aminoglycosides			XELJANZ SOLN 1 MG/ML (<i>tofacitinib citrate</i>)	NP	SP; PA
ARIKAYCE	NP	SP; ST	XELJANZ TABS 5 MG, 10 MG (<i>tofacitinib citrate</i>)	P	SP; PA
BETHKIS NEBU (<i>tobramycin</i>)	NP	SP; ST	Anti-TNF-alpha - Monoclonal Antibodies		
<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>	P		ABRILADA (1 PEN) AJKT	NP	SP; PA
<i>gentamicin sulfate IJ 40 MG/ML</i>	P		ABRILADA (2 PEN) AJKT	NP	SP; PA
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>tobramycin</i>)	NP	SP; ST	ABRILADA (2 SYRINGE) PSKT	NP	SP; PA
<i>neomycin sulfate TABS</i>	P		ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP; PA
TOBI PODHALER CAPS	NP	SP; ST	ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP; PA
TOBI NEBU (<i>tobramycin</i>)	NP	SP; ST	ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP; PA
			ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP; PA
			ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP; PA	CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP; PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP; PA	CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP; PA
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	SP; PA	HADLIMA PUSHTOUCH SOAJ	P	SP; PA
ADALIMUMAB-ADAZ SOAJ	P	SP; PA	HADLIMA SOSY	P	SP; PA
ADALIMUMAB-ADAZ SOSY	P	SP; PA	HULIO (2 PEN) AJKT	NP	SP; PA
ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	NP	SP; PA	HULIO (2 SYRINGE) PSKT	NP	SP; PA
ADALIMUMAB-ADBM (2 PEN) AJKT	NP	SP; PA	HUMIRA (2 PEN) AJKT	P	Brand Preferred; SP; PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	NP	SP; PA	HUMIRA (2 SYRINGE) PSKT	P	Brand Preferred; SP; PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	NP	SP; PA	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	NP	Brand Preferred; SP; PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	NP	SP; PA	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	P	Brand Preferred; SP; PA
ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP; PA	HUMIRA-PED<40KG CROHNS STARTER PSKT	NP	SP; PA
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP; PA	HUMIRA-PED>=40KG CROHNS START PSKT	NP	SP; PA
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	SP	HUMIRA-PED>=40KG UC STARTER AJKT	NP	Brand Preferred; SP; PA
ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP; PA	HUMIRA-PSORIASIS/UEIT STARTER AJKT	P	Brand Preferred; SP; PA
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP; PA	HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP; PA
AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP; PA	HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP; PA
AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP; PA	HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP; PA
AMJEVITA SOAJ	NP	SP; PA	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	SP; PA
AMJEVITA SOSY	NP	SP; PA	HYRIMOZ SOAJ	NP	SP; PA
CYLTEZO (2 PEN) AJKT	NP	SP; PA			
CYLTEZO (2 SYRINGE) PSKT	NP	SP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ SOSY	NP	SP; PA	ACTEMRA SOLN	NP	SP; PA
IDACIO (2 PEN) AJKT	NP	SP; PA	ACTEMRA SOSY	NP	SP; PA
IDACIO (2 SYRINGE) PSKT	NP	SP; PA	AVTOZMA SOAJ SC 162 MG/0.9ML	NP	SP
IDACIO-CROHNS/UC STARTER AJKT	NP	SP; PA	AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	SP
IDACIO-PSORIASIS STARTER AJKT	NP	SP; PA	AVTOZMA SOSY SC 162 MG/0.9ML	NP	SP
SIMLANDI (1 PEN) AJKT	NP	SP	KEVZARA SOAJ	NP	SP; PA
SIMLANDI (1 PEN) AJKT	NP	SP; PA	KEVZARA SOSY	NP	SP; PA
SIMLANDI (1 SYRINGE) PSKT	NP	SP; PA	TOFIDENCE	NP	SP; PA
SIMLANDI (2 PEN) AJKT	NP	SP; PA	TYENNE SOAJ	P	SP; PA
SIMLANDI (2 SYRINGE) PSKT	NP	SP; PA	TYENNE SOLN	P	SP; PA
SIMPONI ARIA SOLN	NP	SP; PA	TYENNE SOSY	P	SP; PA
SIMPONI SOAJ	NP	SP; PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
SIMPONI SOSY	NP	SP; PA	ARTHROTEC TBEC (<i>diclofenac w/ misoprostol</i>)	NP	
YUFLYMA (1 PEN) AJKT	NP	SP; PA	CELEBREX (<i>celecoxib</i>)	NP	
YUFLYMA (2 PEN) AJKT	NP	SP; PA	<i>celecoxib</i>	P	
YUFLYMA (2 SYRINGE) PSKT	NP	SP; PA	COXANTO CAPS (<i>oxaprozin</i>)	NP	
YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP; PA	DAYPRO TABS (<i>oxaprozin</i>)	NP	
YUSIMRY	NP	SP; PA	<i>diclofenac potassium CAPS</i>	NP	
Gold Compounds			<i>diclofenac potassium TABS</i>	NP	
AURANOFIN 3 MG	P		<i>diclofenac sodium TB24</i>	P	
RIDAURA	P		<i>diclofenac sodium TBEC</i>	P	
Interleukin-1 Blockers			<i>diclofenac w/ misoprostol TBEC</i>	NP	
ARCALYST	NP	SP; PA	DUEXIS (<i>ibuprofen-famotidine</i>)	NP	
Interleukin-1 Receptor Antagonist (IL-1Ra)			<i>etodolac CAPS</i>	NP	
KINERET SOSY	P	SP; PA	<i>etodolac TABS</i>	NP	
Interleukin-1beta Blockers			<i>etodolac TB24</i>	NP	
ILARIS SOLN	NP	SP; PA	<i>fenoprofen calcium CAPS</i>	NP	
Interleukin-6 Receptor Inhibitors					
ACTEMRA ACTPEN SOAJ	NP	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fenoprofen calcium TABS</i>	NP		NALFON CAPS (<i>fenoprofen calcium</i>)	NP	
FENOPRON CAPS	NP		NALFON TABS 600 MG	NP	
<i>flurbiprofen TABS 100 MG</i>	NP		NAPRELAN TB24 (<i>naproxen sodium</i>)	NP	
<i>ibuprofen CAPS</i>	NP		NAPROSYN SUSP (<i>naproxen</i>)	NP	
<i>ibuprofen CAPS</i>	P		<i>naproxen sodium CAPS</i>	NP	
<i>ibuprofen CHEW</i>	P		<i>naproxen sodium TABS 220 MG</i>	P	
<i>ibuprofen-famotidine</i>	NP		<i>naproxen sodium TABS</i>	NP	
<i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML</i>	P		<i>naproxen sodium TB24</i>	NP	
<i>ibuprofen SUSP 100 MG/5ML</i>	NP	RX/OTC	<i>naproxen-esomeprazole magnesium</i>	NP	
<i>ibuprofen TABS 300 MG, 800 MG</i>	NP		<i>naproxen SUSP</i>	NP	
<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	P		<i>naproxen TABS</i>	P	
<i>indomethacin CAPS 25 MG, 50 MG</i>	P		<i>naproxen TABS 250 MG, 375 MG</i>	NP	
<i>indomethacin CPCR</i>	NP		<i>naproxen TBEC</i>	NP	
<i>indomethacin CPCR</i>	P		ORUDIS CAPS 75 MG	NP	
<i>indomethacin SUPP</i>	NP		<i>oxaprozin CAPS</i>	NP	
<i>indomethacin SUSP</i>	NP		<i>oxaprozin TABS</i>	NP	
<i>ketoprofen CAPS</i>	NP		<i>piroxicam CAPS</i>	NP	
<i>ketoprofen CP24</i>	NP		RELAFEN DS	NP	
<i>ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML</i>	NP		<i>sulindac TABS</i>	P	
<i>ketorolac tromethamine TABS</i>	P		TOLECTIN DS CAPS 400 MG (<i>tolmetin sodium</i>)	NP	
LURBIRO TABS 100 MG (<i>flurbiprofen</i>)	NP		<i>tolmetin sodium CAPS</i>	NP	
<i>meclofenamate sodium CAPS</i>	NP		<i>tolmetin sodium TABS</i>	NP	
<i>mefenamic acid CAPS</i>	NP		VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	NP	
<i>meloxicam CAPS 10 MG</i>	NP		VYSCOXIA PO 10 MG/ML	NP	
<i>meloxicam CAPS 5 MG</i>	NP	QL(1 EA daily)	ZYBIC SUSP 7.5 MG/5ML (<i>meloxicam</i>)	NP	
<i>meloxicam TABS 7.5 MG</i>	P	QL(1 EA daily)	Phosphodiesterase 4 (PDE4) Inhibitors		
<i>meloxicam TABS 15 MG</i>	P		OTEZLA XR TB24 PO 75 MG	NP	SP
<i>nabumetone</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
OTEZLA/OTEZLA XR INITIATION PK TBPk	NP	SP
OTEZLA TABS 20 MG	NP	SP; PA
OTEZLA TABS 30 MG	P	SP; PA
OTEZLA TBPk	P	SP; PA
OTEZLA TBPk	NP	SP; PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide 20 MG</i>	P	
<i>leflunomide 10 MG</i>	P	QL(1 EA daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	P	SP; PA
ORENCIA SOLR	P	SP; PA
ORENCIA SOSY	P	SP; PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	P	SP; PA
ENBREL SURECLICK SOAJ	P	SP; PA
ENBREL SOLN	P	SP; PA
ENBREL SOSY	P	SP; PA
ENBREL SOSY 25 MG/0.5ML	NP	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>acetaminophen w/ pamabrom</i>	P	
<i>acetaminophen-caffeine TABS</i>	P	
<i>acetaminophen-pamabrom-pyrimidine TABS</i>	P	
ANACIN TABS	P	
<i>aspirin-acetaminophen-caffeine TABS</i>	P	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P	
BUTALBITAL-APAP-CAFFEINE SOLN	P	
<i>butalbital-aspirin-caffeine CAPS</i>	P	
VANQUISH	P	
Analgesics - Sodium Channel Pain Signal Inhibitors		
JOURNAVX	NP	Use preferred Journavx NDC; QL(30 EA per 14 day(s) retail; 30 EA per 14 days mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail
JOURNAVX	P	QL(30 EA per 14 day(s) retail; 30 EA per 14 days mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail
Analgesics Other		
<i>acetaminophen CAPS 500 MG</i>	P	
<i>acetaminophen CHEW</i>	P	
<i>acetaminophen ELIX</i>	P	
<i>acetaminophen LIQD</i>	P	
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen SUSP 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P		<i>codeine sulfate TABS 30 MG</i>	P	
<i>acetaminophen TABS 325 MG, 500 MG</i>	P		CODEINE SULFATE TABS 60 MG	P	
<i>acetaminophen TBCR</i>	P		CONZIP CP24 (<i>tramadol hcl</i>)	NP	PA
FEVERALL INFANTS SUPP	P		DILAUDID LIQD (<i>hydromorphone hcl</i>)	NP	
FEVERALL JUNIOR STRENGTH SUPP	P		DILAUDID TABS (<i>hydromorphone hcl</i>)	NP	
TRIAMINIC FEVER REDUCER SYRP	P		<i>fentanyl citrate LPOP</i>	NP	
Salicylates			<i>fentanyl citrate TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG</i>	NP	
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P		<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	P	PA
<i>aspirin effervescent</i>	P		<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP	PA
<i>aspirin CHEW</i>	P		FENTORA TABS (<i>fentanyl citrate</i>)	NP	
ASPIRIN SUPP 300 MG	P		<i>hydrocodone bitartrate CP12</i>	NP	PA
<i>aspirin TABS 325 MG, 500 MG</i>	P		<i>hydrocodone bitartrate T24A</i>	NP	PA
<i>aspirin TBEC 81 MG, 325 MG</i>	P		<i>hydromorphone hcl LIQD</i>	NP	
<i>diflunisal TABS</i>	NP		HYDROMORPHONE HCL SUPP	NP	
DOLOBID TABS	NP	Five (5) preferred products required before Dolobid will be approved.; PA	<i>hydromorphone hcl TABS</i>	P	
<i>magnesium salicylate 500 MG</i>	P		<i>hydromorphone hcl TB24</i>	NP	PA
<i>magnesium salicylate tetrahydrate</i>	P		HYSINGLA ER T24A	NP	PA
<i>salsalate</i>	P		<i>levorphanol tartrate TABS</i>	NP	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>meperidine hcl SOLN PO 50 MG/5ML</i>	NP	
Opioid Agonists			<i>meperidine hcl TABS 50 MG</i>	NP	
ACTIQ LPOP 400 MCG (<i>fentanyl citrate</i>)	NP		<i>morphine sulfate beads</i>	NP	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	NP	PA	<i>tramadol hcl TABS 25 MG, 75 MG, 100 MG</i>	NP	
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	P		<i>tramadol hcl TB24</i>	NP	PA
<i>morphine sulfate SUPP</i>	NP		<i>tramadol hcl TB24</i>	P	PA
<i>morphine sulfate TABS</i>	P		Opioid Combinations		
<i>morphine sulfate TBCR</i>	P	PA	<i>acetaminophen w/ codeine SOLN</i>	P	
MS CONTIN TBCR (<i>morphine sulfate</i>)	NP	PA	<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	
<i>oxycodone hcl CAPS</i>	P		<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NP	
<i>oxycodone hcl CONC 100 MG/5ML</i>	NP		APADAZ	NP	
<i>oxycodone hcl SOLN</i>	P		BENZHYDROCODONE-ACETAMINOPHEN	P	
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG</i>	NP	PA	<i>butalbital-acetaminophen-caffeine w/ codeine</i>	P	
<i>oxycodone hcl TABS</i>	P		<i>butalbital-aspirin-caffeine w/cod</i>	P	
OXYCONTIN T12A	NP	PA	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NP	
<i>oxymorphone hcl TABS</i>	NP		<i>hydrocodone-acetaminophen SOLN</i>	P	
<i>oxymorphone hcl TB12</i>	NP	PA	<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>	P	
QDOLO SOLN (<i>tramadol hcl</i>)	NP		<i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>	NP	
ROXICODONE TABS 15 MG, 30 MG (<i>oxycodone hcl</i>)	NP		<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	NP	
ROXYBOND TABA	NP		NALOCET TABS	NP	
TAPENTADOL HCL ER TB12 50 MG, 100 MG, 150 MG, 200 MG, 250 MG	NP	PA			
<i>tapentadol hcl TABS 50 MG, 75 MG, 100 MG</i>	NP				
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	PA			
<i>tramadol hcl SOLN</i>	NP				
TRAMADOL HCL SOLN (<i>tramadol hcl</i>)	NP				
<i>tramadol hcl TABS 50 MG</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P		<i>pentazocine w/ naloxone hcl</i>	NP	
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		SUBLOCADE SOSY	P	SP
PROLATE SOLN	NP		SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	
PROLATE TABS	NP		SUBOXONE FILM SL 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(3 EA daily)
SEGLENTIS	NP		ZUBSOLV SUBL	NP	
<i>tramadol-acetaminophen</i>	P		ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Opioid Partial Agonists			Androgens		
BELBUCA FILM	NP	PA	ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	NP	PA
BRIXADI (WEEKLY) SOSY	P	SP	ANDROGEL PUMP GEL TD (<i>testosterone</i>)	NP	PA
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	SP	AVEED SOLN	NP	SP; PA
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 3 MG-12 MG</i>	P		AZMIRO SOSY	NP	PA
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>	P	QL(3 EA daily)	<i>danazol CAPS</i>	P	PA
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	P		JATENZO CAPS	NP	PA
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	P	QL(3 EA daily)	<i>methyltestosterone CAPS</i>	NP	PA
<i>buprenorphine hcl SUBL</i>	P		<i>methyltestosterone TABS</i>	NP	PA
<i>buprenorphine PTWK</i>	NP	Brand Preferred; PA	NATESTO GEL NA	NP	PA
<i>butorphanol tartrate NA 10 MG/ML</i>	NP		TESTIM GEL TD (<i>testosterone</i>)	NP	PA
BUTRANS PTWK (<i>buprenorphine</i>)	P	Brand Preferred; PA	TESTOPEL PLLT	NP	SP; PA
			<i>testosterone cypionate SOLN IM</i>	P	PA
			<i>testosterone enanthate SOLN IM</i>	P	PA
			<i>testosterone GEL TD 1 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	NP	PA
			<i>testosterone GEL TD 1 %, 1.62 %, 10 MG/ACT, 1.62 %</i>	P	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>testosterone SOLN</i>	P	PA	<i>aluminum hydroxide-mag carb CHEW</i>	P	
TLANDO CAPS	NP	PA	<i>aluminum hydroxide-mag carb SUSP 237.5 MG/5ML-254 MG/5ML</i>	P	
VOGELXO PUMP GEL TD (<i>testosterone</i>)	NP	PA	ANTACID CHEW	P	
VOGELXO GEL TD (<i>testosterone</i>)	NP	PA	<i>calcium carbonate-mag hydrox SUSP</i>	P	
XYOSTED SOAJ	NP	PA	CVS ANTACID & ANTI-GAS CHEW 1000 MG-60 MG	P	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching			GAVISCON SUSP 358 MG/15ML-95 MG/15ML	P	
Intrarectal Steroids			SM FOAMING ANTACID	P	
<i>budesonide (intrarectal)</i>	NP		Antacids - Aluminum Salts		
<i>hydrocortisone (intrarectal)</i>	P		ALUMINUM HYDROXIDE GEL SUSP	P	
Rectal Combinations			Antacids - Bicarbonate		
<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	P		<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	
Rectal Local Anesthetics			Antacids - Calcium Salts		
AMERICAINE	P		<i>calcium carbonate (antacid) CHEW 400 MG, 420 MG, 500 MG, 750 MG, 1000 MG</i>	P	
<i>dibucaine (rectal) EX</i>	P		Antacids - Magnesium Salts		
<i>lidocaine (anorectal) CREA</i>	P		<i>magnesium oxide TABS 400 MG</i>	P	
Rectal Steroids			ANTHELMINTICS - Drugs to Treat Worm Infections		
<i>hydrocortisone (rectal) EX</i>	NP		Anthelmintics		
Vasodilating Agents			<i>albendazole</i>	P	
<i>nitroglycerin (intra-anal)</i>	NP		BENZNIDAZOLE	P	SP
RECTIV (<i>nitroglycerin (intra-anal)</i>)	NP		<i>praziquantel</i>	P	
ANTACIDS			ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antacid Combinations			Antianginals-Other		
ACID GONE SUSP 358 MG/15ML-95 MG/15ML	P				
<i>alum & mag hydrox-simethicone CHEW</i>	P				
<i>alum & mag hydrox-simethicone LIQD</i>	P				
<i>alum & mag hydrox-simethicone SUSP</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASPRUZYU SPRINKLE PACK	NP		VISTARIL CAPS 25 MG (hydroxyzine pamoate)	NP	
ranolazine TB12	P		Benzodiazepines		
Nitrates			ALPRAZOLAM INTENSOL CONC	NP	
isosorbide dinitrate TABS	P		alprazolam TABS	NP	
isosorbide dinitrate TABS 40 MG	NP		alprazolam TB24	NP	
isosorbide mononitrate TABS	P		alprazolam TBDP	NP	ST
isosorbide mononitrate TB24	P		ATIVAN TABS (lorazepam)	NP	
NITRO-DUR PT24	NP		chlordiazepoxide hcl CAPS	P	
NITRO-DUR PT24 (nitroglycerin)	NP		clorazepate dipotassium TABS	P	
nitroglycerin OINT	NP		diazepam CONC	NP	
nitroglycerin PT24	P		diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	NP	
nitroglycerin SOLN TL 0.4 MG/SPRAY	NP		diazepam SOLN PO 5 MG/5ML	P	
nitroglycerin SUBL	P		DIAZEPAM SOLN IJ 5 MG/ML	NP	
NITROLINGUAL SOLN TL (nitroglycerin)	NP		diazepam TABS	P	
NITROSTAT SUBL (nitroglycerin)	NP		lorazepam CONC	NP	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety			lorazepam TABS	P	
Antianxiety Agents - Misc.			LOREEV XR CS24 1 MG, 2 MG, 3 MG	NP	
BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	NP		oxazepam CAPS	NP	
buspirone hcl	P		VALIUM TABS (diazepam)	NP	
buspirone hcl	NP		XANAX XR TB24 (alprazolam)	NP	
droperidol SOLN 2.5 MG/ML	P		XANAX TABS (alprazolam)	NP	
hydroxyzine hcl SYRP	P		ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
hydroxyzine hcl SYRP	NP		Antiarrhythmics Type I-A		
hydroxyzine hcl TABS	P		disopyramide phosphate CAPS	P	
hydroxyzine hcl TABS	NP		NORPACE CR CP12	P	
hydroxyzine pamoate CAPS	P				
meprobamate	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>quinidine gluconate TBCR</i>	P		<i>ipratropium bromide hfa 17 MCG/ACT</i>	NP	Brand Preferred
<i>quinidine sulfate TABS</i>	P		<i>ipratropium bromide SOLN 0.02 %</i>	P	
Antiarrhythmics Type I-B			SPIRIVA HANDIHALER CAPS IN (<i>tiotropium bromide</i>)	P	Brand Preferred
<i>mexiletine hcl</i>	P		SPIRIVA RESPIMAT AERS IN 2.5 MCG/ACT	NP	
Antiarrhythmics Type I-C			SPIRIVA RESPIMAT AERS IN	P	
<i>flecainide acetate</i>	P		<i>tiotropium bromide CAPS IN 18 MCG</i>	NP	Brand Preferred
<i>propafenone hcl TABS</i>	P		TUDORZA PRESSAIR	NP	
Antiarrhythmics Type III			<i>umeclidinium bromide 62.5 MCG/INH</i>	NP	Brand Preferred
<i>amiodarone hcl SOLN 150 MG/3ML</i>	P		YUPELRI IN 175 MCG/3ML	NP	
<i>amiodarone hcl TABS</i>	P		Leukotriene Modulators		
<i>dofetilide</i>	P		ACCOLATE (<i>zafirlukast</i>)	NP	QL(1 EA daily); ST
MULTAQ	P		<i>montelukast sodium CHEW</i>	P	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions			<i>montelukast sodium PACK</i>	NP	ST
Antiasthmatic - Monoclonal Antibodies			<i>montelukast sodium TABS</i>	P	
CINQAIR	NP	SP; PA	SINGULAIR CHEW (<i>montelukast sodium</i>)	NP	ST
EXDENSUR SOSY SC 100 MG/ML	NP	SP	SINGULAIR PACK (<i>montelukast sodium</i>)	NP	ST
FASENRA PEN SOAJ	P	SP; PA	SINGULAIR TABS (<i>montelukast sodium</i>)	NP	ST
FASENRA SOSY	P	SP; PA	<i>zafirlukast</i>	NP	QL(1 EA daily); ST
NUCALA SOAJ	P	SP; PA	<i>zileuton TB12</i>	NP	ST
NUCALA SOLR	P	SP; PA	ZYFLO TABS	NP	ST
NUCALA SOSY	P	SP; PA	Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
TEZSPIRE SOAJ	P	SP; PA	OHTUVAYRE	NP	SP; ST
TEZSPIRE SOSY	P	SP; PA	Selective Phosphodiesterase 4 (PDE4) Inhibitors		
XOLAIR SOAJ	P	SP; PA			
XOLAIR SOLR	P	SP; PA			
XOLAIR SOSY	P	SP; PA			
Bronchodilators - Anticholinergics					
ATROVENT HFA 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	P	Brand Preferred			
INCRUSE ELLIPTA	P	Brand Preferred			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DALIRESP (<i>roflumilast</i>)	NP		PULMICORT SUSP (<i>budesonide (inhalation)</i>)	NP	
<i>roflumilast</i>	NP		QVAR REDIHALER	P	
Steroid Inhalants			Sympathomimetics		
ALVESCO	NP		ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	P	Brand Preferred
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	P	Brand Preferred	ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	P	Brand Preferred
ASMANEX (120 METERED DOSES) AEPB	P		AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	
ASMANEX (14 METERED DOSES) AEPB	P		AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	
ASMANEX (30 METERED DOSES) AEPB	P		AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	
ASMANEX (60 METERED DOSES) AEPB	P		AIRSUPRA	NP	
ASMANEX HFA AERO	P		<i>albuterol sulfate AERS</i>	P	Brand Preferred
<i>beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT</i>	NP		<i>albuterol sulfate AERS</i>	NP	Brand Preferred
<i>budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML</i>	P		<i>albuterol sulfate NEBU</i>	P	
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	NP		<i>albuterol sulfate SYRP</i>	P	
FLOVENT HFA 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	P		<i>albuterol sulfate TABS</i>	NP	
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	NP	Brand Preferred	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	P	Brand Preferred
<i>fluticasone propionate (inhalation) AEPB</i>	P	AL(Up to 18 yrs old)	<i>arformoterol tartrate</i>	NP	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P		BEVESPI AEROSPHERE	NP	
<i>fluticasone propionate hfa</i>	P	AL(Up to 18 yrs old)	BREO ELLIPTA	NP	
PULMICORT FLEXHALER AEPB	P		BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	NP	
PULMICORT FLEXHALER AEPB	P		BREZTRI AEROSPHERE	NP	
			BROVANA (<i>arformoterol tartrate</i>)	NP	
			<i>budesonide-formoterol fumarate dihydrate</i>	NP	Brand Preferred
			COMBIVENT RESPIMAT AERS	P	
			DUAKLIR PRESSAIR	NP	

Drug Name	Drug Tier	Requirements/ Limits
DULERA	P	
<i>fluticasone furoate-vilanterol</i>	NP	
<i>fluticasone-salmeterol</i> AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	NP	
<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	NP	Brand Preferred
<i>fluticasone-salmeterol</i> AERO	NP	Brand Preferred
<i>formoterol fumarate</i> NEBU	NP	
<i>ipratropium-albuterol</i> SOLN	P	
<i>levalbuterol hcl</i>	NP	
<i>levalbuterol tartrate</i>	NP	
PERFOROMIST NEBU (<i>formoterol fumarate</i>)	NP	
PROAIR RESPICLICK AEPB	NP	
SEREVENT DISKUS	P	
STIOLTO RESPIMAT	NP	
STIOLTO RESPIMAT	P	
STRIVERDI RESPIMAT	P	
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	NP	Brand Preferred
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	P	Brand Preferred
<i>terbutaline sulfate</i> TABS	P	
TRELEGY ELLIPTA	P	
<i>umeclidinium-vilanterol</i>	NP	Brand Preferred
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	P	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits
XOPENEX HFA (<i>levalbuterol tartrate</i>)	NP	
Xanthines		
<i>theophylline</i> ELIX	P	
<i>theophylline</i> SOLN	P	
<i>theophylline</i> TB12 300 MG, 450 MG	P	
<i>theophylline</i> TB24	P	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium</i> TABS	P	
Direct Factor Xa Inhibitors		
ELIQUIS (1.5 MG PACK) TBSO PO	NP	
ELIQUIS (2 MG PACK) TBSO PO	NP	
ELIQUIS DVT/PE STARTER PACK TBPk	P	
ELIQUIS CPSP PO 0.15 MG	NP	
ELIQUIS TABS	P	
ELIQUIS TBSO PO 0.5 MG	NP	
<i>rivaroxaban</i> SUSR 1 MG/ML	NP	
<i>rivaroxaban</i> TABS 2.5 MG	P	
SAVAYSA 60 MG	NP	42 day(s) max supply per 365 day(s) retail
SAVAYSA 15 MG, 30 MG	NP	QL(1 EA daily); 42 day(s) max supply per 365 day(s) retail
XARELTO STARTER PACK TBPk	P	
XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	NP	
XARELTO TABS 2.5 MG, 10 MG, 15 MG (<i>rivaroxaban</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XARELTO TABS 2.5 MG, 10 MG, 15 MG	NP		<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P	
XARELTO TABS 10 MG, 15 MG, 20 MG	P		LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	42 day(s) max supply per 365 day(s) retail; SP
Heparins And Heparinoid-Like Agents			LOVENOX SOSY (<i>enoxaparin sodium</i>)	NP	42 day(s) max supply per 365 day(s) retail; SP
ARIXTRA (<i>fondaparinux sodium</i>)	NP	42 day(s) max supply per 365 day(s) retail; SP	Thrombin Inhibitors		
BD HEPARIN POSIFLUSH 10 UNIT/ML, 100 UNIT/ML	P		<i>dabigatran etexilate mesylate CAPS</i>	P	
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	42 day(s) max supply per 365 day(s) retail; SP	PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	NP	
<i>enoxaparin sodium SOSY</i>	P	42 day(s) max supply per 365 day(s) retail; SP	PRADAXA PACK	NP	SP
<i>fondaparinux sodium</i>	NP	42 day(s) max supply per 365 day(s) retail; SP	ANTICONVULSANTS - Drugs to Treat Seizures		
FRAGMIN SOLN 10000 UNIT/4ML	NP	SP	AMPA Glutamate Receptor Antagonists		
FRAGMIN SOLN 95000 UNIT/3.8ML	NP	42 day(s) max supply per 365 day(s) retail; SP	FYCOMPA SUSP 0.5 MG/ML (<i>perampanel</i>)	NP	
FRAGMIN SOSY	NP	42 day(s) max supply per 365 day(s) retail; SP	FYCOMPA SUSP	NP	
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	P		FYCOMPA TABS	NP	
HEPARIN NA (PORK) LOCK FLSH PF 10 UNIT/ML, 100 UNIT/ML	P		FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (<i>perampanel</i>)	NP	
HEPARIN SOD (PORCINE) IN D5W	P		<i>perampanel SUSP 0.5 MG/ML</i>	NP	
HEPARIN SOD (PORK) LOCK FLUSH 10 UNIT/ML, 100 UNIT/ML	P		<i>perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG</i>	NP	
			Anticonvulsants - Benzodiazepines		
			<i>clobazam SUSP</i>	P	
			<i>clobazam TABS</i>	P	
			<i>clonazepam TABS</i>	P	
			<i>clonazepam TBDP</i>	NP	ST
			DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam (anticonvulsant) GEL</i>	P		<i>carbamazepine SUSP</i>	P	
KLONOPIN TABS (<i>clonazepam</i>)	P		<i>carbamazepine TABS</i>	P	
LIBERVANT FILM	NP		<i>carbamazepine TB12</i>	P	
NAYZILAM	P		CARBATROL CP12 (<i>carbamazepine</i>)	P	
NAYZILAM	NP		DIACOMIT CAPS	NP	SP
ONFI SUSP (<i>clobazam</i>)	P		DIACOMIT PACK	NP	SP
ONFI TABS (<i>clobazam</i>)	P		ELEPSIA XR TB24	NP	
SYMPAZAN FILM	NP		EPIDIOLEX	NP	SP
VALTOCO 10 MG DOSE LIQD	P		EPRONTIA SOLN 25 MG/ML (<i>topiramate</i>)	NP	
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	P		<i>eslicarbazepine acetate</i> 200 MG, 400 MG, 600 MG, 800 MG	NP	
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	P		FINTEPLA	NP	QL(240 ML per 30 day(s) retail; 240 ML per 30 days mail); SP
VALTOCO 5 MG DOSE LIQD	P		<i>gabapentin CAPS 200 MG</i>	NP	
Anticonvulsants - Misc.			<i>gabapentin CAPS</i>	P	
APTOM 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NP		<i>gabapentin SOLN</i>	P	
BANZEL SUSP (<i>rufinamide</i>)	NP	SP	<i>gabapentin TABS 600 MG, 800 MG</i>	P	
BANZEL TABS (<i>rufinamide</i>)	NP	SP	GABARONE TABS 100 MG, 400 MG	NP	
<i>brivaracetam SOLN PO</i> 10 MG/ML	P	SP	KEPPRA XR TB24 (<i>levetiracetam</i>)	NP	
<i>brivaracetam TABS</i> 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	P	SP	KEPPRA SOLN PO 100 MG/ML (<i>levetiracetam</i>)	P	
BRIVIACT SOLN PO 10 MG/ML (<i>brivaracetam</i>)	NP	SP	KEPPRA TABS (<i>levetiracetam</i>)	P	
BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG (<i>brivaracetam</i>)	NP	SP	<i>lacosamide SOLN PO</i> 10 MG/ML, 50 MG/5ML, 100 MG/10ML	P	
<i>carbamazepine CHEW</i> 100 MG	P		<i>lacosamide TABS</i>	P	
<i>carbamazepine CHEW</i> 200 MG	NP		LAMICTAL ODT KIT (<i>lamotrigine</i>)	NP	ST
<i>carbamazepine CP12</i>	P		LAMICTAL ODT TBDP (<i>lamotrigine</i>)	NP	ST
			LAMICTAL STARTER KIT 25 MG (<i>lamotrigine</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL XR KIT	NP		<i>primidone</i>	P	
LAMICTAL XR TB24 (<i>lamotrigine</i>)	NP		QUDEXY XR CS24 (<i>topiramate</i>)	NP	
LAMICTAL CHEW (<i>lamotrigine</i>)	P		<i>rufinamide SUSP</i>	NP	SP
LAMICTAL TABS (<i>lamotrigine</i>)	P		<i>rufinamide TABS</i>	NP	SP
<i>lamotrigine CHEW</i>	P		SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG (<i>levetiracetam</i>)	NP	
<i>lamotrigine KIT</i>	NP	ST	SPRITAM TB3D	NP	
<i>lamotrigine KIT 25 MG</i>	P		SUBVENITE SUSP PO 10 MG/ML	NP	
<i>lamotrigine TABS</i>	P		TEGRETOL SUSP (<i>carbamazepine</i>)	P	
<i>lamotrigine TB24</i>	NP		TEGRETOL TABS (<i>carbamazepine</i>)	P	
<i>lamotrigine TBDP</i>	NP	ST	TEGRETOL-XR TB12 (<i>carbamazepine</i>)	P	
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	P		TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	P	
<i>levetiracetam TABS</i>	P		TOPAMAX TABS (<i>topiramate</i>)	P	
<i>levetiracetam TB24</i>	NP		<i>topiramate CP24</i>	NP	
<i>levetiracetam TB3D 250 MG, 500 MG</i>	NP		<i>topiramate CPSP 50 MG</i>	NP	
LYRICA CAPS (<i>pregabalin</i>)	P		<i>topiramate CPSP 15 MG, 25 MG</i>	P	
LYRICA SOLN (<i>pregabalin</i>)	P		<i>topiramate CS24</i>	NP	
MOTPOLY XR CP24	NP		<i>topiramate SOLN 25 MG/ML</i>	NP	
MYSOLINE (<i>primidone</i>)	P		<i>topiramate TABS</i>	P	
NEURONTIN CAPS (<i>gabapentin</i>)	P		TRILEPTAL SUSP (<i>oxcarbazepine</i>)	NP	
NEURONTIN SOLN (<i>gabapentin</i>)	P		TRILEPTAL TABS (<i>oxcarbazepine</i>)	P	
NEURONTIN TABS (<i>gabapentin</i>)	P		TROKENDI XR CP24 (<i>topiramate</i>)	NP	
<i>oxcarbazepine SUSP</i>	NP		VIMPAT SOLN PO 10 MG/ML (<i>lacosamide</i>)	P	
<i>oxcarbazepine SUSP</i>	P		VIMPAT TABS (<i>lacosamide</i>)	P	
<i>oxcarbazepine TABS</i>	P		ZONEGRAN CAPS 25 MG, 100 MG (<i>zonisamide</i>)	P	
<i>oxcarbazepine TB24</i>	NP				
OXTELLAR XR TB24 (<i>oxcarbazepine</i>)	NP				
<i>pregabalin CAPS</i>	P				
<i>pregabalin SOLN</i>	P				
<i>primidone</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZONISADE SUSP	NP		<i>phenytoin CHEW</i>	P	
<i>zonisamide CAPS</i>	P		<i>phenytoin SUSP</i>	P	
<i>zonisamide CAPS</i>	P		Succinimides		
ZTALMY	NP		CELONTIN (<i>methsuximide</i>)	NP	
Carbamates			<i>ethosuximide CAPS</i>	NP	
<i>felbamate SUSP</i>	NP		<i>ethosuximide SOLN</i>	P	
<i>felbamate TABS</i>	NP		<i>methsuximide</i>	NP	
FELBATOL SUSP (<i>felbamate</i>)	NP		ZARONTIN CAPS (<i>ethosuximide</i>)	NP	
FELBATOL TABS (<i>felbamate</i>)	NP		ZARONTIN SOLN (<i>ethosuximide</i>)	P	
XCOPRI (250 MG DAILY DOSE) TBPk	NP		Valproic Acid		
XCOPRI (350 MG DAILY DOSE) TBPk	NP		DEPAKOTE ER TB24 250 MG (<i>divalproex sodium</i>)	P	QL(1 EA daily)
XCOPRI TABS	NP		DEPAKOTE ER TB24 500 MG (<i>divalproex sodium</i>)	P	
XCOPRI TBPk	NP		DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	P	
GABA Modulators			DEPAKOTE TBEC (<i>divalproex sodium</i>)	P	
SABRIL PACK (<i>vigabatrin</i>)	NP	SP	<i>divalproex sodium CSDR</i>	P	
SABRIL TABS (<i>vigabatrin</i>)	NP	SP	<i>divalproex sodium TB24 250 MG</i>	P	QL(1 EA daily)
<i>tiagabine hcl</i>	NP		<i>divalproex sodium TB24 500 MG</i>	P	
<i>vigabatrin PACK</i>	NP	SP	<i>divalproex sodium TBEC</i>	P	
<i>vigabatrin TABS</i>	NP	SP	<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	P	
VIGAFYDE SOLN	NP	SP; ST	<i>valproic acid CAPS</i>	P	
Hydantoins			ANTIDEPRESSANTS - Drugs to Treat Depression		
DILANTIN	P		Alpha-2 Receptor Antagonists (Tetracyclics)		
DILANTIN (<i>phenytoin sodium extended</i>)	P		<i>mirtazapine TABS 7.5 MG, 45 MG</i>	P	AL(At least 6 yrs old)
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	P		<i>mirtazapine TABS 15 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
DILANTIN-125 SUSP (<i>phenytoin</i>)	P				
DILANTIN SUSP (<i>phenytoin</i>)	P				
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mirtazapine TBDP 15 MG</i>	NP	QL(1 EA daily); AL(At least 6 yrs old); ST	NARDIL (<i>phenelzine sulfate</i>)	NP	AL(At least 6 yrs old)
<i>mirtazapine TBDP 30 MG, 45 MG</i>	NP	AL(At least 6 yrs old); ST	<i>phenelzine sulfate</i>	P	AL(At least 6 yrs old)
REMERON SOLTAB TBDP 15 MG (<i>mirtazapine</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old); ST	<i>tranylcypromine sulfate</i>	P	AL(At least 6 yrs old)
REMERON SOLTAB TBDP 30 MG, 45 MG (<i>mirtazapine</i>)	NP	AL(At least 6 yrs old); ST	N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	SPRAVATO (56 MG DOSE)	P	AL(At least 6 yrs old); SP; PA
Antidepressant Combinations			SPRAVATO (84 MG DOSE)	P	AL(At least 6 yrs old); SP; PA
AUVELITY	NP	AL(At least 6 yrs old)	Selective Serotonin Reuptake Inhibitors (SSRIs)		
Antidepressants - Misc.			CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
<i>bupropion hcl TABS</i>	P	AL(At least 6 yrs old)	CELEXA TABS 10 MG, 40 MG (<i>citalopram hydrobromide</i>)	NP	AL(At least 6 yrs old)
<i>bupropion hcl TB12</i>	P	AL(At least 6 yrs old)	<i>citalopram hydrobromide CAPS 30 MG</i>	NP	AL(At least 6 yrs old)
<i>bupropion hcl TB12</i>	NP	AL(At least 6 yrs old)	CITALOPRAM HYDROBROMIDE CAPS 30 MG (<i>citalopram hydrobromide</i>)	NP	AL(At least 6 yrs old)
<i>bupropion hcl TB24 150 MG, 300 MG</i>	P	AL(At least 6 yrs old)	<i>citalopram hydrobromide SOLN</i>	P	AL(At least 6 yrs old - Up to 10 yrs old)
<i>bupropion hcl TB24 450 MG</i>	NP	AL(At least 6 yrs old)	<i>citalopram hydrobromide TABS 20 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP	AL(At least 6 yrs old)	<i>citalopram hydrobromide TABS 10 MG, 40 MG</i>	P	AL(At least 6 yrs old)
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	NP	AL(At least 6 yrs old)	ESCITALOPRAM OXALATE CAPS PO 15 MG	NP	
GABA Receptor Modulator - Neuroactive Steroid			<i>escitalopram oxalate SOLN</i>	NP	AL(At least 6 yrs old - Up to 10 yrs old)
ZURZUVAE	NP	AL(At least 6 yrs old); SP	<i>escitalopram oxalate TABS 5 MG, 10 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
Monoamine Oxidase Inhibitors (MAOIs)					
EMSAM	NP	AL(At least 6 yrs old)			
MARPLAN	P	AL(At least 6 yrs old)			
MARPLAN	P	AL(At least 6 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>escitalopram oxalate</i> TABS 20 MG	P	AL(At least 6 yrs old)	PAXIL TABS 10 MG, 20 MG (<i>paroxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
<i>fluoxetine hcl</i> CAPS	P	AL(At least 6 yrs old)	PROZAC CAPS (<i>fluoxetine hcl</i>)	NP	AL(At least 6 yrs old)
<i>fluoxetine hcl</i> CPDR	NP	AL(At least 6 yrs old)	<i>sertraline hcl</i> CAPS 150 MG, 200 MG	NP	AL(At least 6 yrs old)
<i>fluoxetine hcl</i> SOLN	P	AL(At least 6 yrs old - Up to 10 yrs old)	SERTRALINE HCL CAPS 150 MG, 200 MG (<i>sertraline hcl</i>)	NP	AL(At least 6 yrs old)
<i>fluoxetine hcl</i> TABS	NP	AL(At least 6 yrs old)	<i>sertraline hcl</i> CONC	P	AL(At least 6 yrs old - Up to 10 yrs old)
FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>)	NP	AL(At least 6 yrs old)	<i>sertraline hcl</i> TABS 100 MG	P	AL(At least 6 yrs old)
<i>fluvoxamine maleate</i> CP24	NP	AL(At least 6 yrs old)	<i>sertraline hcl</i> TABS 25 MG, 50 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
<i>fluvoxamine maleate</i> TABS	P	AL(At least 6 yrs old)	ZOLOFT CONC (<i>sertraline hcl</i>)	NP	AL(At least 6 yrs old - Up to 10 yrs old)
LEXAPRO TABS 20 MG (<i>escitalopram oxalate</i>)	NP	AL(At least 6 yrs old)	ZOLOFT TABS 25 MG, 50 MG (<i>sertraline hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
LEXAPRO TABS 5 MG, 10 MG (<i>escitalopram oxalate</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	ZOLOFT TABS 100 MG (<i>sertraline hcl</i>)	NP	AL(At least 6 yrs old)
<i>paroxetine hcl</i> SUSP	NP	AL(At least 6 yrs old - Up to 10 yrs old)	Serotonin Modulators		
<i>paroxetine hcl</i> TABS 30 MG, 40 MG	P	AL(At least 6 yrs old)	EXXUA TITRATION PACK TB24 PO 18.2 MG	NP	
<i>paroxetine hcl</i> TABS 10 MG, 20 MG	P	QL(1 EA daily); AL(At least 6 yrs old)	EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	NP	
<i>paroxetine hcl</i> TB24 25 MG, 37.5 MG	NP	AL(At least 6 yrs old)	<i>nefazodone hcl</i>	NP	AL(At least 6 yrs old)
<i>paroxetine hcl</i> TB24 12.5 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)	RALDESY SOLN PO 10 MG/ML	NP	
PAXIL CR TB24 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	NP	AL(At least 6 yrs old)	<i>trazodone hcl</i> TABS 300 MG	NP	AL(At least 6 yrs old)
PAXIL CR TB24 12.5 MG (<i>paroxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>trazodone hcl</i> TABS 50 MG, 100 MG, 150 MG	P	AL(At least 6 yrs old)
PAXIL SUSP (<i>paroxetine hcl</i>)	NP	AL(At least 6 yrs old - Up to 10 yrs old)			
PAXIL TABS 30 MG, 40 MG (<i>paroxetine hcl</i>)	NP	AL(At least 6 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX 5 MG, 10 MG	NP	DMAP requires prior authorization for all antidepressants for patients under six (6) years of age.; QL(1 EA daily); AL(At least 6 yrs old)	DRIZALMA SPRINKLE CSDR 30 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
			<i>duloxetine hcl CPEP 40 MG</i>	NP	AL(At least 6 yrs old)
			<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	P	AL(At least 6 yrs old)
TRINTELLIX 20 MG	NP	DMAP requires prior authorization for all antidepressants for patients under six (6) years of age.; AL(At least 6 yrs old)	EFFEXOR XR CP24 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
			EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	NP	AL(At least 6 yrs old)
			FETZIMA TITRATION C4PK	NP	AL(At least 6 yrs old)
			FETZIMA CP24 20 MG, 40 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
VIIBRYD TABS 10 MG, 20 MG (<i>vilazodone hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	FETZIMA CP24 80 MG, 120 MG	NP	AL(At least 6 yrs old)
VIIBRYD TABS 40 MG (<i>vilazodone hcl</i>)	NP	AL(At least 6 yrs old)	PRISTIQ 100 MG (<i>desvenlafaxine succinate</i>)	NP	AL(At least 6 yrs old)
<i>vilazodone hcl TABS 40 MG</i>	NP	AL(At least 6 yrs old)	PRISTIQ 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
<i>vilazodone hcl TABS 10 MG, 20 MG</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)	VENLAFAXINE BESYLATE ER	NP	AL(At least 6 yrs old)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
			<i>venlafaxine hcl CP24 150 MG</i>	P	AL(At least 6 yrs old)
CYMBALTA CPEP (<i>duloxetine hcl</i>)	NP	AL(At least 6 yrs old)	<i>venlafaxine hcl TABS</i>	P	AL(At least 6 yrs old)
DESVENLAFAXINE ER	NP	AL(At least 6 yrs old)	<i>venlafaxine hcl TB24 150 MG, 225 MG</i>	NP	AL(At least 6 yrs old)
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	<i>venlafaxine hcl TB24 37.5 MG, 75 MG</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
<i>desvenlafaxine succinate 100 MG</i>	P	AL(At least 6 yrs old)	Tricyclic Agents		
DRIZALMA SPRINKLE CSDR 20 MG, 40 MG, 60 MG	NP	AL(At least 6 yrs old)	<i>amitriptyline hcl TABS</i>	P	AL(At least 6 yrs old)
			<i>amoxapine</i>	NP	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANAFRANIL (clomipramine hcl)	NP	AL(At least 6 yrs old)	dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG	P	
clomipramine hcl	P	AL(At least 6 yrs old)	dapagliflozin-saxagliptin	NP	
desipramine hcl TABS	NP	AL(At least 6 yrs old)	DUETACT (pioglitazone hcl-glimepiride)	NP	ST
doxepin hcl CAPS	P	AL(At least 6 yrs old)	glipizide-metformin hcl	P	
doxepin hcl CONC	P	AL(At least 6 yrs old)	glyburide-metformin	P	
imipramine hcl TABS	P	AL(At least 6 yrs old)	GLYXAMBI	NP	
imipramine pamoate	NP	AL(At least 6 yrs old)	INVOKAMET XR TB24	P	
NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl)	NP	AL(At least 6 yrs old)	INVOKAMET TABS	P	
nortriptyline hcl CAPS	P	AL(At least 6 yrs old)	JANUMET XR TB24	P	PA
nortriptyline hcl SOLN	P	AL(At least 6 yrs old)	JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (sitagliptin phosphate-metformin hcl)	P	PA
PAMELOR CAPS (nortriptyline hcl)	NP	AL(At least 6 yrs old)	JENTADUETO XR TB24	NP	PA
protriptyline hcl	NP	AL(At least 6 yrs old)	JENTADUETO TABS	P	Brand Preferred; PA
trimipramine maleate CAPS	NP	AL(At least 6 yrs old)	pioglitazone hcl-glimepiride	NP	ST
ANTIDIABETICS - Drugs to Regulate Blood Sugar			pioglitazone hcl-metformin hcl TABS	NP	ST
Alpha-Glucosidase Inhibitors			QTERN	NP	
acarbose	P		saxagliptin-metformin hcl	NP	PA
miglitol	NP	ST	SEGLUROMET	NP	
Antidiabetic Combinations			sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG	NP	PA
ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl)	NP	ST	sitagliptin free base-metformin hcl TB24	NP	PA
alogliptin-metformin hcl	NP	PA	sitagliptin phosphate-metformin hcl TABS	NP	PA
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	NP	PA	SOLQUA	NP	PA
			STEGLUJAN	NP	
			SYNJARDY XR TB24	NP	
			SYNJARDY TABS	P	
			TRIJARDY XR	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XIGDUO XR TB24 PO (dapagliflozin free base-metformin hcl)	NP		GLUCAGEN HYPOKIT	P	
XIGDUO XR TB24 PO 1000 MG-2.5 MG	P		GLUCAGON EMERGENCY	P	
XULTOPHY	NP	PA	GLUCAGON EMERGENCY SOLR IJ 1 MG, 1 MG/ML (glucagon)	P	
ZITUVIMET XR TB24	NP	PA	glucagon SOLR IJ 1 MG	P	
ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (sitagliptin free base-metformin hcl)	NP	PA	glucose-vitamin c 6 MG-4 GM	P	
Biguanides			GVOKE HYPOPEN 1- PACK SOAJ	NP	
metformin hcl SOLN	NP		GVOKE HYPOPEN 2- PACK SOAJ	NP	
metformin hcl TABS 500 MG, 850 MG, 1000 MG	P		GVOKE KIT SOLN	NP	
metformin hcl TABS 625 MG, 750 MG	NP		GVOKE PFS SOSY 1 MG/0.2ML	NP	
metformin hcl TB24 500 MG, 750 MG	P		KORLYM (mifepristone (hyperglycemia))	4	SP
metformin hcl TB24 500 MG, 1000 MG	NP		KROGER GLUCOSE	P	
RIOMET SOLN (metformin hcl)	NP		mifepristone (hyperglycemia)	4	SP
Diabetic Other			PROGLYCEM (diazoxide)	P	Brand Preferred
BAQSIMI ONE PACK POWD	P		RA GLUCOSE	P	
BAQSIMI ONE PACK POWD	NP		TGT GLUCOSE	P	
BAQSIMI TWO PACK POWD	NP		TRUEPLUS GLUCOSE ON THE GO CHEW	P	
BAQSIMI TWO PACK POWD	P		TRUEPLUS GLUCOSE CHEW	P	
CVS GLUCOSE	P		WALGREENS GLUCOSE	P	
DEX4	P		ZEGALOGUE SOAJ	P	
DEX4 NATURALS	P		ZEGALOGUE SOSY	P	
dextrose (diabetic use) CHEW 4 GM	P		Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
dextrose (diabetic use) GEL	P		alogliptin benzoate	NP	PA
diazoxide	NP	Brand Preferred	BRYNOVIN SOLN PO 25 MG/ML	NP	
			JANUVIA 25 MG, 50 MG (sitagliptin phosphate)	P	QL(1 EA daily); PA
			JANUVIA 100 MG (sitagliptin phosphate)	P	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONGLYZA 5 MG (saxagliptin hcl)	NP	PA	RYBELSUS TABS 3 MG, 14 MG	NP	PA
saxagliptin hcl 5 MG	NP	PA	RYBELSUS TABS 7 MG	NP	QL(1 EA daily); PA
saxagliptin hcl 2.5 MG	NP	QL(1 EA daily); PA	TRULICITY	P	PA
sitagliptin 25 MG, 50 MG	NP	QL(1 EA daily); PA	TRULICITY	NP	PA
sitagliptin 100 MG	NP	PA	VICTOZA (liraglutide)	NP	PA
sitagliptin phosphate 100 MG	NP	PA	Insulin		
sitagliptin phosphate 25 MG, 50 MG	NP	QL(1 EA daily); PA	ADMELOG SOLOSTAR SOPN	NP	
TRADJENTA	P	PA	ADMELOG SOLN IJ	NP	
ZITUVIO 25 MG, 50 MG (sitagliptin)	NP	QL(1 EA daily); PA	AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	
ZITUVIO 100 MG (sitagliptin)	NP	PA	APIDRA SOLOSTAR SOPN	NP	
Incretin Mimetic Agents			APIDRA SOLN	NP	
BYDUREON BCISE AUIJ	NP	PA	BASAGLAR KWIKPEN SOPN	NP	Brand Preferred
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (exenatide)	NP	PA	BASAGLAR TEMPO PEN SOPN	NP	
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (exenatide)	NP	PA	FIASP FLEXTOUCH SOPN	NP	
exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML	NP	PA	FIASP PENFILL SOCT	NP	
liraglutide	NP	PA	FIASP PUMPCART SOCT	NP	
MOUNJARO	NP	PA	FIASP SOLN	NP	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	P	PA	HUMALOG JUNIOR KWIKPEN SOPN	NP	
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	NP	PA	HUMALOG KWIKPEN SOPN	NP	
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	P	PA	HUMALOG MIX 50/50 KWIKPEN SUPN	P	
OZEMPIC (2 MG/DOSE) SOPN	P	PA	HUMALOG MIX 50/50 SUSP	P	
OZEMPIC (2 MG/DOSE) SOPN	NP	PA	HUMALOG MIX 75/25 KWIKPEN SUPN	NP	
OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	NP	PA	HUMALOG MIX 75/25 SUSP	P	
			HUMALOG TEMPO PEN SOPN	NP	
			HUMALOG SOCT	NP	
			HUMALOG SOLN IJ	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMULIN 70/30 KWIKPEN SUPN	NP		LANTUS SOLOSTAR SOPN	P	Brand Preferred
HUMULIN 70/30 SUSP	P		LANTUS SOLN	P	Brand Preferred
HUMULIN N KWIKPEN SUPN	NP		LYUMJEV KWIKPEN SOPN	NP	
HUMULIN N SUSP	NP		LYUMJEV TEMPO PEN SOPN	NP	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P		LYUMJEV SOLN	NP	
HUMULIN R U-500 KWIKPEN SOPN SC	P		MERIOLOG SOLOSTAR SOPN SC 100 UNIT/ML	NP	
HUMULIN R SOLN IJ	P		MERIOLOG SOLN SC 100 UNIT/ML	NP	
HUMULIN R SOLN IJ	NP		NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	
INSULIN ASPART FLEXPEN SOPN	NP		NOVOLIN 70/30 FLEXPEN SUPN	NP	
INSULIN ASPART SOLN IJ	NP		NOVOLIN 70/30 RELION SUSP	NP	
INSULIN DEGLUDEC FLEXTOUCH SOPN	NP		NOVOLIN 70/30 SUSP	NP	
INSULIN DEGLUDEC SOLN	NP		NOVOLIN N FLEXPEN RELION SUPN	NP	
INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	Brand Preferred	NOVOLIN N FLEXPEN SUPN	P	
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	Brand Preferred	NOVOLIN N RELION SUSP	NP	
INSULIN GLARGINE-YFGN SOLN	NP		NOVOLIN N SUSP	NP	
INSULIN GLARGINE-YFGN SOPN	NP		NOVOLIN R FLEXPEN RELION SOPN IJ	NP	
INSULIN LISPRO (1 UNIT DIAL) SOPN	P		NOVOLIN R FLEXPEN SOPN IJ	P	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P		NOVOLIN R RELION SOLN IJ	NP	
INSULIN LISPRO PROT & LISPRO SUPN	P		NOVOLIN R SOLN IJ	NP	
INSULIN LISPRO SOLN IJ	P		NOVOLOG 70/30 FLEXPEN RELION SUPN	NP	
KIRSTY SOLN IJ 100 UNIT/ML	NP		NOVOLOG FLEXPEN RELION SOPN	NP	
KIRSTY SOPN SC 100 UNIT/ML	NP		NOVOLOG FLEXPEN SOPN	P	
			NOVOLOG MIX 70/30 FLEXPEN SUPN	P	

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG MIX 70/30 RELION SUSP	NP	
NOVOLOG MIX 70/30 SUSP	P	
NOVOLOG PENFILL SOCT	P	
NOVOLOG RELION SOLN IJ	NP	
NOVOLOG SOLN IJ	P	
REZVOGLAR KWIKPEN	NP	
SEMGLEE (YFGN) SOLN	NP	
SEMGLEE (YFGN) SOPN	NP	
TOUJEO MAX SOLOSTAR SOPN	P	Brand Preferred
TOUJEO SOLOSTAR SOPN	P	Brand Preferred
TRESIBA FLEXTOUCH SOPN	NP	
TRESIBA SOLN	NP	
Insulin Sensitizing Agents		
ACTOS (<i>pioglitazone hcl</i>)	NP	QL(1 EA daily); ST
<i>pioglitazone hcl</i>	P	QL(1 EA daily)
Meglitinide Analogues		
<i>nateglinide</i>	P	
<i>repaglinide</i>	P	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin TABS PO 5 MG, 10 MG</i>	P	
FARXIGA TABS PO (<i>dapagliflozin</i>)	NP	
INVOKANA	P	
JARDIANCE	P	
STEGLATRO	NP	
Sulfonylureas		
<i>glimepiride 2 MG, 4 MG</i>	P	QL(1 EA daily)
<i>glimepiride 1 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide TABS 5 MG, 10 MG</i>	P	
<i>glipizide TB24</i>	P	
<i>glyburide micronized 1.5 MG, 3 MG</i>	P	QL(1 EA daily)
<i>glyburide micronized 6 MG</i>	P	
<i>glyburide TABS</i>	P	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	NP	
Antidiarrheal/Probiotic Combinations		
<i>loperamide-simethicone TABS</i>	P	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	P	
<i>diphenoxylate w/ atropine TABS</i>	P	
<i>loperamide hcl CAPS</i>	P	RX/OTC
<i>loperamide hcl TABS</i>	P	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
<i>deferasirox PACK</i>	P	AL(Up to 10 yrs old); SP
<i>deferasirox TABS</i>	P	SP
<i>deferasirox TBSO</i>	NP	SP; ST
<i>deferiprone TABS</i>	NP	SP; ST
EXJADE TBSO (<i>deferasirox</i>)	NP	SP; ST
FERRIPROX TWICE-A-DAY TABS	NP	SP; ST
FERRIPROX SOLN	NP	SP; ST
FERRIPROX TABS (<i>deferiprone</i>)	NP	SP; ST

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JADENU SPRINKLE PACK (<i>deferiasirox</i>)	NP	AL(Up to 10 yrs old); SP; ST	<i>ondansetron TBDP 16 MG</i>	NP	ST
JADENU TABS (<i>deferiasirox</i>)	NP	SP; ST	<i>ondansetron TBDP 4 MG, 8 MG</i>	P	ST
Antidotes and Specific Antagonists			SANCUSO PTCH	NP	
VISTOGARD	NP		Antiemetics - Anticholinergic		
Opioid Antagonists			<i>dimenhydrinate TABS</i>	P	
KLOXXADO LIQD	P		DRAMAMINE CHEW	P	
NALMEFENE HCL IJ	NP		<i>meclizine hcl CHEW</i>	P	RX/OTC
<i>naloxone hcl LIQD</i>	P	RX/OTC	<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC
<i>naloxone hcl LIQD</i>	NP	RX/OTC	<i>scopolamine</i>	P	
<i>naloxone hcl SOCT</i>	P		TRANSDERM SCOP 1 MG/3DAYS (<i>scopolamine</i>)	NP	
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P		TRANSDERM-SCOP (<i>scopolamine</i>)	NP	
<i>naloxone hcl SOSY</i>	P		<i>trimethobenzamide hcl CAPS</i>	NP	
<i>naltrexone hcl</i>	P		Antiemetics - Miscellaneous		
NARCAN LIQD (<i>naloxone hcl</i>)	NP	RX/OTC	AKYNZEO	NP	
OPVEE NA	NP		AKYNZEO (READY-TO-USE) SOLN	NP	
REXTOVY LIQD	NP		AKYNZEO (TO-BE-DILUTED) SOLN	NP	
VIVITROL	P	SP	BONJESTA TBCR	NP	PA
ZIMHI SOSY	NP		DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	P	Brand Preferred
ZURNAI IJ 1.5 MG/0.5ML	NP		<i>doxylamine-pyridoxine TBEC</i>	NP	Brand Preferred
ANTIEMETICS - Drugs to Treat Nausea and Vomiting			<i>dronabinol CAPS</i>	NP	PA
5-HT3 Receptor Antagonists			MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	NP	PA
ANZEMET TABS 50 MG	NP		Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML</i>	P		<i>aprepitant CAPS</i>	NP	
<i>granisetron hcl TABS</i>	NP		<i>aprepitant CPPK PO</i>	NP	
GRANISOL SOLN PO	NP		CINVANTI EMUL	P	
<i>ondansetron hcl SOLN IJ</i>	P		EMEND BIPACK CAPS 80 MG (<i>aprepitant</i>)	NP	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P				
<i>ondansetron hcl SOSY</i>	P				
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMEND TRIPACK CPPK PO (<i>aprepitant</i>)	NP		<i>itraconazole SOLN</i>	NP	
EMEND SUSR	NP		<i>ketoconazole</i>	NP	
NEREUS CAPS PO 85 MG	NP		NOXAFIL PACK	NP	
NEREUS CAPS PO 85 MG	NP		NOXAFIL SUSP (<i>posaconazole</i>)	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections			NOXAFIL TBEC (<i>posaconazole</i>)	NP	
Antifungal - Glucan Synthesis Inhibitors			<i>posaconazole SUSP</i>	NP	
BREXAFEMME	NP		<i>posaconazole TBEC</i>	NP	
Antifungals			SPORANOX CAPS (<i>itraconazole</i>)	NP	
<i>flucytosine</i>	NP		SPORANOX SOLN (<i>itraconazole</i>)	NP	
<i>griseofulvin microsize SUSP</i>	P		TOLSURA CAPS	NP	
<i>griseofulvin microsize TABS</i>	NP		VFEND SUSR (<i>voriconazole</i>)	NP	
<i>griseofulvin ultramicrosize</i>	NP		VFEND TABS 200 MG (<i>voriconazole</i>)	NP	
GRISEOFULVIN ULTRAMICROSIZE 165 MG	NP		VIVJOA	NP	
<i>nystatin TABS</i>	P		<i>voriconazole SUSR</i>	NP	
<i>terbinafine hcl TABS</i>	P		<i>voriconazole TABS</i>	NP	
Imidazole-Related Antifungals			ANTI-HISTAMINES - Drugs to Treat Allergies		
CRESEMBA CAPS	NP		Antihistamines - Alkylamines		
DIFLUCAN SUSR 40 MG/ML (<i>fluconazole</i>)	NP		<i>chlorpheniramine maleate SYRP</i>	P	
DIFLUCAN TABS 100 MG (<i>fluconazole</i>)	NP	QL(1 EA daily)	<i>chlorpheniramine maleate TABS</i>	P	
DIFLUCAN TABS 200 MG (<i>fluconazole</i>)	NP		<i>dexchlorpheniramine maleate SOLN</i>	NP	
<i>fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML</i>	P		Antihistamines - Ethanolamines		
<i>fluconazole SUSR</i>	P		<i>diphenhydramine hcl CAPS</i>	NP	
<i>fluconazole TABS 50 MG, 100 MG</i>	P	QL(1 EA daily)	<i>diphenhydramine hcl CAPS</i>	P	
<i>fluconazole TABS 150 MG, 200 MG</i>	P		<i>diphenhydramine hcl CHEW 12.5 MG</i>	P	
<i>itraconazole CAPS</i>	NP		<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML</i>	P		<i>loratadine TBDP 10 MG</i>	NP	ST
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	P		Antihistamines - Phenothiazines		
<i>diphenhydramine hcl TABS 25 MG</i>	NP		<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	P	
<i>diphenhydramine hcl TABS 25 MG</i>	P		<i>promethazine hcl SUPP</i>	P	
Antihistamines - Non-Sedating			<i>promethazine hcl TABS</i>	P	
<i>cetirizine hcl CAPS</i>	NP		Antihistamines - Piperidines		
<i>cetirizine hcl CHEW</i>	NP		<i>ciproheptadine hcl SYRP</i>	P	
<i>cetirizine hcl SOLN PO</i>	P	RX/OTC	<i>ciproheptadine hcl TABS</i>	P	
<i>cetirizine hcl SOLN PO 1 MG/ML</i>	NP	RX/OTC	ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
<i>cetirizine hcl TABS</i>	P		Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
<i>cetirizine hcl TABS 10 MG</i>	NP		<i>NEXLETOL</i>	NP	
<i>CLARINEX TABS (desloratadine)</i>	NP		Angiopoietin-like Protein Inhibitors		
<i>DES Loratadine SOLN PO 0.5 MG/ML</i>	NP		<i>EVKEEZA</i>	NP	SP
<i>desloratadine TABS</i>	NP		Antihyperlipidemics - Combinations		
<i>desloratadine TBDP</i>	NP	ST	<i>ezetimibe-simvastatin</i>	NP	
<i>fexofenadine hcl SUSP</i>	NP		<i>NEXLIZET</i>	NP	
<i>fexofenadine hcl TABS 60 MG, 180 MG</i>	NP		<i>VYTORIN (ezetimibe-simvastatin)</i>	NP	
<i>fexofenadine hcl TABS 60 MG, 180 MG</i>	P		Antihyperlipidemics - Misc.		
<i>levocetirizine dihydrochloride SOLN</i>	NP	RX/OTC	<i>icosapent ethyl</i>	NP	
<i>levocetirizine dihydrochloride TABS</i>	NP	RX/OTC	<i>omega-3-acid ethyl esters</i>	P	
<i>loratadine CAPS</i>	NP		Bile Acid Sequestrants		
<i>loratadine CHEW</i>	NP		<i>cholestyramine light PACK</i>	P	
<i>loratadine CHEW</i>	P		<i>cholestyramine light POWD</i>	P	
<i>loratadine SOLN</i>	NP		<i>cholestyramine PACK</i>	P	
<i>loratadine SOLN</i>	P		<i>cholestyramine POWD</i>	P	
<i>loratadine TABS</i>	P		<i>colesevelam hcl PACK</i>	NP	
<i>loratadine TABS</i>	NP		<i>colesevelam hcl TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COLESTID GRAN (colestipol hcl)	NP		TRILIPIX (choline fenofibrate)	NP	
COLESTID PACK (colestipol hcl)	NP		HMG CoA Reductase Inhibitors		
COLESTID TABS (colestipol hcl)	NP		ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	QL(1 EA daily)
colestipol hcl GRAN	P		ATORVALIQ SUSP	NP	QL(600 ML per 30 day(s) retail; 1800 ML per 90 days mail)
colestipol hcl PACK	P		atorvastatin calcium TABS 10 MG, 80 MG	NP	QL(1 EA daily)
colestipol hcl TABS	P		atorvastatin calcium TABS	P	QL(1 EA daily)
QUESTRAN LIGHT POWD (cholestyramine light)	NP		CRESTOR TABS (rosuvastatin calcium)	NP	QL(1 EA daily)
QUESTRAN PACK (cholestyramine)	NP		EZALLOR SPRINKLE CPSP	NP	
QUESTRAN POWD (cholestyramine)	NP		fluvastatin sodium CAPS	NP	QL(1 EA daily)
WELCHOL PACK (colesevelam hcl)	NP		fluvastatin sodium TB24	NP	QL(1 EA daily)
WELCHOL TABS (colesevelam hcl)	NP		LESCOL XL TB24 (fluvastatin sodium)	NP	QL(1 EA daily)
Fibric Acid Derivatives			LIPITOR TABS (atorvastatin calcium)	NP	QL(1 EA daily)
choline fenofibrate	NP		LIVALO (pitavastatin calcium)	NP	QL(1 EA daily)
fenofibrate micronized 43 MG, 130 MG	NP		lovastatin TABS	P	QL(1 EA daily)
fenofibrate micronized 67 MG, 134 MG, 200 MG	P		pitavastatin calcium	NP	QL(1 EA daily)
fenofibrate CAPS	NP		pravastatin sodium 20 MG, 40 MG	NP	QL(1 EA daily)
fenofibrate TABS 40 MG, 120 MG	NP		pravastatin sodium	P	QL(1 EA daily)
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	P		rosuvastatin calcium TABS	P	QL(1 EA daily)
fenofibric acid	NP		simvastatin TABS	P	QL(1 EA daily)
FIBRICOR (fenofibric acid)	NP		simvastatin TABS 80 MG	NP	QL(1 EA daily)
gemfibrozil TABS	P		ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	NP	QL(1 EA daily)
LIPOFEN CAPS (fenofibrate)	NP		ZYPITAMAG 2 MG, 4 MG	NP	QL(1 EA daily)
LOPID TABS (gemfibrozil)	NP		Intestinal Cholesterol Absorption Inhibitors		
TRICOR TABS (fenofibrate)	NP		ezetimibe	P	
			ZETIA (ezetimibe)	NP	
			Microsomal Triglyceride Transfer Protein (MTP)		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Inhibitors			LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	NP	QL(1 EA daily)
JUXTAPID 2 MG, 5 MG, 10 MG, 20 MG, 30 MG	NP	SP	<i>moexipril hcl</i>	NP	QL(1 EA daily)
Nicotinic Acid Derivatives			<i>perindopril erbumine</i>	NP	QL(1 EA daily)
<i>niacin (antihyperlipidemic) TABS</i>	NP		QBRELIS SOLN	NP	QL(40 ML daily)
<i>niacin (antihyperlipidemic) TBCR 500 MG</i>	P	QL(1 EA daily)	<i>quinapril hcl</i>	P	QL(1 EA daily)
<i>niacin (antihyperlipidemic) TBCR 750 MG, 1000 MG</i>	P		<i>ramipril CAPS</i>	P	QL(1 EA daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			<i>trandolapril</i>	P	QL(1 EA daily)
LEQVIO	NP	SP	ZESTRIL TABS (<i>lisinopril</i>)	NP	QL(1 EA daily)
PRALUENT SOAJ	P	SP; PA	Agents for Pheochromocytoma		
REPATHA PUSHTRONEX SYSTEM SOCT	NP	SP; PA	<i>metyrosine</i>	P	SP
REPATHA SURECLICK SOAJ	P	SP; PA	Angiotensin II Receptor Antagonists		
REPATHA SOSY	P	SP; PA	ARBLI PO 10 MG/ML	NP	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			ATACAND (<i>candesartan cilexetil</i>)	NP	QL(1 EA daily)
ACE Inhibitors			AVAPRO 150 MG, 300 MG (<i>irbesartan</i>)	NP	QL(1 EA daily)
ACCUPRIL (<i>quinapril hcl</i>)	NP	QL(1 EA daily)	<i>azilsartan medoxomil 40 MG, 80 MG</i>	NP	QL(1 EA daily)
ALTACE CAPS 1.25 MG, 5 MG, 10 MG (<i>ramipril</i>)	NP	QL(1 EA daily)	BENICAR (<i>olmesartan medoxomil</i>)	NP	QL(1 EA daily)
<i>benazepril hcl</i>	P	QL(1 EA daily)	<i>candesartan cilexetil</i>	NP	QL(1 EA daily)
<i>captopril</i>	NP	QL(1 EA daily)	COZAAR (<i>losartan potassium</i>)	NP	QL(1 EA daily)
<i>enalapril maleate SOLN</i>	P		DIOVAN TABS (<i>valsartan</i>)	NP	QL(1 EA daily)
<i>enalapril maleate TABS</i>	P	QL(1 EA daily)	EDARBI 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	NP	QL(1 EA daily)
EPANED SOLN (<i>enalapril maleate</i>)	NP		<i>irbesartan</i>	NP	QL(1 EA daily)
<i>fosinopril sodium</i>	P	QL(1 EA daily)	<i>irbesartan</i>	P	QL(1 EA daily)
<i>fosinopril sodium</i>	NP	QL(1 EA daily)	<i>losartan potassium</i>	NP	QL(1 EA daily)
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(1 EA daily)	<i>losartan potassium</i>	P	QL(1 EA daily)
<i>lisinopril TABS 20 MG</i>	NP	QL(1 EA daily)	MICARDIS (<i>telmisartan</i>)	NP	QL(1 EA daily)
			<i>olmesartan medoxomil</i>	P	QL(1 EA daily)
			<i>telmisartan</i>	NP	QL(1 EA daily)
			<i>valsartan SOLN</i>	NP	
			<i>valsartan TABS</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antidiuretic Antihypertensives			AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
CARDURA 1 MG, 2 MG, 4 MG (<i>doxazosin mesylate</i>)	NP	QL(1 EA daily)	AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>)	NP	QL(1 EA daily)
CARDURA 8 MG (<i>doxazosin mesylate</i>)	NP		<i>benazepril & hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>clonidine hcl TABS</i>	P		BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
<i>clonidine hcl TABS 0.05 MG</i>	NP	PA	<i>bisoprolol & hydrochlorothiazide</i>	P	
<i>clonidine PTWK</i>	P		<i>candesartan cilexetil-hydrochlorothiazide</i>	NP	QL(1 EA daily)
<i>clonidine TB24</i>	NP		<i>captopril & hydrochlorothiazide</i>	NP	QL(1 EA daily)
<i>doxazosin mesylate 8 MG</i>	P		DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
<i>doxazosin mesylate 1 MG, 2 MG, 4 MG</i>	P	QL(1 EA daily)	EDARBYCLOR 25 MG-40 MG	NP	QL(1 EA daily)
<i>guanfacine hcl</i>	P		EDARBYCLOR 12.5 MG-40 MG	NP	
JAVADIN SOLN PO 0.02 MG/ML	NP	PA	<i>enalapril maleate & hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>methyldopa TABS</i>	P		EXFORGE (<i>amlodipine besylate-valsartan</i>)	NP	QL(1 EA daily)
NEXICLON XR TB24 (<i>clonidine</i>)	NP		EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
<i>prazosin hcl CAPS</i>	P		<i>fosinopril sodium & hydrochlorothiazide</i>	NP	QL(1 EA daily)
<i>terazosin hcl</i>	P		HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	NP	QL(1 EA daily)
TEZRULY PO 1 MG/ML	NP	PA	<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
Antihypertensive Combinations			<i>irbesartan-hydrochlorothiazide 12.5 MG-300 MG</i>	NP	QL(1 EA daily)
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(1 EA daily)	<i>lisinopril & hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 EA daily)	<i>losartan potassium & hydrochlorothiazide</i>	NP	QL(1 EA daily)
<i>amlodipine besylate-olmesartan medoxomil</i>	P	QL(1 EA daily)			
<i>amlodipine besylate-valsartan</i>	P	QL(1 EA daily)			
<i>amlodipine-valsartan-hydrochlorothiazide</i>	P	QL(1 EA daily)			
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	NP	QL(1 EA daily)			
<i>atenolol & chlorthalidone</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 EA daily)
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)
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>)	NP	QL(1 EA daily)
<i>metoprolol & hydrochlorothiazide</i> TABS	NP	
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>quinapril-hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>telmisartan-amlodipine</i> 10 MG-40 MG, 10 MG-80 MG, 5 MG-80 MG	NP	
<i>telmisartan-amlodipine</i> 5 MG-40 MG	NP	QL(1 EA daily)
<i>telmisartan-hydrochlorothiazide</i>	NP	QL(1 EA daily)
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NP	
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NP	
<i>trandolapril-verapamil hcl</i>	NP	QL(1 EA daily)
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
<i>valsartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>)	NP	QL(1 EA daily)
Direct Renin Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
<i>aliskiren fumarate</i>	NP	QL(1 EA daily)
TEKTURNA (<i>aliskiren fumarate</i>)	NP	QL(1 EA daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	NP	
INSPIRA (<i>eplerenone</i>)	NP	
Vasodilators		
<i>hydralazine hcl</i> TABS	P	
<i>minoxidil</i> 2.5 MG, 10 MG	P	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	NP	
FLAGYL CAPS (<i>metronidazole</i>)	NP	
LIKMEZ SUSP	NP	
<i>metronidazole</i> CAPS	NP	
<i>metronidazole</i> TABS 250 MG, 500 MG	P	
<i>metronidazole</i> TABS 125 MG	NP	
<i>pentamidine isethionate</i> IN	P	
<i>tinidazole</i>	P	
<i>trimethoprim</i> TABS	NP	
Anti-infective Misc. - Combinations		
<i>methenamine-hyoscamine-methylene blue-sodium phosphate</i> TABS	NP	
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal</i> CAPS 118 MG	NP	
<i>sulfamethoxazole-trimethoprim</i> SUSP	P	
<i>sulfamethoxazole-trimethoprim</i> TABS	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
URELLE TABS 81 MG	NP		<i>clindamycin palmitate hydrochloride</i>	P	AL(Up to 9 yrs old)
URIBEL	NP		Monobactams		
UROGESIC-BLUE TABS (methenamine-hyoscamine-methylene blue-sodium phosphate)	NP		CAYSTON	NP	SP; ST
Antiprotozoal Agents			Oxazolidinones		
<i>atovaquone</i>	P		<i>linezolid SUSR</i>	NP	AL(Up to 10 yrs old); PA
<i>nitazoxanide TABS</i>	NP		<i>linezolid TABS</i>	NP	PA
Carbapenems			SIVEXTRO SOLR	NP	
<i>imipenem-cilastatin IV</i>	P		SIVEXTRO TABS	NP	PA
<i>meropenem</i>	P		ZYVOX SUSR (<i>linezolid</i>)	NP	AL(Up to 10 yrs old); PA
Cyclic Lipopeptides			ZYVOX TABS (<i>linezolid</i>)	NP	PA
<i>daptomycin 350 MG</i>	NP		Penems		
Glycopeptides			ORLYNVAH TABS PO	NP	SP
FIRVANQ SOLR PO (<i>vancomycin hcl</i>)	NP		Urinary Anti-infectives		
VANCOCIN CAPS (<i>vancomycin hcl</i>)	NP		BLUJEPa TABS PO 750 MG	NP	
VANCOMYCIN HCL IN DEXTROSE 500 MG/100ML-5 %	P		<i>fosfomycin tromethamine</i>	NP	
<i>vancomycin hcl CAPS</i>	P		MACROBID (<i>nitrofurantoin monohyd macro</i>)	NP	
<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	P		MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	NP	
<i>vancomycin hcl SOLR IV 500 MG</i>	P		<i>methenamine hippurate</i>	P	
VANCOMYCIN HCL SOLR IV 500 MG	P		<i>methenamine mandelate</i>	P	
Leprostatics			<i>nitrofurantoin</i>	NP	
<i>dapsone</i>	P		NITROFURANTOIN	NP	
Lincosamides			<i>nitrofurantoin macrocrystal</i>	P	
CLEOCIN (<i>clindamycin hcl</i>)	NP	ST	<i>nitrofurantoin monohyd macro</i>	P	
CLEOCIN (<i>clindamycin palmitate hydrochloride</i>)	NP	AL(Up to 9 yrs old); ST	ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
<i>clindamycin hcl</i>	P		Antimalarial Combinations		
			<i>atovaquone-proguanil hcl</i>	P	
			Antimalarials		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>chloroquine phosphate TABS</i>	P		BENDEKA SOLN	P	SP
<i>hydroxychloroquine sulfate 200 MG</i>	P		<i>busulfan SOLN</i>	P	
<i>mefloquine hcl</i>	P		BUSULFEX SOLN (<i>busulfan</i>)	P	
<i>primaquine phosphate TABS</i>	P		<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i>	P	SP
<i>pyrimethamine</i>	P	SP	<i>carmustine</i>	P	
<i>quinine sulfate CAPS 324 MG</i>	P		CARMUSTINE 300 MG	P	
SOVUNA 200 MG	P		<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	P	SP
ANTIMYASTHENIC/CHOLINERGIC AGENTS			CISPLATIN SOLN 200 MG/200ML (<i>cisplatin</i>)	P	SP
Antimychasthenic/Cholinergic Agents			CISPLATIN SOLR	P	SP
<i>pyridostigmine bromide SOLN PO</i>	P		<i>cyclophosphamide CAPS</i>	P	
<i>pyridostigmine bromide TABS 60 MG</i>	P		<i>cyclophosphamide SOLN 1 GM/5ML, 500 MG/2.5ML</i>	P	SP
<i>pyridostigmine bromide TBCR</i>	P		CYCLOPHOSPHAMIDE SOLN	P	SP
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)			CYCLOPHOSPHAMIDE SOLN (<i>cyclophosphamide</i>)	P	SP
Antimycobacterial Agents			CYCLOPHOSPHAMIDE SOLN	P	SP
<i>cycloserine</i>	P		<i>cyclophosphamide SOLR IJ</i>	P	SP
<i>ethambutol hcl TABS</i>	P		CYCLOPHOSPHAMIDE TABS	P	
<i>isoniazid SYRP</i>	P		EVOMELA IV	P	SP
<i>isoniazid TABS</i>	P		FRINDOVYX SOLN	P	SP
PRIFTIN	P		GLIADEL WAFER	P	
<i>pyrazinamide</i>	P		GRAFAPEX SOLR IV 1 GM, 5 GM	P	SP
<i>rifabutin</i>	P		HEPZATO W/50MM CATHETER IA	P	SP
<i>rifampin CAPS</i>	P		HEPZATO W/62MM CATHETER IA	P	SP
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			IFEX SOLR	P	
Alkylating Agents					
BELRAPZO SOLN	P	SP			
BENDAMUSTINE HCL SOLN	P	SP			
<i>bendamustine hcl SOLR</i>	P	SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IFEX SOLR (<i>ifosfamide</i>)	P		<i>decitabine</i>	P	SP
<i>ifosfamide SOLN</i>	P		<i>fludarabine phosphate SOLN</i>	P	SP
<i>ifosfamide SOLR</i>	P		<i>fludarabine phosphate SOLR</i>	P	SP
IFOSFAMIDE SOLR	P		<i>fluorouracil</i>	P	
KYXATA SOLN 80 MG/8ML, 500 MG/50ML	P	SP	FOLOTYN 20 MG/ML, 40 MG/2ML (<i>pralatrexate</i>)	P	SP
<i>lomustine</i>	P		<i>gemcitabine hcl SOLN</i>	P	
<i>melphalan hcl IV</i>	P	SP	GEMCITABINE HCL SOLN	P	
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	P		GEMCITABINE HCL SOLN (<i>gemcitabine hcl</i>)	P	
<i>oxaliplatin SOLR</i>	P		GEMCITABINE HCL SOLN	P	
TEMODAR SOLR	P	SP	<i>gemcitabine hcl SOLR</i>	P	
<i>temozolomide CAPS</i>	P	SP	INLEXZO IMPL IS 225 MG	P	
TEPADINA (<i>thiotepa</i>)	P	SP	JYLAMVO SOLN PO	P	SP
TEPADINA SOLR IV 200 MG/200ML	P	SP	<i>mercaptopurine SUSP 2000 MG/100ML</i>	P	
TEPYLUTE IV 15 MG/1.5ML, 100 MG/10ML	P	SP	<i>mercaptopurine TABS</i>	P	
<i>thiotepa</i>	P	SP	<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P	
TREANDA SOLR (<i>bendamustine hcl</i>)	P	SP	<i>methotrexate sodium SOLR</i>	P	
VIVIMUSTA SOLN	P	SP	<i>methotrexate sodium TABS 2.5 MG</i>	P	
YONDELIS	P	SP	<i>nelarabine</i>	P	
ZANOSAR	P		ONUREG TABS	P	SP
ZEPZELCA	P	SP	PEMETREXED	P	SP
Antimetabolites			PEMETREXED DISODIUM SOLN	P	SP
ALIMTA SOLR (<i>pemetrexed disodium</i>)	P	SP	<i>pemetrexed disodium SOLR</i>	P	SP
ARRANON (<i>nelarabine</i>)	P		PEMETREXED DITROMETHAMINE	P	SP
AVGEMSI SOLN 1 GM/26.3ML, 2 GM/52.6ML	P		PEMFEXY	P	SP
AXTLE	P	SP	PEMRYDI RTU SOLN	P	SP
<i>azacitidine SUSR</i>	P	SP	<i>pralatrexate</i>	P	SP
<i>capecitabine</i>	P	SP			
<i>cladribine 10 MG/10ML</i>	P	SP			
<i>clofarabine</i>	P				
CLOLAR (<i>clofarabine</i>)	P				
<i>cytarabine SOLN</i>	P	SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PURIXAN SUSP 2000 MG/100ML (mercaptopurine)	NP		BAVENCIO	P	SP
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P		BESPONSA	P	SP
VIDAZA SUSR (azacitidine)	P	SP	BIZENGRI (750 MG DOSE)	P	SP
XATMEP SOLN PO	P		BLENREP	P	SP
XELODA (capecitabine)	NP	SP; ST	BLINCYTO	P	SP
Antineoplastic - Angiogenesis Inhibitors			COLUMVI	P	SP
ALYMSYS	P	SP	DANYELZA	P	
AVASTIN	P	SP; ST	DARZALEX	P	SP
CYRAMZA	P	SP	ELAHERE	P	SP
FRUZAQLA	P	SP	ELREXFIO	P	SP
INLYTA	P	SP	EMPLICITI	P	SP
JOBEVNE SOLN IV 100 MG/4ML, 400 MG/16ML	P	SP	EMRELIS SOLR IV 20 MG, 100 MG	P	SP
LENVIMA (10 MG DAILY DOSE)	P	SP	ENHERTU	P	SP
LENVIMA (12 MG DAILY DOSE)	P	SP	EPKINLY	P	SP
LENVIMA (14 MG DAILY DOSE)	P	SP	GAZYVA	P	SP
LENVIMA (18 MG DAILY DOSE)	P	SP	IMDELLTRA	P	SP
LENVIMA (20 MG DAILY DOSE)	P	SP	IMFINZI	P	SP
LENVIMA (24 MG DAILY DOSE)	P	SP	JEMPERLI	P	SP
LENVIMA (4 MG DAILY DOSE)	P	SP	KADCYLA	P	SP
LENVIMA (8 MG DAILY DOSE)	P	SP	KEYTRUDA	P	SP
MVASI	P	SP	KIMMTRAK	P	SP
VEGZELMA	P	SP	LIBTAYO	P	SP
ZALTRAP	P	SP	LOQTORZI	P	SP
ZIRABEV	P	SP	LUNSUMIO	P	SP
Antineoplastic - Antibodies			LUNSUMIO VELO 5 MG/0.5ML, 45 MG/ML	P	SP
ADCETRIS	P	SP	LYNOZYFIC SOLN IV 5 MG/2.5ML, 200 MG/10ML	P	SP
			MONJUVI	P	SP
			OPDIVO	P	SP
			PADCEV	P	SP
			POLIVY	P	SP
			POTELIGEO	P	SP
			RIABNI	P	SP
			RITUXAN	P	SP; ST
			RUXIENCE	P	SP

Drug Name	Drug Tier	Requirements/ Limits
RYBREVANT	P	SP
SARCLISA	P	SP
TALVEY	P	SP
TECENTRIQ	P	SP
TEVIMBRA	P	SP
TIVDAK	P	SP
TRUXIMA	P	SP
UNITUXIN	P	SP
UNLOXCYT SOLN IV 300 MG/5ML	P	SP
VYLOY	P	SP
YERVOY	P	SP
ZEVALIN Y-90	P	SP
ZYNLONTA	P	SP
ZYNYZ	P	SP
Antineoplastic - Anti-HER2 Agents		
HERCEPTIN 150 MG	P	SP; ST
HERCESSI	P	SP
HERNEXEOS TABS PO 60 MG	P	SP
HERZUMA	P	SP
KANJINTI	P	SP
OGIVRI	P	SP
ONTRUZANT	P	SP
PERJETA	P	SP
TRAZIMERA	P	SP
TUKYSA	P	SP
ZIIHERA	P	SP
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	P	SP
VENCLEXTA TABS	P	SP
Antineoplastic - Cellular Immunotherapy		
AUCATZYL	P	SP
CARVYKTI	P	SP
PROVENGE	P	SP

Drug Name	Drug Tier	Requirements/ Limits
TECELRA	P	SP
Antineoplastic - EGFR Inhibitors		
ERBITUX	P	SP
<i>erlotinib hcl</i>	P	SP
EXKIVITY	P	SP
<i>gefitinib</i>	P	SP
GILOTRIF	P	SP
IRESSA (<i>gefitinib</i>)	NP	SP; ST
LAZCLUZE	P	SP
PORTRAZZA	P	SP
TAGRISSO	P	SP
TARCEVA (<i>erlotinib hcl</i>)	NP	SP; ST
VECTIBIX 100 MG/5ML, 400 MG/20ML	P	SP
VIZIMPRO	P	SP
Antineoplastic - Gene Therapy Agents		
ADSTILADRIN	P	SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	P	SP
ERIVEDGE	P	SP
ODOMZO	P	SP
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	P	SP
AKEEGA	P	SP
<i>anastrozole</i>	P	GL
ARIMIDEX (<i>anastrozole</i>)	P	ST; GL
AROMASIN (<i>exemestane</i>)	P	ST; GL
<i>bicalutamide</i>	P	
CAMCEVI	P	SP
CASODEX (<i>bicalutamide</i>)	NP	ST
ELIGARD KIT SC	P	SP
EMCYT	P	SP
ERLEADA	P	SP
<i>exemestane</i>	P	
<i>exemestane</i>	P	GL

Drug Name	Drug Tier	Requirements/ Limits
FARESTON (<i>toremifene citrate</i>)	NP	
FASLODEX SOSY (<i>fulvestrant</i>)	P	
FEMARA (<i>letrozole</i>)	P	ST; GL
FIRMAGON 80 MG	P	SP
FIRMAGON (240 MG DOSE)	P	SP
<i>fulvestrant SOSY</i>	P	
INLURIYO TABS PO 200 MG	P	SP
<i>letrozole</i>	P	GL
<i>letrozole</i>	P	
<i>leuprolide acetate</i> (3 month) INJ 22.5 MG	P	
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	P	SP
LIFYORLI (125 MG DOSE) CPPK PO	P	SP
LIFYORLI (150 MG DOSE) CPPK PO	P	SP
LUPRON DEPOT (1-MONTH) KIT IM	P	SP
LUPRON DEPOT (3-MONTH) KIT IM	P	SP
LUPRON DEPOT (4-MONTH) IM	P	SP
LUPRON DEPOT (6-MONTH) IM	P	SP
LUTRATE DEPOT INJ 22.5 MG	P	
LYSODREN	P	SP
<i>megestrol acetate TABS</i>	P	
<i>nilutamide</i>	P	
NUBEQA	P	SP
ORGOVYX	P	SP
ORSERDU	P	SP
SOLTAMOX SOLN	P	
<i>tamoxifen citrate TABS</i>	P	
<i>toremifene citrate</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
TRELSTAR MIXJECT	P	SP
XTANDI CAPS	P	SP
XTANDI TABS	P	SP
YONSA	P	SP
ZYTIGA (<i>abiraterone acetate</i>)	NP	SP; ST
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	P	SP
Antineoplastic - Immunomodulators		
<i>pomalidomide 1 MG, 2 MG, 3 MG, 4 MG</i>	P	SP
POMALYST 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	NP	SP
Antineoplastic - Menin Inhibitors		
KOMZIFTI CAPS PO 200 MG	P	SP
REVUFORJ	P	SP
REVUFORJ 25 MG	P	
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	P	SP
Antineoplastic - Protease Activators		
MODEYSO CAPS PO 125 MG	P	SP
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) 50 MG	P	SP
XPOVIO (40 MG ONCE WEEKLY)	P	SP
XPOVIO (40 MG TWICE WEEKLY) 40 MG	P	SP
XPOVIO (60 MG ONCE WEEKLY) 60 MG	P	SP
XPOVIO (60 MG TWICE WEEKLY)	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XPOVIO (80 MG ONCE WEEKLY)	P	SP	KISQALI FEMARA (200 MG DOSE)	P	SP
XPOVIO (80 MG TWICE WEEKLY)	P	SP	KISQALI FEMARA (400 MG DOSE)	P	SP
Antineoplastic Antibiotics			KISQALI FEMARA (600 MG DOSE)	P	SP
<i>bleomycin sulfate</i>	P		LONSURF	P	SP
<i>dactinomycin</i>	P		OPDIVO QVANTIG	P	SP
<i>daunorubicin hcl SOLN</i>	P	SP	OPDUALAG	P	SP
DAUNORUBICIN HCL SOLN (<i>daunorubicin hcl</i>)	P	SP	PHESGO	P	SP
DOXIL SUSP (<i>doxorubicin hcl liposomal</i>)	P		RITUXAN HYCELA	P	SP
<i>doxorubicin hcl liposomal SUSP</i>	P		RYBREVENT FASPRO SOLN SC	P	SP
<i>doxorubicin hcl SOLN</i>	P		TECENTRIQ HYBREZA	P	SP
DOXORUBICIN HCL SOLN (<i>doxorubicin hcl</i>)	P		VYXEOS	P	SP
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	P		Antineoplastic Enzyme Inhibitors		
ELLECE SOLN	P	SP	AFINITOR DISPERZ TBSO (<i>everolimus</i>)	NP	SP; ST
IDAMYCIN PFS (<i>idarubicin hcl</i>)	P		AFINITOR TABS (<i>everolimus</i>)	NP	SP; ST
<i>idarubicin hcl</i>	P		ALECENSA	P	SP
JELMYTO KIT UL 40 MG	P		ALUNBRIG TABS	P	SP
<i>mitomycin SOLR IV</i>	P		ALUNBRIG TBPk	P	SP
<i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i>	P	SP	AUGTYRO	P	SP
<i>valrubicin</i>	P	SP	BALVERSA	P	SP
VALSTAR (<i>valrubicin</i>)	P	SP	BELEODAQ	P	SP
ZUSDURI KIT IS	P		BORTEZOMIB SOLN IV	P	SP
Antineoplastic Combinations			<i>bortezomib SOLR IJ</i>	P	SP
AVMAPKI FAKZYNJA CO-PACK THPK PO	P	SP	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	P	SP
DARZALEX FASPRO	P	SP	BORUZU SOLN IJ	P	SP
HERCEPTIN HYLECTA	P	SP	BOSULIF CAPS	P	SP
INQOVI	P	SP	BOSULIF TABS 100 MG, 400 MG, 500 MG (<i>bosutinib</i>)	P	SP
KEYTRUDA QLEX SOLN SC	P	SP	BRAFTOVI 75 MG	P	SP
			BRUKINSA PO 160 MG	P	SP
			BRUKINSA	P	SP
			CABOMETYX TABS	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CALQUENCE	P	SP	INREBIC	P	SP
CAPRELSA	P	SP	ISTODAX SOLR (<i>romidepsin</i>)	P	SP
COMETRIQ (100 MG DAILY DOSE) KIT	P	SP	ITOVEBI	P	SP
COMETRIQ (140 MG DAILY DOSE) KIT	P	SP	JAKAFI	P	SP
COMETRIQ (60 MG DAILY DOSE) KIT	P	SP	JAKAFI XR PO 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	P	SP
COPIKTRA	P	SP	JAYPIRCA	P	SP
COTELLIC	P	SP	KISQALI (200 MG DOSE)	P	SP
DANZITEN	NP	SP; PA	KISQALI (400 MG DOSE)	P	SP
<i>dasatinib</i>	P	SP; ST	KISQALI (600 MG DOSE)	P	SP
ENSACOVE CAPS PO 25 MG, 100 MG	P	SP	KOSELUGO	P	SP
<i>everolimus TABS</i>	P	SP	KOSELUGO PO 5 MG, 7.5 MG	P	SP
<i>everolimus TBSO</i>	P	SP	KRAZATI	P	SP
FOTIVDA	P	SP	KYPROLIS	P	SP
FYARRO	P	SP	<i>lapatinib ditosylate</i>	P	SP
GAVRETO	P	SP	LORBRENA	P	SP
GAVRETO	P	SP	LUMAKRAS	P	SP
GLEEVEC TABS (<i>imatinib mesylate</i>)	NP	SP; ST	LYNPARZA TABS	P	SP
GOMEKLI CAPS PO 1 MG, 2 MG	P	SP	LYTGOBI (12 MG DAILY DOSE)	P	SP
GOMEKLI TBSO PO 1 MG	P	SP	LYTGOBI (16 MG DAILY DOSE)	P	SP
IBRANCE CAPS 100 MG, 125 MG	P	SP	LYTGOBI (20 MG DAILY DOSE)	P	SP
IBRANCE TABS	P	SP	MEKINIST SOLR	P	SP
IBTROZI CAPS PO 200 MG	P	SP	MEKINIST TABS	P	SP
ICLUSIG	P	SP	MEKTOVI	P	SP
IDHIFA	P	SP	NERLYNX	P	SP
<i>imatinib mesylate TABS</i>	P	SP	NEXAVAR (<i>sorafenib tosylate</i>)	NP	SP; ST
IMBRUVICA CAPS	P	SP	NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	NP	SP
IMBRUVICA SUSP	P	SP	NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	NP	SP
IMBRUVICA TABS 140 MG, 280 MG, 420 MG	P	SP			
IMKELDI SOLN	NP	SP; ST			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	NP	Brand Preferred; SP	TAFINLAR CAPS	P	SP
NINLARO	P	SP	TAFINLAR TBSO	P	SP
OGSIVEO	P	SP	TALZENNA	P	SP
OJEMDA SUSR	P	SP	TASIGNA 50 MG, 150 MG, 200 MG (<i>nilotinib hcl</i>)	P	Brand Preferred; SP
OJEMDA TABS	P	SP	TAZVERIK	P	SP
OJJAARA	P	SP	<i>temsirolimus</i>	P	SP
<i>pazopanib hcl</i>	P	SP	TEPMETKO	P	SP
PEMAZYRE 4.5 MG	P	QL(1 EA daily); SP	TIBSOVO	P	SP
PEMAZYRE 9 MG, 13.5 MG	P	SP	TORISEL (<i>temsirolimus</i>)	P	SP
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	NP	SP	TRUQAP TABS	P	SP
PIQRAY (200 MG DAILY DOSE)	P	SP	TRUQAP TBPB	P	SP
PIQRAY (250 MG DAILY DOSE)	P	SP	TURALIO 125 MG	P	SP
PIQRAY (300 MG DAILY DOSE)	P	SP	TYKERB (<i>lapatinib ditosylate</i>)	NP	SP; ST
QINLOCK	P	SP	VANFLYTA	P	SP
RETEVMO CAPS	P	SP	VELCADE SOLR IJ (<i>bortezomib</i>)	P	SP
RETEVMO TABS	P	SP	VERZENIO	P	SP
REZLIDHIA	P	SP	VITRAKVI CAPS	P	SP
<i>romidepsin SOLR</i>	P	SP	VITRAKVI SOLN	P	SP
ROZLYTREK CAPS	P	SP	VONJO	P	SP
ROZLYTREK PACK	P	SP	VORANIGO	P	SP
RUBRACA	P	SP	VOTRIENT (<i>pazopanib hcl</i>)	NP	SP
RYDAPT	P	SP	XALKORI CAPS	P	SP
RYTELO	P	SP	XALKORI CPSP	P	SP
SCEMBLIX	P	SP	XOSPATA	P	SP
<i>sorafenib tosylate</i>	P	SP	ZEJULA TABS	P	SP
SPRYCEL (<i>dasatinib</i>)	NP	SP	ZELBORAF	P	SP
STIVARGA	P	SP	ZOLINZA	P	SP
<i>sunitinib malate</i>	P	SP	ZYDELIG	P	SP
SUTENT (<i>sunitinib malate</i>)	NP	SP; ST	ZYKADIA TABS	P	SP
TABRECTA	P	SP	Antineoplastic Enzymes		
			ASPARLAS	P	SP
			ONCASPAR	P	SP
			RYLAZE	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic Radiopharmaceuticals			<i>mesna TABS</i>	P	SP
LUTATHERA	P	SP	MESNEX SOLN (<i>mesna</i>)	NP	SP
PLUVICTO	P	SP	MESNEX TABS	NP	SP; ST
XOFIGO	P		VORAXAZE	NP	SP
Antineoplastics Misc.			VYKOURA SOLN IJ 50 MG/5ML, 350 MG/35ML, 500 MG/50ML	P	
ACTIMMUNE 100 MCG/0.5ML	P	SP	Mitotic Inhibitors		
ANKTIVA	P	SP	ABRAXANE (<i>paclitaxel protein-bound particles</i>)	P	SP
<i>arsenic trioxide</i>	P	SP	BEIZRAY CONC 20 MG/ML	P	SP
<i>bexarotene</i>	P	SP	BEIZRAY SOLN IV	P	SP
<i>dacarbazine SOLR</i>	P		<i>docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML</i>	P	SP
ELZONRIS	P		DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP
HYDREA (<i>hydroxyurea</i>)	NP	ST	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (<i>docetaxel</i>)	P	SP
<i>hydroxyurea</i>	P		<i>docetaxel SOLN</i>	P	SP
LYMPHIR SOLR IV 300 MCG	P	SP	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	P	SP
MATULANE	P	SP	DOCETAXEL SOLN (<i>docetaxel</i>)	P	SP
NIPENT	P		DOCIVYX SOLN	P	SP
TICE BCG	P		<i>eribulin mesylate</i>	P	SP
<i>tretinoin (chemotherapy)</i>	P	SP	ETOPOPHOS	P	
TRISENOX (<i>arsenic trioxide</i>)	P	SP	<i>etoposide CAPS</i>	P	SP
Chemotherapy Rescue/Antidote/Protective Agents			<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	P	SP
COSELA	P		HALAVEN (<i>eribulin mesylate</i>)	P	SP
<i>dexrazoxane hcl</i>	P	SP	IXEMPRA KIT	P	SP
ETHYOL	P		JEVTANA	P	SP
IWILFIN	P	SP			
<i>leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML</i>	P				
<i>leucovorin calcium SOLR</i>	P				
<i>leucovorin calcium TABS</i>	P				
<i>levoleucovorin calcium SOLN 175 MG/17.5ML</i>	P	SP			
<i>levoleucovorin calcium SOLR</i>	P	SP			
<i>mesna SOLN</i>	P	SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>paclitaxel 30 MG/5ML, 100 MG/16.7ML, 150 MG/25ML, 300 MG/50ML</i>	P		Antiparkinson COMT Inhibitors		
PACLITAXEL PROTEIN-BOUND PART	P	SP	<i>entacapone</i>	P	
<i>paclitaxel protein-bound particles</i>	P	SP	ONGENTYS	NP	
<i>vinblastine sulfate SOLN</i>	P		Antiparkinson Dopaminergics		
<i>vincristine sulfate</i>	P	SP	<i>amantadine hcl CAPS</i>	P	
<i>vinorelbine tartrate</i>	P		<i>amantadine hcl SOLN</i>	P	AL(Up to 10 yrs old)
Oncolytic Viral Agents			<i>amantadine hcl TABS</i>	NP	
IMLYGIC	P	SP	<i>bromocriptine mesylate CAPS</i>	P	
Topoisomerase I Inhibitors			<i>bromocriptine mesylate TABS 2.5 MG</i>	P	
CAMPTOSAR (<i>irinotecan hcl</i>)	P	SP	<i>carbidopa-levodopa CPCR</i>	NP	
DATROWAY	P	SP	<i>carbidopa-levodopa-entacapone</i>	NP	
HYCANTIN CAPS	P	SP	<i>carbidopa-levodopa TABS</i>	P	
HYCANTIN SOLR (<i>topotecan hcl</i>)	P	SP	<i>carbidopa-levodopa TBCR</i>	P	
<i>irinotecan hcl</i>	P	SP	<i>carbidopa-levodopa TBDP</i>	NP	ST
ONIVYDE IV 43 MG/10ML	P	SP	CREXONT CPCR	NP	
<i>topotecan hcl SOLN</i>	P	SP	DHIVY TABS	NP	
TOPOTECAN HCL SOLN (<i>topotecan hcl</i>)	P	SP	DUOPA SUSP	NP	
<i>topotecan hcl SOLR</i>	P	SP	GOCOVRI CP24 68.5 MG	NP	QL(1 EA daily); SP
TRODELVY	P	SP	GOCOVRI CP24 137 MG	NP	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			INBRIJA CAPS	NP	
Antiparkinson Adjunctive Therapy			MIRAPEX ER TB24 0.375 MG, 3 MG, 4.5 MG (<i>pramipexole dihydrochloride</i>)	NP	
<i>carbidopa</i>	NP		MIRAPEX ER TB24 0.75 MG, 2.25 MG, 3.75 MG (<i>pramipexole dihydrochloride</i>)	NP	QL(1 EA daily)
NOURIANZ 40 MG	NP		NEUPRO	NP	
NOURIANZ 20 MG	NP	QL(1 EA daily)	ONAPGO SOCT 98 MG/20ML	NP	SP
Antiparkinson Anticholinergics			OSMOLEX ER TB24 129 MG, 193 MG	NP	
<i>benztropine mesylate TABS</i>	P				
<i>trihexyphenidyl hcl SOLN</i>	P				
<i>trihexyphenidyl hcl TABS</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
PARLODEL CAPS (bromocriptine mesylate)	NP	
PARLODEL TABS (bromocriptine mesylate)	NP	
pramipexole dihydrochloride TABS	P	
pramipexole dihydrochloride TB24 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG	NP	QL(1 EA daily)
pramipexole dihydrochloride TB24 0.375 MG, 3 MG, 4.5 MG	NP	
ropinirole hydrochloride TABS	P	
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG	NP	QL(1 EA daily)
ropinirole hydrochloride TB24 8 MG, 12 MG	NP	
RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG, 95 MG-23.75 MG (carbidopa-levodopa)	NP	
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	NP	
STALEVO 150 (carbidopa-levodopa-entacapone)	NP	
VYALEV SOLN SC	NP	SP
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT 0.5 MG (rasagiline mesylate)	NP	QL(2 EA daily)
AZILECT 1 MG (rasagiline mesylate)	NP	
rasagiline mesylate 1 MG	NP	
rasagiline mesylate 0.5 MG	NP	QL(2 EA daily)
selegiline hcl CAPS	P	
selegiline hcl TABS	P	
XADAGO 100 MG	NP	

Drug Name	Drug Tier	Requirements/ Limits
XADAGO 50 MG	NP	QL(1 EA daily)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	P	
lithium carbonate CAPS	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
lithium carbonate TABS	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
lithium carbonate TBCR	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
LITHOBID TBCR (lithium carbonate)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
Antipsychotics - Misc.		
CAPLYTA 10.5 MG, 21 MG	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CAPLYTA 42 MG	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>lurasidone hcl 20 MG, 40 MG, 60 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
EQUETRO	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>lurasidone hcl 80 MG, 120 MG</i>	P	AL(At least 18 yrs old)
GEODON (<i>ziprasidone mesylate</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>lurasidone hcl 20 MG, 40 MG, 60 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
GEODON (<i>ziprasidone mesylate</i>)	NP	AL(At least 18 yrs old)	<i>lurasidone hcl 80 MG, 120 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
GEODON (<i>ziprasidone hcl</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	NUPLAZID CAPS	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
GEODON 40 MG (<i>ziprasidone hcl</i>)	NP	AL(At least 18 yrs old)	NUPLAZID TABS 10 MG	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
LATUDA 20 MG, 40 MG, 60 MG (<i>lurasidone hcl</i>)	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)	VRAYLAR CAPS 1.5 MG, 3 MG	P	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
LATUDA 80 MG, 120 MG (<i>lurasidone hcl</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VRAYLAR CAPS 4.5 MG, 6 MG	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	ERZOFRI	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP
VRAYLAR CAPS 1.5 MG, 3 MG	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)	FANAPT	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
VRAYLAR CAPS 0.5 MG, 0.75 MG	P	AL(At least 18 yrs old)	FANAPT TITRATION PACK A	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>ziprasidone hcl</i>	P	AL(At least 18 yrs old)	FANAPT TITRATION PACK B	NP	AL(At least 18 yrs old)
<i>ziprasidone hcl</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	FANAPT TITRATION PACK C	NP	AL(At least 18 yrs old)
<i>ziprasidone mesylate</i>	P	AL(At least 18 yrs old)	INVEGA 3 MG (<i>paliperidone</i>)	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
<i>ziprasidone mesylate</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	INVEGA 6 MG, 9 MG (<i>paliperidone</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
Benzisoxazoles			INVEGA HAFYERA	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP
BYSANTI TITRATION PACK A TBPB PO	NP	PA			
BYSANTI TITRATION PACK B TBPB PO	NP	PA			
BYSANTI TITRATION PACK C TBPB PO	NP	PA			
BYSANTI TABS PO 1 MG, 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	NP	PA			

Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUSTENNA	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP
INVEGA TRINZA	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP
<i>paliperidone 1.5 MG, 3 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
<i>paliperidone 1.5 MG, 3 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
<i>paliperidone 6 MG, 9 MG</i>	P	AL(At least 18 yrs old)
<i>paliperidone 6 MG, 9 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
PERSERIS PRSY	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL CONSTA <i>(risperidone microspheres)</i>	P	PA required for all antipsychotics for patients under 18 years old; Brand Preferred; AL(At least 18 yrs old); SP
RISPERDAL SOLN <i>(risperidone)</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG <i>(risperidone)</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>risperidone microspheres</i>	NP	Brand Preferred; AL(At least 18 yrs old); SP
<i>risperidone SOLN</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>risperidone SOLN</i>	P	AL(At least 18 yrs old)
<i>risperidone TABS</i>	P	AL(At least 18 yrs old)
<i>risperidone TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone TBDP</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); ST
<i>risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	NP	AL(At least 18 yrs old)
RYKINDO SRER	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP
UZEDY SUSY	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP
Butyrophenones		
HALDOL DECANOATE (<i>haloperidol decanoate</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>haloperidol decanoate</i>	P	AL(At least 18 yrs old)
<i>haloperidol lactate CONC</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>haloperidol lactate SOLN</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>haloperidol TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>haloperidol TABS</i>	P	AL(At least 18 yrs old)
Dibenzapines		
ADASUVE	NP	AL(At least 18 yrs old)
<i>asenapine maleate</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>clozapine TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>clozapine TBDP</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); ST
<i>clozapine TBDP</i>	NP	AL(At least 18 yrs old); ST
CLOZARIL TABS (<i>clozapine</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>loxapine succinate</i>	P	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>loxapine succinate</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>olanzapine TBDP 5 MG</i>	NP	QL(1 EA daily); AL(At least 18 yrs old); ST
<i>olanzapine SOLR</i>	P	AL(At least 18 yrs old)	<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	P	AL(At least 18 yrs old)
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	<i>quetiapine fumarate TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)	<i>quetiapine fumarate TB24 50 MG, 300 MG, 400 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>olanzapine TABS 10 MG, 15 MG, 20 MG</i>	P	AL(At least 18 yrs old)	<i>quetiapine fumarate TB24 150 MG, 200 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
<i>olanzapine TABS 10 MG, 15 MG, 20 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>SAPHRIS (asenapine maleate)</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>olanzapine TBDP 10 MG, 15 MG, 20 MG</i>	NP	AL(At least 18 yrs old); ST	<i>SECUADO</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>olanzapine TBDP 10 MG, 15 MG, 20 MG</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); ST	<i>SEROQUEL XR TB24 50 MG, 300 MG, 400 MG (quetiapine fumarate)</i>	NP	AL(At least 18 yrs old)
<i>olanzapine TBDP 5 MG</i>	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old); ST			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SEROQUEL XR TB24 50 MG, 300 MG, 400 MG (quetiapine fumarate)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	ZYPREXA ZYDIS TBDP 10 MG, 15 MG, 20 MG (olanzapine)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); ST
SEROQUEL XR TB24 200 MG (quetiapine fumarate)	NP	QL(1 EA daily); AL(At least 18 yrs old)	ZYPREXA ZYDIS TBDP 5 MG (olanzapine)	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old); ST
SEROQUEL XR TB24 150 MG, 200 MG (quetiapine fumarate)	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)	ZYPREXA SOLR (olanzapine)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
SEROQUEL TABS 50 MG, 300 MG (quetiapine fumarate)	NP	AL(At least 18 yrs old)	ZYPREXA SOLR (olanzapine)	NP	AL(At least 18 yrs old)
SEROQUEL TABS (quetiapine fumarate)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	ZYPREXA TABS 10 MG, 15 MG, 20 MG (olanzapine)	NP	AL(At least 18 yrs old)
VERSACLOZ SUSP	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	ZYPREXA TABS 10 MG, 15 MG, 20 MG (olanzapine)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
ZYPREXA RELPREVV	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA	ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG (olanzapine)	NP	QL(1 EA daily); AL(At least 18 yrs old)
ZYPREXA RELPREVV	NP	AL(At least 18 yrs old); SP; PA	ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG (olanzapine)	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
			Dihydroindolones		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>molindone hcl</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>chlorpromazine hcl TABS</i>	NP	AL(At least 18 yrs old)
Muscarinic Agents			<i>fluphenazine decanoate</i>	P	AL(At least 18 yrs old)
COBENFY STARTER PACK CPPK	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); PA	<i>fluphenazine hcl CONC</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
COBENFY CAPS	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); PA	<i>fluphenazine hcl ELIX</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
Phenothiazines			<i>fluphenazine hcl SOLN</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>chlorpromazine hcl CONC</i>	NP	AL(At least 18 yrs old)	<i>fluphenazine hcl TABS</i>	NP	AL(At least 18 yrs old)
<i>chlorpromazine hcl CONC</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>fluphenazine hcl TABS</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>chlorpromazine hcl SOLN</i>	P	AL(At least 18 yrs old)	<i>perphenazine TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>chlorpromazine hcl SOLN</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>perphenazine TABS</i>	P	AL(At least 18 yrs old)
<i>chlorpromazine hcl TABS</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>prochlorperazine</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prochlorperazine maleate TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	ABILIFY MAINTENA SRER	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
<i>thioridazine hcl</i>	P	AL(At least 18 yrs old)	ABILIFY MAINTENA SRER	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
<i>thioridazine hcl</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	ABILIFY MYCITE MAINTENANCE KIT	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP
<i>trifluoperazine hcl TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	ABILIFY MYCITE STARTER KIT	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP
Quinolinone Derivatives			ABILIFY TABS 10 MG, 15 MG, 20 MG (<i>aripiprazole</i>)	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
ABILIFY ASIMTUFII PRSY	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA	ABILIFY TABS 2 MG, 5 MG, 30 MG (<i>aripiprazole</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
ABILIFY MAINTENA PRSY	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA			
ABILIFY MAINTENA SRER	P	AL(At least 18 yrs old); SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole SOLN PO</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	OPIPZA FILM	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); PA
<i>aripiprazole SOLN PO</i>	P	AL(At least 18 yrs old)	REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
<i>aripiprazole TABS 2 MG, 5 MG, 30 MG</i>	P	AL(At least 18 yrs old)			
<i>aripiprazole TABS 10 MG, 15 MG, 20 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)	REXULTI 3 MG, 4 MG	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>aripiprazole TABS 10 MG, 15 MG, 20 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)			
<i>aripiprazole TABS 2 MG, 5 MG, 30 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	Thioxanthenes		
<i>aripiprazole TBDP</i>	NP	AL(At least 18 yrs old); ST	<i>thiothixene</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
ARISTADA	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA	ANTISEPTICS & DISINFECTANTS		
ARISTADA INITIO	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA	Iodine Antiseptics		
			FIRST AID ANTISEPTIC OINT	P	
			<i>povidone-iodine SOLN 10 %</i>	P	
			ANTIVIRALS - Drugs to Treat Viral Infections		
			Antiretrovirals		
			<i>abacavir sulfate-lamivudine</i>	P	
			<i>abacavir sulfate SOLN</i>	P	
			<i>abacavir sulfate TABS</i>	P	
			APRETUDE	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
APRETUDE	P		<i>fosamprenavir calcium TABS</i>	NP	
APTIVUS CAPS	NP		FUZEON SOLR	NP	SP
<i>atazanavir sulfate CAPS</i>	P		GENVOYA	P	
BIKTARVY	P		IDVYNZO TABS PO	NP	PA
CABENUVA	P		INTELENCE (<i>etravirine</i>)	NP	
CIMDUO	NP		INTELENCE	NP	
COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	P	Brand Preferred	ISENTRESS HD TABS	NP	
<i>darunavir TABS</i>	P		ISENTRESS CHEW	P	
DELSTRIGO	P		ISENTRESS PACK	P	
DESCOVY	P		ISENTRESS TABS	P	
DOVATO	P		JULUCA	NP	
EDURANT 25 MG (<i>rilpivirine hcl</i>)	NP		KALETRA SOLN	NP	
EDURANT PED PO 2.5 MG	P	AL(Up to 10 yrs old)	KALETRA TABS (<i>lopinavir-ritonavir</i>)	NP	
<i>efavirenz CAPS</i>	P		<i>lamivudine SOLN</i>	P	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P		<i>lamivudine TABS</i>	P	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	NP		<i>lamivudine-zidovudine</i>	P	
<i>efavirenz TABS</i>	P		<i>lopinavir-ritonavir SOLN</i>	P	
<i>emtricitabine CAPS</i>	P		<i>lopinavir-ritonavir TABS</i>	P	
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	NP	Brand Preferred	<i>maraviroc TABS</i>	NP	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	P		<i>nevirapine SUSP</i>	P	
EMTRIVA CAPS (<i>emtricitabine</i>)	NP		<i>nevirapine TABS</i>	P	
EMTRIVA SOLN	NP		<i>nevirapine TB24 400 MG</i>	NP	
EPIVIR SOLN (<i>lamivudine</i>)	NP		NORVIR PACK	NP	
EPIVIR TABS (<i>lamivudine</i>)	NP		NORVIR TABS (<i>ritonavir</i>)	NP	
<i>etravirine</i>	NP		ODEFSEY	P	
EVOTAZ	P		PIFELTRO	P	
			PREZCOBIX	P	
			PREZISTA SUSP	P	
			PREZISTA TABS 75 MG, 150 MG	P	
			PREZISTA TABS (<i>darunavir</i>)	NP	
			RETROVIR CAPS (<i>zidovudine</i>)	NP	
			RETROVIR SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RETROVIR SYRP (zidovudine)	NP		VIREAD TABS (tenofovir disoproxil fumarate)	NP	
REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate)	NP		YEZTUGO SOLN 463.5 MG/1.5ML	P	SP
REYATAZ PACK	P		YEZTUGO TABS PO 300 MG	P	SP
rilpivirine hcl 25 MG	P		ZIAGEN SOLN (abacavir sulfate)	NP	
ritonavir TABS	P		zidovudine CAPS	P	
RUKOBIA	NP		zidovudine SYRP	P	
SELZENTRY SOLN	NP		zidovudine TABS	P	
SELZENTRY TABS (maraviroc)	NP		Antiviral Combinations		
STRIBILD	NP		PAXLOVID (150/100)	P	
SUNLENCA SOLN	NP	SP	PAXLOVID (150/100)	NP	
SUNLENCA TABS PO 300 MG	NP	SP	PAXLOVID (300/100 & 150/100)	P	
SUNLENCA TBPK 300 MG	NP	SP	PAXLOVID (300/100)	NP	
SYMFI (efavirenz-lamivudine-tenofovir disoproxil fumarate)	NP		PAXLOVID (300/100)	P	
SYMFI LO (efavirenz-lamivudine-tenofovir disoproxil fumarate)	NP		CMV Agents		
SYMTUZA	P		LIVTENCITY	NP	SP
tenofovir disoproxil fumarate TABS	P		PREVYMIS PACK	NP	SP
TIVICAY PD TBSO	P		PREVYMIS TABS	NP	SP
TIVICAY TABS 50 MG	P		VALCYTE SOLR (valganciclovir hcl)	NP	AL(Up to 10 yrs old)
TRIUMEQ PD TBSO	P		VALCYTE TABS (valganciclovir hcl)	NP	
TRIUMEQ TABS	P		valganciclovir hcl SOLR	NP	AL(Up to 10 yrs old)
TROGARZO	NP	SP	valganciclovir hcl SOLR	P	AL(Up to 10 yrs old)
TRUVADA (emtricitabine-tenofovir disoproxil fumarate)	NP		valganciclovir hcl TABS	P	
TYBOST	P		Hepatitis Agents		
VIRACEPT TABS	NP		EPCLUSA PACK	NP	84 day(s) max supply per 365 day(s) retail; SP
VIREAD POWD	NP		EPCLUSA TABS	NP	84 day(s) max supply per 365 day(s) retail; SP
VIREAD TABS	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EPCLUSA TABS	NP	84 day(s) max supply per 365 day(s) retail; SP	SOVALDI PACK 150 MG	NP	84 day(s) max supply per 365 day(s) retail; SP; PA
HARVONI PACK	NP	84 day(s) max supply per 365 day(s) retail; SP	SOVALDI PACK 200 MG	NP	84 day(s) max supply per 365 day(s) retail; SP
HARVONI TABS	NP	84 day(s) max supply per 365 day(s) retail; SP	SOVALDI TABS	NP	84 day(s) max supply per 365 day(s) retail; SP
HARVONI TABS	NP	84 day(s) max supply per 365 day(s) retail; SP	VOSEVI	NP	84 day(s) max supply per 365 day(s) retail; SP; PA
LEDIPASVIR-SOFOSBUVIR TABS	NP	84 day(s) max supply per 365 day(s) retail; SP	ZEPATIER	NP	84 day(s) max supply per 365 day(s) retail; SP
MAVYRET PACK	P	112 day(s) max supply per 365 day(s) retail; SP	Herpes Agents		
MAVYRET TABS	P	112 day(s) max supply per 365 day(s) retail; SP	<i>acyclovir CAPS</i>	P	
PEGASYS SOLN	NP	84 day(s) max supply per 365 day(s) retail; SP; PA	<i>acyclovir SUSP</i>	NP	AL(Up to 10 yrs old)
PEGASYS SOSY	NP	84 day(s) max supply per 365 day(s) retail; SP; PA	<i>acyclovir SUSP</i>	P	AL(Up to 10 yrs old)
<i>ribavirin (hepatitis c) CAPS</i>	P	84 day(s) max supply per 365 day(s) retail; SP	<i>acyclovir TABS PO</i>	P	
<i>ribavirin (hepatitis c) TABS 200 MG</i>	P	84 day(s) max supply per 365 day(s) retail; SP	<i>famciclovir</i>	P	
SOFOSBUVIR-VELPATASVIR TABS	P	84 day(s) max supply per 365 day(s) retail; SP	SITAVIG TABS BU	NP	
			<i>valacyclovir hcl</i>	P	
			<i>valacyclovir hcl 500 MG</i>	NP	
			VALTREX (<i>valacyclovir hcl</i>)	NP	
			Influenza Agents		
			<i>oseltamivir phosphate CAPS</i>	P	1 max fill(s) per 180 day(s) retail
			<i>oseltamivir phosphate SUSR</i>	P	1 max fill(s) per 180 day(s) retail; AL(Up to 10 yrs old)
			RELENZA DISKHALER	NP	1 max fill(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>rimantadine hydrochloride</i> TABS	NP		BYSTOLIC 2.5 MG, 5 MG (<i>nebivolol hcl</i>)	NP	QL(1 EA daily)
TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	NP	1 max fill(s) per 180 day(s) retail	KAPSPARGO SPRINKLE CS24	NP	
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	NP	1 max fill(s) per 180 day(s) retail; AL(Up to 10 yrs old)	LOPRESSOR SOLN PO 10 MG/ML	NP	
XOFLUZA (40 MG DOSE) 40 MG	NP		LOPRESSOR TABS 12.5 MG (<i>metoprolol tartrate</i>)	NP	PA
XOFLUZA (80 MG DOSE) 80 MG	NP		LOPRESSOR TABS (<i>metoprolol tartrate</i>)	NP	
Misc. Antivirals			<i>metoprolol succinate</i> TB24 25 MG, 50 MG	P	QL(1 EA daily)
LAGEVRIO	NP	ST	<i>metoprolol succinate</i> TB24 100 MG, 200 MG	P	
BETA BLOCKERS - Drugs to Treat High Blood Pressure			<i>metoprolol tartrate</i> TABS 12.5 MG	NP	PA
Alpha-Beta Blockers			<i>metoprolol tartrate</i> TABS	P	
<i>carvedilol</i>	P		<i>nebivolol hcl</i> 2.5 MG, 5 MG	P	QL(1 EA daily)
<i>carvedilol phosphate</i> 10 MG, 20 MG	NP	QL(1 EA daily)	<i>nebivolol hcl</i> 2.5 MG, 5 MG	NP	QL(1 EA daily)
<i>carvedilol phosphate</i> 40 MG, 80 MG	NP		<i>nebivolol hcl</i> 10 MG, 20 MG	P	
<i>labetalol hcl</i> TABS 100 MG, 200 MG, 300 MG	P		<i>nebivolol hcl</i> 10 MG, 20 MG	NP	
<i>labetalol hcl</i> TABS 400 MG	NP		TENORMIN TABS (<i>atenolol</i>)	NP	
Beta Blockers Cardio-Selective			TOPROL XL TB24 100 MG, 200 MG (<i>metoprolol succinate</i>)	NP	
<i>acebutolol hcl</i> CAPS	NP		TOPROL XL TB24 25 MG, 50 MG (<i>metoprolol succinate</i>)	NP	QL(1 EA daily)
<i>atenolol</i> TABS	P		Beta Blockers Non-Selective		
<i>betaxolol hcl</i> 10 MG	NP	QL(1 EA daily)	BETAPACE AF (<i>sotalol hcl</i> (<i>afib/af</i>)))	NP	
<i>betaxolol hcl</i> 20 MG	NP		BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NP	
<i>bisoprolol fumarate</i> 10 MG	P		CORGARD TABS 20 MG, 40 MG (<i>nadolol</i>)	NP	QL(1 EA daily)
<i>bisoprolol fumarate</i> 2.5 MG	NP		HEMANGEOL SOLN PO	NP	SP
<i>bisoprolol fumarate</i> 5 MG	P	QL(1 EA daily)			
BYSTOLIC 10 MG, 20 MG (<i>nebivolol hcl</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HEMANGEOL SOLN PO	NP	SP	<i>diltiazem hcl TABS</i>	P	QL(1 EA daily)
INDERAL LA CP24 120 MG, 160 MG (<i>propranolol hcl</i>)	NP		<i>diltiazem hcl TB24</i>	NP	QL(1 EA daily)
INDERAL LA CP24 60 MG, 80 MG (<i>propranolol hcl</i>)	NP	QL(1 EA daily)	<i>felodipine</i>	P	QL(1 EA daily)
INDERAL XL	NP		<i>isradipine CAPS</i>	NP	QL(2 EA daily)
INNOPRAN XL	NP		KATERZIA	NP	QL(10 ML daily)
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	QL(1 EA daily)	<i>levamlodipine maleate 5 MG</i>	NP	
<i>pindolol TABS</i>	NP		<i>levamlodipine maleate 2.5 MG</i>	NP	QL(1 EA daily)
<i>propranolol hcl CP24 120 MG, 160 MG</i>	P		<i>nicardipine hcl CAPS</i>	NP	QL(3 EA daily)
<i>propranolol hcl CP24 60 MG, 80 MG</i>	P	QL(1 EA daily)	<i>nifedipine CAPS</i>	P	QL(3 EA daily)
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	P		<i>nifedipine TB24</i>	P	QL(1 EA daily)
<i>propranolol hcl TABS</i>	P		<i>nimodipine CAPS</i>	P	QL(1 EA daily)
<i>sotalol hcl (afib/afl)</i>	P		<i>nimodipine SOLN</i>	NP	
<i>sotalol hcl TABS</i>	P		<i>nisoldipine</i>	NP	QL(1 EA daily)
SOTYLIZE SOLN PO	NP		NORLIQVA SOLN	NP	QL(10 ML daily)
<i>timolol maleate TABS</i>	NP		NORVASC TABS (<i>amlodipine besylate</i>)	NP	QL(1 EA daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			NYMALIZE SOLN 6 MG/ML	P	QL(10 ML daily)
Calcium Channel Blockers			PROCARDIA XL TB24 (<i>nifedipine</i>)	NP	QL(1 EA daily)
<i>amlodipine besylate TABS 2.5 MG, 5 MG</i>	NP	QL(1 EA daily)	SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	NP	PA
<i>amlodipine besylate TABS</i>	P	QL(1 EA daily)	SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NP	QL(1 EA daily)
CARDAMYST SOLN NA	NP		VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	NP	QL(1 EA daily)
<i>diltiazem hcl coated beads CP24</i>	P	QL(1 EA daily)	<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG</i>	NP	QL(1 EA daily)
<i>diltiazem hcl coated beads CP24 300 MG</i>	NP	QL(1 EA daily)	<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	P	QL(1 EA daily)
<i>diltiazem hcl extended release beads</i>	P	QL(1 EA daily)	<i>verapamil hcl TABS</i>	P	QL(3 EA daily)
<i>diltiazem hcl CP12</i>	P	QL(1 EA daily)	<i>verapamil hcl TBCR</i>	P	QL(2 EA daily)
<i>diltiazem hcl CP24</i>	P	QL(1 EA daily)	VERELAN PM CP24 (<i>verapamil hcl</i>)	NP	QL(1 EA daily)
DILTIAZEM HCL SOLR	P		CARDIOTONICS - Drugs to Treat Heart Failure		

Drug Name	Drug Tier	Requirements/Limits
and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	P	
<i>digoxin TABS 125 MCG, 250 MCG</i>	P	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	NP	QL(1 EA daily)
<i>BIDIL (isosorbide dinitrate-hydralazine hcl)</i>	NP	
<i>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)</i>	NP	QL(1 EA daily)
<i>ENTRESTO CPSP</i>	NP	ST
<i>ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (sacubitril-valsartan)</i>	NP	
<i>isosorbide dinitrate-hydralazine hcl</i>	NP	
<i>OPSYNVI</i>	NP	SP; PA
<i>sacubitril-valsartan TABS</i>	P	
Cardiovascular Anti-inflammatory/Immune Modulators		
<i>LODOCO</i>	NP	
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
<i>INPEFA</i>	NP	ST
Impotence Agents		
<i>CIALIS 5 MG (tadalafil)</i>	NP	
<i>tadalafil 5 MG</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
Peripheral Vasodilators		
<i>inositol niacinate CAPS</i>	P	
Prostaglandin Vasodilators		
<i>alprostadil SOLN IJ 500 MCG/ML</i>	P	
<i>ORENITRAM MONTH 1 TEPK</i>	NP	SP; PA
<i>ORENITRAM MONTH 2 TEPK</i>	NP	SP; PA
<i>ORENITRAM MONTH 3 TEPK</i>	NP	SP; PA
<i>ORENITRAM TBCR</i>	NP	SP; PA
<i>TYVASO DPI INSTITUTIONAL KIT POWD 80 MCG</i>	NP	SP
<i>TYVASO DPI INSTITUTIONAL KIT POWD</i>	NP	SP; PA
<i>TYVASO DPI MAINTENANCE KIT POWD</i>	NP	SP
<i>TYVASO DPI MAINTENANCE KIT POWD</i>	NP	SP; PA
<i>TYVASO DPI TITRATION KIT POWD</i>	NP	SP; PA
<i>TYVASO REFILL KIT SOLN IN</i>	NP	SP; PA
<i>TYVASO STARTER KIT SOLN IN</i>	NP	SP; PA
<i>TYVASO SOLN IN</i>	NP	SP; PA
<i>VENTAVIS IN</i>	P	SP; PA
<i>YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG</i>	NP	SP
Pulmonary Hypertension - Activin Signaling Inhibitor		
<i>WINREVAIR</i>	NP	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
<i>ambrisentan</i>	P	SP; PA
<i>bosentan TABS</i>	P	SP; PA
<i>bosentan TBSO 32 MG</i>	NP	SP; PA
LETAIRIS (<i>ambrisentan</i>)	NP	SP; PA
<i>macitentan 10 MG</i>	NP	SP; PA
OPSUMIT	NP	SP; PA
TRACLEER TABS (<i>bosentan</i>)	NP	SP; PA
TRACLEER TBSO 32 MG (<i>bosentan</i>)	NP	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	NP	SP; PA
LIQREV SUSP	NP	SP; PA
REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	P	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	P	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	NP	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	P	SP; PA
TADLIQ SUSP	NP	SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	NP	SP; PA
UPTRAVI SOLR	NP	SP; PA
UPTRAVI TABS	NP	SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase		

Drug Name	Drug Tier	Requirements/ Limits
Stimulator		
ADEMPAS	NP	SP; PA
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO 2.5 MG, 5 MG	NP	QL(1 EA daily); ST
VERQUVO 10 MG	NP	ST
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	P	
<i>cefadroxil SUSR</i>	NP	
<i>cefadroxil TABS</i>	NP	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	P	
<i>cephalexin CAPS 750 MG</i>	NP	
<i>cephalexin CAPS 250 MG, 500 MG</i>	P	
<i>cephalexin SUSR</i>	P	
<i>cephalexin TABS</i>	NP	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
<i>cefaclor CAPS</i>	P	
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	P	
<i>cefoxitin sodium IV</i>	P	
<i>cefprozil SUSR</i>	P	
<i>cefprozil TABS</i>	P	
<i>cefuroxime axetil TABS</i>	P	
<i>cefuroxime sodium IJ 750 MG</i>	P	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	P	
<i>cefdinir SUSR</i>	P	
<i>cefixime CAPS</i>	NP	
<i>cefixime SUSR</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cefixime TABS</i>	NP		<i>ethynodiol diacet & eth estrad</i>	P	
<i>cefpodoxime proxetil SUSR</i>	NP		FEMLYV TBDP	NP	
<i>cefpodoxime proxetil TABS</i>	NP		<i>levonorgestrel & eth estradiol TABS 0.03 MG-0.15 MG</i>	NP	
<i>ceftazidime IJ 1 GM, 6 GM</i>	P		<i>levonorgestrel & eth estradiol TABS</i>	P	
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	P		<i>levonorgestrel-eth estradiol (triphasic)</i>	P	
<i>ceftriaxone sodium in dextrose</i>	P		<i>levonorgestrel-ethinyl estradiol (91-day)</i>	NP	
Cephalosporins - 4th Generation			<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	P	
CEFEPIME HCL SOLN	P		<i>levonorgestrel-ethinyl estradiol (continuous)</i>	NP	
<i>cefepime hcl SOLR IJ 1 GM</i>	P		<i>levonorgestrel-ethinyl estradiol-iron</i>	NP	
CONTRACEPTIVES - Drugs to Prevent Pregnancy			LO LOESTRIN FE TABS	NP	ST
Combination Contraceptives - Oral			MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	NP	
AVERI TABS PO	NP		NATAZIA	P	
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	NP		NEXTSTELLIS	NP	
BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NP		<i>norethin acet & estrad-fe CAPS</i>	NP	
<i>desogestrel & ethinyl estradiol</i>	P		<i>norethin acet & estrad-fe CAPS</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P		<i>norethin acet & estrad-fe CHEW</i>	NP	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P		<i>norethin acet & estrad-fe CHEW</i>	P	
<i>drospirenone-ethinyl estradiol</i>	P		<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P	
<i>drospirenone-ethinyl estradiol 0.02 MG-3 MG</i>	NP		<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	NP	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	NP		<i>norethindrone & eth estradiol</i>	P	
<i>ethynodiol diacet & eth estrad 35 MCG-1 MG</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone & ethinyl estradiol-fe 25 MCG-0.8 MG-75 MG</i>	NP	
<i>norethindrone & ethinyl estradiol-fe</i>	P	
<i>norethindrone acet & eth estra TABS</i>	P	
<i>norethindrone acet & eth estra TABS</i>	NP	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	NP	
<i>norethindrone-eth estradiol (triphasic)</i>	P	
<i>norgestimate-ethinyl estradiol</i>	P	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	NP	
<i>SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium)</i>	NP	
<i>SEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))</i>	NP	
<i>TAYTULLA CAPS (norethin acet & estrad-fe)</i>	NP	
<i>TYBLUME CHEW</i>	P	
<i>YASMIN 28 (drospirenone-ethinyl estradiol)</i>	NP	
<i>YAZ (drospirenone-ethinyl estradiol)</i>	NP	
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	NP	ST
<i>norelgestromin-ethinyl estradiol</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
TWIRLA	NP	ST
Combination Contraceptives - Vaginal		
ANNOVERA	NP	
<i>etonogestrel-ethinyl estradiol</i>	P	
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	NP	ST
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER	P	SP
Emergency Contraceptives		
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(4 EA per 120 day(s) retail; 4 EA per 120 days mail)
Progestin Contraceptives - Implants		
NEXPLANON	P	SP
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	NP	
DEPO-PROVERA SUSY IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	NP	
DEPO-SUBQ PROVERA 104 SUSY SC	P	
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	P	
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	P	
Progestin Contraceptives - IUD		
KYLEENA	P	SP
LILETTA (52 MG)	P	SP
MIRENA (52 MG)	P	SP
SKYLA	P	SP
Progestin Contraceptives - Oral		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone (contraceptive)</i>	P		MEDROL TABS (<i>methylprednisolone</i>)	NP	
OPILL	P		MEDROL TABS	NP	
SLYND	P		MEDROL TBPk (<i>methylprednisolone</i>)	NP	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			<i>methylprednisolone acetate SUSP</i>	P	
Glucocorticosteroids			METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML	P	
AGAMREE	NP	SP	<i>methylprednisolone sod succ</i> 40 MG, 500 MG, 1000 MG	P	
ALKINDI SPRINKLE CPSP	NP		<i>methylprednisolone TABS</i> 4 MG	P	
<i>budesonide CPEP</i>	P		<i>methylprednisolone TABS</i> 8 MG, 16 MG, 32 MG	NP	
<i>budesonide TB24</i>	NP		<i>methylprednisolone TBPk</i>	P	
CORTEF TABS (<i>hydrocortisone</i>)	NP		PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>)	NP	
CORTISONE ACETATE TABS	NP		<i>prednisolone sodium phosphate SOLN</i> 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML	P	
<i>deflazacort SUSP</i>	NP	Brand Preferred; SP	PREDNISOLONE SODIUM PHOSPHATE TBPk 10 MG, 15 MG, 30 MG	NP	ST
<i>deflazacort TABS</i>	NP	Brand Preferred; SP	<i>prednisolone SOLN</i>	P	
DEPO-MEDROL SUSP	P		<i>prednisolone TABS</i>	NP	
DEXAMETHASONE INTENSOL CONC	P		PREDNISONE INTENSOL CONC	NP	
<i>dexamethasone ELIX</i>	P		<i>prednisone SOLN</i>	P	
<i>dexamethasone ELIX</i>	NP		<i>prednisone TABS</i>	P	
<i>dexamethasone SOLN</i>	P		<i>prednisone TBEC</i> 1 MG, 2 MG	NP	
<i>dexamethasone TABS</i>	P		<i>prednisone TBPk</i>	P	
<i>dexamethasone TBPk</i>	NP		RAYOS TBEC	NP	
DEXLYT TABS 0.25 MG	NP		SOLU-MEDROL 2 GM	P	
EMFLAZA SUSP (<i>deflazacort</i>)	NP	Brand Preferred; SP			
EMFLAZA TABS (<i>deflazacort</i>)	NP	Brand Preferred; SP			
EOHILIA SUSP	NP				
HEMADY TABS	NP				
HEMADY TABS	NP				
<i>hydrocortisone TABS</i>	P				
KHINDIVI SOLN PO 1 MG/ML	NP	SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOLU-MEDROL (PF) 40 MG, 500 MG, 1000 MG	P		<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 200 MG/10ML-20 MG/10ML, 200 MG/20ML-20 MG/20ML, 400 MG/20ML-20 MG/20ML</i>	P	
TARPEYO CPDR	NP	SP	<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	P	
Mineralocorticoids			<i>dextromethorphan-guaifenesin TABS 400 MG-20 MG</i>	P	
<i>fludrocortisone acetate TABS</i>	P		DURATUSS AC LIQD PO	NP	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			<i>fexofenadine-pseudoephedrine TB12</i>	NP	
Antitussives			<i>fexofenadine-pseudoephedrine TB24</i>	NP	
<i>benzonatate 100 MG, 200 MG</i>	P		<i>guaifenesin-codeine SOLN</i>	P	
<i>dextromethorphan hbr CAPS</i>	P		<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	NP	
HYCODAN SOLN (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	NP		<i>loratadine & pseudoephedrine TB12</i>	NP	
HYCODAN TABS 1.5 MG-5 MG (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	NP	QL(8 EA daily)	<i>loratadine & pseudoephedrine TB24</i>	NP	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P		MAR-COF CG EXPECTORANT LIQD	NP	
<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	NP	QL(8 EA daily)	NINJACOF-XG LIQD	NP	
Cough/Cold/Allergy Combinations			<i>phenylephrine-acetaminophen-guaifenesin TABS</i>	NP	
ALTARUSSIN-PE SYRP 100 MG/5ML-30 MG/5ML	P		<i>phenylephrine-dm-gg w/ apap CAPS</i>	NP	
<i>cetirizine-pseudoephedrine</i>	NP		<i>phenylephrine-doxylamine-dextromethorphan-acetaminophen CAPS</i>	NP	
CLARINEX-D 12 HOUR TB12	NP		POLY-TUSSIN AC LIQD 10 MG/5ML-10 MG/5ML-4 MG/5ML	NP	
COUGH & CHEST CONGESTION DM SYRP	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine & phenylephrine SYRP</i>	NP		ABSORICA LD	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>promethazine w/codeine SOLN</i>	P				
<i>promethazine w/codeine SYRP</i>	P				
<i>promethazine-dm SYRP</i>	P		<i>adapalene-benzoyl peroxide GEL</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P				
SCOT-TUSSIN SENIOR LIQD	NP		<i>adapalene CREA</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
TUXARIN ER TB12	NP				
Expectorants					
<i>guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 300 MG/15ML</i>	P				
<i>guaifenesin TABS 400 MG</i>	NP		<i>adapalene GEL 0.1 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic; RX/OTC
<i>guaifenesin TB12 600 MG</i>	P				
Misc. Respiratory Inhalants					
<i>camphor (inhalant)</i>	P		<i>adapalene GEL 0.3 %</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
CVS HOT STEAM LIQD	P				
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>	P		<i>adapalene GEL 0.1 %</i>	NP	RX/OTC
Mucolytics			AKLIEF	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>acetylcysteine SOLN 10 %</i>	P				
DERMATOLOGICALS - Drugs to Treat Skin Conditions					
Acne Products					
ABSORICA (<i>isotretinoin</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AVAR CLEANSER LIQD 10 %-5 % (<i>sulfacetamide sodium w/ sulfur</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic; AL(Up to 20 yrs old)	<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
AVAR LS CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	P	
AVAR-E EMOLLIENT CREA 10 %-5 % (<i>sulfacetamide sodium w/ sulfur</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>benzoyl peroxide LIQD 10 %</i>	P	
AVAR-E LS CREA (<i>sulfacetamide sodium w/ sulfur</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>benzoyl peroxide LIQD 5 %, 10 %</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>benzoyl peroxide-erythromycin GEL</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>benzoyl peroxide LOTN 10 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>benzoyl peroxide FOAM 10 %</i>	NP		<i>benzoyl peroxide LOTN 5 %</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>benzoyl peroxide GEL 2.5 %, 5 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	BENZOYL PEROXIDE LOTN 5 %, 10 %	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
			BPO FOAMING CLOTHS MISC 6 %	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN-T LOTN (clindamycin phosphate (topical))	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	clindamycin phosphate (topical) SOLN	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
CLINDACIN ETZ	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	clindamycin phosphate (topical) SWAB	P	
CLINDACIN PAC	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	clindamycin phosphate (topical) SWAB	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
clindamycin phosphate (topical) FOAM	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	clindamycin phosphate (topical) SWAB	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
clindamycin phosphate (topical) GEL	P	Class only covered up to 20 years old; use in older patients is considered cosmetic	clindamycin phosphate-benzoyl peroxide (refrigerate)	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
clindamycin phosphate (topical) GEL	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	clindamycin phosphate-benzoyl peroxide (refrigerate)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
clindamycin phosphate (topical) LOTN	P	Class only covered up to 20 years old; use in older patients is considered cosmetic	clindamycin phosphate-benzoyl peroxide GEL	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
			clindamycin phosphate-benzoyl peroxide GEL	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate-tretinoin</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	EPSOLAY CREA	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>dapsone (topical)</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	EPSOLAY CREA	NP	
<i>dapsone (topical) 5 %</i>	NP		<i>erythromycin (acne aid) GEL</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
DIFFERIN CREA (<i>adapalene</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>erythromycin (acne aid) PADS</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
DIFFERIN GEL (<i>adapalene</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>erythromycin (acne aid) SOLN</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
DIFFERIN LOTN	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>isotretinoin</i>	P	
EPIDUO FORTE GEL (<i>adapalene-benzoyl peroxide</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>isotretinoin</i>	P	
EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>isotretinoin</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
			SSS 10-5 CREA 10 %-5 % (<i>sulfacetamide sodium w/ sulfur</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SSS 10-5 FOAM 10 %-5 %	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>sulfacetamide sodium w/ sulfur LOTN</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>sulfacetamide sodium (acne)</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>sulfacetamide sodium w/ sulfur SUSP</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	SULFACETAMIDE SODIUM-SULFUR SUSP	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>sulfacetamide sodium w/ sulfur EMUL</i>	NP		SUMADAN	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	SUMADAN WASH LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>sulfacetamide sodium w/ sulfur LIQD</i>	NP		SUMAXIN CP	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	SUMAXIN PADS	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic; AL(Up to 20 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TAZAROTENE FOAM	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	WINLEVI	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>tretinoin microsphere 0.04 %</i> , <i>0.1 %</i>	NP		Agents for External Genital and Perianal Warts		
<i>tretinoin microsphere 0.08 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	VEREGEN	NP	
<i>tretinoin CREA 0.025 %</i>	P		Antibiotics - Topical		
<i>tretinoin CREA 0.025 %</i> , <i>0.05 %</i> , <i>0.1 %</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>bacitracin (topical) OINT</i>	P	
<i>tretinoin GEL 0.01 %</i> , <i>0.025 %</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>bacitracin zinc OINT</i>	P	
<i>tretinoin GEL 0.05 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>bacitracin-polymyxin b OINT</i>	P	
<i>tretinoin GEL 0.01 %</i> , <i>0.025 %</i>	P		CENTANY AT KIT	NP	
TWYNEO	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>gentamicin sulfate (topical) CREA</i>	P	
TWYNEO	NP		<i>gentamicin sulfate (topical) OINT</i>	P	
			<i>mupirocin calcium (topical)</i>	NP	
			<i>mupirocin OINT</i>	P	
			<i>neomycin-bacitracin-polymyxin OINT</i>	P	
			<i>neomycin-bacitracin-polymyxin-pramoxine</i>	NP	
			<i>neomycin-polymyxin w/ pramoxine</i>	NP	
			NEO-SYNALAR	NP	
			XEPI	NP	
			Antifungals - Topical		
			ALEVAZOL OINT	NP	
			<i>butenafine hcl</i>	P	
			<i>ciclopirox olamine CREA</i>	P	
			<i>ciclopirox olamine SUSP</i>	NP	
			CICLOPIROX TREATMENT KIT 8 %	P	
			<i>ciclopirox GEL</i>	NP	
			<i>ciclopirox SHAM</i>	NP	
			<i>ciclopirox SOLN</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ciclopirox SOLN</i>	P		<i>nystatin (topical) OINT</i>	P	
<i>clotrimazole (topical) CREA</i>	P	RX/OTC	<i>nystatin (topical) POWD EX</i>	NP	
<i>clotrimazole (topical) CREA</i>	NP	RX/OTC	<i>nystatin (topical) POWD EX</i>	P	
<i>clotrimazole (topical) SOLN</i>	NP	RX/OTC	<i>nystatin-triamcinolone CREA</i>	NP	
<i>clotrimazole w/ betamethasone CREA</i>	P		<i>nystatin-triamcinolone OINT</i>	P	
<i>clotrimazole w/ betamethasone LOTN</i>	P		<i>oxiconazole nitrate CREA</i>	NP	
<i>econazole nitrate CREA</i>	P		OXISTAT LOTN	NP	
ECONAZOLE NITRATE FOAM 1 %	NP		<i>tavaborole</i>	NP	
ERTACZO	NP		<i>terbinafine hcl (topical) CREA</i>	NP	
<i>ketoconazole (topical) CREA</i>	P		<i>terbinafine hcl (topical) CREA</i>	P	
<i>ketoconazole (topical) FOAM</i>	NP		<i>tolnaftate AERP</i>	NP	
<i>ketoconazole (topical) SHAM 2 %</i>	P		<i>tolnaftate CREA</i>	NP	
LASOLEX AG GEL 2 %	NP		<i>tolnaftate CREA</i>	P	
<i>miconazole nitrate (topical) AERP</i>	NP		<i>tolnaftate POWD EX</i>	NP	
<i>miconazole nitrate (topical) CREA</i>	P		<i>tolnaftate SOLN</i>	NP	RX/OTC
<i>miconazole nitrate (topical) CREA</i>	NP		<i>undecylenic acid-zinc undecylenate OINT</i>	P	
<i>miconazole nitrate (topical) POWD EX</i>	NP		VOTRIZA-AL LOTN	NP	
<i>miconazole nitrate (topical) SOLN 2 %</i>	P		VUSION (<i>miconazole-zinc oxide-white petrolatum</i>)	NP	
<i>miconazole-zinc oxide-white petrolatum</i>	NP		Anti-inflammatory Agents - Topical		
<i>naftifine hcl CREA</i>	NP		<i>diclofenac epolamine PTCH EX</i>	NP	
<i>naftifine hcl GEL 2 %</i>	NP		<i>diclofenac sodium (topical) GEL EX</i>	P	RX/OTC
NAFTIN GEL (<i>naftifine hcl</i>)	NP		<i>diclofenac sodium (topical) GEL EX</i>	NP	RX/OTC
NAFTIN GEL	NP		<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	P	
NIZORAL SHAM	NP		<i>diclofenac sodium (topical) SOLN EX</i>	NP	
<i>nystatin (topical) CREA</i>	P		PENNSAID SOLN EX 2 % (<i>diclofenac sodium (topical)</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic or Premalignant Lesion Agents - Topical			OTULFI SOLN SC 45 MG/0.5ML	NP	SP
<i>bexarotene (topical)</i>	P	SP	PYZCHIVA SC 45 MG/0.5ML	P	SP; PA
<i>fluorouracil (topical) CREA</i>	P		PYZCHIVA 45 MG/0.5ML, 90 MG/ML	P	SP
<i>fluorouracil (topical) SOLN</i>	P		SELARSDI SOLN SC 45 MG/0.5ML	NP	SP
<i>fluorouracil (topical) SOLN</i>	P		SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
Antipruritics - Topical			SKYRIZI PEN SOAJ	NP	SP; PA
<i>camphor & menthol LOTN</i>	P		SKYRIZI SOSY	NP	SP; PA
<i>doxepin hcl (antipruritic)</i>	P		SORILUX FOAM	NP	ST
Antipsoriatics			SOTYKTU	NP	SP; PA
<i>acitretin</i>	P		SPEVIGO SOLN	NP	SP; PA
BIMZELX SOAJ	NP	SP; PA	SPEVIGO SOSY	NP	SP
BIMZELX SOSY	NP	SP; PA	SPEVIGO SOSY	NP	SP; PA
<i>calcipotriene CREA</i>	P		STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
CALCIPOTRIENE FOAM	NP	ST	STELARA SOSY	NP	SP; PA
<i>calcipotriene OINT</i>	P		STEQEYMA SC	NP	SP
<i>calcipotriene SOLN</i>	P		STEQEYMA	NP	SP
<i>calcitriol (topical)</i>	NP		TALTZ SOAJ	P	SP; PA
COSENTYX (300 MG DOSE) SOSY	NP	SP; PA	TALTZ SOAJ	NP	SP; PA
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP; PA	TALTZ SOSY	P	SP; PA
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA	TALTZ SOSY 80 MG/ML	NP	SP; PA
COSENTYX UNOREADY SOAJ	NP	SP; PA	<i>tazarotene CREA</i>	NP	ST
COSENTYX SOLN	NP	SP; PA	<i>tazarotene GEL</i>	NP	ST
COSENTYX SOSY	NP	SP; PA	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	NP	SP; PA
ICOTYDE TABS PO 200 MG	NP	SP	TREMFYA PEN SOAJ 100 MG/ML, 200 MG/2ML	NP	SP; PA
ILUMYA	NP	SP; PA	USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
<i>methoxsalen rapid</i>	NP	ST	USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
USTEKINUMAB-TTWE SC	NP	SP; PA
USTEKINUMAB-TTWE	NP	SP
VECTICAL (<i>calcitriol (topical)</i>)	NP	
VTAMA	NP	ST
YESINTEK SOLN 45 MG/0.5ML	NP	SP
YESINTEK SOSY	NP	SP
Antiseborrheic Products		
DERMAZINC CREAM CREA	P	RX/OTC
DERMAZINC SPRAY LIQD	P	
DERMAZINC ZINC THERAPY SOAP BAR	P	
NUTRASEB CREA	P	RX/OTC
OVACE PLUS WASH GEL (<i>sulfacetamide sodium</i>)	NP	
OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	NP	
OVACE PLUS SHAM (<i>sulfacetamide sodium</i>)	NP	
OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	NP	
PROMISEB CREA	P	RX/OTC
<i>pyrithione zinc SHAM</i>	P	
SEBEX	P	
<i>selenium sulfide LOTN</i>	P	
<i>selenium sulfide SHAM 1 %</i>	P	
<i>sulfacetamide sodium GEL</i>	NP	
<i>sulfacetamide sodium LIQD</i>	NP	
<i>sulfacetamide sodium SHAM 10 %</i>	NP	
Antivirals - Topical		
<i>acyclovir topical CREA</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>acyclovir topical OINT</i>	P	
DENAVIR (<i>penciclovir</i>)	NP	
<i>penciclovir</i>	NP	
Burn Products		
<i>silver sulfadiazine</i>	P	
Corticosteroids - Topical		
<i>alclometasone dipropionate CREA</i>	NP	
<i>alclometasone dipropionate OINT</i>	NP	
<i>amcinonide CREA</i>	NP	
<i>amcinonide OINT</i>	NP	
APEXICON E CREA	NP	
<i>betamethasone dipropionate (topical) CREA</i>	NP	
<i>betamethasone dipropionate (topical) LOTN</i>	NP	
<i>betamethasone dipropionate (topical) OINT</i>	NP	
<i>betamethasone dipropionate augmented CREA</i>	NP	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	
<i>betamethasone dipropionate augmented LOTN</i>	NP	
<i>betamethasone dipropionate augmented OINT</i>	NP	
<i>betamethasone valerate CREA</i>	NP	
<i>betamethasone valerate FOAM</i>	NP	
<i>betamethasone valerate LOTN</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate OINT</i>	NP		DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetone</i>)	NP	
<i>calcipotriene-betamethasone dipropionate OINT</i>	NP	ST	<i>desonide CREA</i>	NP	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP	ST	<i>desonide LOTN</i>	NP	
<i>clobetasol propionate emollient base 0.05 %</i>	NP		<i>desonide OINT</i>	NP	
<i>clobetasol propionate emulsion</i>	NP		<i>desoximetasone CREA</i>	NP	
<i>clobetasol propionate CREA 0.05 %</i>	NP		<i>desoximetasone GEL</i>	NP	
CLOBETASOL PROPIONATE CREA 0.025 %	NP		<i>desoximetasone LIQD</i>	NP	
<i>clobetasol propionate FOAM</i>	NP		<i>desoximetasone OINT</i>	NP	
<i>clobetasol propionate GEL 0.05 %</i>	NP		<i>diflorasone diacetate CREA</i>	NP	
<i>clobetasol propionate LIQD</i>	NP		<i>diflorasone diacetate OINT</i>	NP	
<i>clobetasol propionate LOTN</i>	NP		DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	NP	
<i>clobetasol propionate OINT 0.05 %</i>	P		ENSTILAR FOAM	NP	ST
<i>clobetasol propionate SHAM</i>	NP		EPIFOAM FOAM	P	
<i>clobetasol propionate SOLN 0.05 %</i>	P		<i>fluocinolone acetone CREA</i>	NP	
CLOBEX SPRAY LIQD (<i>clobetasol propionate</i>)	NP		<i>fluocinolone acetone OIL</i>	P	
CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	NP		<i>fluocinolone acetone OINT</i>	NP	
CLOBEX SHAM (<i>clobetasol propionate</i>)	NP		<i>fluocinolone acetone SOLN</i>	P	
<i>clocortolone pivalate</i>	NP		<i>fluocinonide emulsified base</i>	NP	
CLODERM (<i>clocortolone pivalate</i>)	NP		<i>fluocinonide CREA</i>	NP	
DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetone</i>)	NP		<i>fluocinonide GEL</i>	NP	
			<i>fluocinonide OINT</i>	P	
			<i>fluocinonide SOLN</i>	NP	
			<i>flurandrenolide CREA</i>	NP	
			<i>flurandrenolide LOTN</i>	NP	
			<i>fluticasone propionate CREA 0.05 %</i>	P	
			<i>fluticasone propionate LOTN</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate OINT</i>	P		<i>hydrocortisone butyrate SOLN</i>	NP	
<i>halcinonide CREA</i>	NP		HYDROCORTISONE COMPLETE KIT THPK	P	
<i>halcinonide SOLN 0.1 %</i>	NP		<i>hydrocortisone valerate CREA</i>	NP	
<i>halobetasol propionate CREA</i>	NP		<i>hydrocortisone valerate OINT</i>	NP	
<i>halobetasol propionate FOAM</i>	NP		HYDROCORTISONE GEL 2 %	NP	
HALOBETASOL PROPIONATE LOTN 0.05 %	NP		HYDROXYM GEL	NP	
<i>halobetasol propionate OINT</i>	NP		KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	NP	
HALOG CREA (<i>halcinonide</i>)	NP		LEXETTE FOAM (<i>halobetasol propionate</i>)	NP	
HALOG SOLN	NP		<i>mometasone furoate CREA</i>	P	
HALOG SOLN 0.1 % (<i>halcinonide</i>)	NP		<i>mometasone furoate OINT</i>	P	
HYDRAVEX GEL 2 %	NP		<i>mometasone furoate SOLN</i>	P	
<i>hydrocortisone (topical) CREA 1 %</i>	NP	RX/OTC	PANDEL	NP	
<i>hydrocortisone (topical) CREA</i>	P	RX/OTC	SYNALAR CREA (<i>fluocinolone acetonide</i>)	NP	
<i>hydrocortisone (topical) LOTN 2.5 %</i>	P		SYNALAR OINT (<i>fluocinolone acetonide</i>)	NP	
<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	P	RX/OTC	TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	NP	ST
<i>hydrocortisone (topical) SOLN 2.5 %</i>	NP		TOPICORT SPRAY LIQD (<i>desoximetasone</i>)	NP	
<i>hydrocortisone acetate (topical) CREA 2.5 %</i>	P		TOPICORT CREA (<i>desoximetasone</i>)	NP	
<i>hydrocortisone acetate (topical) OINT</i>	P		TOPICORT GEL (<i>desoximetasone</i>)	NP	
HYDROCORTISONE ACETATE CREA	NP		TOPICORT OINT (<i>desoximetasone</i>)	NP	
<i>hydrocortisone butyrate CREA</i>	NP		<i>triamcinolone acetonide (topical) AERS</i>	NP	
<i>hydrocortisone butyrate LOTN</i>	NP		<i>triamcinolone acetonide (topical) CREA</i>	P	
<i>hydrocortisone butyrate OINT</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (topical) LOTN</i>	P		LITFULO	NP	SP; PA
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	P		Immunomodulating Agents - Systemic		
<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	NP		NEMLUVIO	NP	SP; PA
ULTRAVATE LOTN	NP		Immunomodulating Agents - Topical		
ULTRAVATE LOTN	NP		<i>imiquimod 3.75 %</i>	NP	
Eczema Agents			<i>imiquimod</i>	P	
ADBRY SOAJ	NP	SP; PA	Immunosuppressive Agents - Topical		
ADBRY SOSY	NP	SP; PA	<i>pimecrolimus</i>	P	QL(400 GM per 365 day(s) retail); PA
CIBINQO	NP	QL(400 EA per 365 day(s) retail; 400 EA per 365 days mail); SP; PA	<i>tacrolimus (topical) OINT</i>	P	QL(400 GM per 365 day(s) retail); PA
DUPIXENT SOAJ	NP	SP; PA	Keratolytic/Antimitotic/Vesicant Agents		
DUPIXENT SOAJ	P	SP; PA	DHS SAL SHAM	P	
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	NP	SP; PA	P & S SHAM	P	
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	P	SP; PA	PODOCON-25 SOLN	P	
EBGLYSS SOAJ	NP	SP; PA	<i>podofilox GEL</i>	P	
EBGLYSS SOSY	NP	SP; PA	<i>podofilox SOLN</i>	P	
OPZELURA	NP	QL(400 GM per 365 day(s) retail; 400 GM per 365 days mail); PA	<i>salicylic acid LIQD 2 %</i>	NP	
Emollients			<i>salicylic acid LIQD 3 %, 17 %</i>	P	
<i>colloidal oatmeal PACK</i>	P		<i>salicylic acid SHAM 3 %</i>	P	
<i>glycerin (topical)</i>	P		SELSUN BLUE DEEP CLEANSING SHAM	P	
LACTIC ACID E	P		Liniments		
Hair Growth Agents			<i>liniments & rubs LOTN</i>	P	
<i>bimatoprost (topical)</i>	NP		<i>trolamine salicylate CREA</i>	P	
LATISSE (<i>bimatoprost (topical)</i>)	NP		Local Anesthetics - Topical		
LEQSELVI TABS PO 8 MG	NP	SP	<i>benzocaine (topical) OINT</i>	P	
			<i>benzocaine-triclosan</i>	P	
			BURN RELIEF/LIDOCAINE/ALO E	P	
			<i>capsaicin CREA 0.025 %</i>	P	
			COLLAVERA GEL 2 %	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS AFTERSUN ALOE/LIDOCAINE GEL	P		ZTLIDO PTCH	NP	
DERMACINRX LIDOCAINE CREA 3 %	P	RX/OTC	Misc. Dermatological Products		
<i>dibucaine</i>	P		ALEVICYN ANTIPRURITIC SG GEL	P	RX/OTC
ITCH-X GEL	P		ALEVICYN ANTIPRURITIC GEL	P	RX/OTC
ITCH-X SOLN	P		<i>dermatological products, misc. GEL</i>	P	RX/OTC
LIDO BDK KIT 2.5 %-2.5 % (<i>lidocaine-prilocaine</i>)	P		HALUCORT GEL	P	RX/OTC
<i>lidocaine hcl CREA 3 %, 4 %</i>	P		LEVICYN GEL	P	RX/OTC
<i>lidocaine hcl GEL 0.5 %, 2 %</i>	P	RX/OTC	SEBUDERM GEL	P	RX/OTC
<i>lidocaine hcl PRSY</i>	P		STRATA CTX GEL	P	RX/OTC
<i>lidocaine AERO</i>	P		STRATA MARK GEL	P	RX/OTC
<i>lidocaine-benzalkonium LIQD 2.5 %-0.13 %</i>	P		STRATA XRT GEL	P	RX/OTC
<i>lidocaine CREA 4 %</i>	P		Misc. Topical		
<i>lidocaine OINT 5 %</i>	P		<i>benzoin compound TINC</i>	P	
<i>lidocaine-prilocaine CREA</i>	P		<i>diethyltoluamide (deet) AERO 25 %, 7 %, 10 %, 15 %, 25 %, 30 %, 40 %, 98.11 %</i>	P	
<i>lidocaine-prilocaine KIT</i>	P		<i>diethyltoluamide (deet) LIQD 25 %, 5 %, 7 %, 40 %, 98.11 %, 98.25 %</i>	P	
<i>lidocaine PTCH 4 %, 5 %</i>	NP		<i>picaridin AERO 15 %, 20 %</i>	P	
<i>lidocaine PTCH 4 %, 5 %</i>	P		<i>picaridin LIQD 5 %, 20 %</i>	P	
<i>lidocaine-transparent dressing 4 %</i>	P		<i>zinc oxide (topical) OINT 20 %</i>	P	
LIDODERM PTCH (<i>lidocaine</i>)	NP		Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
LIDOMAX GEL 2 %	P	RX/OTC	EUCRISA	P	QL(400 GM per 365 day(s) retail; 400 GM per 365 days mail); ST
OUTGRO PAIN RELIEF LIQD	P		ZORYVE CREA EX 0.15 %	P	QL(400 GM per 365 day(s) retail; 400 GM per 365 days mail); PA
<i>pramoxine hcl LOTN</i>	P		ZORYVE CREA EX 0.05 %	P	
<i>pramoxine-calamine LOTN</i>	P				
<i>pramoxine-menthol CREA</i>	P				
<i>pramoxine-zinc acetate</i>	P				
PROXIVOL GEL 2 %	P	RX/OTC			
QUTENZA	NP				
QUTENZA (2 PATCH)	NP				
QUTENZA (4 PATCH)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZORYVE CREA EX 0.3 %	P	ST	FT LICE-BEDBUG-MITE AERO 0.5 %	P	
ZORYVE FOAM EX	P	ST	GNP HOME LICE/BEDBUG/DUST MITE AERO 0.5 %	P	
Podiatric Products			<i>ivermectin (pediculicide)</i>	NP	
<i>podiatric products CREA 15 %</i>	P		<i>malathion</i>	NP	
Rosacea Agents			NATROBA (<i>spinosad</i>)	P	Brand Preferred
<i>azelaic acid GEL</i>	P		OVIDE (<i>malathion</i>)	NP	
<i>brimonidine tartrate (topical)</i>	NP		<i>permethrin AERO</i>	P	
<i>doxycycline (rosacea)</i>	NP		<i>permethrin CREA</i>	P	
FINACEA FOAM	NP		PERMETHRIN CREA 5 % (<i>permethrin</i>)	P	
<i>ivermectin (rosacea)</i>	NP		<i>permethrin LIQD EX</i>	P	
METROCREAM CREA (<i>metronidazole (topical)</i>)	NP		<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	P	
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	NP		<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	P	
<i>metronidazole (topical) CREA</i>	P		<i>spinosad</i>	NP	Brand Preferred
<i>metronidazole (topical) GEL</i>	P		STOP LICE STEP 3 AERO 0.5 %	P	
<i>metronidazole (topical) GEL 1 %</i>	NP		STOP LICE AERO 0.5 %	P	
<i>metronidazole (topical) LOTN</i>	NP		VANALICE GEL	NP	
MIRVASO (<i>brimonidine tartrate (topical)</i>)	NP		Tar Products		
ORACEA (<i>doxycycline (rosacea)</i>)	NP		BETA CARE BETATAR GEL SHAM	P	
RHOFADE	NP		<i>coal tar extract SHAM 0.5 %, 1 %</i>	P	
SOOLANTRA (<i>ivermectin (rosacea)</i>)	NP		COAL TAR SOLN	P	
Scabicides & Pediculicides			X-SEB T PEARL SHAM	P	
BEDDING SPRAY LICE TREATMENT AERO 0.5 %	P		X-SEB T PLUS SHAM	P	
<i>crotamiton LOTN</i>	NP		Wound Care Products		
CVS LICE-BEDBUG-MITE AERO 0.5 %	P		ARIDA GEL	P	RX/OTC
ELIMITE CREA (<i>permethrin</i>)	NP		ATRAPRO HYDROGEL GEL	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AZADROX GEL	P	RX/OTC
BASADROX GEL	P	RX/OTC
CVS ANTI-MICROBIAL SILVER GEL	P	RX/OTC
DERPIXA GEL	P	RX/OTC
DYNAGEL GEL	P	RX/OTC
HAPRODERM GEL	P	RX/OTC
INTRASITE GEL APPLIPAK GEL	P	RX/OTC
KENDALL AMORPHOUS WOUND GEL	P	RX/OTC
KERAGEL GEL	P	RX/OTC
KERAGELT GEL	P	RX/OTC
L-MESITRAN SOFT WOUND GEL	P	RX/OTC
MEDIHONEY WOUND/BURN DRESSING GEL	P	RX/OTC
NORMLGEL AG GEL	P	RX/OTC
RADIAPLEXRX GEL	P	RX/OTC
RESTA SILVER GEL	P	RX/OTC
SILVER GEL ANTI-MICROBIAL GEL	P	RX/OTC
SILVERMED GEL	P	RX/OTC
SILVRSTAT WOUND DRESSING GEL	P	RX/OTC
SOLOX GEL	P	RX/OTC
STRATA GRT GEL	P	RX/OTC
<i>wound dressings GEL 0.1 %, 3 %-0.2 %, 99.7 %, 0.1 %</i>	P	RX/OTC
ZANABIN HYDROGEL GEL	P	RX/OTC
ZENPHOR WOUND GEL GEL	P	RX/OTC
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGON HCL (DIAGNOSTIC)	P	

Drug Name	Drug Tier	Requirements/ Limits
Diagnostic Tests		
2SAN URINARY TRACT INFECTION T STRP	P	
ALBUSTIX STRP	P	
AZO TEST STRIPS STRP	P	
AZO TEST STRP	P	
CHEMSTRIP 10 MD	P	
CHEMSTRIP 10/SG	P	
CHEMSTRIP 2 GP	P	
CHEMSTRIP 5 OB	P	
CHEMSTRIP 7	P	
CHEMSTRIP 9	P	
CHEMSTRIP K STRP	P	
CHEMSTRIP MICRAL STRP	P	
CHEMSTRIP UGK	P	
CLINISTIX UTI TEST STRIPS STRP	P	
CVS KETONE CARE	P	
FREESTYLE INSULINX TEST STRP	P	QL(300 EA per 30 day(s) retail); RX/OTC
FREESTYLE LITE TEST STRP	P	QL(300 EA per 30 day(s) retail); RX/OTC
FREESTYLE PRECISION NEO TEST STRP	P	QL(300 EA per 30 day(s) retail); RX/OTC
FREESTYLE TEST STRP	P	QL(300 EA per 30 day(s) retail); RX/OTC
FT URINARY TRACT INFECTION STRP	P	
GNP URINARY TRACT TEST STRIPS STRP	P	
KETO-DIASTIX	P	
KETONE TEST STRP	P	
KETOSTIX STRP	P	
MULTISTIX 10 SG	P	

Drug Name	Drug Tier	Requirements/ Limits
PRECISION XTRA BLOOD GLUCOSE STRP	P	QL(300 EA per 30 day(s) retail); RX/OTC
PRECISION XTRA KETONE	P	
RELION KETONE TEST STRP	P	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Nutritional Supplements		
AMINOPMRMS CAPS	P	RX/OTC
ANTI-INFLAMMATORY ENZYME CAPS	P	RX/OTC
ANTIOXIDANT FORMULA CAPS	P	RX/OTC
ASILNASALRMS CAPS	P	RX/OTC
BIO-IMMUNEX CAPS	P	RX/OTC
BRAIN SUPPORT CAPS	P	RX/OTC
CARDIO COMPLETE CAPS	P	RX/OTC
CHRONOVISION CAPS	P	RX/OTC
ESTROVEN WEIGHT MANAGEMENT CAPS	P	RX/OTC
HOMOCYSTEINE SUPPORT CAPS	P	RX/OTC
HORMONE PROTECT CAPS	P	RX/OTC
LEPTIN MANAGER CAPS	P	RX/OTC
MALE SUPPORT CAPS	P	RX/OTC
METHIONINE-200 CAPS	P	RX/OTC
PROSTATE 2.4 CAPS	P	RX/OTC
PROTEOLIN CAPS	P	RX/OTC
VITEYES TEAR SUPPORT CAPS	P	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	
<i>digestive enzymes TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>lactase CHEW 9000 UNIT</i>	P	
<i>lactase TABS</i>	P	
OMNIGEST EZ TABS	P	
PANPLEX 2-PHASE TBEC	P	
PERTZYE CPEP	NP	
VIOKACE TABS	NP	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	P	
<i>acetazolamide TABS</i>	P	
<i>dichlorphenamide</i>	NP	SP
KEVEYIS (<i>dichlorphenamide</i>)	NP	SP
<i>methazolamide TABS</i>	NP	
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	P	
<i>spironolactone & hydrochlorothiazide</i>	P	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P	
<i>triamterene & hydrochlorothiazide TABS</i>	P	
Loop Diuretics		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bumetanide TABS</i>	P		ACTONEL TABS 35 MG, 150 MG (<i>risedronate sodium</i>)	NP	
ENBUMYST SOLN 0.5 MG/0.1ML	NP		<i>alendronate sodium SOLN</i>	NP	
<i>ethacrynic acid</i>	NP		<i>alendronate sodium TABS 10 MG, 35 MG, 70 MG</i>	P	
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	P		ATELVIA TBEC (<i>risedronate sodium</i>)	NP	
<i>furosemide TABS</i>	P		AUKELSO SOLN SC 120 MG/1.7ML	NP	SP
LASIX ONYU CTKT 80 MG/2.67ML	NP	SP	BILDYOS SOSY SC 60 MG/ML	NP	SP
LASIX TABS (<i>furosemide</i>)	NP		BILPREVDA SOLN SC 120 MG/1.7ML	NP	SP
<i>torsemide TABS</i>	P		BINOSTO TBEF	NP	
Potassium Sparing Diuretics			BOMYNTRA SOLN SC 120 MG/1.7ML	NP	SP; PA
ALDACTONE TABS (<i>spironolactone</i>)	NP		BOMYNTRA SOSY SC 120 MG/1.7ML	NP	SP; PA
<i>amiloride hcl TABS</i>	P		BONSITY SOPN 560 MCG/2.24ML	NP	PA
CAROSPIR SUSP (<i>spironolactone</i>)	NP		BOSAYA SOSY SC 60 MG/ML	NP	SP
<i>spironolactone SUSP</i>	P		<i>calcitonin (salmon) IJ</i>	P	
<i>spironolactone TABS</i>	P		<i>calcitonin (salmon) NA</i>	P	
<i>triamterene CAPS</i>	NP		CONEXXENCE SOSY SC 60 MG/ML	NP	SP; PA
Thiazides and Thiazide-Like Diuretics			ENOBYS SOSY SC 60 MG/ML	NP	SP
<i>chlorthalidone 25 MG, 50 MG</i>	P		EVENITY	NP	SP; PA
HEMICLOR 12.5 MG	NP	PA	FORTEO SOPN (<i>teriparatide</i>)	NP	PA
<i>hydrochlorothiazide CAPS</i>	P		FOSAMAX PLUS D	NP	
<i>hydrochlorothiazide TABS</i>	P		FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	NP	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P		<i>ibandronate sodium TABS</i>	P	
INZIRQO SUSP PO 10 MG/ML	NP	PA	JUBBONTI SOSY SC 60 MG/ML	P	SP
<i>metolazone 2.5 MG, 5 MG</i>	P	QL(1 EA daily)	OSENVILT SOLN SC 120 MG/1.7ML	NP	SP
<i>metolazone 10 MG</i>	P				
THALITONE	NP				
ENDOCRINE AND METABOLIC AGENTS - MISC.					
- Drugs to Treat Bone Disease and Regulate Hormones					
Bone Density Regulators					

Drug Name	Drug Tier	Requirements/ Limits
PROLIA SOSY	NP	SP; PA
<i>risedronate sodium TABS</i>	NP	
<i>risedronate sodium TBEC</i>	NP	
STOBOCLO SOSY SC 60 MG/ML	NP	SP
<i>teriparatide SOPN</i>	P	PA
TERIPARATIDE SOPN	P	PA
TYMLOS	NP	SP; PA
WYOST SOLN SC 120 MG/1.7ML	P	SP
XGEVA SOLN	NP	SP; PA
XTRENBO SOLN SC 120 MG/1.7ML	NP	SP
GnRH/LHRH Antagonists		
ORILISSA	P	SP; PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY 0.2 MG	NP	SP; PA
GENOTROPIN MINIQUICK PRSY	P	SP; PA
GENOTROPIN CART SC	P	SP; PA
HUMATROPE CART IJ	NP	SP; PA
NGENLA	NP	SP; PA
NGENLA	P	SP; PA
NORDITROPIN FLEXPRO SOPN	P	SP; PA
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP; PA
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP; PA
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP; PA
OMNITROPE SOCT	NP	SP; PA
OMNITROPE SOLR SC	NP	SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP; PA
SKYTROFA	NP	SP; PA
SOGROYA	P	SP; PA
ZOMACTON SOLR SC	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	NP	ST
<i>raloxifene hcl</i>	P	
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	P	SP
LUPRON DEPOT-PED (1-MONTH)	P	SP
LUPRON DEPOT-PED (3-MONTH)	NP	SP
LUPRON DEPOT-PED (6-MONTH) IM	NP	SP
SUPPRELIN LA	NP	SP
SYNAREL	P	SP
TRIPTODUR	NP	SP
Menopausal Symptoms Suppressants		
LYNKUET CAPS PO 60 MG	NP	
VEOZAH	NP	
Metabolic Modifiers		
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	NP	SP
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	NP	SP
<i>calcitriol CAPS</i>	P	
<i>calcitriol SOLN PO</i>	NP	
CARBAGLU (<i>carglumic acid</i>)	NP	SP
<i>carglumic acid</i>	P	SP
<i>carglumic acid</i>	NP	SP
<i>cinacalcet hcl</i>	P	SP
<i>doxercalciferol CAPS</i>	NP	
<i>doxercalciferol SOLN</i>	NP	
<i>glycerol phenylbutyrate 1.1 GM/ML</i>	NP	Brand Preferred; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	P	
<i>levocarnitine (metabolic modifiers) TABS</i>	P	
LOARGYS SOLN IJ 2 MG/0.4ML	NP	SP
<i>nitisinone CAPS</i>	P	SP
OLPRUVA (2 GM DOSE) THPK	NP	SP
OLPRUVA (3 GM DOSE) THPK	NP	SP
OLPRUVA (4 GM DOSE) THPK	NP	SP
OLPRUVA (5 GM DOSE) THPK	NP	SP
OLPRUVA (6 GM DOSE) THPK	NP	SP
OLPRUVA (6.67 GM DOSE) THPK	NP	SP
<i>paricalcitol CAPS</i>	NP	ST
<i>paricalcitol SOLN</i>	NP	SP; ST
PHEBURANE PLLT	P	
RAVICTI 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	P	Brand Preferred; SP
RAYALDEE	NP	ST
REDEMPLO SOSY SC 25 MG/0.5ML	NP	SP
ROCALTROL CAPS (<i>calcitriol</i>)	NP	
ROCALTROL SOLN PO (<i>calcitriol</i>)	NP	
SENSIPAR (<i>cinacalcet hcl</i>)	NP	SP; ST
<i>sodium phenylbutyrate POWD</i>	P	SP
<i>sodium phenylbutyrate TABS</i>	P	SP
TRYNGOLZA	NP	SP
XPHOZAH	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	NP	ST
ZEMPLAR SOLN (<i>paricalcitol</i>)	NP	SP; ST
Mineralocorticoid Receptor Antagonists		
KERENDIA	NP	
Natriuretic Peptides		
VOXZOGO	NP	SP
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	P	
<i>desmopressin acetate spray refrigerated 0.01 %</i>	P	
<i>desmopressin acetate SOLN IJ</i>	P	SP
<i>desmopressin acetate TABS</i>	P	
NOC DURNA SUBL	NP	
Progesterone Receptor Antagonists		
MIFEPREX (<i>mifepristone</i>)	4	
<i>mifepristone</i>	4	
Somatostatic Agents		
<i>lanreotide acetate</i>	P	SP
LANREOTIDE ACETATE	P	SP
<i>octreotide acetate KIT</i>	P	SP
<i>octreotide acetate SOLN</i>	P	SP
<i>octreotide acetate SOSY</i>	P	SP
SOMATULINE DEPOT	P	SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
<i>estradiol & norethindrone acetate TABS</i>	P	
<i>estradiol & norethindrone acetate TABS</i>	NP	
MYFEMBREE	P	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone acetate-ethinyl estradiol</i>	P		GAS RELIEF LIQD PO 40 MG/0.6ML	P	
ORIAHNN	NP	PA	<i>simethicone CAPS 125 MG</i>	P	
PREMPRO	P		<i>simethicone CHEW</i>	P	
Estrogens			<i>simethicone LIQD PO</i>	P	
<i>estradiol PTWK</i>	P		<i>simethicone SUSP</i>	P	
<i>estradiol TABS</i>	P		Bile Acid Synthesis Disorder Agents		
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	P		CHOLBAM	NP	SP
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections			CTEXLI TABS PO 250 MG	NP	SP
Fluoroquinolones			Farnesoid X Receptor (FXR) Agonists		
BAXDELA TABS	NP		OCALIVA	NP	SP
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P		Gallstone Solubilizing Agents		
<i>ciprofloxacin in d5w 400 MG/200ML</i>	P		<i>chenodiol</i>	NP	SP
CIPRO SUSR	NP		RELTONE CAPS	NP	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NP		URSO 250 TABS (<i>ursodiol</i>)	NP	
<i>levofloxacin SOLN PO</i>	NP		URSO FORTE TABS (<i>ursodiol</i>)	NP	
<i>levofloxacin TABS 250 MG</i>	P	QL(1 EA daily)	<i>ursodiol CAPS</i>	P	
<i>levofloxacin TABS 500 MG, 750 MG</i>	P		<i>ursodiol TABS</i>	P	
<i>moxifloxacin hcl TABS</i>	NP		Gastrointestinal Chloride Channel Activators		
<i>ofloxacin 300 MG, 400 MG</i>	NP		AMITIZA (<i>lubiprostone</i>)	NP	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			<i>lubiprostone</i>	P	
5-HT4 Receptor Agonists			Gastrointestinal Stimulants		
MOTEGRITY (<i>prucalopride succinate</i>)	NP		<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	P	
<i>prucalopride succinate</i>	NP		<i>metoclopramide hcl TABS</i>	P	
Antiflatulents			Hepatotropics		
			REZDIFFRA	NP	SP
			Inflammatory Bowel Agents		
			AVSOLA	P	SP; PA
			AVSOLA	P	SP; PA
			AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AZULFIDINE TABS (sulfasalazine)	NP		OMVOH SOSY	NP	SP; PA
balsalazide disodium CAPS	P		PENTASA CPCR (mesalamine)	P	Brand Preferred
CANASA SUPP (mesalamine)	NP		PENTASA CPCR 250 MG	P	
CIMZIA (1 SYRINGE) PSKT 200 MG/ML	NP	SP; PA	PYZCHIVA 130 MG/26ML	P	SP
CIMZIA (2 SYRINGE) PSKT	NP	SP; PA	REMICADE	NP	SP; PA
CIMZIA KIT	NP	SP; PA	RENFLEXIS	NP	SP; PA
CIMZIA-STARTER PSKT	NP	SP; PA	ROWASA (mesalamine w/ cleanser)	NP	
DELZICOL CPDR (mesalamine)	NP		SFROWASA ENEM	NP	
DIPENTUM	NP		SKYRIZI SOCT	NP	SP; PA
ENTYVIO PEN SOAJ	P	SP; PA	SKYRIZI SOLN	NP	SP; PA
ENTYVIO SOLR	P	SP; PA	STARJEMZA SOLN IV 130 MG/26ML	NP	SP
IMULDOSA SOLN IV 130 MG/26ML	NP	SP	STELARA 130 MG/26ML	NP	SP; PA
INFLECTRA SOLR	NP	SP; PA	sulfasalazine TABS	P	
INFLIXIMAB	P	SP; PA	sulfasalazine TBEC	P	
LIALDA TBEC (mesalamine)	NP		TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	SP; PA
mesalamine w/ cleanser	NP		TREMFYA SOLN IV	NP	SP; PA
mesalamine CP24	P		TREMFYA SOSY SC	NP	SP; PA
mesalamine CPCR	NP	Brand Preferred	USTEKINUMAB 130 MG/26ML	NP	SP; PA
mesalamine CPDR	NP		USTEKINUMAB-TTWE	NP	SP
mesalamine ENEM	P		VELSIPITY	NP	SP; PA
mesalamine SUPP	P		ZYMFENTRA (1 PEN) AJKT	NP	SP; PA
mesalamine TBEC 1.2 GM	P		ZYMFENTRA (2 PEN) AJKT	NP	SP; PA
mesalamine TBEC 800 MG	NP		ZYMFENTRA (2 SYRINGE) PSKT	NP	SP; PA
OMVOH (300 MG DOSE) SOAJ	NP	SP; PA	Intestinal Acidifiers		
OMVOH (300 MG DOSE) SOSY	NP	SP; PA	lactulose (encephalopathy)	P	
OMVOH SOAJ	NP	SP; PA	Irritable Bowel Syndrome (IBS) Agents		
OMVOH SOLN	NP	SP; PA	alosecron hcl	NP	
			IBSRELA	NP	

Drug Name	Drug Tier	Requirements/ Limits
LINZESS 72 MCG, 290 MCG	P	
LINZESS 145 MCG	P	QL(1 EA daily)
LOTRONEX (<i>alosetron hcl</i>)	NP	
VIBERZI	NP	
Live Fecal Microbiota		
VOWST	NP	SP
Peripheral Opioid Receptor Antagonists		
MOVANTIK 12.5 MG	P	QL(1 EA daily)
MOVANTIK 25 MG	P	
SYMPROIC	NP	
Peroxisome Proliferator-Activated Receptor(PPAR) Agonists		
IQIRVO	NP	SP
LIVDELZI	NP	SP
Phosphate Binder Agents		
AURYXIA 210 MG (<i>ferric citrate</i>)	NP	PA
<i>calcium acetate (phosphate binder) CAPS</i>	P	
<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC
<i>ferric citrate</i>	NP	PA
FOSRENOL CHEW (<i>lanthanum carbonate</i>)	NP	PA
FOSRENOL PACK	NP	PA
<i>lanthanum carbonate CHEW</i>	NP	PA
RENVELA PACK (<i>sevelamer carbonate</i>)	NP	PA
RENVELA TABS (<i>sevelamer carbonate</i>)	NP	PA
<i>sevelamer carbonate PACK</i>	NP	PA
<i>sevelamer carbonate TABS</i>	P	PA
<i>sevelamer hcl</i>	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
VELPHORO	NP	PA
GENERAL ANESTHETICS		
Volatile Anesthetics		
<i>desflurane</i>	P	
<i>sevoflurane</i>	P	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	P	
Genitourinary Irrigants		
<i>acetic acid 0.25 %</i>	P	
RENACIDIN	P	
Interstitial Cystitis Agents		
ELMIRON CAPS	P	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	P	
CARDURA XL 8 MG	NP	
CARDURA XL 4 MG	NP	QL(1 EA daily)
<i>dutasteride</i>	NP	
<i>dutasteride-tamsulosin hcl</i>	NP	
<i>finasteride</i>	P	
JALYN (<i>dutasteride-tamsulosin hcl</i>)	NP	
PROSCAR (<i>finasteride</i>)	NP	
RAPAFLO 4 MG (<i>silodosin</i>)	NP	QL(1 EA daily)
RAPAFLO 8 MG (<i>silodosin</i>)	NP	
<i>silodosin 4 MG</i>	NP	QL(1 EA daily)
<i>silodosin 8 MG</i>	NP	
<i>tamsulosin hcl</i>	P	
Urinary Analgesics		

Drug Name	Drug Tier	Requirements/ Limits
<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	P	
PHENAZOPYRIDINE HCL TABS 100 MG, 200 MG	P	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	
Gout Agents		
<i>allopurinol 100 MG, 300 MG</i>	P	
<i>allopurinol 200 MG</i>	NP	PA
<i>colchicine CAPS</i>	NP	
<i>colchicine TABS</i>	P	
<i>febuxostat 40 MG</i>	P	QL(1 EA daily)
<i>febuxostat 80 MG</i>	P	
GLOPERBA SOLN PO	NP	
MITIGARE CAPS (<i>colchicine</i>)	NP	
ULORIC 40 MG (<i>febuxostat</i>)	NP	QL(1 EA daily)
ULORIC 80 MG (<i>febuxostat</i>)	NP	
Uricosurics		
<i>probenecid</i>	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	NP	SP
ADYNOVATE	NP	SP
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	P	SP
ALHEMO	NP	SP; PA
ALPHANATE SOLR	P	SP
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP

Drug Name	Drug Tier	Requirements/ Limits
ALPROLIX	P	SP
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	NP	SP
BENEFIX KIT	P	SP
ELOCTATE	NP	SP
ESPEROCT	NP	SP
FEIBA	P	SP
HEMLIBRA	P	SP
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP
HUMATE-P SOLR	P	SP
HYMPAVZI	NP	SP
IDELVION	NP	SP
IXINITY SOLR 500 UNIT, 1000 UNIT, 1500 UNIT, 3000 UNIT	P	SP
JIVI	P	SP
JIVI 4000 UNIT	NP	SP
KOATE-DVI SOLR 1000 UNIT	P	SP
KOATE SOLR	P	SP
KOGENATE FS KIT	NP	SP
KOVALTRY	P	SP
KOVALTRY	NP	SP
NOVOEIGHT	P	SP
NOVOSEVEN RT	P	SP
NUWIQ KIT	P	SP
NUWIQ SOLR	P	SP
OBIZUR	P	SP
PROFILNINE	P	SP
QFITLIA SOAJ SC 50 MG/0.5ML	NP	SP; PA
QFITLIA SOLN SC 20 MG/0.2ML	NP	SP; PA
REBINYN	NP	SP
REBINYN	P	SP

Drug Name	Drug Tier	Requirements/ Limits
RECOMBINATE SOLR	NP	SP
RIXUBIS SOLR	P	SP
SEVENFACT	NP	SP
VONVENDI	NP	SP
WILATE KIT	P	SP
XYNTHA	P	SP
XYNTHA SOLOFUSE	P	SP
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (<i>icatibant acetate</i>)	NP	SP; PA
<i>icatibant acetate SOSY</i>	P	SP; PA
<i>icatibant acetate SOSY</i>	NP	SP; PA
Complement Inhibitors		
BERINERT KIT	P	SP; PA
CINRYZE SOLR IV	P	SP; PA
HAEGARDA SOLR SC	P	SP; PA
RUCONEST	P	SP; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	NP	SP
WAYRILZ TABS PO 400 MG	NP	SP
Hematorheologic Agents		
<i>pentoxifylline</i>	P	
Plasma Factor XIIa Inhibitors		
ANDEMBRY SOAJ SC 200 MG/1.2ML	NP	SP
Plasma Kallikrein Inhibitors		
EKTERLY TABS PO 300 MG	NP	SP
KALBITOR	P	SP; PA
ORLADEYO PO 72 MG, 96 MG, 108 MG, 132 MG	NP	SP; PA
ORLADEYO	P	SP; PA
TAKHZYRO SOLN	P	SP; PA
TAKHZYRO SOSY	P	SP; PA
Platelet Aggregation Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
<i>anagrelide hcl</i>	P	
<i>aspirin-dipyridamole</i>	P	
BRILINTA 60 MG, 90 MG (<i>ticagrelor</i>)	NP	
<i>cilostazol</i>	P	
<i>clopidogrel bisulfate</i>	P	
<i>dipyridamole</i>	P	
EFFIENT (<i>prasugrel hcl</i>)	NP	
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	NP	
<i>prasugrel hcl</i>	P	
<i>ticagrelor 60 MG, 90 MG</i>	P	
Prekallikrein-Directed Antisense Oligonucleotides (ASO)		
DAWNZERA SOAJ SC 80 MG/0.8ML	NP	SP
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
<i>miglustat</i>	P	SP
Agents for Sickle Cell Disease		
ADAKVEO	NP	SP
CASGEVY	4	SP; PA
DROXIA CAPS	P	
ENDARI (<i>glutamine sickle cell</i>)	NP	SP
<i>glutamine (sickle cell)</i>	NP	SP
LYFGENIA	4	SP; PA
SIKLOS TABS	NP	
XROMI SOLN PO 100 MG/ML	P	SP
Cobalamins		
B-12 DOTS TBDP	P	
B-12 TABS 2000 MCG	P	
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cyanocobalamin TABS 50 MCG, 100 MCG, 250 MCG, 500 MCG, 1000 MCG</i>	P		GRANIX SOSY	NP	SP
<i>cyanocobalamin TBCR 1000 MCG, 2000 MCG</i>	P		LEUKINE SOLR IJ	NP	SP
<i>cyanocobalamin TBDP 2500 MCG</i>	P		MIRCERA	P	SP; PA
Folic Acid/Folates			MULPLETA	NP	SP
FOLIC ACID CAPS	P		MULPLETA	NP	SP
<i>folic acid SOLN</i>	P		NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	SP
<i>folic acid TABS</i>	P	RX/OTC	NEULASTA SOLN SC 4 MG/0.4ML	NP	SP
Hematopoietic Gene Therapy			NEULASTA SOSY	NP	SP; ST
ZYNTEGLO	P	SP	NEUPOGEN SOLN 300 MCG/ML	NP	SP
Hematopoietic Growth Factors			NEUPOGEN SOLN	P	SP
ALVAIZ	NP	SP	NEUPOGEN SOSY 480 MCG/0.8ML	NP	SP
ARANESP (ALBUMIN FREE) SOLN	NP	SP; PA	NEUPOGEN SOSY	P	SP
ARANESP (ALBUMIN FREE) SOSY	NP	SP; PA	NIVESTYM SOLN	NP	SP
DOPTELET	NP	SP	NIVESTYM SOSY	NP	SP
DOPTELET SPRINKLE PO 10 MG	NP	SP	NPLATE	P	SP
<i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>	NP	SP	NYPOZI	NP	SP
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	NP	SP	NYVEPRIA	P	SP
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA	PROCRIT	NP	SP; PA
FILKRI SOSY IJ 300 MCG/0.5ML, 480 MCG/0.8ML	NP		PROCRIT	NP	SP; PA
FULPHILA	P	SP	PROMACTA PACK 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	NP	SP
FULPHILA	NP	SP	PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	P	SP
FYLNETRA	NP	SP	RELEUKO SOSY	NP	SP
GRANIX SOLN 300 MCG/ML	NP	SP	RETACRIT	P	SP; PA
			RETACRIT	NP	SP; PA
			ROLVEDON	NP	SP
			RYZNEUTA SOSY SC 20 MG/ML	NP	SP
			STIMUFEND	NP	SP
			UDENYCA ONBODY SOSY	NP	SP
			UDENYCA SOAJ	NP	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UDENYCA SOSY	NP	SP	Iron		
ZARXIO	NP	SP	<i>carbonyl iron SUSP</i>	P	
ZIEXTENZO	NP	SP	<i>carbonyl iron TABS</i>	P	
Hematopoietic Mixtures			<i>ferrous fumarate TABS</i>	P	
ABANEU-SL SUBL 600 MCG-600 MCG	P		<i>ferrous gluconate TABS</i>	P	
ABATRON	P		<i>ferrous sulfate dried TABS</i>	P	
B COMPLEX-FOLIC ACID TABS	P		<i>ferrous sulfate SOLN 300 MG/5ML, 325 MG/5ML</i>	P	
FEROTRINSIC 75 MG-0.5 MG-15 MCG-110 MG-240 MG	P		<i>ferrous sulfate TABS</i>	P	
FERREX 150 FORTE CAPS 1 MG-0.025 MG-150 MG	P	RX/OTC	FERROUS SULFATE TABS	P	
<i>ferrous fumarate w/ b12-vit c-fa-ifc</i>	P		<i>ferrous sulfate TBEC 325 MG</i>	P	
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	P		INFED	P	
FOLTABS 800 TABS	P		IRON CHEWS PEDIATRIC CHEW	P	
FOLTRIN 75 MG-0.5 MG-15 MCG-110 MG-240 MG	P		<i>polysaccharide iron complex CAPS</i>	P	
HEMATINIC PLUS VIT/MINERALS TABS	P		PROFERRIN ES	P	
HEMATINIC/FOLIC ACID	P		HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
ICAR-C PLUS TABS 250 MG-1 MG-25 MCG-100 MG	P	RX/OTC	Hemostatics - Systemic		
<i>iron-vitamin c</i>	P		<i>aminocaproic acid TABS</i>	P	SP
<i>iron-vitamin c-vitamin b12-folic acid TABS</i>	P	RX/OTC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NEURIN-SL SUBL 600 MCG-600 MCG	P		Antihistamine Hypnotics		
POLY-IRON 150 FORTE CAPS 1 MG-25 MCG-150 MG	P	RX/OTC	<i>diphenhydramine hcl (sleep) CAPS 50 MG</i>	P	
POLYSACCHARIDE IRON FORTE CAPS 1 MG-25 MCG-150 MG	P	RX/OTC	<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	
TRICON 75 MG-0.5 MG-15 MCG-110 MG-240 MG	P		Barbiturate Hypnotics		
			<i>phenobarbital ELIX</i>	P	
			<i>phenobarbital TABS</i>	P	
			Hypnotics - Tricyclic Agents		
			<i>doxepin hcl (sleep)</i>	NP	QL(1 EA daily)
			Non-Barbiturate Hypnotics		

Drug Name	Drug Tier	Requirements/ Limits
AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	NP	QL(1 EA daily)
AMBIEN TABS (<i>zolpidem tartrate</i>)	NP	QL(1 EA daily)
DORAL (<i>quazepam</i>)	NP	
EDLUAR SUBL	NP	QL(1 EA daily)
<i>estazolam</i>	NP	QL(1 EA daily)
<i>eszopiclone</i>	NP	QL(1 EA daily)
<i>flurazepam hcl</i>	NP	QL(1 EA daily)
HALCION 0.25 MG (<i>triazolam</i>)	NP	QL(1 EA daily)
IGALMI FILM	NP	QL(1 EA daily)
<i>quazepam</i>	NP	
RESTORIL (<i>temazepam</i>)	NP	QL(1 EA daily)
<i>temazepam 7.5 MG, 22.5 MG</i>	NP	QL(1 EA daily)
<i>temazepam 15 MG, 30 MG</i>	P	QL(1 EA daily)
<i>triazolam</i>	NP	QL(1 EA daily)
<i>zaleplon</i>	P	QL(1 EA daily)
ZOLPIDEM TARTRATE CAPS	NP	QL(1 EA daily)
<i>zolpidem tartrate SUBL</i>	NP	QL(1 EA daily)
<i>zolpidem tartrate TABS</i>	P	QL(1 EA daily)
<i>zolpidem tartrate TBCR</i>	NP	QL(1 EA daily)
Orexin Receptor Antagonists		
BELSOMRA	NP	QL(1 EA daily)
DAYVIGO	NP	QL(1 EA daily)
QUVIVIQ	NP	QL(1 EA daily)
Selective Melatonin Receptor Agonists		
HETLIOZ LQ SUSP	NP	QL(5 ML daily); SP
HETLIOZ CAPS (<i>tasimelteon</i>)	NP	QL(1 EA daily); SP
<i>ramelteon</i>	NP	QL(1 EA daily)
ROZEREM (<i>ramelteon</i>)	NP	QL(1 EA daily)
<i>tasimelteon CAPS</i>	NP	QL(1 EA daily); SP
LAXATIVES - Bowel Treatment Drugs		

Drug Name	Drug Tier	Requirements/ Limits
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	P	
EQUALACTIN CHEW	P	
HYDROCIL PACK	P	
KONSYL DAILY FIBER PACK 100 %	P	
METAMUCIL WAFR	P	
<i>methylcellulose (laxative) POWD</i>	P	
<i>methylcellulose (laxative) TABS</i>	P	
NUTRISOURCE FIBER PACK	P	
NUTRISOURCE FIBER POWD	P	
<i>psyllium CAPS 0.52 GM</i>	P	
<i>psyllium POWD 28.3 %, 30 %, 58.6 %, 95 %, 100 %</i>	P	
SB FIB LAX ORANGE POWD 30 %, 33 %	P	
SB NATURAL FIBER LAXATIVE POWD 49 %	P	
Electrolyte-based Osmotic Laxatives		
<i>magnesium citrate 1.745 GM/30ML</i>	P	
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	P	
<i>magnesium sulfate (laxative) GRAN PO</i>	P	
PHILLIPS MILK OF MAGNESIA CHEW	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sodium phosphate monobasic-sodium phosphate dibasic PR 19 GM/118ML-7 GM/118ML, 19 GM/197ML-7 GM/197ML, 6 GM/133ML-16 GM/133ML, 7 GM/118ML-19 GM/118ML, 9.5 GM/59ML-3.5 GM/59ML</i>	P		<i>glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 2.1 GM, 80.7 %</i>	P	
Laxative Combinations			<i>lactulose SOLN</i>	P	
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	NP		<i>polyethylene glycol 3350 PACK</i>	P	
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	P		<i>polyethylene glycol 3350 POWD</i>	P	
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	P		Lubricant Laxatives		
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	P		<i>mineral oil ENEM</i>	P	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P		<i>mineral oil OIL PO</i>	P	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P		Stimulant Laxatives		
<i>sennosides-docusate sodium TABS</i>	P		<i>bisacodyl SUPP</i>	P	
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	P		<i>bisacodyl TBEC</i>	P	
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NP		<i>castor oil OIL 100 %</i>	P	
SUFLAVE	NP		FLEET MINI ENEMA ENEM 10 MG/30ML	P	
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	P		<i>senna SYRP 176 MG/5ML</i>	P	
SUTAB	NP		<i>sennosides CAPS</i>	P	
Laxatives - Miscellaneous			<i>sennosides CHEW</i>	P	
CEO-TWO	P		<i>sennosides LIQD</i>	P	
			<i>sennosides SYRP</i>	P	
			<i>sennosides TABS 8.6 MG, 25 MG</i>	P	
			Surfactant Laxatives		
			<i>docusate calcium</i>	P	
			<i>docusate sodium CAPS</i>	P	
			<i>docusate sodium ENEM 283 MG/5ML</i>	P	
			<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	P	
			DOCUSATE SODIUM SYRP	P	
			<i>docusate sodium TABS</i>	P	
			PEDIA-LAX LIQD	P	
			LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		

Drug Name	Drug Tier	Requirements/ Limits
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %, 4 %</i>	P	
LIDOCAINE HCL SOLN	P	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	P	
<i>azithromycin SUSR</i>	P	
<i>azithromycin TABS</i>	P	
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	NP	
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	NP	
ZITHROMAX PACK	NP	
ZITHROMAX SUSR (<i>azithromycin</i>)	NP	
ZITHROMAX TABS 250 MG, 500 MG (<i>azithromycin</i>)	NP	
Clarithromycin		
<i>clarithromycin SUSR</i>	NP	
<i>clarithromycin TABS</i>	P	
<i>clarithromycin TB24</i>	NP	
Erythromycins		
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
<i>erythromycin base CPEP</i>	NP	
<i>erythromycin base TABS</i>	NP	
<i>erythromycin base TBEC</i>	NP	
<i>erythromycin ethylsuccinate SUSR</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin ethylsuccinate TABS</i>	NP	
<i>erythromycin stearate TABS 250 MG</i>	NP	
Fidaxomicin		
DIFICID SUSR	NP	ST
DIFICID TABS 200 MG (<i>fidaxomicin</i>)	NP	ST
<i>fidaxomicin TABS 200 MG</i>	NP	ST
MEDICAL DEVICES AND SUPPLIES		
Diabetic Supplies		
ACCU-CHEK FASTCLIX LANCETS	P	RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	P	RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	P	RX/OTC
ACTI-LANCE 28G	P	RX/OTC
ACTI-LANCE LITE LANCETS 28G	P	RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	P	RX/OTC
ACTI-LANCE UNIVERSAL 23G	P	RX/OTC
ADJUSTABLE LANCING DEVICE MISC	P	
ADVANCED MOBILE LANCET	P	RX/OTC
ADVANTAGE SAFETY LANCETS 28G	P	RX/OTC
ADVOCATE LANCETS	P	RX/OTC
ADVOCATE LANCETS 30G	P	RX/OTC
ADVOCATE LANCING DEVICE MISC	P	
ADVOCATE RAPID-SAFE LANCING MISC	P	
ADVOCATE SAFETY LANCETS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE SAFETY LANCETS 21G	P	RX/OTC	AUTOLET PLUS MISC	P	
ADVOCATE SAFETY LANCETS 23G	P	RX/OTC	BD MICROTAINER LANCETS	P	RX/OTC
ADVOCATE SAFETY LANCETS 26G	P	RX/OTC	CARDIOCOM LANCING DEVICE MISC	P	
ADVOCATE SAFETY LANCETS 28G	P	RX/OTC	CAREONE ADVANCED LANCING DEV MISC	P	
AGAMATRIX ULTRA-THIN LANCETS	P	RX/OTC	CAREONE LANCET SUPER THIN 30G	P	RX/OTC
AIMSCO TWIST LANCETS 32G	P	RX/OTC	CAREONE LANCET THIN 23G	P	RX/OTC
AIMSCO TWIST LANCETS 33G	P	RX/OTC	CARESENS LANCETS	P	RX/OTC
AQUALANCE LANCETS 30G	P	RX/OTC	CARESENS LANCETS 30G	P	RX/OTC
ASSURE COMFORT LANCETS 28G	P	RX/OTC	CARETOUCH LANCING/EJECTOR MISC	P	
ASSURE LANCE LANCETS	P	RX/OTC	CARETOUCH SAFETY LANCETS	P	RX/OTC
ASSURE LANCE LANCETS 21G	P	RX/OTC	CARETOUCH SAFETY LANCETS 26G	P	RX/OTC
ASSURE LANCE PLUS SAFETY 25G	P	RX/OTC	CARETOUCH TWIST LANCETS 28G	P	RX/OTC
ASSURE LANCE PLUS SAFETY 30G	P	RX/OTC	CARETOUCH TWIST LANCETS 30G	P	RX/OTC
ASSURE LANCE SAFETY LANCET 28G	P	RX/OTC	CARETOUCH TWIST LANCETS 33G	P	RX/OTC
AURORA LANCET SUPER THIN 30G	P	RX/OTC	CARETOUCH TWIST MC LANCETS 30G	P	RX/OTC
AURORA LANCET THIN 23G	P	RX/OTC	CHOSEN LANCETS 30G	P	RX/OTC
AUTO-LANCET MINI MISC	P		CHOSEN LANCING DEVICE MISC	P	
AUTO-LANCET MISC	P		CHOSEN SAFETY LANCETS 28G	P	RX/OTC
AUTOLET LANCING DEVICE MISC	P		CLEANLET LANCETS 28G	P	RX/OTC
AUTOLET LANCING DEVICE MISC	P		CLEVER CHEK LANCETS	P	RX/OTC
AUTOLET LITE LANCING DEVICE MISC	P		CLEVER CHOICE COMFORT EZ	P	RX/OTC
AUTOLET MINI MISC	P		CLEVER CHOICE LANCETS 21G	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE LANCETS 23G	P	RX/OTC	DROPLET LANCING DEVICE MISC	P	
CLEVER CHOICE LANCETS 28G	P	RX/OTC	DROPLET PERSONAL LANCETS 30G	P	RX/OTC
COAGUCHEK LANCETS	P	RX/OTC	DROPSAFE ACTI-LANCE 23G	P	RX/OTC
COMFORT ASSURED LANCETS 28G	P	RX/OTC	DROPSAFE MEDLANCE LANCET 30G	P	RX/OTC
COMFORT ASSURED LANCETS 33G	P	RX/OTC	DRUG MART ON-THE-GO LANCET 30G	P	RX/OTC
COMFORT TOUCH LANCETS 31G	P	RX/OTC	DRUG MART UNILET LANCETS 28G	P	RX/OTC
COMFORT TOUCH PLUS LANCETS 28G	P	RX/OTC	DRUG MART UNILET LANCETS 30G	P	RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	P	RX/OTC	DRUG MART UNILET LANCETS 33G	P	RX/OTC
COMFORT TOUCH TWIST LANCET 30G	P	RX/OTC	EASY COMFORT LANCETS	P	RX/OTC
CVS LANCETS ORIGINAL	P	RX/OTC	EASY COMFORT LANCETS TWIST TOP	P	RX/OTC
CVS LANCETS THIN 26G	P	RX/OTC	EASY MINI EJECT LANCING DEVICE MISC	P	
CVS LANCING DEVICE MISC	P		EASY MINI LANCING DEVICE MISC	P	
CVS ULTRA THIN LANCETS	P	RX/OTC	EASY TOUCH LANCETS 21G	P	RX/OTC
DEXCOM G6 RECEIVER	P		EASY TOUCH LANCETS 23G	P	RX/OTC
DEXCOM G6 SENSOR	P		EASY TOUCH LANCETS 26G	P	RX/OTC
DEXCOM G6 TRANSMITTER	P		EASY TOUCH LANCETS 28G	P	RX/OTC
DEXCOM G7 15 DAY SENSOR	P		EASY TOUCH LANCETS 28G/TWIST	P	RX/OTC
DEXCOM G7 RECEIVER	P		EASY TOUCH LANCETS 30G	P	RX/OTC
DEXCOM G7 SENSOR	P		EASY TOUCH LANCETS 30G/TWIST	P	RX/OTC
DIATHRIVE LANCET ULTRA THIN 30	P	RX/OTC	EASY TOUCH LANCETS 32G	P	RX/OTC
DIATHRIVE LANCETS	P	RX/OTC	EASY TOUCH LANCETS 32G/TWIST	P	RX/OTC
DIATHRIVE LANCING DEVICE MISC	P				
DROPLET GENTEEL LANCING DEVICE MISC	P				
DROPLET LANCETS ULTRA THIN 30G	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 33G/TWIST	P	RX/OTC	FREESTYLE LIBRE 2 READER	P	
EASY TOUCH LANCING DEVICE MISC	P		FREESTYLE LIBRE 2 SENSOR	P	
EASY TOUCH SAFETY LANCETS 21G	P	RX/OTC	FREESTYLE LIBRE 3 PLUS SENSOR	P	
EASY TOUCH SAFETY LANCETS 23G	P	RX/OTC	FREESTYLE LIBRE 3 READER	P	
EASY TOUCH SAFETY LANCETS 26G	P	RX/OTC	FREESTYLE LIBRE 3 SENSOR	P	
EASY TOUCH SAFETY LANCETS 28G	P	RX/OTC	FREESTYLE LITE KIT	P	RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	P	RX/OTC	FREESTYLE PRECISION NEO SYSTEM KIT	P	RX/OTC
EMBRACE LANCING DEVICE/EJECTOR MISC	P		FREESTYLE UNISTICK II LANCETS	P	RX/OTC
EMBRACE PRESSURE ACTIVATED 21G	P	RX/OTC	GENTEEL BUTTERFLY TOUCH LANCET	P	RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	P	RX/OTC	GENTEEL PLUS LANCING (BLACK) MISC	P	
FIFTY50 SAFETY SEAL LANCETS	P	RX/OTC	GENTEEL PLUS LANCING (PURPLE) MISC	P	
FIFTY50 UNILET LANCETS 33G	P	RX/OTC	GENTEEL PLUS LANCING (WHITE) MISC	P	
FINGERSTIX LANCETS	P	RX/OTC	GENTEEL PLUS LANCING DEV(BLUE) MISC	P	
FONDCIRCLE LANCING DEVICE MISC	P		GENTEEL PLUS LANCING DEV(PINK) MISC	P	
FONDCIRCLE SINGLE USE LANCETS	P	RX/OTC	GLOBAL INJECT EASE LANCETS 28G	P	RX/OTC
FORA LANCETS	P	RX/OTC	GLOBAL INJECT EASE LANCETS 30G	P	RX/OTC
FORA LANCING DEVICE MISC	P		GLOBAL LANCING DEVICE MISC	P	
FREESTYLE FREEDOM LITE KIT	P	RX/OTC	GLUCOCOM LANCETS 28G	P	RX/OTC
FREESTYLE LANCETS	P	RX/OTC	GLUCOCOM LANCETS 30G	P	RX/OTC
FREESTYLE LIBRE 14 DAY READER	P		GLUCOCOM LANCETS 33G	P	RX/OTC
FREESTYLE LIBRE 14 DAY SENSOR	P				
FREESTYLE LIBRE 2 PLUS SENSOR	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP LANCING SYSTEM DEVICE MISC	P		KINNEY THIN LANCETS	P	RX/OTC
GNP STERILE LANCETS 28G	P	RX/OTC	KROGER AUTOLET LANCING DEVICE MISC	P	
GNP STERILE LANCETS 30G	P	RX/OTC	KROGER HEALTHPRO LANCET 26G	P	RX/OTC
GNP STERILE LANCETS 33G	P	RX/OTC	KROGER LANCETS	P	RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	P		KROGER LANCETS SUPER THIN	P	RX/OTC
GOJJI STERILE LANCETS	P	RX/OTC	KROGER LANCETS THIN	P	RX/OTC
HAEMOLANCE	P	RX/OTC	LANCET DEVICE WITH EJECTOR MISC	P	
HAEMOLANCE LOW FLOW LANCETS	P	RX/OTC	LANCET DEVICE MISC	P	
HAEMOLANCE PLUS	P	RX/OTC	LANCETS	P	RX/OTC
HAEMOLANCE PLUS HIGH FLOW	P	RX/OTC	LANCETS 28G THIN	P	RX/OTC
HAEMOLANCE PLUS LOW FLOW	P	RX/OTC	LANCETS 30G	P	RX/OTC
HAEMOLANCE PLUS MAX FLOW	P	RX/OTC	LANCETS 33G	P	RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	P	RX/OTC	LANCETS MICRO THIN 33G	P	RX/OTC
H-E-B INCONTROL ADV LANCING MISC	P		LANCETS SUPER THIN	P	RX/OTC
H-E-B INCONTROL LANCETS 28G	P	RX/OTC	LANCETS SUPER THIN 28G	P	RX/OTC
H-E-B INCONTROL LANCETS 30G	P	RX/OTC	LANCETS ULTRA THIN	P	RX/OTC
H-E-B INCONTROL LANCETS 33G	P	RX/OTC	LANCETS ULTRA THIN 30G	P	RX/OTC
HY-VEE LANCETS	P	RX/OTC	LANCING DEVICE MISC	P	
HY-VEE THIN LANCETS	P	RX/OTC	LANZO MISC	P	
IHEALTH LANCING DEVICE MISC	P		LEADER ADVANCED LANCING DEVICE MISC	P	
IN TOUCH LANCING DEVICE MISC	P		LIBERTY MEDICAL LANCETS	P	RX/OTC
IN TOUCH STERILE LANCETS 30G	P	RX/OTC	LIBERTY MINI LANCING DEVICE MISC	P	
KINNEY LANCETS	P	RX/OTC	LITE TOUCH LANCETS	P	RX/OTC
			LITE TOUCH LANCING PEN MISC	P	
			LITETOUCH LANCETS	P	RX/OTC
			LIVE BETTER LANCET SUPER THIN	P	RX/OTC
			MEDICHOICE SAFETY LANCET	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEDICHOICE SAFETY LANCET EXTRA	P	RX/OTC	NOVA SAFETY LANCETS 23G	P	RX/OTC
MEDICHOICE SAFETY LANCET NORM	P	RX/OTC	NOVA SAFETY LANCETS 28G	P	RX/OTC
MEDLANCE PLUS EXTRA 21G	P	RX/OTC	NOVA SUREFLEX LANCETS	P	RX/OTC
MEDLANCE PLUS LITE 25G	P	RX/OTC	NOVA SUREFLEX LANCING DEVICE MISC	P	
MEDLANCE PLUS SPECIAL 0.8MM	P	RX/OTC	OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	P	PA
MEDLANCE PLUS SUPERLITE 30G	P	RX/OTC	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	P	PA
MEDLANCE PLUS UNIVERSAL 21G	P	RX/OTC	OMNIPOD 5 LIBRE INTRO KIT	P	PA
MEIJER LANCETS	P	RX/OTC	OMNIPOD 5 LIBRE PODS MISC	P	PA
MEIJER LANCETS UNIVERSAL 21G	P	RX/OTC	OMNIPOD DASH PODS (GEN 4) MISC	P	PA
MEIJER LANCETS UNIVERSAL 30G	P	RX/OTC	ONETOUCH DELICA PLUS LANCET30G	P	RX/OTC
MEIJER LANCETS UNIVERSAL 33G	P	RX/OTC	ONETOUCH DELICA PLUS LANCET33G	P	RX/OTC
MICROLET LANCETS	P	RX/OTC	ONETOUCH DELICA PLUS LANCING MISC	P	
MICROLET NEXT LANCETS	P	RX/OTC	ONETOUCH DELICA SAFETY LANCING	P	RX/OTC
MICROLET NEXT LANCING DEVICE MISC	P		ONETOUCH ULTRASOFT 2 LANCETS	P	RX/OTC
MINI LANCING DEVICE MISC	P		PERFECT LANCETS 28G	P	RX/OTC
MM LANCING DEVICE MISC	P		PERFECT LANCETS 30G	P	RX/OTC
MM TWIST LANCETS	P	RX/OTC	PERFECT POINT SAFETY LANCETS	P	RX/OTC
MOBILE LANCETS 30G	P	RX/OTC	PHARMACIST CHOICE LANCETS	P	RX/OTC
MONOLET LANCETS	P	RX/OTC	PIP LANCETS 28G	P	RX/OTC
MONOLET OPD LANCETS	P	RX/OTC	PIP LANCETS 30G	P	RX/OTC
MONOLETTOR SAFETY LANCETS	P	RX/OTC	PRECISION XTRA-GLUCOSE/KETONE DEVI	P	
MULTI-LANCET DEVICE MISC	P		PRO COMFORT LANCETS 30G	P	RX/OTC
MYGLUCOHEALTH LANCETS 30G	P	RX/OTC	PRO COMFORT LANCETS 31G	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT SAFETY LANCETS 30G	P	RX/OTC	RELION LANCETS ULTRA-THIN 30G	P	RX/OTC
PRODIGY LANCETS 28G	P	RX/OTC	RELION LANCING DEVICE MISC	P	
PRODIGY LANCING DEVICE MISC	P		RELION ULTRA THIN LANCETS 30G	P	RX/OTC
PRODIGY SAFETY LANCETS 26G	P	RX/OTC	RIGHTTEST GD500 LANCING DEVICE MISC	P	
PRODIGY TWIST TOP LANCETS 28G	P	RX/OTC	RIGHTTEST GL300 LANCETS	P	RX/OTC
PURE COMFORT LANCETS 30G	P	RX/OTC	SAFETY LANCET 30G/PRESSURE ACT	P	RX/OTC
PURE COMFORT SAFETY LANCET 30G	P	RX/OTC	SAFETY LANCETS	P	RX/OTC
PX ADVANCED LANCING DEVICE MISC	P		SAFETY LANCETS 21G	P	RX/OTC
PX LANCETS MICROTHIN 33G	P	RX/OTC	SAFETY LANCETS 23G	P	RX/OTC
PX LANCETS ULTRA THIN 28G	P	RX/OTC	SAFETY LANCETS 28G	P	RX/OTC
QC ADVANCED LANCING DEVICE MISC	P		SAPS HEALTH PLUS LANCETS	P	RX/OTC
QC LANCETS SUPER THIN 30G	P	RX/OTC	SAPS HEALTH TWIST TOP LANCETS	P	RX/OTC
QC LANCETS ULTRA THIN	P	RX/OTC	SAPS TWIST TOP LANCETS	P	RX/OTC
QC UNILET LANCETS 28G	P	RX/OTC	SAPSCARE TWIST TOP LANCETS	P	RX/OTC
QC UNILET LANCETS MICRO THIN	P	RX/OTC	SB LANCETS THIN	P	RX/OTC
READYLANC SAFETY LANCETS	P	RX/OTC	SB LANCETS ULTRA THIN	P	RX/OTC
REALITY LANCETS	P	RX/OTC	SELECT-LITE LANCING DEVICE MISC	P	
REALITY TRIGGER LANCETS	P	RX/OTC	SENSILANCE SAFETY LANCETS 21G	P	RX/OTC
RELION LANCET DEVICES 30G	P	RX/OTC	SENSILANCE SAFETY LANCETS 26G	P	RX/OTC
RELION LANCETS	P	RX/OTC	SENSILANCE SAFETY LANCETS 28G	P	RX/OTC
RELION LANCETS MICRO-THIN 33G	P	RX/OTC	SIMPLE DIAGNOSTICS LANCING DEV MISC	P	
RELION LANCETS THIN 26G	P	RX/OTC	SINGLE-LET	P	RX/OTC
			SM TRUEDRAW LANCING DEVICE MISC	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SMART DIABETES VANTAGE LANCING MISC	P		TRUEDRAW LANCING DEVICE MISC	P	
SMARTEST LANCETS 28G	P	RX/OTC	TRUEPLUS LANCETS 26G	P	RX/OTC
SOLUS V2 LANCETS 28G	P	RX/OTC	TRUEPLUS LANCETS 28G	P	RX/OTC
SOLUS V2 LANCING DEVICE MISC	P		TRUEPLUS LANCETS 30G	P	RX/OTC
SOLUS V2 TWIST LANCETS 30G	P	RX/OTC	TRUEPLUS LANCETS 33G	P	RX/OTC
STERILANCE TL	P	RX/OTC	TRUEPLUS SAFETY LANCETS 28G	P	RX/OTC
SUPER THIN LANCETS	P	RX/OTC	TWIST TOP LANCETS 30G	P	RX/OTC
SURE COMFORT LANCETS 18G	P	RX/OTC	ULTI-LANCE AUTOMATIC MISC	P	
SURE COMFORT LANCETS 21G	P	RX/OTC	ULTILET CLASSIC LANCETS	P	RX/OTC
SURE COMFORT LANCETS 23G	P	RX/OTC	ULTILET LANCETS	P	RX/OTC
SURE COMFORT LANCETS 28G	P	RX/OTC	ULTILET SAFETY LANCETS	P	RX/OTC
SURE COMFORT LANCETS 30G	P	RX/OTC	ULTILET SAFETY LANCETS 23G	P	RX/OTC
SURE COMFORT LANCING PEN MISC	P		ULTRA THIN LANCETS 31G	P	RX/OTC
SURELITE LANCETS	P	RX/OTC	ULTRA-CARE LANCETS 30G	P	RX/OTC
TECHLITE AST LANCETS	P	RX/OTC	ULTRA-CARE SAFETY LANCETS 30G	P	RX/OTC
TECHLITE LANCETS	P	RX/OTC	ULTRA-THIN II AUTO LANCET	P	RX/OTC
TECHLITE LANCETS 26G	P	RX/OTC	ULTRA-THIN II LANCETS	P	RX/OTC
TODAYS HEALTH LANCING DEVICE MISC	P		UNILET COMFORTOUCH LANCET	P	RX/OTC
TODAYS HEALTH THIN LANCETS 28G	P	RX/OTC	UNILET EXCELITE	P	RX/OTC
TODAYS HEALTH THIN LANCETS 30G	P	RX/OTC	UNILET EXCELITE II	P	RX/OTC
TRAVEL LANCETS ADVANCED 28G	P	RX/OTC	UNILET G.P. LANCET	P	RX/OTC
TRUE COMFORT SAFETY LANCETS	P	RX/OTC	UNILET G.P. SUPERLITE LANCET	P	RX/OTC
TRUE COMFORT TWIST TOP LANCETS	P	RX/OTC	UNILET GP 28 ULTRA THIN	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNILET LANCET	P	RX/OTC	UNISTIK TOUCH SAFETY LANC 21G	P	RX/OTC
UNILET MICRO-THIN 33G	P	RX/OTC	UNISTIK TOUCH SAFETY LANC 23G	P	RX/OTC
UNILET MICRO-THIN 33G	P	RX/OTC	UNISTIK TOUCH SAFETY LANC 28G	P	RX/OTC
UNILET SUPERLITE LANCET	P	RX/OTC	UNISTIK TOUCH SAFETY LANC 30G	P	RX/OTC
UNILET SUPER-THIN 30G	P	RX/OTC	VERIFINE SAFE LANCET MINI 21G	P	RX/OTC
UNILET SUPER-THIN 30G	P	RX/OTC	VERIFINE SAFE LANCET MINI 23G	P	RX/OTC
UNILET ULTRA-THIN 28G	P	RX/OTC	VERIFINE SAFE LANCET MINI 28G	P	RX/OTC
UNILET ULTRA-THIN 28G	P	RX/OTC	VERIFINE SAFE LANCET MINI 30G	P	RX/OTC
UNISTIK 1	P	RX/OTC	VERIFINE UNIVERSAL LANCETS 28G	P	RX/OTC
UNISTIK 2	P	RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	P	RX/OTC
UNISTIK 2 COMFORT	P	RX/OTC	VERIFINE UNIVERSAL LANCETS 33G	P	RX/OTC
UNISTIK 2 EXTRA	P	RX/OTC	VIVAGUARD LANCETS	P	RX/OTC
UNISTIK 2 NEONATAL	P	RX/OTC	VIVAGUARD LANCETS 30G	P	RX/OTC
UNISTIK 2 NORMAL	P	RX/OTC	VIVAGUARD LANCING DEVICE MISC	P	
UNISTIK 2 SUPER	P	RX/OTC	VIVAGUARD SAFETY LANCETS 28G	P	RX/OTC
UNISTIK 3	P	RX/OTC	ZEV RX TWIST TOP LANCETS 30G	P	RX/OTC
UNISTIK 3 COMFORT	P	RX/OTC	Enteral Nutrition Supplies		
UNISTIK 3 COMFORT	P	RX/OTC	ENFIT AMBER LOW DOSE SYR/0.5ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
UNISTIK 3 EXTRA	P	RX/OTC	ENFIT AMBER LOW DOSE SYR/1ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
UNISTIK 3 EXTRA	P	RX/OTC			
UNISTIK 3 GENTLE	P	RX/OTC			
UNISTIK 3 GENTLE	P	RX/OTC			
UNISTIK 3 NEONATAL	P	RX/OTC			
UNISTIK 3 NORMAL	P	RX/OTC			
UNISTIK 3 NORMAL	P	RX/OTC			
UNISTIK CZT COMFORT	P	RX/OTC			
UNISTIK CZT NORMAL	P	RX/OTC			
UNISTIK NORMAL	P	RX/OTC			
UNISTIK PRO SAFETY LANCET	P	RX/OTC			
UNISTIK SAFETY LANCETS 28G	P	RX/OTC			
UNISTIK SAFETY LANCETS 30G	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENFIT AMBER LOW DOSE SYR/3ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	ENFIT MED BOTTLE ADAPTER/SZ 4	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC
ENFIT AMBER SYRINGE/10ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	ENFIT MED BOTTLE ADAPTER/SZ 5	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC
ENFIT AMBER SYRINGE/20ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	ENFIT MED BOTTLE ADAPTER/SZ 6	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC
ENFIT AMBER SYRINGE/35ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	ENFIT MED BOTTLE ADAPTER/SZ 7	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC
ENFIT AMBER SYRINGE/60ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	ENFIT SYRINGE/10ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
ENFIT AMBER TIP SYRINGE/5ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	ENFIT SYRINGE/20ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
ENFIT LOW DOSE TIP SYRINGE	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	ENFIT SYRINGE/35ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
ENFIT LOW DOSE TIP SYRINGE/1ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	ENFIT SYRINGE/60ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
ENFIT LOW DOSE TIP SYRINGE/3ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	ENFIT TIP SYRINGE/10ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
ENFIT MED BOTTLE ADAPTER/SZ 1	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC	ENFIT TIP SYRINGE/20ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
ENFIT MED BOTTLE ADAPTER/SZ 2	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC	ENFIT TIP SYRINGE/5ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
ENFIT MED BOTTLE ADAPTER/SZ 3	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC	ENFIT TIP SYRINGE/60ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
Misc. Devices					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE ALCOHOL PREP PADS	P	RX/OTC	PHARMACIST CHOICE ALCOHOL	P	RX/OTC
ALCOH-GLOVE CONTOURED WIPE	P	RX/OTC	PRO COMFORT ALCOHOL	P	RX/OTC
ALCOHOL PADS	P	RX/OTC	PURE COMFORT ALCOHOL PREP	P	RX/OTC
ALCOHOL PREP	P	RX/OTC	QC ALCOHOL SWABS	P	RX/OTC
ALCOHOL PREP PADS	P	RX/OTC	REALITY SWABS	P	RX/OTC
ALCOHOL SWABS	P	RX/OTC	RELION ALCOHOL SWABS	P	RX/OTC
ALCOHOL SWABSTICK	P	RX/OTC	SAPS CARE ALCOHOL PREP	P	RX/OTC
AUM ALCOHOL PREP PADS	P	RX/OTC	SAPS HEALTH ALCOHOL PREP	P	RX/OTC
BD SWAB SINGLE USE REGULAR	P	RX/OTC	SAPS HEALTH CARE ALCOHOL PREP	P	RX/OTC
CARETOUCH ALCOHOL PREP	P	RX/OTC	SB ALCOHOL PREP	P	RX/OTC
COMFORT TOUCH ALCOHOL PREP	P	RX/OTC	SM ALCOHOL PREP	P	RX/OTC
CURITY ALCOHOL PREPS	P	RX/OTC	SURE COMFORT ALCOHOL PREP	P	RX/OTC
CVS ALCOHOL PREP PADS	P	RX/OTC	TRUE COMFORT ALCOHOL PREP PADS	P	RX/OTC
CVS PREP	P	RX/OTC	TRUE COMFORT PRO ALCOHOL PREP	P	RX/OTC
DROPSAFE ALCOHOL PREP	P	RX/OTC	ULTICARE ALCOHOL SWABS	P	RX/OTC
EASY COMFORT ALCOHOL PADS	P	RX/OTC	ULTILET ALCOHOL SWABS	P	RX/OTC
EASY TOUCH ALCOHOL PREP MEDIUM	P	RX/OTC	ULTRA-CARE ALCOHOL PREP PADS	P	RX/OTC
EQL ALCOHOL SWABS	P	RX/OTC	WEBCOL ALCOHOL PREP LARGE	P	RX/OTC
FIFTY50 ALCOHOL PREP	P	RX/OTC	WEBCOL ALCOHOL PREP MEDIUM	P	RX/OTC
GLOBAL ALCOHOL PREP EASE	P	RX/OTC	ZEVRX STERILE ALCOHOL PREP PAD	P	RX/OTC
GNP ALCOHOL SWABS	P	RX/OTC	Parenteral Therapy Supplies		
GOODSENSE ALCOHOL SWABS	P	RX/OTC	1ST TIER UNIFINE PENTIPS	P	
H-E-B INCONTROL ALCOHOL	P	RX/OTC	1ST TIER UNIFINE PENTIPS PLUS	P	RX/OTC
HM STERILE ALCOHOL PREP	P	RX/OTC			
MEIJER ALCOHOL SWABS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN PEN NEEDLE	P	RX/OTC	BD PEN NEEDLE NANO 2ND GEN	P	RX/OTC
ADVOCATE INSULIN PEN NEEDLES	P		BD PEN NEEDLE NANO ULTRAFINE	P	RX/OTC
ADVOCATE INSULIN SYRINGE	P	RX/OTC	BD PEN NEEDLE ORIG ULTRAFINE	P	
AQ INSULIN SYRINGE	P	RX/OTC	BD PEN NEEDLE SHORT ULTRAFINE	P	RX/OTC
AQINJECT PEN NEEDLE	P	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE	P	RX/OTC
ASSURE ID DUO PRO PEN NEEDLES	P	RX/OTC	BD SAFETYGLIDE SYRINGE/NEEDLE	P	
AUM INSULIN SAFETY PEN NEEDLE	P	RX/OTC	BD VEO INSULIN SYR U/F 1/2UNIT	P	RX/OTC
AUM MINI INSULIN PEN NEEDLE	P	RX/OTC	BD VEO INSULIN SYR U/F 1/2UNIT	P	RX/OTC
AUM PEN NEEDLE	P	RX/OTC	BD VEO INSULIN SYR ULTRAFINE	P	RX/OTC
AUM READYGARD DUO PEN NEEDLE	P	RX/OTC	BD VEO INSULIN SYR ULTRAFINE	P	RX/OTC
AUM SAFETY PEN NEEDLE	P	RX/OTC	CAREFINE PEN NEEDLES	P	RX/OTC
AURORA PEN NEEDLES	P	RX/OTC	CAREONE INSULIN SYRINGE	P	
BD INS SYR ULTRAFINE 1/2UNIT	P	RX/OTC	CAREONE UNIFINE PENTIPS PLUS	P	RX/OTC
BD INSULIN SYR ULTRAFINE II	P	RX/OTC	CARETOUCH INSULIN SYRINGE	P	RX/OTC
BD INSULIN SYRINGE	P	RX/OTC	CARETOUCH PEN NEEDLES	P	RX/OTC
BD INSULIN SYRINGE HALF-UNIT	P	RX/OTC	COMFORT EZ INSULIN SYRINGE	P	RX/OTC
BD INSULIN SYRINGE MICROFINE	P	RX/OTC	COMFORT EZ MICRO PEN NEEDLES	P	RX/OTC
BD INSULIN SYRINGE U/F	P	RX/OTC	COMFORT EZ PEN NEEDLES	P	RX/OTC
BD INSULIN SYRINGE U-500	P		COMFORT EZ PRO PEN NEEDLES	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE	P		COMFORT EZ SHORT PEN NEEDLES	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE	P		COMFORT TOUCH INSULIN PEN NEED	P	RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	P				
BD PEN NEEDLE MINI ULTRAFINE	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIATHRIVE PEN NEEDLE	P	RX/OTC	EMBECTA INSULIN SYRINGE U-100	P	
DROPLET INSULIN SYRINGE	P		EMBECTA INSULIN SYRINGE U-500	P	
DROPLET PEN NEEDLES	P		EMBECTA PEN NEEDLE NANO	P	RX/OTC
DROPSAFE AUTOPROTECT DUO	P	RX/OTC	EMBECTA PEN NEEDLE NANO 2 GEN	P	RX/OTC
DROPSAFE SAFETY PEN NEEDLES	P	RX/OTC	EMBECTA PEN NEEDLE ULTRAFINE	P	
DROPSAFE SAFETY SYRINGE/NEEDLE	P	RX/OTC	EMBRACE PEN NEEDLES	P	RX/OTC
DRUG MART UNIFINE PENTIPS	P	RX/OTC	FIFTY50 PEN NEEDLES	P	RX/OTC
DRUG MART UNIFINE PENTIPS PLUS	P	RX/OTC	FIFTY50 SUPERIOR COMFORT SYR	P	RX/OTC
EASY COMFORT INSULIN SYRINGE	P	RX/OTC	GLOBAL EASE INJECT PEN NEEDLES	P	RX/OTC
EASY COMFORT PEN NEEDLES	P	RX/OTC	GLOBAL EASY GLIDE INSULIN SYR	P	RX/OTC
EASY TOUCH FLIPLOCK INSULIN SY	P	RX/OTC	GLOBAL EASY GLIDE PEN NEEDLES	P	RX/OTC
EASY TOUCH INSULIN BARRELS	P	RX/OTC	GLOBAL INJECT EASE INSULIN SYR	P	RX/OTC
EASY TOUCH INSULIN SAFETY SYR	P	RX/OTC	GLOBAL INSULIN SYRINGES	P	
EASY TOUCH INSULIN SYRINGE	P		GLUCOPRO INSULIN SYRINGE	P	
EASY TOUCH PEN NEEDLES	P	RX/OTC	GNP INSULIN SYRINGE	P	RX/OTC
EASY TOUCH SHEATHLOCK SYRINGE	P	RX/OTC	GNP INSULIN SYRINGES 28GX1/2"	P	RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	P	RX/OTC	GNP INSULIN SYRINGES 29GX1/2"	P	RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	P	RX/OTC	GNP INSULIN SYRINGES 31GX5/16"	P	RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	P		GNP PEN NEEDLES	P	RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	P		GNP ULTICARE PEN NEEDLES	P	RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	P		GNP ULTIGUARD SAFEPAK NEEDLE	P	RX/OTC
EMBECTA INSULIN SYRINGE	P	RX/OTC	GNP ULTRA COM INSULIN SYRINGE	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HEALTHWISE INSULIN SYR/NEEDLE	P	RX/OTC	MAXICOMFORT SYR 27G X 1/2"	P	RX/OTC
HEALTHWISE MICRON PEN NEEDLES	P	RX/OTC	MEDIC INSULIN SYRINGE	P	RX/OTC
HEALTHWISE SHORT PEN NEEDLES	P	RX/OTC	MEDICINE SHOPPE PEN NEEDLES	P	RX/OTC
H-E-B INCONTROL PEN NEEDLES	P	RX/OTC	MEIJER PEN NEEDLES	P	RX/OTC
H-E-B INCONTROL UNIFINE PENTIP	P	RX/OTC	MICRODOT PEN NEEDLE	P	RX/OTC
HM ULTICARE INSULIN SYRINGE	P	RX/OTC	MM INSULIN SYRINGE/NEEDLE	P	RX/OTC
HM ULTICARE MINI PEN NEEDLES	P	RX/OTC	MM PEN NEEDLES	P	RX/OTC
HM ULTICARE SHORT PEN NEEDLES	P	RX/OTC	MONOJECT INSULIN SYRINGE	P	RX/OTC
INCONTROL ULTICARE PEN NEEDLES	P	RX/OTC	MONOJECT ULTRA COMFORT SYRINGE	P	RX/OTC
INSULIN SYRINGE	P	RX/OTC	NOVOFINE PEN NEEDLE	P	
INSULIN SYRINGE- NEEDLE U-100	P	RX/OTC	NOVOFINE PLUS PEN NEEDLE	P	RX/OTC
INSUPEN PEN NEEDLES	P	RX/OTC	PC UNIFINE PENTIPS	P	RX/OTC
INSUPEN32G EXTR3ME	P		PEN NEEDLE/5-BEVEL TIP	P	RX/OTC
KINRAY INSULIN SYRINGE	P	RX/OTC	PEN NEEDLES	P	RX/OTC
KROGER PEN NEEDLES	P	RX/OTC	PENTIPS	P	RX/OTC
LASIX ONYU REUSABLE UNIT/CHARG	NP		PENTIPS GENERIC PEN NEEDLES	P	
LEADER UNIFINE PENTIPS	P	RX/OTC	PIP PEN NEEDLES 31G X 5MM	P	RX/OTC
LEADER UNIFINE PENTIPS PLUS	P	RX/OTC	PIP PEN NEEDLES 32G X 4MM	P	RX/OTC
LITETOUCH INSULIN SYRINGE	P	RX/OTC	PREVENT DROPSAFE PEN NEEDLES	P	RX/OTC
LITETOUCH PEN NEEDLES	P	RX/OTC	PREVENT SAFETY PEN NEEDLES	P	RX/OTC
MAGELLAN INSULIN SAFETY SYR	P	RX/OTC	PRO COMFORT INSULIN SYRINGE	P	RX/OTC
MARATHON MEDICAL PENTIPS	P	RX/OTC	PRO COMFORT PEN NEEDLES	P	RX/OTC
MAXI-COMFORT INSULIN SYRINGE	P	RX/OTC	PRODIGY INSULIN SYRINGE	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PURE COMFORT PEN NEEDLE	P	RX/OTC	TRUE COMFORT PRO PEN NEEDLES	P	RX/OTC
PURE COMFORT SAFETY PEN NEEDLE	P	RX/OTC	TRUE COMFORT SAFETY PEN NEEDLE	P	RX/OTC
PX INSULIN SYRINGE	P		TRUEPLUS 5-BEVEL PEN NEEDLES	P	
PX MINI PEN NEEDLES	P	RX/OTC	TRUEPLUS INSULIN SYRINGE	P	RX/OTC
QC PEN NEEDLES	P	RX/OTC	TRUEPLUS PEN NEEDLES	P	RX/OTC
QC UNIFINE PENTIPS	P	RX/OTC	ULTICARE INSULIN SAFETY SYR	P	RX/OTC
QUICK TOUCH INSULIN PEN NEEDLE	P	RX/OTC	ULTICARE INSULIN SYRINGE	P	RX/OTC
RAYA SURE PEN NEEDLE	P	RX/OTC	ULTICARE MICRO PEN NEEDLES	P	RX/OTC
REALITY INSULIN SYRINGE	P	RX/OTC	ULTICARE MINI PEN NEEDLES	P	
RELION INSULIN SYRINGE	P	RX/OTC	ULTICARE PEN NEEDLES	P	RX/OTC
RELION PEN NEEDLES	P	RX/OTC	ULTICARE SHORT PEN NEEDLES	P	RX/OTC
SB INSULIN SYRINGE	P	RX/OTC	ULTICARE TUBERCULIN SAFETY SYR	P	
SECURESAFE INSULIN SYRINGE	P	RX/OTC	ULTIGUARD SAFEPAK PEN NEEDLE	P	RX/OTC
SECURESAFE SAFETY PEN NEEDLES	P	RX/OTC	ULTIGUARD SAFEPAK SYR/NEEDLE	P	
SURE COMFORT INSULIN SYRINGE	P	RX/OTC	ULTILET PEN NEEDLE	P	
SURE COMFORT PEN NEEDLES	P	RX/OTC	ULTRA FLO INSULIN PEN NEEDLES	P	RX/OTC
TECHLITE INSULIN SYRINGE	P	RX/OTC	ULTRA FLO INSULIN SYR 1/2 UNIT	P	
TECHLITE PEN NEEDLES	P	RX/OTC	ULTRA FLO INSULIN SYRINGE	P	
TECHLITE PLUS PEN NEEDLES	P	RX/OTC	ULTRA THIN PEN NEEDLES	P	RX/OTC
TODAYS HEALTH SHORT PEN NEEDLE	P	RX/OTC	ULTRACARE INSULIN SYRINGE	P	RX/OTC
TRUE COMFORT INSULIN SYRINGE	P	RX/OTC	ULTRACARE PEN NEEDLES	P	RX/OTC
TRUE COMFORT PEN NEEDLES	P	RX/OTC			
TRUE COMFORT PRO INSULIN SYR	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTRA-THIN II INS SYR SHORT	P	RX/OTC	AEROBIKA DEVI	P	RX/OTC
ULTRA-THIN II INSULIN SYRINGE	P	RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	NP	RX/OTC
ULTRA-THIN II MINI PEN NEEDLE	P	RX/OTC	AEROCHAMBER MINI CHAMBER DEVI	P	RX/OTC
ULTRA-THIN II PEN NEEDLE SHORT	P	RX/OTC	AEROCHAMBER MV MISC	P	RX/OTC
ULTRA-THIN II PEN NEEDLES	P		AEROCHAMBER PLS FLOVU MTHPIECE DEVI	NP	RX/OTC
UNIFINE OTC PEN NEEDLES	P	RX/OTC	AEROCHAMBER PLUS FLO-VU INTERM DEVI	NP	RX/OTC
UNIFINE PENTIPS	P	RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE DEVI	NP	RX/OTC
UNIFINE PENTIPS	P	RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE MISC	NP	RX/OTC
UNIFINE PENTIPS PLUS	P	RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	NP	RX/OTC
UNIFINE PENTIPS PLUS	P	RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	NP	RX/OTC
UNIFINE PROTECT PEN NEEDLE	P	RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL DEVI	NP	RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE	P	RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL MISC	NP	RX/OTC
UNIFINE ULTRA PEN NEEDLE	P	RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	NP	RX/OTC
VANISHPOINT INSULIN SYRINGE	P	RX/OTC	AEROCHAMBER W/FLOWSIGNAL MISC	P	RX/OTC
VERIFINE INSULIN PEN NEEDLE	P	RX/OTC	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	P	RX/OTC
VERIFINE INSULIN SYRINGE	P	RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MISC	P	RX/OTC
VERIFINE PLUS PEN NEEDLE	P	RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	P	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS	P	RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MISC	P	RX/OTC
ZEV RX INSULIN SYRINGE	P	RX/OTC	AEROCHAMBER Z-STAT PLUS MISC	P	RX/OTC
ZEV RX PEN NEEDLES	P	RX/OTC	AEROCHAMBER2GO ANTI-STATIC DEVI	NP	RX/OTC
Respiratory Therapy Supplies			AEROVENT PLUS DEVI	P	RX/OTC
ACE AEROSOL CLOUD ENHANCER MISC	P	RX/OTC			
ADULT MASK LARGE MISC	P	RX/OTC			
ADULT MASK DEVI	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALL FLOW 1000 PFT FILTER DEVI	P	RX/OTC	EASIVENT MASK MEDIUM MISC	P	RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	P	RX/OTC	EASIVENT MASK SMALL MISC	P	RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	P	RX/OTC	EASIVENT MISC	P	RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	P	RX/OTC	EASY FLOW BLACK/BLUE DEVI	P	RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	P	RX/OTC	EASY FLOW BLACK/ORANGE DEVI	P	RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	P	RX/OTC	EASY FLOW BLACK/RED DEVI	P	RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	P	RX/OTC	EASY FLOW BLACK/WHITE DEVI	P	RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	P	RX/OTC	EASY FLOW BLACK/YELLOW DEVI	P	RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	P	RX/OTC	EASY FLOW WHITE/BLUE DEVI	P	RX/OTC
BREATHE EASE LARGE DEVI	P	RX/OTC	EASY FLOW WHITE/GREEN DEVI	P	RX/OTC
BREATHE EASE MEDIUM DEVI	P	RX/OTC	EASY FLOW WHITE/PINK DEVI	P	RX/OTC
BREATHE EASE SMALL DEVI	P	RX/OTC	EASY FLOW WHITE/WHITE DEVI	P	RX/OTC
BREATHERRITE VALVED MDI CHAMBER DEVI	P	RX/OTC	EASY FLOW WHITE/YELLOW DEVI	P	RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	P	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC L DEVI	P	RX/OTC
CO MONITOR DEVI	P	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC M DEVI	P	RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	NP	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC S DEVI	P	RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	NP	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	P	RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	NP	RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	NP	RX/OTC
COMPACT SPACE CHAMBER DEVI	NP	RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	NP	RX/OTC
EASIVENT MASK LARGE MISC	P	RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	NP	RX/OTC
			FLEXICHAMBER DEVI	NP	RX/OTC
			IN-CHECK DIAL FLOW TRAINER DEVI	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IN-CHECK INSPIRATORY FLOW MTR DEVI	P	RX/OTC	PROCARE SPACER/ADULT MASK DEVI	P	RX/OTC
INSPIREASE MISC	P	RX/OTC	PROCARE SPACER/CHILD MASK DEVI	P	RX/OTC
MICROCHAMBER DEVI	P	RX/OTC	PROCHAMBER VHC DEVI	P	RX/OTC
MICROCHAMBER MISC	P	RX/OTC	PURE COMFORT 3-BALL BREATHE EX DEVI	P	RX/OTC
MICROSPACER MISC	P	RX/OTC	PURE COMFORT SPACER CHAMBER DEVI	P	RX/OTC
NAVAGE NASAL ASPIRATOR BABY DEVI	P	RX/OTC	QUAKE DEVI	P	RX/OTC
NEBULIZER CUP/TUBING DEVI	P	RX/OTC	REUSABLE COMFORTSEAL MASK-LRG MISC	NP	RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	P	RX/OTC	REUSABLE COMFORTSEAL MASK-MED MISC	NP	RX/OTC
ONE FLOW SPIROMETER DEVI	P	RX/OTC	REUSABLE COMFORTSEAL MASK-SML MISC	NP	RX/OTC
OPTICHAMBER DIAMOND DEVI	P	RX/OTC	RITEFLO DEVI	P	RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	P	RX/OTC	SPIRO PD DEVI	P	RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	P	RX/OTC	THRESHOLD PEP DEVI	P	RX/OTC
OPTICHAMBER DIAMOND MISC	P	RX/OTC	VERSAPAP W/UNIVERSAL TUBING DEVI	P	RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	P	RX/OTC	VERSAPAP DEVI	P	RX/OTC
PARI MANUAL INTERRUPTER DEVI	P	RX/OTC	VORTEX HOLD CHMBR/MASK/CHILD DEVI	P	RX/OTC
PARI TREK S COMBO PACK DEVI	P	RX/OTC	VORTEX HOLD CHMBR/MASK/TODDLER DEVI	P	RX/OTC
POCKET CHAMBER DEVI	P	RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	NP	RX/OTC
POCKET SPACER DEVI	P	RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	P	RX/OTC
PRO COMFORT SPACER ADULT MISC	P	RX/OTC			
PRO COMFORT SPACER CHILD MISC	P	RX/OTC			
PRO COMFORT SPACER INFANT DEVI	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
VORTEX VALVED HOLDING CHAMBER DEVI	P	RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	P	SP; PA
AJOVY SOAJ	P	SP; PA
AJOVY SOSY	P	SP; PA
EMGALITY (300 MG DOSE) SOSY	NP	SP; PA
EMGALITY SOAJ	NP	SP; PA
EMGALITY SOAJ	P	SP; PA
EMGALITY SOSY	NP	SP; PA
EMGALITY SOSY	P	SP; PA
NURTEC	NP	PA
QULIPTA 10 MG, 60 MG	P	ST
QULIPTA 30 MG	P	QL(1 EA daily); ST
UBRELVY	P	ST
UBRELVY	NP	ST
VYEPTI	NP	SP
ZAVZPRET	NP	
Migraine Combinations		
CAFERGOT TABS (ergotamine w/ caffeine)	NP	
ergotamine w/ caffeine TABS	NP	
sumatriptan-naproxen sodium	NP	
SYMBRAVO TABS PO	NP	QL(9 EA per 45 day(s) retail; 9 EA per 45 days mail); PA
Migraine Products		
BREKIYA SOAJ SC 1 MG/ML	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
dihydroergotamine mesylate SOLN NA 4 MG/ML	NP	
ERGOMAR SUBL	NP	
Migraine Products - NSAIDs		
diclofenac potassium (migraine)	NP	
ELYXYB	NP	
Serotonin Agonists		
almotriptan malate	NP	
eletriptan hydrobromide	NP	
FROVA (frovatriptan succinate)	NP	
frovatriptan succinate	NP	
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)
IMITREX STATDOSE SYSTEM SOAJ (sumatriptan succinate)	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML, 6 MG/0.5ML	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)
IMITREX TABS (sumatriptan succinate)	NP	
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	NP	ST
MAXALT TABS 10 MG (rizatriptan benzoate)	NP	
naratriptan hcl	P	
RELPAK (eletriptan hydrobromide)	NP	
REYVOW	NP	
rizatriptan benzoate TABS	P	
rizatriptan benzoate TABS 10 MG	NP	
rizatriptan benzoate TBDP 10 MG	NP	ST
rizatriptan benzoate TBDP	P	ST

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan</i>	P	QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail)	CALCIUM 600 +D HIGH POTENCY TABS	P	
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	P	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)	CALCIUM CARBONATE CHEW	P	
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)	<i>calcium carbonate-cholecalciferol</i> TABS	P	
<i>sumatriptan succinate SOCT</i>	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)	<i>calcium carbonate</i> TABS	P	
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	P	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)	<i>calcium carbonate-vitamin d</i> TABS 125 UNIT-250 MG, 250 MG-125 UNIT, 600 MG-200 UNIT	P	
<i>sumatriptan succinate TABS</i>	P		CALCIUM CITRATE + D3 TABS	P	
TOSYMRA	NP	QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail)	CALCIUM CITRATE + D TABS	P	
ZEMBRACE SYMTOUCH SOAJ	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)	<i>calcium citrate</i> TABS	P	
<i>zolmitriptan SOLN 5 MG</i>	NP	QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail)	<i>calcium citrate-vitamin d</i> TABS 200 UNIT-315 MG, 250 UNIT-315 MG, 5 MCG-315 MG, 6.25 MCG-315 MG	P	
<i>zolmitriptan SOLN 2.5 MG</i>	NP		CALCIUM GLUCONATE CAPS	P	
<i>zolmitriptan TABS</i>	P		CALCIUM/C/D	P	
<i>zolmitriptan TABS</i>	NP		CALCIUM CHEW	P	
<i>zolmitriptan TBDP</i>	P	ST	<i>calcium-magnesium-zinc</i>	P	
ZOMIG SOLN 5 MG (<i>zolmitriptan</i>)	NP	QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail)	<i>calcium-magnesium-zinc-cholecalciferol</i> TABS 200 UNIT-333.33 MG-133.33 MG-5 MG, 5 MCG-333 MG-133 MG-5 MG	P	
ZOMIG SOLN 2.5 MG (<i>zolmitriptan</i>)	NP		CALCIUM-MAGNESIUM-ZINC-D3 TABS	P	
MINERALS & ELECTROLYTES			CALCIUM-MAGNESIUM-ZINC-VIT D3 TABS 1.666 MCG-333.333 MG-133.333 MG-5 MG	P	
Calcium			CORAL CALCIUM CAPS 100 UNIT-50 MG-185 MG	P	
			<i>oyster shell</i>	P	
			OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Electrolyte Mixtures			CALCIUM CITRATE-MAG-MINERALS TABS 5 MG-400 UNIT-0.5 MG-5 MG-250 MG-40 MG-0.5 MG	P	
<i>oral electrolytes SOLN</i>	P				
Fluoride			CITRACAL MAXIMUM PLUS TABS	P	
<i>sodium fluoride CHEW</i>	P		CITRACAL PLUS TABS	P	
<i>sodium fluoride SOLN 0.5 MG/ML</i>	P	RX/OTC	CVS CALCIUM CITRATE+D3 W/MAGNE TABS	P	
SODIUM FLUORIDE SOLN 0.5 MG/ML	P	RX/OTC	CVS CALCIUM CITRATE+D3 TABS	P	
<i>sodium fluoride TABS 0.5 MG</i>	P		FEM-CAL CITRATE TABS	P	
Magnesium			GNP CAL MAG ZINC +D3 TABS 133.333 UNIT-333.333 MG-133.333 MG-5 MG	P	
<i>magnesium oxide (mg supplement) TABS</i>	P		MULTI MEGA MINERALS TABS	P	
<i>magnesium TABS 400 MG</i>	P		MULTI-MINERALS TABS	P	
Mineral Combinations			PROSTEON TABS	P	
ADVANCED CALCIUM/D/MAGNESIUM TABS	P		THERACAL D2000 TABS	P	
BONE DENSITY BUILDER TABS	P		THERACAL D4000 TABS	P	
CALCIUM 600+D3 PLUS MINERALS TABS	P		THERACAL RAPID REPLETION TABS	P	
CALCIUM CITRATE + TABS 200 UNIT-315 MG, 50 UNIT-0.5 MG-50 MCG-0.5 MG-2 MG-250 MG	P		Phosphate		
CALCIUM CITRATE PLUS/MAGNESIUM TABS 5 MG-125 UNIT-0.5 MG-40 MG-5 MG-0.5 MG-250 MG-0.5 MG	P		<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	RX/OTC
CALCIUM CITRATE PLUS TABS 125 UNIT-0.5 MG-3.75 MG-250 MG-0.5 MG-40 MG, 5 MG-125 UNIT-0.5 MG-40 MG-5 MG-0.5 MG-250 MG-0.5 MG	P		<i>potassium & sodium phosphates PACK</i>	P	
			WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	P	RX/OTC
			Potassium		
			EFFER-K TBEF 25 MEQ	P	
			<i>potassium bicarbonate TBEF</i>	P	
			<i>potassium chloride microencapsulated crystals er</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride CPCR</i>	P	
<i>potassium chloride PACK PO 20 MEQ</i>	P	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	P	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	P	
Sodium		
<i>sodium chloride SOLN IJ 0.9 %</i>	P	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine CAPS</i>	P	
<i>penicillamine TABS</i>	P	
Enzymes		
<i>papaya CHEW</i>	P	
Immunomodulators		
<i>lenalidomide</i>	P	SP
REVLIMID (<i>lenalidomide</i>)	NP	SP; ST
RHAPSIDO TABS PO 25 MG	NP	SP
Immunosuppressive Agents		
<i>azathioprine TABS 50 MG</i>	P	
<i>cyclosporine modified (for microemulsion) CAPS 25 MG, 100 MG</i>	P	
<i>cyclosporine modified (for microemulsion) SOLN</i>	P	
<i>cyclosporine CAPS</i>	P	
<i>mycophenolate mofetil CAPS</i>	P	
<i>mycophenolate mofetil TABS</i>	P	
SANDIMMUNE SOLN PO 100 MG/ML	P	
<i>sirolimus SOLN</i>	P	
<i>sirolimus TABS</i>	P	
<i>tacrolimus CAPS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
Lymphatic Agents		
SYLVANT	P	SP
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE PACK	P	SP
VIJOICE TBPK 125 MG	P	SP
Potassium Removing Agents		
LOKELMA	NP	
LOKELMA	P	
<i>sodium polystyrene sulfonate POWD</i>	P	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	NP	
VELTASSA	NP	ST
VELTASSA 1 GM, 8.4 GM, 16.8 GM	P	ST
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>benzocaine (dental) GEL 20 %</i>	P	
<i>benzocaine (dental) LIQD 20 %</i>	P	
<i>benzocaine (dental) SOLN 20 %</i>	P	
HURRICANE AERO 20 %	P	
HURRICANE SNAP-N-GO SWAB	P	
ORAJEL 3X TOOTHACHE & GUM GEL	P	
Anti-infectives - Throat		
<i>clotrimazole</i>	P	
<i>clotrimazole</i>	NP	
NYSTATIN (<i>nystatin (mouth-throat)</i>)	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin (mouth-throat)</i>	P		BALANCED B-50 TBCR	P	
<i>nystatin (mouth-throat)</i>	NP		<i>b-complex w/ c & folic acid CAPS</i>	P	RX/OTC
ORAVIG	NP		<i>b-complex w/ c & folic acid TABS</i>	P	RX/OTC
Antiseptics - Mouth/Throat			<i>b-complex w/ folic acid CAPS</i>	P	RX/OTC
<i>chlorhexidine gluconate (mouth-throat)</i>	P		<i>b-complex w/ folic acid TABS</i>	P	
Dental Products			<i>b-complex w/biotin & folic acid TABS</i>	P	
<i>sodium fluoride (dental) CREA</i>	P		<i>b-complex w/biotin & folic acid TBCR</i>	P	
<i>sodium fluoride (dental) GEL</i>	P		B-PLEX TABS 500 MG-4 MG-0.5 MG-5 MCG-18 MG-15 MG-100 MG-15 MG	P	RX/OTC
<i>sodium fluoride (dental) SOLN 0.2 %</i>	P		DEXIFOL TABS 5 MG	P	RX/OTC
Steroids - Mouth/Throat/Dental			FOLBEE PLUS TABS 60 MG-50 MG-300 MCG-5 MG-1.5 MG-1 MG-1.5 MG-20 MG-10 MG	P	RX/OTC
<i>triamcinolone acetonide (mouth)</i>	NP		HYLAVITE TABS 100 MG-10 MG-300 MCG-1 MG-1.7 MG-20 MG-10 MG-1.5 MG-6 MCG	P	RX/OTC
Throat Products - Misc.			METAVITE TABS	P	RX/OTC
<i>cevimeline hcl</i>	P		MYNEPHRON CAPS 1 MG	P	RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	P		NUTRIVIO CAPS 1 MG	P	RX/OTC
MULTIVITAMINS			NUTRIVIT	P	RX/OTC
B-Complex Vitamins			PAXLYTE CAPS	P	RX/OTC
<i>b-complex vitamins CAPS</i>	P		RENAL CAPS 1 MG	P	RX/OTC
<i>b-complex vitamins TABS</i>	P		RENO CAPS CAPS 1 MG	P	RX/OTC
CVS BALANCED B100 TBCR	P		SM B-COMPLEX/VITAMIN C TABS	P	RX/OTC
B-Complex w/ C			SYMTREX TABS 0.8 MG	P	RX/OTC
<i>b complex w/ c CAPS</i>	P	RX/OTC	TRIPHROCAPS CAPS 1 MG	P	RX/OTC
<i>b complex w/ c TABS</i>	P		B-Complex w/ Iron		
<i>b-complex w/ c & calcium</i>	P				
<i>b-complex w/ c & e + zn</i>	P				
LUMAVEX CAPS	P	RX/OTC			
LUNAVIRA CAPS	P	RX/OTC			
PRONUTRIENTS SUPER B COMPLEX	P				
B-Complex w/ Folic Acid					
ACTRIVIT	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
APETIGEN-PLUS SOLN	P		EQL ONE DAILY WOMENS TABS 60 MG-2 MG-30 MCG-400 MCG-800 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-15 MG-50 MG-120 MCG-450 MG-30 UNIT-2 MG-2 MG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-800 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-15 MG-50 MG-450 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	
SUPER B-COMPLEX/IRON/VITAMIN C TABS	P				
B-Complex w/ Minerals					
<i>b-complex w/ minerals LIQD</i>	P				
Bioflavonoid Products			ESSENTIAL ONE DAILY MULTIVIT TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	
ADRENAL C FORMULA TABS	P	RX/OTC			
<i>bioflavonoid products CAPS 150 MG-150 MG-150 MG, 150 MG-150 MG-150 MG, 150 MG-150 MG-150 MG-150 MG, 250 MG-50 MG, 400 MG-100 MG, 500 MG-200 MG, 500 MG-250 MG-33 MG, 500 MG-40 MG-25 MG-25 MG-50 MG-25 MG-25 MG, 500 MG-500 MG, 500 MG-75 MG, 75 MG-50 MG-375 MG-100 MG-50 MG, 75 MG-50 MG-375 MG-50 MG-50 MG</i>	P				
<i>bioflavonoid products CHEW 200 MG, 500 MG</i>	P				
<i>bioflavonoid products TABS</i>	P	RX/OTC	GNP ONE DAILY WOMENS HEALTH TABS 60 MG-2 MG-30 MCG-400 MCG-800 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-450 MG-1.5 MG-50 MG-15 MG-30 UNIT-2 MG-120 MCG-2 MG-20 MCG	P	
<i>bioflavonoid products TBCR</i>	P				
Multiple Vitamins w/ Calcium					
			Multiple Vitamins w/ Iron		
			DAILY VITE MULTIVITAMIN/IRON TABS 50 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-15 MG-1.5 MG	P	RX/OTC
			DESTRESS-IRON TABS	P	RX/OTC
			FLORAVITA MINI TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MINI MULTI VITAMINS/IRON TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG-6 MCG	P	RX/OTC	ONE DAILY MULTIVITAMIN/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	P	RX/OTC
<i>multiple vitamins w/ iron TABS</i>	P	RX/OTC	ONE-DAILY MULTI-VITAMIN/IRON TABS 50 MG-1 MG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-18 MG	P	RX/OTC
MULTIPLE VITAMINS/IRON TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-5000 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-18 MG-1.5 MG-30 UNIT	P	RX/OTC	ONE-DAILY/IRON TABS 50 MG-2 MG-20 MG-1 MG-400 UNIT-1 MCG-1 MG-2.5 MG-18 MG-5000 UNIT	P	RX/OTC
MULTIVITAMIN PLUS IRON ADULT TABS 60 MG-2 MG-13.5 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-75 MG-1.5 MG	P	RX/OTC	QC DAILY MULTIVITAMINS/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	P	RX/OTC
MULTI-VITAMIN/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	P	RX/OTC	STRESS B COMPLEX/IRON TABS 600 MG-5 MG-45 MCG-400 MCG-12 MCG-15 MG-100 MG-20 MG-27 MG-15 MG-30 UNIT	P	RX/OTC
NAT-RUL DAILY-VITE+IRON TABS 60 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-2 MG-30 UNIT	P	RX/OTC	STRESS FORMULA/IRON/ENERGY TABS	P	RX/OTC
			STRESS FORMULA/IRON TABS	P	RX/OTC
			TAB-A-VITE/IRON/BETA CAROTENE TABS	P	RX/OTC
			TAB-A-VITE/IRON TABS 50 MG-1 MG-400 MCG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-15 MG	P	RX/OTC
			Multiple Vitamins w/ Minerals		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
50+ ADULT EYE HEALTH CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	P	RX/OTC	AIRBORNE ELDERBERRY CHEW 90 MG-3.15 MCG-3.35 MG-7.5 MG-1 MG-150 MG	P	RX/OTC
A THRU Z SELECT CHEW 75 MG-7 MG-45 MCG-500 MCG-400 UNIT-25 MCG-2.7 MG-12 MG-250 MCG-4000 UNIT-10 MG-200 MG-2.2 MG-50 MG-15 MG-2 MG-100 MCG-25 MCG-70 UNIT-125 MG-5 MCG-10 MCG-4.5 MG-100 MCG-22.5 MCG-10 MCG-4 MG	P	RX/OTC	AIRBORNE GUMMIES CHEW 333.333 MG-3.333 UNIT-66.666 UNIT-0.333 MG-0.033 MG-3.333 MG-5 MCG	P	RX/OTC
ACTICAL CAPS	P	RX/OTC	AIRBORNE KIDS CHEW	P	RX/OTC
ACTIVESSENTIALS FOR WOMEN MISC	P		AIRBORNE CHEW	P	RX/OTC
ACTIVESSENTIALS/ONC OPLEX & D3 MISC	P		ALIVE ADULT PREMIUM CHEW	P	RX/OTC
ACTIVNUTRIENTS PERFORMANCE CAPS	P	RX/OTC	ALIVE EVERYDAY IMMUNE HEALTH CAPS	P	RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	P	RX/OTC	ALIVE HAIR, SKIN & NAILS CAPS	P	RX/OTC
ACTIVNUTRIENTS CAPS	P	RX/OTC	ALIVE HAIR, SKIN & NAILS CHEW	P	RX/OTC
ADEK GUMMIES PLUS ZN CHEW	P	RX/OTC	ALIVE IMMUNE/ELDERBERRY CHEW	P	RX/OTC
ADULT ONE DAILY GUMMIES CHEW	P	RX/OTC	ALIVE MAX 6 POTENCY CAPS	P	RX/OTC
ADVANCED EYE HEALTH CAPS	P	RX/OTC	ALIVE MENS 50+ MULTI GUMMY CHEW	P	RX/OTC
ADVANCED MULTI EA CHEW 45 MG-2 MG-300 MCG-400 MCG-1500 UNIT-500 MCG-5000 UNIT-1.7 MG-500 MCG-10 MG-10 MG-10 MG-22.5 MG-5 MG-6.25 MG-75 UNIT-15 MG-35 MCG-25 MG-7.5 MG-25 MCG-75 MCG-75 MG-1 MG-60 MCG-1 MG-7.5 MG-1 MG	P	RX/OTC	ALIVE MENS GUMMY MULTIVITAMINS CHEW	P	RX/OTC
AFLORA TABS	NP	RX/OTC	ALIVE MENS PREMIUM GUMMIES CHEW	P	RX/OTC
			ALIVE MULTI-VITAMIN CHEW	P	RX/OTC
			ALIVE MULTI-VITAMIN LIQD	P	RX/OTC
			ALIVE WOMENS 50+ GUMMY CHEW	P	RX/OTC
			ALIVE WOMENS 50+ PREMIUM GUMMY CHEW	P	RX/OTC
			ALIVE WOMENS 50+ CHEW	P	RX/OTC
			ALIVE WOMENS GUMMY CHEW	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALIVE WOMENS PREMIUM GUMMIES CHEW	P	RX/OTC	BODY/HAIR/SKIN/NAILS CAPS 20 MG-0.667 MG-200 MCG-133.333 MCG-6.667 MG-0.5 MG-2 MCG-0.567 MG-166.667 MG-33.333 MG-5 MG-20 MG-3 MG-0.667 MG-33.333 MG-1.667 MG-3.333 MG-2000 UNIT-133.333 MG-66.667 MG-50 MCG-83.333 MG-10 UNIT	P	RX/OTC
AMORYN MOOD BOOSTER CAPS 10 MG-25 MG-20 MG-300 MCG-400 UNIT-15 MG-70 MCG-30 MCG-90 MG-18 MG	P	RX/OTC	BONEUP 3 PER DAY CAPS	P	RX/OTC
ANTIOXIDANT FORMULA/MINERALS CAPS 250 MG-7.5 MG-1 MG-10000 UNIT-200 UNIT-1.5 MG-15 MCG	P	RX/OTC	BONEUP CAPS	P	RX/OTC
APETIBEX CAPS	P	RX/OTC	BOOSTNOW IMMUNE SUPPORT CAPS	P	RX/OTC
APPE-CURB CAPS	P	RX/OTC	BPROTECTED MULTI-VITE LIQD 60 MG/15ML-2 MG/15ML-300 MCG/15ML-1.5 MG/15ML-6 MCG/15ML-20 MG/15ML-10 MG/15ML-9 MG/15ML-3 MG/15ML-25 MCG/15ML-150 MCG/15ML-30 UNIT/15ML-25 MCG/15ML-2 MG/15ML-1.7 MG/15ML	P	RX/OTC
BARIATRIC FUSION CHEW	P	RX/OTC	BURIED TREASURE ACTIVE 55 PLUS LIQD	P	RX/OTC
BARIATRIC MULTIVITAMIN/IRON CHEW	P	RX/OTC	CELEBRATE MULTI-COMPLETE 18 CAPS	P	RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	P	RX/OTC	CELEBRATE MULTI-COMPLETE 18 CHEW	P	RX/OTC
BARIATRIC MULTIVITAMINS/IRON CHEW	P	RX/OTC	CELEBRATE MULTI-COMPLETE 36 CAPS	P	RX/OTC
BARIATRIC MULTIVITAMINS CAPS	P	RX/OTC	CELEBRATE MULTI-COMPLETE 36 CHEW	P	RX/OTC
BARIATRIC MULTIVITAMINS CHEW	P	RX/OTC	CELEBRATE MULTI-COMPLETE 45 CAPS	P	RX/OTC
BIO-35 GLUTEN-FREE CAPS	P	RX/OTC	CELEBRATE MULTI-COMPLETE 45 CHEW	P	RX/OTC
BIO-35 IRON FREE CAPS	P	RX/OTC	CELEBRATE MULTI-COMPLETE 60 CAPS	P	RX/OTC
BIOCAL CAPS	P	RX/OTC			
BIOTECT PLUS CAPS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CELEBRATE MULTI-COMplete 60 CHEW	P	RX/OTC	CENTRUM VITAMINTS CHEW	P	RX/OTC
CENTRUM ADULT 50+ MULTIGUMMIES CHEW	P	RX/OTC	CENTRUM WOMEN 50+ MULTIGUMMIES CHEW	P	RX/OTC
CENTRUM ADULT LIQD 60 MG/15ML-300 MCG/15ML-1.1 MG/15ML-20 MG/15ML-2 MG/15ML-10 MG/15ML-1.7 MG/15ML-10 MCG/15ML-13.5 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML	P	RX/OTC	CENTRUM WOMEN MULTIGUMMIES CHEW	P	RX/OTC
CENTRUM ADULTS MULTIGUMMIES CHEW	P	RX/OTC	CENTRUM LIQD 60 MG/15ML-2 MG/15ML-300 MCG/15ML-1.5 MG/15ML-6 MCG/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-400 UNIT/15ML-30 UNIT/15ML-9 MG/15ML-2.5 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-2500 UNIT/15ML, 60 MG/15ML-2 MG/15ML-300 MCG/15ML-30 UNIT/15ML-1.1 MG/15ML-400 UNIT/15ML-6 MCG/15ML-1300 UNIT/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML	P	RX/OTC
CENTRUM DUAL ACT MULTI+ BEAUTY CHEW	P	RX/OTC	CENVITE LIQD	P	RX/OTC
CENTRUM DUAL ACT MULTI+OMEGA-3 CHEW	P	RX/OTC	CHOICEFUL MULTIVITAMIN CAPS	P	RX/OTC
CENTRUM FLAVOR BURST ADULT CHEW	P	RX/OTC	CHOICEFUL MULTIVITAMIN CHEW	P	RX/OTC
CENTRUM FLAVOR BURST CHEW	P	RX/OTC			
CENTRUM FRESH/FRUITY 50+ CHEW	P	RX/OTC			
CENTRUM FRESH/FRUITY ADULT CHEW	P	RX/OTC			
CENTRUM MEN 50+ MULTIGUMMIES CHEW	P	RX/OTC			
CENTRUM MEN MULTIGUMMIES CHEW	P	RX/OTC			
CENTRUM MULTI + OMEGA 3 CHEW	P	RX/OTC			
CENTRUM MULTI+ MENTAL FOCUS CHEW	P	RX/OTC			
CENTRUM POSTNATAL GUMMIES CHEW	P	RX/OTC			
CENTRUM SILVER CHEW	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMPLETE MULTIVITAMIN/MINERAL LIQD 60 MG/15ML-300 MCG/15ML-1.5 MG/15ML-2 MG/15ML-1000 UNIT/15ML-6 MCG/15ML-1300 UNIT/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-9 MG/15ML-3 MG/15ML-25 MCG/15ML-150 MCG/15ML-30 UNIT/15ML-2 MG/15ML-25 MCG/15ML	P	RX/OTC	CVS DAILY GUMMIES CHEW 30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT-2.5 MG	P	RX/OTC
CONCEPTIONXR MOTILITY SUPPORT MISC	P		CVS DIABETES HEALTH SUPPORT MISC	P	
CORAL CALCIUM PLUS CAPS	P	RX/OTC	CVS EYE HEALTH ADULT 50+ CAPS	P	RX/OTC
CULTURELLE PROBIOTIC MEN DAILY CAPS	P	RX/OTC	CVS IMMUNE SUPPORT CAPS	P	RX/OTC
CULTURELLE PROBIOTICS + MULTIV CHEW	P	RX/OTC	CVS MENS DAILY GUMMIES CHEW 37.5 MG-2.5 MG-300 MCG-200 MCG-200 UNIT-7.5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-75 MCG-15 UNIT-2.5 MG-55 MCG	P	RX/OTC
CVS ADULT 50+ EYE HEALTH CAPS	P	RX/OTC	CVS SPECTRAVITE ADULT 50+ CHEW	P	RX/OTC
CVS ADULT MULTIVITAMIN CHEW	P	RX/OTC	CVS SPECTRAVITE WOMEN CHEW	P	RX/OTC
CVS AIRSHIELD IMMUNITY SUPPORT CHEW	P	RX/OTC	CVS VISION HEALTH CAPS	P	RX/OTC
CVS AIRSHIELD CHEW 250 MG-7.5 UNIT-500 UNIT-2 MG-10 MG-0.75 MG-3.75 MCG	P	RX/OTC	CVS WOMENS DAILY GUMMIES CHEW 15 MG-1 MG-75 MCG-200 MCG-400 UNIT-4.5 MCG-1250 UNIT-20 MCG-15 UNIT-1.25 MG-50 MG	P	RX/OTC
CVS DAILY GUMMIES ADULT CHEW 30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT-2.5 MG	P	RX/OTC	DAILY DIABETES HEALTH PACK MISC	P	
			DAILY HEART HEALTH SUPPORT MISC	P	
			DAILY MULTIVITAMIN CAPS 2 MG-30 MCG-30 UNIT-200 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-100 MCG-20 MG-2 MG-30 MG-500 MCG-1 MG-1.5 MG-15 MG-40 MG-120 MG-2 MG-5000 UNIT-75 MCG-150 MCG-120 MCG-70 MCG	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DAILY PAK MAXIMUM MULTIVITAMIN MISC	P		EQ VISION FORMULA 50+ CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	P	RX/OTC
DECUBI-VITE CAPS	P	RX/OTC	EQL ONE DAILY ADULT GUMMIES CHEW	P	RX/OTC
DEKAS BARIATRIC CHEW	P	RX/OTC	EYE HEALTH AREDS 2 CAPS	P	RX/OTC
DEKAS PLUS OCEAN CAPS	P	RX/OTC	EYE HEALTH GUMMIES CHEW	P	RX/OTC
DEKAS PLUS CAPS	P	RX/OTC	EYE HEALTH CAPS	P	RX/OTC
DEKAS PLUS CHEW	P	RX/OTC	EYE VITAMINS CAPS 60 MG-6 MG-15 MG-2 MG-30 UNIT-22 MG	P	RX/OTC
DEPLIN MA CAPS	P	RX/OTC	FLORRAXYL TABS	NP	RX/OTC
DEPLINPRO MOOD HEALTH CAPS	P	RX/OTC	FOLAGENT DHA CAPS	P	RX/OTC
DEXATRAM CAPS	P	RX/OTC	FOLAMAX TABS	NP	RX/OTC
DIABETES HEALTH MISC	P		FOLAMED DHA CAPS	P	RX/OTC
DRY EYE FORMULA CAPS 33.333 MG-3.333 MG-16.667 UNIT-6.667 MG-133.333 MG-166.667 MG	P	RX/OTC	FOLAPRIME TABS	NP	RX/OTC
EMERGEN-C APPLE CIDER VINEGAR CHEW	P	RX/OTC	FOLASYNCH DHA CAPS	NP	RX/OTC
EMERGEN-C ASHWAGANDHA CHEW	P	RX/OTC	FOLATEN TABS	NP	RX/OTC
EMERGEN-C ELDERBERRY CHEW	P	RX/OTC	FOLIXIA TABS	NP	RX/OTC
EMERGEN-C IMMUNE PLUS/VIT D CHEW	P	RX/OTC	FT ADULT MULTI GUMMIES CHEW	P	RX/OTC
EMERGEN-C IMMUNE+ ELDERBERRY CHEW	P	RX/OTC	FT EYE HEALTH CAPS	P	RX/OTC
EMERGEN-C IMMUNE+ CHEW	P	RX/OTC	FT IMMUNE SUPPORT CHEW	P	RX/OTC
EMERGEN-C TURMERIC & GINGER CHEW	P	RX/OTC	GNP ADULT MINI CHEW	P	RX/OTC
EMERGEN-C VITAMIN C CHEW	P	RX/OTC	GNP HEALTHY EYES SUPERVISION 2 CAPS 250 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	RX/OTC
ENDUR-VM WITH IRON TBCR	P		GNP IMMUNE SUPPORT CHEW	P	RX/OTC
ENDUR-VM TBCR	P				
ENLYTE GUMMY+ CHEW	P	RX/OTC			
EQ MULTIVITAMINS ADULT GUMMY CHEW	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HAIR SKIN NAILS CAPS 30 MG-1.667 MG- 1666.667 MCG-10 UNIT- 133.333 MCG-666.667 UNIT-2.667 MCG- 1666.667 UNIT-1.667 MG- 8.333 MG-5 MG-3.333 MG-1.667 MG-2.5 MG-10 MG-0.333 MG-10 MG-1 MG-20 MG-8.333 MG- 4.167 MCG	P	RX/OTC	LYSIPLEX PLUS LIQD	P	RX/OTC
HAIR/SKIN/NAI LS CAPS	P	RX/OTC	MACULAR HEALTH FORMULA CAPS 250 MG-10 MG-100 MCG-10 MG-500 UNIT-5 MG-5 MG-1 MG-1 MG-20 MG-25 MCG-200 UNIT-7.5 MG- 10 MG	P	RX/OTC
HEALTHY EYES SUPERVISION 2 CAPS	P	RX/OTC	MAXIMIN PACK MISC 1390 MG-30 MCG-500 MCG-16.5 MG-70 MG-8 MG-20 MG-11.9 MG-250 MCG-300 MCG-35 MCG- 202.5 MG-50 MG-2.3 MG- 45 MCG-80 MG-2 MG-5 MG-150 MCG-45 MCG- 0.9 MG-10 MCG-11 MG- 720 MG-150 MCG-50 MG- 55 MCG-750 MCG-30 MCG-25 MCG-70 MG	P	
HEALTHY EYES/LUTEIN- ZEAXANTHIN CAPS 60 MG-13.5 MG-6 MG-15 MG	P	RX/OTC	MEGA-MARATHON 100 TR TBCR 300 MG-100 MG-100 MCG-400 MCG- 100 MG-100 MCG-100 MG-100 MG-100 MG-100 MG-100 MG-100 MG-50 MG-30 MG-1000 UNIT-18 MG-25 MG-100 MCG-10 MCG-50 MG-10 MCG-100 MCG-100 MCG-10 MCG- 15 MG-50 MG-100 MCG- 50 MG-15 MG-180 MCG- 15 MG-15 MG-100 UNIT- 25000 UNIT-25 MG-20 MG	P	
ICAPS LUTEIN & OMEGA-3 CAPS 240 MCG-1.2 MG-16 MG-1.3 MG-2.4 MCG-1.3 MG-10 MG-600 MCG-45 MG-2 MG-10 UNIT-2.3 MG-0.9 MG-7 MG-1 MG-34 MCG- 280 MG	P	RX/OTC	MENATROL CAPS	P	RX/OTC
ICAPS CAPS 226 MG- 34.8 MG-0.8 MG-14320 UNIT-200 MG	P	RX/OTC	MENS 50+ ADVANCED CAPS	P	RX/OTC
IMMUNE 24 HOUR+ CAPS	P	RX/OTC	MENS MULTIVITAMIN GUMMIES CHEW	P	RX/OTC
IMMUNE ESSENTIALS DAILY CAPS	P	RX/OTC	MENS MULTIVITAMIN CHEW	P	RX/OTC
IMMUNE SUPPORT CHEW	P	RX/OTC	MENS PACK MISC	P	
KEYFOLIC TABS	NP	RX/OTC	MOOD FOOD ES CAPS	P	RX/OTC
KP MENS DAILY PACK MISC	P		MOOD FOOD CAPS	P	RX/OTC
KP WOMENS DAILY MISC	P				
LIFE PACK MENS MISC	P				
LIFE PACK WOMENS MISC	P				
LIVITA ADULTS LIQD	P	RX/OTC			
LUMIVANCE CAPS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTI + OMEGA-3 ADULT GUMMIES CHEW 0.9 MG-200 MCG-1000 UNIT-3 MCG-10 MG-1250 UNIT-25 MG-25 MG-5 MG-10 UNIT-1.9 MG-113.5 MG-5 MG	P	RX/OTC	MULTI FOR HER CAPS 60 MG-2 MG-30 MCG-600 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-600 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-100 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-20 MCG	P	RX/OTC
MULTI + OMEGA-3 GUMMIES CHEW	P	RX/OTC			
MULTI ADULT GUMMIES CHEW 30 MG-1 MG-75 MCG-200 MCG-500 UNIT-3 MCG-10 MG-1250 UNIT-5 MG-3.75 MG-37.5 MCG-15 UNIT	P	RX/OTC			
MULTI COMPLETE CAPS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-20 MCG	P	RX/OTC	MULTI FOR HIM CAPS 60 MG-4 MG-30 MCG-400 MCG-1000 UNIT-18 MCG-1.7 MG-40 MCG-20 MG-10 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-40 MCG, 60 MG-4 MG-30 MCG-400 MCG-25 MCG-18 MCG-1.7 MG-40 MCG-20 MG-10 MG-100 MG-1.5 MG-40 MG-15 MG-2 MG-750 MCG-45 MCG-150 MCG-22.5 MG-4 MG-120 MCG-40 MCG	P	RX/OTC
MULTI FOR HER 50+ CAPS 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-200 MG-75 MCG-150 MCG-60 UNIT-4 MG-120 MCG-70 MCG, 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-200 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-75 MCG-150 MCG-60 UNIT-4 MG-120 MCG-70 MCG, 60 MG-6 MG-30 MCG-60 UNIT-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-200 MG-75 MCG-150 MCG-4 MG-120 MCG-70 MCG	P	RX/OTC	MULTIA CAPS	P	RX/OTC
			<i>multiple vitamins w/ minerals CAPS</i>	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIPLE VITAMINS-MINERALS LIQD 60 MG/15ML-300 MCG/15ML-1.1 MG/15ML-20 MG/15ML-2 MG/15ML-10 MG/15ML-1.7 MG/15ML-10 MCG/15ML-14 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-13 MG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML	P	RX/OTC	MULTIVITAMIN GUMMIES MENS CHEW 15 MG-2 MG-15 MCG-150 MCG-10 MG-200 UNIT-9 MCG-1250 UNIT-20 MCG-3 MCG-5 MG-1 MG-19 MCG-15 UNIT-60 MCG-9.4 MCG-1.9 MG-75 MCG, 22.5 MG-2.5 MG-37.5 MCG-15 UNIT-80 MCG-500 UNIT-7.5 MCG-3 MG-1250 UNIT-2.5 MG-75 MCG-55 MCG, 37.5 MG-2.5 MG-300 MCG-200 MCG-200 UNIT-7.5 MCG-2000 UNIT-30 MCG-20 MCG-5 MG-2.5 MG-75 MCG-15 UNIT-55 MCG, 37.5 MG-2.5 MG-300 MCG-200 MCG-200 UNIT-7.5 MCG-2000 UNIT-30 MCG-20 MCG-5 MG-75 MCG-15 UNIT-2.5 MG-55 MCG	P	RX/OTC
MULTIPRO CAPS 25 MG-300 MCG-1000 MCG-10 MCG-10 MCG-3 MG-2 MG-5 MG-32 MG-2 MG-7 MG-6 MG-30 MG-315 MG-1 MG-30 MG	P	RX/OTC	MULTIVITAMIN GUMMIES WOMENS CHEW 15 MG-1 MG-75 MCG-15 UNIT-200 MCG-400 UNIT-4.5 MCG-1250 UNIT-20 MCG-1.25 MG-50 MG, 15 MG-1 MG-75 MCG-200 MCG-400 UNIT-4.5 MCG-1250 UNIT-1.25 MG-20 MCG-15 UNIT-50 MG	P	RX/OTC
MULTIVITAMIN GUMMIES ADULT CHEW 30 MG-1 MG-150 MCG-200 MCG-400 UNIT-3 MCG-1250 UNIT-20 MCG-30 MCG-5 MG-2.5 MG-2.5 MG-1 MG-7.5 UNIT-140 MG, 30 MG-1 MG-75 MCG-20 UNIT-200 MCG-200 UNIT-5 MCG-2000 UNIT-30 MCG-20 MCG-5 MG-2.5 MG-40 MCG, 30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-2000 UNIT-30 MCG-20 MCG-5 MG-2.5 MG-40 MCG-20 UNIT, 30 MG-1 MG-75 MCG-200 MCG-5 MCG-4 MCG-600 MCG-5 MG-17.5 MG-40 MCG-9 MG-2.5 MG	P	RX/OTC	MULTI-VITAMIN GUMMIES CHEW 15 MG-2 MG-7.5 MCG-200 MCG-5 MG-400 UNIT-6 MCG-1250 UNIT-20 MCG-1.5 MG-137.5 MCG-5 MG-7.5 UNIT-60 MCG-18.75 MCG-75 MCG	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN LIQD 60 MG/15ML-300 MCG/15ML-30 UNIT/15ML-1.5 MG/15ML-2 MG/15ML-400 UNIT/15ML-6 MCG/15ML-1300 UNIT/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-9 MG/15ML-3 MG/15ML-25 MCG/15ML-150 MCG/15ML-2 MG/15ML-25 MCG/15ML	P	RX/OTC	OCUVITE EYE HEALTH FORMULA CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	P	RX/OTC
			OCUVITE EYE HEALTH GUMMIES CHEW 50 MG-2.5 MG-0.5 MG-4.5 MG-15 UNIT	P	RX/OTC
			OCUVITE EYE PERFORMANCE CAPS	P	RX/OTC
			OCUVITE-LUTEIN CAPS	P	RX/OTC
MULTI-VITE LIQD	P	RX/OTC	ONE A DAY IMMUNITY DEFENSE CHEW	P	RX/OTC
MVW COMPLETE FORMULATION D3000 CAPS	P	RX/OTC	ONE A DAY MENS VITACRAVES CHEW	P	RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS	P	RX/OTC	ONE A DAY POSTNATAL CAPS	NP	RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS	P	RX/OTC	ONE A DAY WOMEN 50 PLUS CHEW	P	RX/OTC
MVW COMPLETE FORMULATION CAPS	P	RX/OTC	ONE-A-DAY FOR HER VITACRAVES CHEW	P	RX/OTC
MVW HI-D ADEK GUMMIES CHEW	P	RX/OTC	ONE-A-DAY FOR HIM VITACRAVES CHEW	P	RX/OTC
MVW MODULATOR FORMULATION MINI CAPS	P	RX/OTC	ONE-A-DAY MENS VITACRAVES CHEW	P	RX/OTC
MVW MODULATOR FORMULATION CAPS	P	RX/OTC	ONE-A-DAY VITACRAVES ADULT CHEW	P	RX/OTC
MVW ORANGE CHEWABLES CHEW	P	RX/OTC	ONE-A-DAY VITACRAVES IMMUNITY CHEW	P	RX/OTC
NUTRALYN TABS	NP	RX/OTC	ONE-A-DAY VITACRAVES SOUR CHEW	P	RX/OTC
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	RX/OTC	ONE-A-DAY VITACRAVES CHEW	P	RX/OTC
OCUVITE ADULT 50+ CAPS	P	RX/OTC	ONE-A-DAY WOMENS VITACRAVES CHEW	P	RX/OTC
OCUVITE ADULT FORMULA CAPS	P	RX/OTC	ONE-DAILY MULTI CAPS CAPS	P	RX/OTC
			OPTIFAST POST BARIATRIC CHEW	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OPTIMUM AIRVITES CHEW	P	RX/OTC	SUPER ANTIOXIDANT CAPS	P	RX/OTC
OPTISOURCE POST BARIATRIC SURG CHEW	P	RX/OTC	SUPER ANTIOXIDANTS PROTECTOR CAPS 500 MG-400 UNIT-25000 UNIT-50 MCG	P	RX/OTC
OPURITY BYPASS OPTIMIZED CHEW	P	RX/OTC	SUPER NATRUL-100 TBCR 200 MG-100 MG-100 MCG-400 MCG-100 MG-150 MCG-100 MG-100 MG-100 MG-100 MG-100 MG-9000 UNIT-100 MG-25 MG-25 MG-600 UNIT-100 UNIT-25 MG-6000 UNIT-25 MG-20 MG-6.1 MG-25 MG-25 MCG-20 MG-50 MG-0.225 MG-25 MCG-25 MG-5 MG	P	
PREMIUM PACKETS MISC	P		SUPPORT LIQD	P	RX/OTC
PRESCRIPTION SUPPORT MULTIVIT CAPS	P	RX/OTC	SYSTANE ICAPS AREDS2 CAPS 250 MG-5 MG-1 MG-1 MG-12.5 MG-200 UNIT	P	RX/OTC
PRESERVISION AREDS 2+COQ10 CAPS	P	RX/OTC	SYSTANE ICAPS AREDS2 CHEW	P	RX/OTC
PRESERVISION AREDS 2+MULTI VIT CAPS	P	RX/OTC	THERAMILL FORTE CAPS	P	RX/OTC
PRESERVISION AREDS 2 CAPS	P	RX/OTC	THERANATAL LACTATION COMPLETE MISC	P	
PRESERVISION AREDS 2 CHEW	P	RX/OTC	THERANATAL LACTATION ONE CAPS	P	RX/OTC
PRESERVISION AREDS 3 CAPS	P	RX/OTC	TOTALDAY MULTIPLE TBCR 500 MG-100 MG-100 MCG-100 MCG-100 MG-1000 UNIT-100 MG-100 MG-100 MG-100 MCG-100 MG-100 MG-100 MG-50 MG-18 MG-100 MCG-30 MG-25 MG-15 MG-100 MCG-25000 UNIT-50 MCG-100 MCG-10 MCG-50 MG-50 MG-100 UNIT-100 MCG-50 MG-180 MCG-15 MG-15 MG-25 MG-30 MCG-20 MG	P	
PRESERVISION AREDS CAPS	P	RX/OTC			
PRESERVISION/LUTEIN CAPS	P	RX/OTC			
PREVENT CAPS	P	RX/OTC			
PROBIOTICS + BARIATRIC MULTI CAPS	P	RX/OTC			
PROFOLA TABS	NP	RX/OTC			
PRORENAL + D W/ OMEGA-3 CAPS	P	RX/OTC			
PROTECT CARDIO AF CAPS	P	RX/OTC			
PROTECT PLUS SO CAPS	P	RX/OTC			
PROTEGRA CAPS	P	RX/OTC			
QC OCUHEALTH VISION SUPPORT 2 CAPS	P	RX/OTC			
REMEDIENT CAPS	P	RX/OTC			
SKIN HAIR & NAILS ADVANCED CAPS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TREXION CAPS	P	RX/OTC	VIC-FORTE CAPS 150 MG-2 MG-1 MG-10 MCG-8000 UNIT-5 MG-25 MG-10 MG-10 MG-50 UNIT-80 MG-70 MG-4 MG	P	RX/OTC
TROPICAL LIQUID NUTRITION LIQD 90 MG/15ML-3 MG/15ML-150 MCG/15ML-45 UNIT/15ML-300 MCG/15ML-2.25 MG/15ML-600 UNIT/15ML-18 MCG/15ML-5250 UNIT/15ML-2.55 MG/15ML-45 MG/15ML-15 MG/15ML-15 MG/15ML-75 MG/15ML-112.5 MCG/15ML-37 MG/15ML	P	RX/OTC	VISION FORMULA 2 CAPS 250 MG-5 MG-1 MG-10 MG-1 MG-90 MG	P	RX/OTC
ULTRA MEGA GOLD TBCR	P		VISION HEALTH CAPS	P	RX/OTC
ULTRA MEGA TWO TBCR	P		VISION OPTIMIZER CAPS	P	RX/OTC
ULTRA MEGA TBCR	P		VISTA ADVANCED AREDS2 FORMULA CAPS	P	RX/OTC
ULTRA MULTI FORMULA/IRON CAPS 40 MG-1.333 MG-200 MCG-266.667 MCG-4 MG-1000 UNIT-33.333 MCG-1.133 MG-3.333 MG-3.333 MG-16.667 MG-3333.333 UNIT-6.667 MG-15 MG-33.333 MG-10 MG-10 UNIT-133.333 MG-50 MCG-0.667 MG-40 MCG-10 MG-25 MCG-5 MG-10 MG-1 MG-23.333 MCG-10 MG	P	RX/OTC	VISTA ADVANCED DRY EYE FORMULA CAPS	P	RX/OTC
ULTRA-MEGA TBCR 400 UNIT-250 MG-75 MG-75 MCG-400 MCG-75 MG-75 MG-75 MCG-75 MCG-75 MG-10 MG-75 MCG-25 MCG-50 MG-25 MCG-7.2 MG-15 MG-25 MCG-10000 UNIT-10 MG-150 MCG-150 UNIT-0.25 MG-10 MCG-25 MCG-75 MCG-6.1 MG-5 MCG	P		VITABEX PLUS CAPS	P	RX/OTC
			VITABEX CAPS	P	RX/OTC
			VITACHEW ADULT MULTI VITAMIN CHEW	P	RX/OTC
			VITACORE TABS	NP	RX/OTC
			VITAFUSION MULTI WOMENS CHEW	P	RX/OTC
			VITAJoy MULTI GUMMIES ADULT CHEW	P	RX/OTC
			VITA-MIN CAPS 85 MG-1.7 MG-42.3 MCG-8.3 UNIT-255 MCG-106.3 UNIT-3.3 MCG-5.7 MG-1 MG-11.3 MG-1 MG-42.3 MG-56.7 MG-2.7 MG-4.3 MCG-56.7 MG-14 MCG-4.3 MG-42.3 MCG-14 MCG-2973 UNIT	P	RX/OTC
			VITEYES AREDS 2 FORMULA +COQ10 CAPS	P	RX/OTC
			VITEYES AREDS 2 FORMULA +MULTI CAPS	P	RX/OTC
			VITEYES AREDS 2 FORMULA MINI CAPS	P	RX/OTC
			VITEYES AREDS 2 FORMULA CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VITEYES CLASSIC ADVANCED CAPS	P	RX/OTC	WOMENS MULTI CAPS 72 MG-4 MG-30 MCG-600 MCG-1000 UNIT-15 MCG-1.7 MG-20 MCG-20 MG-9.5 MG-2500 UNIT-20 MG-18 MG-21 MG-10 MG-100 MCG-234 MCG-3 MG-4 MG-15 MG-2 MG-16 MG-150 MCG-150 MCG-33 UNIT-5 MCG-10 MCG-120 MCG-70 MCG-552 MCG-6 MG-10 MCG-2 MG-2 MG-75 MCG	P	RX/OTC
VITEYES CLASSIC MACULAR SUPPOR CAPS	P	RX/OTC	WOMENS MULTIVITAMIN + COLLAGEN CHEW	P	RX/OTC
VITEYES CLASSIC+OMEGA-3 CAPS	P	RX/OTC	WOMENS MULTIVITAMIN GUMMIES CHEW	P	RX/OTC
VITEYES COMPLETE CAPS 83.3 MG-16.7 MG-50 MCG-133.3 MCG-3.3 MG-25 MG-66.7 UNIT-833.3 UNIT-1.67 MG-16.7 MCG-41.7 MG-83.3 MG-1.67 MG-8.3 MG-0.67 MG-3.3 MG-0.5 MG-0.33 MG-4 MG-33.3 MG-33.3 MCG-66.7 UNIT-0.83 MG-33.3 MG-20.8 MCG-1.67 MCG-16.5 MG-0.33 MG-33.3 MCG-33.3 MG-16.7 MCG-6.7 MG-83.3 MG-166.7 MCG-33.3 MCG-20 MG-6.7 MG-20 MG-33.3 MG	P	RX/OTC	WOMENS PACK MISC	P	
WAL-BORN VITAMIN C CHEW	P	RX/OTC	YOUR LIFE MULTI ADULT GUMMIES CHEW	P	RX/OTC
WELLFOLA TABS	NP	RX/OTC	YUM-VS COMPLETE MULTIVITAMIN CHEW	P	RX/OTC
WOMENS 50+ ADVANCED CAPS 72 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-9.5 MG-2500 UNIT-20 MG-21 MG-10 MG-100 MCG-234 MCG-4.5 MG-4 MG-22.5 MG-2 MG-16 MG-150 MCG-150 MCG-33 UNIT-5 MCG-10 MCG-180 MCG-105 MCG-552 MCG-6 MG-10 MCG-2 MG-4 MG-90 MCG	P	RX/OTC	YUMVS MULTI ZERO CHEW	P	RX/OTC
WOMENS MULTI GUMMIES CHEW	P	RX/OTC	YUMVS ZERO DIABETIC MULTIVITAM CHEW	P	RX/OTC
			Multivitamins		
			ALTRIXA TABS	P	RX/OTC
			AMLADEX TABS	P	RX/OTC
			ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT	P	RX/OTC
			AVOWISE TABS	P	RX/OTC
			CENTRUM MENOPAUSE MIND/MOOD TABS	P	RX/OTC
			CHLOROCAPS CAPS 1 MCG-5 MCG-30 MCG-30 MCG-50 MCG-10 MG	P	RX/OTC
			DAILY MULTIPLE VITAMINS TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DAILY VALUE MULTIVITAMIN TABS 400 UNIT-60 MG-2 MG-300 MCG-30 UNIT-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG, 400 UNIT-60 MG-2 MG-300 MCG-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-30 UNIT	P	RX/OTC	FOLIVANCE CAPS	P	RX/OTC
DAILY VITAMINS TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	P	RX/OTC	GNP ESSENTIAL ONE DAILY TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-75 MG-1.5 MG-30 UNIT	P	RX/OTC
DAILY VITES TABS 60 MG-2 MG-0.4 MG-1.5 MG-6 MCG-5000 UNIT-10 MG-1.7 MG-20 MG-400 UNIT-30 UNIT	P	RX/OTC	HEALTHY HAIR/SKIN/NAILS TABS 2 MG-2000 MCG-400 MCG-25 MG-100 MG-25 MCG-1.7 MG-10 MG-40 MG-1.5 MG-50 MG-2500 UNIT-50 MG-50 MG	P	RX/OTC
DAILY VITE TABS 400 UNIT-60 MG-2 MG-30 UNIT-400 MCG-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG, 60 MG-2 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	RX/OTC	HIGH POTENCY MULTIVITAMIN TABS	P	RX/OTC
DAILY-VITE MULTIVITAMIN TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	P	RX/OTC	MICRONEX CAPS	P	RX/OTC
DAILY-VITE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	RX/OTC	MINCORA TABS	P	RX/OTC
DEKAS ESSENTIAL CAPS	P	RX/OTC	MOMMY'S BLISS MV ORGANIC DROPS LIQD	P	
DEKAS ESSENTIAL LIQD	P		MULTI VITAMIN W/D-3 TABS	P	RX/OTC
DIALYVITE 800 LIQD	P		MULTI VITAMIN TABS	P	RX/OTC
ESTROFACTORS TABS	P	RX/OTC	MULTIPLE VITAMIN-FOLIC ACID TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 UNIT	P	RX/OTC
FOLAWISE TABS	P	RX/OTC	MULTIPLE VITAMINS ESSENTIAL TABS 60 MG-2 MG-0.4 MG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-5000 UNIT	P	RX/OTC
FOLCYTEINE TABS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIPLE VITAMINS TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-1.7 MG-20 MG-10 MG-1.5 MG-30 UNIT-5000 UNIT, 60 MG-400 MCG-2 MG-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-1.5 MG-400 UNIT-30 UNIT	P	RX/OTC	ONCE DAILY TABS 400 UNIT-50 MG-1 MG-2 MG-1 MCG-5000 UNIT-1 MG-2.5 MG-20 MG	P	RX/OTC
<i>multiple vitamin TABS</i>	P	RX/OTC	ONE DAILY ESSENTIALS TABS	P	RX/OTC
MULTIVITAMIN ADULT TABS	P	RX/OTC	ONE DAILY ESSENTIAL TABS	P	RX/OTC
MULTIVITAMIN IRON-FREE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-45 MG-1.5 MG-30 UNIT	P	RX/OTC	ONE DAILY MULTIVITAMIN ADULT TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	P	RX/OTC
MULTIVITAMIN+ LIQD	P		ONE DAILY TABS 60 MG-2 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	P	RX/OTC
MULTIVITAMIN TABS	P	RX/OTC	ONE VITE DAILY MULTIVITAMIN TABS	P	RX/OTC
MULTI-VITAMIN TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	RX/OTC	ONE-DAILY MULTI VITAMINS TABS 50 MG-20 MG-1 MG-1.5 MG-400 UNIT-3 MCG-1 MG-1.7 MG-4000 UNIT-60 MG	P	RX/OTC
MV-ONE CAPS 150 MG-300 MG-750 UNIT	P	RX/OTC	ONE-DAILY MULTI-VITAMIN TABS 50 MG-1 MG-1.5 MG-10 MCG-3 MCG-1.7 MG-20 MG-1200 MCG-1 MG-60 MG	P	RX/OTC
NEOMULTIVITE TABS	P	RX/OTC	QC ESSENTIALS TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	RX/OTC
NEVVITE TABS	P	RX/OTC	QUINTABS TABS	P	RX/OTC
NOVITE CAPS 120 MG-1000 MCG-3 MG-20 MG-20 MG-3.4 MG-20 MCG-30 MG-27 MG-200 MG-2.3 MG-45 MCG-35 MCG-25 MG-200 MG-55 MCG-1500 MCG-8 MCG	P	RX/OTC	RELCARE TABS	P	RX/OTC
NUTRA-Z+ CAPS	P	RX/OTC	STRESS FORMULA/ZINC/ENERGY TABS	P	RX/OTC
OMNICAP TABS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STRESS FORMULA TABS 500 MG-3 MG-45 MCG-400 MCG-12 MCG- 20 MG-10 MG-100 MG-10 MG-30 UNIT, 500 MG-5 MG-45 MCG-400 MCG-12 MCG-10 MG-100 MG-20 MG-10 MG-30 UNIT, 500 MG-5 MG-45 MCG-400 MCG-15 MG-12 MCG-20 MG-10 MG-100 MG-30 UNIT	P	RX/OTC	VITALEE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-30 UNIT	P	RX/OTC
STRESSTABS ENERGY TABS	P	RX/OTC	VITEYES CLASSIC ZINC FREE CAPS 250 MG-5 MG-1 MG-89 MG	P	RX/OTC
TAB-A-VITE/BETA CAROTENE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	RX/OTC	VITRAX TABS	P	RX/OTC
TAB-A-VITE TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	P	RX/OTC	VITRION TABS	P	RX/OTC
THERA TABS	P	RX/OTC	ZELDANA CAPS	P	RX/OTC
THERA-TABS TABS 90 MG-3 MG-30 MCG-400 MCG-3 MG-20 MG-400 UNIT-9 MCG-5000 UNIT- 10 MG-3.4 MG-30 UNIT	P	RX/OTC	ZENVITA CAPS	P	RX/OTC
THEREMS TABS	P	RX/OTC	ZE-PLUS CAPS 75 MG- 500 UNIT-400 UNIT-50 MCG	P	RX/OTC
TM-DAILY VITE TABS	P	RX/OTC	Ped MV w/ Fluoride		
TRIVIA COMPLETE CAPS	P	RX/OTC	FLORAFOL PEDIATRIC CHEW	P	RX/OTC
TRUE DAILY VITE TABS 60 MG-400 MCG-1.5 MG- 20 MG-2 MG-1.7 MG-10 MCG-1500 MCG-6 MCG	P	RX/OTC	FLOTREX CHEW 0.25 MG, 0.5 MG, 1 MG	P	RX/OTC
TRUE MULTIVITAMIN TABS	P	RX/OTC	MULTIVITAMIN/FLUORID E CHEW	P	RX/OTC
VIRELIX TABS	P	RX/OTC	MULTI-VIT-FLOR CHEW	P	RX/OTC
VIREXA TABS	P	RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	P	RX/OTC
VIT E-VIT C-BETA CAROTENE TABS 250 MG-5000 UNIT-200 UNIT	P	RX/OTC	POLY-VI-FLOR CHEW	P	RX/OTC
			QUFLORA PEDIATRIC CHEW	P	RX/OTC
			Ped MV w/ Iron		
			BPROTECTED PEDIA POLY-VITE/FE SOLN	P	
			CEROVITE JR CHEW 18 MG	P	
			CHILDRENS ANIMAL SHAPES CHEW 18 MG	P	
			CVS CHEWABLE CHILDRENS VITAMIN CHEW 18 MG	P	
			CVS CHILDRENS COMPLETE CHEW 18 MG	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	P		BRAIN BUILDER KIDS CHEW	P	
EQ COMPLETE MULTIVITAMIN CHILD CHEW 18 MG	P		CHILDRENS CHEW MULTIVITAMIN CHEW 60 MG-1.05 MG-6.75 MG-300 MCG-10 MCG-4.5 MCG-1.2 MG-13.5 MG-750 MCG-1.05 MG	P	
EQL CHILD MULTIVIT/MINERALS CHEW 18 MG	P		CHILDRENS CHEWABLE VITAMINS CHEW 60 MG-0.3 MG-4.5 MCG-2500 UNIT-1.2 MG-13.5 MG-400 UNIT-15 UNIT, 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-15 UNIT, 60 MG-1.05 MG-300 MCG-13.5 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-2500 UNIT-15 UNIT	P	
FLINTSTONES PLUS EXTRA IRON CHEW 18 MG	P		CULTURELLE KIDS COMPLETE CHEW 45 MG-0.85 MG-7.5 MCG-15 UNIT-120 MCG-1200 UNIT-1.2 MCG-1200 UNIT-2.5 MG-1.88 MG-30 MCG	P	
FRUITY CHEWS/IRON CHEW 60 MG-1.05 MG-300 MCG-1.05 MG-4.5 MCG-1.2 MG-13.5 MG-400 UNIT-15 UNIT-15 MG-2500 UNIT	P		CULTURELLE KIDS PROBIOTIC-MV CHEW 15 MCG-30 MG-15 MCG-0.85 MG-2 MCG-2.5 MG-2.5 MG-1.82 MG-10 MG-5 MG-39.75 MCG-360 MCG-100 MCG-5 MG, 45 MG-0.85 MG-7.5 MCG-10 MG-120 MCG-30 MCG-1.2 MCG-360 MCG-2.5 MG-1.88 MG-30 MCG-26 MG	P	
GNP CHILDRENS CHEWABLES/IRON CHEW 15 MG	P		FLINTSTONES/MY FIRST CHEW 1.05 MG-15 UNIT-300 MCG-4.5 MCG-1.2 MG-10 MG-1998 UNIT-60 MG-1.05 MG-400 UNIT-10 MG	P	
HONEY BEARS W/IRON-ZINC CHEW	P				
MULTIVITAMIN DROPS/IRON SOLN	P				
MULTIVITAMIN INFANTS/TODDLERS SOLN 11 MG/ML	P				
MULTIVITAMINS PLUS IRON CHILD CHEW	P				
<i>pediatric multiple vitamins w/ iron CHEW 18 MG</i>	P				
POLY-VITE/IRON SOLN	P				
QC CHILDRENS COMPLETE CHEW 18 MG	P				
QC CHILDRENS VITAMINS/IRON CHEW 15 MG	P				
ULTRA CHOICE MULTIVITAMIN KIDS CHEW 18 MG	P				
Pediatric Multiple Vitamins					
BPROTECTED PEDIA POLY-VITE SOLN PO	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FRUITY CHEWS CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-4.5 MCG-1.2 MG-13.5 MG-400 UNIT-15 UNIT-2500 UNIT	P		NOVAMV PEDIATRIC MULTI-VITAMIN LIQD	P	
FT CHILDRENS MULTI PLUS IMMUNE CHEW	P		PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	P	
GNP CHILDRENS CHEWABLES/EX C CHEW 250 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-1.05 MG-15 UNIT	P		<i>pediatric multiple vitamins CHEW</i>	P	
GNP CHILDRENS/EXTRA C CHEW	P		POLY-VI-SOL SOLN PO	P	
GNP LITTLE ONES CHILDRENS CHEW 60 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-10 MG-1998 UNIT-1.05 MG-15 UNIT	P		POLY-VITA SOLN PO	P	
LAND BEFORE TIME MULTIVITAMIN CHEW 250 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-1.05 MG-25 MG-15 UNIT-2500 UNIT, 15 MG	P		POLY-VITE PEDIATRIC SOLN PO	P	
LITTLE ANIMALS CHEW 400 UNIT-60 MG-1.05 MG-300 MCG-4 MCG-1.2 MG-13.5 MG-2500 UNIT-1.05 MG-15 UNIT	P		QC CHILDRENS VITAMINS/EXTRA C CHEW 250 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-1.05 MG-15 UNIT	P	
MULTIVITAMIN CHILDRENS (W/ FA) CHEW 60 MG-1.05 MG-300 MCG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-15 UNIT	P		ZOO FRIENDS/EXTRA C CHEW 250 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-1.05 MG-15 UNIT	P	
MULTIVITAMIN CHILDRENS CHEW	P		Pediatric Vitamins		
MULTIVITAMIN INFANT & TODDLER SOLN PO	P		HONEY BEARS	P	
			MULTIVITAMIN GUMMIES CHILDRENS	P	
			Prenatal Vitamins		
			ALTRIXA OB	NP	
			ATABEX ONE PO	NP	
			AZESCO TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
			BRAINSTRONG PRENATAL MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)
			CADEAU DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)
			CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	NP	QL(2 EA daily); AL(Up to 50 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL MEDLEY	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ENBRACE HR	NP	QL(1 EA daily); AL(Up to 50 yrs old)
C-NATE DHA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	FOLATEXCEL	NP	QL(1 EA daily); AL(Up to 50 yrs old)
COMPLETE NATAL DHA	P	QL(2 EA daily); AL(Up to 50 yrs old)	FOLIVANE-OB	NP	QL(1 EA daily); AL(Up to 50 yrs old)
COMPLETENATE CHEW	NP	QL(1 EA daily); AL(Up to 50 yrs old)	FT PRENATAL TABS	NP	AL(Up to 50 yrs old)
CONCEPT DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)	GESTYRA TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
CONCEPT OB	NP	QL(1 EA daily); AL(Up to 50 yrs old)	GNP PRENATAL/FOLIC ACID TABS	NP	AL(Up to 50 yrs old)
CVS PRENATAL GUMMY	NP	QL(1 EA daily); AL(Up to 50 yrs old)	GNP PRENATAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
CVS PRENATAL GUMMY 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-2000 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-5 MG-35 MG	NP	QL(2 EA daily); AL(Up to 50 yrs old)	KOSHER PRENATAL PLUS IRON TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
CVS PRENATAL MULTI+DHA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	KOSHER PRENATAL PLUS IRON TABS	NP	QL(2 EA daily); AL(Up to 50 yrs old)
CVS PRENATAL MULTIVITAMIN CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	KP PRENATAL MULTIVITAMINS TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	NP	QL(1 EA daily); AL(Up to 50 yrs old)	KPN PRENATAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
CVS WOMENS PRENATAL+DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)	MASONATAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
DERMACINRX PRETRATE TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	MATERNACEL	NP	QL(1 EA daily); AL(Up to 50 yrs old)
EMBRIVA TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	MATERVIA CAPS 0.5 MG	NP	
			MATRONEX TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
			M-NATAL PLUS TABS	P	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
			MULTI PRENATAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NATAL PNV TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	OB COMPLETE/DHA	NP	QL(2 EA daily); AL(Up to 50 yrs old)
NEOMATERNA	NP	QL(1 EA daily); AL(Up to 50 yrs old)	OB COMPLETE TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
NEONATAL + DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)	OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	NP	QL(2 EA daily); AL(Up to 50 yrs old)
NEONATAL COMPLETE TABS 120 MG-3 MG-30 MCG-1000 MCG-25 MCG-8 MCG-3 MG-20 MG-7 MG-29 MG-200 MG-3 MG-100 MG-15 MG-3 MG-1200 MCG-150 MCG-18.4 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ONE A DAY PRENATAL	NP	AL(Up to 50 yrs old)
NEONATAL FE	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ONE A DAY PRENATAL ADV BRAIN	NP	
NEONATAL PLUS TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	ONE A DAY PRENATAL ADVANCED	NP	
NEO-VITAL RX TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ONE-A-DAY WOMENS PRENATAL MISC 60 MG-2.5 MG-300 MCG-800 MCG-400 UNIT-8 MCG-2 MG-20 MG-4000 UNIT-10 MG-28 MG-1.7 MG-50 MG-15 MG-2 MG-200 MG-300 MG-150 MCG-30 UNIT-23 MG-223 MG	NP	QL(2 EA daily); AL(Up to 50 yrs old)
NESTABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ONENATAL RX TABS 1 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old)
NESTABS DHA	NP	QL(2 EA daily); AL(Up to 50 yrs old)	P2I PRENATAL WITH CHOLINE CAPS 0.333 MG	NP	
NESTABS ONE	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PNV PRENATAL PLUS MULTIVIT+DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)
NIVA-PLUS TABS	P	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	PNV TABS 20-1	NP	QL(1 EA daily); AL(Up to 50 yrs old)
OB COMPLETE ONE	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PNV-OMEGA	NP	QL(1 EA daily); AL(Up to 50 yrs old)
OB COMPLETE PETITE	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PREGEN DHA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
OB COMPLETE PREMIER	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PREGENNA	NP	QL(1 EA daily); AL(Up to 50 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRENA 1 TRUE	NP	QL(2 EA daily); AL(Up to 50 yrs old)	PRENATAL MULTI +DHA CAPS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-150 MG-1.5 MG-25 MG-200 MG-11 UNIT-28 MG-4000 UNIT-228 MG, 60 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-38 MG-1.5 MG-25 MG-4000 UNIT-11 UNIT-250 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENA1	NP	QL(1 EA daily); AL(Up to 50 yrs old)			
PRENA1 PEARL	NP	QL(1 EA daily); AL(Up to 50 yrs old)			
PRENATABS FA TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)			
PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	PRENATAL MULTIVITAMIN + DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)
PRENATAL (W/IRON & FA) TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	PRENATAL MULTIVITAMIN PLUS DHA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATAL 19 CHEW	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATAL ONE DAILY TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATAL 19 TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	PRENATAL PLUS VITAMIN/MINERAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
PRENATAL COMPLETE TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATAL ESSENTIALS CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG</i>	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATAL FORMULA A-FREE TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATAL VITAMIN AND MINERAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATAL FORMULA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	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	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATAL GUMMIES/DHA & FA	NP	QL(2 EA daily); AL(Up to 50 yrs old)	<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	NP	QL(1 EA daily); AL(Up to 50 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRENATAL/FOLIC ACID+DHA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATAL/IRON TABS 4 MG-800 MCG-1.7 MG-400 UNIT-2 MG-20 MG-8000 UNIT-60 MG-45 MG-100 MG-100 MG-7.5 MG-150 MCG-30 UNIT-1 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATAL+DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)	PRENATE ENHANCE	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATAL TABS	NP	AL(Up to 50 yrs old)	PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old)
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	P	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	PRENATE PIXIE	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATAL TABS 100 UNIT-0.75 MG-25 MCG-200 MCG-0.5 MG-2.5 MCG-500 UNIT-0.75 MG-5 MG-2.5 MG-6.75 MG-0.5 MG-3.75 MG-15 MG-25 MG-0.5 MG-50 MG-3.75 UNIT, 120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT, 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	NP	QL(2 EA daily); AL(Up to 50 yrs old)	PRENATE RESTORE	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATAL-U CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATRIX TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
PRENATE	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATRYL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
			PRIMACARE	NP	QL(1 EA daily); AL(Up to 50 yrs old)
			PROVIDA OB	NP	QL(1 EA daily); AL(Up to 50 yrs old)
			QC PRENATAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SELECT-OB+DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)	ULTRA PRENATAL VIT/MIN + DHA CAPS	NP	
SELECT-OB CHEW	NP	QL(1 EA daily); AL(Up to 50 yrs old)	VITAFOL FE+	NP	QL(1 EA daily); AL(Up to 50 yrs old)
SE-NATAL 19 CHEW	NP	QL(1 EA daily); AL(Up to 50 yrs old)	VITAFOL GUMMIES	NP	QL(2 EA daily); AL(Up to 50 yrs old)
SE-NATAL 19 TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	VITAFOL ULTRA	NP	QL(1 EA daily); AL(Up to 50 yrs old)
STUART ONE CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	VITAFOL-OB+DHA MISC	NP	QL(1 EA daily); AL(Up to 50 yrs old)
TARON-C DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)	VITAFOL-OB TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
THERANATAL COMPLETE MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)	VITAFOL-ONE CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
THERANATAL CORE NUTRITION TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	VITALARA	NP	QL(1 EA daily); AL(Up to 50 yrs old)
THERANATAL ONE CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	VITAMEDMD ONE RX/QUATREFOLIC	NP	QL(1 EA daily); AL(Up to 50 yrs old)
THERANATAL OVAVITE	NP	QL(2 EA daily); AL(Up to 50 yrs old)	VITAMEDMD REDICHEW RX	NP	QL(1 EA daily); AL(Up to 50 yrs old)
THRIVITE RX TABS	P	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	VITAPEARL	NP	QL(1 EA daily); AL(Up to 50 yrs old)
TRICARE TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	VITATRUE	NP	QL(2 EA daily); AL(Up to 50 yrs old)
TRINATAL RX 1 TABS	P	QL(1 EA daily); AL(Up to 50 yrs old)	WESCAP-C DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)
TRINATE TABS 120 MG-25 MG-1 MG-400 UNIT-12 MCG-4 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-25 MG-2 MG-3000 UNIT-22 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old)	WESCAP-PN DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)
TRISTART DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)	WESNATAL DHA COMPLETE	P	QL(2 EA daily); AL(Up to 50 yrs old)
			WESNATE DHA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WESTAB PLUS TABS	P	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	BIOTIN PLUS KERATIN TABS	P	RX/OTC
WESTGEL DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)	BLINK NUTRITEARS CAPS	P	RX/OTC
ZALVIT TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	CARDIOPRESS CAPS	P	RX/OTC
ZIPHEX TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	CENTRUM PERFORMANCE TABS	P	RX/OTC
Specialty Vitamins Products			CENTRUM SPECIALIST ENERGY TABS	P	RX/OTC
A THRU Z ADVANTAGE TABS 120 MG-6 MG-50 MCG-60 UNIT-400 MCG-400 UNIT-18 MCG-5.1 MG-25 MCG-40 MG-3500 UNIT-12 MG-18 MG-4.5 MG-40 MG-11 MG-60 MCG-4 MG-100 MG-80 MG-75 MCG-150 MCG-48 MG-0.9 MG-5 MCG-10 MCG-4 MG-70 MCG-10 MCG-120 MCG-72 MG-50 MG-60 MG, 400 UNIT-120 MG-6 MG-40 MCG-60 UNIT-400 MCG-18 MCG-5.1 MG-25 MCG-40 MG-5000 UNIT-10 MG-18 MG-4.5 MG-40 MG-15 MG-2 MG-80 MG-60 MCG-100 MG-150 MCG-75 MCG-48 MG-72 MG-5 MCG-10 MCG-4 MG-120 MCG-70 MCG-10 MCG-4 MG-60 MG-50 MG	P	RX/OTC	CHOLASE CONTROL CAPS	P	RX/OTC
ADRENAL MANAGER CAPS	P	RX/OTC	COLLAGEN ULTRA CAPS	P	RX/OTC
ADRENAL STRESS END CAPS	P	RX/OTC	CORTICARE B CAPS	P	RX/OTC
ADRENALIV CAPS	P	RX/OTC	CVS HAIR/SKIN/NAILS TABS	P	RX/OTC
ADRENOID CAPS	P	RX/OTC	CVS MENOPAUSE SUPPORT TABS	P	RX/OTC
ALLERWELL ALLERGY FORMULA TABS	P	RX/OTC	ELON MATRIX 5000 COMPLETE TABS	P	RX/OTC
BILBERRY PLUS CAPS	P	RX/OTC	ELON MATRIX 5000 TABS	P	RX/OTC
			ELON MATRIX COMPLETE TABS	P	RX/OTC
			ELON MATRIX PLUS TABS	P	RX/OTC
			ELON R3 TABS	P	RX/OTC
			FEMQUIL CAPS	P	RX/OTC
			GLP-DLAX TABS	P	RX/OTC
			GLYCOTROL COMPLETE CAPS	P	RX/OTC
			GLYCOTROL CAPS	P	RX/OTC
			HAIR NOURISHING SUPPLEMENT TABS	P	RX/OTC
			HEART SAVIOR CAPS	P	RX/OTC
			HEART TABS TABS	P	RX/OTC
			IMMUNERX CAPS	P	RX/OTC
			IMMUNICARE CAPS	P	RX/OTC
			INFLAMEX CAPS	P	RX/OTC
			INULOSE BLOOD SUGAR SUPPORT CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LIPIDSHIELD PLUS TABS	P	RX/OTC	ULTIMATE FAT BURNER TABS 5 MG-12.5 MG-5 MCG-5 MG-12.5 MG-5 MG-25 MG-10 MG-125 MCG-10 MG-150 MG-25 MG-25 MG-100 MG-25 MG	P	RX/OTC
LIPOTRIAD VISION SUPPORT PLUS CAPS	P	RX/OTC	UPSPRING HE NATAL TABS	P	RX/OTC
LIPOTRIAD VISION SUPPORT CAPS	P	RX/OTC	VARISAN VITALITY TABS 25 MG-30 MG-25 UNIT-8 MCG-30 MG-40 MG-25 MG-10 MG-100 MG-100 MG-100 MG	P	RX/OTC
LIPOTRIAD VISIONARY CAPS	P	RX/OTC	VITAMINS FOR HAIR TABS 111 MCG-400 MCG-35 MG-250 MG-50 MG-100 MG-30 MG-15 MG-15 MG-0.15 MG-5 MG-10 MG-6 MCG-5 UNIT	P	RX/OTC
MEDCAPS DPO CAPS	P	RX/OTC	VYLARIS TABS	P	RX/OTC
MEDCAPS GI CAPS	P	RX/OTC	Vitamin Mixtures		
MEDCAPS IS CAPS	P	RX/OTC	<i>cod liver oil CAPS</i>	P	
MEDCAPS T3 CAPS	P	RX/OTC	<i>cod liver oil OIL 200 UNIT/2.5ML-5 UNIT/2.5ML-2.3 GM/2.5ML, 4.6 GM/5ML, 400 UNIT/5ML-4000 UNIT/5ML, 500 UNIT/5ML-5000 UNIT/5ML</i>	P	RX/OTC
MEMORALL CAPS	P	RX/OTC	COD LIVER OIL OIL	P	RX/OTC
MEMORY COMPLEX BRAIN HEALTH TABS	P	RX/OTC	CRANBERRY URINARY COMFORT	P	
METAVEX TABS	P	RX/OTC	ECEE PLUS TABS	P	
METHYL PROTECT CAPS	P	RX/OTC	<i>niacin w/ inositol</i>	P	
METHYL-GUARD PLUS CAPS	P	RX/OTC	<i>vitamins a & d CAPS</i>	P	
METHYL-GUARD CAPS	P	RX/OTC	Vitamins w/ Lipotropics		
MG PLUS PROTEIN TABS	P	RX/OTC	<i>vitamins w/ lipotropics CAPS</i>	P	
MIL ADREGEN TABS	P	RX/OTC	<i>vitamins w/ lipotropics TABS</i>	P	
MM BIOTIN/KERATIN CAPS	P	RX/OTC	MUSCULOSKELETAL THERAPY AGENTS -		
NERVIVE NERVE RELIEF TABS	P	RX/OTC			
NITRIVIA CAPS	P	RX/OTC			
PRO HERS RX CAPS	P	RX/OTC			
PRO HIS RX CAPS	P	RX/OTC			
PRO PCOS RX CAPS	P	RX/OTC			
RETAIN VISION CAPS	P	RX/OTC			
<i>specialty vitamins products TABS</i>	P	RX/OTC			
STASIS DAYTIME CAPS	P	RX/OTC			
STASIS NIGHTTIME CAPS	P	RX/OTC			
SYNERTROPIN CAPS	P	RX/OTC			
SYNVERA TABS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 (cyclobenzaprine hcl)	NP	
ATMEKSI SUSP PO 750 MG/5ML	NP	PA
baclofen SOLN PO 5 MG/5ML, 10 MG/5ML	NP	
baclofen SUSP	NP	
baclofen TABS 5 MG, 10 MG, 20 MG	P	
baclofen TABS 15 MG	NP	
carisoprodol TABS	NP	PA
chlorzoxazone TABS	NP	
cyclobenzaprine hcl CP24	NP	
cyclobenzaprine hcl TABS 5 MG, 10 MG	P	
cyclobenzaprine hcl TABS 7.5 MG	NP	
FLEQSUVY SUSP (baclofen)	NP	
LYVISPAH PACK	NP	
metaxalone	NP	
METAXALONE 640 MG	NP	PA
methocarbamol TABS 500 MG, 750 MG	P	
methocarbamol TABS 1000 MG	NP	
ONTRALFY SOLN PO 2 MG/5ML	NP	PA
orphenadrine citrate TB12	NP	
OZOBAX DS SOLN PO (baclofen)	NP	
SOMA TABS (carisoprodol)	NP	PA
tizanidine hcl CAPS	NP	
tizanidine hcl TABS	P	
ZANAFLEX CAPS (tizanidine hcl)	NP	

Drug Name	Drug Tier	Requirements/ Limits
ZANAFLEX TABS 4 MG (tizanidine hcl)	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG (dantrolene sodium)	NP	
dantrolene sodium CAPS	NP	
Muscle Relaxant Combinations		
orphenadrine w/ aspirin & caff	NP	
Viscosupplements		
SYNVISC ONE SOSY	P	SP
SYNVISC SOSY	P	SP
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.		
AYR SALINE NASAL DROPS SOLN	P	
saline SOLN 0.65 %	P	
Nasal Antiallergy		
azelastine hcl 0.1 %, 137 MCG/SPRAY	P	
azelastine hcl 0.15 %	NP	RX/OTC
olopatadine hcl (nasal)	NP	
Nasal Anticholinergics		
ipratropium bromide (nasal)	P	
Nasal Steroids		
budesonide (nasal)	NP	
flunisolide (nasal)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate (nasal) SUSP</i>	NP	RX/OTC	ZOLGENSMA 12.6-13.0 KG	4	SP; PA
<i>fluticasone propionate (nasal) SUSP</i>	P	RX/OTC	ZOLGENSMA 13.1-13.5 KG	4	SP; PA
<i>mometasone furoate (nasal) SUSP</i>	NP	RX/OTC	ZOLGENSMA 13.6-14.0 KG	4	SP; PA
OMNARIS SUSP	NP		ZOLGENSMA 14.1-14.5 KG	4	SP; PA
QNASL	NP		ZOLGENSMA 14.6-15.0 KG	4	SP; PA
QNASL CHILDRENS	NP		ZOLGENSMA 15.1-15.5 KG	4	SP; PA
<i>triamcinolone acetonide (nasal) AERO</i>	NP		ZOLGENSMA 15.6-16.0 KG	4	SP; PA
XHANCE EXHU	NP		ZOLGENSMA 16.1-16.5 KG	4	SP; PA
ZETONNA AERS	NP		ZOLGENSMA 16.6-17.0 KG	4	SP; PA
Sympathomimetic Decongestants			ZOLGENSMA 17.1-17.5 KG	4	SP; PA
ADRENALIN 0.1 %	P		ZOLGENSMA 17.6-18.0 KG	4	SP; PA
<i>epinephrine hcl (nasal)</i>	P		ZOLGENSMA 18.1-18.5 KG	4	SP; PA
<i>pseudoephedrine hcl TABS</i>	P		ZOLGENSMA 18.6-19.0 KG	4	SP; PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			ZOLGENSMA 19.1-19.5 KG	4	SP; PA
ALS Agents			ZOLGENSMA 19.6-20.0 KG	4	SP; PA
<i>riluzole TABS</i>	P		ZOLGENSMA 2.6-3.0 KG	4	SP; PA
Neuromuscular Blocking Agent - Neurotoxins			ZOLGENSMA 20.1-20.5 KG	4	SP; PA
BOTOX IJ	NP	SP	ZOLGENSMA 3.1-3.5 KG	4	SP; PA
Spinal Muscular Atrophy Agents (SMA)			ZOLGENSMA 3.6-4.0 KG	4	SP; PA
ITVISMIA SUSP IT	P	SP	ZOLGENSMA 4.1-4.5 KG	4	SP; PA
ZOLGENSMA 20.6-21.0 KG	4	SP; PA	ZOLGENSMA 4.6-5.0 KG	4	SP; PA
ZOLGENSMA 10.1-10.5 KG	4	SP; PA	ZOLGENSMA 5.1-5.5 KG	4	SP; PA
ZOLGENSMA 10.6-11.0 KG	4	SP; PA	ZOLGENSMA 5.6-6.0 KG	4	SP; PA
ZOLGENSMA 11.1-11.5 KG	4	SP; PA	ZOLGENSMA 6.1-6.5 KG	4	SP; PA
ZOLGENSMA 11.6-12.0 KG	4	SP; PA	ZOLGENSMA 6.6-7.0 KG	4	SP; PA
ZOLGENSMA 12.1-12.5 KG	4	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 7.1-7.5 KG	4	SP; PA	BETIMOL (<i>timolol</i>)	NP	
ZOLGENSMA 7.6-8.0 KG	4	SP; PA	BETIMOL	NP	
ZOLGENSMA 8.1-8.5 KG	4	SP; PA	BETOPTIC-S SUSP	NP	
ZOLGENSMA 8.6-9.0 KG	4	SP; PA	<i>brimonidine tartrate-timolol maleate</i>	NP	Brand Preferred
ZOLGENSMA 9.1-9.5 KG	4	SP; PA	<i>carteolol hcl (ophth)</i>	P	
ZOLGENSMA 9.6-10.0 KG	4	SP; PA	COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	P	Brand Preferred
NUTRIENTS			COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NP	
Misc. Nutritional Substances			COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NP	
KELP-B6-LECITHIN-VINEGAR CAPS	P		<i>dorzolamide hcl-timolol maleate</i>	P	
Proteins			<i>dorzolamide hcl-timolol maleate</i>	NP	
<i>glutamine TABS</i>	P		<i>dorzolamide hcl-timolol maleate</i>	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye			<i>dorzolamide hcl-timolol maleate</i>	NP	
Artificial Tears and Lubricants			<i>dorzolamide hcl-timolol maleate</i>	P	
ALCON TEARS SOLN	P		ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	P	
<i>artificial tear solution</i>	P		<i>levobunolol hcl 0.5 %</i>	P	
<i>carboxymethylcellulose sodium (ophth) GEL</i>	P		<i>timolol</i>	NP	
<i>carboxymethylcellulose sodium (ophth) SOLN 0.25 %, 0.5 %</i>	P		<i>timolol maleate (ophth) SOLG</i>	NP	
<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	P		<i>timolol maleate (ophth) SOLN</i>	NP	
<i>glycerin-hypromellose-polyethylene glycol 400</i>	P		<i>timolol maleate (ophth) SOLN</i>	P	
LACRISERT	P		TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NP	
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	P		Cholinergic Agonists		
<i>polyvinyl alcohol 1.4 %</i>	P		TYRVAYA	NP	ST
<i>propylene glycol-glycerin</i>	P		Cycloplegic Mydriatics		
PURE & GENTLE LUBRICANT SOLN	P		<i>atropine sulfate (ophthalmic) OINT</i>	P	
<i>white petrolatum-mineral oil</i>	P		<i>atropine sulfate (ophthalmic) SOLN</i>	P	
Beta-blockers - Ophthalmic					
<i>betaxolol hcl (ophth) SOLN</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ATROPINE SULFATE SOLN 1 %	P		<i>moxifloxacin hcl (ophth) SOLN OP</i>	P	
CYCLOGYL	P		<i>moxifloxacin hcl (ophth) SOLN OP</i>	NP	
<i>cyclopentolate hcl 1 %</i>	P		NATACYN	NP	
<i>phenylephrine hcl (mydriatic) SOLN</i>	P		<i>neomycin-bacitracin zn-polymyxin</i>	NP	
<i>tropicamide SOLN</i>	P		<i>neomycin-polymyxin-gramicidin</i>	NP	
Miotics			OCUFLOX (<i>ofloxacin (ophth)</i>)	NP	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	P		<i>ofloxacin (ophth)</i>	P	
Ophthalmic Adrenergic Agents			<i>polymyxin b-trimethoprim</i>	P	
ALPHAGAN P (<i>brimonidine tartrate</i>)	P	Brand Preferred	<i>sulfacetamide sodium (ophth) OINT</i>	NP	
<i>apraclonidine hcl</i>	NP		<i>sulfacetamide sodium (ophth) SOLN</i>	NP	
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	NP	Brand Preferred	<i>tobramycin (ophth) SOLN</i>	P	
<i>brimonidine tartrate 0.2 %</i>	P		TOBREX OINT	NP	
IOPIDINE	NP		<i>trifluridine</i>	P	
SIMBRINZA	P		VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NP	
Ophthalmic Anti-infectives			XDEMVY	NP	
AZASITE	NP		Ophthalmic Decongestants		
<i>bacitracin (ophthalmic)</i>	NP		ADVANCED EYE RELIEF MAX RED	P	
<i>bacitracin-polymyxin b (ophth)</i>	P		<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	P	
<i>besifloxacin hcl 0.6 %</i>	NP		<i>naphazoline-polyethylene glycol 300</i>	P	
BESIVANCE 0.6 % (<i>besifloxacin hcl</i>)	NP		<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	P	
CILOXAN OINT	P		<i>tetrahydrozoline w/ polyethylene glycol</i>	P	
<i>ciprofloxacin hcl (ophth) SOLN</i>	P		<i>tetrahydrozoline w/ zinc sulfate</i>	P	
<i>erythromycin (ophth)</i>	P		<i>tetrahydrozoline-dextran-polyethylene glycol-povidone</i>	P	
<i>gatifloxacin (ophth)</i>	NP		Ophthalmic Immunomodulators		
<i>gentamicin sulfate (ophth) SOLN</i>	NP				
<i>gentamicin sulfate (ophth) SOLN</i>	P				
<i>levofloxacin (ophth) 0.5 %</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CEQUA SOLN	NP	ST	LOTEMAX SM GEL	NP	
<i>cyclosporine (ophth) EMUL</i>	NP	Brand Preferred; ST	LOTEMAX GEL (<i>loteprednol etabonate</i>)	NP	Brand Preferred
<i>cyclosporine (ophth) EMUL</i>	NP	Brand Preferred	LOTEMAX OINT	P	
RESTASIS MULTIDOSE EMUL	NP	Brand Preferred; ST	LOTEMAX SUSP (<i>loteprednol etabonate</i>)	P	Brand Preferred
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	P	Brand Preferred	<i>loteprednol etabonate GEL</i>	NP	Brand Preferred
VERKAZIA EMUL	NP	ST	<i>loteprednol etabonate SUSP 0.2 %</i>	NP	
VEVYE SOLN	NP	ST	<i>loteprednol etabonate SUSP 0.5 %</i>	NP	Brand Preferred
Ophthalmic Integrin Antagonists			<i>loteprednol etabonate-tobramycin</i>	NP	
XIIDRA	P	ST	MAXIDEX SUSP OP	P	
Ophthalmic Kinase Inhibitors			MAXITROL OINT (<i>neomycin-polymy-dexameth</i>)	NP	
RHOPRESSA	NP		MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>)	NP	
ROCKLATAN	NP		<i>neomycin-polymy-dexameth OINT</i>	P	
Ophthalmic Steroids			<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	P	
ALREX SUSP (<i>loteprednol etabonate</i>)	NP		<i>neomycin-polymyxin-hc (ophth)</i>	P	
<i>bacitracin-poly-neomycin-hc</i>	NP		OZURDEX IMPL	NP	SP
BYQLOVI 0.05 %	NP		PRED FORTE (<i>prednisolone acetate (ophth)</i>)	NP	
<i>dexamethasone sodium phosphate (ophth)</i>	P		PRED MILD	P	
DEXTENZA INST	NP	SP	<i>prednisolone acetate (ophth)</i>	P	
DEXYCU SUSP IO	NP	SP	PREDNISOLONE SODIUM PHOSPHATE	P	
<i>difluprednate</i>	NP		RETISERT	NP	SP
DUREZOL (<i>difluprednate</i>)	NP		<i>sulfacetamide sod-prednisolone SOLN</i>	P	
EYSUVIS SUSP	NP		TOBRADEX ST SUSP	NP	
FLAREX	P				
<i>fluorometholone (ophth) SUSP</i>	P				
FML FORTE SUSP	P				
FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	NP				
ILUVIEN	NP	SP			
INVELTYS SUSP	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOBRADEX OINT	P		NEVANAC	P	
<i>tobramycin-dexamethasone SUSP</i>	NP		<i>olopatadine hcl</i>	NP	
TRIESENCE	NP	SP	<i>olopatadine hcl</i>	P	RX/OTC
YUTIQ	NP	SP	PROLENSA (<i>bromfenac sodium (ophth)</i>)	NP	
ZYLET 0.3 %-0.5 % (<i>loteprednol etabonate-tobramycin</i>)	NP		<i>sodium chloride hypertonic OINT</i>	P	
Ophthalmics - Misc.			<i>sodium chloride hypertonic SOLN</i>	P	
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	NP		TRYPTYR SOLN OP 0.003 %	NP	ST
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	NP		ZERVIAE	NP	
ACUVAIL	NP		Prostaglandins - Ophthalmic		
ALOMIDE	NP		<i>bimatoprost SOLN</i>	NP	
<i>azelastine hcl (ophth)</i>	P		DURYSTA IMPL	NP	
AZOPT (<i>brinzolamide</i>)	NP		IDOSE TR IMPL	NP	
<i>bepotastine besilate</i>	NP		IYUZEH SOLN	NP	
BEPREVE (<i>bepotastine besilate</i>)	NP		<i>latanoprost SOLN</i>	P	
<i>brinzolamide</i>	NP		LUMIGAN SOLN 0.01 % (<i>bimatoprost</i>)	NP	
<i>bromfenac sodium (ophth)</i>	NP		<i>tafluprost</i>	NP	
BROMSITE (<i>bromfenac sodium (ophth)</i>)	NP		TRAVATAN Z SOLN (<i>travoprost</i>)	NP	
<i>cromolyn sodium (ophth)</i>	P		<i>travoprost SOLN</i>	P	
<i>diclofenac sodium (ophth)</i>	P		VYZULTA	NP	
<i>dorzolamide hcl</i>	P		XALATAN SOLN (<i>latanoprost</i>)	NP	
<i>epinastine hcl (ophth)</i>	NP		XELPROS EMUL	NP	
<i>flurbiprofen sodium</i>	P		ZIOPTAN (<i>tafluprost</i>)	NP	
ILEVRO	NP		ZOLYMBUS GEL OP 0.01 %	NP	
<i>ketorolac tromethamine (ophth)</i>	P		OTIC AGENTS - Drugs to Treat the Ear		
<i>ketotifen fumarate (ophth) 0.035 %</i>	P		Otic Agents - Miscellaneous		
<i>ketotifen fumarate (ophth) 0.035 %</i>	NP		<i>acetic acid (otic)</i>	NP	
LASTACAFT	NP		<i>acetic acid (otic)</i>	P	
MIEBO	NP	ST	Otic Anti-infectives		
MURO 128 SOLN	P		<i>ciprofloxacin hcl (otic)</i>	NP	
			<i>ofloxacin (otic)</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Otic Combinations			GAMMAGARD ERC 5 GM/50ML, 10 GM/100ML	P	SP
CIPRO HC 1 %-0.2 % (<i>ciprofloxacin-hydrocortisone</i>)	P	Brand Preferred	GAMMAGARD S/D LESS IGA SOLR	P	SP
<i>ciprofloxacin-dexamethasone</i>	NP		GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	NP	SP
<i>ciprofloxacin-fluocinolone acetonide</i>	NP		GAMMAPLEX SOLN	NP	SP
<i>ciprofloxacin-hydrocortisone</i>	NP	Brand Preferred	GAMUNEX-C	P	SP
CORTISPORIN-TC	P		HIZENTRA SOLN	NP	SP
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P		HIZENTRA SOSY	NP	SP
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P		OCTAGAM SOLN	P	SP
Otic Steroids			PANZYGA	NP	SP
<i>hydrocortisone w/acetic acid</i>	NP	ST	PRIVIGEN SOLN	P	SP
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding			QIVIGY SOLN IV 5 GM/50ML, 10 GM/100ML	NP	SP
Oxytocics			XEMBIFY	P	SP
<i>methylergonovine maleate TABS</i>	P		Passive Immunizing Agents - Combinations		
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			HYQVIA	NP	SP
Immune Serums			PENICILLINS - Drugs to Treat Bacterial Infections		
ALYGLO	NP	SP	Amidinopenicillins		
ASCENIV	NP		PIVYA TABS PO 185 MG	NP	
BIVIGAM SOLN	P	SP	Aminopenicillins		
CUTAQUIG	NP	SP	<i>amoxicillin CAPS</i>	P	
CUVITRU SOLN	NP	SP	<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
FLEBOGAMMA DIF SOLN 5 GM/100ML, 10 GM/200ML, 20 GM/400ML	NP	SP	<i>amoxicillin SUSR</i>	P	
GAMASTAN IM	NP	SP	<i>amoxicillin TABS</i>	P	
GAMMAGARD	P	SP	<i>ampicillin sodium IJ 1 GM, 2 GM</i>	P	
			<i>ampicillin CAPS 500 MG</i>	P	
			Natural Penicillins		
			BICILLIN L-A SUSY	P	
			<i>penicillin v potassium SOLR</i>	P	
			<i>penicillin v potassium TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Penicillin Combinations			FLAVOR SWEET SF DYE FREE SYRP	P	RX/OTC
<i>amoxicillin & pot clavulanate CHEW</i>	P		FLAVOR SWEET-SF SYRP	P	RX/OTC
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	NP		FLAVOR SWEET SYRP	P	RX/OTC
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>	P		GERBER GOOD START WATER	P	
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	P		GOOD START STERILE WATER	P	
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	NP		GRAPE SYRUP SYRP	P	RX/OTC
<i>amoxicillin & pot clavulanate TB12</i>	NP		MX-SOL SF SYRP	P	RX/OTC
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	NP		MX-SOL SYRP	P	RX/OTC
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP		ORAL SUSPEND LIQD	P	RX/OTC
BICILLIN C-R	P		ORAL SYRUP SF SYRP	P	RX/OTC
BICILLIN C-R 900/300	P		ORAL SYRUP SYRP	P	RX/OTC
Penicillinase-Resistant Penicillins			ORAPENN SD ANHYD SWEETENED LIQD	P	RX/OTC
<i>dicloxacillin sodium</i>	P		ORAPENN SD ANHYD UNSWEETEN LIQD	P	RX/OTC
PHARMACEUTICAL ADJUVANTS			ORA-PLUS LIQD	P	RX/OTC
Liquid Vehicles			ORA-SWEET SF SYRP 10 %-9 %	P	RX/OTC
<i>bacteriostatic sodium chloride</i>	P		ORA-SWEET SYRP 4 %-5 %-54 %	P	RX/OTC
CHERRY	P	RX/OTC	PCCA SWEET-SF SYRP	P	RX/OTC
CHERRY CONCENTRATE	P	RX/OTC	PCCA SYRUP VEHICLE SYRP	P	RX/OTC
FLAVOR PLUS LIQD	P	RX/OTC	SIMILAC STERILIZED WATER	P	
FLAVOR SWEET DYE FREE SYRP	P	RX/OTC	SODIUM CHLORIDE BACTERIOSTATIC 0.9 %	P	
			SOSWEET SYRP	P	RX/OTC
			STERILE WATER FOR INJECTION IJ	P	
			SYRPALTA SYRP	P	RX/OTC
			SYRSPEND SF LIQD	P	RX/OTC
			SYRUP VEHICLE SF SYRP	P	RX/OTC
			SYRUP VEHICLE SYRP	P	RX/OTC
			VERSAFREE SYRP	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VERSAPLUS SYRP	P	RX/OTC	ADUHELM	NP	SP
<i>water for injection, sterile IJ</i>	P		ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>)	NP	
PROGESTINS - Hormone Replacement/Modifying Drugs			ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	NP	QL(1 EA daily)
Progestins			<i>donepezil hydrochloride TABS 23 MG</i>	NP	
<i>medroxyprogesterone acetate 10 MG</i>	P		<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 EA daily)
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	P	QL(1 EA daily)	<i>donepezil hydrochloride TBDP</i>	NP	QL(1 EA daily); ST
<i>norethindrone acetate TABS</i>	P		EXELON (<i>rivastigmine</i>)	NP	PA
<i>progesterone CAPS</i>	P		<i>galantamine hydrobromide CP24 8 MG</i>	NP	QL(1 EA daily); PA
<i>progesterone OIL</i>	P		<i>galantamine hydrobromide CP24 16 MG, 24 MG</i>	NP	PA
PROMETRIUM CAPS (<i>progesterone</i>)	NP		<i>galantamine hydrobromide SOLN</i>	NP	PA
PROVERA 5 MG (<i>medroxyprogesterone acetate</i>)	NP	QL(1 EA daily)	<i>galantamine hydrobromide TABS</i>	NP	PA
PROVERA 10 MG (<i>medroxyprogesterone acetate</i>)	NP		LEQEMBI	NP	SP
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions			LEQEMBI IQLIK SC 360 MG/1.8ML	NP	SP
Agents for Chemical Dependency			<i>memantine hcl CP24 21 MG, 28 MG</i>	NP	PA
<i>disulfiram</i>	P		<i>memantine hcl CP24 7 MG, 14 MG</i>	NP	QL(1 EA daily); PA
<i>lofexidine hcl</i>	NP		<i>memantine hcl-donepezil hcl CP24</i>	NP	PA
LUCEMYRA (<i>lofexidine hcl</i>)	NP		<i>memantine hcl SOLN</i>	NP	PA
Anti-Cataleptic Agents			<i>memantine hcl TABS</i>	P	PA
<i>sodium oxybate SOLN</i>	NP	SP	<i>memantine hcl TABS 10 MG</i>	NP	PA
XYREM SOLN (<i>sodium oxybate</i>)	NP	SP	NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NP	PA
XYWAV	NP	SP	NAMENDA XR CP24 21 MG, 28 MG (<i>memantine hcl</i>)	NP	PA
Antidementia Agents					
ADLARITY PTWK	NP	QL(0.143 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NAMENDA XR CP24 14 MG (<i>memantine hcl</i>)	NP	QL(1 EA daily); PA	Movement Disorder Drug Therapy		
NAMZARIC C4PK	NP	PA	AUSTEDO XR PATIENT TITRATION TEPK	NP	SP
NAMZARIC CP24 (<i>memantine hcl-donepezil hcl</i>)	NP	PA	AUSTEDO XR TB24	NP	SP
NAMZARIC CP24	NP	PA	AUSTEDO TABS	P	SP; PA
<i>rivastigmine</i>	P	PA	INGREZZA CAPS	P	QL(1 EA daily); SP
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	PA	INGREZZA CPPK	P	QL(1 EA daily); SP
<i>rivastigmine tartrate CAPS</i>	NP	PA	INGREZZA CPSP	NP	QL(1 EA daily); SP
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP		<i>tetrabenazine</i>	P	SP
Combination Psychotherapeutics			XENAZINE (<i>tetrabenazine</i>)	NP	SP
<i>chlordiazepoxide-amitriptyline</i>	NP		Multiple Sclerosis Agents		
LYBALVI	NP	AL(At least 18 yrs old)	AMPYRA (<i>dalfampridine</i>)	NP	SP; PA
<i>olanzapine-fluoxetine hcl 25 MG-12 MG, 50 MG-12 MG, 50 MG-6 MG</i>	NP		AUBAGIO 14 MG (<i>teriflunomide</i>)	NP	SP; PA
<i>olanzapine-fluoxetine hcl 25 MG-3 MG, 25 MG-6 MG</i>	NP	QL(1 EA daily)	AUBAGIO 7 MG (<i>teriflunomide</i>)	NP	QL(1 EA daily); SP; PA
<i>perphenazine-amitriptyline</i>	P		AVONEX PEN AJKT	P	SP; PA
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	NP	QL(1 EA daily)	AVONEX PREFILLED PSKT	P	SP; PA
Fibromyalgia Agents			BAFIERTAM	NP	SP; PA
<i>milnacipran hcl MISC</i>	NP		BETASERON KIT	NP	SP; PA
<i>milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG</i>	NP		BRIUMVI	P	SP
SAVELLA TITRATION PACK MISC (<i>milnacipran hcl</i>)	NP		<i>cladribine (multiple sclerosis) 10 MG</i>	NP	Brand Preferred; SP; PA
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (<i>milnacipran hcl</i>)	NP		COPAXONE SOSY (<i>glatiramer acetate</i>)	NP	SP; PA
TONMYA SUBL SL 2.8 MG	NP		<i>dalfampridine</i>	P	SP; PA
			<i>dimethyl fumarate CDPK</i>	P	SP; PA
			<i>dimethyl fumarate CPDR</i>	P	SP; PA
			EXTAVIA KIT	NP	SP; PA
			<i> fingolimod hcl</i>	P	SP
			GILENYA (<i>fingolimod hcl</i>)	NP	SP
			<i>glatiramer acetate SOSY</i>	P	SP; PA
			KESIMPTA	P	SP; PA
			LEMTRADA	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAVENCLAD (10 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	NP	Brand Preferred; SP; PA	TECFIDERA CDPK (<i>dimethyl fumarate</i>)	NP	SP; PA
MAVENCLAD (4 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	NP	Brand Preferred; SP; PA	TECFIDERA CPDR (<i>dimethyl fumarate</i>)	NP	SP; PA
MAVENCLAD (5 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	NP	Brand Preferred; SP; PA	<i>teriflunomide</i> 14 MG	P	SP; PA
MAVENCLAD (6 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	NP	Brand Preferred; SP; PA	<i>teriflunomide</i> 7 MG	P	QL(1 EA daily); SP; PA
MAVENCLAD (7 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	NP	Brand Preferred; SP; PA	TYRUKO CONC IV 300 MG/15ML	NP	Brand Preferred; SP
MAVENCLAD (8 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	NP	Brand Preferred; SP; PA	TYSABRI	P	Brand Preferred; SP; PA
MAVENCLAD (9 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	NP	Brand Preferred; SP; PA	VUMERITY	NP	SP; PA
MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP; PA	ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP; PA
MAYZENT TABS	NP	SP; PA	ZEPOSIA STARTER KIT CPPK	NP	SP; PA
OCREVUS	NP	SP; PA	ZEPOSIA CAPS	NP	SP; PA
OCREVUS ZUNOVO	NP	SP	Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
PLEGRIDY STARTER PACK SOAJ	NP	SP; PA	<i>gabapentin</i> (once-daily) TABS	NP	
PLEGRIDY STARTER PACK SOSY SC	NP	SP; PA	GRALISE TABS (<i>gabapentin</i> (once-daily))	NP	
PLEGRIDY SOAJ	NP	SP; PA	LYRICA CR (<i>pregabalin</i> (once-daily))	NP	
PLEGRIDY SOSY IM	NP	SP; PA	<i>pregabalin</i> (once-daily)	NP	
PONVORY STARTER PACK TBPK	NP	SP; PA	Premenstrual Dysphoric Disorder (PMDD) Agents		
PONVORY TABS	NP	SP; PA	<i>fluoxetine hcl</i> (pmdd) TABS	NP	
REBIF REBIDOSE TITRATION PACK SOAJ	P	SP; PA	Pseudobulbar Affect (PBA) Agents		
REBIF REBIDOSE SOAJ	P	SP; PA	NUDEXTA	P	
REBIF TITRATION PACK SOSY	P	SP; PA	Psychotherapeutic and Neurological Agents - Misc.		
REBIF SOSY	P	SP; PA	<i>pimozide</i>	P	
TASCENSO ODT	NP	SP; ST	Restless Leg Syndrome (RLS) Agents		
			HORIZANT	NP	
			Smoking Deterrents		

Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl (smoking deterrent)</i>	P	
CHANTIX CONTINUING MONTH PAK TABS (<i>varenicline tartrate</i>)	NP	
CHANTIX STARTING MONTH PAK TBPK (<i>varenicline tartrate</i>)	NP	
CHANTIX TABS (<i>varenicline tartrate</i>)	NP	
<i>nicotine polacrilex GUM</i>	P	
<i>nicotine polacrilex LOZG</i>	P	
NICOTINE KIT	P	
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	
NICOTROL NS SOLN	NP	
NICOTROL INHA	P	
<i>varenicline tartrate TABS</i>	P	
<i>varenicline tartrate TBPK</i>	P	
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
PULMOZYME	P	SP
Respiratory Agents - Misc.		
INFASURF TR	P	
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
Tetracyclines		
<i>demeclocycline hcl TABS</i>	NP	
DORYX MPC TBEC	NP	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	P	
<i>doxycycline (monohydrate) CAPS 75 MG, 150 MG</i>	NP	
<i>doxycycline (monohydrate) SUSR</i>	NP	
<i>doxycycline (monohydrate) TABS</i>	P	
<i>doxycycline hyclate CAPS</i>	P	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	P	
<i>doxycycline hyclate TABS 50 MG, 75 MG, 100 MG, 150 MG</i>	NP	
<i>doxycycline hyclate TBEC</i>	NP	
<i>minocycline hcl CAPS</i>	P	
<i>minocycline hcl TABS</i>	NP	
<i>minocycline hcl TB24</i>	NP	
MINOLIRA TB24	NP	
<i>tetracycline hcl CAPS</i>	NP	
TETRACYCLINE HCL TABS	NP	
VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	P	
<i>propylthiouracil</i>	P	
Thyroid Hormones		
ADTHYZA TABS	NP	
ARMOUR THYROID TABS	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CYTOMEL TABS (liothyronine sodium)	NP		H-2 Antagonists		
ERMEZA SOLN PO	NP		cimetidine hcl PO 300 MG/5ML	NP	
EVEXITHROID TABS 15 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG, 120 MG, 180 MG	NP		cimetidine TABS	NP	RX/OTC
levothyroxine sodium CAPS	NP		famotidine SUSR	P	
LEVOTHYROXINE SODIUM SOLN IV	NP		famotidine TABS	P	
LEVOTHYROXINE SODIUM SOLN IV	NP		nizatidine CAPS	P	
levothyroxine sodium TABS	NP		ranitidine hcl TABS 150 MG, 300 MG	NP	
levothyroxine sodium TABS	P		Misc. Anti-Ulcer		
liothyronine sodium SOLN	NP		sucralfate SUSP	P	
liothyronine sodium TABS	P		sucralfate TABS	P	
NIVA THYROID TABS	P		Proton Pump Inhibitors		
NP THYROID TABS	P		DEXILANT (dexlansoprazole)	NP	QL(1 EA daily)
RENTHYROID TABS 15 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG, 120 MG	NP		dexlansoprazole	NP	QL(1 EA daily)
SYNTHROID TABS (levothyroxine sodium)	NP		esomeprazole magnesium CPDR	NP	QL(1 EA daily); RX/OTC
THYQUIDITY SOLN PO	NP		esomeprazole magnesium PACK	P	QL(1 EA daily); AL(Up to 10 yrs old)
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P		esomeprazole magnesium PACK 20 MG, 40 MG	NP	QL(1 EA daily); AL(Up to 10 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			esomeprazole magnesium TBEC	NP	QL(1 EA daily)
Antispasmodics			lansoprazole CPDR	NP	QL(1 EA daily); RX/OTC
BELLADONNA ALKALOIDS-OPIUM 16.2 MG-60 MG	P		lansoprazole TBDD	NP	QL(2 EA daily); ST; RX/OTC
dicyclomine hcl CAPS	P		NEXIUM 24HR CPDR (esomeprazole magnesium)	NP	QL(1 EA daily); RX/OTC
dicyclomine hcl SOLN PO	P		NEXIUM CPDR (esomeprazole magnesium)	NP	QL(1 EA daily); RX/OTC
dicyclomine hcl TABS	P		NEXIUM PACK (esomeprazole magnesium)	NP	QL(1 EA daily); AL(Up to 10 yrs old)
			omeprazole magnesium CPDR	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>omeprazole magnesium TBEC</i>	NP	QL(1 EA daily)	<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	NP	Brand Preferred; ST
<i>omeprazole CPDR</i>	P	QL(1 EA daily)	<i>famotidine-calcium carbonate-magnesium hydroxide</i>	NP	
<i>omeprazole TBDD</i>	NP	QL(1 EA daily); ST	KONVOMEF SUSR	NP	
<i>omeprazole TBEC</i>	NP	QL(1 EA daily)	OMECLAMOX-PAK	NP	ST
<i>pantoprazole sodium PACK</i>	NP	Brand Preferred; QL(2 EA daily); AL(Up to 10 yrs old)	<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	NP	QL(1 EA daily); RX/OTC
<i>pantoprazole sodium TBEC</i>	P	QL(2 EA daily)	<i>omeprazole-sodium bicarbonate CAPS 1100 MG-40 MG</i>	NP	
PREVACID 24HR CPDR (<i>lansoprazole</i>)	NP	QL(1 EA daily); RX/OTC	<i>omeprazole-sodium bicarbonate PACK 1680 MG-20 MG</i>	NP	QL(1 EA daily)
PREVACID SOLUTAB TBDD (<i>lansoprazole</i>)	NP	QL(2 EA daily); ST; RX/OTC	<i>omeprazole-sodium bicarbonate PACK 1680 MG-40 MG</i>	NP	
PREVACID CPDR 30 MG (<i>lansoprazole</i>)	NP	QL(1 EA daily)	PYLERA (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>)	P	Brand Preferred
PRILOSEC OTC TBEC (<i>omeprazole magnesium</i>)	NP	QL(1 EA daily)	TALICIA	NP	ST
PRILOSEC PACK	NP	QL(1 EA daily); AL(Up to 10 yrs old)	VOQUEZNA DUAL PAK	NP	ST
PROTONIX PACK (<i>pantoprazole sodium</i>)	P	Brand Preferred; QL(2 EA daily); AL(Up to 10 yrs old)	VOQUEZNA TRIPLE PAK	NP	ST
PROTONIX TBEC (<i>pantoprazole sodium</i>)	NP	QL(2 EA daily)	URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
<i>rabeprazole sodium TBEC</i>	NP	QL(2 EA daily)	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
VOQUEZNA 20 MG	NP		<i>darifenacin hydrobromide 15 MG</i>	NP	
VOQUEZNA 10 MG	NP	QL(1 EA daily)	<i>darifenacin hydrobromide 7.5 MG</i>	NP	QL(1 EA daily)
Ulcer Drugs - Prostaglandins			DETROL LA CP24 4 MG (<i>tolterodine tartrate</i>)	NP	
CYTOTEC (<i>misoprostol</i>)	4		DETROL LA CP24 2 MG (<i>tolterodine tartrate</i>)	NP	QL(1 EA daily)
<i>misoprostol</i>	4		DETROL TABS (<i>tolterodine tartrate</i>)	NP	
Ulcer Therapy Combinations					
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	NP	ST			

Drug Name	Drug Tier	Requirements/ Limits
<i>fesoterodine fumarate 8 MG</i>	NP	
<i>fesoterodine fumarate 4 MG</i>	NP	QL(1 EA daily)
GELNIQUE GEL 10 %	NP	
<i>oxybutynin chloride SOLN</i>	P	
<i>oxybutynin chloride TABS 5 MG</i>	P	
<i>oxybutynin chloride TABS 2.5 MG</i>	NP	
<i>oxybutynin chloride TB24 10 MG, 15 MG</i>	P	
<i>oxybutynin chloride TB24 5 MG</i>	P	QL(1 EA daily)
OXYTROL FOR WOMEN PTTW	NP	RX/OTC
OXYTROL PTTW	NP	RX/OTC
<i>solifenacin succinate TABS 10 MG</i>	P	
<i>solifenacin succinate TABS 5 MG</i>	P	QL(1 EA daily)
<i>tolterodine tartrate CP24 2 MG</i>	NP	QL(1 EA daily)
<i>tolterodine tartrate CP24 4 MG</i>	NP	
<i>tolterodine tartrate TABS</i>	NP	
TOVIAZ 8 MG (<i>fesoterodine fumarate</i>)	NP	
TOVIAZ 4 MG (<i>fesoterodine fumarate</i>)	NP	QL(1 EA daily)
<i>trospium chloride CP24</i>	NP	
<i>trospium chloride TABS</i>	NP	
VESICARE LS SUSP	NP	
VESICARE TABS 10 MG (<i>solifenacin succinate</i>)	NP	
VESICARE TABS 5 MG (<i>solifenacin succinate</i>)	NP	QL(1 EA daily)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>mirabegron TB24 50 MG</i>	NP	Brand Preferred
<i>mirabegron TB24 25 MG</i>	NP	Brand Preferred; QL(1 EA daily)
MYRBETRIQ SRER 8 MG/ML (<i>mirabegron</i>)	NP	
MYRBETRIQ TB24 25 MG (<i>mirabegron</i>)	P	Brand Preferred; QL(1 EA daily)
MYRBETRIQ TB24 50 MG (<i>mirabegron</i>)	P	Brand Preferred
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	P	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BEXSERO 0.5 ML	P	
BIOTHRAX	P	
CAPVAXIVE	P	
HIBERIX SOLR IJ	P	
MENQUADFI 0.5 ML	P	
MENVEO SOLN	P	
MENVEO SOLR	P	
PEDVAX HIB SUSP	P	
PNEUMOVAX 23 SOLN	P	
PNEUMOVAX 23 SOSY	P	
PREVNAR 20	P	
TRUMENBA 0.5 ML	P	
TYPHIM VI SOLN	P	
TYPHIM VI SOSY	P	
VAXCHORA	P	
VAXNEUVANCE	P	
VIVOTIF	P	
Viral Vaccines		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ABRYSVO	P	QL(1 EA per 365 day(s) retail); AL(At least 60 yrs old)	FLUCELVAX SUSY	P	
			FLULAVAL QUADRIVALENT SUSY	P	
			FLULAVAL SUSY	P	
ACAM2000 SOLR IJ	P		FLUMIST	P	
AFLURIA PRESERVATIVE FREE SUSY	P		FLUMIST QUADRIVALENT	P	
AFLURIA QUADRIVALENT SUSP	P		FLUZONE HIGH-DOSE QUADRIVALENT	P	
AFLURIA QUADRIVALENT SUSY 0.5 ML	P		FLUZONE HIGH-DOSE SUSY	P	
AFLURIA SUSP	P		FLUZONE QUADRIVALENT SUSP	P	
AREXVY	P		FLUZONE QUADRIVALENT SUSY	P	
AUDENZ EMUL	P		FLUZONE SUSP	P	
AUDENZ PRSY	P		FLUZONE SUSY	P	
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	P		GARDASIL 9 SUSP 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
COMIRNATY SUSP	P		GARDASIL 9 SUSY 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
COMIRNATY SUSY	P				
DENGVAIXA	P		HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	P	
ENGRIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail	HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail
ENGRIX-B SUSY	P	3 max fill(s) per 999 day(s) retail			
FLUAD	P		IMOVAX RABIES SUSR	P	
FLUAD QUADRIVALENT	P		IPOLE IJ	P	
FLUARIX QUADRIVALENT SUSY	P		IXCHIQ	P	QL(1 EA per fill retail)
FLUARIX SUSY	P		IXIARO	P	
FLUBLOK QUADRIVALENT	P		JYNNEOS	P	QL(0.5 ML per fill retail)
FLUBLOK SOSY	P		M-M-R II SOLR	P	
FLUCELVAX QUADRIVALENT SUSP	P		MNEXSPIKE SUSY 10 MCG/0.2ML	P	
FLUCELVAX QUADRIVALENT SUSY	P		MODERNA COVID-19 VAC 6M-11Y SUSP	P	
FLUCELVAX SUSP	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MODERNA COVID-19 VAC 6M-11Y SUSY	P		STAMARIL SUSR	P	
MRESVIA	P		TWINRIX SUSY	P	
NOVAVAX COVID-19 VACCINE SUSP	P		VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	P	
NOVAVAX COVID-19 VACCINE SUSY	P		VAQTA	P	
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P		VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	P		YF-VAX SUSR	P	
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	P		VAGINAL AND RELATED PRODUCTS		
PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail	Miscellaneous Vaginal Products		
PRIORIX SUSR	P		VAGISIL EX	P	
PROQUAD SUSR	P		Vaginal Anti-infectives		
RABAVERT	P		CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	NP	
RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail	CLEOCIN SUPP <i>clindamycin phosphate vaginal CREA</i>	P	
RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail	CLINDESSE	NP	
ROTARIX SUSP	P		<i>clotrimazole vaginal CREA 1 %</i>	P	
ROTATEQ SOLN	P		GYNAZOLE-1	P	
SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL (At least 50 yrs old)	<i>metronidazole vaginal</i>	P	
SHINGRIX IM 50 MCG/0.5ML	P	2 max fill(s) per 999 day(s) retail; 2 max fill(s) per 999 day(s) mail; AL (At least 50 yrs old)	<i>metronidazole vaginal</i>	NP	
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	P		MICONAZOLE 7 SUPP 100 MG	P	
SPIKEVAX SUSP	P		<i>miconazole nitrate vaginal CREA 4 %</i>	P	
SPIKEVAX SUSY	P		<i>miconazole nitrate vaginal KIT</i>	P	
			<i>miconazole nitrate vaginal SUPP</i>	P	
			NUVESSA	P	Brand Preferred
			<i>terconazole vaginal CREA</i>	P	
			<i>tioconazole vaginal 6.5 %</i>	P	
			VANDAZOLE	NP	
			XACIATO GEL	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Vaginal Estrogens			<i>cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML</i>	P	
<i>estradiol vaginal CREA</i>	P		<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	P	
<i>estradiol vaginal TABS</i>	P		<i>ergocalciferol CAPS</i>	P	
Vaginal Progestins			<i>ergocalciferol SOLN PO 200 MCG/ML</i>	P	
CRINONE GEL	NP		<i>phytonadione TABS</i>	P	
ENDOMETRIN INST 100 MG (<i>progesterone (vaginal)</i>)	NP		VITAMIN A PALMITATE TABS	P	
<i>progesterone (vaginal) INST 100 MG</i>	NP		<i>vitamin a CAPS</i>	P	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions			VITAMIN D2 TABS 400 UNIT	P	
Anaphylaxis Therapy Agents			VITAMIN E/D-ALPHA CAPS 200 UNIT	P	
AUVI-Q SOAJ	NP	QL(2 EA per 30 day(s) retail; 6 EA per 90 days mail); ST	<i>vitamin e CAPS</i>	P	
<i>epinephrine (anaphylaxis) SOAJ</i>	P	QL(2 EA per 30 day(s) retail; 6 EA per 90 days mail)	VITAMIN E CAPS	P	
<i>epinephrine (anaphylaxis) SOAJ</i>	NP	QL(2 EA per 30 day(s) retail; 6 EA per 90 days mail); ST	<i>vitamin e SOLN</i>	P	
EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	NP	QL(2 EA per 30 day(s) retail; 6 EA per 90 days mail); ST	VITAMIN E SOLN 15 MG/0.67ML	P	
EPIPEN JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	NP	QL(2 EA per 30 day(s) retail; 6 EA per 90 days mail); ST	Water Soluble Vitamins		
NEFFY SOLN NA	NP	ST	ACEROLA C 500 WAFR	P	
VITAMINS			<i>ascorbic acid CHEW 100 MG, 250 MG, 500 MG</i>	P	
Oil Soluble Vitamins			<i>ascorbic acid CPCR</i>	P	
<i>beta carotene CAPS 25000 UNIT</i>	P		<i>ascorbic acid POWD PO 500 MG/GM</i>	P	
<i>cholecalciferol CAPS 10 MCG, 125 MCG, 400 UNIT, 5000 UNIT, 125 MCG</i>	P		ASCORBIC ACID POWD PO	P	
			<i>ascorbic acid TABS</i>	P	
			<i>ascorbic acid TBCR 500 MG, 1000 MG, 1500 MG</i>	P	
			B-6 TABS	P	
			<i>biotin CAPS 5 MG, 5000 MCG</i>	P	
			<i>biotin TABS 10 MG, 800 MCG, 10000 MCG</i>	P	
			<i>calcium ascorbate TABS</i>	P	
			<i>niacinamide TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>niacin TABS</i>	P	
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG</i>	P	
<i>riboflavin TABS</i>	P	
<i>thiamine hcl TABS</i>	P	
<i>thiamine mononitrate TABS 100 MG</i>	P	
VITA-C CRYST	P	
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BREATHE EASE SMALL DEVI ..	112	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	11	buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	11
BREATHERITE VALVED MDI CHAMBER DEVI	112	bromfenac sodium (ophth)	150	buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	11
BREKIYA SOAJ SC 1 MG/ML ...	114	bromocriptine mesylate CAPS	46	buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	11
BREO ELLIPTA (fluticasone furoate-vilanterol)	15	bromocriptine mesylate TABS 2.5 MG	46	buprenorphine PTWK	11
BREO ELLIPTA	15	BROMSITE (bromfenac sodium (ophth))	150	bupropion hcl (smoking deterrent)	156
BREXAFEMME	30	BROVANA (arformoterol tartrate) .	15	bupropion hcl TABS	21
		BRUKINSA	42	bupropion hcl TB12	21
		BRUKINSA PO 160 MG	42	bupropion hcl TB24 150 MG, 300 MG	21
		BRYNOVIN SOLN PO 25 MG/ML .	25	bupropion hcl TB24 450 MG	21
		BUCAPSOL PO 7.5 MG, 10 MG, 15			

BURIED TREASURE ACTIVE 55 PLUS LIQD	122	BYSANTI TITRATION PACK B TBPK PO	49	TABS	116
BURN RELIEF/LIDOCAINE/ALOE 79		BYSANTI TITRATION PACK C TBPK PO	49	calcium acetate (phosphate binder) CAPS	89
buspirone hcl	13	BYSTOLIC 10 MG, 20 MG (nebivolol hcl)	60	calcium acetate (phosphate binder) TABS	89
busulfan SOLN	37	BYSTOLIC 2.5 MG, 5 MG (nebivolol hcl)	60	calcium ascorbate TABS	162
BUSULFEX SOLN (busulfan)	37	CABENUVA	57	calcium carbonate (antacid) CHEW 400 MG, 420 MG, 500 MG, 750 MG, 1000 MG	12
butalbital-acetaminophen TABS 50 MG-325 MG	8	CABOMETYX TABS	42	CALCIUM CARBONATE CHEW .	115
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	8	CADEAU DHA	137	calcium carbonate TABS	115
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	8	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-cholecalciferol TABS	115
butalbital-acetaminophen-caffeine w/ codeine	10	CAFERGOT TABS (ergotamine w/ caffeine)	114	calcium carbonate-mag hydrox SUSP	12
BUTALBITAL-APAP-CAFFEINE SOLN	8	calcipotriene CREA	75	calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT, 600 MG-200 UNIT	115
butalbital-aspirin-caffeine CAPS	8	CALCIPOTRIENE FOAM	75	CALCIUM CHEW	115
butalbital-aspirin-caffeine w/cod ...	10	calcipotriene OINT	75	CALCIUM CITRATE + D TABS ..	115
butenafine hcl	73	calcipotriene SOLN	75	CALCIUM CITRATE + D3 TABS .	115
butorphanol tartrate NA 10 MG/ML 11		calcipotriene-betamethasone dipropionate OINT	77	CALCIUM CITRATE + TABS 200 UNIT-315 MG, 50 UNIT-0.5 MG-50 MCG-0.5 MG-2 MG-250 MG	116
BUTRANS PTWK (buprenorphine) 11		calcipotriene-betamethasone dipropionate SUSP	77	CALCIUM CITRATE PLUS TABS 125 UNIT-0.5 MG-3.75 MG-250 MG-0.5 MG-40 MG, 5 MG-125 UNIT-0.5 MG-40 MG-5 MG-0.5 MG-250 MG-0.5 MG	116
BYDUREON BCISE AUIJ	26	calcitonin (salmon) IJ	84	CALCIUM CITRATE PLUS/MAGNESIUM TABS 5 MG-125 UNIT-0.5 MG-40 MG-5 MG-0.5 MG-250 MG-0.5 MG	116
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (exenatide)	26	calcitonin (salmon) NA	84	CALCIUM CITRATE	
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (exenatide)	26	calcitriol (topical)	75	PLUS/MAGNESIUM TABS 5 MG-125 UNIT-0.5 MG-40 MG-5 MG-0.5 MG-250 MG-0.5 MG	116
BYQLOVI 0.05 %	149	calcitriol CAPS	85	calcium citrate TABS	115
BYSANTI TABS PO 1 MG, 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG .	49	calcitriol SOLN PO	85	CALCIUM CITRATE-MAG-MINERALS TABS 5 MG-400 UNIT-0.5 MG-5 MG-250 MG-40 MG-0.5	
BYSANTI TITRATION PACK A TBPK PO	49	CALCIUM 600 +D HIGH POTENCY TABS	115		
		CALCIUM 600+D3 PLUS MINERALS			

MG116	captopril & hydrochlorothiazide ... 34	CARDURA 1 MG, 2 MG, 4 MG (doxazosin mesylate) 34
calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-315 MG, 5 MCG-315 MG, 6.25 MCG-315 MG 115	captopril 33	CARDURA 8 MG (doxazosin mesylate)34
CALCIUM GLUCONATE CAPS ..115	CAPVAXIVE 159	CARDURA XL 4 MG89
calcium glycerophosphate 340 MG, 65 MG-50 MG-340 MG 4	CARBAGLU (carglumic acid) 85	CARDURA XL 8 MG89
calcium polycarbophil TABS94	carbamazepine CHEW 100 MG ... 18	CAREFINE PEN NEEDLES 107
CALCIUM/C/D 115	carbamazepine CHEW 200 MG ... 18	CAREONE ADVANCED LANCING DEV MISC 97
calcium-magnesium-zinc 115	carbamazepine CP1218	CAREONE INSULIN SYRINGE . 107
calcium-magnesium-zinc- cholecalciferol TABS 200 UNIT- 333.33 MG-133.33 MG-5 MG, 5 MCG-333 MG-133 MG-5 MG115	carbamazepine SUSP 18	CAREONE LANCET SUPER THIN 30G97
CALCIUM-MAGNESIUM-ZINC-D3 TABS115	carbamazepine TABS18	CAREONE LANCET THIN 23G ...97
CALCIUM-MAGNESIUM-ZINC-VIT D3 TABS 1.666 MCG-333.333 MG- 133.333 MG-5 MG115	carbamazepine TB12 18	CAREONE UNIFINE PENTIPS PLUS107
CALQUENCE 43	CARBATROL CP12 (carbamazepine)18	CARESENS LANCETS 97
CAMCEVI 40	carbidopa46	CARESENS LANCETS 30G97
camphor & menthol LOTN75	carbidopa-levodopa CPCR 46	CARETOUCH ALCOHOL PREP 106
camphor (inhalant) 68	carbidopa-levodopa TABS46	CARETOUCH INSULIN SYRINGE 107
CAMPTOSAR (irinotecan hcl) 46	carbidopa-levodopa TBCR46	CARETOUCH LANCING/EJECTOR MISC97
CANASA SUPP (mesalamine)88	carbidopa-levodopa TBDP46	CARETOUCH PEN NEEDLES ..107
candesartan cilexetil33	carbidopa-levodopa-entacapone .46	CARETOUCH SAFETY LANCETS 97
candesartan cilexetil- hydrochlorothiazide 34	carbonyl iron SUSP93	CARETOUCH SAFETY LANCETS 26G97
capecitabine38	carbonyl iron TABS 93	CARETOUCH TWIST LANCETS 28G97
CAPLYTA 10.5 MG, 21 MG47	carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML37	CARETOUCH TWIST LANCETS 30G97
CAPLYTA 42 MG48	carboxymethylcellulose sodium (ophth) GEL147	CARETOUCH TWIST LANCETS 33G97
CAPRELSA43	carboxymethylcellulose sodium (ophth) SOLN 0.25 %, 0.5 %147	CARETOUCH TWIST MC LANCETS
capsaicin CREA 0.025 %79	CARDAMYST SOLN NA61	
	CARDIO COMPLETE CAPS 83	
	CARDIOCOM LANCING DEVICE MISC 97	
	CARDIOPRESS CAPS143	

30G	97	cefixime TABS	64	CELEXA TABS 20 MG (citalopram hydrobromide)	21
carglumic acid	85	cefotetan disodium IJ 1 GM, 2 GM	63	CELONTIN (methsuximide)	20
carisoprodol TABS	145	cefoxitin sodium IV	63	CENTANY AT KIT	73
carmustine	37	cefpodoxime proxetil SUSR	64	CENTRUM ADULT 50+ MULTIGUMMIES CHEW	123
CARMUSTINE 300 MG	37	cefpodoxime proxetil TABS	64	CENTRUM ADULT LIQD 60 MG/15ML-300 MCG/15ML-1.1 MG/15ML-20 MG/15ML-2 MG/15ML-10 MG/15ML-1.7 MG/15ML-10 MCG/15ML-13.5 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML	123
CAROSPIR SUSP (spironolactone) 84		cefprozil SUSR	63	CENTRUM ADULTS MULTIGUMMIES CHEW	123
carteolol hcl (ophth)	147	cefprozil TABS	63	CENTRUM DUAL ACT MULTI+ BEAUTY CHEW	123
carvedilol	60	ceftazidime IJ 1 GM, 6 GM	64	CENTRUM DUAL ACT MULTI+OMEGA-3 CHEW	123
carvedilol phosphate 10 MG, 20 MG . 60		ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	64	CENTRUM FLAVOR BURST ADULT CHEW	123
carvedilol phosphate 40 MG, 80 MG . 60		ceftriaxone sodium in dextrose ... 64		CENTRUM FLAVOR BURST CHEW 123	
CARVYKTI	40	cefuroxime axetil TABS	63	CENTRUM FRESH/FRUITY 50+ CHEW	123
CASGEVY	91	cefuroxime sodium IJ 750 MG 63		CENTRUM FRESH/FRUITY ADULT CHEW	123
CASODEX (bicalutamide)	40	CELEBRATE MULTI-COMPLETE 18 CAPS	122	CENTRUM LIQD 60 MG/15ML-2 MG/15ML-300 MCG/15ML-1.5 MG/15ML-6 MCG/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-400 UNIT/15ML-30 UNIT/15ML-9 MG/15ML-2.5 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-2500 UNIT/15ML, 60 MG/15ML-2 MG/15ML-300	
castor oil OIL 100 %	95	CELEBRATE MULTI-COMPLETE 18 CHEW	122		
CAYSTON	36	CELEBRATE MULTI-COMPLETE 36 CAPS	122		
cefaclor CAPS	63	CELEBRATE MULTI-COMPLETE 36 CHEW	122		
CEFACLOR ER TB12	63	CELEBRATE MULTI-COMPLETE 45 CAPS	122		
cefadroxil CAPS	63	CELEBRATE MULTI-COMPLETE 45 CHEW	122		
cefadroxil SUSR	63	CELEBRATE MULTI-COMPLETE 60 CAPS	122		
cefadroxil TABS	63	CELEBRATE MULTI-COMPLETE 60 CHEW	123		
cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG	63	CELEBREX (celecoxib)	6		
cefdinir CAPS	63	celecoxib	6		
cefdinir SUSR	63	CELEXA TABS 10 MG, 40 MG (citalopram hydrobromide)	21		
CEFEPIME HCL SOLN	64				
cefepime hcl SOLR IJ 1 GM	64				
cefixime CAPS	63				
cefixime SUSR	63				

MCG/15ML-30 UNIT/15ML-1.1	CEQUA SOLN	149	CHILDRENS CHEW MULTIVITAMIN	
MG/15ML-400 UNIT/15ML-6	CEROVITE JR CHEW 18 MG	135	CHEW 60 MG-1.05 MG-6.75 MG-300	
MCG/15ML-1300 UNIT/15ML-10	cetirizine hcl CAPS	31	MCG-10 MCG-4.5 MCG-1.2 MG-13.5	
MG/15ML-1.7 MG/15ML-20	cetirizine hcl CHEW	31	MG-750 MCG-1.05 MG	136
MG/15ML-9 MG/15ML-2 MG/15ML-	cetirizine hcl SOLN PO 1 MG/ML	31	CHILDRENS CHEWABLE VITAMINS	
25 MCG/15ML-25 MCG/15ML-3	cetirizine hcl SOLN PO	31	CHEW 60 MG-0.3 MG-4.5 MCG-	
MG/15ML-150 MCG/15ML	cetirizine hcl TABS 10 MG	31	2500 UNIT-1.2 MG-13.5 MG-400	
CENTRUM MEN 50+	cetirizine hcl TABS	31	UNIT-15 UNIT, 60 MG-1.05 MG-0.3	
MULTIGUMMIES CHEW	cetirizine-pseudoephedrine	67	MG-1.05 MG-400 UNIT-4.5 MCG-1.2	
CENTRUM MEN MULTIGUMMIES	cevimeline hcl	118	MG-13.5 MG-2500 UNIT-15 UNIT, 60	
CHEW	CHANTIX CONTINUING MONTH		MG-1.05 MG-300 MCG-13.5 MG-	
CENTRUM MENOPAUSE	PAK TABS (varenicline tartrate)	156	1.05 MG-400 UNIT-4.5 MCG-1.2	
MIND/MOOD TABS	CHANTIX STARTING MONTH PAK		MG-2500 UNIT-15 UNIT	136
CENTRUM MULTI + OMEGA 3	TBPK (varenicline tartrate)	156	chlordiazepoxide hcl CAPS	13
CHEW	CHANTIX TABS (varenicline tartrate)	156	chlordiazepoxide-amitriptyline	154
CENTRUM MULTI+ MENTAL	CHEMET	28	chlorhexidine gluconate (mouth-	
FOCUS CHEW	CHEMSTRIP 10 MD	82	throat)	118
CENTRUM PERFORMANCE TABS	CHEMSTRIP 10/SG	82	CHLOROCAPS CAPS 1 MCG-5	
143	CHEMSTRIP 2 GP	82	MCG-30 MCG-30 MCG-50 MCG-10	
CENTRUM POSTNATAL GUMMIES	CHEMSTRIP 5 OB	82	MG	132
CHEW	CHEMSTRIP 7	82	chloroquine phosphate TABS	37
CENTRUM SILVER CHEW	CHEMSTRIP 9	82	chlorpheniramine maleate SYRP	30
CENTRUM SPECIALIST ENERGY	CHEMSTRIP K STRP	82	chlorpheniramine maleate TABS	30
TABS	CHEMSTRIP MICRAL STRP	82	chlorpromazine hcl CONC	54
CENTRUM VITAMINTS CHEW	CHEMSTRIP UGK	82	chlorpromazine hcl SOLN	54
CENTRUM WOMEN 50+	chenodiol	87	chlorpromazine hcl TABS	54
MULTIGUMMIES CHEW	CHERRY	152	chlorthalidone 25 MG, 50 MG	84
CENTRUM WOMEN	CHERRY CONCENTRATE	152	chlorzoxazone TABS	145
MULTIGUMMIES CHEW	CHILDRENS ANIMAL SHAPES		CHOICEFUL MULTIVITAMIN CAPS	
CENVITE LIQD	CHEW 18 MG	135	123	
CEO-TWO			CHOICEFUL MULTIVITAMIN CHEW	
cephalexin CAPS 250 MG, 500 MG				123
63			CHOLASE CONTROL CAPS	143
cephalexin CAPS 750 MG			CHOLBAM	87
63			cholecalciferol CAPS 10 MCG, 125	
cephalexin SUSR			MCG, 400 UNIT, 5000 UNIT, 125	
63				
cephalexin TABS				
63				

MCG	162	MG/ML	88	citalopram hydrobromide SOLN ...	21
cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML	162	CIMZIA (2 SYRINGE) PSKT	88	citalopram hydrobromide TABS 10 MG, 40 MG	21
cholecalciferol TABS 10 MCG, 400 UNIT	162	CIMZIA KIT	88	citalopram hydrobromide TABS 20 MG	21
cholestyramine light PACK	31	CIMZIA-STARTER PSKT	88	CITRACAL MAXIMUM PLUS TABS 116	
cholestyramine light POWD	31	cinacalcet hcl	85	CITRACAL PLUS TABS	116
cholestyramine PACK	31	CINQAIR	14	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 137	
cholestyramine POWD	31	CINRYZE SOLR IV	91	CITRANATAL MEDLEY	138
choline fenofibrate	32	CINVANTI EMUL	29	cladribine (multiple sclerosis) 10 MG . 154	
CHOSEN LANCETS 30G	97	CIPRO HC 1 %-0.2 % (ciprofloxacin- hydrocortisone)	151	cladribine 10 MG/10ML	38
CHOSEN LANCING DEVICE MISC 97		CIPRO SUSR	87	CLARINEX TABS (desloratadine) .	31
CHOSEN SAFETY LANCETS 28G 97		CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	87	CLARINEX-D 12 HOUR TB12	67
CHRONOVISION CAPS	83	ciprofloxacin hcl (ophth) SOLN ...	148	clarithromycin SUSR	96
CIALIS 5 MG (tadalafil)	62	ciprofloxacin hcl (otic)	150	clarithromycin TABS	96
CIBINQO	79	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	87	clarithromycin TB24	96
ciclopirox GEL	73	ciprofloxacin in d5w 400 MG/200ML . 87		CLEANLET LANCETS 28G	97
ciclopirox olamine CREA	73	ciprofloxacin-dexamethasone	151	CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	95
ciclopirox olamine SUSP	73	ciprofloxacin-fluocinolone acetonide . 151		CLEOCIN (clindamycin hcl)	36
ciclopirox SHAM	73	ciprofloxacin-hydrocortisone	151	CLEOCIN (clindamycin palmitate hydrochloride)	36
ciclopirox SOLN	73	CISPLATIN SOLN 200 MG/200ML (cisplatin)	37	CLEOCIN CREA (clindamycin phosphate vaginal)	161
ciclopirox SOLN	74	cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	37	CLEOCIN SUPP	161
CICLOPIROX TREATMENT KIT 8 % 73		CISPLATIN SOLR	37	CLEOCIN-T LOTN (clindamycin phosphate (topical))	70
cilostazol	91	CITALOPRAM HYDROBROMIDE CAPS 30 MG (citalopram hydrobromide)	21	CLEVER CHEK LANCETS	97
CILOXAN OINT	148	citalopram hydrobromide CAPS 30 MG	21	CLEVER CHOICE COMFORT EZ 97	
CIMDUO	57				
cimetidine hcl PO 300 MG/5ML ..	157				
cimetidine TABS	157				
CIMZIA (1 SYRINGE) PSKT 200					

CLEVER CHOICE HOLDING CHAMBER DEVI	112	CLOBETASOL PROPIONATE CREA 0.025 %	77	clonidine PTWK	34
CLEVER CHOICE LANCETS 21G 97		clobetasol propionate CREA 0.05 % . 77		clonidine TB24	34
CLEVER CHOICE LANCETS 23G 98		clobetasol propionate emollient base 0.05 %	77	clopidogrel bisulfate	91
CLEVER CHOICE LANCETS 28G 98		clobetasol propionate emulsion ...	77	clorazepate dipotassium TABS	13
CLINDACIN ETZ	70	clobetasol propionate FOAM	77	clotrimazole (topical) CREA	74
CLINDACIN PAC	70	clobetasol propionate GEL 0.05 %	77	clotrimazole (topical) SOLN	74
clindamycin hcl	36	clobetasol propionate LIQD	77	clotrimazole	117
clindamycin palmitate hydrochloride . 36		clobetasol propionate LOTN	77	clotrimazole vaginal CREA 1 % ..	161
clindamycin phosphate (topical) FOAM	70	clobetasol propionate OINT 0.05 % 77		clotrimazole w/ betamethasone CREA	74
clindamycin phosphate (topical) GEL 70		clobetasol propionate SHAM	77	clotrimazole w/ betamethasone LOTN	74
clindamycin phosphate (topical) LOTN	70	clobetasol propionate SOLN 0.05 % . 77		clozapine TABS	51
clindamycin phosphate (topical) SOLN	70	CLOBEX LOTN 0.05 % (clobetasol propionate)	77	clozapine TBDP	51
clindamycin phosphate (topical) SWAB	70	CLOBEX SHAM (clobetasol propionate)	77	CLOZARIL TABS (clozapine)	51
clindamycin phosphate vaginal CREA	161	CLOBEX SPRAY LIQD (clobetasol propionate)	77	C-NATE DHA CAPS	138
clindamycin phosphate-benzoyl peroxide (refrigerate)	70	clocortolone pivalate	77	CO MONITOR DEVI	112
clindamycin phosphate-benzoyl peroxide GEL	70	CLODERM (clocortolone pivalate) 77		COAGUCHEK LANCETS	98
clindamycin phosphate-tretinoin ..	71	clofarabine	38	coal tar extract SHAM 0.5 %, 1 % .	81
CLINDESSE	161	CLOLAR (clofarabine)	38	COAL TAR SOLN	81
CLINISTIX UTI TEST STRIPS STRP 82		clomipramine hcl	24	COBENFY CAPS	54
clobazam SUSP	17	clonazepam TABS	17	COBENFY STARTER PACK CPPK 54	
clobazam TABS	17	clonazepam TBDP	17	cod liver oil CAPS	144
		clonidine hcl (adhd) TB12	2	cod liver oil OIL 200 UNIT/2.5ML-5 UNIT/2.5ML-2.3 GM/2.5ML, 4.6 GM/5ML, 400 UNIT/5ML-4000 UNIT/5ML, 500 UNIT/5ML-5000 UNIT/5ML	144
		clonidine hcl TABS 0.05 MG	34	COD LIVER OIL OIL	144
		clonidine hcl TABS	34	codeine sulfate TABS 30 MG	9
				CODEINE SULFATE TABS 60 MG .	9

colchicine CAPS	90	COMFORT EZ PRO PEN NEEDLES	107	MG/15ML-20 MG/15ML-9 MG/15ML-3 MG/15ML-25 MCG/15ML-150 MCG/15ML-30 UNIT/15ML-2 MG/15ML-25 MCG/15ML	124
colchicine TABS	90	COMFORT EZ SHORT PEN NEEDLES	107	COMPLETE NATAL DHA	138
colchicine w/ probenecid	90	COMFORT TOUCH ALCOHOL PREP	106	COMPLETENATE CHEW	138
colesevelam hcl PACK	31	COMFORT TOUCH INSULIN PEN NEED	107	CONCEPT DHA	138
colesevelam hcl TABS	31	COMFORT TOUCH LANCETS 31G . 98		CONCEPT OB	138
COLESTID GRAN (colestipol hcl) .	32	COMFORT TOUCH PLUS LANCETS 28G	98	CONCEPTIONXR MOTILITY SUPPORT MISC	124
COLESTID PACK (colestipol hcl) .	32	COMFORT TOUCH PLUS LANCETS 30G	98	CONCERTA TBCR (methylphenidate hcl)	3
COLESTID TABS (colestipol hcl) .	32	COMFORT TOUCH TWIST LANCET 30G	98	CONEXXENCE SOSY SC 60 MG/ML	84
colestipol hcl GRAN	32	COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	160	CONZIP CP24 (tramadol hcl)	9
colestipol hcl PACK	32	COMIRNATY SUSP	160	COPAXONE SOSY (glatiramer acetate)	154
colestipol hcl TABS	32	COMIRNATY SUSY	160	COPIKTRA	43
COLLAGEN ULTRA CAPS	143	COMPACT SPACE CHAMBER DEVI	112	CORAL CALCIUM CAPS 100 UNIT-50 MG-185 MG	115
COLLAVERA GEL 2 %	79	COMPACT SPACE CHAMBER/LG MASK DEVI	112	CORAL CALCIUM PLUS CAPS ..	124
colloidal oatmeal PACK	79	COMPACT SPACE CHAMBER/MED MASK DEVI	112	CORGARD TABS 20 MG, 40 MG (nadolol)	60
COLUMVI	39	COMPACT SPACE CHAMBER/SM MASK DEVI	112	CORTEF TABS (hydrocortisone) ..	66
COMBIGAN (brimonidine tartrate-timolol maleate)	147	COMPLERA 200 MG-300 MG-25 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	57	CORTICARE B CAPS	143
COMBIVENT RESPIMAT AERS ..	15	COMPLETE MULTIVITAMIN/MINERAL LIQD 60 MG/15ML-300 MCG/15ML-1.5 MG/15ML-2 MG/15ML-1000 UNIT/15ML-6 MCG/15ML-1300 UNIT/15ML-10 MG/15ML-1.7		CORTISONE ACETATE TABS	66
COMETRIQ (100 MG DAILY DOSE) KIT	43			CORTISPORIN-TC	151
COMETRIQ (140 MG DAILY DOSE) KIT	43			COSELA	45
COMETRIQ (60 MG DAILY DOSE) KIT	43			COSENTYX (300 MG DOSE) SOSY .	75
COMFORT ASSURED LANCETS 28G	98			COSENTYX SENSOREADY (300 MG) SOAJ	75
COMFORT ASSURED LANCETS 33G	98			COSENTYX SENSOREADY PEN SOAJ	75
COMFORT EZ INSULIN SYRINGE .	107				
COMFORT EZ MICRO PEN NEEDLES	107				
COMFORT EZ PEN NEEDLES .	107				

COSENTYX SOLN	75	30 MCG-1.2 MCG-360 MCG-2.5 MG-1.88 MG-30 MCG-26 MG	136	CHEW 30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT-2.5 MG	124
COSENTYX SOSY	75	CULTURELLE PROBIOTIC MEN DAILY CAPS	124	CVS DAILY GUMMIES CHEW 30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT-2.5 MG	124
COSENTYX UNOREADY SOAJ ..	75	CULTURELLE PROBIOTICS + MULTIV CHEW	124	CVS DIABETES HEALTH SUPPORT MISC	124
COSOPT (dorzolamide hcl-timolol maleate)	147	CURITY ALCOHOL PREPS	106	CVS EYE HEALTH ADULT 50+ CAPS	124
COSOPT PF (dorzolamide hcl-timolol maleate)	147	CUTAQUIG	151	CVS GLUCOSE	25
COTELLIC	43	CUVITRU SOLN	151	CVS HAIR/SKIN/NAILS TABS ...	143
COTEMPLA XR-ODT TBED	3	CVS ADULT 50+ EYE HEALTH CAPS	124	CVS HOT STEAM LIQD	68
COUGH & CHEST CONGESTION DM SYRP	67	CVS ADULT MULTIVITAMIN CHEW 124		CVS IMMUNE SUPPORT CAPS .	124
COXANTO CAPS (oxaprozin)	6	CVS AFTERSUN ALOE/LIDOCAINE GEL	80	CVS KETONE CARE	82
COZAAR (losartan potassium)	33	CVS AIRSHIELD CHEW 250 MG-7.5 UNIT-500 UNIT-2 MG-10 MG-0.75 MG-3.75 MCG	124	CVS LANCETS ORIGINAL	98
CRANBERRY URINARY COMFORT	144	CVS AIRSHIELD IMMUNITY SUPPORT CHEW	124	CVS LANCETS THIN 26G	98
CREON CPEP	83	CVS ALCOHOL PREP PADS ...	106	CVS LANCING DEVICE MISC	98
CRESEMBA CAPS	30	CVS ANTACID & ANTI-GAS CHEW 1000 MG-60 MG	12	CVS LICE-BEDBUG-MITE AERO 0.5 %	81
CRESTOR TABS (rosuvastatin calcium)	32	CVS ANTI-MICROBIAL SILVER GEL	82	CVS MENOPAUSE SUPPORT TABS	143
CREXONT CPR	46	CVS BALANCED B100 TBCR ...	118	CVS MENS DAILY GUMMIES CHEW 37.5 MG-2.5 MG-300 MCG-200 MCG-200 UNIT-7.5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-75 MCG-15 UNIT-2.5 MG-55 MCG ..	124
CRINONE GEL	162	CVS CALCIUM CITRATE+D3 TABS .	116	CVS PRENATAL GUMMY	138
cromolyn sodium (ophth)	150	CVS CALCIUM CITRATE+D3 W/MAGNE TABS	116	CVS PRENATAL GUMMY 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-2000 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-5 MG-35 MG	138
crotamiton LOTN	81	CVS CHEWABLE CHILDRENS VITAMIN CHEW 18 MG	135	CVS PRENATAL MULTI+DHA CAPS	
CTEXLI TABS PO 250 MG	87	CVS CHILDRENS COMPLETE CHEW 18 MG	135		
CULTURELLE KIDS COMPLETE CHEW 45 MG-0.85 MG-7.5 MCG-15 UNIT-120 MCG-1200 UNIT-1.2 MCG-1200 UNIT-2.5 MG-1.88 MG-30 MCG	136	CVS DAILY GUMMIES ADULT			
CULTURELLE KIDS PROBIOTIC-MV CHEW 15 MCG-30 MG-15 MCG-0.85 MG-2 MCG-2.5 MG-2.5 MG-1.82 MG-10 MG-5 MG-39.75 MCG-360 MCG-100 MCG-5 MG, 45 MG-0.85 MG-7.5 MCG-10 MG-120 MCG-					

138		cyclophosphamide CAPS37	dacarbazine SOLR 45
CVS PRENATAL MULTIVITAMIN CAPS 138	CYCLOPHOSPHAMIDE SOLN (cyclophosphamide)37		dactinomycin 42
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT138	cyclophosphamide SOLN 1 GM/5ML, 500 MG/2.5ML37		DAILY DIABETES HEALTH PACK MISC124
CVS PREP106	CYCLOPHOSPHAMIDE SOLN ...37		DAILY HEART HEALTH SUPPORT MISC124
CVS SPECTRAVITE ADULT 50+ CHEW124	cyclophosphamide SOLR IJ 37		DAILY MULTIPLE VITAMINS TABS . 132
CVS SPECTRAVITE WOMEN CHEW124	CYCLOPHOSPHAMIDE TABS ...37		DAILY MULTIVITAMIN CAPS 2 MG-30 MCG-30 UNIT-200 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-100 MCG-20 MG-2 MG-30 MG-500 MCG-1 MG-1.5 MG-15 MG-40 MG-120 MG-2 MG-5000 UNIT-75 MCG-150 MCG-120 MCG-70 MCG 124
CVS ULTRA THIN LANCETS98	cycloserine 37		DAILY PAK MAXIMUM MULTIVITAMIN MISC125
CVS VISION HEALTH CAPS 124	cyclosporine (ophth) EMUL149		DAILY VALUE MULTIVITAMIN TABS 400 UNIT-60 MG-2 MG-300 MCG-30 UNIT-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG, 400 UNIT-60 MG-2 MG-300 MCG-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-30 UNIT133
CVS WOMENS DAILY GUMMIES CHEW 15 MG-1 MG-75 MCG-200 MCG-400 UNIT-4.5 MCG-1250 UNIT-20 MCG-15 UNIT-1.25 MG-50 MG124	cyclosporine CAPS117		DAILY VITAMINS TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT .133
CVS WOMENS PRENATAL+DHA MISC138	cyclosporine modified (for microemulsion) CAPS 25 MG, 100 MG117		DAILY VITE MULTIVITAMIN/IRON TABS 50 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-15 MG-1.5 MG 119
cyanocobalamin SOLN IJ 1000 MCG/ML91	cyclosporine modified (for microemulsion) SOLN117		DAILY VITE TABS 400 UNIT-60 MG-2 MG-30 UNIT-400 MCG-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG, 60 MG-2 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT 133
cyanocobalamin TABS 50 MCG, 100 MCG, 250 MCG, 500 MCG, 1000 MCG92	CYLTEZO (2 PEN) AJKT 5		DAILY VITES TABS 60 MG-2 MG-0.4 MG-1.5 MG-6 MCG-5000 UNIT-10 MG-1.7 MG-20 MG-400 UNIT-30
cyanocobalamin TBCR 1000 MCG, 2000 MCG92	CYLTEZO (2 SYRINGE) PSKT5		
cyanocobalamin TBDP 2500 MCG 92	CYLTEZO-CD/UC/HS STARTER AJKT5		
cyclobenzaprine hcl CP24145	CYLTEZO-PSORIASIS/UV STARTER AJKT5		
cyclobenzaprine hcl TABS 5 MG, 10 MG145	CYMBALTA CPEP (duloxetine hcl) 23		
cyclobenzaprine hcl TABS 7.5 MG 145	cyproheptadine hcl SYRP31		
CYCLOGYL148	cyproheptadine hcl TABS31		
cyclopentolate hcl 1 %148	CYRAMZA39		
	cytarabine SOLN38		
	CYTOMEL TABS (liothyronine sodium) 157		
	CYTOTEC (misoprostol)158		
	dabigatran etexilate mesylate CAPS . 17		

UNIT	133	DATROWAY	46	(divalproex sodium)	20
DAILY-VITE MULTIVITAMIN TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	133	DAUNORUBICIN HCL SOLN (daunorubicin hcl)	42	DEPAKOTE ER TB24 500 MG (divalproex sodium)	20
DAILY-VITE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	133	daunorubicin hcl SOLN	42	DEPAKOTE SPRINKLES CSDR (divalproex sodium)	20
dalfampridine	154	DAURISMO	40	DEPAKOTE TBEC (divalproex sodium)	20
DALIRESP (roflumilast)	15	DAWNZERA SOAJ SC 80 MG/0.8ML	91	DEPLIN MA CAPS	125
danazol CAPS	11	DAYPRO TABS (oxaprozin)	6	DEPLINPRO MOOD HEALTH CAPS 125	
DANTRIUM CAPS 25 MG (dantrolene sodium)	145	DAYTRANA PTCH (methylphenidate)	3	DEPO-MEDROL SUSP	66
dantrolene sodium CAPS	145	DAYVIGO	94	DEPO-PROVERA SUSP IM (medroxyprogesterone acetate (contraceptive))	65
DANYELZA	39	decitabine	38	DEPO-PROVERA SUSY IM (medroxyprogesterone acetate (contraceptive))	65
DANZITEN	43	DECUBI-VITE CAPS	125	DEPO-SUBQ PROVERA 104 SUSY SC	65
dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG	24	deferasirox PACK	28	DERMACINRX LIDOCAINE CREA 3 %	80
dapagliflozin TABS PO 5 MG, 10 MG	28	deferasirox TABS	28	DERMACINRX PRETRATE TABS 138	
dapagliflozin-saxagliptin	24	deferasirox TBSO	28	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)	77
dapsone (topical)	71	deferiprone TABS	28	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	77
dapsone (topical) 5 %	71	deflazacort SUSP	66	dermatological products, misc. GEL 80	
dapsone	36	deflazacort TABS	66	DERMAZINC CREAM CREA	76
daptomycin 350 MG	36	DEKAS BARIATRIC CHEW	125	DERMAZINC SPRAY LIQD	76
darifenacin hydrobromide 15 MG 158		DEKAS ESSENTIAL CAPS	133	DERMAZINC ZINC THERAPY SOAP BAR	76
darifenacin hydrobromide 7.5 MG 158		DEKAS ESSENTIAL LIQD	133	DERPIXA GEL	82
darunavir TABS	57	DEKAS PLUS CAPS	125	DESCOVY	57
DARZALEX	39	DEKAS PLUS CHEW	125		
DARZALEX FASPRO	42	DEKAS PLUS OCEAN CAPS	125		
dasatinib	43	DELSTRIGO	57		
		DELZICOL CPDR (mesalamine) ..	88		
		demeclocycline hcl TABS	156		
		DENAVIR (penciclovir)	76		
		DENGAXIA	160		
		DEPAKOTE ER TB24 250 MG			

desflurane	89	DETROL TABS (tolterodine tartrate) .	158	dexrazoxane hcl	45
desipramine hcl TABS	24	DEX4	25	DEXTENZA INST	149
DES Loratadine SOLN PO 0.5		DEX4 NATURALS	25	dextran 70-hypromellose 0.3 %-0.1	
MG/ML	31	dexamethasone ELIX	66	%	147
desloratadine TABS	31	DEXAMETHASONE INTENSOL		dextroamphetamine sulfate CP24 ...	1
desloratadine TBP	31	CONC	66	dextroamphetamine sulfate SOLN ..	1
desmopressin acetate SOLN IJ ...	86	dexamethasone sodium phosphate		dextroamphetamine sulfate TABS 2.5	
desmopressin acetate spray	86	(ophth)	149	MG, 5 MG, 7.5 MG, 10 MG, 15 MG,	
desmopressin acetate spray		dexamethasone SOLN	66	20 MG	1
refrigerated 0.01 %	86	dexamethasone TABS	66	dextroamphetamine sulfate TABS 30	
desmopressin acetate TABS	86	dexamethasone TBPK	66	MG	1
desogestrel & ethinyl estradiol ...	64	DEXATRAN CAPS	125	dextromethorphan hbr CAPS	67
desogestrel-ethinyl estradiol		dexchlorpheniramine maleate SOLN .		dextromethorphan-guaifenesin LIQD	
(biphasic)	64	30		100 MG/5ML-10 MG/5ML, 100	
desogestrel-ethinyl estradiol		DEXCOM G6 RECEIVER	98	MG/5ML-5 MG/5ML, 200 MG/10ML-	
(triphasic)	64	DEXCOM G6 SENSOR	98	20 MG/10ML, 200 MG/20ML-20	
desonide CREA	77	DEXCOM G6 TRANSMITTER ...	98	MG/20ML, 400 MG/20ML-20	
desonide LOTN	77	DEXCOM G7 15 DAY SENSOR ..	98	MG/20ML	67
desonide OINT	77	DEXCOM G7 RECEIVER	98	dextromethorphan-guaifenesin SYRP	
desoximetasone CREA	77	DEXCOM G7 SENSOR	98	100 MG/5ML-10 MG/5ML, 200	
desoximetasone GEL	77	DEXEDRINE CP24 10 MG, 15 MG		MG/10ML-20 MG/10ML	67
desoximetasone LIQD	77	(dextroamphetamine sulfate)	1	dextromethorphan-guaifenesin TABS	
desoximetasone OINT	77	DEXIFOL TABS 5 MG	118	400 MG-20 MG	67
DESTRESS-IRON TABS	119	DEXILANT (dexlansoprazole) ...	157	dextrose (diabetic use) CHEW 4 GM .	
DESVENLAFAXINE ER	23	dexlansoprazole	157	25	
desvenlafaxine succinate 100 MG	23	DEXLYT TABS 0.25 MG	66	dextrose (diabetic use) GEL	25
desvenlafaxine succinate 25 MG, 50		dexmethylphenidate hcl CP24	3	DEXYCU SUSP IO	149
MG	23	dexmethylphenidate hcl TABS 2.5		DHIVY TABS	46
DETROL LA CP24 2 MG (tolterodine		MG, 10 MG	3	DHS SAL SHAM	79
tartrate)	158	dexmethylphenidate hcl TABS 5 MG .		DIABETES HEALTH MISC	125
DETROL LA CP24 4 MG (tolterodine		3		DIACOMIT CAPS	18
tartrate)	158			DIACOMIT PACK	18
				DIALYVITE 800 LIQD	133
				DIASTAT PEDIATRIC GEL	
				(diazepam (anticonvulsant))	17

DIATHRIVE LANCET ULTRA THIN 30	98	diclofenac w/ misoprostol TBEC	6	NA 4 MG/ML	114
DIATHRIVE LANCETS	98	dicloxacillin sodium	152	DILANTIN (phenytoin sodium extended)	20
DIATHRIVE LANCING DEVICE MISC	98	dicyclomine hcl CAPS	157	DILANTIN	20
DIATHRIVE PEN NEEDLE	108	dicyclomine hcl SOLN PO	157	DILANTIN INFATABS CHEW (phenytoin)	20
diazepam (anticonvulsant) GEL ...	18	dicyclomine hcl TABS	157	DILANTIN SUSP (phenytoin)	20
diazepam CONC	13	diethylpropion hcl TABS	2	DILANTIN-125 SUSP (phenytoin) .	20
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	13	diethylpropion hcl TB24	2	DILAUDID LIQD (hydromorphone hcl)	9
DIAZEPAM SOLN IJ 5 MG/ML	13	diethyltoluamide (deet) AERO 25 %, 7 %, 10 %, 15 %, 25 %, 30 %, 40 %, 98.11 %	80	DILAUDID TABS (hydromorphone hcl)	9
diazepam SOLN PO 5 MG/5ML ...	13	diethyltoluamide (deet) LIQD 25 %, 5 %, 7 %, 40 %, 98.11 %, 98.25 % ..	80	diltiazem hcl coated beads CP24 300 MG	61
diazepam TABS	13	DIFFERIN CREA (adapalene)	71	diltiazem hcl coated beads CP24 ..	61
diazoxide	25	DIFFERIN GEL (adapalene)	71	diltiazem hcl CP12	61
dibucaine (rectal) EX	12	DIFFERIN LOTN	71	diltiazem hcl CP24	61
dibucaine	80	DIFICID SUSR	96	diltiazem hcl CP24	61
dichlorphenamide	83	DIFICID TABS 200 MG (fidaxomicin) 96		diltiazem hcl extended release beads	61
DICLEGIS TBEC (doxylamine-pyridoxine)	29	diflorasone diacetate CREA	77	DILTIAZEM HCL SOLR	61
diclofenac epolamine PTCH EX ...	74	diflorasone diacetate OINT	77	diltiazem hcl TABS	61
diclofenac potassium (migraine) .	114	DIFLUCAN SUSR 40 MG/ML (fluconazole)	30	diltiazem hcl TB24	61
diclofenac potassium CAPS	6	DIFLUCAN TABS 100 MG (fluconazole)	30	dimenhydrinate TABS	29
diclofenac potassium TABS	6	DIFLUCAN TABS 200 MG (fluconazole)	30	dimethyl fumarate CDPK	154
diclofenac sodium (ophth)	150	diflunisal TABS	9	dimethyl fumarate CPDR	154
diclofenac sodium (topical) GEL EX 74		difluprednate	149	DIOVAN HCT (valsartan-hydrochlorothiazide)	34
diclofenac sodium (topical) SOLN EX 1.5 %	74	digestive enzymes TABS	83	DIOVAN TABS (valsartan)	33
diclofenac sodium (topical) SOLN EX	74	digoxin SOLN PO 0.05 MG/ML	62	DIPENTUM	88
diclofenac sodium TB24	6	digoxin TABS 125 MCG, 250 MCG 62		diphenhydramine hcl (sleep) CAPS 50 MG	93
diclofenac sodium TBEC	6	dihydroergotamine mesylate SOLN		diphenhydramine hcl (sleep) TABS 25 MG	93

diphenhydramine hcl CAPS	30	docusate calcium	95	DOXIL SUSP (doxorubicin hcl liposomal)	42
diphenhydramine hcl CHEW 12.5 MG	30	docusate sodium CAPS	95	doxorubicin hcl liposomal SUSP ...	42
diphenhydramine hcl ELIX 12.5 MG/5ML	30	docusate sodium ENEM 283 MG/5ML	95	DOXORUBICIN HCL SOLN (doxorubicin hcl)	42
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML	31	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	95	doxorubicin hcl SOLN	42
diphenhydramine hcl SOLN 50 MG/ML	31	DOCUSATE SODIUM SYRP	95	doxorubicin hcl SOLR 10 MG, 50 MG	42
diphenhydramine hcl TABS 25 MG 31		docusate sodium TABS	95	doxycycline (monohydrate) CAPS 50 MG, 100 MG	156
diphenoxylate w/ atropine LIQD ...	28	dofetilide	14	doxycycline (monohydrate) CAPS 75 MG, 150 MG	156
diphenoxylate w/ atropine TABS ..	28	DOLOBID TABS	9	doxycycline (monohydrate) SUSR 156	
DIPROLENE OINT (betamethasone dipropionate augmented)	77	donepezil hydrochloride TABS 23 MG	153	doxycycline (monohydrate) TABS 156	
dipyridamole	91	donepezil hydrochloride TABS 5 MG, 10 MG	153	doxycycline (rosacea)	81
disopyramide phosphate CAPS ...	13	donepezil hydrochloride TBDP ...	153	doxycycline hyclate CAPS	156
disulfiram	153	DOPTelet	92	doxycycline hyclate TABS 20 MG, 100 MG	156
divalproex sodium CSDR	20	DOPTelet SPRINKLE PO 10 MG 92		doxycycline hyclate TABS 50 MG, 75 MG, 100 MG, 150 MG	156
divalproex sodium TB24 250 MG ..	20	DORAL (quazepam)	94	doxycycline hyclate TBEC	156
divalproex sodium TB24 500 MG ..	20	DORYX MPC TBEC	156	doxylamine-pyridoxine TBEC	29
divalproex sodium TBEC	20	dorzolamide hcl	150	DRAMAMINE CHEW	29
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (docetaxel) 45		dorzolamide hcl-timolol maleate .	147	DRIZALMA SPRINKLE CSDR 20 MG, 40 MG, 60 MG	23
docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	45	DOVATO	57	DRIZALMA SPRINKLE CSDR 30 MG	23
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	45	doxazosin mesylate 1 MG, 2 MG, 4 MG	34	dronabinol CAPS	29
DOCETAXEL SOLN (docetaxel) ..	45	doxazosin mesylate 8 MG	34	droperidol SOLN 2.5 MG/ML	13
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	45	doxepin hcl (antipruritic)	75	DROPLET GENTEEL LANCING DEVICE MISC	98
docetaxel SOLN	45	doxepin hcl (sleep)	93	DROPLET INSULIN SYRINGE ..	108
DOCIVYX SOLN	45	doxepin hcl CAPS	24		
		doxepin hcl CONC	24		
		doxercalciferol CAPS	85		
		doxercalciferol SOLN	85		

DROPLET LANCETS ULTRA THIN 30G	98	DRY EYE FORMULA CAPS 33.333 MG-3.333 MG-16.667 UNIT-6.667 MG-133.333 MG-166.667 MG	125	EASY COMFORT INSULIN SYRINGE	108
DROPLET LANCING DEVICE MISC .	98	DUAKLIR PRESSAIR	15	EASY COMFORT LANCETS	98
DROPLET PEN NEEDLES	108	DUETACT (pioglitazone hcl-glimepiride)	24	EASY COMFORT LANCETS TWIST TOP	98
DROPLET PERSONAL LANCETS 30G	98	DUEXIS (ibuprofen-famotidine)	6	EASY COMFORT PEN NEEDLES	108
DROPSAFE ACTI-LANCE 23G ...	98	DULERA	16	EASY FLOW BLACK/BLUE DEVI	112
DROPSAFE ALCOHOL PREP ..	106	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	23	EASY FLOW BLACK/ORANGE DEVI	112
DROPSAFE AUTOPROTECT DUO .	108	duloxetine hcl CPEP 40 MG	23	EASY FLOW BLACK/RED DEVI .	112
DROPSAFE MEDLANCE LANCET 30G	98	DUOPA SUSP	46	EASY FLOW BLACK/WHITE DEVI	112
DROPSAFE SAFETY PEN NEEDLES	108	DUPIXENT SOAJ	79	EASY FLOW BLACK/YELLOW DEVI	112
DROPSAFE SAFETY SYRINGE/NEEDLE	108	DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	79	EASY FLOW WHITE/BLUE DEVI	112
drospirenone-ethinyl estradiol	64	DURATUSS AC LIQD PO	67	EASY FLOW WHITE/GREEN DEVI	112
drospirenone-ethinyl estradiol 0.02 MG-3 MG	64	DUREZOL (difluprednate)	149	EASY FLOW WHITE/PINK DEVI .	112
drospirenone-ethinyl estradiol-levomefolate calcium	64	DURYSTA IMPL	150	EASY FLOW WHITE/WHITE DEVI	112
DROXIA CAPS	91	dutasteride	89	EASY FLOW WHITE/YELLOW DEVI	112
DRUG MART ON-THE-GO LANCET 30G	98	dutasteride-tamsulosin hcl	89	EASY MINI EJECT LANCING DEVICE MISC	98
DRUG MART UNIFINE PENTIPS 108		DYANAVEL XR SUER	1	EASY MINI LANCING DEVICE MISC	98
DRUG MART UNIFINE PENTIPS PLUS	108	DYANAVEL XR TBCR	1	EASY TOUCH ALCOHOL PREP MEDIUM	106
DRUG MART UNILET LANCETS 28G	98	DYMISTA SUSP (azelastine hcl-fluticasone propionate)	145	EASY TOUCH FLIPLOCK INSULIN SY	108
DRUG MART UNILET LANCETS 30G	98	DYNAGEL GEL	82	EASY TOUCH INSULIN BARRELS .	
DRUG MART UNILET LANCETS 33G	98	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	96		
		EASIVENT MASK LARGE MISC .	112		
		EASIVENT MASK MEDIUM MISC	112		
		EASIVENT MASK SMALL MISC .	112		
		EASIVENT MISC	112		
		EASY COMFORT ALCOHOL PADS			

108	ECEE PLUS TABS	144	ELIQUIS CPSP PO 0.15 MG	16	
EASY TOUCH INSULIN SAFETY SYR	econazole nitrate CREA	74	ELIQUIS DVT/PE STARTER PACK TBPK	16	
EASY TOUCH INSULIN SYRINGE 108	ECONAZOLE NITRATE FOAM 1 % . 74		ELIQUIS TABS	16	
EASY TOUCH LANCETS 21G ...	98	EDARBI 40 MG, 80 MG (azilsartan medoxomil)	33	ELIQUIS TBSO PO 0.5 MG	16
EASY TOUCH LANCETS 23G ...	98	EDARBYCLOR 12.5 MG-40 MG ..	34	ELLEENCE SOLN	42
EASY TOUCH LANCETS 26G ...	98	EDARBYCLOR 25 MG-40 MG	34	ELMIRON CAPS	89
EASY TOUCH LANCETS 28G ...	98	EDLUAR SUBL	94	ELOCTATE	90
EASY TOUCH LANCETS 28G/TWIST	98	EDURANT 25 MG (rilpivirine hcl) ..	57	ELON MATRIX 5000 COMPLETE TABS	143
EASY TOUCH LANCETS 30G ...	98	EDURANT PED PO 2.5 MG	57	ELON MATRIX 5000 TABS	143
EASY TOUCH LANCETS 30G/TWIST	98	efavirenz CAPS	57	ELON MATRIX COMPLETE TABS 143	
EASY TOUCH LANCETS 32G ...	98	efavirenz TABS	57	ELON MATRIX PLUS TABS	143
EASY TOUCH LANCETS 32G/TWIST	98	efavirenz-emtricitabine-tenofovir disoproxil fumarate	57	ELON R3 TABS	143
EASY TOUCH LANCETS 32G/TWIST	98	efavirenz-lamivudine-tenofovir disoproxil fumarate	57	ELREXFIO	39
EASY TOUCH LANCETS 33G/TWIST	99	EFFER-K TBEF 25 MEQ	116	eltrombopag olamine PACK 12.5 MG, 25 MG	92
EASY TOUCH LANCING DEVICE MISC	99	EFFEXOR XR CP24 150 MG (venlafaxine hcl)	23	eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	92
EASY TOUCH PEN NEEDLES ..	108	EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl)	23	ELYXYB	114
EASY TOUCH SAFETY LANCETS 21G	99	EFFIENT (prasugrel hcl)	91	ELZONRIS	45
EASY TOUCH SAFETY LANCETS 23G	99	EKTERLY TABS PO 300 MG	91	EMBECTA INS SYR U/F 1/2 UNIT 108	
EASY TOUCH SAFETY LANCETS 26G	99	ELAHERE	39	EMBECTA INSULIN SYR ULTRAFINE	108
EASY TOUCH SAFETY LANCETS 26G	99	ELEPSIA XR TB24	18	EMBECTA INSULIN SYRINGE ..	108
EASY TOUCH SAFETY LANCETS 28G	99	eletriptan hydrobromide	114	EMBECTA INSULIN SYRINGE U- 100	108
EASY TOUCH SAFETY LANCETS 28G	99	ELIGARD KIT SC	40	EMBECTA INSULIN SYRINGE U- 500	108
EASY TOUCH SHEATHLOCK SYRINGE	108	ELIMITE CREA (permethrin)	81	EMBECTA PEN NEEDLE NANO 108	
EBGLYSS SOAJ	79	ELIQUIS (1.5 MG PACK) TBSO PO . 16			
EBGLYSS SOSY	79	ELIQUIS (2 MG PACK) TBSO PO .	16		

EMBECTA PEN NEEDLE NANO 2 GEN	108	EMFLAZA SUSP (deflazacort)	66	ENDUR-VM WITH IRON TBCR ..	125
EMBECTA PEN NEEDLE ULTRAFINE	108	EMFLAZA TABS (deflazacort)	66	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	136
EMBRACE LANCETS ULTRA THIN 30G	99	EMGALITY (300 MG DOSE) SOSY 114		ENFIT AMBER LOW DOSE SYR/0.5ML	104
EMBRACE LANCING DEVICE/EJECTOR MISC	99	EMGALITY SOAJ	114	ENFIT AMBER LOW DOSE SYR/1ML	104
EMBRACE PEN NEEDLES	108	EMGALITY SOSY	114	ENFIT AMBER LOW DOSE SYR/3ML	105
EMBRACE PRESSURE ACTIVATED 21G	99	EMPLICITI	39	ENFIT AMBER SYRINGE/10ML ..	105
EMBRACE PRESSURE ACTIVATED 28G	99	EMRELIS SOLR IV 20 MG, 100 MG . 39		ENFIT AMBER SYRINGE/20ML ..	105
EMBRIVA TABS	138	EMSAM	21	ENFIT AMBER SYRINGE/35ML ..	105
EMCYT	40	emtricitabine CAPS	57	ENFIT AMBER SYRINGE/60ML ..	105
EMEND BIPACK CAPS 80 MG (aprepitant)	29	emtricitabine- rilpivirine-tenofovir disoproxil fumarate	57	ENFIT AMBER TIP SYRINGE/5ML 105	
EMEND SUSR	30	emtricitabine-tenofovir disoproxil fumarate	57	ENFIT LOW DOSE TIP SYRINGE 105	
EMEND TRIPACK CPPK PO (aprepitant)	30	EMTRIVA CAPS (emtricitabine) ...	57	ENFIT LOW DOSE TIP SYRINGE/1ML	105
EMERGEN-C APPLE CIDER VINEGAR CHEW	125	EMTRIVA SOLN	57	ENFIT LOW DOSE TIP SYRINGE/3ML	105
EMERGEN-C ASHWAGANDHA CHEW	125	enalapril maleate & hydrochlorothiazide	34	ENFIT MED BOTTLE ADAPTER/SZ 1	105
EMERGEN-C ELDERBERRY CHEW	125	enalapril maleate SOLN	33	ENFIT MED BOTTLE ADAPTER/SZ 2	105
EMERGEN-C IMMUNE PLUS/VIT D CHEW	125	enalapril maleate TABS	33	ENFIT MED BOTTLE ADAPTER/SZ 3	105
EMERGEN-C IMMUNE+ CHEW ..	125	ENBRACE HR	138	ENFIT MED BOTTLE ADAPTER/SZ 4	105
EMERGEN-C IMMUNE+ ELDERBERRY CHEW	125	ENBREL MINI SOCT	8	ENFIT MED BOTTLE ADAPTER/SZ 5	105
EMERGEN-C TURMERIC & GINGER CHEW	125	ENBREL SOLN	8	ENFIT MED BOTTLE ADAPTER/SZ 6	105
EMERGEN-C VITAMIN C CHEW 125		ENBREL SOSY 25 MG/0.5ML	8	ENFIT MED BOTTLE ADAPTER/SZ 7	105
		ENBREL SOSY	8		
		ENBREL SURECLICK SOAJ	8		
		ENBUMYST SOLN 0.5 MG/0.1ML 84			
		ENDARI (glutamine (sickle cell)) ..	91		
		ENDOMETRIN INST 100 MG (progesterone (vaginal))	162		
		ENDUR-VM TBCR	125		

ENFIT SYRINGE/10ML	105	EPIDIOLEX	18	STATIC S DEVI	112
ENFIT SYRINGE/20ML	105	EPIDUO FORTE GEL (adapalene-benzoyl peroxide)	71	EQ VISION FORMULA 50+ CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG ...	125
ENFIT SYRINGE/35ML	105	EPIDUO GEL (adapalene-benzoyl peroxide)	71	EQL ALCOHOL SWABS	106
ENFIT SYRINGE/60ML	105	EPIFOAM FOAM	77	EQL CHILD MULTIVIT/MINERALS CHEW 18 MG	136
ENFIT TIP SYRINGE/10ML	105	epinastine hcl (ophth)	150	EQL ONE DAILY ADULT GUMMIES CHEW	125
ENFIT TIP SYRINGE/20ML	105	epinephrine (anaphylaxis) SOAJ ..	162	EQL ONE DAILY WOMENS TABS 60 MG-2 MG-30 MCG-400 MCG-800 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-15 MG-50 MG-120 MCG-450 MG-30 UNIT-2 MG-2 MG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-800 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-15 MG-50 MG-450 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG ..	119
ENFIT TIP SYRINGE/5ML	105	epinephrine hcl (nasal)	146	EQUALACTIN CHEW	94
ENFIT TIP SYRINGE/60ML	105	EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	162	EQUETRO	48
ENERGIX-B SUSP 20 MCG/ML ..	160	EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	162	ERBITUX	40
ENERGIX-B SUSY	160	EPIVIR SOLN (lamivudine)	57	ergocalciferol CAPS	162
ENHERTU	39	EPIVIR TABS (lamivudine)	57	ergocalciferol SOLN PO 200 MCG/ML	162
ENLYTE GUMMY+ CHEW	125	EPKINLY	39	ERGOMAR SUBL	114
ENOBY SOSY SC 60 MG/ML	84	eplerenone	35	ergotamine w/ caffeine TABS	114
enoxaparin sodium SOLN IJ 300 MG/3ML	17	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	92	eribulin mesylate	45
enoxaparin sodium SOSY	17	EPRONTIA SOLN 25 MG/ML (topiramate)	18	ERIVEDGE	40
ENSACOVE CAPS PO 25 MG, 100 MG	43	EPSOLAY CREA	71	ERLEADA	40
ENSTILAR FOAM	77	EQ COMPLETE MULTIVITAMIN CHILD CHEW 18 MG	136	erlotinib hcl	40
entacapone	46	EQ MULTIVITAMINS ADULT GUMMY CHEW	125	ERMEZA SOLN PO	157
ENTRESTO CPSP	62	EQ SPACE CHAMBER ANTI-STATIC DEVI	112	ERTACZO	74
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (sacubitril-valsartan)	62	EQ SPACE CHAMBER ANTI-STATIC L DEVI	112	ERYPED 200 SUSR (erythromycin	
ENTYVIO PEN SOAJ	88	EQ SPACE CHAMBER ANTI-STATIC M DEVI	112		
ENTYVIO SOLR	88				
EOHILIA SUSP	66				
EPANED SOLN (enalapril maleate) 33					
EPCLUSA PACK	58				
EPCLUSA TABS	58				
EPCLUSA TABS	59				

ethylsuccinate)96	TABS 60 MG-2 MG-400 MCG-400	MG/5ML, 500 MG/25ML45
ERYPED 400 SUSR (erythromycin	UNIT-6 MCG-1.7 MG-20 MG-3000	etravirine57
ethylsuccinate)96	UNIT-10 MG-1.5 MG-45 MG-30 UNIT	EUCRISA80
erythromycin (acne aid) GEL71	119	EVEKEO TABS 10 MG
erythromycin (acne aid) PADS71	estazolam94	(amphetamine sulfate)1
erythromycin (acne aid) SOLN71	estradiol & norethindrone acetate	EVEKEO TABS 5 MG (amphetamine
erythromycin (ophth)148	TABS86	sulfate)1
erythromycin base CPEP96	estradiol PTWK87	EVENITY84
erythromycin base TABS96	estradiol TABS87	everolimus TABS43
erythromycin base TBEC96	estradiol vaginal CREA162	everolimus TBSO43
erythromycin ethylsuccinate SUSR	estradiol vaginal TABS162	EVEXITHROID TABS 15 MG, 30
96	ESTROFACTORS TABS133	MG, 45 MG, 60 MG, 75 MG, 90 MG,
erythromycin ethylsuccinate TABS 96	estrogens, conjugated TABS 0.3 MG,	120 MG, 180 MG157
erythromycin stearate TABS 250 MG	0.45 MG, 0.625 MG, 0.9 MG, 1.25	EVISTA (raloxifene hcl)85
96	MG87	EVKEEZA31
ERZOFRI49	ESTROVEN WEIGHT	EVOMELA IV37
ESCITALOPRAM OXALATE CAPS	MANAGEMENT CAPS83	EVOTAZ57
PO 15 MG21	eszopiclone94	EXDENSUR SOSY SC 100 MG/ML
escitalopram oxalate SOLN21	ethacrynic acid84	14
escitalopram oxalate TABS 20 MG	ethambutol hcl TABS37	EXELON (rivastigmine)153
22	ethosuximide CAPS20	exemestane40
escitalopram oxalate TABS 5 MG, 10	ethosuximide SOLN20	exenatide SOPN 5 MCG/0.02ML, 10
MG21	ethynodiol diacet & eth estrad64	MCG/0.04ML26
eslicarbazepine acetate 200 MG, 400	ethynodiol diacet & eth estrad 35	EXFORGE (amlodipine besylate-
MG, 600 MG, 800 MG18	MCG-1 MG64	valsartan)34
esomeprazole magnesium CPDR	ETHYOL45	EXFORGE HCT (amlodipine-
157	etodolac CAPS6	valsartan-hydrochlorothiazide)34
esomeprazole magnesium PACK 20	etodolac TABS6	EXJADE TBSO (deferasirox)28
MG, 40 MG157	etodolac TB246	EXKIVITY40
esomeprazole magnesium PACK 157	etonogestrel-ethinyl estradiol65	EXTAVIA KIT154
esomeprazole magnesium TBEC 157	ETOPOPHOS45	EXXUA TB24 PO 18.2 MG, 36.3 MG,
ESPEROCT90	etoposide CAPS45	54.5 MG, 72.6 MG22
ESSENTIAL ONE DAILY MULTIVIT	etoposide SOLN 1 GM/50ML, 100	EXXUA TITRATION PACK TB24 PO

18.2 MG	22	FELBATOL TABS (felbamate)	20	FERRIPROX SOLN	28
EYE HEALTH AREDS 2 CAPS ..	125	felodipine	61	FERRIPROX TABS (deferiprone) ..	28
EYE HEALTH CAPS	125	FEMARA (letrozole)	41	FERRIPROX TWICE-A-DAY TABS	28
EYE HEALTH GUMMIES CHEW	125	FEM-CAL CITRATE TABS	116	ferrous fumarate TABS	93
EYE VITAMINS CAPS 60 MG-6 MG-		FEMLYV TBDP	64	ferrous fumarate w/ b12-vit c-fa-ifc	93
15 MG-2 MG-30 UNIT-22 MG	125	FEMQUIL CAPS	143	ferrous fumarate-fa-b complex-c-zn-	
EYSUVIS SUSP	149	fenofibrate CAPS	32	mg-mn-cu TABS	93
EZALLOR SPRINKLE CPSP	32	fenofibrate micronized 43 MG, 130		ferrous gluconate TABS	93
ezetimibe	32	MG	32	ferrous sulfate dried TABS	93
ezetimibe-simvastatin	31	fenofibrate micronized 67 MG, 134		ferrous sulfate SOLN 300 MG/5ML,	
famciclovir	59	MG, 200 MG	32	325 MG/5ML	93
famotidine SUSR	157	fenofibrate TABS 40 MG, 120 MG	32	ferrous sulfate TABS	93
famotidine TABS	157	fenofibrate TABS 48 MG, 54 MG, 145		FERROUS SULFATE TABS	93
famotidine-calcium carbonate-		MG, 160 MG	32	ferrous sulfate TBEC 325 MG	93
magnesium hydroxide	158	fenofibric acid	32	fesoterodine fumarate 4 MG	159
FANAPT	49	fenopropfen calcium CAPS	6	fesoterodine fumarate 8 MG	159
FANAPT TITRATION PACK A	49	fenopropfen calcium TABS	7	FETZIMA CP24 20 MG, 40 MG ...	23
FANAPT TITRATION PACK B	49	FENOPRON CAPS	7	FETZIMA CP24 80 MG, 120 MG ..	23
FANAPT TITRATION PACK C	49	FENSOLVI (6 MONTH) SC	85	FETZIMA TITRATION C4PK	23
FARESTON (toremifene citrate) ..	41	fentanyl citrate LPOP	9	FEVERALL INFANTS SUPP	9
FARXIGA TABS PO (dapagliflozin)		fentanyl citrate TABS 200 MCG, 400		FEVERALL JUNIOR STRENGTH	
28		MCG, 600 MCG, 800 MCG	9	SUPP	9
FASENRA PEN SOAJ	14	fentanyl PT72 12 MCG/HR, 25		fexofenadine hcl SUSP	31
FASENRA SOSY	14	MCG/HR, 50 MCG/HR, 75 MCG/HR,		fexofenadine hcl TABS 60 MG, 180	
FASLODEX SOSY (fulvestrant) ...	41	100 MCG/HR	9	MG	31
febuxostat 40 MG	90	fentanyl PT72 37.5 MCG/HR, 62.5		fexofenadine-pseudoephedrine TB12	
febuxostat 80 MG	90	MCG/HR, 87.5 MCG/HR	9		67
FEIBA	90	FENTORA TABS (fentanyl citrate) ..	9	fexofenadine-pseudoephedrine TB24	
felbamate SUSP	20	FEROTRINSIC 75 MG-0.5 MG-15			67
felbamate TABS	20	MCG-110 MG-240 MG	93	FIASP FLEXTOUCH SOPN	26
FELBATOL SUSP (felbamate)	20	FERREX 150 FORTE CAPS 1 MG-		FIASP PENFILL SOCT	26
		0.025 MG-150 MG	93		
		ferric citrate	89		

FIASP PUMPCART SOCT 26	152	FLUAD QUADRIVALENT160
FIASP SOLN26	FLAVOR SWEET SF DYE FREE SYRP 152	FLUARIX QUADRIVALENT SUSY 160
FIBRICOR (fenofibric acid)32	FLAVOR SWEET SYRP152	FLUARIX SUSY 160
fidaxomicin TABS 200 MG96	FLAVOR SWEET-SF SYRP152	FLUBLOK QUADRIVALENT160
FIFTY50 ALCOHOL PREP 106	flavoxate hcl159	FLUBLOK SOSY 160
FIFTY50 PEN NEEDLES108	FLEBOGAMMA DIF SOLN 5 GM/100ML, 10 GM/200ML, 20 GM/400ML151	FLUCELVAX QUADRIVALENT SUSP 160
FIFTY50 SAFETY SEAL LANCETS . 99	flecainide acetate14	FLUCELVAX QUADRIVALENT SUSY 160
FIFTY50 SUPERIOR COMFORT SYR 108	FLEET MINI ENEMA ENEM 10 MG/30ML95	FLUCELVAX SUSP 160
FIFTY50 UNILET LANCETS 33G .99	FLEQSUVY SUSP (baclofen)145	FLUCELVAX SUSY 160
FILKRI SOSY IJ 300 MCG/0.5ML, 480 MCG/0.8ML 92	FLEXICHAMBER ADULT MASK/SMALL112	fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML 30
FINACEA FOAM81	FLEXICHAMBER CHILD MASK/LARGE 112	fluconazole SUSR30
finasteride 89	FLEXICHAMBER CHILD MASK/SMALL112	fluconazole TABS 150 MG, 200 MG . 30
FINGERSTIX LANCETS99	FLEXICHAMBER CHILD MASK/SMALL112	fluconazole TABS 50 MG, 100 MG 30
fingolimod hcl 154	FLEXICHAMBER DEVI112	flucytosine30
FINTEPLA18	FLINTSTONES PLUS EXTRA IRON CHEW 18 MG136	fludarabine phosphate SOLN38
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine) . 10	FLINTSTONES/MY FIRST CHEW 1.05 MG-15 UNIT-300 MCG-4.5 MCG-1.2 MG-10 MG-1998 UNIT-60 MG-1.05 MG-400 UNIT-10 MG ..136	fludarabine phosphate SOLR38
FIRAZYR SOSY (icatibant acetate) 91	FLORAFOL PEDIATRIC CHEW . 135	fludrocortisone acetate TABS67
FIRMAGON (240 MG DOSE)41	FLORAVITA MINI TABS119	FLULAVAL QUADRIVALENT SUSY . 160
FIRMAGON 80 MG41	FLORRAXYL TABS 125	FLULAVAL SUSY 160
FIRST AID ANTISEPTIC OINT56	FLOTREX CHEW 0.25 MG, 0.5 MG, 1 MG135	FLUMIST160
FIRVANQ SOLR PO (vancomycin hcl) 36	FLOVENT HFA 44 MCG/ACT (fluticasone propionate hfa)15	FLUMIST QUADRIVALENT 160
FLAGYL CAPS (metronidazole) ...35	FLUAD 160	flunisolide (nasal) 145
FLAREX149		fluocinolone acetonide CREA77
FLAVOR PLUS LIQD152		fluocinolone acetonide OIL 77
FLAVOR SWEET DYE FREE SYRP .		fluocinolone acetonide OINT77

fluocinolone acetonide SOLN77	fluticasone propionate (inhalation) AEPB15	FML LIQUIFILM SUSP (fluorometholone (ophth)) 149
fluocinonide CREA77	fluticasone propionate (nasal) SUSP . 146	FOCALIN TABS 2.5 MG, 10 MG (dexmethylphenidate hcl) 3
fluocinonide emulsified base77	fluticasone propionate CREA 0.05 % 77	FOCALIN TABS 5 MG (dexmethylphenidate hcl) 3
fluocinonide GEL77	fluticasone propionate hfa15	FOCALIN XR CP24 (dexmethylphenidate hcl) 3
fluocinonide SOLN77	fluticasone propionate hfa 44 MCG/ACT 15	FOLAGENT DHA CAPS125
fluorometholone (ophth) SUSP ...149	fluticasone propionate LOTN 77	FOLAMAX TABS 125
fluorouracil (topical) CREA75	fluticasone propionate OINT78	FOLAMED DHA CAPS125
fluorouracil (topical) SOLN75	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT16	FOLAPRIME TABS125
fluorouracil38	fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT16	FOLASYNC DHA CAPS125
fluoxetine hcl (pmdd) TABS 155	fluticasone-salmeterol AERO16	FOLATEN TABS125
fluoxetine hcl CAPS22	fluvastatin sodium CAPS32	FOLATEXCEL 138
fluoxetine hcl CPDR22	fluvastatin sodium TB24 32	FOLAWISE TABS 133
fluoxetine hcl SOLN22	fluvoxamine maleate CP2422	FOLBEE PLUS TABS 60 MG-50 MG-300 MCG-5 MG-1.5 MG-1 MG-1.5 MG-20 MG-10 MG118
FLUOXETINE HCL TABS (fluoxetine hcl)22	fluvoxamine maleate TABS22	FOLCYTEINE TABS133
fluoxetine hcl TABS22	FLUZONE HIGH-DOSE QUADRIVALENT 160	FOLIC ACID CAPS 92
fluphenazine decanoate54	FLUZONE HIGH-DOSE SUSY ...160	folic acid SOLN 92
fluphenazine hcl CONC54	FLUZONE QUADRIVALENT SUSP 160	folic acid TABS92
fluphenazine hcl ELIX54	FLUZONE QUADRIVALENT SUSY 160	FOLIVANCE CAPS133
fluphenazine hcl SOLN 54	FLUZONE SUSP 160	FOLIVANE-OB138
fluphenazine hcl TABS54	FLUZONE SUSY 160	FOLIXIA TABS125
flurandrenolide CREA77	FML FORTE SUSP149	FOLOTYN 20 MG/ML, 40 MG/2ML (pralatrexate)38
flurandrenolide LOTN77		FOLTABS 800 TABS 93
flurazepam hcl94		FOLTRIN 75 MG-0.5 MG-15 MCG-110 MG-240 MG93
flurbiprofen sodium150		fondaparinux sodium17
flurbiprofen TABS 100 MG7		FONDCIRCLE LANCING DEVICE

MISC	99	FREESTYLE LIBRE 14 DAY READER	99	FT CHILDRENS MULTI PLUS IMMUNE CHEW	137
FONDCIRCLE SINGLE USE LANCETS	99	FREESTYLE LIBRE 14 DAY SENSOR	99	FT EYE HEALTH CAPS	125
FORA LANCETS	99	FREESTYLE LIBRE 2 PLUS SENSOR	99	FT IMMUNE SUPPORT CHEW ..	125
FORA LANCING DEVICE MISC ..	99	FREESTYLE LIBRE 2 READER ..	99	FT LICE-BEDBUG-MITE AERO 0.5 %	81
FORFIVO XL TB24 (bupropion hcl) 21		FREESTYLE LIBRE 2 SENSOR ..	99	FT PRENATAL TABS	138
formoterol fumarate NEBU	16	FREESTYLE LIBRE 3 PLUS SENSOR	99	FT URINARY TRACT INFECTION STRP	82
FORTEO SOPN (teriparatide)	84	FREESTYLE LIBRE 3 READER ..	99	FULPHILA	92
FOSAMAX PLUS D	84	FREESTYLE LIBRE 3 SENSOR ..	99	fulvestrant SOSY	41
FOSAMAX TABS 70 MG (alendronate sodium)	84	FREESTYLE LITE KIT	99	furosemide SOLN PO 8 MG/ML, 10 MG/ML	84
fosamprenavir calcium TABS	57	FREESTYLE LITE TEST STRP ...	82	furosemide TABS	84
fosfomycin tromethamine	36	FREESTYLE PRECISION NEO SYSTEM KIT	99	FUZEON SOLR	57
fosinopril sodium & hydrochlorothiazide	34	FREESTYLE PRECISION NEO TEST STRP	82	FYARRO	43
fosinopril sodium	33	FREESTYLE TEST STRP	82	FYCOMPA SUSP 0.5 MG/ML (perampanel)	17
FOSRENOL CHEW (lanthanum carbonate)	89	FREESTYLE UNISTICK II LANCETS	99	FYCOMPA SUSP	17
FOSRENOL PACK	89	FRINDOVYX SOLN	37	FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (perampanel)	17
FOTIVDA	43	FROVA (frovatriptan succinate) .	114	FYCOMPA TABS	17
FOUNDAYO TABS PO 0.8 MG, 2.5 MG, 5.5 MG, 9 MG, 14.5 MG, 17.2 MG	2	frovatriptan succinate	114	FYLNETRA	92
FRAGMIN SOLN 10000 UNIT/4ML 17		FRUITY CHEWS CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-4.5 MCG-1.2 MG-13.5 MG-400 UNIT-15 UNIT- 2500 UNIT	137	gabapentin (once-daily) TABS ...	155
FRAGMIN SOLN 95000 UNIT/3.8ML 17		FRUITY CHEWS/IRON CHEW 60 MG-1.05 MG-300 MCG-1.05 MG-4.5 MCG-1.2 MG-13.5 MG-400 UNIT-15 UNIT-15 MG-2500 UNIT	136	gabapentin CAPS 200 MG	18
FRAGMIN SOSY	17	FRUZAQLA	39	gabapentin CAPS	18
FREESTYLE FREEDOM LITE KIT 99		FT ADULT MULTI GUMMIES CHEW	125	gabapentin SOLN	18
FREESTYLE INSULINX TEST STRP	82			gabapentin TABS 600 MG, 800 MG 18	
FREESTYLE LANCETS	99			GABARONE TABS 100 MG, 400 MG	18
				galantamine hydrobromide CP24	16

MG, 24 MG 153	gemfibrozil TABS 32	GILENYA (fingolimod hcl) 154
galantamine hydrobromide CP24 8 MG 153	GEMTESA 159	GILOTRIF 40
galantamine hydrobromide SOLN 153	GENOTROPIN CART SC 85	glatiramer acetate SOSY 154
galantamine hydrobromide TABS 153	GENOTROPIN MINIQUICK PRSY 0.2 MG 85	GLEEVEC TABS (imatinib mesylate) 43
GAMASTAN IM 151	GENOTROPIN MINIQUICK PRSY 85	GLIADEL WAFER 37
GAMMAGARD 151	gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 % 4	glimepiride 1 MG 28
GAMMAGARD ERC 5 GM/50ML, 10 GM/100ML 151	gentamicin sulfate (ophth) SOLN .148	glimepiride 2 MG, 4 MG 28
GAMMAGARD S/D LESS IGA SOLR 151	gentamicin sulfate (topical) CREA .73	glipizide TABS 5 MG, 10 MG 28
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML 151	gentamicin sulfate (topical) OINT ..73	glipizide TB24 28
GAMMAPLEX SOLN 151	gentamicin sulfate IJ 40 MG/ML 4	glipizide-metformin hcl 24
GAMUNEX-C 151	GENTEEL BUTTERFLY TOUCH LANCET 99	GLOBAL ALCOHOL PREP EASE 106
GARDASIL 9 SUSP 0.5 ML 160	GENTEEL PLUS LANCING (BLACK) MISC 99	GLOBAL EASE INJECT PEN NEEDLES 108
GARDASIL 9 SUSY 0.5 ML 160	GENTEEL PLUS LANCING (PURPLE) MISC 99	GLOBAL EASY GLIDE INSULIN SYR 108
GAS RELIEF LIQD PO 40 MG/0.6ML 87	GENTEEL PLUS LANCING (WHITE) MISC 99	GLOBAL EASY GLIDE PEN NEEDLES 108
gatifloxacin (ophth) 148	GENTEEL PLUS LANCING DEV(BLUE) MISC 99	GLOBAL INJECT EASE INSULIN SYR 108
GAVISCON SUSP 358 MG/15ML-95 MG/15ML 12	GENTEEL PLUS LANCING DEV(PINK) MISC 99	GLOBAL INJECT EASE LANCETS 28G 99
GAVRETO 43	GENVOYA 57	GLOBAL INJECT EASE LANCETS 30G 99
GAZYVA 39	GEODON (ziprasidone hcl) 48	GLOBAL INSULIN SYRINGES ..108
gefitinib 40	GEODON (ziprasidone mesylate) 48	GLOBAL LANCING DEVICE MISC 99
GELNIQUE GEL 10 % 159	GEODON 40 MG (ziprasidone hcl) 48	GLOPERBA SOLN PO 90
GEMCITABINE HCL SOLN (gemcitabine hcl) 38	GERBER GOOD START WATER 152	GLP-DLAX TABS 143
gemcitabine hcl SOLN 38	GESTYRA TABS 138	GLUCAGEN HYPOKIT 25
GEMCITABINE HCL SOLN 38		GLUCAGON EMERGENCY 25
gemcitabine hcl SOLR 38		GLUCAGON EMERGENCY SOLR IJ

1 MG, 1 MG/ML (glucagon)25	GNP CHILDRENS CHEWABLES/EX	5 MG-18 MG-450 MG-1.5 MG-50
GLUCAGON HCL (DIAGNOSTIC)	C CHEW 250 MG-1.05 MG-300	MG-15 MG-30 UNIT-2 MG-120
82	MCG-400 UNIT-4.5 MCG-1.2 MG-	MCG-2 MG-20 MCG119
glucagon SOLR IJ 1 MG25	13.5 MG-2500 UNIT-1.05 MG-15	GNP PEN NEEDLES 108
GLUCOCOM LANCETS 28G99	UNIT 137	GNP PRENATAL TABS 138
GLUCOCOM LANCETS 30G99	GNP CHILDRENS	GNP PRENATAL/FOLIC ACID TABS
GLUCOCOM LANCETS 33G99	CHEWABLES/IRON CHEW 15 MG	138
GLUCOPRO INSULIN SYRINGE	136	GNP STERILE LANCETS 28G ..100
108	GNP CHILDRENS/EXTRA C CHEW .	GNP STERILE LANCETS 30G ..100
glucose-vitamin c 6 MG-4 GM25	137	GNP STERILE LANCETS 33G ..100
glutamine (sickle cell) 91	GNP ESSENTIAL ONE DAILY TABS	GNP ULTICARE PEN NEEDLES
glutamine TABS 147	60 MG-2 MG-400 MCG-400 UNIT-6	108
glyburide micronized 1.5 MG, 3 MG	MCG-1.7 MG-20 MG-5000 UNIT-10	GNP ULTIGUARD SAFEPAK
28	MG-75 MG-1.5 MG-30 UNIT 133	NEEDLE108
glyburide micronized 6 MG 28	GNP HEALTHY EYES	GNP ULTRA COM INSULIN
glyburide TABS 28	SUPERVISION 2 CAPS 250 MG-5	SYRINGE 108
glyburide-metformin24	MG-1 MG-40 MG-1 MG-200 UNIT	GNP URINARY TRACT TEST
glycerin (laxative) SUPP 1 GM, 1.2	125	STRIPS STRP 82
GM, 2 GM, 2.1 GM, 80.7 %95	GNP HOME LICE/BEDBUG/DUST	GOCOVRI CP24 137 MG 46
glycerin (topical)79	MITE AERO 0.5 %81	GOCOVRI CP24 68.5 MG46
glycerin-hypromellose-polyethylene	GNP IMMUNE SUPPORT CHEW	GOJJI LANCING DEVICE/CLEAR
glycol 400 147	125	CAP MISC 100
glycerol phenylbutyrate 1.1 GM/ML	GNP INSULIN SYRINGE108	GOJJI STERILE LANCETS100
85	GNP INSULIN SYRINGES 28GX1/2"	GOLYTELY SOLR (peg 3350-kcl-sod
GLYCOTROL CAPS143	108	bicarb-sod chloride-sod sulfate) ... 95
GLYCOTROL COMPLETE CAPS	GNP INSULIN SYRINGES	GOMEKLI CAPS PO 1 MG, 2 MG .43
143	31GX5/16" 108	GOMEKLI TBSO PO 1 MG43
GLYXAMBI24	GNP LANCING SYSTEM DEVICE	GOOD START STERILE WATER
GNP ADULT MINI CHEW 125	MISC100	152
GNP ALCOHOL SWABS 106	GNP LITTLE ONES CHILDRENS	GOODSENSE ALCOHOL SWABS
GNP CAL MAG ZINC +D3 TABS	CHEW 60 MG-1.05 MG-300 MCG-	106
133.333 UNIT-333.333 MG-133.333	400 UNIT-4.5 MCG-1.2 MG-10 MG-	GRAFAPEX SOLR IV 1 GM, 5 GM
MG-5 MG 116	1998 UNIT-1.05 MG-15 UNIT 137	37
	GNP ONE DAILY WOMENS	GRALISE TABS (gabapentin (once-
	HEALTH TABS 60 MG-2 MG-30	
	MCG-400 MCG-800 UNIT-6 MCG-	
	1.7 MG-25 MCG-10 MG-2500 UNIT-	

daily)) 155	HAEMOLANCE LOW FLOW LANCETS 100	78
granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML 29	HAEMOLANCE PLUS 100	HALOG SOLN 78
granisetron hcl TABS 29	HAEMOLANCE PLUS HIGH FLOW . 100	haloperidol decanoate 51
GRANISOL SOLN PO 29	HAEMOLANCE PLUS LOW FLOW . 100	haloperidol lactate CONC 51
GRANIX SOLN 300 MCG/ML 92	HAEMOLANCE PLUS MAX FLOW 100	haloperidol lactate SOLN 51
GRANIX SOSY 92	HAEMOLANCE PLUS PEDIATRIC FLOW 100	haloperidol TABS 51
GRAPE SYRUP SYRP 152	HAIR NOURISHING SUPPLEMENT TABS 143	HALUCORT GEL 80
griseofulvin microsize SUSP 30	HAIR SKIN NAILS CAPS 30 MG-1.667 MG-1666.667 MCG-10 UNIT-133.333 MCG-666.667 UNIT-2.667 MCG-1666.667 UNIT-1.667 MG-8.333 MG-5 MG-3.333 MG-1.667 MG-2.5 MG-10 MG-0.333 MG-10 MG-1 MG-20 MG-8.333 MG-4.167 MCG 126	HAPRODERM GEL 82
griseofulvin microsize TABS 30	HAIR/SKIN/NAILS CAPS 126	HARVONI PACK 59
griseofulvin ultramicrosize 30	HALAVEN (eribulin mesylate) 45	HARVONI TABS 59
GRISEOFULVIN ULTRAMICROSIZE 165 MG 30	halcinonide CREA 78	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML 160
guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 300 MG/15ML 68	halcinonide SOLN 0.1 % 78	HEALTHWISE INSULIN SYR/NEEDLE 109
guaifenesin TABS 400 MG 68	HALCION 0.25 MG (triazolam) 94	HEALTHWISE MICRON PEN NEEDLES 109
guaifenesin TB12 600 MG 68	HALDOL DECANOATE (haloperidol decanoate) 51	HEALTHWISE SHORT PEN NEEDLES 109
guaifenesin-codeine SOLN 67	halobetasol propionate CREA 78	HEALTHY EYES SUPERVISION 2 CAPS 126
guanfacine hcl (adhd) 1 MG, 2 MG . 2	halobetasol propionate FOAM 78	HEALTHY EYES/LUTEIN-ZEAXANTHIN CAPS 60 MG-13.5 MG-6 MG-15 MG 126
guanfacine hcl (adhd) 3 MG, 4 MG . 2	HALOBETASOL PROPIONATE LOTN 0.05 % 78	HEALTHY HAIR/SKIN/NAILS TABS 2 MG-2000 MCG-400 MCG-25 MG-100 MG-25 MCG-1.7 MG-10 MG-40 MG-1.5 MG-50 MG-2500 UNIT-50 MG-50 MG 133
guanfacine hcl 34	HALOG CREA (halcinonide) 78	
GVOKE HYPOPEN 1-PACK SOAJ 25	HALOG SOLN 0.1 % (halcinonide)	
GVOKE HYPOPEN 2-PACK SOAJ 25		
GVOKE KIT SOLN 25		
GVOKE PFS SOSY 1 MG/0.2ML . 25		
GYNAZOLE-1 161		
HADLIMA PUSHTOUCH SOAJ 5		
HADLIMA SOSY 5		
HAEGARDA SOLR SC 91		
HAEMOLANCE 100		

100	HEPZATO W/62MM CATHETER IA . 37	HUMALOG MIX 50/50 KWIKPEN SUPN 26
H-E-B INCONTROL LANCETS 30G . 100	HERCEPTIN 150 MG40	HUMALOG MIX 50/50 SUSP26
H-E-B INCONTROL LANCETS 33G . 100	HERCEPTIN HYLECTA42	HUMALOG MIX 75/25 KWIKPEN SUPN 26
H-E-B INCONTROL PEN NEEDLES109	HERCESSI 40	HUMALOG MIX 75/25 SUSP26
H-E-B INCONTROL UNIFINE PENTIP109	HERNEXEOS TABS PO 60 MG ...40	HUMALOG SOCT 26
HEMADY TABS66	HERZUMA 40	HUMALOG SOLN IJ26
HEMANGEOL SOLN PO 60	HETLIOZ CAPS (tasimelteon)94	HUMALOG TEMPO PEN SOPN .. 26
HEMANGEOL SOLN PO61	HETLIOZ LQ SUSP94	HUMATE-P SOLR 90
HEMATINIC PLUS VIT/MINERALS TABS93	HIBERIX SOLR IJ 159	HUMATROPE CART IJ85
HEMATINIC/FOLIC ACID93	HIGH POTENCY MULTIVITAMIN TABS133	HUMIRA (2 PEN) AJKT5
HEMICLOR 12.5 MG 84	HIZENTRA SOLN 151	HUMIRA (2 SYRINGE) PSKT5
HEMLIBRA90	HIZENTRA SOSY 151	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML 5
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT 90	HM STERILE ALCOHOL PREP .106	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML 5
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML17	HM ULTICARE INSULIN SYRINGE . 109	HUMIRA-PED<40KG CROHNS STARTER PSKT5
HEPARIN NA (PORK) LOCK FLSH PF 10 UNIT/ML, 100 UNIT/ML17	HM ULTICARE MINI PEN NEEDLES109	HUMIRA-PED>/=40KG CROHNS START PSKT5
HEPARIN SOD (PORCINE) IN D5W17	HM ULTICARE SHORT PEN NEEDLES109	HUMIRA-PED>/=40KG UC STARTER AJKT5
HEPARIN SOD (PORK) LOCK FLUSH 10 UNIT/ML, 100 UNIT/ML 17	HOMOCYSTEINE SUPPORT CAPS . 83	HUMIRA-PSORIASIS/UEVIT STARTER AJKT 5
heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML 17	HONEY BEARS137	HUMULIN 70/30 KWIKPEN SUPN 27
HEPLISAV-B SOSY 160	HONEY BEARS W/IRON-ZINC CHEW136	HUMULIN 70/30 SUSP27
HEPZATO W/50MM CATHETER IA . 37	HORIZANT155	HUMULIN N KWIKPEN SUPN 27
	HORMONE PROTECT CAPS83	HUMULIN N SUSP 27
	HULIO (2 PEN) AJKT5	HUMULIN R SOLN IJ27
	HULIO (2 SYRINGE) PSKT5	HUMULIN R U-500 (CONCENTRATED) SOLN SC27
	HUMALOG JUNIOR KWIKPEN SOPN 26	HUMULIN R U-500 KWIKPEN SOPN
	HUMALOG KWIKPEN SOPN 26	

SC	27	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG . 10	hydromorphone hcl TABS	9	
HURRICAINA AERO 20 %	117		hydromorphone hcl TB24	9	
HURRICANE SNAP-N-GO SWAB 117		hydrocortisone (intrarectal)	12	hydroxychloroquine sulfate 200 MG 37	
HYCANTIN CAPS	46	hydrocortisone (rectal) EX	12	HYDROXYM GEL	78
HYCANTIN SOLR (topotecan hcl) 46		hydrocortisone (topical) CREA 1 % 78		hydroxyurea	45
HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	67	hydrocortisone (topical) CREA	78	hydroxyzine hcl SYRP	13
HYCODAN TABS 1.5 MG-5 MG (hydrocodone bitartrate-homatropine methylbromide)	67	hydrocortisone (topical) LOTN 2.5 % . 78		hydroxyzine hcl TABS	13
hydralazine hcl TABS	35	hydrocortisone (topical) OINT 1 %, 2.5 %	78	hydroxyzine pamoate CAPS	13
HYDRAVEX GEL 2 %	78	hydrocortisone (topical) SOLN 2.5 % 78		HYLAVITE TABS 100 MG-10 MG-300 MCG-1 MG-1.7 MG-20 MG-10 MG-1.5 MG-6 MCG	118
HYDREA (hydroxyurea)	45	hydrocortisone acetate (topical) CREA 2.5 %	78	HYMPAVZI	90
hydrochlorothiazide CAPS	84	hydrocortisone acetate (topical) OINT	78	HYQVIA	151
hydrochlorothiazide TABS	84			HYRIMOZ SOAJ	5
HYDROCIL PACK	94	HYDROCORTISONE ACETATE CREA	78	HYRIMOZ SOSY	6
hydrocodone bitartrate CP12	9	hydrocortisone butyrate CREA	78	HYRIMOZ-CROHNS/UC STARTER SOAJ	5
hydrocodone bitartrate T24A	9	hydrocortisone butyrate LOTN	78	HYRIMOZ-PED<40KG CROHN STARTER SOSY	5
hydrocodone bitartrate-homatropine methylbromide SOLN	67	hydrocortisone butyrate OINT	78	HYRIMOZ-PED>=40KG CROHN START SOSY	5
hydrocodone bitartrate-homatropine methylbromide TABS	67	hydrocortisone butyrate SOLN	78	HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ	5
hydrocodone polistirex-chlorpheniramine polistirex SUER .	67	HYDROCORTISONE COMPLETE KIT THPK	78	HYSINGLA ER T24A	9
hydrocodone-acetaminophen SOLN . 10		HYDROCORTISONE GEL 2 % ...	78	HY-VEE LANCETS	100
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	10	hydrocortisone TABS	66	HY-VEE THIN LANCETS	100
hydrocodone-acetaminophen TABS 325 MG-2.5 MG	10	hydrocortisone valerate CREA	78	HYZAAR (losartan potassium & hydrochlorothiazide)	34
		hydrocortisone valerate OINT	78	ibandronate sodium TABS	84
		hydrocortisone w/acetic acid	151	IBRANCE CAPS 100 MG, 125 MG 43	
		hydromorphone hcl LIQD	9	IBRANCE TABS	43
		HYDROMORPHONE HCL SUPP ...	9		

IBSRELA	88	IDHIFA	43	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML, 6 MG/0.5ML .	114
IBTROZI CAPS PO 200 MG	43	IDOSE TR IMPL	150	IMITREX TABS (sumatriptan succinate)	114
ibuprofen CAPS	7	IDVYNZO TABS PO	57	IMKELDI SOLN	43
ibuprofen CHEW	7	IFEX SOLR (ifosfamide)	38	IMLYGIC	46
ibuprofen SUSP 100 MG/5ML	7	IFEX SOLR	37	IMMUNE 24 HOUR+ CAPS	126
ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML	7	ifosfamide SOLN	38	IMMUNE ESSENTIALS DAILY CAPS	126
ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	7	ifosfamide SOLR	38	IMMUNE SUPPORT CHEW	126
ibuprofen TABS 300 MG, 800 MG ..	7	IFOSFAMIDE SOLR	38	IMMUNERX CAPS	143
ibuprofen-famotidine	7	IGALMI FILM	94	IMMUNICARE CAPS	143
ICAPS CAPS 226 MG-34.8 MG-0.8 MG-14320 UNIT-200 MG	126	IHEALTH LANCING DEVICE MISC 100		IMOVAX RABIES SUSR	160
ICAPS LUTEIN & OMEGA-3 CAPS 240 MCG-1.2 MG-16 MG-1.3 MG-2.4 MCG-1.3 MG-10 MG-600 MCG-45 MG-2 MG-10 UNIT-2.3 MG-0.9 MG-7 MG-1 MG-34 MCG-280 MG	126	ILARIS SOLN	6	IMULDOSA SOLN IV 130 MG/26ML . 88	
ICAR-C PLUS TABS 250 MG-1 MG- 25 MCG-100 MG	93	ILEVRO	150	IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	75
icatibant acetate SOSY	91	ILUMYA	75	IN TOUCH LANCING DEVICE MISC 100	
ICLUSIG	43	ILUVIEN	149	IN TOUCH STERILE LANCETS 30G	100
icosapent ethyl	31	imatinib mesylate TABS	43	INBRIJA CAPS	46
ICOTYDE TABS PO 200 MG	75	IMBRUVICA CAPS	43	IN-CHECK DIAL FLOW TRAINER DEVI	112
IDACIO (2 PEN) AJKT	6	IMBRUVICA SUSP	43	IN-CHECK INSPIRATORY FLOW MTR DEVI	113
IDACIO (2 SYRINGE) PSKT	6	IMBRUVICA TABS 140 MG, 280 MG, 420 MG	43	INCONTROL ULTICARE PEN NEEDLES	109
IDACIO-CROHNS/UC STARTER AJKT	6	IMDELLTRA	39	INCRUSE ELLIPTA	14
IDACIO-PSORIASIS STARTER AJKT	6	IMFINZI	39	indapamide TABS 1.25 MG, 2.5 MG . 84	
IDAMYCIN PFS (idarubicin hcl) ...	42	imipenem-cilastatin IV	36	INDERAL LA CP24 120 MG, 160 MG (propranolol hcl)	61
idarubicin hcl	42	imipramine hcl TABS	24	INDERAL LA CP24 60 MG, 80 MG	
IDELVION	90	imipramine pamoate	24		
		imiquimod	79		
		imiquimod 3.75 %	79		
		IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML	114		
		IMITREX STATDOSE SYSTEM SOAJ (sumatriptan succinate)	114		

(propranolol hcl)	61	SOLOSTAR SOPN	27	INVELTYS SUSP	149
INDERAL XL	61	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	27	INVOKAMET TABS	24
indomethacin CAPS 25 MG, 50 MG	7	INSULIN GLARGINE-YFGN SOLN 27		INVOKAMET XR TB24	24
indomethacin CPR	7	INSULIN GLARGINE-YFGN SOPN 27		INVOKANA	28
indomethacin SUPP	7			INZIRQO SUSR PO 10 MG/ML ...	84
indomethacin SUSP	7			IOPIDINE	148
INFASURF TR	156	INSULIN LISPRO (1 UNIT DIAL) SOPN	27	IPOLE	160
INFED	93	INSULIN LISPRO JUNIOR KWIKPEN SOPN	27	ipratropium bromide (nasal)	145
INFLAMEX CAPS	143	INSULIN LISPRO PROT & LISPRO SUPN	27	ipratropium bromide hfa 17 MCG/ACT	14
INFLECTRA SOLR	88	INSULIN LISPRO SOLN IJ	27	ipratropium bromide SOLN 0.02 %	14
INFLIXIMAB	88	INSULIN SYRINGE	109	ipratropium-albuterol SOLN	16
INGREZZA CAPS	154	INSULIN SYRINGE-NEEDLE U-100 109		IQIRVO	89
INGREZZA CPPK	154	INSUPEN PEN NEEDLES	109	irbesartan	33
INGREZZA CPSP	154	INSUPEN32G EXTR3ME	109	irbesartan-hydrochlorothiazide ...	34
INLEXZO IMPL IS 225 MG	38	INTELENCE (etravirine)	57	irbesartan-hydrochlorothiazide 12.5 MG-300 MG	34
INLURIYO TABS PO 200 MG	41	INTELENCE	57	IRESSA (gefitinib)	40
INLYTA	39	INTRASITE GEL APPLIPAK GEL .	82	irinotecan hcl	46
INNOPRAN XL	61	INTUNIV 1 MG, 2 MG (guanfacine hcl (adhd))	2	IRON CHEWS PEDIATRIC CHEW 93	
inositol niacinate CAPS	62	INTUNIV 3 MG, 4 MG (guanfacine hcl (adhd))	2	iron-vitamin c	93
INPEFA	62	INULOSE BLOOD SUGAR SUPPORT CAPS	143	iron-vitamin c-vitamin b12-folic acid TABS	93
INQOVI	42	INVEGA 3 MG (paliperidone)	49	ISENTRESS CHEW	57
INREBIC	43	INVEGA 6 MG, 9 MG (paliperidone) . 49		ISENTRESS HD TABS	57
INSPIREASE MISC	113	INVEGA HAFYERA	49	ISENTRESS PACK	57
INSPIRA (eplerenone)	35	INVEGA SUSTENNA	50	ISENTRESS TABS	57
INSULIN ASPART FLEXPEN SOPN . 27		INVEGA TRINZA	50	isoniazid SYRP	37
INSULIN ASPART SOLN IJ	27			isoniazid TABS	37
INSULIN DEGLUDEC FLEXTOUCH SOPN	27			isosorbide dinitrate TABS 40 MG ..	13
INSULIN DEGLUDEC SOLN	27				
INSULIN GLARGINE MAX					

isosorbide dinitrate TABS	13	89	KALETRA SOLN	57	
isosorbide dinitrate-hydralazine hcl 62		JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (sitagliptin phosphate-metformin hcl)	24	KALETRA TABS (lopinavir-ritonavir) . 57	
isosorbide mononitrate TABS	13	JANUMET XR TB24	24	KANJINTI	40
isosorbide mononitrate TB24	13	JANUVIA 100 MG (sitagliptin phosphate)	25	KAPSPARGO SPRINKLE CS24 ..	60
isotretinoin	71	JANUVIA 25 MG, 50 MG (sitagliptin phosphate)	25	KATERZIA	61
isradipine CAPS	61	JARDIANCE	28	KELP-B6-LECITHIN-VINEGAR CAPS	147
ISTALOL SOLN (timolol maleate (ophth))	147	JATENZO CAPS	11	KENALOG AERS (triamcinolone acetonide (topical))	78
ISTODAX SOLR (romidepsin)	43	JAVADIN SOLN PO 0.02 MG/ML .	34	KENDALL AMORPHOUS WOUND GEL	82
ITCH-X GEL	80	JAYPIRCA	43	KEPPRA SOLN PO 100 MG/ML (levetiracetam)	18
ITCH-X SOLN	80	JELMYTO KIT UL 40 MG	42	KEPPRA TABS (levetiracetam)	18
ITOVEBI	43	JEMPERLI	39	KEPPRA XR TB24 (levetiracetam)	18
itraconazole CAPS	30	JENTADUETO TABS	24	KERAGEL GEL	82
itraconazole SOLN	30	JENTADUETO XR TB24	24	KERAGELT GEL	82
ITVISMA SUSP IT	146	JEVTANA	45	KERENDIA	86
ivermectin (pediculicide)	81	JIVI	90	KESIMPTA	154
ivermectin (rosacea)	81	JIVI 4000 UNIT	90	ketoconazole (topical) CREA	74
IWILFIN	45	JOBEVNE SOLN IV 100 MG/4ML, 400 MG/16ML	39	ketoconazole (topical) FOAM	74
IXCHIQ	160	JORNAY PM CP24	3	ketoconazole (topical) SHAM 2 %	74
IXEMPRA KIT	45	JOURNAVX	8	ketoconazole	30
IXIARO	160	JUBBONTI SOSY SC 60 MG/ML .	84	KETO-DIASTIX	82
IXINITY SOLR 500 UNIT, 1000 UNIT, 1500 UNIT, 3000 UNIT	90	JULUCA	57	KETONE TEST STRP	82
IYUZEH SOLN	150	JUXTAPID 2 MG, 5 MG, 10 MG, 20 MG, 30 MG	33	ketoprofen CAPS	7
JADENU SPRINKLE PACK (deferasirox)	29	JYLAMVO SOLN PO	38	ketoprofen CP24	7
JADENU TABS (deferasirox)	29	JYNNEOS	160	ketorolac tromethamine (ophth) .	150
JAKAFI	43	KADCYLA	39	ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML	7
JAKAFI XR PO 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	43	KALBITOR	91	ketorolac tromethamine TABS	7
JALYN (dutasteride-tamsulosin hcl) .					

KETOSTIX STRP82	KOGENATE FS KIT90	300 MG60
ketotifen fumarate (ophth) 0.035 % 150	KOMZIFTI CAPS PO 200 MG41	labetalol hcl TABS 400 MG60
KEVEYIS (dichlorphenamide)83	KONSYL DAILY FIBER PACK 100 %94	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML18
KEVZARA SOAJ6	KONVOMEF SUSR158	lacosamide TABS18
KEVZARA SOSY6	KORLYM (mifepristone (hyperglycemia))25	LACRISERT147
KEYFOLIC TABS126	KOSELUGO43	lactase CHEW 9000 UNIT83
KEYTRUDA39	KOSELUGO PO 5 MG, 7.5 MG ...43	lactase TABS83
KEYTRUDA QLEX SOLN SC42	KOSHER PRENATAL PLUS IRON TABS138	LACTIC ACID E79
KHINDIVI SOLN PO 1 MG/ML66	KOVALTRY90	lactulose (encephalopathy)88
KIMMTRAK39	KP MENS DAILY PACK MISC ...126	lactulose SOLN95
KINERET SOSY6	KP PRENATAL MULTIVITAMINS TABS138	LAGEVRIO60
KINNEY LANCETS100	KP WOMENS DAILY MISC126	LAMICTAL CHEW (lamotrigine) ...19
KINNEY THIN LANCETS100	KPN PRENATAL TABS138	LAMICTAL ODT KIT (lamotrigine) .18
KINRAY INSULIN SYRINGE109	KRAZATI43	LAMICTAL ODT TBDP (lamotrigine) . 18
KIRSTY SOLN IJ 100 UNIT/ML ...27	KROGER AUTOLET LANCING DEVICE MISC100	LAMICTAL STARTER KIT 25 MG (lamotrigine)18
KIRSTY SOPN SC 100 UNIT/ML .27	KROGER GLUCOSE25	LAMICTAL TABS (lamotrigine)19
KISQALI (200 MG DOSE)43	KROGER HEALTHPRO LANCET 26G100	LAMICTAL XR KIT19
KISQALI (400 MG DOSE)43	KROGER LANCETS100	LAMICTAL XR TB24 (lamotrigine) .19
KISQALI (600 MG DOSE)43	KROGER LANCETS SUPER THIN 100	lamivudine SOLN57
KISQALI FEMARA (200 MG DOSE) . 42	KROGER LANCETS THIN100	lamivudine TABS57
KISQALI FEMARA (400 MG DOSE) . 42	KROGER PEN NEEDLES109	lamivudine-zidovudine57
KISQALI FEMARA (600 MG DOSE) . 42	KYLEENA65	lamotrigine CHEW19
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ...4	KYPROLIS43	lamotrigine KIT 25 MG19
KLONOPIN TABS (clonazepam) ..18	KYXATA SOLN 80 MG/8ML, 500 MG/50ML38	lamotrigine KIT19
KLOXXADO LIQD29	labetalol hcl TABS 100 MG, 200 MG, 300 MG60	lamotrigine TABS19
KOATE SOLR90		lamotrigine TB2419
KOATE-DVI SOLR 1000 UNIT90		lamotrigine TBDP19
		LANCET DEVICE MISC100

LANCET DEVICE WITH EJECTOR MISC	100	LASTACFT	150	LEQVIO	33
LANCETS	100	latanoprost SOLN	150	LESCOL XL TB24 (fluvastatin sodium)	32
LANCETS 28G THIN	100	LATISSE (bimatoprost (topical)) ..	79	LETAIRIS (ambrisentan)	63
LANCETS 30G	100	LATUDA 20 MG, 40 MG, 60 MG (lurasidone hcl)	48	letrozole	41
LANCETS 33G	100	LATUDA 80 MG, 120 MG (lurasidone hcl)	48	leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML	45
LANCETS MICRO THIN 33G	100	LAZCLUZE	40	leucovorin calcium SOLR	45
LANCETS SUPER THIN	100	LEADER ADVANCED LANCING DEVICE MISC	100	leucovorin calcium TABS	45
LANCETS SUPER THIN 28G ...	100	LEADER UNIFINE PENTIPS	109	LEUKINE SOLR IJ	92
LANCETS ULTRA THIN	100	LEADER UNIFINE PENTIPS PLUS .	109	leuprolide acetate (3 month) INJ 22.5 MG	41
LANCETS ULTRA THIN 30G	100	LEDIPASVIR-SOFOSBUVIR TABS 59		leuprolide acetate KIT IJ 1 MG/0.2ML	41
LANCING DEVICE MISC	100	leflunomide 10 MG	8	levalbuterol hcl	16
LAND BEFORE TIME		leflunomide 20 MG	8	levalbuterol tartrate	16
MULTIVITAMIN CHEW 250 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-1.05 MG-25 MG-15 UNIT-2500 UNIT, 15 MG	137	LEMTRADA	154	levamlodipine maleate 2.5 MG	61
lanreotide acetate	86	lenalidomide	117	levamlodipine maleate 5 MG	61
LANREOTIDE ACETATE	86	LENVIMA (10 MG DAILY DOSE) .	39	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	19
lansoprazole CPDR	157	LENVIMA (12 MG DAILY DOSE) .	39	levetiracetam TABS	19
lansoprazole TBDD	157	LENVIMA (14 MG DAILY DOSE) .	39	levetiracetam TB24	19
lanthanum carbonate CHEW	89	LENVIMA (18 MG DAILY DOSE) .	39	levetiracetam TB3D 250 MG, 500 MG	19
LANTUS SOLN	27	LENVIMA (20 MG DAILY DOSE) .	39	LEVICYN GEL	80
LANTUS SOLOSTAR SOPN	27	LENVIMA (24 MG DAILY DOSE) .	39	levobunolol hcl 0.5 %	147
LANZO MISC	100	LENVIMA (4 MG DAILY DOSE) ..	39	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	86
lapatinib ditosylate	43	LENVIMA (8 MG DAILY DOSE) ..	39	levocarnitine (metabolic modifiers) TABS	86
LASIX ONYU CTKT 80 MG/2.67ML 84		LEPTIN MANAGER CAPS	83	levocetirizine dihydrochloride SOLN 31	
LASIX ONYU REUSABLE UNIT/CHARG	109	LEQEMBI	153	levocetirizine dihydrochloride TABS	
LASIX TABS (furosemide)	84	LEQEMBI IQLIK SC 360 MG/1.8ML 153			
LASOLEX AG GEL 2 %	74	LEQSELVI TABS PO 8 MG	79		

31	LEXETTE FOAM (halobetasol propionate)78	LIFE PACK WOMENS MISC126
levofloxacin (ophth) 0.5 %148	LIALDA TBEC (mesalamine) 88	LIFYORLI (125 MG DOSE) CPPK PO41
levofloxacin SOLN PO87	LIBERTY MEDICAL LANCETS ..100	LIFYORLI (150 MG DOSE) CPPK PO41
levofloxacin TABS 250 MG 87	LIBERTY MINI LANCING DEVICE MISC100	LIKMEZ SUSP 35
levofloxacin TABS 500 MG, 750 MG . 87	LIBERVANT FILM18	LILETTA (52 MG) 65
levoleucovorin calcium SOLN 175 MG/17.5ML 45	LIBTAYO 39	linezolid SUSR36
levoleucovorin calcium SOLR 45	LIDO BDK KIT 2.5 %-2.5 % (lidocaine-prilocaine)80	linezolid TABS 36
levonorgestrel & eth estradiol TABS 0.03 MG-0.15 MG64	lidocaine (anorectal) CREA12	liniments & rubs LOTN79
levonorgestrel & eth estradiol TABS 64	lidocaine AERO80	LINZESS 145 MCG89
levonorgestrel (emergency oc) 1.5 MG 65	lidocaine CREA 4 % 80	LINZESS 72 MCG, 290 MCG89
levonorgestrel-eth estradiol (triphasic)64	lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %, 4 % 96	liothyronine sodium SOLN157
levonorgestrel-ethinyl estradiol (91-day)64	lidocaine hcl CREA 3 %, 4 %80	liothyronine sodium TABS157
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG 64	lidocaine hcl GEL 0.5 %, 2 %80	LIPIDSHIELD PLUS TABS144
levonorgestrel-ethinyl estradiol (continuous) 64	lidocaine hcl PRSY80	LIPITOR TABS (atorvastatin calcium)32
levonorgestrel-ethinyl estradiol-iron 64	LIDOCAINE HCL SOLN 96	LIPOFEN CAPS (fenofibrate)32
levorphanol tartrate TABS9	lidocaine OINT 5 % 80	LIPOTRIAD VISION SUPPORT CAPS 144
levothyroxine sodium CAPS157	lidocaine PTCH 4 %, 5 %80	LIPOTRIAD VISION SUPPORT PLUS CAPS 144
LEVOTHYROXINE SODIUM SOLN IV157	lidocaine-benzalkonium LIQD 2.5 %-0.13 %80	LIPOTRIAD VISIONARY CAPS ..144
levothyroxine sodium TABS157	lidocaine-hydrocortisone acetate (rectal) CREA EX 12	LIQREV SUSP63
LEXAPRO TABS 20 MG (escitalopram oxalate) 22	lidocaine-prilocaine CREA80	liraglutide (weight management) 18 MG/3ML 2
LEXAPRO TABS 5 MG, 10 MG (escitalopram oxalate) 22	lidocaine-prilocaine KIT80	liraglutide26
	lidocaine-transparent dressing 4 % 80	lisdexamfetamine dimesylate CAPS 1
	LIDODERM PTCH (lidocaine) 80	lisdexamfetamine dimesylate CHEW . 1
	LIDOMAX GEL 2 %80	lisinopril & hydrochlorothiazide34
	LIFE PACK MENS MISC126	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG 33

lisinopril TABS 20 MG 33	LONSURF42	LOTEMAX GEL (loteprednol etabonate) 149
LITE TOUCH LANCETS100	loperamide hcl CAPS28	LOTEMAX OINT149
LITE TOUCH LANCING PEN MISC 100	loperamide hcl TABS 28	LOTEMAX SM GEL 149
LITETOUCH INSULIN SYRINGE 109	loperamide-simethicone TABS 28	LOTEMAX SUSP (loteprednol etabonate) 149
LITETOUCH LANCETS100	LOPID TABS (gemfibrozil)32	LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl)33
LITETOUCH PEN NEEDLES109	lopinavir-ritonavir SOLN 57	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 35
LITFULO79	lopinavir-ritonavir TABS57	loteprednol etabonate GEL149
lithium47	LOPRESSOR SOLN PO 10 MG/ML . 60	loteprednol etabonate SUSP 0.2 % 149
lithium carbonate CAPS 47	LOPRESSOR TABS (metoprolol tartrate)60	loteprednol etabonate SUSP 0.5 % 149
lithium carbonate TABS47	LOPRESSOR TABS 12.5 MG (metoprolol tartrate)60	loteprednol etabonate-tobramycin 149
lithium carbonate TBCR 47	LOQTORZI39	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 35
LITHOBID TBCR (lithium carbonate) . 47	loratadine & pseudoephedrine TB12 . 67	LOTRONEX (alosetron hcl)89
LITTLE ANIMALS CHEW 400 UNIT-60 MG-1.05 MG-300 MCG-4 MCG-1.2 MG-13.5 MG-2500 UNIT-1.05 MG-15 UNIT137	loratadine & pseudoephedrine TB24 . 67	lovastatin TABS32
LIVALO (pitavastatin calcium)32	loratadine CAPS31	LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)17
LIVDELZI89	loratadine CHEW31	LOVENOX SOSY (enoxaparin sodium)17
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LIVITA ADULTS LIQD126	loratadine TABS31	loxapine succinate52
LIVTENCITY58	loratadine TBDP 10 MG 31	lubiprostone87
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LOARGYS SOLN IJ 2 MG/0.4ML .86	LORBRENA43	LUMAVEX CAPS118
LODOCO62	LOREEV XR CS24 1 MG, 2 MG, 3 MG 13	
lofexidine hcl 153	losartan potassium & hydrochlorothiazide34	
LOKELMA117	losartan potassium & hydrochlorothiazide35	
lomustine38	losartan potassium33	

LUMIGAN SOLN 0.01 % (bimatoprost)	150	LYNPARZA TABS	43	magnesium salicylate 500 MG	9
LUMIVANCE CAPS	126	LYRICA CAPS (pregabalin)	19	magnesium salicylate tetrahydrate ..	9
LUNAVIRA CAPS	118	LYRICA CR (pregabalin (once- daily))	155	magnesium sulfate (laxative) GRAN PO	94
LUNSUMIO	39	LYRICA SOLN (pregabalin)	19	magnesium TABS 400 MG	116
LUNSUMIO VELO 5 MG/0.5ML, 45 MG/ML	39	LYSIPLEX PLUS LIQD	126	malathion	81
LUPRON DEPOT (1-MONTH) KIT IM	41	LYSODREN	41	MALE SUPPORT CAPS	83
LUPRON DEPOT (3-MONTH) KIT IM	41	LYTGOBI (12 MG DAILY DOSE) ..	43	MARATHON MEDICAL PENTIPS 109	
LUPRON DEPOT (4-MONTH) IM ..	41	LYTGOBI (16 MG DAILY DOSE) ..	43	maraviroc TABS	57
LUPRON DEPOT (6-MONTH) IM ..	41	LYTGOBI (20 MG DAILY DOSE) ..	43	MAR-COF CG EXPECTORANT LIQD	67
LUPRON DEPOT-PED (1-MONTH) ..	85	LYUMJEV KWIKPEN SOPN	27	MARINOL CAPS 2.5 MG (dronabinol)	29
LUPRON DEPOT-PED (3-MONTH) ..	85	LYUMJEV SOLN	27	MARPLAN	21
LUPRON DEPOT-PED (6-MONTH) IM	85	LYUMJEV TEMPO PEN SOPN ...	27	MASONATAL TABS	138
lurasidone hcl 20 MG, 40 MG, 60 MG	48	LYVISPAH PACK	145	MATERNACEL	138
lurasidone hcl 80 MG, 120 MG	48	macitentan 10 MG	63	MATERVIA CAPS 0.5 MG	138
LURBIRO TABS 100 MG (flurbiprofen)	7	MACROBID (nitrofurantoin monohyd macro)	36	MATRONEX TABS	138
LUTATHERA	45	MACRODANTIN (nitrofurantoin macrocrystal)	36	MATULANE	45
LUTRATE DEPOT INJ 22.5 MG ...	41	MACULAR HEALTH FORMULA CAPS 250 MG-10 MG-100 MCG-10 MG-500 UNIT-5 MG-5 MG-1 MG-1 MG-20 MG-25 MCG-200 UNIT-7.5 MG-10 MG	126	MAVENCLAD (10 TABS) 10 MG (cladribine (multiple sclerosis)) ...	155
LYBALVI	154	MAGELLAN INSULIN SAFETY SYR	109	MAVENCLAD (4 TABS) 10 MG (cladribine (multiple sclerosis)) ...	155
lycopene CAPS	4	magnesium citrate 1.745 GM/30ML 94		MAVENCLAD (5 TABS) 10 MG (cladribine (multiple sclerosis)) ...	155
LYFGENIA	91	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	94	MAVENCLAD (6 TABS) 10 MG (cladribine (multiple sclerosis)) ...	155
LYMPHIR SOLR IV 300 MCG	45	magnesium oxide (mg supplement) TABS	116	MAVENCLAD (7 TABS) 10 MG (cladribine (multiple sclerosis)) ...	155
LYNKUET CAPS PO 60 MG	85	magnesium oxide TABS 400 MG ..	12	MAVENCLAD (8 TABS) 10 MG (cladribine (multiple sclerosis)) ...	155
LYNOZYFIC SOLN IV 5 MG/2.5ML, 200 MG/10ML	39			MAVENCLAD (9 TABS) 10 MG (cladribine (multiple sclerosis)) ...	155

MAVYRET PACK	59	MEDIC INSULIN SYRINGE	109	300 MG-100 MG-100 MCG-400
MAVYRET TABS	59	MEDICHOICE SAFETY LANCET		MCG-100 MG-100 MCG-100 MG-
MAXALT TABS 10 MG (rizatriptan		100		100 MG-100 MG-100 MG-100 MG-
benzoate)	114	MEDICHOICE SAFETY LANCET		100 MG-50 MG-30 MG-1000 UNIT-
MAXALT-MLT TBDP 10 MG		EXTRA	101	18 MG-25 MG-100 MCG-10 MCG-50
(rizatriptan benzoate)	114	MEDICHOICE SAFETY LANCET		MG-10 MCG-100 MCG-100 MCG-10
MAXI-COMFORT INSULIN		NORM	101	MCG-15 MG-50 MG-100 MCG-50
SYRINGE	109	MEDICHOICE SAFETY LANCET		MG-15 MG-180 MCG-15 MG-15 MG-
MAXICOMFORT SYR 27G X 1/2"		MEDICHOICE SAFETY LANCET		100 UNIT-25000 UNIT-25 MG-20 MG
109		MEDICHOICE SAFETY LANCET		126
MAXIDEX SUSP OP	149	MEDICHOICE SAFETY LANCET		megestrol acetate TABS
MAXIMIN PACK MISC 1390 MG-30		MEDIHONEY WOUND/BURN		41
MCG-500 MCG-16.5 MG-70 MG-8		DRESSING GEL	82	MEIJER ALCOHOL SWABS
MG-20 MG-11.9 MG-250 MCG-300		MEDIHONEY WOUND/BURN		106
MCG-35 MCG-202.5 MG-50 MG-2.3		DRESSING GEL	82	MEIJER LANCETS
MG-45 MCG-80 MG-2 MG-5 MG-150		MEDIHONEY WOUND/BURN		101
MCG-45 MCG-0.9 MG-10 MCG-11		DRESSING GEL	82	MEIJER LANCETS UNIVERSAL 21G
MG-720 MG-150 MCG-50 MG-55		MEDIHONEY WOUND/BURN		101
MCG-750 MCG-30 MCG-25 MCG-70		DRESSING GEL	82	MEIJER LANCETS UNIVERSAL 30G
MG	126	MEDIHONEY WOUND/BURN		101
MAXITROL OINT (neomycin-polymy-		DRESSING GEL	82	MEIJER LANCETS UNIVERSAL 33G
dexameth)	149	MEDIHONEY WOUND/BURN		101
MAXITROL SUSP (neomycin-		DRESSING GEL	82	MEIJER LANCETS UNIVERSAL 33G
polymy-dexameth)	149	MEDIHONEY WOUND/BURN		101
MAYZENT STARTER PACK TBP		MEDIHONEY WOUND/BURN		MEIJER PEN NEEDLES
0.25 MG	155	MEDIHONEY WOUND/BURN		109
MAYZENT TABS	155	MEDIHONEY WOUND/BURN		MEKINIST SOLR
meclizine hcl CHEW	29	MEDIHONEY WOUND/BURN		43
meclizine hcl TABS 12.5 MG, 25 MG		MEDIHONEY WOUND/BURN		MEKINIST TABS
29		MEDIHONEY WOUND/BURN		43
meclofenamate sodium CAPS	7	MEDIHONEY WOUND/BURN		MEKTOVI
MEDCAPS DPO CAPS	144	MEDIHONEY WOUND/BURN		43
MEDCAPS GI CAPS	144	MEDIHONEY WOUND/BURN		meloxicam CAPS 10 MG
MEDCAPS IS CAPS	144	MEDIHONEY WOUND/BURN		7
MEDCAPS T3 CAPS	144	MEDIHONEY WOUND/BURN		meloxicam CAPS 5 MG
		MEDIHONEY WOUND/BURN		7
		MEDIHONEY WOUND/BURN		meloxicam TABS 15 MG
		MEDIHONEY WOUND/BURN		7
		MEDIHONEY WOUND/BURN		meloxicam TABS 7.5 MG
		MEDIHONEY WOUND/BURN		7
		MEDIHONEY WOUND/BURN		melphalan hcl IV
		MEDIHONEY WOUND/BURN		38
		MEDIHONEY WOUND/BURN		memantine hcl CP24 21 MG, 28 MG .
		MEDIHONEY WOUND/BURN		153
		MEDIHONEY WOUND/BURN		memantine hcl CP24 7 MG, 14 MG
		MEDIHONEY WOUND/BURN		153
		MEDIHONEY WOUND/BURN		memantine hcl SOLN
		MEDIHONEY WOUND/BURN		153
		MEDIHONEY WOUND/BURN		memantine hcl TABS 10 MG
		MEDIHONEY WOUND/BURN		153
		MEDIHONEY WOUND/BURN		memantine hcl TABS
		MEDIHONEY WOUND/BURN		153

memantine hcl-donepezil hcl CP24 153	mesalamine TBEC 800 MG88	methocarbamol TABS 500 MG, 750 MG145
MEMORALL CAPS144	mesalamine w/ cleanser88	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML38
MEMORY COMPLEX BRAIN HEALTH TABS144	mesna SOLN45	methotrexate sodium SOLR38
MENATROL CAPS126	mesna TABS45	methotrexate sodium TABS 2.5 MG 38
MENQUADFI 0.5 ML159	MESNEX SOLN (mesna)45	methoxsalen rapid75
MENS 50+ ADVANCED CAPS ...126	MESNEX TABS45	methsuximide20
MENS MULTIVITAMIN CHEW ...126	METAMUCIL WAFR94	METHYL PROTECT CAPS144
MENS MULTIVITAMIN GUMMIES CHEW126	METAVEX TABS144	methylcellulose (laxative) POWD ..94
MENS PACK MISC126	METAVITE TABS118	methylcellulose (laxative) TABS ...94
MENVEO SOLN159	metaxalone145	methyldopa TABS34
MENVEO SOLR159	METAXALONE 640 MG145	methylergonovine maleate TABS 151
meperidine hcl SOLN PO 50 MG/5ML9	metformin hcl SOLN25	METHYL-GUARD CAPS144
meperidine hcl TABS 50 MG9	metformin hcl TABS 500 MG, 850 MG, 1000 MG25	METHYL-GUARD PLUS CAPS ..144
meprobamate13	metformin hcl TABS 625 MG, 750 MG25	METHYLIN SOLN 10 MG/5ML (methylphenidate hcl)3
mercaptopurine SUSP 2000 MG/100ML38	metformin hcl TB24 500 MG, 1000 MG25	METHYLIN SOLN 5 MG/5ML (methylphenidate hcl)3
mercaptopurine TABS38	metformin hcl TB24 500 MG, 750 MG25	methylphenidate hcl CHEW3
MERILOG SOLN SC 100 UNIT/ML 27	methamphetamine hcl2	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG3
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML27	methazolamide TABS83	methylphenidate hcl CP243
meropenem36	methenamine hippurate36	methylphenidate hcl CPR3
mesalamine CP2488	methenamine mandelate36	methylphenidate hcl SOLN 10 MG/5ML3
mesalamine CPR88	methenamine-hyoscamine-methylene blue-sodium phosphate TABS35	methylphenidate hcl SOLN 5 MG/5ML3
mesalamine CPDR88	methenamine-hyosc-methylene blue- sod phos-phenyl sal CAPS 118 MG 35	methylphenidate hcl TABS3
mesalamine ENEM88	methimazole TABS156	methylphenidate hcl TB243
mesalamine SUPP88	METHIONINE-200 CAPS83	methylphenidate hcl TBCR 10 MG,
mesalamine TBEC 1.2 GM88	methocarbamol TABS 1000 MG .145	

18 MG, 20 MG, 27 MG, 36 MG, 54 MG	3	(metronidazole (topical))	81	MICROLET LANCETS	101
methylphenidate hcl TBCR 45 MG, 63 MG	3	metronidazole (topical) CREA	81	MICROLET NEXT LANCETS	101
methylphenidate hcl TBCR 72 MG ..	3	metronidazole (topical) GEL 1 % ..	81	MICROLET NEXT LANCING DEVICE MISC	101
methylphenidate PTCH	3	metronidazole (topical) GEL	81	MICRONEX CAPS	133
METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML	66	metronidazole (topical) LOTN	81	MICROSPACER MISC	113
methylprednisolone acetate SUSP 66		metronidazole CAPS	35	MIEBO	150
methylprednisolone sod succ 40 MG, 500 MG, 1000 MG	66	metronidazole TABS 125 MG	35	MIFEPREX (mifepristone)	86
methylprednisolone acetate SUSP 66		metronidazole TABS 250 MG, 500 MG	35	mifepristone (hyperglycemia)	25
methylprednisolone sod succ 40 MG, 500 MG, 1000 MG	66	metronidazole vaginal	161	mifepristone	86
methylprednisolone TABS 4 MG ..	66	metirosine	33	miglitol	24
methylprednisolone TABS 8 MG, 16 MG, 32 MG	66	mexiletine hcl	14	miglustat	91
methylprednisolone TBPk	66	MG PLUS PROTEIN TABS	144	MIL ADREGEN TABS	144
methyltestosterone CAPS	11	MICARDIS (telmisartan)	33	milnacipran hcl MISC	154
methyltestosterone TABS	11	MICARDIS HCT (telmisartan-hydrochlorothiazide)	35	milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG	154
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	87	MICONAZOLE 7 SUPP 100 MG ..	161	MINCORA TABS	133
metoclopramide hcl TABS	87	miconazole nitrate (topical) AERP ..	74	mineral oil ENEM	95
metolazone 10 MG	84	miconazole nitrate (topical) CREA ..	74	mineral oil OIL PO	95
metolazone 2.5 MG, 5 MG	84	miconazole nitrate (topical) POWD EX	74	MINI LANCING DEVICE MISC ...	101
metoprolol & hydrochlorothiazide TABS	35	miconazole nitrate (topical) SOLN 2 %	74	MINI MULTI VITAMINS/IRON TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG-6 MCG 120	
metoprolol succinate TB24 100 MG, 200 MG	60	miconazole nitrate vaginal CREA 4 %	161	minocycline hcl CAPS	156
metoprolol succinate TB24 25 MG, 50 MG	60	miconazole nitrate vaginal KIT ...	161	minocycline hcl TABS	156
metoprolol tartrate TABS 12.5 MG 60		miconazole nitrate vaginal SUPP 161		minocycline hcl TB24	156
metoprolol tartrate TABS	60	miconazole-zinc oxide-white petrolatum	74	MINOLIRA TB24	156
METROCREAM CREA (metronidazole (topical))	81	MICROCHAMBER DEVI	113	minoxidil 2.5 MG, 10 MG	35
METROGEL GEL 1 %		MICROCHAMBER MISC	113	mirabegron TB24 25 MG	159
		MICRODOT PEN NEEDLE	109	mirabegron TB24 50 MG	159

MIRAPEX ER TB24 0.375 MG, 3 MG, 4.5 MG (pramipexole dihydrochloride)	46	MODERNA COVID-19 VAC 6M-11Y SUSP	160	MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	10
MIRAPEX ER TB24 0.75 MG, 2.25 MG, 3.75 MG (pramipexole dihydrochloride)	46	MODERNA COVID-19 VAC 6M-11Y SUSY	161	morphine sulfate SUPP	10
MIRCERA	92	MODEYSO CAPS PO 125 MG	41	morphine sulfate TABS	10
MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	64	moexipril hcl	33	morphine sulfate TBCR	10
MIRENA (52 MG)	65	molindone hcl	54	MOTEGRITY (prucalopride succinate)	87
mirtazapine TABS 15 MG, 30 MG .20		mometasone furoate (nasal) SUSP 146		MOTPOLY XR CP24	19
mirtazapine TABS 7.5 MG, 45 MG 20		mometasone furoate CREA	78	MOUNJARO	26
mirtazapine TBDP 15 MG	21	mometasone furoate OINT	78	MOVANTIK 12.5 MG	89
mirtazapine TBDP 30 MG, 45 MG .21		mometasone furoate SOLN	78	MOVANTIK 25 MG	89
MIRVASO (brimonidine tartrate (topical))	81	MOMMY'S BLISS MV ORGANIC DROPS LIQD	133	moxifloxacin hcl (ophth) SOLN OP 148	
misoprostol	158	MONJUVI	39	moxifloxacin hcl TABS	87
MITIGARE CAPS (colchicine)	90	MONOJECT INSULIN SYRINGE 109		MRESVIA	161
mitomycin SOLR IV	42	MONOJECT ULTRA COMFORT SYRINGE	109	MS CONTIN TBCR (morphine sulfate)	10
mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML	42	MONOLET LANCETS	101	MULPLETA	92
MM BIOTIN/KERATIN CAPS	144	MONOLET OPD LANCETS	101	MULTAQ	14
MM INSULIN SYRINGE/NEEDLE 109		MONOLETTOR SAFETY LANCETS 101		MULTI + OMEGA-3 ADULT GUMMIES CHEW 0.9 MG-200 MCG-1000 UNIT-3 MCG-10 MG-1250 UNIT-25 MG-25 MG-5 MG-10 UNIT-1.9 MG-113.5 MG-5 MG	127
MM LANCING DEVICE MISC	101	montelukast sodium CHEW	14	MULTI + OMEGA-3 GUMMIES CHEW	127
MM PEN NEEDLES	109	montelukast sodium PACK	14	MULTI ADULT GUMMIES CHEW 30 MG-1 MG-75 MCG-200 MCG-500 UNIT-3 MCG-10 MG-1250 UNIT-5 MG-3.75 MG-37.5 MCG-15 UNIT 127	
MM TWIST LANCETS	101	montelukast sodium TABS	14	MULTI COMPLETE CAPS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-	
M-M-R II SOLR	160	MOOD FOOD CAPS	126		
M-NATAL PLUS TABS	138	MOOD FOOD ES CAPS	126		
MNEXSPIKE SUSY 10 MCG/0.2ML .	160	morphine sulfate beads	9		
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modafinil	3	morphine sulfate SOLN PO 10			

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	MCG-1.7 MG-400 UNIT-2 MG-20	
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.....	14	tolmetin sodium CAPS	7	(metoprolol succinate)	60
TIVDAK	40	tolmetin sodium TABS	7	TOPROL XL TB24 25 MG, 50 MG	
TIVICAY PD TBSO	58	tolnaftate AERP	74	(metoprolol succinate)	60
TIVICAY TABS 50 MG	58	tolnaftate CREA	74	toremifene citrate	41
tizanidine hcl CAPS	145	tolnaftate POWD EX	74	TORISEL (temsirolimus)	44
tizanidine hcl TABS	145	tolnaftate SOLN	74	torsemide TABS	84
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TOBI NEBU (tobramycin)	4	tolterodine tartrate CP24 4 MG ...	159	MG-100 MG-100 MCG-100 MCG-	
TOBI PODHALER CAPS	4	tolterodine tartrate TABS	159	100 MG-1000 UNIT-100 MG-100	
TOBRADEX OINT	150	TONMYA SUBL SL 2.8 MG	154	MG-100 MG-100 MCG-100 MG-100	
TOBRADEX ST SUSP	149	TOPAMAX SPRINKLE CPSP		MG-100 MG-50 MG-18 MG-100	
tobramycin (ophth) SOLN	148	(topiramate)	19	MCG-30 MG-25 MG-15 MG-100	
		TOPAMAX TABS (topiramate)	19	MCG-25000 UNIT-50 MCG-100	
		TOPICORT CREA (desoximetasone)		MCG-10 MCG-50 MG-50 MG-100	
				UNIT-100 MCG-50 MG-180 MCG-15	
				MG-15 MG-25 MG-30 MCG-20 MG	

130	TRAZIMERA	40	triamcinolone acetonide (topical)	
TOUJEO MAX SOLOSTAR SOPN	trazodone hcl TABS 300 MG	22	AERS	78
28	trazodone hcl TABS 50 MG, 100 MG,		triamcinolone acetonide (topical)	
TOUJEO SOLOSTAR SOPN	150 MG	22	CREA	78
TOVIAZ 4 MG (fesoterodine	TREANDA SOLR (bendamustine hcl)		triamcinolone acetonide (topical)	
fumarate)		38	LOTN	79
TOVIAZ 8 MG (fesoterodine	TRELEGY ELLIPTA	16	triamcinolone acetonide (topical)	
fumarate)	TRELSTAR MIXJECT	41	OINT 0.025 %, 0.1 %, 0.5 %	79
TRACLEER TABS (bosentan)	TREMFYA ONE-PRESS SOPN SC		triamcinolone acetonide (topical)	
TRACLEER TBSO 32 MG (bosentan)	100 MG/ML	75	OINT 0.05 %	79
.....	TREMFYA PEN SOAJ 100 MG/ML,		TRIAMINIC FEVER REDUCER	
TRADJENTA	200 MG/2ML	75	SYRP	9
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300 MG	TREMFYA SOSY SC	88	CAPS 25 MG-37.5 MG	83
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hcl)	SOAJ SC 200 MG/2ML	88	TABS	83
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100 MG	tretinoin (chemotherapy)	45	TRIBENZOR (olmesartan	
tramadol hcl TABS 50 MG	tretinoin CREA 0.025 %, 0.05 %, 0.1		medoxomil-amlodipine-	
tramadol hcl TB24	%	73	hydrochlorothiazide)	35
tramadol-acetaminophen	tretinoin CREA 0.025 %	73	TRICARE TABS	142
trandolapril	tretinoin GEL 0.01 %, 0.025 %	73	TRICON 75 MG-0.5 MG-15 MCG-	
trandolapril-verapamil hcl	tretinoin GEL 0.05 %	73	110 MG-240 MG	93
TRANSDERM SCOP 1 MG/3DAYS	tretinoin microsphere 0.04 %, 0.1 %		TRICOR TABS (fenofibrate)	32
(scopolamine)	73		TRIESENCE	150
TRANSDERM-SCOP (scopolamine)	tretinoin microsphere 0.08 %	73	trifluoperazine hcl TABS	55
29	TREXALL TABS 5 MG, 7.5 MG, 10		trifluridine	148
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28G	triamcinolone acetonide (nasal)		TRILEPTAL SUSP (oxcarbazepine)	
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TYVASO DPI INSTITUTIONAL KIT		103		ULTRA THIN PEN NEEDLES ...	110
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TYVASO DPI MAINTENANCE KIT		ULTILET CLASSIC LANCETS ...	103	PADS	106
POWD	62	ULTILET LANCETS	103	ULTRACARE INSULIN SYRINGE	
TYVASO DPI TITRATION KIT		ULTILET PEN NEEDLE	110	110	
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UDENYCA ONBODY SOSY	92	5 MG-25 MG-10 MG-125 MCG-10		MG-75 MG-75 MCG-400 MCG-75	
UDENYCA SOAJ	92	MG-150 MG-25 MG-25 MG-100 MG-		MG-75 MG-75 MCG-75 MCG-75	
UDENYCA SOSY	93	25 MG	144	MG-75 MG-10 MG-75 MCG-25	
ULORIC 40 MG (febuxostat)	90	ULTRA CHOICE MULTIVITAMIN		MCG-50 MG-25 MCG-7.2 MG-15	
ULORIC 80 MG (febuxostat)	90	KIDS CHEW 18 MG	136	MG-25 MCG-10000 UNIT-10 MG-	
ULTICARE ALCOHOL SWABS .	106	ULTRA FLO INSULIN PEN		150 MCG-150 UNIT-0.25 MG-10	
ULTICARE INSULIN SAFETY SYR .	110	NEEDLES	110	MCG-25 MCG-75 MCG-6.1 MG-5	
ULTICARE INSULIN SYRINGE .	110	ULTRA FLO INSULIN SYR 1/2 UNIT		MCG	131
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		266.667 MCG-4 MG-1000 UNIT-		ULTRA-THIN II PEN NEEDLE	
		33.333 MCG-1.133 MG-3.333 MG-		SHORT	111
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		MCG-0.667 MG-40 MCG-10 MG-25			14
		MCG-5 MG-10 MG-1 MG-23.333			

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UNIFINE PROTECT PEN NEEDLE .	111	UNISTIK CZT NORMAL	104	USTEKINUMAB SOSY 45	
UNIFINE SAFECONTROL PEN		UNISTIK NORMAL	104	MG/0.5ML, 90 MG/ML	75
NEEDLE	111	UNISTIK PRO SAFETY LANCET	104	USTEKINUMAB-AAUZ SOSY SC 45	
UNIFINE ULTRA PEN NEEDLE .	111	UNISTIK SAFETY LANCETS 28G	104	MG/0.5ML, 90 MG/ML	75
UNILET COMFORTOUCH LANCET	103	UNISTIK SAFETY LANCETS 30G	104	USTEKINUMAB-AEKN SOSY SC 45	
UNILET EXCELITE	103	UNISTIK TOUCH SAFETY LANC	21G	MG/0.5ML, 90 MG/ML	75
UNILET EXCELITE II	103		104	USTEKINUMAB-TTWE	76
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UNISTIK 2 COMFORT	104	UPTRAVI SOLR	63	VALIUM TABS (diazepam)	13
UNISTIK 2 EXTRA	104	UPTRAVI TABS	63	valproate sodium SOLN PO 250	
UNISTIK 2 NEONATAL	104	UPTRAVI TITRATION TBPk	63	MG/5ML, 500 MG/10ML	20
UNISTIK 2 NORMAL	104	URELLE TABS 81 MG	36	valproic acid CAPS	20
UNISTIK 2 SUPER	104	URIBEL	36	valrubicin	42
UNISTIK 3	104	UROGESIC-BLUE TABS		valsartan SOLN	33
		(methenamine-hyoscamine-			

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VALTOCO 5 MG DOSE LIQD	18	VECTICAL (calcitriol (topical))	76
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VANALICE GEL	81	VELCADE SOLR IJ (bortezomib)	44
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vancomycin hcl CAPS	36	VELSIPITY	88
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vancomycin hcl SOLR IV 500 MG	36	VELTASSA 1 GM, 8.4 GM, 16.8 GM	117
VANCOMYCIN HCL SOLR IV 500 MG	36	VENCLEXTA STARTING PACK TBPK	40
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML	36	VENCLEXTA TABS	40
VANDAZOLE	161	VENLAFAXINE BESYLATE ER	23
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		verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	61
		VERAPAMIL HCL ER CP24 (verapamil hcl)	61
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		VERKAZIA EMUL	149
		VERQUVO 10 MG	63
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VFEND SUSR (voriconazole)	30	VITAFOL-OB TABS	142
VFEND TABS 200 MG (voriconazole)	30	VITAFOL-OB+DHA MISC	142
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VIGAFYDE SOLN	20	vitamin a CAPS	162
VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	148	VITAMIN A PALMITATE TABS ...	162
VIIBRYD TABS 10 MG, 20 MG (vilazodone hcl)	23	VITAMIN B-6 ER TBCR	163
VIIBRYD TABS 40 MG (vilazodone hcl)	23	VITAMIN C ER TBCR	163
VIJOICE PACK	117	VITAMIN C TABS	163
VIJOICE TBPk 125 MG	117	VITA-MIN CAPS 85 MG-1.7 MG-42.3 MCG-8.3 UNIT-255 MCG-106.3 UNIT-3.3 MCG-5.7 MG-1 MG-11.3 MG-1 MG-42.3 MG-56.7 MG-2.7 MG- 4.3 MCG-56.7 MG-14 MCG-4.3 MG- 42.3 MCG-14 MCG-2973 UNIT ..	131
vilazodone hcl TABS 10 MG, 20 MG .			

VITAMIN D2 TABS 400 UNIT	162	VITEYES COMPLETE CAPS 83.3		VOQUEZNA DUAL PAK	158
vitamin e CAPS	162	MG-16.7 MG-50 MCG-133.3 MCG-		VOQUEZNA TRIPLE PAK	158
VITAMIN E CAPS	162	3.3 MG-25 MG-66.7 UNIT-833.3		VORANIGO	44
VITAMIN E SOLN 15 MG/0.67ML		UNIT-1.67 MG-16.7 MCG-41.7 MG-		VORAXAZE	45
162		83.3 MG-1.67 MG-8.3 MG-0.67 MG-		voriconazole SUSR	30
vitamin e SOLN	162	3.3 MG-0.5 MG-0.33 MG-4 MG-33.3		voriconazole TABS	30
VITAMIN E/D-ALPHA CAPS 200		MG-33.3 MCG-66.7 UNIT-0.83 MG-		VORTEX HOLD	
UNIT	162	33.3 MG-20.8 MCG-1.67 MCG-16.5		CHMBR/MASK/CHILD DEVI	113
vitamins a & d CAPS	144	MG-0.33 MG-33.3 MCG-33.3 MG-		VORTEX HOLD	
VITAMINS FOR HAIR TABS 111		16.7 MCG-6.7 MG-83.3 MG-166.7		CHMBR/MASK/TODDLER DEVI	113
MCG-400 MCG-35 MG-250 MG-50		MCG-33.3 MCG-20 MG-6.7 MG-20		VORTEX VALVE CHAMBER-PEDI	
MG-100 MG-30 MG-15 MG-15 MG-		MG-33.3 MG	132	MASK DEVI	113
0.15 MG-5 MG-10 MG-6 MCG-5		VITEYES TEAR SUPPORT CAPS 83		VORTEX VALVED HOLDING	
UNIT	144	VITRAKVI CAPS	44	CHAMBER DEVI	113
vitamins w/ lipotropics CAPS	144	VITRAKVI SOLN	44	VORTEX VALVED HOLDING	
vitamins w/ lipotropics TABS	144	VITRAX TABS	135	CHAMBER DEVI	114
VITAPEARL	142	VITRION TABS	135	VOSEVI	59
VITATRUE	142	VIVAGUARD LANCETS	104	VOTRIENT (pazopanib hcl)	44
VITEYES AREDS 2 FORMULA		VIVAGUARD LANCETS 30G	104	VOTRIZA-AL LOTN	74
+COQ10 CAPS	131	VIVAGUARD LANCING DEVICE		VOWST	89
VITEYES AREDS 2 FORMULA		MISC	104	VOXZOGO	86
+MULTI CAPS	131	VIVAGUARD SAFETY LANCETS		VRAYLAR CAPS 0.5 MG, 0.75 MG	
VITEYES AREDS 2 FORMULA		28G	104	49	
CAPS	131	VIVIMUSTA SOLN	38	VRAYLAR CAPS 1.5 MG, 3 MG ..	48
VITEYES AREDS 2 FORMULA		VIVITROL	29	VRAYLAR CAPS 1.5 MG, 3 MG ..	49
CAPS	131	VIVJOA	30	VRAYLAR CAPS 4.5 MG, 6 MG ..	49
VITEYES CLASSIC ADVANCED		VIVOTIF	159	VTAMA	76
CAPS	132	VIZIMPRO	40	VUMERITY	155
VITEYES CLASSIC MACULAR		VOGELXO GEL TD (testosterone) 12		VUSION (miconazole-zinc oxide-	
SUPPOR CAPS	132	VOGELXO PUMP GEL TD		white petrolatum)	74
VITEYES CLASSIC ZINC FREE		(testosterone)	12	VYALEV SOLN SC	47
CAPS 250 MG-5 MG-1 MG-89 MG		VONJO	44	VYEPTI	114
135		VONVENDI	91		
VITEYES CLASSIC+OMEGA-3		VOQUEZNA 10 MG	158		
CAPS	132	VOQUEZNA 20 MG	158		

VYKOURA SOLN IJ 50 MG/5ML, 350 MG/35ML, 500 MG/50ML	45	WELIREG	41	132	
VYLARIS TABS	144	WELLBUTRIN SR TB12 (bupropion hcl)	21	WOMENS MULTIVITAMIN + COLLAGEN CHEW	132
VYLOY	40	WELLFOLA TABS	132	WOMENS MULTIVITAMIN GUMMIES CHEW	132
VYSCOXIA PO 10 MG/ML	7	WESCAP-C DHA	142	WOMENS PACK MISC	132
VYTORIN (ezetimibe-simvastatin)	31	WESCAP-PN DHA	142	wound dressings GEL 0.1 %, 3 %-0.2 %, 99.7 %, 0.1 %	82
VYVANSE CAPS (lisdexamfetamine dimesylate)	2	WESNATAL DHA COMPLETE	142	WYOST SOLN SC 120 MG/1.7ML	85
VYVANSE CHEW (lisdexamfetamine dimesylate)	2	WESNATE DHA CAPS	142	XACIATO GEL	161
VYXEOS	42	WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	116	XADAGO 100 MG	47
VYZULTA	150	WESTAB PLUS TABS	143	XADAGO 50 MG	47
WAKIX 17.8 MG	3	WESTGEL DHA	143	XALATAN SOLN (latanoprost)	150
WAKIX 4.45 MG	3	white petrolatum-mineral oil	147	XALKORI CAPS	44
WAL-BORN VITAMIN C CHEW	132	WILATE KIT	91	XALKORI CPSP	44
WALGREENS GLUCOSE	25	WINLEVI	73	XANAX TABS (alprazolam)	13
warfarin sodium TABS	16	WINREVAIR	62	XANAX XR TB24 (alprazolam)	13
water for injection, sterile IJ	153	WOMENS 50+ ADVANCED CAPS		XARELTO STARTER PACK TBPK	16
WAYRILZ TABS PO 400 MG	91	72 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-9.5 MG-2500 UNIT-20 MG-21 MG-10 MG-100 MCG-234 MCG-4.5 MG-4 MG-22.5 MG-2 MG-16 MG-150 MCG-150 MCG-33 UNIT-5 MCG-10 MCG-180 MCG-105 MCG-552 MCG-6 MG-10 MCG-2 MG-4 MG-90 MCG	132	XARELTO SUSR 1 MG/ML (rivaroxaban)	16
WEBCOL ALCOHOL PREP LARGE 106		WOMENS MULTI CAPS 72 MG-4 MG-30 MCG-600 MCG-1000 UNIT-15 MCG-1.7 MG-20 MCG-20 MG-9.5 MG-2500 UNIT-20 MG-18 MG-21 MG-10 MG-100 MCG-234 MCG-3 MG-4 MG-15 MG-2 MG-16 MG-150 MCG-150 MCG-33 UNIT-5 MCG-10 MCG-120 MCG-70 MCG-552 MCG-6 MG-10 MCG-2 MG-2 MG-75 MCG	132	XARELTO TABS 10 MG, 15 MG, 20 MG	17
WEBCOL ALCOHOL PREP MEDIUM	106			XARELTO TABS 2.5 MG, 10 MG, 15 MG (rivaroxaban)	16
WEGMANS UNIFINE PENTIPS PLUS	111			XARELTO TABS 2.5 MG, 10 MG, 15 MG	17
WEGOVY	2			XATMEP SOLN PO	39
WEGOVY HD 7.2 MG/0.75ML	2			XCOPRI (250 MG DAILY DOSE) TBPK	20
WEGOVY PO 1.5 MG, 4 MG, 9 MG, 25 MG	2			XCOPRI (350 MG DAILY DOSE) TBPK	20
WELCHOL PACK (colesevelam hcl)	32			XCOPRI TABS	20
WELCHOL TABS (colesevelam hcl)	32				
		WOMENS MULTI GUMMIES CHEW			

XCOPRI TBPK	20	XPHOZAH	86	YESINTEK SOLN 45 MG/0.5ML ...	76
XDEMVIY	148	XPOVIO (100 MG ONCE WEEKLY)		YESINTEK SOSY	76
XELJANZ SOLN 1 MG/ML (tofacitinib		50 MG	41	YEZTUGO SOLN 463.5 MG/1.5ML	
citrate)	4	XPOVIO (40 MG ONCE WEEKLY)		58	
XELJANZ TABS 5 MG, 10 MG		41		YEZTUGO TABS PO 300 MG	58
(tofacitinib citrate)	4	XPOVIO (40 MG TWICE WEEKLY)		YF-VAX SUSR	161
XELJANZ XR TB24 11 MG	4	40 MG	41	YONDELIS	38
XELJANZ XR TB24 22 MG		XPOVIO (60 MG ONCE WEEKLY)		YONSA	41
(tofacitinib citrate)	4	60 MG	41	YOUR LIFE MULTI ADULT	
XELODA (capecitabine)	39	XPOVIO (60 MG TWICE WEEKLY) .		GUMMIES CHEW	132
XELPROS EMUL	150	41		YUFLYMA (1 PEN) AJKT	6
XELSTRYM	2	XPOVIO (80 MG ONCE WEEKLY)		YUFLYMA (2 PEN) AJKT	6
XEMBIFY	151	42		YUFLYMA (2 SYRINGE) PSKT	6
XENAZINE (tetrabenazine)	154	XPOVIO (80 MG TWICE WEEKLY) .		YUFLYMA-CD/UC/HS STARTER	
XENICAL (orlistat)	2	42		AJKT	6
XEPI	73	XROMI SOLN PO 100 MG/ML	91	YUM-VS COMPLETE	
XGEVA SOLN	85	X-SEB T PEARL SHAM	81	MULTIVITAMIN CHEW	132
XHANCE EXHU	146	X-SEB T PLUS SHAM	81	YUMVS MULTI ZERO CHEW	132
XIGDUO XR TB24 PO (dapagliflozin		XTANDI CAPS	41	YUMVS ZERO DIABETIC	
free base-metformin hcl)	25	XTANDI TABS	41	MULTIVITAM CHEW	132
XIGDUO XR TB24 PO 1000 MG-2.5		XTRENBO SOLN SC 120 MG/1.7ML		YUPELRI IN 175 MCG/3ML	14
MG	25	85		YUSIMRY	6
XIIDRA	149	XULTOPHY	25	YUTIQ	150
XOFIGO	45	XYNTHA	91	YUTREPIA CAPS IN 26.5 MCG, 53	
XOFLUZA (40 MG DOSE) 40 MG .60		XYNTHA SOLOFUSE	91	MCG, 79.5 MCG, 106 MCG	62
XOFLUZA (80 MG DOSE) 80 MG .60		XYOSTED SOAJ	12	zafirlukast	14
XOLAIR SOAJ	14	XYREM SOLN (sodium oxybate) .	153	zaleplon	94
XOLAIR SOLR	14	XYWAV	153	ZALTRAP	39
XOLAIR SOSY	14	YASMIN 28 (drospirenone-ethinyl		ZALVIT TABS	143
XOPENEX HFA (levalbuterol		estradiol)	65	ZANABIN HYDROGEL GEL	82
tartrate)	16	YAZ (drospirenone-ethinyl estradiol)		ZANAFLEX CAPS (tizanidine hcl)	
XOSPATA	44	65		145	
		YERVOY	40		

ZANAFLEX TABS 4 MG (tizanidine hcl)	145	ZE-PLUS CAPS 75 MG-500 UNIT-400 UNIT-50 MCG	135	ziprasidone mesylate	49
ZANOSAR	38	ZEPOSIA 7-DAY STARTER PACK CPPK	155	ZIRABEV	39
ZARONTIN CAPS (ethosuximide) ..	20	ZEPOSIA CAPS	155	ZITHROMAX PACK	96
ZARONTIN SOLN (ethosuximide) ..	20	ZEPOSIA STARTER KIT CPPK ..	155	ZITHROMAX SUSR (azithromycin) 96	
ZARXIO	93	ZEPZELCA	38	ZITHROMAX TABS 250 MG, 500 MG (azithromycin)	96
ZAVZPRET	114	ZERVIATE	150	ZITHROMAX TRI-PAK TABS (azithromycin)	96
ZEGALOGUE SOAJ	25	ZESTORETIC (lisinopril & hydrochlorothiazide)	35	ZITHROMAX Z-PAK TABS (azithromycin)	96
ZEGALOGUE SOSY	25	ZESTRIL TABS (lisinopril)	33	ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (sitagliptin free base-metformin hcl)	25
ZEJULA TABS	44	ZETIA (ezetimibe)	32	ZITUVIMET XR TB24	25
ZELBORAF	44	ZETONNA AERS	146	ZITUVIO 100 MG (sitagliptin)	26
ZELDANA CAPS	135	ZEVALIN Y-90	40	ZITUVIO 25 MG, 50 MG (sitagliptin) . 26	
ZEMBRACE SYMTOUCH SOAJ ..	115	ZEVRX INSULIN SYRINGE	111	ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	32
ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)	86	ZEVRX PEN NEEDLES	111	ZOLGENSMA 20.6-21.0 KG	146
ZEMPLAR SOLN (paricalcitol)	86	ZEVRX STERILE ALCOHOL PREP PAD	106	ZOLGENSMA 10.1-10.5 KG	146
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	83	ZEVRX TWIST TOP LANCETS 30G 104		ZOLGENSMA 10.6-11.0 KG	146
ZENPHOR WOUND GEL GEL	82	ZIAGEN SOLN (abacavir sulfate) ..	58	ZOLGENSMA 11.1-11.5 KG	146
ZENVITA CAPS	135	zidovudine CAPS	58	ZOLGENSMA 11.6-12.0 KG	146
ZEPATIER	59	zidovudine SYRP	58	ZOLGENSMA 12.1-12.5 KG	146
ZEPBOUND KWIKPEN SOPN SC 2.5 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML, 10 MG/0.6ML, 12.5 MG/0.6ML, 15 MG/0.6ML	2	zidovudine TABS	58	ZOLGENSMA 12.6-13.0 KG	146
ZEPBOUND SOAJ	2	ZIEXTENZO	93	ZOLGENSMA 13.1-13.5 KG	146
ZEPBOUND SOLN	2	ZIIHERA	40	ZOLGENSMA 13.6-14.0 KG	146
		zileuton TB12	14	ZOLGENSMA 14.1-14.5 KG	146
		ZIMHI SOSY	29	ZOLGENSMA 14.6-15.0 KG	146
		zinc oxide (topical) OINT 20 %	80	ZOLGENSMA 15.1-15.5 KG	146
		ZIOPTAN (tafluprost)	150	ZOLGENSMA 15.6-16.0 KG	146
		ZIPHEX TABS	143		
		ziprasidone hcl	49		

ZOLGENSMA 16.1-16.5 KG146	ZOLOFT TABS 100 MG (sertraline hcl)22	ZUSDURI KIT IS42
ZOLGENSMA 16.6-17.0 KG146		ZYBIC SUSP 7.5 MG/5ML (meloxicam)7
ZOLGENSMA 17.1-17.5 KG146	ZOLOFT TABS 25 MG, 50 MG (sertraline hcl)22	ZYDELIG44
ZOLGENSMA 17.6-18.0 KG146	ZOLPIDEM TARTRATE CAPS94	ZYFLO TABS14
ZOLGENSMA 18.1-18.5 KG146	zolpidem tartrate SUBL94	ZYKADIA TABS44
ZOLGENSMA 18.6-19.0 KG146	zolpidem tartrate TABS94	ZYLET 0.3 %-0.5 % (loteprednol etabonate-tobramycin)150
ZOLGENSMA 19.1-19.5 KG146	zolpidem tartrate TBCR94	ZYMFENTRA (1 PEN) AJKT88
ZOLGENSMA 19.6-20.0 KG146	ZOLYMBUS GEL OP 0.01 %150	ZYMFENTRA (2 PEN) AJKT88
ZOLGENSMA 2.6-3.0 KG146	ZOMACTON SOLR SC85	ZYMFENTRA (2 SYRINGE) PSKT 88
ZOLGENSMA 20.1-20.5 KG146	ZOMIG SOLN 2.5 MG (zolmitriptan) .115	ZYNLONTA40
ZOLGENSMA 3.1-3.5 KG146	ZOMIG SOLN 5 MG (zolmitriptan) .115	ZYNTEGLO92
ZOLGENSMA 3.6-4.0 KG146		ZYNYZ40
ZOLGENSMA 4.1-4.5 KG146	ZONEGRAN CAPS 25 MG, 100 MG (zonisamide)19	ZYPITAMAG 2 MG, 4 MG32
ZOLGENSMA 4.6-5.0 KG146	ZONISADE SUSP20	ZYPREXA RELPREVV53
ZOLGENSMA 5.1-5.5 KG146	zonisamide CAPS20	ZYPREXA SOLR (olanzapine)53
ZOLGENSMA 5.6-6.0 KG146		ZYPREXA TABS 10 MG, 15 MG, 20 MG (olanzapine)53
ZOLGENSMA 6.1-6.5 KG146	ZOO FRIENDS/EXTRA C CHEW 250 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-1.05 MG-15 UNIT137	ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG (olanzapine)53
ZOLGENSMA 6.6-7.0 KG146	ZORYVE CREA EX 0.05 %80	ZYPREXA ZYDIS TBDP 10 MG, 15 MG, 20 MG (olanzapine)53
ZOLGENSMA 7.1-7.5 KG147	ZORYVE CREA EX 0.15 %80	ZYPREXA ZYDIS TBDP 5 MG (olanzapine)53
ZOLGENSMA 7.6-8.0 KG147	ZORYVE CREA EX 0.3 %81	ZYTIGA (abiraterone acetate)41
ZOLGENSMA 8.1-8.5 KG147	ZORYVE FOAM EX81	ZYVOX SUSR (linezolid)36
ZOLGENSMA 8.6-9.0 KG147	ZTALMY20	ZYVOX TABS (linezolid)36
ZOLGENSMA 9.1-9.5 KG147	ZTLIDO PTCH80	
ZOLGENSMA 9.6-10.0 KG147	ZUBSOLV SUBL11	
ZOLINZA44	ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG154	
zolmitriptan SOLN 2.5 MG115	ZURNAI IJ 1.5 MG/0.5ML29	
zolmitriptan SOLN 5 MG115	ZURZUVAE21	
zolmitriptan TABS115		
zolmitriptan TBDP115		
ZOLOFT CONC (sertraline hcl)22		