

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 SOLN</i>	P	Brand Preferred; QL(15 ML daily); AL(Up to 21 yrs old)
Amphetamines			<i>dextroamphetamine sulfate SOLN</i>	NP	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 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)
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>	NP	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 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 sulfate TABS 5 MG</i>	NP	QL(60 EA per 30 day(s) retail); 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 TBCR	NP	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)	EVEKEO ODT TBDP	NP	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old); ST
<i>amphetamine-dextroamphetamine TABS</i>	P	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)	EVEKEO TABS 5 MG (<i>amphetamine sulfate</i>)	NP	QL(60 EA per 30 day(s) retail); 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)	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>lisdexamphetamine dimesylate CAPS</i>	NP	Brand Preferred; AL(Up to 21 yrs old)
<i>dextroamphetamine sulfate CP24</i>	P	AL(Up to 21 yrs old)	<i>lisdexamphetamine 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)	ZEPBOUND SOLN	NP	
MYDAYIS CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	AL(Up to 21 yrs old)	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
VYVANSE CAPS	P	Brand Preferred; AL(Up to 21 yrs old)	<i>atomoxetine hcl</i>	P	AL(Up to 21 yrs old)
VYVANSE CHEW	NP	AL(Up to 21 yrs old)	<i>clonidine hcl (adhd) TB12</i>	P	AL(Up to 21 yrs old)
XELSTRYM	NP		<i>guanfacine hcl (adhd) 3 MG, 4 MG</i>	P	AL(Up to 21 yrs old)
Anorexiants Non-Amphetamine			<i>guanfacine hcl (adhd) 1 MG, 2 MG</i>	P	QL(1 EA daily); AL(Up to 21 yrs old)
ADIPEX-P TABS (<i>phentermine hcl</i>)	NP	PA	INTUNIV 3 MG, 4 MG (<i>guanfacine hcl (adhd)</i>)	NP	AL(Up to 21 yrs old)
<i>benzphetamine hcl 50 MG</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>diethylpropion hcl TABS</i>	NP	PA	ONYDA XR SUER	NP	
<i>diethylpropion hcl TB24</i>	NP	PA	QELBREE	NP	AL(Up to 21 yrs old)
PHENDIMETRAZINE TARTRATE ER CP24	NP	PA	STRATTERA (<i>atomoxetine hcl</i>)	NP	AL(Up to 21 yrs old)
<i>phendimetrazine tartrate TABS</i>	NP	PA	Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
<i>phentermine hcl CAPS</i>	P	PA	SUNOSI	NP	AL(Up to 21 yrs old)
<i>phentermine hcl TABS</i>	NP	PA	Histamine H3-Receptor Antagonist/Inverse Agonists		
<i>phentermine hcl TABS</i>	P	PA	WAKIX 17.8 MG	NP	SP
<i>phentermine hcl-topiramate</i>	NP		WAKIX 4.45 MG	NP	AL(Up to 21 yrs old); SP
Anti-Obesity Agents			Stimulants - Misc.		
<i>liraglutide (weight management) 18 MG/3ML</i>	NP	PA	APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	NP	AL(Up to 21 yrs old)
<i>orlistat</i>	NP	PA	<i>armodafinil</i>	P	AL(Up to 21 yrs old)
SAXENDA 18 MG/3ML (<i>liraglutide (weight management)</i>)	NP	PA	AZSTARYS	NP	AL(Up to 21 yrs old)
WEGOVY	P	PA	CONCERTA TBCR (<i>methylphenidate hcl</i>)	NP	AL(Up to 21 yrs old)
XENICAL (<i>orlistat</i>)	NP	PA	COTEMPLA XR-ODT TBED	NP	AL(Up to 21 yrs old); ST
ZEPBOUND SOAJ	P	PA			
ZEPBOUND SOLN	NP	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DAYTRANA PTCH (methylphenidate)	P	Brand Preferred; AL(Up to 21 yrs old)	methylphenidate hcl SOLN 10 MG/5ML	P	QL(30 ML daily); AL(Up to 21 yrs old)
dexmethylphenidate hcl CP24	P	AL(Up to 21 yrs old)	methylphenidate hcl TABS	P	QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old)
dexmethylphenidate hcl TABS 2.5 MG, 10 MG	P	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)	methylphenidate hcl TB24	P	AL(Up to 21 yrs old)
dexmethylphenidate hcl TABS 5 MG	P	QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old)	methylphenidate hcl TBCR 10 MG, 18 MG, 20 MG, 27 MG, 36 MG, 54 MG	P	AL(Up to 21 yrs old)
FOCALIN XR CP24 (dexmethylphenidate hcl)	NP	AL(Up to 21 yrs old)	methylphenidate hcl TBCR 45 MG, 63 MG	NP	
FOCALIN TABS 5 MG (dexmethylphenidate hcl)	NP	QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old)	methylphenidate hcl TBCR 72 MG	NP	AL(Up to 21 yrs old)
FOCALIN TABS 2.5 MG, 10 MG (dexmethylphenidate hcl)	NP	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)	methylphenidate PTCH	NP	Brand Preferred; AL(Up to 21 yrs old)
JORNAY PM CP24	NP	AL(Up to 21 yrs old)	modafinil	P	AL(Up to 21 yrs old)
METHYLIN SOLN 5 MG/5ML (methylphenidate hcl)	NP	QL(60 ML daily); AL(Up to 21 yrs old)	NUVIGIL (armodafinil)	NP	AL(Up to 21 yrs old)
METHYLIN SOLN 10 MG/5ML (methylphenidate hcl)	NP	QL(30 ML daily); AL(Up to 21 yrs old)	PROVIGIL (modafinil)	NP	AL(Up to 21 yrs old)
methylphenidate hcl CHEW	NP	QL(3 EA daily; 90 EA per 30 day(s) retail); AL(Up to 21 yrs old)	QUILLICHEW ER CHER	P	AL(Up to 21 yrs old)
methylphenidate hcl CP24	NP	AL(Up to 21 yrs old)	QUILLIVANT XR SRER	P	AL(Up to 21 yrs old)
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	P	AL(Up to 21 yrs old)	RELEXXII TBCR	NP	AL(Up to 21 yrs old)
methylphenidate hcl CPCR	P	AL(Up to 21 yrs old)	RELEXXII TBCR 45 MG, 63 MG (methylphenidate hcl)	NP	
methylphenidate hcl SOLN 5 MG/5ML	P	QL(60 ML daily); AL(Up to 21 yrs old)	RITALIN LA CP24 (methylphenidate hcl)	NP	AL(Up to 21 yrs old)
			RITALIN TABS (methylphenidate hcl)	NP	QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old)
ALTERNATIVE MEDICINES					
Alternative Medicine - C's					
PRELIEF		P			
Alternative Medicine - L's					

Drug Name	Drug Tier	Requirements/ Limits
<i>lycopene CAPS</i>	P	
AMEBICIDES		
Amebicides		
SOLOSEC	NP	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	NP	SP; ST
BETHKIS NEBU (<i>tobramycin</i>)	NP	SP; ST
<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	
<i>gentamicin sulfate IJ 40 MG/ML</i>	P	
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>tobramycin</i>)	NP	SP; ST
<i>neomycin sulfate TABS</i>	P	
TOBI PODHALER CAPS	NP	SP; ST
TOBI NEBU (<i>tobramycin</i>)	NP	SP; ST
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 80 MG/2ML</i>	P	
<i>tobramycin NEBU</i>	NP	SP; ST
<i>tobramycin NEBU</i>	P	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT 1 MG, 2 MG	NP	QL(1 EA daily); SP; PA
OLUMIANT 4 MG	NP	SP; PA
RINVOQ LQ SOLN	NP	SP; PA
RINVOQ TB24	P	SP; PA
XELJANZ XR TB24 11 MG	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
XELJANZ XR TB24 22 MG	NP	SP; PA
XELJANZ SOLN	NP	SP; PA
XELJANZ TABS	P	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ABRILADA (1 PEN) AJKT	NP	SP; PA
ABRILADA (2 PEN) AJKT	NP	SP; PA
ABRILADA (2 SYRINGE) PSKT	NP	SP; PA
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP; PA
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP; PA
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
ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP; PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP; PA
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	SP; PA
ADALIMUMAB-ADAZ SOAJ	NP	SP; PA
ADALIMUMAB-ADAZ SOSY	NP	SP; PA
ADALIMUMAB-ADBIM (2 PEN) AJKT	NP	SP; PA
ADALIMUMAB-ADBIM (2 SYRINGE) PSKT	NP	SP; PA
ADALIMUMAB-ADBIM(CD/UC/HS STRT) AJKT	NP	SP; PA
ADALIMUMAB-ADBIM(PS/UV STARTER) AJKT	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP; PA	HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP; PA
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP; PA	HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP; PA
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	SP	HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP; PA
ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP; PA	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	SP; PA
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP; PA	HYRIMOZ SOAJ	NP	SP; PA
AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP; PA	HYRIMOZ SOSY	NP	SP; PA
AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP; PA	IDACIO (2 PEN) AJKT	NP	SP; PA
AMJEVITA SOAJ	NP	SP; PA	IDACIO-CROHNS/UC STARTER AJKT	NP	SP; PA
AMJEVITA SOSY	NP	SP; PA	IDACIO-PSORIASIS STARTER AJKT	NP	SP; PA
CYLTEZO (2 PEN) AJKT	NP	SP; PA	SIMLANDI (1 PEN) AJKT	NP	SP
CYLTEZO (2 SYRINGE) PSKT	NP	SP; PA	SIMLANDI (1 PEN) AJKT	NP	SP; PA
CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP; PA	SIMLANDI (1 SYRINGE) PSKT	NP	SP; PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP; PA	SIMLANDI (2 PEN) AJKT	NP	SP; PA
HADLIMA PUSH TOUCH SOAJ	NP	SP; PA	SIMLANDI (2 SYRINGE) PSKT	NP	SP; PA
HADLIMA SOSY	NP	SP; PA	SIMPONI ARIA SOLN	NP	SP; PA
HULIO (2 PEN) AJKT	NP	SP; PA	SIMPONI SOAJ	NP	SP; PA
HULIO (2 SYRINGE) PSKT	NP	SP; PA	SIMPONI SOSY	NP	SP; PA
HUMIRA (2 PEN) AJKT	P	Brand Preferred; SP; PA	YUFLYMA (1 PEN) AJKT	NP	SP; PA
HUMIRA (2 SYRINGE) PSKT	P	Brand Preferred; SP; PA	YUFLYMA (2 PEN) AJKT	NP	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	P	Brand Preferred; SP; PA	YUFLYMA (2 SYRINGE) PSKT	NP	SP; PA
HUMIRA-PSORIASIS/UEIT STARTER AJKT	P	Brand Preferred; SP; PA	YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP; PA
			YUSIMRY	NP	SP; PA
			Gold Compounds		
			AURANOFIN 3 MG	P	
			RIDAURA	P	
			Interleukin-1 Blockers		
			ARCALYST	NP	SP; PA
			Interleukin-1 Receptor Antagonist (IL-1Ra)		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KINERET SOSY	P	SP; PA	<i>fenoprofen calcium CAPS 400 MG</i>	NP	
Interleukin-1beta Blockers			<i>fenoprofen calcium TABS</i>	NP	
ILARIS SOLN	NP	SP; PA	FENOPRON CAPS	NP	
Interleukin-6 Receptor Inhibitors			<i>flurbiprofen TABS 100 MG</i>	NP	
ACTEMRA ACTPEN SOAJ	NP	SP; PA	<i>ibuprofen CAPS</i>	P	
ACTEMRA SOSY	NP	SP; PA	<i>ibuprofen CAPS</i>	NP	
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	SP	<i>ibuprofen CHEW</i>	P	
KEVZARA SOAJ	NP	SP; PA	<i>ibuprofen-famotidine</i>	NP	
KEVZARA SOSY	NP	SP; PA	<i>ibuprofen SUSP 100 MG/5ML</i>	NP	RX/OTC
TOFIDENCE	NP	SP; PA	<i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML</i>	P	RX/OTC
TYENNE SOAJ	P	SP; PA	<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	P	
TYENNE SOLN	P	SP; PA	<i>ibuprofen TABS 300 MG, 800 MG</i>	NP	
TYENNE SOSY	P	SP; PA	<i>indomethacin CAPS 25 MG, 50 MG</i>	P	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>indomethacin CPCR</i>	P	
ARTHROTEC TBEC (<i>diclofenac w/ misoprostol</i>)	NP		<i>indomethacin CPCR</i>	NP	
CELEBREX (<i>celecoxib</i>)	NP		<i>indomethacin SUPP</i>	NP	
<i>celecoxib</i>	P		<i>indomethacin SUSP</i>	NP	
DAYPRO TABS (<i>oxaprozin</i>)	NP		<i>ketoprofen CAPS 25 MG</i>	NP	
<i>diclofenac potassium CAPS</i>	NP		<i>ketoprofen CP24</i>	NP	
<i>diclofenac potassium TABS</i>	NP		<i>ketorolac tromethamine SOLN IM 60 MG/2ML</i>	NP	
<i>diclofenac sodium TB24</i>	P		<i>ketorolac tromethamine TABS</i>	P	
<i>diclofenac sodium TBEC</i>	P		LURBIRO TABS 100 MG (<i>flurbiprofen</i>)	NP	
<i>diclofenac w/ misoprostol TBEC</i>	NP		<i>meclofenamate sodium CAPS</i>	NP	
<i>etodolac CAPS</i>	NP		<i>mefenamic acid CAPS</i>	NP	
<i>etodolac TABS</i>	NP		<i>meloxicam CAPS 5 MG</i>	NP	QL(1 EA daily)
<i>etodolac TB24</i>	NP		<i>meloxicam CAPS 10 MG</i>	NP	
FELDENE CAPS 10 MG (<i>piroxicam</i>)	NP		<i>meloxicam TABS 15 MG</i>	P	
			<i>meloxicam TABS 7.5 MG</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nabumetone</i>	P		Pyrimidine Synthesis Inhibitors		
NALFON CAPS (<i>fenoprofen calcium</i>)	NP		<i>leflunomide 20 MG</i>	P	
NALFON TABS 600 MG	NP		<i>leflunomide 10 MG</i>	P	QL(1 EA daily)
NAPRELAN TB24 (<i>naproxen sodium</i>)	NP		Selective Costimulation Modulators		
NAPROSYN SUSP (<i>naproxen</i>)	NP		ORENCIA CLICKJECT SOAJ	P	SP; PA
<i>naproxen sodium CAPS</i>	NP		ORENCIA SOLR	P	SP; PA
<i>naproxen sodium TABS</i>	NP		ORENCIA SOSY	P	SP; PA
<i>naproxen sodium TABS 220 MG</i>	P		Soluble Tumor Necrosis Factor Receptor Agents		
<i>naproxen sodium TB24</i>	NP		ENBREL MINI SOCT	P	SP; PA
<i>naproxen-esomeprazole magnesium</i>	NP		ENBREL SURECLICK SOAJ	P	SP; PA
<i>naproxen SUSP</i>	NP		ENBREL SOLN	P	SP; PA
<i>naproxen TABS 250 MG, 375 MG</i>	NP		ENBREL SOSY	P	SP; PA
<i>naproxen TABS</i>	P		ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>naproxen TBEC</i>	NP		Analgesic Combinations		
<i>oxaprozin TABS</i>	NP		<i>acetaminophen w/ pamabrom</i>	P	
<i>piroxicam CAPS</i>	NP		<i>acetaminophen-caffeine TABS</i>	P	
RELAFEN DS	NP		<i>acetaminophen-pamabrom-pyrilamine TABS</i>	P	
<i>sulindac TABS</i>	P		ANACIN TABS	P	
<i>tolmetin sodium CAPS</i>	NP		<i>aspirin-acetaminophen-caffeine TABS</i>	P	
<i>tolmetin sodium TABS 600 MG</i>	NP		<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	
VIMOVO 500 MG-20 MG (<i>naproxen-esomeprazole magnesium</i>)	NP		<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	NP	
Phosphodiesterase 4 (PDE4) Inhibitors			<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	
OTEZLA XR TB24 PO 75 MG	NP	SP	<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P	
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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BUTALBITAL-APAP-CAFFEINE SOLN	P		<i>aspirin TBEC 81 MG, 325 MG</i>	P	
<i>butalbital-aspirin-caffeine CAPS</i>	P		<i>diflunisal TABS</i>	NP	
CRAMP TABS	P		DOLOBID TABS	NP	Five (5) preferred products required before Dolobid will be approved.; PA
VANQUISH	P				
Analgesics Other			<i>magnesium salicylate 500 MG</i>	P	
<i>acetaminophen CAPS 500 MG</i>	P		<i>magnesium salicylate tetrahydrate</i>	P	
<i>acetaminophen CHEW 160 MG</i>	P		<i>salsalate</i>	P	
<i>acetaminophen ELIX</i>	P		ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>acetaminophen LIQD</i>	P		Opioid Agonists		
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P		<i>codeine sulfate TABS 30 MG</i>	P	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	P		CODEINE SULFATE TABS 60 MG	P	
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	P		CONZIP CP24 (<i>tramadol hcl</i>)	NP	PA
<i>acetaminophen TABS 325 MG, 500 MG</i>	P		DILAUDID LIQD (<i>hydromorphone hcl</i>)	NP	
<i>acetaminophen TBCR</i>	P		DILAUDID TABS (<i>hydromorphone hcl</i>)	NP	
FEVERALL INFANTS SUPP	P		<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 800 MCG, 1200 MCG, 1600 MCG</i>	NP	
FEVERALL JUNIOR STRENGTH SUPP	P		<i>fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG</i>	NP	
TRIAMINIC FEVER REDUCER SYRP	P		<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	P	PA
Salicylates			<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP	PA
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P		<i>hydrocodone bitartrate CP12</i>	NP	PA
<i>aspirin effervescent</i>	P				
<i>aspirin CHEW</i>	P				
ASPIRIN SUPP 300 MG	P				
<i>aspirin TABS 325 MG, 500 MG</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone bitartrate T24A</i>	NP	PA	ROXICODONE TABS 15 MG, 30 MG (<i>oxycodone hcl</i>)	NP	
<i>hydromorphone hcl LIQD</i>	NP		ROXYBOND TABA	NP	
HYDROMORPHONE HCL SUPP	NP		<i>tramadol hcl</i> CP24 100 MG, 200 MG, 300 MG	NP	PA
<i>hydromorphone hcl TABS</i>	P		<i>tramadol hcl</i> SOLN	NP	
<i>hydromorphone hcl TB24</i>	NP	PA	TRAMADOL HCL SOLN (<i>tramadol hcl</i>)	NP	
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG	NP	PA	<i>tramadol hcl</i> TABS 50 MG	P	
<i>levorphanol tartrate TABS</i>	NP		<i>tramadol hcl</i> TABS 25 MG, 75 MG, 100 MG	NP	
<i>meperidine hcl</i> SOLN PO 50 MG/5ML	NP		<i>tramadol hcl</i> TB24	NP	PA
<i>meperidine hcl</i> TABS 50 MG	NP		<i>tramadol hcl</i> TB24	P	PA
<i>morphine sulfate beads</i>	NP	PA	Opioid Combinations		
<i>morphine sulfate</i> CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	NP	PA	<i>acetaminophen w/ codeine</i> SOLN	P	
<i>morphine sulfate</i> SOLN PO 10 MG/5ML, 20 MG/5ML, 100 MG/5ML	P		<i>acetaminophen w/ codeine</i> TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	P	
<i>morphine sulfate</i> SUPP	NP		<i>acetaminophen-caff-dihydrocod</i> CAPS 30 MG-320.5 MG-16 MG	NP	
<i>morphine sulfate</i> TABS	P		<i>butalbital-acetaminophen-caffeine w/ codeine</i>	P	
<i>morphine sulfate</i> TBCR	P	PA	<i>butalbital-aspirin-caffeine w/cod</i>	P	
MS CONTIN TBCR (<i>morphine sulfate</i>)	NP	PA	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NP	
<i>oxycodone hcl</i> CAPS	P		<i>hydrocodone-acetaminophen</i> SOLN	P	
<i>oxycodone hcl</i> CONC 100 MG/5ML	NP		<i>hydrocodone-acetaminophen</i> 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	P	
<i>oxycodone hcl</i> SOLN	P				
<i>oxycodone hcl</i> T12A 10 MG, 20 MG, 40 MG, 80 MG	NP	PA			
<i>oxycodone hcl</i> TABS	P				
OXYCONTIN T12A	NP	PA			
<i>oxymorphone hcl</i> TABS	NP				
<i>oxymorphone hcl</i> TB12	NP	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>	NP		<i>butorphanol tartrate NA 10 MG/ML</i>	NP	
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	NP		BUTRANS PTWK (<i>buprenorphine</i>)	P	Brand Preferred; PA
NALOCET TABS	NP		<i>pentazocine w/ naloxone hcl</i>	NP	
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P		SUBLOCADE SOSY	P	SP
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		SUBOXONE FILM SL 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(3 EA daily)
PROLATE TABS	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	
<i>tramadol-acetaminophen</i>	P		ZUBSOLV SUBL	NP	
Opioid Partial Agonists			ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
BELBUCA FILM	NP	PA	Androgens		
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 2 MG-8 MG</i>	P	QL(3 EA daily)	AZMIRO SOSY	NP	PA
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 3 MG-12 MG</i>	P		<i>danazol CAPS</i>	P	PA
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	P	QL(3 EA daily)	JATENZO CAPS	NP	PA
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	P		<i>methyltestosterone CAPS</i>	NP	PA
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	P		<i>methyltestosterone TABS</i>	NP	PA
<i>buprenorphine PTWK</i>	NP	Brand Preferred; PA	NATESTO GEL NA	NP	PA
			TESTIM GEL TD (<i>testosterone</i>)	NP	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>testosterone GEL TD 1 %, 1.62 %, 10 MG/ACT, 1.62 %</i>	P	PA	<i>alum & mag hydrox-simethicone LIQD</i>	P	
<i>testosterone SOLN</i>	P	PA	<i>alum & mag hydrox-simethicone SUSP</i>	NP	
TLANDO CAPS	NP	PA	<i>alum & mag hydrox-simethicone SUSP</i>	P	
VOGELXO PUMP GEL TD (<i>testosterone</i>)	NP	PA	<i>aluminum hydroxide-mag carb CHEW</i>	P	
VOGELXO GEL TD (<i>testosterone</i>)	NP	PA	<i>aluminum hydroxide-mag carb SUSP 237.5 MG/5ML-254 MG/5ML</i>	P	
XYOSTED SOAJ	NP	PA	ANTACID CHEW	P	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching			<i>calcium carbonate-mag hydrox SUSP</i>	P	
Intrarectal Steroids			<i>calcium carbonate-simethicone CHEW 1000 MG-60 MG</i>	P	
<i>budesonide (intrarectal)</i>	NP		GAVISCON SUSP 358 MG/15ML-95 MG/15ML	P	
<i>hydrocortisone (intrarectal)</i>	P		SM FOAMING ANTACID	P	
Rectal Combinations			Antacids - Aluminum Salts		
<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	P		ALUMINUM HYDROXIDE GEL SUSP	P	
Rectal Local Anesthetics			Antacids - Bicarbonate		
AMERICAINE	P		<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	
<i>dibucaine (rectal) EX</i>	P		<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	
<i>lidocaine (anorectal) CREA</i>	P		Antacids - Calcium Salts		
Rectal Steroids			<i>calcium carbonate (antacid) CHEW 400 MG, 420 MG, 500 MG, 750 MG, 1000 MG</i>	P	
<i>hydrocortisone (rectal) EX</i>	NP		TUMS SMOOTHIES CHEW (<i>calcium carbonate (antacid)</i>)	NP	
Vasodilating Agents			Antacids - Magnesium Salts		
<i>nitroglycerin (intra-anal)</i>	NP		<i>magnesium oxide TABS 400 MG</i>	P	
RECTIV (<i>nitroglycerin (intra-anal)</i>)	NP				
ANTACIDS					
Antacid Combinations					
ACID GONE SUSP 358 MG/15ML-95 MG/15ML	P				
<i>alum & mag hydrox-simethicone CHEW 200 MG-25 MG-200 MG</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium oxide TABS 400 MG</i>	NP	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	P	
BENZNIDAZOLE	P	SP
<i>praziquantel</i>	P	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12</i>	P	
Nitrates		
<i>isosorbide dinitrate TABS</i>	P	
<i>isosorbide mononitrate TABS</i>	P	
ISOSORBIDE MONONITRATE TABS	P	
<i>isosorbide mononitrate TB24</i>	P	
NITRO-BID OINT	NP	
NITRO-DUR PT24	NP	
NITRO-DUR PT24 (<i>nitroglycerin</i>)	NP	
<i>nitroglycerin PT24</i>	P	
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	NP	
<i>nitroglycerin SUBL</i>	P	
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	NP	
NITROSTAT SUBL (<i>nitroglycerin</i>)	NP	
ANTIANKXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	NP	
<i>buspirone hcl</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>buspirone hcl</i>	NP	
<i>droperidol SOLN 2.5 MG/ML</i>	P	
<i>hydroxyzine hcl SYRP</i>	NP	
<i>hydroxyzine hcl SYRP</i>	P	
<i>hydroxyzine hcl TABS</i>	NP	
<i>hydroxyzine hcl TABS</i>	P	
<i>hydroxyzine pamoate CAPS</i>	P	
<i>meprobamate</i>	NP	
VISTARIL CAPS 25 MG (<i>hydroxyzine pamoate</i>)	NP	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	NP	
<i>alprazolam TABS</i>	NP	
<i>alprazolam TB24</i>	NP	
<i>alprazolam TBDP</i>	NP	ST
ATIVAN TABS (<i>lorazepam</i>)	NP	
<i>chlordiazepoxide hcl CAPS</i>	P	
<i>clorazepate dipotassium TABS</i>	P	
<i>diazepam CONC</i>	NP	
DIAZEPAM SOAJ	NP	
<i>diazepam SOLN PO 5 MG/5ML</i>	P	
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	NP	
DIAZEPAM SOLN IJ 5 MG/ML	NP	
<i>diazepam TABS</i>	P	
<i>lorazepam CONC</i>	NP	
<i>lorazepam TABS</i>	P	
LOREEV XR CS24 1 MG, 2 MG, 3 MG	NP	
<i>oxazepam CAPS</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VALIUM TABS (<i>diazepam</i>)	NP		XOLAIR SOAJ	P	SP; PA
XANAX XR TB24 (<i>alprazolam</i>)	NP		XOLAIR SOLR	P	SP; PA
XANAX TABS (<i>alprazolam</i>)	NP		XOLAIR SOSY	P	SP; PA
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms			Bronchodilators - Anticholinergics		
Antiarrhythmics Type I-A			ATROVENT HFA	P	
<i>disopyramide phosphate CAPS</i>	P		INCRUSE ELLIPTA	P	
NORPACE CR CP12	P		<i>ipratropium bromide SOLN 0.02 %</i>	P	
<i>quinidine gluconate TBCR</i>	P		SPIRIVA HANDIHALER CAPS IN (<i>tiotropium bromide</i>)	P	Brand Preferred
<i>quinidine sulfate TABS</i>	P		SPIRIVA RESPIMAT AERS IN 2.5 MCG/ACT	NP	
Antiarrhythmics Type I-B			SPIRIVA RESPIMAT AERS IN	P	
<i>mexiletine hcl</i>	P		<i>tiotropium bromide CAPS IN 18 MCG</i>	NP	Brand Preferred
Antiarrhythmics Type I-C			TUDORZA PRESSAIR	NP	
<i>flecainide acetate</i>	P		YUPELRI	NP	
<i>propafenone hcl TABS</i>	P		Leukotriene Modulators		
Antiarrhythmics Type III			ACCOLATE (<i>zafirlukast</i>)	NP	QL(1 EA daily); ST
<i>amiodarone hcl SOLN 150 MG/3ML</i>	P		<i>montelukast sodium CHEW</i>	P	
<i>amiodarone hcl TABS</i>	P		<i>montelukast sodium PACK</i>	NP	ST
<i>dofetilide</i>	P		<i>montelukast sodium TABS</i>	P	
MULTAQ	P		SINGULAIR CHEW (<i>montelukast sodium</i>)	NP	ST
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions			SINGULAIR PACK (<i>montelukast sodium</i>)	NP	ST
Antiasthmatic - Monoclonal Antibodies			SINGULAIR TABS (<i>montelukast sodium</i>)	NP	ST
CINQAIR	NP	SP; PA	<i>zafirlukast</i>	NP	QL(1 EA daily); ST
FASENRA PEN SOAJ	P	SP; PA	<i>zileuton TB12</i>	NP	ST
FASENRA SOSY	P	SP; PA	ZYFLO TABS	NP	ST
NUCALA SOAJ	P	SP; PA	Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
NUCALA SOLR	P	SP; PA			
NUCALA SOSY	P	SP; PA			
TEZSPIRE SOAJ	P	SP; PA			
TEZSPIRE SOSY	P	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OHTUVAYRE	NP	SP; ST	ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	P	Brand Preferred
Selective Phosphodiesterase 4 (PDE4) Inhibitors			ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	P	Brand Preferred
DALIRESP (<i>roflumilast</i>)	NP		AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	
<i>roflumilast</i>	NP		AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	
Steroid Inhalants			AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	
ALVESCO	NP		AIRSUPRA	NP	
ARMONAIR DIGIHALER 113 MCG/ACT	NP		<i>albuterol sulfate AERS</i>	P	Brand Preferred
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate</i> (<i>inhalation</i>))	P	Brand Preferred	<i>albuterol sulfate AERS</i>	NP	Brand Preferred
ASMANEX (120 METERED DOSES) AEPB	P		<i>albuterol sulfate NEBU</i>	P	
ASMANEX (14 METERED DOSES) AEPB	P		<i>albuterol sulfate SYRP</i>	P	
ASMANEX (30 METERED DOSES) AEPB	P		<i>albuterol sulfate TABS</i>	NP	
ASMANEX (60 METERED DOSES) AEPB	P		ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	P	Brand Preferred
ASMANEX HFA AERO	P		<i>arformoterol tartrate</i>	NP	
<i>budesonide (inhalation)</i> <i>SUSP 1 MG/2ML</i>	NP		BEVESPI AEROSPHERE	NP	
<i>budesonide (inhalation)</i> <i>SUSP 0.25 MG/2ML, 0.5 MG/2ML</i>	P		BREO ELLIPTA	NP	
<i>fluticasone furoate</i> (<i>inhalation</i>) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	NP	Brand Preferred	BREO ELLIPTA (<i>fluticasone furoate- vilanterol</i>)	NP	
<i>fluticasone propionate</i> (<i>inhalation</i>) AEPB	P	AL(Up to 18 yrs old)	BREZTRI AEROSPHERE	NP	
<i>fluticasone propionate hfa</i>	P	AL(Up to 18 yrs old)	BROVANA (<i>arformoterol tartrate</i>)	NP	
PULMICORT FLEXHALER AEPB	P		<i>budesonide-formoterol fumarate dihydrate</i>	NP	Brand Preferred
PULMICORT SUSP (<i>budesonide (inhalation)</i>)	NP		COMBIVENT RESPIMAT AERS	P	
QVAR REDHALER	P		DUAKLIR PRESSAIR	NP	
Sympathomimetics			DULERA	P	
			<i>fluticasone furoate- vilanterol</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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	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	
<i>fluticasone-salmeterol</i> AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	NP		ANTICOAGULANTS - Blood Thinners		
<i>fluticasone-salmeterol</i> AERO	NP	Brand Preferred	Coumarin Anticoagulants		
<i>formoterol fumarate</i> NEBU	NP		<i>warfarin sodium</i> TABS	P	
<i>ipratropium-albuterol</i> SOLN	P		Direct Factor Xa Inhibitors		
<i>levalbuterol hcl</i>	NP		ELIQUIS (1.5 MG PACK) TBSO PO	NP	
<i>levalbuterol tartrate</i>	NP		ELIQUIS (2 MG PACK) TBSO PO	NP	
PERFOROMIST NEBU (<i>formoterol fumarate</i>)	NP		ELIQUIS DVT/PE STARTER PACK TBPK	P	
PROAIR DIGIHALER	NP		ELIQUIS CPSP PO 0.15 MG	NP	
PROAIR RESPICLICK AEPB	NP		ELIQUIS TABS	P	
SEREVENT DISKUS	P		ELIQUIS TBSO PO 0.5 MG	NP	
STIOLTO RESPIMAT	NP		<i>rivaroxaban</i> SUSR 1 MG/ML	NP	
STIOLTO RESPIMAT	P		<i>rivaroxaban</i> TABS 2.5 MG	NP	Brand Preferred
STRIVERDI RESPIMAT	P		SAVAYSA 15 MG, 30 MG	NP	QL(1 EA daily); 42 day(s) max supply per 365 day(s) retail
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	P	Brand Preferred	SAVAYSA 60 MG	NP	42 day(s) max supply per 365 day(s) retail
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	NP	Brand Preferred	XARELTO STARTER PACK TBPK	P	
<i>terbutaline sulfate</i> TABS	P		XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	NP	
TRELEGY ELLIPTA	NP		XARELTO TABS 10 MG, 15 MG, 20 MG	P	
<i>umeclidinium-vilanterol</i>	NP	Brand Preferred	XARELTO TABS 10 MG, 15 MG, 20 MG	NP	
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	P	Brand Preferred			
XOPENEX HFA (<i>levalbuterol tartrate</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits
XARELTO TABS 2.5 MG (rivaroxaban)	P	Brand Preferred
Heparins And Heparinoid-Like Agents		
ARIXTRA (fondaparinux sodium)	NP	42 day(s) max supply per 365 day(s) retail; SP
enoxaparin sodium SOLN IJ 300 MG/3ML	P	42 day(s) max supply per 365 day(s) retail; SP
enoxaparin sodium SOSY	P	42 day(s) max supply per 365 day(s) retail; SP
fondaparinux sodium	NP	42 day(s) max supply per 365 day(s) retail; SP
FRAGMIN SOLN 10000 UNIT/4ML	NP	SP
FRAGMIN SOLN 95000 UNIT/3.8ML	NP	42 day(s) max supply per 365 day(s) retail; SP
FRAGMIN SOSY	NP	42 day(s) max supply per 365 day(s) retail; SP
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	P	
HEPARIN SOD (PORCINE) IN D5W	P	
heparin sodium (porcine) lock flush 10 UNIT/ML, 100 UNIT/ML	P	
heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	
LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)	NP	42 day(s) max supply per 365 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits
LOVENOX SOSY (enoxaparin sodium)	NP	42 day(s) max supply per 365 day(s) retail; SP
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS	P	
PRADAXA CAPS (dabigatran etexilate mesylate)	NP	
PRADAXA PACK	NP	SP
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	NP	
FYCOMPA TABS	NP	
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (perampanel)	NP	
perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	NP	
Anticonvulsants - Benzodiazepines		
clobazam SUSP	P	
clobazam TABS	P	
clonazepam TABS	P	
clonazepam TBDP	NP	ST
DIASTAT ACUDIAL GEL (diazepam (anticonvulsant))	P	
DIASTAT PEDIATRIC GEL (diazepam (anticonvulsant))	P	
diazepam (anticonvulsant) GEL	P	
KLONOPIN TABS (clonazepam)	P	
LIBERVANT FILM	NP	
NAYZILAM	P	
ONFI SUSP (clobazam)	P	
ONFI TABS (clobazam)	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYMPAZAN FILM	NP		FINTEPLA	NP	QL(240 ML per 30 day(s) retail; 240 ML per 30 days mail); SP
VALTOCO 10 MG DOSE LIQD	P		<i>gabapentin CAPS</i>	P	
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	P		<i>gabapentin SOLN</i>	P	
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	P		<i>gabapentin TABS 600 MG, 800 MG</i>	P	
VALTOCO 5 MG DOSE LIQD	P		GABARONE TABS 100 MG, 400 MG	NP	
Anticonvulsants - Misc.			KEPPRA XR TB24 (<i>levetiracetam</i>)	NP	
APTiom 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NP		KEPPRA SOLN PO 100 MG/ML (<i>levetiracetam</i>)	P	
BANZEL SUSP (<i>rufinamide</i>)	NP	SP	KEPPRA TABS (<i>levetiracetam</i>)	P	
BANZEL TABS (<i>rufinamide</i>)	NP	SP	<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	P	
BRIVIACT SOLN PO 10 MG/ML	P	SP	<i>lacosamide TABS</i>	P	
BRIVIACT TABS	P	SP	LAMICTAL ODT KIT (<i>lamotrigine</i>)	NP	ST
<i>carbamazepine CHEW 100 MG</i>	P		LAMICTAL ODT TBDP (<i>lamotrigine</i>)	NP	ST
<i>carbamazepine CHEW 200 MG</i>	NP		LAMICTAL STARTER KIT 25 MG (<i>lamotrigine</i>)	NP	
<i>carbamazepine CP12</i>	P		LAMICTAL XR KIT	NP	
<i>carbamazepine SUSP</i>	P		LAMICTAL XR TB24 (<i>lamotrigine</i>)	NP	
<i>carbamazepine TABS</i>	P		LAMICTAL CHEW (<i>lamotrigine</i>)	P	
<i>carbamazepine TB12</i>	P		LAMICTAL TABS (<i>lamotrigine</i>)	P	
CARBATROL CP12 (<i>carbamazepine</i>)	P		<i>lamotrigine CHEW</i>	P	
DIACOMIT CAPS	NP	SP	<i>lamotrigine KIT</i>	NP	ST
DIACOMIT PACK	NP	SP	<i>lamotrigine KIT 25 MG</i>	P	
ELEPSIA XR TB24	NP		<i>lamotrigine TABS</i>	P	
EPIDIOLEX	NP	SP	<i>lamotrigine TB24</i>	NP	
EPRONTIA SOLN 25 MG/ML (<i>topiramate</i>)	NP		<i>lamotrigine TBDP</i>	NP	ST
<i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i>	NP		<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam</i> TABS	P		TOPAMAX TABS (<i>topiramate</i>)	P	
<i>levetiracetam</i> TB24	NP		<i>topiramate</i> CP24	NP	
LEVETIRACETAM TB3D	NP		<i>topiramate</i> CPSP 50 MG	NP	
LYRICA CAPS (<i>pregabalin</i>)	P		<i>topiramate</i> CPSP 15 MG, 25 MG	P	
LYRICA SOLN (<i>pregabalin</i>)	P		<i>topiramate</i> CS24	NP	
MOTPOLY XR CP24	NP		<i>topiramate</i> SOLN 25 MG/ML	NP	
MYSOLINE (<i>primidone</i>)	P		<i>topiramate</i> TABS	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</i> SUSP	P		VIMPAT SOLN PO 10 MG/ML (<i>lacosamide</i>)	P	
<i>oxcarbazepine</i> TABS	P		VIMPAT TABS (<i>lacosamide</i>)	P	
<i>oxcarbazepine</i> TB24	NP	Brand Preferred	ZONEGRAN CAPS 25 MG, 100 MG (<i>zonisamide</i>)	P	
OXTELLAR XR TB24 (<i>oxcarbazepine</i>)	NP	Brand Preferred	ZONISADE SUSP	NP	
<i>pregabalin</i> CAPS	P		<i>zonisamide</i> CAPS	P	
<i>pregabalin</i> SOLN	P		<i>zonisamide</i> CAPS	P	
<i>primidone</i>	P		ZTALMY	NP	
<i>primidone</i>	P		Carbamates		
QUDEXY XR CS24 (<i>topiramate</i>)	NP		<i>felbamate</i> SUSP	NP	
<i>rufinamide</i> SUSP	NP	SP	<i>felbamate</i> TABS	NP	
<i>rufinamide</i> TABS	NP	SP	FELBATOL SUSP (<i>felbamate</i>)	NP	
SPRITAM TB3D	NP		FELBATOL TABS (<i>felbamate</i>)	NP	
SPRITAM TB3D	NP		XCOPRI (250 MG DAILY DOSE) TBPk	NP	
TEGRETOL SUSP (<i>carbamazepine</i>)	P		XCOPRI (350 MG DAILY DOSE) TBPk	NP	
TEGRETOL TABS (<i>carbamazepine</i>)	P		XCOPRI TABS	NP	
TEGRETOL-XR TB12 (<i>carbamazepine</i>)	P		XCOPRI TBPk	NP	
TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	P		GABA Modulators		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SABRIL PACK (vigabatrin)	NP	SP	DEPAKOTE SPRINKLES CSDR (divalproex sodium)	P	
SABRIL TABS (vigabatrin)	NP	SP	DEPAKOTE TBEC (divalproex sodium)	P	
tiagabine hcl	NP		divalproex sodium CSDR	P	
vigabatrin PACK	NP	SP	divalproex sodium TB24 250 MG	P	QL(1 EA daily)
vigabatrin TABS	NP	SP	divalproex sodium TB24 500 MG	P	
VIGAFYDE SOLN	NP	SP; ST	divalproex sodium TBEC	P	
Hydantoins			valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	P	
DILANTIN	P		valproic acid CAPS	P	
DILANTIN (phenytoin sodium extended)	P		ANTIDEPRESSANTS - Drugs to Treat Depression		
DILANTIN INFATABS CHEW (phenytoin)	P		Alpha-2 Receptor Antagonists (Tetracyclics)		
DILANTIN-125 SUSP (phenytoin)	P		mirtazapine TABS 15 MG, 30 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
DILANTIN SUSP (phenytoin)	P		mirtazapine TABS 7.5 MG, 45 MG	P	AL(At least 6 yrs old)
phenytoin sodium extended 100 MG, 200 MG, 300 MG	P		mirtazapine TBDP 30 MG, 45 MG	NP	AL(At least 6 yrs old); ST
phenytoin CHEW	P		mirtazapine TBDP 15 MG	NP	QL(1 EA daily); AL(At least 6 yrs old); ST
phenytoin SUSP	P		REMERON SOLTAB TBDP 15 MG (mirtazapine)	NP	QL(1 EA daily); AL(At least 6 yrs old); ST
Succinimides			REMERON SOLTAB TBDP 30 MG, 45 MG (mirtazapine)	NP	AL(At least 6 yrs old); ST
CELONTIN (methsuximide)	NP		REMERON TABS 15 MG, 30 MG (mirtazapine)	NP	QL(1 EA daily); AL(At least 6 yrs old)
ethosuximide CAPS	NP		Antidepressant Combinations		
ethosuximide SOLN	P		AUVELITY	NP	AL(At least 6 yrs old)
methsuximide	NP		Antidepressants - Misc.		
ZARONTIN CAPS (ethosuximide)	NP		bupropion hcl TABS	P	AL(At least 6 yrs old)
ZARONTIN SOLN (ethosuximide)	P				
Valproic Acid					
DEPAKOTE ER TB24 500 MG (divalproex sodium)	P				
DEPAKOTE ER TB24 250 MG (divalproex sodium)	P	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl TB12</i>	NP	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 TB12</i>	P	AL(At least 6 yrs old)	<i>citalopram hydrobromide TABS 20 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
<i>bupropion hcl TB24 450 MG</i>	NP	AL(At least 6 yrs old)	<i>citalopram hydrobromide TABS 10 MG, 40 MG</i>	P	AL(At least 6 yrs old)
<i>bupropion hcl TB24 150 MG, 300 MG</i>	P	AL(At least 6 yrs old)	ESCITALOPRAM OXALATE CAPS PO 15 MG	NP	
FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP	AL(At least 6 yrs old)	<i>escitalopram oxalate SOLN</i>	NP	AL(At least 6 yrs old - Up to 10 yrs old)
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	NP	AL(At least 6 yrs old)	<i>escitalopram oxalate TABS 20 MG</i>	P	AL(At least 6 yrs old)
GABA Receptor Modulator - Neuroactive Steroid			<i>escitalopram oxalate TABS 5 MG, 10 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
ZURZUVAE	NP	AL(At least 6 yrs old); SP	<i>fluoxetine hcl CAPS</i>	P	AL(At least 6 yrs old)
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluoxetine hcl CPDR</i>	NP	AL(At least 6 yrs old)
EMSAM	NP	AL(At least 6 yrs old)	<i>fluoxetine hcl SOLN</i>	P	AL(At least 6 yrs old - Up to 10 yrs old)
MARPLAN	P	AL(At least 6 yrs old)	<i>fluoxetine hcl TABS</i>	NP	AL(At least 6 yrs old)
NARDIL (<i>phenelzine sulfate</i>)	NP	AL(At least 6 yrs old)	FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>)	NP	AL(At least 6 yrs old)
<i>phenelzine sulfate</i>	P	AL(At least 6 yrs old)	<i>fluvoxamine maleate CP24</i>	NP	AL(At least 6 yrs old)
<i>tranylcypromine sulfate</i>	P	AL(At least 6 yrs old)	<i>fluvoxamine maleate TABS</i>	P	AL(At least 6 yrs old)
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			LEXAPRO TABS 20 MG (<i>escitalopram oxalate</i>)	NP	AL(At least 6 yrs old)
SPRAVATO (56 MG DOSE)	P	AL(At least 6 yrs old); SP; PA	LEXAPRO TABS 5 MG, 10 MG (<i>escitalopram oxalate</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
SPRAVATO (84 MG DOSE)	P	AL(At least 6 yrs old); SP; PA	<i>paroxetine hcl SUSP</i>	NP	AL(At least 6 yrs old - Up to 10 yrs old)
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>paroxetine hcl TABS 30 MG, 40 MG</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>paroxetine hcl TABS 10 MG, 20 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)			
CITALOPRAM HYDROBROMIDE CAPS	NP	AL(At least 6 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>paroxetine hcl TB24 12.5 MG</i>	NP	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 TB24 25 MG, 37.5 MG</i>	NP	AL(At least 6 yrs old)	<i>nefazodone hcl</i>	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)	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 TABS 50 MG, 100 MG, 150 MG</i>	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)	<i>trazodone hcl TABS 300 MG</i>	NP	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)	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)
PAXIL TABS 30 MG, 40 MG (<i>paroxetine hcl</i>)	NP	AL(At least 6 yrs old)			
PROZAC CAPS (<i>fluoxetine hcl</i>)	NP	AL(At least 6 yrs old)			
<i>sertraline hcl CAPS 150 MG, 200 MG</i>	NP	AL(At least 6 yrs old)			
SERTRALINE HCL CAPS 150 MG, 200 MG (<i>sertraline hcl</i>)	NP	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)
<i>sertraline hcl CONC</i>	P	AL(At least 6 yrs old - Up to 10 yrs old)			
<i>sertraline hcl TABS 25 MG, 50 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)			
<i>sertraline hcl TABS 100 MG</i>	P	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)
ZOLOFT CONC (<i>sertraline hcl</i>)	NP	AL(At least 6 yrs old - Up to 10 yrs old)	VIIBRYD TABS 40 MG (<i>vilazodone hcl</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)	<i>vilazodone hcl TABS 10 MG, 20 MG</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>vilazodone hcl TABS 40 MG</i>	NP	AL(At least 6 yrs old)
Serotonin Modulators			Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
EXXUA TITRATION PACK TB24 PO 18.2 MG	NP		CYMBALTA CPEP (<i>duloxetine hcl</i>)	NP	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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)
DRIZALMA SPRINKLE CSDR 30 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>amoxapine</i>	NP	AL(At least 6 yrs old)
<i>duloxetine hcl CPEP 40 MG</i>	NP	AL(At least 6 yrs old)	ANAFRANIL (<i>clomipramine hcl</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)	<i>clomipramine hcl</i>	P	AL(At least 6 yrs old)
EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	NP	AL(At least 6 yrs old)	<i>desipramine hcl TABS</i>	NP	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)	<i>doxepin hcl CAPS</i>	P	AL(At least 6 yrs old)
FETZIMA TITRATION C4PK	NP	AL(At least 6 yrs old)	<i>doxepin hcl CONC</i>	P	AL(At least 6 yrs old)
FETZIMA CP24 20 MG, 40 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>imipramine hcl TABS</i>	P	AL(At least 6 yrs old)
FETZIMA CP24 80 MG, 120 MG	NP	AL(At least 6 yrs old)	<i>imipramine pamoate</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>nortriptyline hcl CAPS</i>	P	AL(At least 6 yrs old)
PRISTIQ 100 MG (<i>desvenlafaxine succinate</i>)	NP	AL(At least 6 yrs old)	<i>nortriptyline hcl SOLN</i>	P	AL(At least 6 yrs old)
VENLAFAXINE BESYLATE ER	NP	AL(At least 6 yrs old)	PAMELOR CAPS (<i>nortriptyline hcl</i>)	NP	AL(At least 6 yrs old)
<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	<i>protriptyline hcl</i>	NP	AL(At least 6 yrs old)
<i>venlafaxine hcl CP24 150 MG</i>	P	AL(At least 6 yrs old)	<i>trimipramine maleate CAPS</i>	NP	AL(At least 6 yrs old)
<i>venlafaxine hcl TABS</i>	P	AL(At least 6 yrs old)	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
			Alpha-Glucosidase Inhibitors		
			<i>acarbose</i>	P	
			<i>miglitol</i>	NP	ST
			Antidiabetic - Amylin Analogs		
			SYMLINPEN 120 SOPN	NP	PA
			SYMLINPEN 60 SOPN	NP	PA
			Antidiabetic Combinations		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	NP	ST	SYNJARDY XR TB24	NP	
<i>alogliptin-metformin hcl</i>	NP	PA	SYNJARDY TABS	P	
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	PA	TRIJARDY XR	NP	
<i>dapagliflozin propanediol-metformin hcl</i>	NP	Brand Preferred	XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	P	Brand Preferred
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP	ST	XIGDUO XR 1000 MG-2.5 MG, 500 MG-10 MG	P	
<i>glipizide-metformin hcl</i>	P		XIGDUO XR 500 MG-5 MG	P	QL(1 EA daily)
<i>glyburide-metformin</i>	P		XULTOPHY	NP	PA
GLYXAMBI	NP		ZITUVIMET XR TB24	NP	PA
INVOKAMET XR TB24	P		ZITUVIMET TABS	NP	PA
INVOKAMET TABS	P		Biguanides		
JANUMET XR TB24	P	PA	<i>metformin hcl SOLN</i>	NP	
JANUMET TABS	P	PA	<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	P	
JENTADUETO XR TB24	NP	PA	<i>metformin hcl TABS 625 MG, 750 MG</i>	NP	
JENTADUETO TABS	P	PA	<i>metformin hcl TB24 500 MG, 750 MG</i>	P	
KAZANO (<i>alogliptin-metformin hcl</i>)	NP	PA	<i>metformin hcl TB24</i>	NP	
KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>)	NP	PA	RIOMET SOLN (<i>metformin hcl</i>)	NP	
OSENI 30 MG-25 MG (<i>alogliptin-pioglitazone</i>)	NP	PA	Diabetic Other		
<i>pioglitazone hcl-glimepiride</i>	NP	ST	BAQSIMI ONE PACK POWD	P	
<i>pioglitazone hcl-metformin hcl TABS</i>	NP	ST	BAQSIMI TWO PACK POWD	P	
QTERN	NP		CVS GLUCOSE CHEW	P	
<i>saxagliptin-metformin hcl</i>	NP	PA	CVS SOFT GLUCOSE CHEW	P	
SEGLUROMET	NP		DEX4	P	
SITAGLIPT BASE-METFORM HCL ER TB24	NP	PA	DEX4 NATURALS	P	
SITAGLIPTIN BASE-METFORMIN HCL TABS	NP	PA	<i>dextrose (diabetic use) GEL</i>	P	
SOLIQUA	NP	PA	FT GLUCOSE CHEW 4 GM	P	
STEGLUJAN	NP		GLUCAGON EMERGENCY	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>glucagon SOLR IJ 1 MG</i>	P		ONGLYZA 5 MG (<i>saxagliptin hcl</i>)	NP	PA
GLUCO TO GO CHEW	P		ONGLYZA 2.5 MG (<i>saxagliptin hcl</i>)	NP	QL(1 EA daily); PA
GLUCOSE CHEW	P		<i>saxagliptin hcl 2.5 MG</i>	NP	QL(1 EA daily); PA
GNP GLUCOSE CHEW	P		<i>saxagliptin hcl 5 MG</i>	NP	PA
GVOKE HYPOPEN 1- PACK SOAJ	NP		SITAGLIPTIN 100 MG	NP	PA
GVOKE HYPOPEN 2- PACK SOAJ	NP		SITAGLIPTIN 25 MG, 50 MG	NP	QL(1 EA daily); PA
GVOKE KIT SOLN	NP		TRADJENTA	P	PA
GVOKE PFS SOSY 1 MG/0.2ML	NP		ZITUVIO 100 MG	NP	PA
HY-VEE GLUCOSE	P		ZITUVIO 25 MG, 50 MG	NP	QL(1 EA daily); PA
KORLYM (<i>mifepristone</i> (<i>hyperglycemia</i>))	4	SP	Incretin Mimetic Agents		
KROGER GLUCOSE	P		BYDUREON BCISE AUIJ	NP	PA
MEIJER GLUCOSE	P		BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (<i>exenatide</i>)	NP	PA
<i>mifepristone</i> (<i>hyperglycemia</i>)	4	SP	BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (<i>exenatide</i>)	NP	PA
PX GLUCOSE	P		<i>exenatide SOPN 5</i> <i>MCG/0.02ML, 10</i> <i>MCG/0.04ML</i>	NP	PA
RA GLUCOSE	P		<i>liraglutide</i>	NP	PA
RELION GLUCOSE	P		<i>liraglutide</i>	NP	Brand Preferred; PA
TGT GLUCOSE	P		MOUNJARO	NP	PA
TRUEPLUS GLUCOSE ON THE GO CHEW	P		OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	P	PA
TRUEPLUS GLUCOSE CHEW	P		OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	P	PA
WALGREENS GLUCOSE	P		OZEMPIC (2 MG/DOSE) SOPN	P	PA
ZEGALOGUE SOAJ	P		RYBELSUS TABS 3 MG, 14 MG	NP	PA
ZEGALOGUE SOSY	P		RYBELSUS TABS 7 MG	NP	QL(1 EA daily); PA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			TRULICITY	P	PA
<i>alogliptin benzoate</i>	NP	PA	VICTOZA (<i>liraglutide</i>)	P	Brand Preferred; PA
BRYNOVIN SOLN PO 25 MG/ML	NP				
JANUVIA 25 MG, 50 MG	P	QL(1 EA daily); PA			
JANUVIA 100 MG	P	PA			
NESINA (<i>alogliptin</i> <i>benzoate</i>)	NP	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Insulin			HUMULIN R SOLN IJ	P	
ADMELOG SOLOSTAR SOPN	NP		HUMULIN R SOLN IJ	NP	
ADMELOG SOLN IJ	NP		INSULIN ASP PROT & ASP FLEXPEN SUPN	P	
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP		INSULIN ASPART FLEXPEN SOPN	P	
APIDRA SOLOSTAR SOPN	NP		INSULIN ASPART PENFILL SOCT	P	
APIDRA SOLN	NP		INSULIN ASPART PROT & ASPART SUSP	P	
BASAGLAR KWIKPEN SOPN	NP	Brand Preferred	INSULIN ASPART SOLN IJ	P	
FIASP FLEXTOUCH SOPN	NP		INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	
FIASP PENFILL SOCT	NP		INSULIN DEGLUDEC SOLN	NP	
FIASP PUMPCART SOCT	NP		INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	Brand Preferred
FIASP SOLN	NP		INSULIN GLARGINE SOLOSTAR SOPN	NP	Brand Preferred
HUMALOG JUNIOR KWIKPEN SOPN	NP		INSULIN GLARGINE SOLN	NP	Brand Preferred
HUMALOG KWIKPEN SOPN	NP		INSULIN GLARGINE-YFGN SOLN	NP	
HUMALOG MIX 50/50 KWIKPEN SUPN	P		INSULIN GLARGINE-YFGN SOPN	NP	
HUMALOG MIX 75/25 KWIKPEN SUPN	NP		INSULIN LISPRO (1 UNIT DIAL) SOPN	P	
HUMALOG MIX 75/25 SUSP	P		INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	
HUMALOG TEMPO PEN SOPN	NP		INSULIN LISPRO PROT & LISPRO SUPN	P	
HUMALOG SOCT	NP		INSULIN LISPRO SOLN IJ	P	
HUMALOG SOLN IJ	NP		KIRSTY SOLN IJ 100 UNIT/ML	NP	
HUMULIN 70/30 KWIKPEN SUPN	NP		KIRSTY SOPN SC 100 UNIT/ML	NP	
HUMULIN 70/30 SUSP	P		LANTUS SOLOSTAR SOPN	NP	Brand Preferred
HUMULIN N KWIKPEN SUPN	NP		LANTUS SOLOSTAR SOPN	P	Brand Preferred
HUMULIN N SUSP	NP				
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P				
HUMULIN R U-500 KWIKPEN SOPN SC	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LANTUS SOLN	P	Brand Preferred	NOVOLOG MIX 70/30 SUSP	NP	
LYUMJEV KWIKPEN SOPN	NP		NOVOLOG PENFILL SOCT	NP	
LYUMJEV TEMPO PEN SOPN	NP		NOVOLOG RELION SOLN IJ	NP	
LYUMJEV SOLN	NP		NOVOLOG SOLN IJ	NP	
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	NP		REZVOGLAR KWIKPEN	NP	
MERILOG SOLN SC 100 UNIT/ML	NP		SEMGLEE (YFGN) SOLN	NP	
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP		SEMGLEE (YFGN) SOPN	NP	
NOVOLIN 70/30 FLEXPEN SUPN	NP		TOUJEO MAX SOLOSTAR SOPN	P	Brand Preferred
NOVOLIN 70/30 RELION SUSP	NP		TOUJEO MAX SOLOSTAR SOPN	NP	Brand Preferred
NOVOLIN 70/30 SUSP	NP		TOUJEO SOLOSTAR SOPN	P	Brand Preferred
NOVOLIN N FLEXPEN RELION SUPN	NP		TOUJEO SOLOSTAR SOPN	NP	Brand Preferred
NOVOLIN N FLEXPEN SUPN	P		TRESIBA FLEXTOUCH SOPN	NP	
NOVOLIN N RELION SUSP	NP		TRESIBA SOLN	NP	
NOVOLIN N SUSP	NP		Insulin Sensitizing Agents		
NOVOLIN R FLEXPEN RELION SOPN IJ	NP		ACTOS (<i>pioglitazone hcl</i>)	NP	QL(1 EA daily); ST
NOVOLIN R FLEXPEN SOPN IJ	P		<i>pioglitazone hcl</i>	P	QL(1 EA daily)
NOVOLIN R RELION SOLN IJ	NP		Meglitinide Analogues		
NOVOLIN R SOLN IJ	NP		<i>nateglinide</i>	P	
NOVOLOG 70/30 FLEXPEN RELION SUPN	NP		<i>repaglinide</i>	P	
NOVOLOG FLEXPEN RELION SOPN	NP		Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
NOVOLOG FLEXPEN SOPN	NP		<i>dapagliflozin propanediol 5 MG</i>	NP	Brand Preferred; QL(1 EA daily)
NOVOLOG MIX 70/30 FLEXPEN SUPN	NP		<i>dapagliflozin propanediol 10 MG</i>	NP	Brand Preferred
NOVOLOG MIX 70/30 RELION SUSP	NP		FARXIGA 5 MG (<i>dapagliflozin propanediol</i>)	P	Brand Preferred; QL(1 EA daily)
			FARXIGA 10 MG (<i>dapagliflozin propanediol</i>)	P	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INVOKANA	P		<i>deferiasirox</i> PACK	NP	SP; ST
JARDIANCE	P		<i>deferiasirox</i> TABS	P	SP
STEGLATRO	NP		<i>deferiasirox</i> TBSO	NP	SP; ST
Sulfonylureas			<i>deferiprone</i> TABS	NP	SP
<i>glimepiride</i> 1 MG	P		EXJADE TBSO (<i>deferiasirox</i>)	NP	SP; ST
<i>glimepiride</i> 2 MG, 4 MG	P	QL(1 EA daily)	FERRIPROX TWICE-A-DAY TABS	NP	SP
<i>glipizide</i> TABS 5 MG, 10 MG	P		FERRIPROX SOLN	NP	SP
<i>glipizide</i> TB24	P		FERRIPROX TABS (<i>deferiprone</i>)	NP	SP
<i>glyburide</i> micronized 1.5 MG, 3 MG	P	QL(1 EA daily)	JADENU SPRINKLE PACK (<i>deferiasirox</i>)	NP	SP; ST
<i>glyburide</i> micronized 6 MG	P		JADENU TABS (<i>deferiasirox</i>)	NP	SP
<i>glyburide</i> TABS	P		Antidotes and Specific Antagonists		
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea			VISTOGARD	NP	
Antidiarrheal - Chloride Channel Antagonists			Opioid Antagonists		
MYTESI	NP		KLOXXADO LIQD	P	
Antidiarrheal/Probiotic Agents - Misc.			NALMEFENE HCL IJ	NP	
<i>bismuth subsalicylate</i> SUSP 525 MG/30ML	P		<i>naloxone hcl</i> LIQD	NP	RX/OTC
<i>bismuth subsalicylate</i> TABS	P		<i>naloxone hcl</i> LIQD	P	RX/OTC
Antidiarrheal/Probiotic Combinations			<i>naloxone hcl</i> SOCT	P	
<i>loperamide-simethicone</i> TABS	P		<i>naloxone hcl</i> SOLN 0.4 MG/ML, 4 MG/10ML	P	
Antiperistaltic Agents			<i>naloxone hcl</i> SOSY	P	
<i>diphenoxylate w/ atropine</i> LIQD	P		<i>naltrexone hcl</i>	P	
<i>diphenoxylate w/ atropine</i> TABS	P		NARCAN LIQD (<i>naloxone hcl</i>)	P	RX/OTC
<i>loperamide hcl</i> CAPS	P	RX/OTC	OPVEE NA	NP	
<i>loperamide hcl</i> TABS	P		REXTOVY LIQD	NP	
ANTIDOTES AND SPECIFIC ANTAGONISTS			VIVITROL	P	SP
Antidotes - Chelating Agents			ZIMHI SOSY	NP	
CHEMET	P		ZURNAI IJ 1.5 MG/0.5ML	NP	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea			ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
Antidotes - Chelating Agents			5-HT3 Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANZEMET TABS 50 MG	NP		BONJESTA TBCR	NP	PA
<i>granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML</i>	P		DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	P	Brand Preferred
<i>granisetron hcl TABS</i>	NP		<i>doxylamine-pyridoxine TBEC</i>	NP	Brand Preferred
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P		<i>dronabinol CAPS</i>	NP	PA
<i>ondansetron hcl SOLN IJ</i>	P		MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	NP	PA
<i>ondansetron hcl SOSY</i>	P		Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P		<i>aprepitant CAPS</i>	NP	
<i>ondansetron TBDP 4 MG, 8 MG</i>	P	ST	CINVANTI EMUL	P	
<i>ondansetron TBDP 16 MG</i>	NP	ST	EMEND BIPACK CAPS 80 MG (<i>aprepitant</i>)	NP	
SANCUSO PTCH	NP		EMEND TRIPACK CAPS (<i>aprepitant</i>)	NP	
Antiemetics - Anticholinergic			EMEND SUSR	NP	
ANTIVERT CHEW (<i>meclizine hcl</i>)	NP	RX/OTC	ANTIFUNGALS - Drugs to Treat Fungal Infections		
<i>dimenhydrinate TABS</i>	P		Antifungal - Glucan Synthesis Inhibitors		
DRAMAMINE CHEW	P		BREXAFEMME	NP	
<i>meclizine hcl CHEW</i>	NP	RX/OTC	Antifungals		
<i>meclizine hcl CHEW</i>	P	RX/OTC	<i>flucytosine</i>	NP	
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC	<i>griseofulvin microsize SUSP</i>	P	
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	NP	RX/OTC	<i>griseofulvin microsize TABS</i>	NP	
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC	<i>griseofulvin ultramicrosize</i>	NP	
<i>scopolamine</i>	P		<i>nystatin TABS</i>	P	
TRANSDERM-SCOP (<i>scopolamine</i>)	NP		<i>terbinafine hcl TABS</i>	P	
<i>trimethobenzamide hcl CAPS</i>	NP		Imidazole-Related Antifungals		
Antiemetics - Miscellaneous			CRESEMBA CAPS	NP	
AKYNZEO	NP		DIFLUCAN SUSR 40 MG/ML (<i>fluconazole</i>)	NP	
AKYNZEO (READY-TO-USE) SOLN	NP		<i>fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML</i>	P	
AKYNZEO (TO-BE-DILUTED) SOLN	NP		<i>fluconazole SUSR</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluconazole TABS 150 MG, 200 MG</i>	P		<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML</i>	P	RX/OTC
<i>fluconazole TABS 50 MG, 100 MG</i>	P	QL(1 EA daily)	<i>diphenhydramine hcl SOLN 50 MG/ML</i>	P	
<i>itraconazole CAPS</i>	NP		<i>diphenhydramine hcl TABS 25 MG</i>	P	
<i>itraconazole SOLN</i>	NP		<i>diphenhydramine hcl TABS 25 MG</i>	NP	
<i>ketoconazole</i>	NP		Antihistamines - Non-Sedating		
NOXAFIL PACK	NP		<i>cetirizine hcl CAPS</i>	NP	
NOXAFIL SUSP (<i>posaconazole</i>)	NP		<i>cetirizine hcl CHEW</i>	NP	
NOXAFIL TBEC (<i>posaconazole</i>)	NP		<i>cetirizine hcl SOLN PO</i>	P	RX/OTC
<i>posaconazole SUSP</i>	NP		<i>cetirizine hcl SOLN PO 1 MG/ML</i>	NP	RX/OTC
<i>posaconazole TBEC</i>	NP		<i>cetirizine hcl TABS 10 MG</i>	NP	
SPORANOX CAPS (<i>itraconazole</i>)	NP		<i>cetirizine hcl TABS</i>	P	
TOLSURA CAPS	NP		CLARINEX TABS (<i>desloratadine</i>)	NP	
VFEND SUSR (<i>voriconazole</i>)	NP		<i>desloratadine TABS</i>	NP	
VFEND TABS 200 MG (<i>voriconazole</i>)	NP		<i>desloratadine TBDP</i>	NP	ST
VIVJOA	NP		<i>fexofenadine hcl SUSP</i>	NP	
<i>voriconazole SUSR</i>	NP		<i>fexofenadine hcl TABS 60 MG, 180 MG</i>	P	
<i>voriconazole TABS</i>	NP		<i>fexofenadine hcl TABS 60 MG, 180 MG</i>	NP	
ANTI HISTAMINES - Drugs to Treat Allergies			<i>levocetirizine dihydrochloride SOLN</i>	NP	RX/OTC
Antihistamines - Alkylamines			<i>levocetirizine dihydrochloride TABS</i>	NP	RX/OTC
<i>chlorpheniramine maleate SYRP</i>	P		<i>loratadine CAPS</i>	NP	
<i>chlorpheniramine maleate TABS</i>	P		<i>loratadine CHEW</i>	NP	
Antihistamines - Ethanolamines			<i>loratadine CHEW</i>	P	
<i>diphenhydramine hcl CAPS</i>	P		<i>loratadine SOLN</i>	P	
<i>diphenhydramine hcl CHEW 12.5 MG</i>	P		<i>loratadine TABS</i>	NP	
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P		<i>loratadine TABS</i>	P	
			<i>loratadine TBDP 10 MG</i>	NP	ST
			Antihistamines - Phenothiazines		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	P		<i>colestipol hcl GRAN</i>	P	
<i>promethazine hcl SUPP</i>	P		<i>colestipol hcl PACK</i>	P	
<i>promethazine hcl TABS</i>	P		<i>colestipol hcl TABS</i>	P	
Antihistamines - Piperidines			QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NP	
<i>cyproheptadine hcl SYRP</i>	P		QUESTRAN PACK (<i>cholestyramine</i>)	NP	
<i>cyproheptadine hcl TABS</i>	P		QUESTRAN POWD (<i>cholestyramine</i>)	NP	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol			WELCHOL PACK (<i>colesevelam hcl</i>)	NP	
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors			WELCHOL TABS (<i>colesevelam hcl</i>)	NP	
NEXLETOL	NP		Fibric Acid Derivatives		
Angiotensin-like Protein Inhibitors			<i>choline fenofibrate</i>	NP	
EVKEEZA	NP	SP	<i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>	NP	
Antihyperlipidemics - Combinations			<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	P	
<i>ezetimibe-simvastatin</i>	NP		<i>fenofibrate CAPS</i>	NP	
NEXLIZET	NP		<i>fenofibrate TABS 40 MG, 120 MG</i>	NP	
VYTORIN (<i>ezetimibe-simvastatin</i>)	NP		<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	P	
Antihyperlipidemics - Misc.			<i>fenofibric acid</i>	NP	
<i>icosapent ethyl</i>	NP		FIBRICOR 105 MG (<i>fenofibric acid</i>)	NP	
<i>omega-3-acid ethyl esters</i>	P		<i>gemfibrozil TABS</i>	P	
Bile Acid Sequestrants			LIPOFEN CAPS (<i>fenofibrate</i>)	NP	
<i>cholestyramine light PACK</i>	P		LOPID TABS (<i>gemfibrozil</i>)	NP	
<i>cholestyramine light POWD</i>	P		TRICOR TABS (<i>fenofibrate</i>)	NP	
<i>cholestyramine PACK</i>	P		HMG CoA Reductase Inhibitors		
<i>cholestyramine POWD</i>	P		ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	QL(1 EA daily)
<i>colesevelam hcl PACK</i>	NP		ATORVALIQ SUSP	NP	QL(600 ML per 30 day(s) retail; 1800 ML per 90 days mail)
<i>colesevelam hcl TABS</i>	P				
COLESTID GRAN (<i>colestipol hcl</i>)	NP				
COLESTID TABS (<i>colestipol hcl</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>atorvastatin calcium TABS 10 MG, 80 MG</i>	NP	QL(1 EA daily)	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
<i>atorvastatin calcium TABS</i>	P	QL(1 EA daily)	LEQVIO	NP	SP
CRESTOR TABS (<i>rosuvastatin calcium</i>)	NP	QL(1 EA daily)	PRALUENT SOAJ	P	SP; PA
<i>fluvastatin sodium CAPS</i>	NP	QL(1 EA daily)	REPATHA PUSHTRONEX SYSTEM SOCT	P	SP; PA
<i>fluvastatin sodium TB24</i>	NP	QL(1 EA daily)	REPATHA SURECLICK SOAJ	P	SP; PA
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	NP	QL(1 EA daily)	REPATHA SOSY	P	SP; PA
LIPITOR TABS (<i>atorvastatin calcium</i>)	NP	QL(1 EA daily)	ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
LIVALO (<i>pitavastatin calcium</i>)	NP	QL(1 EA daily)	ACE Inhibitors		
<i>lovastatin TABS</i>	P	QL(1 EA daily)	ACCUPRIL (<i>quinapril hcl</i>)	NP	QL(1 EA daily)
<i>pitavastatin calcium</i>	NP	QL(1 EA daily)	ALTACE CAPS 1.25 MG, 5 MG, 10 MG (<i>ramipril</i>)	NP	QL(1 EA daily)
<i>pravastatin sodium</i>	P	QL(1 EA daily)	<i>benazepril hcl</i>	P	QL(1 EA daily)
<i>pravastatin sodium 20 MG, 40 MG</i>	NP	QL(1 EA daily)	<i>captopril</i>	NP	QL(1 EA daily)
<i>rosuvastatin calcium TABS</i>	P	QL(1 EA daily)	<i>enalapril maleate SOLN</i>	P	
<i>simvastatin TABS</i>	P	QL(1 EA daily)	<i>enalapril maleate TABS</i>	P	QL(1 EA daily)
<i>simvastatin TABS 80 MG</i>	NP	QL(1 EA daily)	EPANED SOLN (<i>enalapril maleate</i>)	NP	
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	NP	QL(1 EA daily)	<i>fosinopril sodium</i>	NP	QL(1 EA daily)
ZYPITAMAG 2 MG, 4 MG	NP	QL(1 EA daily)	<i>fosinopril sodium</i>	P	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors			<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(1 EA daily)
<i>ezetimibe</i>	P		<i>lisinopril TABS 20 MG</i>	NP	QL(1 EA daily)
ZETIA (<i>ezetimibe</i>)	NP		LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	NP	QL(1 EA daily)
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors			<i>moexipril hcl</i>	NP	QL(1 EA daily)
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	NP	SP	<i>perindopril erbumine</i>	NP	QL(1 EA daily)
Nicotinic Acid Derivatives			QBRELIS SOLN	NP	QL(40 ML daily)
<i>niacin (antihyperlipidemic) TABS</i>	NP		<i>quinapril hcl</i>	P	QL(1 EA daily)
<i>niacin (antihyperlipidemic) TBCR 500 MG</i>	P	QL(1 EA daily)	<i>ramipril CAPS</i>	P	QL(1 EA daily)
<i>niacin (antihyperlipidemic) TBCR 750 MG, 1000 MG</i>	P		<i>trandolapril</i>	P	QL(1 EA daily)
			ZESTRIL TABS (<i>lisinopril</i>)	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Agents for Pheochromocytoma			NEXICLON XR TB24 (clonidine)	NP	
metirosine	P	SP	prazosin hcl CAPS	P	
Angiotensin II Receptor Antagonists			terazosin hcl	P	
ARBLI PO 10 MG/ML	NP		TEZRULY PO 1 MG/ML	NP	PA
ATACAND (candesartan cilexetil)	NP	QL(1 EA daily)	Antihypertensive Combinations		
AVAPRO 150 MG, 300 MG (irbesartan)	NP	QL(1 EA daily)	ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril-hydrochlorothiazide)	NP	QL(1 EA daily)
BENICAR (olmesartan medoxomil)	NP	QL(1 EA daily)	amlodipine besylate-benazepril hcl	P	QL(1 EA daily)
candesartan cilexetil	NP	QL(1 EA daily)	amlodipine besylate-olmesartan medoxomil	P	QL(1 EA daily)
COZAAR (losartan potassium)	NP	QL(1 EA daily)	amlodipine besylate-valsartan	P	QL(1 EA daily)
DIOVAN TABS (valsartan)	NP	QL(1 EA daily)	amlodipine-valsartan-hydrochlorothiazide	P	QL(1 EA daily)
EDARBI	NP	QL(1 EA daily)	ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	NP	QL(1 EA daily)
irbesartan	P	QL(1 EA daily)	atenolol & chlorthalidone	P	
irbesartan	NP	QL(1 EA daily)	AVALIDE (irbesartan-hydrochlorothiazide)	NP	QL(1 EA daily)
losartan potassium	NP	QL(1 EA daily)	AZOR (amlodipine besylate-olmesartan medoxomil)	NP	QL(1 EA daily)
losartan potassium	P	QL(1 EA daily)	benazepril & hydrochlorothiazide	P	QL(1 EA daily)
MICARDIS 40 MG, 80 MG (telmisartan)	NP	QL(1 EA daily)	BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide)	NP	QL(1 EA daily)
olmesartan medoxomil	P	QL(1 EA daily)	bisoprolol & hydrochlorothiazide	P	
telmisartan	NP	QL(1 EA daily)	candesartan cilexetil-hydrochlorothiazide	NP	QL(1 EA daily)
valsartan SOLN	NP		captopril & hydrochlorothiazide	NP	QL(1 EA daily)
valsartan TABS	P	QL(1 EA daily)	DIOVAN HCT (valsartan-hydrochlorothiazide)	NP	QL(1 EA daily)
Antiadrenergic Antihypertensives			EDARBYCLOR 12.5 MG-40 MG	NP	
CARDURA 1 MG, 2 MG, 4 MG (doxazosin mesylate)	NP	QL(1 EA daily)			
CARDURA 8 MG (doxazosin mesylate)	NP				
clonidine hcl TABS	P				
clonidine PTWK	P				
clonidine TB24	NP				
doxazosin mesylate 8 MG	P				
doxazosin mesylate 1 MG, 2 MG, 4 MG	P	QL(1 EA daily)			
guanfacine hcl	P				
methyldopa TABS	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EDARBYCLOR 25 MG-40 MG	NP	QL(1 EA daily)	<i>quinapril-hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>enalapril maleate & hydrochlorothiazide</i>	P	QL(1 EA daily)	TEKTURNA HCT 12.5 MG-300 MG, 25 MG-300 MG	NP	QL(1 EA daily)
EXFORGE (<i>amlodipine besylate-valsartan</i>)	NP	QL(1 EA daily)	<i>telmisartan-amlodipine 5 MG-40 MG</i>	NP	QL(1 EA daily)
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)	<i>telmisartan-amlodipine 10 MG-40 MG, 10 MG-80 MG, 5 MG-80 MG</i>	NP	
<i>fosinopril sodium & hydrochlorothiazide</i>	NP	QL(1 EA daily)	<i>telmisartan-hydrochlorothiazide</i>	NP	QL(1 EA daily)
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	NP	QL(1 EA daily)	TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NP	
<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 EA daily)	TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NP	
<i>irbesartan-hydrochlorothiazide 12.5 MG-300 MG</i>	NP	QL(1 EA daily)	<i>trandolapril-verapamil hcl</i>	NP	QL(1 EA daily)
<i>lisinopril & hydrochlorothiazide</i>	P	QL(1 EA daily)	TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 EA daily)	<i>valsartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>losartan potassium & hydrochlorothiazide</i>	NP	QL(1 EA daily)	ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>)	NP	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)	Direct Renin Inhibitors		
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>aliskiren fumarate</i>	NP	QL(1 EA daily)
<i>metoprolol & hydrochlorothiazide TABS</i>	NP		TEKTURNA (<i>aliskiren fumarate</i>)	NP	QL(1 EA daily)
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)	Vasodilators		
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	P	QL(1 EA daily)	<i>hydralazine hcl TABS</i>	P	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	QL(1 EA daily)	<i>minoxidil 2.5 MG, 10 MG</i>	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 CAPS</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole TABS 125 MG</i>	NP		VANCOMYCIN HCL IN DEXTROSE 500 MG/100ML-5 %	P	
<i>metronidazole TABS 250 MG, 500 MG</i>	P		<i>vancomycin hcl CAPS</i>	P	
<i>pentamidine isethionate IN</i>	P		<i>vancomycin hcl SOLR IV 500 MG</i>	P	
<i>tinidazole</i>	P		<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	P	
<i>trimethoprim TABS</i>	NP		VANCOMYCIN HCL SOLR IV 500 MG	P	
Anti-infective Misc. - Combinations			Leprostatics		
<i>methenamine-hyoscamine-methylene blue-sodium phosphate TABS</i>	NP		<i>dapsone</i>	P	
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS 118 MG</i>	NP		Lincosamides		
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81 MG</i>	NP		CLEOCIN (<i>clindamycin hcl</i>)	NP	ST
<i>sulfamethoxazole-trimethoprim SUSP</i>	P		CLEOCIN (<i>clindamycin palmitate hydrochloride</i>)	NP	AL(Up to 9 yrs old); ST
<i>sulfamethoxazole-trimethoprim TABS</i>	P		<i>clindamycin hcl</i>	P	
URIBEL	NP		<i>clindamycin palmitate hydrochloride</i>	P	AL(Up to 9 yrs old)
UROGESIC-BLUE TABS (<i>methenamine-hyoscamine-methylene blue-sodium phosphate</i>)	NP		Monobactams		
Antiprotozoal Agents			CAYSTON	NP	SP; ST
<i>atovaquone</i>	P		Oxazolidinones		
<i>nitazoxanide TABS</i>	NP		<i>linezolid SUSR</i>	NP	AL(Up to 10 yrs old); PA
Carbapenems			<i>linezolid TABS</i>	NP	PA
<i>imipenem-cilastatin IV</i>	P		SIVEXTRO SOLR	NP	
<i>meropenem</i>	P		SIVEXTRO TABS	NP	PA
Glycopeptides			ZYVOX SUSR (<i>linezolid</i>)	NP	AL(Up to 10 yrs old); PA
FIRVANQ SOLR PO (<i>vancomycin hcl</i>)	NP		ZYVOX TABS (<i>linezolid</i>)	NP	PA
VANCOCIN CAPS (<i>vancomycin hcl</i>)	NP		Penems		
			ORLYNVAH TABS PO	NP	
			Urinary Anti-infectives		
			BLUJEPa TABS PO 750 MG	NP	
			<i>fosfomycin tromethamine</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
MACROBID (nitrofurantoin monohyd macro)	NP	
methenamine hippurate	P	
methenamine mandelate	P	
nitrofurantoin	NP	
NITROFURANTOIN	NP	
nitrofurantoin macrocrystal	P	
nitrofurantoin monohyd macro	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	P	
Antimalarials		
chloroquine phosphate TABS	P	
hydroxychloroquine sulfate 200 MG	P	
mefloquine hcl	P	
primaquine phosphate TABS	P	
pyrimethamine	P	SP
quinine sulfate CAPS 324 MG	P	
SOVUNA 200 MG	P	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
pyridostigmine bromide SOLN PO	P	
pyridostigmine bromide TABS 60 MG	P	
pyridostigmine bromide TBCR	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		

Drug Name	Drug Tier	Requirements/ Limits
cycloserine	P	
ethambutol hcl TABS	P	
isoniazid SYRP	P	
isoniazid TABS	P	
PRIFTIN	P	
pyrazinamide	P	
rifabutin	P	
rifampin CAPS	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
BELRAPZO SOLN	P	SP
BENDAMUSTINE HCL SOLN	P	SP
bendamustine hcl SOLR	P	SP
BENDEKA SOLN	P	SP
BICNU (carmustine)	P	
busulfan SOLN	P	
BUSULFEX SOLN (busulfan)	P	
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML	P	SP
carmustine	P	
CARMUSTINE	P	
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	P	SP
CISPLATIN SOLR	P	SP
cyclophosphamide CAPS	P	
CYCLOPHOSPHAMIDE SOLN	P	SP
CYCLOPHOSPHAMIDE SOLN	P	SP
CYCLOPHOSPHAMIDE SOLN (cyclophosphamide)	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cyclophosphamide SOLR IJ</i>	P	SP	AVGEMSI SOLN 1 GM/26.3ML, 2 GM/52.6ML	P	
CYCLOPHOSPHAMIDE TABS 50 MG	P		AXTLE	P	SP
EVOMELA IV	P	SP	<i>azacitidine SUSR</i>	P	SP
FRINDOVYX SOLN	P	SP	<i>capecitabine</i>	P	SP
GLIADEL WAFER	P		<i>cladribine 10 MG/10ML</i>	P	SP
GRAFAPEX SOLR IV 1 GM, 5 GM	P	SP	<i>clofarabine</i>	P	
IFEX SOLR (<i>ifosfamide</i>)	P		<i>cytarabine SOLN</i>	P	SP
IFEX SOLR	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	P	SP
<i>melphalan hcl IV</i>	P	SP	<i>gemcitabine hcl SOLN</i>	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	GEMCITABINE HCL SOLN	P	
<i>temozolomide CAPS</i>	P	SP	<i>gemcitabine hcl SOLR</i>	P	
TEPADINA (<i>thiotepa</i>)	P	SP	INLEXZO DEVI IS 225 MG	P	SP
TEPADINA SOLR IV 200 MG/200ML	P	SP	JYLAMVO SOLN PO	P	SP
TEPYLUTE IV 15 MG/1.5ML, 100 MG/10ML	P	SP	<i>mercaptopurine SUSP 2000 MG/100ML</i>	P	
<i>thiotepa</i>	P	SP	<i>mercaptopurine TABS</i>	P	
TREANDA SOLR (<i>bendamustine hcl</i>)	P	SP	<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P	
VIVIMUSTA SOLN	P	SP	<i>methotrexate sodium SOLR</i>	P	
YONDELIS	P	SP	<i>methotrexate sodium TABS 2.5 MG</i>	P	
ZANOSAR	P		<i>nelarabine</i>	P	
ZEPZELCA	P	SP	ONUREG TABS	P	SP
Antimetabolites			PEMETREXED	P	SP
ALIMTA SOLR (<i>pemetrexed disodium</i>)	P	SP			
ARRANON (<i>nelarabine</i>)	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PEMETREXED DISODIUM SOLN 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	P	SP	LENVIMA (8 MG DAILY DOSE)	P	SP
<i>pemetrexed disodium SOLR</i>	P	SP	MVASI	P	SP
PEMFEXY	P	SP	VEGZELMA	P	SP
PEMRYDI RTU SOLN	P	SP	ZALTRAP	P	SP
<i>pralatrexate</i>	P	SP	ZIRABEV	P	SP
PURIXAN SUSP 2000 MG/100ML (<i>mercaptopurine</i>)	NP		Antineoplastic - Antibodies		
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P		ADCETRIS	P	SP
VIDAZA SUSR (<i>azacitidine</i>)	P	SP	BAVENCIO	P	SP
XATMEP SOLN PO	P		BESPO NSA	P	SP
XELODA (<i>capecitabine</i>)	NP	SP; ST	BIZENGRI (750 MG DOSE)	P	SP
Antineoplastic - Angiogenesis Inhibitors			BLINCYTO	P	SP
ALYMSYS	P	SP	COLUMVI	P	SP
AVASTIN	P	SP; ST	DANYELZA	P	
CYRAMZA	P	SP	DARZALEX	P	SP
FRUZAQLA	P	SP	ELAHERE	P	SP
INLYTA	P	SP	ELREXFIO	P	SP
JOBEVNE SOLN IV 100 MG/4ML, 400 MG/16ML	P	SP	EMPLICITI	P	SP
LENVIMA (10 MG DAILY DOSE)	P	SP	EMRELIS SOLR IV 20 MG, 100 MG	P	SP
LENVIMA (12 MG DAILY DOSE)	P	SP	ENHERTU	P	SP
LENVIMA (14 MG DAILY DOSE)	P	SP	EPKINLY	P	SP
LENVIMA (18 MG DAILY DOSE)	P	SP	GAZYVA	P	SP
LENVIMA (20 MG DAILY DOSE)	P	SP	IMDELLTRA	P	SP
LENVIMA (24 MG DAILY DOSE)	P	SP	IMFINZI	P	SP
LENVIMA (4 MG DAILY DOSE)	P	SP	JEMPERLI	P	SP
			KADCYLA	P	SP
			KEYTRUDA	P	SP
			KIMMTRAK	P	SP
			LIBTAYO	P	SP
			LOQTORZI	P	SP
			LUNSUMIO	P	SP
			LYNOZYFIC SOLN IV 5 MG/2.5ML, 200 MG/10ML	P	SP
			MONJUVI	P	SP
			OPDIVO	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PADCEV	P	SP	Antineoplastic - Cellular Immunotherapy		
POLIVY	P	SP	AUCATZYL	P	SP
POTELIGEO	P	SP	CARVYKTI	P	SP
RIABNI	P	SP	PROVENGE	P	SP
RITUXAN	P	SP; ST	TECELRA	P	SP
RUXIENCE	P	SP	Antineoplastic - EGFR Inhibitors		
RYBREVENT	P	SP	ERBITUX	P	SP
SARCLISA	P	SP	<i>erlotinib hcl</i>	P	SP
TALVEY	P	SP	<i>gefitinib</i>	P	SP
TECENTRIQ	P	SP	GILOTRIF	P	SP
TEVIMBRA	P	SP	IRESSA (<i>gefitinib</i>)	NP	SP; ST
TIVDAK	P	SP	LAZCLUZE	P	SP
TRUXIMA	P	SP	PORTRAZZA	P	SP
UNITUXIN	P	SP	TAGRISSE	P	SP
VYLOY	P	SP	VECTIBIX 100 MG/5ML, 400 MG/20ML	P	SP
YERVOY	P	SP	VIZIMPRO	P	SP
ZEVALIN Y-90	P	SP	Antineoplastic - Gene Therapy Agents		
ZYNLONTA	P	SP	ADSTILADRIN	P	SP
ZYNYZ	P	SP	Antineoplastic - Hedgehog Pathway Inhibitors		
Antineoplastic - Anti-HER2 Agents			DAURISMO	P	SP
HERCEPTIN 150 MG	P	SP; ST	ERIVEDGE	P	SP
HERCESSI	P	SP	ODOMZO	P	SP
HERNEXEOS TABS PO 60 MG	P	SP	Antineoplastic - Hormonal and Related Agents		
HERZUMA	P	SP	<i>abiraterone acetate</i>	P	SP
KANJINTI	P	SP	AKEEGA	P	SP
OGIVRI	P	SP	<i>anastrozole</i>	P	GL
ONTRUZANT	P	SP	ARIMIDEX (<i>anastrozole</i>)	P	ST; GL
PERJETA	P	SP	AROMASIN (<i>exemestane</i>)	P	ST; GL
TRAZIMERA	P	SP	<i>bicalutamide</i>	P	
TUKYSA	P	SP	CAMCEVI	P	SP
ZIIHERA	P	SP	CASODEX (<i>bicalutamide</i>)	NP	ST
Antineoplastic - BCL-2 Inhibitors			ELIGARD KIT SC	P	SP
VENCLEXTA STARTING PACK TBPK	P	SP	ERLEADA	P	SP
VENCLEXTA TABS	P	SP			

Drug Name	Drug Tier	Requirements/ Limits
<i>exemestane</i>	P	GL
<i>exemestane</i>	P	
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</i> SOSY	P	
INLURIYO TABS PO 200 MG	P	
<i>letrozole</i>	P	GL
<i>letrozole</i>	P	
<i>leuprolide acetate</i> (3 month) INJ 22.5 MG	P	
<i>leuprolide acetate</i> KIT IJ 1 MG/0.2ML	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</i> TABS	P	
<i>nilutamide</i>	P	
NUBEQA	P	SP
ORGOVYX	P	SP
ORSERDU	P	SP
SOLTAMOX SOLN	P	
<i>tamoxifen citrate</i> TABS	P	
<i>toremifene citrate</i>	P	
TRELSTAR MIXJECT	P	SP
XTANDI CAPS	P	SP

Drug Name	Drug Tier	Requirements/ Limits
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		
POMALYST	P	SP
Antineoplastic - Menin Inhibitors		
REVUFORJ 25 MG	P	
REVUFORJ	P	SP
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
XPOVIO (80 MG ONCE WEEKLY) 40 MG	P	SP
XPOVIO (80 MG TWICE WEEKLY)	P	SP
Antineoplastic Antibiotics		
<i>bleomycin sulfate</i>	P	
<i>dactinomycin</i>	P	
<i>daunorubicin hcl</i> SOLN	P	SP

Drug Name	Drug Tier	Requirements/ Limits
DAUNORUBICIN HCL SOLN (<i>daunorubicin hcl</i>)	P	SP
DOXIL SUSP (<i>doxorubicin hcl liposomal</i>)	P	
<i>doxorubicin hcl liposomal SUSP</i>	P	
<i>doxorubicin hcl SOLN</i>	P	
DOXORUBICIN HCL SOLN (<i>doxorubicin hcl</i>)	P	
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	P	
ELLEENCE SOLN	P	SP
IDAMYCIN PFS (<i>idarubicin hcl</i>)	P	
<i>idarubicin hcl</i>	P	
JELMYTO SOLR UL	P	
<i>mitomycin SOLR IV</i>	P	
<i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i>	P	SP
<i>valrubicin</i>	P	SP
VALSTAR (<i>valrubicin</i>)	P	SP
ZUSDURI SOLR IS	P	
Antineoplastic Combinations		
AVMAPKI FAKZYNJA CO-PACK THPK PO	P	SP
DARZALEX FASPRO	P	SP
HERCEPTIN HYLECTA	P	SP
INQOVI	P	SP
KEYTRUDA QLEX SOLN SC	P	
KISQALI FEMARA (200 MG DOSE)	P	SP
KISQALI FEMARA (400 MG DOSE)	P	SP
KISQALI FEMARA (600 MG DOSE)	P	SP
LONSURF	P	SP
OPDIVO QVANTIG	P	SP
OPDUALAG	P	SP

Drug Name	Drug Tier	Requirements/ Limits
PHESGO	P	SP
RITUXAN HYCELA	P	SP
TECENTRIQ HYBREZA	P	SP
VYXEOS	P	SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	NP	SP; ST
AFINITOR TABS (<i>everolimus</i>)	NP	SP; ST
ALECENSA	P	SP
ALUNBRIG TABS	P	SP
ALUNBRIG TBPK	P	SP
AUGTYRO	P	SP
BALVERSA	P	SP
BELEODAQ	P	SP
BORTEZOMIB SOLN IV	P	SP
<i>bortezomib SOLR IJ</i>	P	SP
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	P	SP
BORUZU SOLN IJ	P	SP
BOSULIF CAPS	P	SP
BOSULIF TABS	P	SP
BRAFTOVI 75 MG	P	SP
BRUKINSA PO 160 MG	P	SP
BRUKINSA	P	SP
CABOMETYX TABS	P	SP
CALQUENCE	P	SP
CAPRELSA	P	SP
COMETRIQ (100 MG DAILY DOSE) KIT	P	SP
COMETRIQ (140 MG DAILY DOSE) KIT	P	SP
COMETRIQ (60 MG DAILY DOSE) KIT	P	SP
COPIKTRA	P	SP
COTELLIC	P	SP
DANZITEN	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dasatinib</i>	NP	Brand Preferred; SP	KOSELUGO	P	SP
<i>dasatinib</i>	NP	Brand Preferred; SP; ST	KRAZATI	P	SP
<i>everolimus TABS</i>	P	SP	KYPROLIS	P	SP
<i>everolimus TBSO</i>	P	SP	<i>lapatinib ditosylate</i>	P	SP
FOTIVDA	P	SP	LORBRENA	P	SP
FYARRO	P	SP	LUMAKRAS	P	SP
GAVRETO	P	SP	LYNPARZA TABS	P	SP
GAVRETO	P	SP	LYTGOBI (12 MG DAILY DOSE)	P	SP
GLEEVEC TABS (<i>imatinib mesylate</i>)	NP	SP; ST	LYTGOBI (16 MG DAILY DOSE)	P	SP
GLEEVEC TABS 400 MG (<i>imatinib mesylate</i>)	NP	SP	LYTGOBI (20 MG DAILY DOSE)	P	SP
GOMEKLI CAPS PO 1 MG, 2 MG	P	SP	MEKINIST SOLR	P	SP
GOMEKLI TBSO PO 1 MG	P	SP	MEKINIST TABS	P	SP
IBRANCE CAPS	P	SP	MEKTOVI	P	SP
IBRANCE TABS	P	SP	NERLYNX	P	SP
IBTROZI CAPS PO 200 MG	P	SP	NEXAVAR (<i>sorafenib tosylate</i>)	NP	SP; ST
ICLUSIG	P	SP	NEXAVAR (<i>sorafenib tosylate</i>)	NP	SP
IDHIFA	P	SP	NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	NP	SP
<i>imatinib mesylate TABS</i>	P	SP	<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	NP	Brand Preferred; SP
IMBRUVICA CAPS	P	SP	NINLARO	P	SP
IMBRUVICA SUSP	P	SP	OGSIVEO	P	SP
IMBRUVICA TABS 140 MG, 280 MG, 420 MG	P	SP	OJEMDA SUSR	P	SP
IMKELDI SOLN	NP	SP	OJEMDA TABS	P	SP
INREBIC	P	SP	OJJAARA	P	SP
ISTODAX SOLR (<i>romidepsin</i>)	P	SP	<i>pazopanib hcl</i>	P	SP
ITOVEBI	P	SP	PEMAZYRE 4.5 MG	P	QL(1 EA daily); SP
JAKAFI	P	SP	PEMAZYRE 9 MG, 13.5 MG	P	SP
JAYPIRCA	P	SP	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	NP	Brand Preferred; SP
KISQALI (200 MG DOSE)	P	SP			
KISQALI (400 MG DOSE)	P	SP			
KISQALI (600 MG DOSE)	P	SP			

Drug Name	Drug Tier	Requirements/ Limits
PIQRAY (200 MG DAILY DOSE)	P	SP
PIQRAY (250 MG DAILY DOSE)	P	SP
PIQRAY (300 MG DAILY DOSE)	P	SP
QINLOCK	P	SP
RETEVMO CAPS	P	SP
RETEVMO TABS	P	SP
REZLIDHIA	P	SP
ROMIDEPSIN SOLN	P	SP
<i>romidepsin SOLR</i>	P	SP
ROZLYTREK CAPS	P	SP
ROZLYTREK PACK	P	SP
RUBRACA	P	SP
RYDAPT	P	SP
RYTELO	P	SP
SCEMBLIX	P	SP
<i>sorafenib tosylate</i>	P	SP
SPRYCEL (<i>dasatinib</i>)	P	Brand Preferred; SP
STIVARGA	P	SP
<i>sunitinib malate</i>	P	SP
SUTENT (<i>sunitinib malate</i>)	NP	SP; ST
TABRECTA	P	SP
TAFINLAR CAPS	P	SP
TAFINLAR TBSO	P	SP
TALZENNA	P	SP
TASIGNA 50 MG, 150 MG, 200 MG (<i>nilotinib hcl</i>)	P	Brand Preferred; SP
TAZVERIK	P	SP
<i>temsirolimus</i>	P	SP
TEPMETKO	P	SP
TIBSOVO	P	SP
TORISEL (<i>temsirolimus</i>)	P	SP
TRUQAP TABS	P	SP
TRUQAP TBPk	P	SP

Drug Name	Drug Tier	Requirements/ Limits
TURALIO 125 MG	P	SP
TYKERB (<i>lapatinib ditosylate</i>)	NP	SP; ST
VANFLYTA	P	SP
VELCADE SOLR IJ (<i>bortezomib</i>)	P	SP
VERZENIO	P	SP
VITRAKVI CAPS	P	SP
VITRAKVI SOLN	P	SP
VONJO	P	SP
VORANIGO	P	SP
VOTRIENT (<i>pazopanib hcl</i>)	NP	SP
XALKORI CAPS	P	SP
XALKORI CPSP	P	SP
XOSPATA	P	SP
ZEJULA TABS	P	SP
ZELBORAF	P	SP
ZOLINZA	P	SP
ZYDELIG	P	SP
ZYKADIA TABS	P	SP
Antineoplastic Enzymes		
ASPARLAS	P	SP
ONCASPAR	P	SP
RYLAZE	P	SP
Antineoplastic Radiopharmaceuticals		
AZEDRA DOSIMETRIC	P	SP
AZEDRA THERAPEUTIC	P	SP
LUTATHERA	P	SP
PLUVICTO	P	SP
XOFIGO	P	
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	P	SP
ANKTIVA	P	SP
<i>arsenic trioxide</i>	P	SP
<i>bexarotene</i>	P	SP

Drug Name	Drug Tier	Requirements/ Limits
<i>dacarbazine SOLR</i>	P	
ELZONRIS	P	
HYDREA (<i>hydroxyurea</i>)	NP	ST
<i>hydroxyurea</i>	P	
MATULANE	P	SP
NIPENT	P	
TICE BCG	P	
<i>tretinoin (chemotherapy)</i>	P	SP
TRISENOX (<i>arsenic trioxide</i>)	P	SP
Chemotherapy Rescue/Antidote/Protective Agents		
COSELA	P	
<i>dexrazoxane hcl</i>	P	SP
IWILFIN	P	SP
<i>leucovorin calcium SOLN 1J 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
<i>mesna TABS</i>	P	SP
MESNEX SOLN (<i>mesna</i>)	NP	SP
MESNEX TABS	NP	SP; ST
Mitotic Inhibitors		
ABRAXANE (<i>paclitaxel protein-bound particles</i>)	P	SP
BEIZRAY SOLN IV	P	
<i>docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML</i>	P	SP
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP

Drug Name	Drug Tier	Requirements/ Limits
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (<i>docetaxel</i>)	P	SP
<i>docetaxel SOLN</i>	P	SP
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	P	SP
DOCETAXEL SOLN (<i>docetaxel</i>)	P	SP
DOCIVYX SOLN	P	SP
<i>eribulin mesylate</i>	P	SP
ETOPOPHOS	P	
<i>etoposide CAPS</i>	P	SP
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	P	SP
HALAVEN (<i>eribulin mesylate</i>)	P	SP
IXEMPRA KIT	P	SP
JEVTANA	P	SP
<i>paclitaxel 30 MG/5ML, 100 MG/16.7ML, 150 MG/25ML, 300 MG/50ML</i>	P	
PACLITAXEL PROTEIN-BOUND PART	P	SP
<i>paclitaxel protein-bound particles</i>	P	SP
<i>vinblastine sulfate SOLN</i>	P	
<i>vincristine sulfate</i>	P	SP
<i>vinorelbine tartrate</i>	P	
Oncolytic Viral Agents		
IMLYGIC	P	SP
Topoisomerase I Inhibitors		
CAMPTOSAR (<i>irinotecan hcl</i>)	P	SP
DATROWAY	P	SP
HYCANTIN CAPS	P	SP
<i>irinotecan hcl</i>	P	SP
ONIVYDE IV 43 MG/10ML	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>topotecan hcl SOLN</i>	P	SP	DHIVY TABS	NP	
TOPOTECAN HCL SOLN	P	SP	DUOPA SUSP	NP	
TOPOTECAN HCL SOLN (<i>topotecan hcl</i>)	P	SP	GOCOVRI CP24 68.5 MG	NP	QL(1 EA daily); SP
<i>topotecan hcl SOLR</i>	P	SP	GOCOVRI CP24 137 MG	NP	SP
TRODELVY	P	SP	INBRIJA CAPS	NP	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			NEUPRO	NP	
Antiparkinson Adjunctive Therapy			ONAPGO SOCT 98 MG/20ML	NP	SP
<i>carbidopa</i>	NP		<i>pramipexole dihydrochloride TABS</i>	P	
NOURIANZ 20 MG	NP	QL(1 EA daily)	<i>pramipexole dihydrochloride TB24 0.375 MG, 3 MG, 4.5 MG</i>	NP	
NOURIANZ 40 MG	NP		<i>pramipexole dihydrochloride TB24 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG</i>	NP	QL(1 EA daily)
Antiparkinson Anticholinergics			<i>ropinirole hydrochloride TABS</i>	P	
<i>benztropine mesylate TABS</i>	P		<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	NP	QL(1 EA daily)
<i>trihexyphenidyl hcl SOLN</i>	P		<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	NP	
<i>trihexyphenidyl hcl TABS</i>	P		RYTARY CPCR	NP	
Antiparkinson COMT Inhibitors			SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	NP	
<i>entacapone</i>	P		STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>)	NP	
ONGENTYS	NP		STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>)	NP	
<i>tolcapone</i>	NP		VYALEV SOLN SC	NP	SP
Antiparkinson Dopaminergics			Antiparkinson Monoamine Oxidase Inhibitors		
<i>amantadine hcl CAPS</i>	P		AZILECT 1 MG (<i>rasagiline mesylate</i>)	NP	
<i>amantadine hcl SOLN</i>	P	AL(Up to 10 yrs old)	AZILECT 0.5 MG (<i>rasagiline mesylate</i>)	NP	QL(2 EA daily)
<i>amantadine hcl TABS</i>	NP		<i>rasagiline mesylate 1 MG</i>	NP	
<i>bromocriptine mesylate CAPS</i>	P		<i>rasagiline mesylate 0.5 MG</i>	NP	QL(2 EA daily)
<i>bromocriptine mesylate TABS 2.5 MG</i>	P				
<i>carbidopa-levodopa-entacapone</i>	NP				
<i>carbidopa-levodopa TABS</i>	P				
<i>carbidopa-levodopa TBCR</i>	P				
<i>carbidopa-levodopa TBDP</i>	NP	ST			
CREXONT CPCR	NP				

Drug Name	Drug Tier	Requirements/ Limits
<i>selegiline hcl CAPS</i>	P	
<i>selegiline hcl TABS</i>	P	
XADAGO 100 MG	NP	
XADAGO 50 MG	NP	QL(1 EA daily)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	P	
<i>lithium carbonate CAPS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>lithium carbonate TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>lithium carbonate TBCR</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
LITHOBID TBCR (<i>lithium carbonate</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
Antipsychotics - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
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)
CAPLYTA 42 MG	NP	PA required for all antipsychotics for patients under 18 years old; 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)
GEODON (<i>ziprasidone mesylate</i>)	NP	AL(At least 18 yrs old)
GEODON 40 MG (<i>ziprasidone hcl</i>)	NP	AL(At least 18 yrs old)
GEODON 20 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LATUDA 80 MG, 120 MG (lurasidone hcl)	NP	PA required for all antipsychotics for patients under 18 years old; 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)
<i>lurasidone hcl 80 MG, 120 MG</i>	P	AL(At least 18 yrs old)	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)
<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)	<i>ziprasidone hcl</i>	P	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)	<i>ziprasidone hcl</i>	P	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)	<i>ziprasidone mesylate</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)	<i>ziprasidone mesylate</i>	P	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)	Benzisoxazoles		
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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL SOLN (<i>risperidone</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	UZEDY SUSY	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP
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)	Butyrophenones		
<i>risperidone microspheres</i>	NP	Brand Preferred; AL(At least 18 yrs old); SP	HALDOL DECANOATE 100 MG/ML (<i>haloperidol decanoate</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>risperidone SOLN</i>	P	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>risperidone TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; 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>risperidone TABS</i>	P	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)
<i>risperidone TBP</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); ST	<i>haloperidol TABS</i>	P	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	<i>haloperidol TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
			Dibenzapines		
			ADASUVE	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>asenapine maleate</i>	NP	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>clozapine 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	QL(1 EA daily); 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>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>clozapine TBDP 150 MG, 200 MG</i>	NP	AL(At least 18 yrs old); ST	<i>olanzapine TBDP 10 MG, 15 MG, 20 MG</i>	NP	AL(At least 18 yrs old); ST
<i>CLOZARIL TABS 25 MG, 100 MG (clozapine)</i>	NP	PA required for all antipsychotics for patients under 18 years old; 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
<i>loxapine succinate</i>	P	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</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	PA required for all antipsychotics for patients under 18 years old; 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 10 MG, 15 MG, 20 MG</i>	P	AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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)	SEROQUEL XR TB24 150 MG, 200 MG (<i>quetiapine fumarate</i>)	NP	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 150 MG, 200 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	SEROQUEL TABS (<i>quetiapine fumarate</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>quetiapine fumarate TB24 50 MG, 300 MG, 400 MG</i>	P	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)
<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)	ZYPREXA RELPREVV	NP	AL(At least 18 yrs old); SP; PA
SAPHRIS (<i>asenapine maleate</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	ZYPREXA TABS 20 MG (<i>olanzapine</i>)	NP	AL(At least 18 yrs old)
SECUADO	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	ZYPREXA TABS 2.5 MG, 5 MG (<i>olanzapine</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old); SL
SEROQUEL XR TB24 50 MG, 300 MG, 400 MG (<i>quetiapine fumarate</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	Dihydroindolones		
			<i>molindone hcl</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
			Muscarinic Agents		
			COBENFY STARTER PACK CPPK	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COBENFY CAPS	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); PA	<i>fluphenazine hcl SOLN</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
Phenothiazines			<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>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 SOLN</i>	P	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)
<i>chlorpromazine hcl TABS</i>	NP	AL(At least 18 yrs old)	<i>prochlorperazine maleate TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; 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>thioridazine hcl</i>	P	AL(At least 18 yrs old)
<i>fluphenazine decanoate</i>	P	AL(At least 18 yrs old)	<i>thioridazine hcl</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>fluphenazine hcl CONC</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>trifluoperazine hcl TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>fluphenazine hcl ELIX</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	Quinolinone Derivatives		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	<i>aripiprazole SOLN PO</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>aripiprazole SOLN PO</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
ABILIFY MAINTENA SRER	P	AL(At least 18 yrs old); SP; PA	<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)
ABILIFY MYCITE MAINTENANCE KIT	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP	<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)
ABILIFY MYCITE STARTER KIT	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP	<i>aripiprazole TABS 10 MG, 15 MG, 20 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
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)	<i>aripiprazole TABS 2 MG, 5 MG, 30 MG</i>	P	AL(At least 18 yrs old)
			<i>aripiprazole TBDP</i>	NP	AL(At least 18 yrs old); ST
			ARISTADA	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ARISTADA INITIO	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
OPIPZA FILM	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); PA
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)
REXULTI 3 MG, 4 MG	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
Thioxanthenes		
<i>thiothixene</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
ANTISEPTICS & DISINFECTANTS		
Chlorine Antiseptics		
<i>chlorhexidine gluconate SOLN EX 4 %</i>	P	
<i>chlorhexidine gluconate SOLN EX 4 %</i>	NP	
Iodine Antiseptics		

Drug Name	Drug Tier	Requirements/ Limits
BETADINE SOLN (<i>povidone-iodine</i>)	P	
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	P	
APRETUDE	NP	
APTIVUS CAPS	NP	
<i>atazanavir sulfate CAPS</i>	P	
BIKTARVY	P	
CABENUVA	P	
CIMDUO	NP	
COMBIVIR (<i>lamivudine-zidovudine</i>)	NP	
COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	P	Brand Preferred
<i>darunavir TABS</i>	P	
DELSTRIGO	P	
DESCOVY	P	
DOVATO	P	
EDURANT	P	
EDURANT PED PO 2.5 MG	P	AL(Up to 10 yrs old)
<i>efavirenz CAPS</i>	P	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	NP	
<i>efavirenz TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine CAPS</i>	P		<i>nevirapine TB24 400 MG</i>	NP	
<i>emtricitabine- rilpivirine- tenofovir disoproxil fumarate</i>	NP	Brand Preferred	NORVIR PACK	NP	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	P		NORVIR TABS (<i>ritonavir</i>)	NP	
EMTRIVA CAPS (<i>emtricitabine</i>)	NP		ODEFSEY	P	
EMTRIVA SOLN	NP		PIFELTRO	NP	
EPIVIR SOLN (<i>lamivudine</i>)	NP		PREZCOBIX	P	
EPIVIR TABS (<i>lamivudine</i>)	NP		PREZISTA SUSP	P	
EPZICOM (<i>abacavir sulfate-lamivudine</i>)	NP		PREZISTA TABS (<i>darunavir</i>)	NP	
<i>etravirine</i>	NP		PREZISTA TABS 75 MG, 150 MG	P	
EVOTAZ	P		RETROVIR CAPS (<i>zidovudine</i>)	NP	
<i>fosamprenavir calcium TABS</i>	NP		RETROVIR SOLN	P	
FUZEON SOLR	NP	SP	RETROVIR SYRP (<i>zidovudine</i>)	NP	
GENVOYA	P		REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NP	
INTELENCE (<i>etravirine</i>)	NP		REYATAZ PACK	P	
INTELENCE	NP		<i>ritonavir TABS</i>	P	
ISENTRESS HD TABS	NP		RUKOBIA	NP	
ISENTRESS CHEW	P		SELZENTRY SOLN	NP	
ISENTRESS PACK	P		SELZENTRY TABS (<i>maraviroc</i>)	NP	
ISENTRESS TABS	P		STRIBILD	NP	
JULUCA	NP		SUNLENCA SOLN	NP	SP
KALETRA SOLN	NP		SUNLENCA TABS PO 300 MG	NP	SP
KALETRA TABS (<i>lopinavir-ritonavir</i>)	NP		SUNLENCA TBPK 300 MG	NP	SP
<i>lamivudine SOLN</i>	P		SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	
<i>lamivudine TABS</i>	P		SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	
<i>lamivudine-zidovudine</i>	P		SYMTUZA	P	
<i>lopinavir-ritonavir SOLN</i>	P		<i>tenofovir disoproxil fumarate TABS</i>	P	
<i>lopinavir-ritonavir TABS</i>	P				
<i>maraviroc TABS</i>	NP				
<i>nevirapine SUSP</i>	P				
<i>nevirapine TABS</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
TIVICAY PD TBSO	P	
TIVICAY TABS	P	
TRIUMEQ PD TBSO	P	
TRIUMEQ TABS	P	
TROGARZO	NP	SP
TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	NP	
TYBOST	P	
VIRACEPT TABS	NP	
VIREAD POWD	P	
VIREAD TABS 150 MG, 200 MG, 250 MG	P	
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	NP	
YEZTUGO SOLN 463.5 MG/1.5ML	NP	SP
YEZTUGO TABS PO 300 MG	NP	SP
ZIAGEN SOLN (<i>abacavir sulfate</i>)	NP	
<i>zidovudine CAPS</i>	P	
<i>zidovudine SYRP</i>	P	
<i>zidovudine TABS</i>	P	
Antiviral Combinations		
PAXLOVID (150/100)	NP	
PAXLOVID (150/100)	P	
PAXLOVID (300/100 & 150/100)	P	
PAXLOVID (300/100)	NP	
PAXLOVID (300/100)	P	
CMV Agents		
LIVTENCITY	NP	SP
PREVYMIS PACK	NP	SP
PREVYMIS TABS	NP	SP
VALCYTE SOLR (<i>valganciclovir hcl</i>)	NP	AL(Up to 10 yrs old)
VALCYTE TABS (<i>valganciclovir hcl</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>valganciclovir hcl SOLR</i>	NP	AL(Up to 10 yrs old)
<i>valganciclovir hcl SOLR</i>	P	AL(Up to 10 yrs old)
<i>valganciclovir hcl TABS</i>	P	
Hepatitis Agents		
EPCLUSA PACK	NP	84 day(s) max supply per 365 day(s) retail; SP
EPCLUSA TABS	NP	84 day(s) max supply per 365 day(s) retail; SP
EPCLUSA TABS	NP	84 day(s) max supply per 365 day(s) retail; SP
HARVONI PACK	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
HARVONI TABS	NP	84 day(s) max supply per 365 day(s) retail; SP
LEDIPASVIR-SOFOSBUVIR TABS	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
MAVYRET TABS	NP	112 day(s) max supply per 365 day(s) retail; SP
MAVYRET TABS	P	112 day(s) max supply per 365 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PEGASYS SOLN	NP	84 day(s) max supply per 365 day(s) retail; SP; PA	<i>valacyclovir hcl 500 MG</i>	NP	
PEGASYS SOSY	NP	84 day(s) max supply per 365 day(s) retail; SP; PA	<i>valacyclovir hcl</i>	P	
<i>ribavirin (hepatitis c) CAPS</i>	P	84 day(s) max supply per 365 day(s) retail; SP	VALTREX (<i>valacyclovir hcl</i>)	NP	
<i>ribavirin (hepatitis c) TABS 200 MG</i>	P	84 day(s) max supply per 365 day(s) retail; SP	Influenza Agents		
SOFOSBUVIR-VELPATASVIR TABS	P	84 day(s) max supply per 365 day(s) retail; SP	<i>oseltamivir phosphate CAPS</i>	P	1 max fill(s) per 180 day(s) retail
SOVALDI PACK 150 MG	NP	84 day(s) max supply per 365 day(s) retail; SP; PA	<i>oseltamivir phosphate SUSR</i>	P	1 max fill(s) per 180 day(s) retail; AL(Up to 10 yrs old)
SOVALDI PACK 200 MG	NP	84 day(s) max supply per 365 day(s) retail; SP	RELENZA DISKHALER	NP	1 max fill(s) per 180 day(s) retail
SOVALDI TABS	NP	84 day(s) max supply per 365 day(s) retail; SP	<i>rimantadine hydrochloride TABS</i>	NP	
VOSEVI	NP	84 day(s) max supply per 365 day(s) retail; SP; PA	TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	NP	1 max fill(s) per 180 day(s) retail
ZEPATIER	NP	84 day(s) max supply per 365 day(s) retail; SP	TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	NP	1 max fill(s) per 180 day(s) retail; AL(Up to 10 yrs old)
Herpes Agents			XOFLUZA (40 MG DOSE) 40 MG	NP	
<i>acyclovir CAPS</i>	P		XOFLUZA (80 MG DOSE) 80 MG	NP	
<i>acyclovir SUSP</i>	P	AL(Up to 10 yrs old)	Misc. Antivirals		
<i>acyclovir SUSP</i>	NP	AL(Up to 10 yrs old)	LAGEVRIO	NP	ST
<i>acyclovir TABS PO</i>	P		BETA BLOCKERS - Drugs to Treat High Blood Pressure		
<i>famciclovir</i>	P		Alpha-Beta Blockers		
			<i>carvedilol</i>	P	
			<i>carvedilol phosphate 10 MG, 20 MG</i>	NP	QL(1 EA daily)
			<i>carvedilol phosphate 40 MG, 80 MG</i>	NP	
			<i>labetalol hcl TABS 400 MG</i>	NP	
			<i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Beta Blockers Cardio-Selective			Beta Blockers Non-Selective		
<i>acebutolol hcl CAPS</i>	NP		BETAPACE AF (<i>sotalol hcl (afib/afI)</i>)	NP	
<i>atenolol TABS</i>	P		BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NP	
<i>betaxolol hcl 10 MG</i>	NP	QL(1 EA daily)	HEMANGEOL SOLN PO	NP	SP
<i>betaxolol hcl 20 MG</i>	NP		INDERAL LA CP24 120 MG, 160 MG (<i>propranolol hcl</i>)	NP	
<i>bisoprolol fumarate 2.5 MG</i>	NP		INDERAL LA CP24 60 MG, 80 MG (<i>propranolol hcl</i>)	NP	QL(1 EA daily)
<i>bisoprolol fumarate 10 MG</i>	P		INDERAL XL	NP	
<i>bisoprolol fumarate 5 MG</i>	P	QL(1 EA daily)	INNOPRAN XL	NP	
BYSTOLIC 2.5 MG, 5 MG (<i>nebivolol hcl</i>)	NP	QL(1 EA daily)	<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	QL(1 EA daily)
BYSTOLIC 10 MG, 20 MG (<i>nebivolol hcl</i>)	NP		<i>pindolol TABS</i>	NP	
KAPSPARGO SPRINKLE CS24	NP		<i>propranolol hcl CP24 120 MG, 160 MG</i>	P	
LOPRESSOR SOLN PO 10 MG/ML	NP		<i>propranolol hcl CP24 60 MG, 80 MG</i>	P	QL(1 EA daily)
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	NP		<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	P	
<i>metoprolol succinate TB24 100 MG, 200 MG</i>	P		<i>propranolol hcl TABS</i>	P	
<i>metoprolol succinate TB24 25 MG, 50 MG</i>	P	QL(1 EA daily)	<i>sotalol hcl (afib/afI)</i>	P	
<i>metoprolol tartrate TABS</i>	P		<i>sotalol hcl TABS</i>	P	
<i>nebivolol hcl 10 MG, 20 MG</i>	NP		SOTYLIZE SOLN PO	NP	
<i>nebivolol hcl 2.5 MG, 5 MG</i>	NP	QL(1 EA daily)	<i>timolol maleate TABS</i>	NP	
<i>nebivolol hcl 2.5 MG, 5 MG</i>	P	QL(1 EA daily)	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
<i>nebivolol hcl 10 MG, 20 MG</i>	P		Calcium Channel Blockers		
TENORMIN TABS (<i>atenolol</i>)	NP		<i>amlodipine besylate TABS 2.5 MG, 5 MG</i>	NP	QL(1 EA daily)
TOPROL XL TB24 100 MG, 200 MG (<i>metoprolol succinate</i>)	NP		<i>amlodipine besylate TABS</i>	P	QL(1 EA daily)
TOPROL XL TB24 25 MG, 50 MG (<i>metoprolol succinate</i>)	NP	QL(1 EA daily)	<i>diltiazem hcl coated beads CP24 300 MG</i>	NP	QL(1 EA daily)
			<i>diltiazem hcl coated beads CP24</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl extended release beads</i>	P	QL(1 EA daily)
<i>diltiazem hcl CP12</i>	P	QL(1 EA daily)
<i>diltiazem hcl CP24</i>	P	QL(1 EA daily)
DILTIAZEM HCL SOLR	P	
<i>diltiazem hcl TABS</i>	P	QL(1 EA daily)
<i>diltiazem hcl TB24</i>	NP	QL(1 EA daily)
<i>felodipine</i>	P	QL(1 EA daily)
<i>isradipine CAPS</i>	NP	QL(2 EA daily)
KATERZIA	NP	QL(10 ML daily)
<i>levamlodipine maleate 2.5 MG</i>	NP	QL(1 EA daily)
<i>levamlodipine maleate 5 MG</i>	NP	
<i>nicardipine hcl CAPS</i>	NP	QL(3 EA daily)
<i>nifedipine CAPS</i>	P	QL(3 EA daily)
<i>nifedipine TB24</i>	P	QL(1 EA daily)
<i>nimodipine CAPS</i>	P	QL(1 EA daily)
<i>nimodipine SOLN</i>	NP	
<i>nisoldipine</i>	NP	QL(1 EA daily)
NORLIQVA SOLN	NP	QL(10 ML daily)
NORVASC TABS (<i>amlodipine besylate</i>)	NP	QL(1 EA daily)
NYMALIZE SOLN 6 MG/ML	P	QL(10 ML daily)
PROCARDIA XL TB24 (<i>nifedipine</i>)	NP	QL(1 EA daily)
SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NP	QL(1 EA daily)
VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	NP	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>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	P	QL(1 EA daily)
<i>verapamil hcl TABS</i>	P	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>verapamil hcl TBCR</i>	P	QL(2 EA daily)
VERELAN PM CP24 (<i>verapamil hcl</i>)	NP	QL(1 EA daily)
CARDIOTONICS - Drugs to Treat Heart Failure 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)
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	NP	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NP	QL(1 EA daily)
ENTRESTO CPSP	NP	ST
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (<i>sacubitril-valsartan</i>)	P	
<i>isosorbide dinitrate-hydralazine hcl</i>	NP	
OPSYNVI	NP	SP; PA
<i>sacubitril-valsartan TABS</i>	P	
Cardiovascular Anti-inflammatory/Immune Modulators		
LODOCO	NP	
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	ST

Drug Name	Drug Tier	Requirements/ Limits
Impotence Agents		
CIALIS 5 MG (<i>tadalafil</i>)	NP	
<i>tadalafil</i> 5 MG	NP	
Peripheral Vasodilators		
<i>inositol niacinate CAPS</i>	P	
Prostaglandin Vasodilators		
<i>alprostadil SOLN IJ 500 MCG/ML</i>	P	
ORENITRAM MONTH 1 TEPK	NP	SP; PA
ORENITRAM MONTH 2 TEPK	NP	SP; PA
ORENITRAM MONTH 3 TEPK	NP	SP; PA
ORENITRAM TBCR	NP	SP; PA
TYVASO DPI INSTITUTIONAL KIT POWD	NP	SP; PA
TYVASO DPI MAINTENANCE KIT POWD	NP	SP; PA
TYVASO DPI TITRATION KIT POWD	NP	SP; PA
TYVASO REFILL KIT SOLN IN	NP	SP; PA
TYVASO STARTER KIT SOLN IN	NP	SP; PA
TYVASO SOLN IN	NP	SP; PA
VENTAVIS IN	P	SP; PA
YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	NP	SP
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR	NP	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>bosentan TABS</i>	P	SP; PA
<i>bosentan TBSO 32 MG</i>	NP	SP; PA
LETAIRIS (<i>ambrisentan</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
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 TBPB	NP	SP; PA
UPTRAVI SOLR	NP	SP; PA
UPTRAVI TABS	NP	SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP; PA
Vasoactive Soluble Guanylate Cyclase Stimulator		

Drug Name	Drug Tier	Requirements/ Limits
(sGC)		
VERQUVO 10 MG	NP	ST
VERQUVO 2.5 MG, 5 MG	NP	QL(1 EA daily); 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 250 MG, 500 MG</i>	P	
<i>cephalexin CAPS 750 MG</i>	NP	
<i>cephalexin SUSR</i>	P	
<i>cephalexin TABS</i>	NP	
Cephalosporins - 2nd Generation		
<i>CEFACLOR ER TB12</i>	NP	
<i>cefaclor CAPS</i>	P	
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	NP	
<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	
<i>cefepime proxetil SUSR</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefepime proxetil TABS</i>	NP	
<i>ceftazidime IJ 1 GM, 6 GM</i>	P	
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	P	
<i>ceftriaxone sodium in dextrose</i>	P	
Cephalosporins - 4th Generation		
<i>CEFEPIME HCL SOLN</i>	P	
<i>cefepime hcl SOLR IJ 1 GM</i>	P	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>AVERI TABS PO</i>	NP	
<i>BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)</i>	NP	
<i>BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium)</i>	NP	
<i>desogestrel & ethinyl estradiol</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	
<i>drospirenone-ethinyl estradiol</i>	P	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	NP	
<i>ethynodiol diacet & eth estrad</i>	P	
<i>FEMLYV TBDP</i>	NP	
<i>levonorgestrel & eth estradiol TABS</i>	P	
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	NP		<i>norethindrone-eth estradiol (triphasic)</i>	P	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	P		<i>norgestimate-ethinyl estradiol</i>	P	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	NP		<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	
<i>levonorgestrel-ethinyl estradiol-iron</i>	NP		<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	NP	
LO LOESTRIN FE TABS	NP	ST	<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	
NATAZIA	P		SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NP	
NEXTSTELLIS	NP		TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	NP	
<i>norethin acet & estrad-fe CAPS</i>	NP		TYBLUME CHEW	P	
<i>norethin acet & estrad-fe CAPS</i>	P		YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	NP	
<i>norethin acet & estrad-fe CHEW</i>	NP		YAZ (<i>drospirenone-ethinyl estradiol</i>)	NP	
<i>norethin acet & estrad-fe CHEW</i>	P		Combination Contraceptives - Transdermal		
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P		<i>norelgestromin-ethinyl estradiol</i>	NP	ST
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	NP		<i>norelgestromin-ethinyl estradiol</i>	P	
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	NP		TWIRLA	NP	ST
<i>norethindrone & eth estradiol</i>	P		Combination Contraceptives - Vaginal		
<i>norethindrone & ethinyl estradiol-fe</i>	P		ANNOVERA	NP	
<i>norethindrone & ethinyl estradiol-fe 25 MCG-0.8 MG-75 MG</i>	NP		<i>etonogestrel-ethinyl estradiol</i>	NP	
<i>norethindrone acet & eth estra TABS</i>	P		<i>etonogestrel-ethinyl estradiol</i>	P	
<i>norethindrone acet & eth estra TABS</i>	NP		NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	NP	ST
<i>norethindrone acetate-ethinyl estradiol-fe</i>	NP		Copper Contraceptives - IUD		
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P		PARAGARD INTRAUTERINE COPPER	P	SP
			Emergency Contraceptives		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(4 EA per 120 day(s) retail; 4 EA per 120 days mail)	CORTEF TABS (<i>hydrocortisone</i>)	NP	
Progestin Contraceptives - Implants			CORTISONE ACETATE TABS	NP	
NEXPLANON	P	SP	<i>deflazacort SUSP</i>	NP	Brand Preferred; SP
Progestin Contraceptives - Injectable			<i>deflazacort TABS</i>	NP	Brand Preferred; SP
DEPO-PROVERA SUSP IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	NP		DEPO-MEDROL SUSP	P	
DEPO-PROVERA SUSY IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	NP		DEXAMETHASONE INTENSOL CONC	P	
DEPO-SUBQ PROVERA 104 SUSY SC	P		<i>dexamethasone ELIX</i>	P	
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	P		<i>dexamethasone SOLN</i>	P	
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	P		<i>dexamethasone TABS</i>	P	
Progestin Contraceptives - IUD			<i>dexamethasone TBPk</i>	NP	
KYLEENA	P	SP	EMFLAZA SUSP (<i>deflazacort</i>)	NP	Brand Preferred; SP
LILETTA (52 MG)	P	SP	EMFLAZA TABS (<i>deflazacort</i>)	NP	Brand Preferred; SP
MIRENA (52 MG)	P	SP	EOHILIA SUSP	NP	
SKYLA	P	SP	HEMADY TABS	NP	
Progestin Contraceptives - Oral			<i>hydrocortisone TABS</i>	P	
<i>norethindrone (contraceptive)</i>	P		KHINDIVI SOLN PO 1 MG/ML	NP	SP
OPILL	P		MEDROL TABS (<i>methylprednisolone</i>)	NP	
SLYND	P		MEDROL TABS	NP	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			MEDROL TBPk (<i>methylprednisolone</i>)	NP	
Glucocorticosteroids			<i>methylprednisolone acetate SUSP</i>	P	
AGAMREE	NP	SP	METHYLPREDNISOLON E ACETATE SUSP 40 MG/ML, 80 MG/ML	P	
ALKINDI SPRINKLE CPSP	NP		<i>methylprednisolone sod succ 40 MG, 500 MG, 1000 MG</i>	P	
<i>budesonide CPEP</i>	P		<i>methylprednisolone TABS 4 MG</i>	P	
<i>budesonide TB24</i>	NP		<i>methylprednisolone TABS 8 MG, 16 MG, 32 MG</i>	NP	
			<i>methylprednisolone TBPk</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML</i>	P		<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	NP	QL(8 EA daily)
<i>prednisolone SOLN</i>	P		Cough/Cold/Allergy Combinations		
<i>prednisolone TABS</i>	NP		<i>cetirizine-pseudoephedrine</i>	NP	
PREDNISONE INTENSOL CONC	NP		CLARINEX-D 12 HOUR TB12	NP	
<i>prednisone SOLN</i>	P		COUGH & CHEST CONGESTION DM SYRP	P	
<i>prednisone TABS</i>	P		<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 200 MG/20ML-20 MG/20ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	P	
<i>prednisone TBPk</i>	P		<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	P	
RAYOS TBEC	NP		<i>dextromethorphan-guaifenesin TABS 400 MG-20 MG</i>	P	
SOLU-MEDROL 2 GM	P		<i>fexofenadine-pseudoephedrine TB12</i>	NP	
SOLU-MEDROL (PF) 40 MG, 500 MG, 1000 MG	P		<i>fexofenadine-pseudoephedrine TB24</i>	NP	
TARPEYO CPDR	NP	SP	<i>guaifenesin-codeine SOLN</i>	P	
Mineralocorticoids			<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	NP	
<i>fludrocortisone acetate TABS</i>	P		<i>loratadine & pseudoephedrine TB12</i>	NP	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			<i>loratadine & pseudoephedrine TB24</i>	NP	
Antitussives			MAR-COF CG EXPECTORANT LIQD	NP	
<i>benzonatate 100 MG, 200 MG</i>	P		NINJACOF-XG LIQD	NP	
<i>dextromethorphan hbr CAPS</i>	P		<i>phenylephrine-acetaminophen-guaifenesin TABS</i>	NP	
<i>dextromethorphan hbr LIQD 15 MG/5ML</i>	NP				
HYCODAN SOLN (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	NP				
HYCODAN TABS 1.5 MG-5 MG (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	NP	QL(8 EA daily)			
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine-dm-gg w/ apap CAPS</i>	NP	
<i>phenylephrine-doxylamine-dextromethorphan-acetaminophen CAPS</i>	NP	
POLY-TUSSIN AC LIQD 10 MG/5ML-10 MG/5ML-4 MG/5ML	NP	
<i>promethazine & phenylephrine SYRP</i>	NP	
<i>promethazine w/codeine SOLN</i>	P	
<i>promethazine-dm SYRP</i>	P	
<i>promethazine-phenylephrine-codeine</i>	NP	
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	
<i>pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML</i>	P	
PX NITETIME MULTI-SYPTOM CAPS	P	
SCOT-TUSSIN SENIOR LIQD	NP	
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>guaifenesin TB12</i>	P	
Misc. Respiratory Inhalants		
<i>camphor (inhalant)</i>	P	
CVS HOT STEAM LIQD	P	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>	P	
Mucolytics		

Drug Name	Drug Tier	Requirements/ Limits
<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
ABSORICA LD	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>adapalene-benzoyl peroxide GEL</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>adapalene CREA</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<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>adapalene GEL 0.1 %</i>	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>adapalene GEL 0.3 %</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic	BENZOYL PEROXIDE GEL	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
AKLIEF	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
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 LOTN 10 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
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 LOTN 5 %</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	BENZOYL PEROXIDE LOTN 5 %, 10 %	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>benzoyl peroxide GEL 5 %, 10 %</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>benzoyl peroxide MISC 6 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic; RX/OTC
<i>benzoyl peroxide GEL 2.5 %, 5 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</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
CLINDACIN ETZ	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>clindamycin phosphate (topical) SWAB</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
CLINDACIN PAC	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>clindamycin phosphate (topical) FOAM</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>clindamycin phosphate (topical) GEL</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>clindamycin phosphate-benzoyl peroxide GEL</i>	NP	
<i>clindamycin phosphate (topical) LOTN</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>clindamycin phosphate-benzoyl peroxide GEL</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>clindamycin phosphate (topical) SOLN</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>clindamycin phosphate-tretinoin</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>clindamycin phosphate (topical) SWAB</i>	P	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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; RX/OTC	<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	FABIOR FOAM	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
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	
EPSOLAY CREA	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
EPSOLAY CREA	NP		<i>sulfacetamide sodium (acne)</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>erythromycin (acne aid) GEL</i>	P	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
			<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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	SUMADAN	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	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 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)	SUMADAN XLT KIT	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	AL(Up to 20 yrs old)	SUMAXIN CP	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	SUMAXIN PADS	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	TAZAROTENE FOAM	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>tretinoin microsphere 0.08 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
			<i>tretinoin CREA 0.025 %</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</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 zinc OINT</i>	NP	
<i>tretinoin GEL 0.01 %, 0.025 %</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>bacitracin-polymyxin b OINT</i>	P	
TWYNEO	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	CENTANY AT KIT	NP	
TWYNEO	NP		<i>gentamicin sulfate (topical) CREA</i>	P	
WINLEVI	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>gentamicin sulfate (topical) OINT</i>	P	
ZMA CLEAR SUSP	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>mupirocin calcium (topical)</i>	NP	
Agents for External Genital and Perianal Warts			<i>mupirocin OINT</i>	P	
VEREGEN	NP		<i>neomycin-bacitracin-polymyxin OINT</i>	P	
Antibiotics - Topical			<i>neomycin-bacitracin-polymyxin OINT</i>	NP	
<i>bacitracin (topical) OINT</i>	P		<i>neomycin-bacitracin-polymyxin-pramoxine</i>	NP	
			<i>neomycin-polymyxin w/ pramoxine</i>	NP	
			NEO-SYNALAR	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	
			<i>ciclopirox GEL</i>	NP	
			<i>ciclopirox KIT</i>	P	
			<i>ciclopirox SHAM</i>	NP	
			<i>ciclopirox SOLN</i>	P	
			<i>ciclopirox SOLN</i>	NP	
			<i>clotrimazole (topical) CREA</i>	P	RX/OTC
			<i>clotrimazole (topical) CREA</i>	NP	RX/OTC
			<i>clotrimazole (topical) SOLN</i>	NP	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil (topical) CREA</i>	P		SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
<i>fluorouracil (topical) SOLN</i>	P		SKYRIZI PEN SOAJ	NP	SP; PA
<i>fluorouracil (topical) SOLN</i>	P		SKYRIZI SOSY	NP	SP; PA
Antipruritics - Topical			SORILUX FOAM	NP	ST
<i>camphor & menthol LOTN</i>	P		SOTYKTU	NP	SP; PA
<i>doxepin hcl (antipruritic)</i>	P		SPEVIGO SOLN	NP	SP; PA
Antipsoriatics			SPEVIGO SOSY	NP	SP; PA
<i>acitretin</i>	P		SPEVIGO SOSY	NP	SP
BIMZELX SOAJ	NP	SP; PA	STELARA SOSY	NP	SP; PA
BIMZELX SOSY	NP	SP; PA	STEQEYMA	NP	SP
<i>calcipotriene CREA</i>	P		TALTZ SOAJ	P	SP; PA
CALCIPOTRIENE FOAM	NP		TALTZ SOSY	P	SP; PA
<i>calcipotriene OINT</i>	P		<i>tazarotene CREA</i>	NP	ST
<i>calcipotriene SOLN</i>	P		<i>tazarotene GEL</i>	NP	ST
<i>calcitriol (topical)</i>	NP	ST	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	NP	SP; PA
COSENTYX (300 MG DOSE) SOSY	NP	SP; PA	TREMFYA PEN SOAJ 100 MG/ML, 200 MG/2ML	NP	SP; PA
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP; PA	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA	USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
COSENTYX UNOREADY SOAJ	NP	SP; PA	USTEKINUMAB-TTWE	NP	SP
COSENTYX SOLN	NP	SP; PA	VECTICAL (<i>calcitriol (topical)</i>)	NP	ST
COSENTYX SOSY	NP	SP; PA	VTAMA	NP	ST
ILUMYA	NP	SP; PA	YESINTEK SOLN 45 MG/0.5ML	NP	SP
IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA	YESINTEK SOSY	NP	SP
<i>methoxsalen rapid</i>	NP	ST	Antiseborrheic Products		
OTULFI SOLN SC 45 MG/0.5ML	NP	SP	DERMAZINC CREAM CREA	P	RX/OTC
PYZCHIVA SC 45 MG/0.5ML	NP	SP; PA	DERMAZINC SPRAY LIQD	P	
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP	DERMAZINC ZINC THERAPY SOAP BAR	P	
			NUTRASEB CREA	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OVACE PLUS WASH GEL (sulfacetamide sodium)	NP		<i>betamethasone dipropionate (topical) CREA</i>	NP	
OVACE PLUS WASH LIQD (sulfacetamide sodium)	NP		<i>betamethasone dipropionate (topical) LOTN</i>	NP	
OVACE PLUS SHAM (sulfacetamide sodium)	NP		<i>betamethasone dipropionate (topical) OINT</i>	NP	
OVACE WASH LIQD (sulfacetamide sodium)	NP		<i>betamethasone dipropionate augmented CREA</i>	NP	
PROMISEB CREA	P	RX/OTC	<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	
<i>pyrithione zinc SHAM</i>	P		<i>betamethasone dipropionate augmented LOTN</i>	NP	
SEBEX	P		<i>betamethasone dipropionate augmented OINT</i>	NP	
<i>selenium sulfide LOTN</i>	P		<i>betamethasone valerate CREA</i>	NP	
<i>selenium sulfide SHAM 1 %</i>	P		<i>betamethasone valerate FOAM</i>	NP	
<i>sulfacetamide sodium GEL</i>	NP		<i>betamethasone valerate LOTN</i>	NP	
<i>sulfacetamide sodium LIQD</i>	NP		<i>betamethasone valerate OINT</i>	NP	
<i>sulfacetamide sodium SHAM 10 %</i>	NP		<i>calcipotriene-betamethasone dipropionate OINT</i>	NP	ST
Antivirals - Topical			<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP	ST
<i>acyclovir topical CREA</i>	NP		CAPEX SHAM	NP	
<i>acyclovir topical OINT</i>	P		<i>clobetasol propionate emollient base 0.05 %</i>	NP	
DENAVIR (<i>penciclovir</i>)	NP		<i>clobetasol propionate emulsion</i>	NP	
<i>docosanol</i>	NP		<i>clobetasol propionate CREA</i>	NP	
<i>docosanol</i>	P		<i>clobetasol propionate FOAM</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				
APEXICON E CREA	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate GEL 0.05 %</i>	NP		<i>fluocinolone acetonide CREA</i>	NP	
<i>clobetasol propionate LIQD</i>	NP		<i>fluocinolone acetonide OIL</i>	P	
<i>clobetasol propionate LOTN</i>	NP		<i>fluocinolone acetonide OINT</i>	NP	
<i>clobetasol propionate OINT 0.05 %</i>	P		<i>fluocinolone acetonide SOLN</i>	P	
<i>clobetasol propionate SHAM</i>	NP		<i>fluocinonide emulsified base</i>	NP	
<i>clobetasol propionate SOLN 0.05 %</i>	P		<i>fluocinonide CREA</i>	NP	
CLOBEX SPRAY LIQD (<i>clobetasol propionate</i>)	NP		<i>fluocinonide GEL</i>	NP	
CLOBEX SHAM (<i>clobetasol propionate</i>)	NP		<i>fluocinonide OINT</i>	P	
<i>clocortolone pivalate</i>	NP		<i>fluocinonide SOLN</i>	NP	
CLODAN	NP		<i>flurandrenolide LOTN</i>	NP	
DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	NP		<i>fluticasone propionate CREA 0.05 %</i>	P	
DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	NP		<i>fluticasone propionate LOTN</i>	NP	
<i>desonide CREA</i>	NP		<i>fluticasone propionate OINT</i>	P	
<i>desonide LOTN</i>	NP		<i>halcinonide CREA</i>	NP	
<i>desonide OINT</i>	NP		<i>halcinonide SOLN 0.1 %</i>	NP	
<i>desoximetasone CREA</i>	NP		<i>halobetasol propionate CREA</i>	NP	
<i>desoximetasone GEL</i>	NP		<i>halobetasol propionate FOAM</i>	NP	
<i>desoximetasone LIQD</i>	NP		<i>halobetasol propionate OINT</i>	NP	
<i>desoximetasone OINT</i>	NP		HALOG CREA (<i>halcinonide</i>)	NP	
<i>diflorasone diacetate CREA</i>	NP		<i>hydrocortisone (topical) CREA</i>	P	RX/OTC
<i>diflorasone diacetate OINT</i>	NP		<i>hydrocortisone (topical) CREA 1 %</i>	NP	RX/OTC
DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	NP		<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	
ENSTILAR FOAM	NP	ST	<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	P	RX/OTC
EPIFOAM FOAM	P		<i>hydrocortisone (topical) SOLN 2.5 %</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone acetate (topical) OINT</i>	P		TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>)	NP	ST
HYDROCORTISONE ACETATE CREA	NP		TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	NP	ST
<i>hydrocortisone butyrate hydrophilic lipo base</i>	NP		TOPICORT SPRAY LIQD (<i>desoximetasone</i>)	NP	
<i>hydrocortisone butyrate CREA</i>	NP		TOPICORT CREA (<i>desoximetasone</i>)	NP	
<i>hydrocortisone butyrate LOTN</i>	NP		TOPICORT GEL (<i>desoximetasone</i>)	NP	
<i>hydrocortisone butyrate OINT</i>	NP		TOPICORT OINT (<i>desoximetasone</i>)	NP	
<i>hydrocortisone butyrate SOLN</i>	NP		TOVET	NP	
HYDROCORTISONE COMPLETE KIT THPK	P		<i>triamcinolone acetonide (topical) AERS</i>	NP	
<i>hydrocortisone valerate CREA</i>	NP		<i>triamcinolone acetonide (topical) CREA</i>	P	
<i>hydrocortisone valerate OINT</i>	NP		<i>triamcinolone acetonide (topical) LOTN</i>	P	
HYDROXYM GEL	P		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	P	
KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	NP		<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	NP	
<i>mometasone furoate CREA</i>	P		ULTRAVATE LOTN	NP	
<i>mometasone furoate OINT</i>	P		Eczema Agents		
<i>mometasone furoate SOLN</i>	P		ADBRY SOAJ	P	SP; PA
PANDEL	NP		ADBRY SOSY	P	SP; PA
SYNALAR (CREAM)	NP		CIBINQO	NP	QL(400 EA per 365 day(s) retail; 400 EA per 365 days mail); SP; PA
SYNALAR (OINTMENT)	NP		DUPIXENT SOAJ	P	SP; PA
SYNALAR TS	NP		DUPIXENT SOAJ	NP	SP; PA
SYNALAR CREA (<i>fluocinolone acetonide</i>)	NP		DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML	NP	SP; PA
SYNALAR OINT (<i>fluocinolone acetonide</i>)	NP				
SYNALAR SOLN (<i>fluocinolone acetonide</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	P	SP; PA	DENOREX EX ST MEDICATED SHAM	P	
EBGLYSS SOAJ	NP	SP; PA	DERMAREST PSORIASIS SHAM	P	
EBGLYSS SOSY	NP	SP; PA	DHS SAL SHAM	P	
OPZELURA	NP	QL(400 GM per 365 day(s) retail; 400 GM per 365 days mail); PA	MG217 DANDRUFF SHAMPOO/COND SHAM	P	
Emollients			MG217 PSORIASIS THER SHAM/COND SHAM	P	
<i>colloidal oatmeal PACK</i>	P		NEUTROGENA T/SAL SHAM	P	
<i>glycerin (topical)</i>	P		NIZORAL PSORIASIS SHAMPOO/COND SHAM	P	
LACTIC ACID E	P		P & S SHAM	P	
Hair Growth Agents			PODOCON-25 SOLN	P	
<i>bimatoprost (topical)</i>	NP		<i>podofilox GEL</i>	P	
LATISSE (<i>bimatoprost (topical)</i>)	NP		<i>podofilox SOLN</i>	P	
LEQSELVI TABS PO 8 MG	NP	SP	<i>salicylic acid LIQD 3 %, 17 %</i>	P	
LITFULO	NP	SP; PA	<i>salicylic acid LIQD 2 %</i>	NP	
Immunomodulating Agents - Systemic			SELSUN BLUE DEEP CLEANSING SHAM	P	
NEMLUVIO	NP	SP; PA	SELSUN BLUE NATURALS DRY SCALP SHAM	P	
Immunomodulating Agents - Topical			THERAPEUTIC DANDRUFF SHAM	P	
<i>imiquimod</i>	P		THERAPEUTIC T+PLUS MAX ST SHAM	P	
<i>imiquimod 3.75 %</i>	NP		Liniments		
Immunosuppressive Agents - Topical			<i>liniments & rubs LOTN</i>	P	
<i>pimecrolimus</i>	P	QL(400 GM per 365 day(s) retail); PA	METHYL SALICYLATE CREA 25 %	NP	
<i>tacrolimus (topical) OINT</i>	P	QL(400 GM per 365 day(s) retail); PA	METHYLTEN CREA	NP	
Keratolytic/Antimitotic/Vesicant Agents			<i>tolamine salicylate CREA</i>	P	
BETASAL SHAM	P		Local Anesthetics - Topical		
CVS PSORIASIS MEDICATED SHAM	P		<i>benzocaine (topical) OINT</i>	P	
CVS THERAPEUTIC DANDRUFF SHAM	P		<i>benzocaine-triclosan</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BURN RELIEF/LIDOCAINE/ALOE	P		ALEVICYN ANTIPRURITIC SG GEL	P	RX/OTC
<i>capsaicin CREA 0.025 %</i>	P		ALEVICYN ANTIPRURITIC GEL	P	RX/OTC
CVS AFTERSUN ALOE/LIDOCAINE GEL	P		HALUCORT GEL	P	RX/OTC
<i>dibucaine</i>	P		LEVICYN GEL	P	RX/OTC
ITCH-X GEL	P		NONYX GEL	P	RX/OTC
ITCH-X SOLN	P		OC8 GEL	P	RX/OTC
<i>lidocaine hcl CREA 3 %, 4 %</i>	P	RX/OTC	PROTEIN 29 HAIR GROOM 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	RX/OTC
<i>lidocaine-prilocaine CREA</i>	P		COLEMAN 100 MAX CONTINUOUS SPR AERO	P	
<i>lidocaine-prilocaine KIT</i>	P		COLEMAN 100 MAX INSECT REPEL LIQD	P	
<i>lidocaine PTCH 5 %</i>	NP		COLEMAN INSECT REPEL HIGH&DRY AERO	P	
<i>lidocaine PTCH 4 %, 5 %</i>	P		COLEMAN INSECT REPEL SPORTSMEN AERO	P	
<i>lidocaine-transparent dressing 4 %</i>	P		CUTTER ALL FAMILY AERO	P	
LIDODERM PTCH (<i>lidocaine</i>)	NP		CUTTER ALL FAMILY LIQD	P	
OUTGRO PAIN RELIEF LIQD	P		CUTTER BACKWOODS DRY AERO	P	
<i>pramoxine hcl LOTN</i>	P		CUTTER BACKWOODS AERO	P	
<i>pramoxine-calamine LOTN</i>	P		CUTTER BACKWOODS LIQD	P	
<i>pramoxine-menthol CREA</i>	P		CUTTER DRY AERO	P	
<i>pramoxine-zinc acetate</i>	P		CUTTER SKINSATIONS AERO	P	
QUTENZA	NP		CUTTER SKINSATIONS LIQD	P	
QUTENZA (2 PATCH)	NP				
QUTENZA (4 PATCH)	NP				
ZTLIDO PTCH	NP				
Misc. Dermatological Products					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CUTTER SPORT AERO	P		REPEL SPORTSMEN MAX LIQD	P	
CUTTER AERO	P		REPEL SPORTSMEN AERO	P	
CVS INSECT REPELLENT AERO	P		REPEL TICK DEFENSE AERO	P	
CVS TOTAL HOME INSECT REPEL AERO	P		SAWYER INSECT REPELLENT AERO	P	
MAXI DEET LIQD	P		SAWYER INSECT REPELLENT LIQD	P	
NATRAPEL 12-HOUR TICK/INSECT AERO	P		ULTRATHON INSECT REPELLENT 8 AERO	P	
NATRAPEL LIQD	P		<i>zinc oxide (topical) OINT 20 %</i>	P	
OFF ACTIVE AERO	P		Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
OFF DEEP WOODS DRY AERO	P		EUCRISA	P	QL(400 GM per 365 day(s) retail); ST
OFF DEEP WOODS SPORTSMEN AERO	P		ZORYVE CREA EX 0.15 %	NP	QL(400 GM per 400 day(s) retail; 365 GM per 365 days mail); PA
OFF DEEP WOODS SPORTSMEN LIQD	P		ZORYVE CREA EX 0.3 %	NP	ST
OFF DEEP WOODS AERO	P		ZORYVE FOAM EX	NP	ST
OFF DEEP WOODS LIQD	P		Podiatric Products		
OFF FAMILYCARE CLEAN FEEL LIQD	P		AMLACTION FOOT CREAM THERAPY CREA	P	
OFF FAMILYCARE TROPICAL FRESH LIQD	P		AMLACTION FOOT REPAIR CREA	P	
OFF FAMILYCARE UNSCENTED LIQD	P		DR TEALS SHEA ENRICHED FOOT CREA	P	
OFF SMOOTH & DRY AERO	P		ELON HERBAL FOOT CREA	P	
RANGER READY REPELLENT LIQD	P		EUCERIN ADVANCED REPAIR FOOT CREA	P	
REPEL 100 LIQD	P		GOLD BOND FOOT CREA	P	
REPEL FAMILY DRY AERO	P		PALMERS FOOT MAGIC SCRUB CREA	P	
REPEL FAMILY AERO	P		UDDERLY SMOOTH FOOT CREA	P	
REPEL HUNTERS FORMULA AERO	P				
REPEL SPORTSMEN DRY AERO	P				
REPEL SPORTSMEN MAX AERO	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Rosacea Agents			<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	P	
<i>azelaic acid GEL</i>	P		<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	P	
<i>brimonidine tartrate (topical)</i>	NP		SKLICE (<i>ivermectin (pediculicide)</i>)	NP	
<i>doxycycline (rosacea)</i>	NP		<i>spinosad</i>	NP	Brand Preferred
FINACEA FOAM	NP		VANALICE GEL	NP	
FINACEA GEL (<i>azelaic acid</i>)	NP		Tar Products		
<i>ivermectin (rosacea)</i>	NP		BETA CARE BETATAR GEL SHAM	P	
METROCREAM CREA (<i>metronidazole (topical)</i>)	NP		<i>coal tar extract SHAM 0.5 %, 1 %</i>	P	
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	NP		<i>coal tar extract SOLN</i>	P	
<i>metronidazole (topical) CREA</i>	P		X-SEB T PEARL SHAM	P	
<i>metronidazole (topical) GEL 1 %</i>	NP		X-SEB T PLUS SHAM	P	
<i>metronidazole (topical) GEL</i>	P		Wound Care Products		
<i>metronidazole (topical) LOTN</i>	NP		ACTIMARIS WOUND GEL	P	RX/OTC
MIRVASO (<i>brimonidine tartrate (topical)</i>)	NP		AMERIGEL WOUND DRESSING GEL	P	RX/OTC
ORACEA (<i>doxycycline (rosacea)</i>)	NP		ARIDA GEL	P	RX/OTC
RHOFADE	NP		ATRAPRO HYDROGEL GEL	P	RX/OTC
SOOLANTRA (<i>ivermectin (rosacea)</i>)	NP		AZADROX GEL	P	RX/OTC
Scabicides & Pediculicides			BASADROX GEL	P	RX/OTC
<i>crotamiton LOTN</i>	NP		CURAFIL WOUND DRESSING GEL	P	RX/OTC
ELIMITE CREA (<i>permethrin</i>)	NP		CVS ANTI-MICROBIAL SILVER GEL	P	RX/OTC
<i>ivermectin (pediculicide)</i>	NP		CVS MANUKA HONEY WOUND GEL	P	RX/OTC
<i>malathion</i>	NP		DERPIXA GEL	P	RX/OTC
NATROBA (<i>spinosad</i>)	P	Brand Preferred	DIABETIC HYDROGEL WOUND DRESS GEL	P	RX/OTC
OVIDE (<i>malathion</i>)	NP		DYNAGEL GEL	P	RX/OTC
<i>permethrin AERO</i>	P		EXCEL-GEL GEL	P	RX/OTC
<i>permethrin CREA</i>	P				
<i>permethrin LIQD EX</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
HAPRODERM GEL	P	RX/OTC
HYDROGEL WOUND DRESSING 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
NU-GEL GEL	P	RX/OTC
RADIAPLEXRX GEL	P	RX/OTC
RESTA SILVER GEL	P	RX/OTC
RESTORE HYDROGEL DRESSING GEL	P	RX/OTC
REVITADERM WOUND CARE GEL	P	RX/OTC
SILVER GEL ANTI-MICROBIAL GEL	P	RX/OTC
SILVERMED GEL	P	RX/OTC
SILVRSTAT WOUND DRESSING GEL	P	RX/OTC
SOLOSITE WOUND GEL GEL	P	RX/OTC
SOLOX GEL	P	RX/OTC
STIMULEN GEL	P	RX/OTC
STRATA GRT GEL	P	RX/OTC
TEGADERM HYDROGEL WOUND FILLER GEL	P	RX/OTC
TRIDERGEL GEL	P	RX/OTC
WOUND GEL SPRAY GEL	P	RX/OTC
WOUND GEL GEL	P	RX/OTC
WOUN'DRES GEL	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ZANABIN HYDROGEL GEL	P	RX/OTC
ZENPHOR WOUND GEL GEL	P	RX/OTC
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGON HCL (DIAGNOSTIC)	P	
Diagnostic Tests		
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	RX/OTC
FREESTYLE LITE TEST STRP	P	RX/OTC
FREESTYLE PRECISION NEO TEST STRP	P	RX/OTC
FREESTYLE TEST STRP	P	RX/OTC
FT URINARY TRACT INFECTION STRP	P	
GNP URINARY TRACT TEST STRIPS STRP	P	
KETO-DIASTIX	P	
KETONE TEST STRP	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KETOSTIX STRP	P		BIO-ZYME TABS	P	
MULTISTIX 10 SG	P		CREON CPEP	P	
PRECISION XTRA BLOOD GLUCOSE STRP	P	RX/OTC	CVS DAIRY RELIEF EX ST TABS	P	
RELION KETONE TEST STRP	P		DIGESTIVE ENZYMES TABS	P	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS			EQL DIGESTIVE ENZYMES TABS	P	
Nutritional Supplements			<i>lactase CHEW 9000 UNIT</i>	P	
AMINOPMRMS CAPS	P	RX/OTC	<i>lactase TABS 3000 UNIT, 9000 UNIT</i>	P	
ANTI-INFLAMMATORY ENZYME CAPS	P	RX/OTC	OMNIGEST EZ TABS	P	
ANTIOXIDANT FORMULA CAPS	P	RX/OTC	PANPLEX 2-PHASE TBEC	P	
ASILNASALRMS CAPS	P	RX/OTC	PARVENZYME DIGESTIVE ENZYME TABS	P	
BIO-IMMUNEX CAPS	P	RX/OTC	PERTZYE CPEP	NP	
BRAIN SUPPORT CAPS	P	RX/OTC	SUPER ENZYMES TABS	P	
CARDIO COMPLETE CAPS	P	RX/OTC	VIOKACE TABS	NP	
CHRONOVISION CAPS	P	RX/OTC	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	
ESTROVEN WEIGHT MANAGEMENT CAPS	P	RX/OTC	DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
HOMOCYSTEINE SUPPORT CAPS	P	RX/OTC	Carbonic Anhydrase Inhibitors		
HORMONE PROTECT CAPS	P	RX/OTC	<i>acetazolamide CP12</i>	P	
LEPTIN MANAGER CAPS	P	RX/OTC	<i>acetazolamide TABS</i>	P	
MALE SUPPORT CAPS	P	RX/OTC	<i>dichlorphenamide</i>	NP	SP
METHIONINE-200 CAPS	P	RX/OTC	KEVEYIS (<i>dichlorphenamide</i>)	NP	SP
<i>nutritional supplements CAPS</i>	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					

Drug Name	Drug Tier	Requirements/ Limits
<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		
<i>bumetanide TABS</i>	P	
<i>ethacrynic acid</i>	NP	
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	P	
<i>furosemide TABS</i>	P	
<i>LASIX TABS (furosemide)</i>	NP	
<i>toremide TABS</i>	P	
Potassium Sparing Diuretics		
<i>ALDACTONE TABS (spironolactone)</i>	NP	
<i>amiloride hcl TABS</i>	P	
<i>CAROSPIR SUSP (spironolactone)</i>	NP	
<i>spironolactone SUSP</i>	P	
<i>spironolactone TABS</i>	P	
<i>triamterene CAPS</i>	NP	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	P	
<i>HEMICLOR 12.5 MG</i>	NP	PA
<i>hydrochlorothiazide CAPS</i>	P	
<i>hydrochlorothiazide TABS</i>	P	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P	
<i>INZIRQO SUSR PO 10 MG/ML</i>	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>metolazone 2.5 MG, 5 MG</i>	P	QL(1 EA daily)
<i>metolazone 10 MG</i>	P	
THALITONE	NP	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>ACTONEL TABS 35 MG, 150 MG (risedronate sodium)</i>	NP	
<i>alendronate sodium SOLN</i>	NP	
<i>alendronate sodium TABS 10 MG, 35 MG, 70 MG</i>	P	
<i>ATELVIA TBEC (risedronate sodium)</i>	NP	
<i>BILDYOS SOSY SC 60 MG/ML</i>	NP	SP
<i>BILPREVDA SOLN SC 120 MG/1.7ML</i>	NP	SP
<i>BINOSTO TBEF</i>	NP	
<i>BOMYNTRA SOLN SC 120 MG/1.7ML</i>	NP	SP; PA
<i>BOMYNTRA SOSY SC 120 MG/1.7ML</i>	NP	SP; PA
<i>BONSITY SOPN 560 MCG/2.24ML</i>	NP	Brand Preferred; PA
<i>calcitonin (salmon) IJ</i>	P	
<i>calcitonin (salmon) NA</i>	P	
<i>CONEXXENCE SOSY SC 60 MG/ML</i>	NP	SP; PA
<i>EVENITY</i>	NP	SP; PA
<i>FORTEO SOPN (teriparatide)</i>	P	Brand Preferred; PA
<i>FOSAMAX PLUS D</i>	NP	
<i>FOSAMAX TABS 70 MG (alendronate sodium)</i>	NP	
<i>ibandronate sodium TABS</i>	P	
<i>JUBBONTI SOSY SC 60 MG/ML</i>	NP	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OSENVELT SOLN SC 120 MG/1.7ML	NP	SP	SKYTROFA	NP	SP; PA
PROLIA SOSY	P	Brand Preferred; SP; PA	SKYTROFA 0.7 MG, 1.4 MG, 1.8 MG, 2.1 MG, 2.5 MG	NP	SP
<i>risedronate sodium TABS</i>	NP		SKYTROFA	P	SP; PA
<i>risedronate sodium TBEC</i>	NP		SOGROYA	NP	SP; PA
STOBOCLO SOSY SC 60 MG/ML	NP	SP	ZOMACTON SOLR SC	NP	SP; PA
<i>teriparatide SOPN</i>	NP	Brand Preferred; PA	Hormone Receptor Modulators		
TERIPARATIDE SOPN	NP	Brand Preferred; PA	EVISTA (<i>raloxifene hcl</i>)	NP	ST
TYMLOS	NP	SP; PA	<i>raloxifene hcl</i>	P	
WYOST SOLN SC 120 MG/1.7ML	NP	SP	LHRH/GnRH Agonist Analog Pituitary Suppressants		
XGEVA SOLN	P	Brand Preferred; SP; PA	FENSOLVI (6 MONTH) SC	P	SP
GnRH/LHRH Antagonists			LUPRON DEPOT-PED (1-MONTH)	P	SP
ORILISSA	P	SP; PA	LUPRON DEPOT-PED (3-MONTH)	P	SP
Growth Hormones			LUPRON DEPOT-PED (6-MONTH) IM	P	SP
GENOTROPIN MINIQUICK PRSY 0.2 MG	NP	SP; PA	SUPPRELIN LA	P	SP
GENOTROPIN MINIQUICK PRSY	P	SP; PA	SYNAREL	P	SP
GENOTROPIN CART SC	P	SP; PA	TRIPTODUR	NP	SP
HUMATROPE CART IJ	NP	SP; PA	Menopausal Symptoms Suppressants		
NGENLA	NP	SP; PA	VEOZAH	NP	
NORDITROPIN FLEXPON SOPN	P	SP; PA	Metabolic Modifiers		
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP; PA	BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	NP	SP
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP; PA	BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	NP	SP
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP; PA	<i>calcitriol CAPS</i>	P	
OMNITROPE SOCT	NP	SP; PA	<i>calcitriol SOLN PO</i>	P	
OMNITROPE SOLR SC	NP	SP; PA	CARBAGLU (<i>carglumic acid</i>)	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP; PA	<i>carglumic acid</i>	P	SP
			<i>carglumic acid</i>	NP	SP
			<i>cinacalcet hcl</i>	P	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	
<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>)	NP	SP
RAYALDEE	NP	ST
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
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

Drug Name	Drug Tier	Requirements/ Limits
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	
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>	NP	
<i>estradiol & norethindrone acetate TABS</i>	P	
MYFEMBREE	P	PA
<i>norethindrone acetate-ethinyl estradiol</i>	P	
ORIAHNN	NP	PA
PREMPRO	P	
Estrogens		
<i>estradiol PTWK</i>	P	
<i>estradiol TABS</i>	P	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
Fluoroquinolones		
BAXDELA TABS	NP	
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P	
<i>ciprofloxacin in d5w 400 MG/200ML</i>	P	
CIPRO SUSR	NP	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NP	
<i>levofloxacin SOLN PO</i>	NP	
<i>levofloxacin TABS 250 MG</i>	P	QL(1 EA daily)
<i>levofloxacin TABS 500 MG, 750 MG</i>	P	
<i>moxifloxacin hcl TABS</i>	NP	
<i>ofloxacin 300 MG, 400 MG</i>	NP	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY (<i>prucalopride succinate</i>)	NP	
<i>prucalopride succinate</i>	NP	
Antiflatulents		
<i>simethicone CAPS 125 MG</i>	P	
<i>simethicone CHEW 125 MG</i>	NP	
<i>simethicone CHEW</i>	P	
<i>simethicone CHEW</i>	P	
<i>simethicone LIQD PO</i>	P	
<i>simethicone SUSP 20 MG/0.3ML</i>	P	
Bile Acid Synthesis Disorder Agents		
CHOLBAM	NP	SP
CTEXLI TABS PO 250 MG	NP	SP
Farnesoid X Receptor (FXR) Agonists		

Drug Name	Drug Tier	Requirements/ Limits
OICALIVA	NP	SP
Gallstone Solubilizing Agents		
<i>chenodiol</i>	NP	SP
RELTONE CAPS	NP	
URSO FORTE TABS (<i>ursodiol</i>)	NP	
<i>ursodiol CAPS</i>	P	
<i>ursodiol TABS</i>	P	
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>lubiprostone</i>)	NP	
<i>lubiprostone</i>	P	
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	P	
<i>metoclopramide hcl TABS</i>	P	
Hepatotropics		
REZDIFFRA	NP	SP
Inflammatory Bowel Agents		
AVSOLA	P	SP; PA
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NP	
AZULFIDINE TABS (<i>sulfasalazine</i>)	NP	
<i>balsalazide disodium CAPS</i>	P	
CANASA SUPP (<i>mesalamine</i>)	NP	
CIMZIA (1 SYRINGE) PSKT 200 MG/ML	NP	SP; PA
CIMZIA (2 SYRINGE) PSKT	NP	SP; PA
CIMZIA KIT	NP	SP; PA
CIMZIA-STARTER PSKT	NP	SP; PA
DIPENTUM	NP	
ENTYVIO PEN SOAJ	P	SP; PA
ENTYVIO SOLR	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMULDOSA SOLN IV 130 MG/26ML	NP	SP	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	SP; PA
INFLECTRA SOLR	NP	SP; PA	TREMFYA SOLN IV	NP	SP; PA
INFLIXIMAB	P	SP; PA	TREMFYA SOSY SC	NP	SP; PA
LIALDA TBEC (mesalamine)	NP		USTEKINUMAB 130 MG/26ML	NP	SP; PA
mesalamine w/ cleanser	NP		USTEKINUMAB-TTWE	NP	SP
mesalamine CP24	P	Brand Preferred	VELSIPITY	NP	SP; PA
mesalamine CPCR	NP	Brand Preferred	ZYMFENTRA (1 PEN) AJKT	NP	SP; PA
mesalamine CPDR	NP		ZYMFENTRA (2 PEN) AJKT	NP	SP; PA
mesalamine ENEM	P		ZYMFENTRA (2 SYRINGE) PSKT	NP	SP; PA
mesalamine SUPP	P		Intestinal Acidifiers		
mesalamine TBEC 1.2 GM	P		lactulose (encephalopathy)	P	
mesalamine TBEC 800 MG	NP		Irritable Bowel Syndrome (IBS) Agents		
OMVOH (300 MG DOSE) SOAJ	NP	SP; PA	alose tron hcl	NP	
OMVOH (300 MG DOSE) SOSY	NP	SP; PA	IBSRELA	NP	
OMVOH SOSY	NP	SP; PA	LINZESS 145 MCG	P	QL(1 EA daily)
PENTASA CPCR 250 MG	P		LINZESS 72 MCG, 290 MCG	P	
PENTASA CPCR (mesalamine)	P	Brand Preferred	LOTRONEX (alose tron hcl)	NP	
PYZCHIVA 130 MG/26ML	NP	SP	VIBERZI	NP	
REMICADE	NP	SP; PA	Live Fecal Microbiota		
RENFLEXIS	NP	SP; PA	VOWST	NP	SP
ROWASA (mesalamine w/ cleanser)	NP		Peripheral Opioid Receptor Antagonists		
SELARSDI SOLN IV 130 MG/26ML	NP	SP	MOVANTIK 25 MG	P	
SFROWASA ENEM	NP		MOVANTIK 12.5 MG	P	QL(1 EA daily)
SKYRIZI SOCT	NP	SP; PA	SYMPROIC	NP	
SKYRIZI SOLN	NP	SP; PA	Peroxisome Proliferator-Activated Receptor(PPAR) Agonists		
STELARA 130 MG/26ML	NP	SP; PA	IQIRVO	NP	SP
STEQEYMA	NP	SP	LIVDELZI	NP	SP
sulfasalazine TABS	P				
sulfasalazine TBEC	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Phosphate Binder Agents			Interstitial Cystitis Agents		
AURYXIA 210 MG (<i>ferric citrate</i>)	NP	PA	ELMIRON CAPS	P	
<i>calcium acetate (phosphate binder) CAPS</i>	P		Prostatic Hypertrophy Agents		
<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC	<i>alfuzosin hcl</i>	P	
<i>ferric citrate</i>	NP	PA	CARDURA XL 8 MG	NP	
FOSRENOL CHEW (<i>lanthanum carbonate</i>)	NP	PA	CARDURA XL 4 MG	NP	QL(1 EA daily)
FOSRENOL PACK	NP	PA	<i>dutasteride</i>	NP	
<i>lanthanum carbonate CHEW</i>	NP	PA	<i>dutasteride-tamsulosin hcl</i>	NP	
REVELA PACK (<i>sevelamer carbonate</i>)	NP	PA	<i>finasteride</i>	P	
REVELA TABS (<i>sevelamer carbonate</i>)	NP	PA	PROSCAR (<i>finasteride</i>)	NP	
<i>sevelamer carbonate PACK</i>	NP	PA	RAPAFLO 8 MG (<i>silodosin</i>)	NP	
<i>sevelamer carbonate TABS</i>	P	PA	RAPAFLO 4 MG (<i>silodosin</i>)	NP	QL(1 EA daily)
<i>sevelamer hcl</i>	NP	PA	<i>silodosin 8 MG</i>	NP	
VELPHORO	NP	PA	<i>silodosin 4 MG</i>	NP	QL(1 EA daily)
GENERAL ANESTHETICS			<i>tamsulosin hcl</i>	P	
Volatile Anesthetics			Urinary Analgesics		
<i>desflurane</i>	P		<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	P	
<i>sevoflurane</i>	P		GOUT AGENTS - Drugs to Treat Gout		
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System			Gout Agent Combinations		
Alkalizers			<i>colchicine w/ probenecid</i>	P	
<i>potassium citrate (alkalinizer) TBCR</i>	P		Gout Agents		
<i>sodium citrate & citric acid</i>	P	RX/OTC	<i>allopurinol 100 MG, 300 MG</i>	P	
Genitourinary Irrigants			<i>allopurinol 200 MG</i>	NP	PA
<i>acetic acid 0.25 %</i>	P		<i>colchicine CAPS</i>	NP	
RENACIDIN	P		<i>colchicine TABS</i>	P	
			COLCRYS TABS (<i>colchicine</i>)	NP	
			<i>febuxostat 80 MG</i>	P	
			<i>febuxostat 40 MG</i>	P	QL(1 EA daily)
			GLOPERBA SOLN PO	NP	
			MITIGARE CAPS (<i>colchicine</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
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
ALPROLIX	P	SP
ALTUVIIIO 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	P	SP
JIVI	P	SP

Drug Name	Drug Tier	Requirements/ Limits
KOATE-DVI SOLR 1000 UNIT	P	SP
KOATE SOLR	P	SP
KOGENATE FS KIT 250 UNIT, 500 UNIT, 3000 UNIT	NP	SP
KOVALTRY	NP	SP
KOVALTRY	P	SP
NOVOEIGHT	P	SP
NOVOSEVEN RT	P	SP
NUWIQ KIT	P	SP
NUWIQ SOLR	NP	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
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
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		

Drug Name	Drug Tier	Requirements/Limits
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	P	SP; PA
TAKHZYRO SOLN	P	SP; PA
TAKHZYRO SOSY	P	SP; PA
Platelet Aggregation Inhibitors		
<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 90 MG</i>	NP	
<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		

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>cyanocobalamin SUBL 2500 MCG</i>	P	
<i>cyanocobalamin TABS 50 MCG, 100 MCG, 250 MCG, 500 MCG, 1000 MCG</i>	P	
<i>cyanocobalamin TBCR 1000 MCG, 2000 MCG</i>	P	
Folic Acid/Folates		
FOLIC ACID CAPS	P	
<i>folic acid SOLN</i>	P	
<i>folic acid TABS</i>	P	RX/OTC
Hematopoietic Gene Therapy		
ZYNTEGLO	P	SP
Hematopoietic Growth Factors		
ALVAIZ	NP	SP
ARANESP (ALBUMIN FREE) SOLN	NP	SP; PA
ARANESP (ALBUMIN FREE) SOSY	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DOPTELET	NP	SP	RETACRIT	NP	SP; PA
DOPTELET SPRINKLE PO 10 MG	NP	SP	RETACRIT	P	SP; PA
<i>eltrombopag olamine</i> PACK 12.5 MG, 25 MG	NP	SP	ROLVEDON	NP	SP
<i>eltrombopag olamine</i> TABS 12.5 MG, 25 MG, 50 MG, 75 MG	NP	Brand Preferred; SP	RYZNEUTA SOSY SC 20 MG/ML	NP	SP
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA	STIMUFEND	NP	SP
FULPHILA	P	SP	UDENYCA ONBODY SOSY	NP	SP
FYLNETRA	NP	SP	UDENYCA SOAJ	NP	SP
GRANIX SOLN 300 MCG/ML	NP	SP	UDENYCA SOSY	NP	SP
GRANIX SOSY	NP	SP	ZARXIO	NP	SP
LEUKINE SOLR IJ	NP	SP	ZIEXTENZO	NP	SP
MIRCERA	P	SP; PA	Hematopoietic Mixtures		
MULPLETA	NP	SP	ABATRON	P	
NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	SP	B COMPLEX-FOLIC ACID TABS	P	
NEULASTA SOSY	NP	SP; ST	<i>cyanocobalamin-methylcobalamin</i> SUBL	P	
NEUPOGEN SOLN	P	SP; ST	<i>ferrous fumarate w/ b12-vit c-fa-ifc</i>	P	
NEUPOGEN SOSY	P	SP; ST	<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu</i> TABS	P	
NIVESTYM SOLN	NP	SP	FOLTABS 800 TABS	P	
NIVESTYM SOSY	NP	SP	HEMATINIC PLUS VIT/MINERALS TABS	P	
NPLATE	P	SP	HEMATINIC/FOLIC ACID	P	
NYVEPRIA	P	SP	HOMOCYSTEINE FORMULA TABS	P	
PROCRIT	NP	SP; PA	<i>iron polysaccharide complex-vit b12-folic acid</i> CAPS	P	RX/OTC
PROCRIT	NP	SP; PA	<i>iron-vitamin c</i>	P	
PROMACTA PACK 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	NP	SP	<i>iron-vitamin c-vitamin b12-folic acid</i> TABS	P	RX/OTC
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	P	Brand Preferred; SP	Iron		
RELEUKO SOLN 480 MCG/1.6ML	NP	SP	<i>carbonyl iron</i> SUSP	P	
RELEUKO SOSY	NP	SP	<i>carbonyl iron</i> TABS	P	
			<i>ferrous fumarate</i> TABS	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ferrous gluconate TABS</i>	P		Non-Barbiturate Hypnotics		
<i>ferrous sulfate dried TABS</i>	P		AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	NP	QL(1 EA daily)
<i>ferrous sulfate SOLN 300 MG/5ML, 325 MG/5ML</i>	P		AMBIEN TABS (<i>zolpidem tartrate</i>)	NP	QL(1 EA daily)
<i>ferrous sulfate TABS 325 MG, 65 MG, 27 MG, 325 MG</i>	P		DORAL (<i>quazepam</i>)	NP	
<i>ferrous sulfate TBEC 325 MG</i>	P		EDLUAR SUBL	NP	QL(1 EA daily); SL
INFED	P		<i>estazolam</i>	NP	QL(1 EA daily)
IRON CHEWS PEDIATRIC CHEW	P		<i>eszopiclone</i>	NP	QL(1 EA daily)
IRON TABS 90 MG	P		<i>flurazepam hcl</i>	NP	QL(1 EA daily)
<i>polysaccharide iron complex CAPS</i>	P		HALCION 0.25 MG (<i>triazolam</i>)	NP	QL(1 EA daily)
PROFERRIN ES	P		IGALMI FILM	NP	QL(1 EA daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders			<i>quazepam</i>	NP	
Hemostatics - Systemic			RESTORIL (<i>temazepam</i>)	NP	QL(1 EA daily)
<i>aminocaproic acid TABS</i>	P	SP	<i>temazepam 15 MG, 30 MG</i>	P	QL(1 EA daily)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			<i>temazepam 7.5 MG, 22.5 MG</i>	NP	QL(1 EA daily)
Antihistamine Hypnotics			<i>triazolam</i>	NP	QL(1 EA daily)
<i>diphenhydramine hcl (sleep) CAPS 50 MG</i>	P		<i>zaleplon</i>	P	QL(1 EA daily)
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P		ZOLPIDEM TARTRATE CAPS	NP	QL(1 EA daily)
<i>diphenhydramine-acetaminophen (sleep) TABS</i>	P		<i>zolpidem tartrate SUBL</i>	NP	QL(1 EA daily)
<i>ibuprofen-diphenhydramine citrate</i>	NP		<i>zolpidem tartrate TABS</i>	P	QL(1 EA daily)
Barbiturate Hypnotics			<i>zolpidem tartrate TBCR</i>	NP	QL(1 EA daily)
<i>phenobarbital ELIX</i>	P		Orexin Receptor Antagonists		
<i>phenobarbital TABS</i>	P		BELSOMRA	NP	QL(1 EA daily)
Hypnotics - Tricyclic Agents			DAYVIGO	NP	QL(1 EA daily)
<i>doxepin hcl (sleep)</i>	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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tasimelteon CAPS</i>	NP	QL(1 EA daily); SP	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	
LAXATIVES - Bowel Treatment Drugs			<i>sennosides-docusate sodium TABS</i>	P	
Bulk Laxatives			<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	P	
<i>calcium polycarbophil TABS</i>	P		<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NP	
EQUALACTIN CHEW	P		SUFLAVE	NP	
HYDROCIL PACK	P		SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	P	
KONSYL DAILY FIBER PACK 100 %	P		SUTAB	NP	
METAMUCIL WAFR	P		Laxatives - Miscellaneous		
<i>methylcellulose (laxative) POWD</i>	P		CEO-TWO	P	
<i>methylcellulose (laxative) TABS</i>	P		<i>glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 2.1 GM, 80.7 %</i>	P	
NATURAL FIBER LAXATIVE POWD	P		<i>lactulose SOLN</i>	P	
NUTRISOURCE FIBER PACK	P		<i>polyethylene glycol 3350 PACK</i>	P	
NUTRISOURCE FIBER POWD	P		<i>polyethylene glycol 3350 POWD</i>	P	
<i>psyllium CAPS 0.52 GM</i>	P		Lubricant Laxatives		
<i>psyllium POWD 28.3 %, 30 %, 33 %, 48.57 %, 49 %, 58.6 %, 95 %, 100 %</i>	P		<i>mineral oil ENEM</i>	P	
Laxative Combinations			<i>mineral oil OIL PO</i>	P	RX/OTC
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	NP		Saline Laxatives		
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	P		<i>magnesium citrate 1.745 GM/30ML</i>	P	
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	P		<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	P	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	P		<i>magnesium sulfate (laxative) GRAN PO</i>	P	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P		PHILLIPS MILK OF MAGNESIA CHEW	P	
			<i>sodium phosphates ENEM</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Stimulant Laxatives			ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	NP	
<i>bisacodyl SUPP</i>	P		ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	NP	
<i>bisacodyl TBEC</i>	P		ZITHROMAX PACK	NP	
<i>castor oil OIL 100 %</i>	P		ZITHROMAX SUSR (<i>azithromycin</i>)	NP	
FLEET BISACODYL ENEM	P		ZITHROMAX TABS 250 MG, 500 MG (<i>azithromycin</i>)	NP	
SENNA SYRP	P		Clarithromycin		
<i>sennosides CAPS</i>	P		<i>clarithromycin SUSR</i>	NP	
<i>sennosides CHEW</i>	P		<i>clarithromycin TABS</i>	P	
<i>sennosides LIQD</i>	P		<i>clarithromycin TB24</i>	NP	
<i>sennosides SYRP 8.8 MG/5ML</i>	P		Erythromycins		
<i>sennosides TABS 8.6 MG, 25 MG</i>	P		E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
Surfactant Laxatives			ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
<i>docusate calcium</i>	P		ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
<i>docusate sodium CAPS</i>	P		<i>erythromycin base CPEP</i>	NP	
<i>docusate sodium ENEM 283 MG/5ML</i>	P		<i>erythromycin base TABS</i>	NP	
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	P		<i>erythromycin base TBEC</i>	NP	
DOCUSATE SODIUM SYRP	P		<i>erythromycin ethylsuccinate SUSR</i>	P	
<i>docusate sodium TABS</i>	P		<i>erythromycin ethylsuccinate TABS</i>	NP	
PEDIA-LAX LIQD	P		<i>erythromycin stearate TABS 250 MG</i>	NP	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing			Fidaxomicin		
Local Anesthetics - Amides			DIFICID SUSR	NP	ST
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %, 4 %</i>	P		DIFICID TABS 200 MG (<i>fidaxomicin</i>)	NP	ST
LIDOCAINE HCL SOLN	P		<i>fidaxomicin TABS 200 MG</i>	NP	
MACROLIDES - Drugs to Treat Bacterial Infections			MEDICAL DEVICES AND SUPPLIES		
Azithromycin					
<i>azithromycin PACK</i>	P				
<i>azithromycin SUSR</i>	P				
<i>azithromycin TABS</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Diabetic Supplies			AQUALANCE LANCETS 30G	P	RX/OTC
ACCU-CHEK FASTCLIX LANCETS	P	RX/OTC	ASSURE COMFORT LANCETS 28G	P	RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	P	RX/OTC	ASSURE HAEMOLANCE PLUS HIGH	P	RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	P	RX/OTC	ASSURE HAEMOLANCE PLUS LOW	P	RX/OTC
ACTI-LANCE 28G	P	RX/OTC	ASSURE HAEMOLANCE PLUS MICRO	P	RX/OTC
ACTI-LANCE LITE LANCETS 28G	P	RX/OTC	ASSURE HAEMOLANCE PLUS NORMAL	P	RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	P	RX/OTC	ASSURE HAEMOLANCE PLUS PED	P	RX/OTC
ACTI-LANCE UNIVERSAL 23G	P	RX/OTC	ASSURE LANCE LANCETS	P	RX/OTC
ADJUSTABLE LANCING DEVICE MISC	P		ASSURE LANCE LANCETS 21G	P	RX/OTC
ADVANCED MOBILE LANCET	P	RX/OTC	ASSURE LANCE PLUS SAFETY 25G	P	RX/OTC
ADVOCATE LANCETS	P	RX/OTC	ASSURE LANCE PLUS SAFETY 30G	P	RX/OTC
ADVOCATE LANCETS 30G	P	RX/OTC	ASSURE LANCE SAFETY LANCET 28G	P	RX/OTC
ADVOCATE LANCING DEVICE MISC	P		AURORA LANCET SUPER THIN 30G	P	RX/OTC
ADVOCATE RAPID-SAFE LANCING MISC	P		AURORA LANCET THIN 23G	P	RX/OTC
ADVOCATE SAFETY LANCETS	P	RX/OTC	AUTO-LANCET MINI MISC	P	
ADVOCATE SAFETY LANCETS 21G	P	RX/OTC	AUTO-LANCET MISC	P	
ADVOCATE SAFETY LANCETS 23G	P	RX/OTC	AUTOLET LANCING DEVICE MISC	P	
ADVOCATE SAFETY LANCETS 26G	P	RX/OTC	AUTOLET LANCING DEVICE MISC	P	
ADVOCATE SAFETY LANCETS 28G	P	RX/OTC	AUTOLET LITE LANCING DEVICE MISC	P	
AGAMATRIX ULTRA-THIN LANCETS	P	RX/OTC	AUTOLET MINI MISC	P	
AIMSCO TWIST LANCETS 32G	P	RX/OTC	AUTOLET PLUS MISC	P	
AIMSCO TWIST LANCETS 33G	P	RX/OTC	BD MICROTAINER LANCETS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARDIOCOM LANCING DEVICE MISC	P		COAGUCHEK LANCETS	P	RX/OTC
CAREONE ADVANCED LANCING DEV MISC	P		COMFORT ASSURED LANCETS 28G	P	RX/OTC
CAREONE LANCET SUPER THIN 30G	P	RX/OTC	COMFORT ASSURED LANCETS 33G	P	RX/OTC
CAREONE LANCET THIN 23G	P	RX/OTC	COMFORT TOUCH LANCETS 31G	P	RX/OTC
CARESENS LANCETS	P	RX/OTC	COMFORT TOUCH PLUS LANCETS 28G	P	RX/OTC
CARESENS LANCETS 30G	P	RX/OTC	COMFORT TOUCH PLUS LANCETS 30G	P	RX/OTC
CARETOUCH LANCING/EJECTOR MISC	P		COMFORT TOUCH TWIST LANCET 30G	P	RX/OTC
CARETOUCH SAFETY LANCETS	P	RX/OTC	CVS LANCETS ORIGINAL	P	RX/OTC
CARETOUCH SAFETY LANCETS 26G	P	RX/OTC	CVS LANCETS THIN 26G	P	RX/OTC
CARETOUCH TWIST LANCETS 28G	P	RX/OTC	CVS LANCING DEVICE MISC	P	
CARETOUCH TWIST LANCETS 30G	P	RX/OTC	CVS ULTRA THIN LANCETS	P	RX/OTC
CARETOUCH TWIST LANCETS 33G	P	RX/OTC	DEXCOM G6 RECEIVER	P	
CARETOUCH TWIST MC LANCETS 30G	P	RX/OTC	DEXCOM G6 SENSOR	P	
CHOSEN LANCETS 30G	P	RX/OTC	DEXCOM G6 TRANSMITTER	P	
CHOSEN LANCING DEVICE MISC	P		DEXCOM G7 RECEIVER	P	
CHOSEN SAFETY LANCETS 28G	P	RX/OTC	DEXCOM G7 SENSOR	P	
CLEANLET LANCETS 28G	P	RX/OTC	DIATHRIVE LANCET ULTRA THIN 30	P	RX/OTC
CLEVER CHEK LANCETS	P	RX/OTC	DIATHRIVE LANCETS	P	RX/OTC
CLEVER CHOICE COMFORT EZ	P	RX/OTC	DIATHRIVE LANCING DEVICE MISC	P	
CLEVER CHOICE LANCETS 21G	P	RX/OTC	DROPLET GENTEEL LANCING DEVICE MISC	P	
CLEVER CHOICE LANCETS 23G	P	RX/OTC	DROPLET LANCETS ULTRA THIN 30G	P	RX/OTC
CLEVER CHOICE LANCETS 28G	P	RX/OTC	DROPLET LANCING DEVICE MISC	P	
			DROPLET PERSONAL LANCETS 30G	P	RX/OTC
			DROPSAFE ACTI-LANCE 23G	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DRUG MART LANCING DEVICE MISC	P		EASY TOUCH SAFETY LANCETS 23G	P	RX/OTC
DRUG MART ON-THE-GO LANCET 30G	P	RX/OTC	EASY TOUCH SAFETY LANCETS 26G	P	RX/OTC
DRUG MART UNILET LANCETS 28G	P	RX/OTC	EASY TOUCH SAFETY LANCETS 28G	P	RX/OTC
DRUG MART UNILET LANCETS 30G	P	RX/OTC	EMBRACE LANCETS ULTRA THIN 30G	P	RX/OTC
DRUG MART UNILET LANCETS 33G	P	RX/OTC	EMBRACE LANCING DEVICE/EJECTOR MISC	P	
EASY COMFORT LANCETS	P	RX/OTC	EMBRACE PRESSURE ACTIVATED 21G	P	RX/OTC
EASY COMFORT LANCETS TWIST TOP	P	RX/OTC	EMBRACE PRESSURE ACTIVATED 28G	P	RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	P		EZ-LETS LANCETS 21G	P	RX/OTC
EASY MINI LANCING DEVICE MISC	P		EZ-LETS LANCETS 26G	P	RX/OTC
EASY TOUCH LANCETS 21G	P	RX/OTC	EZ-LETS LANCETS 28G	P	RX/OTC
EASY TOUCH LANCETS 23G	P	RX/OTC	EZ-LETS LANCETS 30G	P	RX/OTC
EASY TOUCH LANCETS 26G	P	RX/OTC	FIFTY50 SAFETY SEAL LANCETS	P	RX/OTC
EASY TOUCH LANCETS 28G	P	RX/OTC	FIFTY50 UNILET LANCETS 33G	P	RX/OTC
EASY TOUCH LANCETS 28G/TWIST	P	RX/OTC	FINE 30	P	RX/OTC
EASY TOUCH LANCETS 30G	P	RX/OTC	FINGERSTIX LANCETS	P	RX/OTC
EASY TOUCH LANCETS 30G/TWIST	P	RX/OTC	FORA LANCETS	P	RX/OTC
EASY TOUCH LANCETS 32G	P	RX/OTC	FORA LANCING DEVICE MISC	P	
EASY TOUCH LANCETS 32G/TWIST	P	RX/OTC	FREESTYLE FREEDOM LITE KIT	P	RX/OTC
EASY TOUCH LANCETS 33G/TWIST	P	RX/OTC	FREESTYLE LANCETS	P	RX/OTC
EASY TOUCH LANCING DEVICE MISC	P		FREESTYLE LIBRE 14 DAY READER	P	
EASY TOUCH SAFETY LANCETS 21G	P	RX/OTC	FREESTYLE LIBRE 14 DAY SENSOR	P	
			FREESTYLE LIBRE 2 PLUS SENSOR	P	
			FREESTYLE LIBRE 2 READER	P	
			FREESTYLE LIBRE 2 SENSOR	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE 3 PLUS SENSOR	P		GNP STERILE LANCETS 28G	P	RX/OTC
FREESTYLE LIBRE 3 READER	P		GNP STERILE LANCETS 30G	P	RX/OTC
FREESTYLE LIBRE 3 SENSOR	P		GNP STERILE LANCETS 33G	P	RX/OTC
FREESTYLE LITE KIT	P	RX/OTC	GOJJI LANCING DEVICE/CLEAR CAP MISC	P	
FREESTYLE PRECISION NEO SYSTEM KIT	P	RX/OTC	GOJJI STERILE LANCETS	P	RX/OTC
FREESTYLE UNISTICK II LANCETS	P	RX/OTC	HAEMOLANCE	P	RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	P	RX/OTC	HAEMOLANCE LOW FLOW LANCETS	P	RX/OTC
GENTEEL PLUS LANCING (BLACK) MISC	P		HAEMOLANCE PLUS	P	RX/OTC
GENTEEL PLUS LANCING (PURPLE) MISC	P		HAEMOLANCE PLUS HIGH FLOW	P	RX/OTC
GENTEEL PLUS LANCING (WHITE) MISC	P		HAEMOLANCE PLUS LOW FLOW	P	RX/OTC
GENTEEL PLUS LANCING DEV(BLUE) MISC	P		HAEMOLANCE PLUS MAX FLOW	P	RX/OTC
GENTEEL PLUS LANCING DEV(PINK) MISC	P		HAEMOLANCE PLUS PEDIATRIC FLOW	P	RX/OTC
GENTLE-LET GP LANCETS	P	RX/OTC	H-E-B INCONTROL ADV LANCING MISC	P	
GENTLE-LET LANCETS	P	RX/OTC	H-E-B INCONTROL LANCETS 28G	P	RX/OTC
GLOBAL INJECT EASE LANCETS 28G	P	RX/OTC	H-E-B INCONTROL LANCETS 30G	P	RX/OTC
GLOBAL INJECT EASE LANCETS 30G	P	RX/OTC	H-E-B INCONTROL LANCETS 33G	P	RX/OTC
GLOBAL LANCING DEVICE MISC	P		HY-VEE LANCETS	P	RX/OTC
GLUCOCOM LANCETS 28G	P	RX/OTC	HY-VEE THIN LANCETS	P	RX/OTC
GLUCOCOM LANCETS 30G	P	RX/OTC	IHEALTH LANCING DEVICE MISC	P	
GLUCOCOM LANCETS 33G	P	RX/OTC	IN TOUCH LANCING DEVICE MISC	P	
GNP LANCING SYSTEM DEVICE MISC	P		IN TOUCH STERILE LANCETS 30G	P	RX/OTC
			KINNEY LANCETS	P	RX/OTC
			KINNEY THIN LANCETS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KROGER AUTOLET LANCING DEVICE MISC	P		MEDICHOICE SAFETY LANCET EXTRA	P	RX/OTC
KROGER HEALTHPRO LANCET 26G	P	RX/OTC	MEDICHOICE SAFETY LANCET NORM	P	RX/OTC
KROGER LANCETS	P	RX/OTC	MEDLANCE EXTRA 21G	P	RX/OTC
KROGER LANCETS SUPER THIN	P	RX/OTC	MEDLANCE LITE 25G	P	RX/OTC
KROGER LANCETS THIN	P	RX/OTC	MEDLANCE PLUS EXTRA 21G	P	RX/OTC
LANCET DEVICE WITH EJECTOR MISC	P		MEDLANCE PLUS LANCETS	P	RX/OTC
LANCET DEVICE MISC	P		MEDLANCE PLUS LITE 25G	P	RX/OTC
LANCETS	P	RX/OTC	MEDLANCE PLUS SPECIAL 0.8MM	P	RX/OTC
LANCETS 28G THIN	P	RX/OTC	MEDLANCE PLUS SUPERLITE 30G	P	RX/OTC
LANCETS 30G	P	RX/OTC	MEDLANCE PLUS UNIVERSAL 21G	P	RX/OTC
LANCETS 33G	P	RX/OTC	MEDLANCE UNIVERSAL 21G	P	RX/OTC
LANCETS MICRO THIN 33G	P	RX/OTC	MEIJER LANCETS	P	RX/OTC
LANCETS SUPER THIN	P	RX/OTC	MEIJER LANCETS UNIVERSAL 21G	P	RX/OTC
LANCETS SUPER THIN 28G	P	RX/OTC	MEIJER LANCETS UNIVERSAL 30G	P	RX/OTC
LANCETS THIN	P	RX/OTC	MEIJER LANCETS UNIVERSAL 33G	P	RX/OTC
LANCETS ULTRA THIN	P	RX/OTC	MICROLET LANCETS	P	RX/OTC
LANCETS ULTRA THIN 30G	P	RX/OTC	MICROLET NEXT LANCING DEVICE MISC	P	
LANCING DEVICE MISC	P		MINI LANCING DEVICE MISC	P	
LANZO MISC	P		MM LANCING DEVICE MISC	P	
LEADER ADVANCED LANCING DEVICE MISC	P		MM TWIST LANCETS	P	RX/OTC
LIBERTY MEDICAL LANCETS	P	RX/OTC	MOBILE LANCETS 30G	P	RX/OTC
LIBERTY MINI LANCING DEVICE MISC	P		MONOLET LANCETS	P	RX/OTC
LITE TOUCH LANCETS	P	RX/OTC	MONOLET OPD LANCETS	P	RX/OTC
LITE TOUCH LANCING PEN MISC	P		MONOLETTOR SAFETY LANCETS	P	RX/OTC
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
MPD SAFETY LANCET 21G	P	RX/OTC	ONETOUCH DELICA SAFETY LANCING	P	RX/OTC
MPD SAFETY LANCET 23G	P	RX/OTC	ONETOUCH ULTRASOFT 2 LANCETS	P	RX/OTC
MPD SAFETY LANCET 28G	P	RX/OTC	PERFECT LANCETS 28G	P	RX/OTC
MPD SAFETY LANCET 30G	P	RX/OTC	PERFECT LANCETS 30G	P	RX/OTC
MULTI-LANCET DEVICE MISC	P		PERFECT POINT SAFETY LANCETS	P	RX/OTC
MYGLUCOHEALTH LANCETS 30G	P	RX/OTC	PHARMACIST CHOICE LANCETS	P	RX/OTC
NOVA SAFETY LANCETS 23G	P	RX/OTC	PIP LANCETS 28G	P	RX/OTC
NOVA SAFETY LANCETS 28G	P	RX/OTC	PIP LANCETS 30G	P	RX/OTC
NOVA SUREFLEX LANCETS	P	RX/OTC	PRECISION THINS GP LANCETS	P	RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	P		PRECISION XTRA-GLUCOSE/KETONE DEVI	P	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	P	PA	PRO COMFORT LANCETS 30G	P	RX/OTC
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	P	PA	PRO COMFORT LANCETS 31G	P	RX/OTC
OMNIPOD 5 G7 INTRO (GEN 5) KIT	P	PA	PRO COMFORT SAFETY LANCETS 30G	P	RX/OTC
OMNIPOD 5 G7 PODS (GEN 5) MISC	P	PA	PRODIGY LANCETS 28G	P	RX/OTC
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	P	PA	PRODIGY LANCING DEVICE MISC	P	
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	P	PA	PRODIGY SAFETY LANCETS 26G	P	RX/OTC
OMNIPOD DASH PODS (GEN 4) MISC	P	PA	PRODIGY TWIST TOP LANCETS 28G	P	RX/OTC
OMNIPOD GO KIT	P	PA	PSS SELECT GP LANCETS	P	RX/OTC
ONETOUCH DELICA PLUS LANCET30G	P	RX/OTC	PSS SELECT SAFETY LANCETS	P	RX/OTC
ONETOUCH DELICA PLUS LANCET33G	P	RX/OTC	PURE COMFORT LANCETS 30G	P	RX/OTC
ONETOUCH DELICA PLUS LANCING MISC	P		PX ADVANCED LANCING DEVICE MISC	P	
			PX LANCET AUTO INJECTOR MISC	P	
			PX LANCETS MICROTHIN 33G	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
READYLANCE 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	SIMPLE DIAGNOSTICS LANCING DEV MISC	P	
RELION LANCET DEVICES 30G	P	RX/OTC	SINGLE-LET	P	RX/OTC
RELION LANCETS	P	RX/OTC	SM TRUEDRAW LANCING DEVICE MISC	P	
RELION LANCETS MICRO-THIN 33G	P	RX/OTC	SMART DIABETES VANTAGE LANCING MISC	P	
RELION LANCETS THIN 26G	P	RX/OTC	SMARTEST LANCETS 28G	P	RX/OTC
RELION LANCETS ULTRA-THIN 30G	P	RX/OTC	SOLUS V2 LANCETS 28G	P	RX/OTC
RELION LANCING DEVICE MISC	P		SOLUS V2 LANCING DEVICE MISC	P	
RELION ULTRA THIN LANCETS 30G	P	RX/OTC	SOLUS V2 TWIST LANCETS 30G	P	RX/OTC
RIGHTTEST GD500 LANCING DEVICE MISC	P		STERILANCE TL	P	RX/OTC
RIGHTTEST GL300 LANCETS	P	RX/OTC	SUPER THIN LANCETS	P	RX/OTC
SAFE-T-LANCE	P	RX/OTC	SURE COMFORT LANCETS 18G	P	RX/OTC
SAFE-T-LANCE PLUS	P	RX/OTC	SURE COMFORT LANCETS 21G	P	RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	P	RX/OTC	SURE COMFORT LANCETS 23G	P	RX/OTC
SAFETY LANCETS	P	RX/OTC	SURE COMFORT LANCETS 28G	P	RX/OTC
SAFETY LANCETS 21G	P	RX/OTC	SURE COMFORT LANCETS 30G	P	RX/OTC
SAFETY LANCETS 23G	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCING PEN MISC	P		ULILET SAFETY LANCETS 23G	P	RX/OTC
SURELITE LANCETS	P	RX/OTC	ULTRA THIN LANCETS 31G	P	RX/OTC
TECHLITE AST LANCETS	P	RX/OTC	ULTRA-CARE 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
TECHLITE LANCETS 30G	P	RX/OTC	UNILET COMFORTOUCH LANCET	P	RX/OTC
THINLETS GP LANCETS	P	RX/OTC	UNILET EXCELITE	P	RX/OTC
TODAYS HEALTH LANCING DEVICE MISC	P		UNILET EXCELITE II	P	RX/OTC
TODAYS HEALTH THIN LANCETS 28G	P	RX/OTC	UNILET G.P. LANCET	P	RX/OTC
TODAYS HEALTH THIN LANCETS 30G	P	RX/OTC	UNILET G.P. SUPERLITE LANCET	P	RX/OTC
TRAVEL LANCETS ADVANCED 28G	P	RX/OTC	UNILET GP 28 ULTRA THIN	P	RX/OTC
TRUE COMFORT SAFETY LANCETS	P	RX/OTC	UNILET LANCET	P	RX/OTC
TRUE COMFORT TWIST TOP LANCETS	P	RX/OTC	UNILET MICRO-THIN 33G	P	RX/OTC
TRUEDRAW LANCING DEVICE MISC	P		UNILET MICRO-THIN 33G	P	RX/OTC
TRUEPLUS LANCETS 26G	P	RX/OTC	UNILET SUPERLITE LANCET	P	RX/OTC
TRUEPLUS LANCETS 28G	P	RX/OTC	UNILET SUPER-THIN 30G	P	RX/OTC
TRUEPLUS LANCETS 30G	P	RX/OTC	UNILET SUPER-THIN 30G	P	RX/OTC
TRUEPLUS LANCETS 33G	P	RX/OTC	UNILET ULTRA-THIN 28G	P	RX/OTC
TRUEPLUS SAFETY LANCETS 28G	P	RX/OTC	UNILET ULTRA-THIN 28G	P	RX/OTC
TWIST TOP LANCETS 30G	P	RX/OTC	UNISTIK 1	P	RX/OTC
ULTI-LANCE AUTOMATIC MISC	P		UNISTIK 2	P	RX/OTC
ULILET CLASSIC LANCETS	P	RX/OTC	UNISTIK 2 COMFORT	P	RX/OTC
ULILET LANCETS	P	RX/OTC	UNISTIK 2 EXTRA	P	RX/OTC
ULILET SAFETY LANCETS	P	RX/OTC	UNISTIK 2 NEONATAL	P	RX/OTC
			UNISTIK 2 NORMAL	P	RX/OTC
			UNISTIK 2 SUPER	P	RX/OTC
			UNISTIK 3	P	RX/OTC
			UNISTIK 3 COMFORT	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNISTIK 3 COMFORT	P	RX/OTC	VERIFINE UNIVERSAL LANCETS 33G	P	RX/OTC
UNISTIK 3 EXTRA	P	RX/OTC	VIVAGUARD LANCETS	P	RX/OTC
UNISTIK 3 EXTRA	P	RX/OTC	VIVAGUARD LANCETS 30G	P	RX/OTC
UNISTIK 3 GENTLE	P	RX/OTC	VIVAGUARD LANCING DEVICE MISC	P	
UNISTIK 3 GENTLE	P	RX/OTC	VIVAGUARD SAFETY LANCETS 28G	P	RX/OTC
UNISTIK 3 NEONATAL	P	RX/OTC	ZEV RX TWIST TOP LANCETS 30G	P	RX/OTC
UNISTIK 3 NORMAL	P	RX/OTC	Enteral Nutrition Supplies		
UNISTIK 3 NORMAL	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 CZT COMFORT	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 CZT NORMAL	P	RX/OTC	ENFIT AMBER LOW DOSE SYR/3ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
UNISTIK NORMAL	P	RX/OTC	ENFIT AMBER SYRINGE/10ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
UNISTIK PRO SAFETY LANCET	P	RX/OTC	ENFIT AMBER SYRINGE/20ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
UNISTIK SAFETY LANCETS 28G	P	RX/OTC	ENFIT AMBER SYRINGE/35ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
UNISTIK SAFETY LANCETS 30G	P	RX/OTC	ENFIT AMBER SYRINGE/60ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	P	RX/OTC	ENFIT AMBER TIP SYRINGE/5ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	P	RX/OTC			
UNISTIK TOUCH SAFETY LANC 23G	P	RX/OTC			
UNISTIK TOUCH SAFETY LANC 23G	P	RX/OTC			
UNISTIK TOUCH SAFETY LANC 28G	P	RX/OTC			
UNISTIK TOUCH SAFETY LANC 30G	P	RX/OTC			
VERIFINE SAFE LANCET MINI 21G	P	RX/OTC			
VERIFINE SAFE LANCET MINI 23G	P	RX/OTC			
VERIFINE SAFE LANCET MINI 28G	P	RX/OTC			
VERIFINE SAFE LANCET MINI 30G	P	RX/OTC			
VERIFINE UNIVERSAL LANCETS 28G	P	RX/OTC			
VERIFINE UNIVERSAL LANCETS 30G	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
ENFIT MED BOTTLE ADAPTER/SZ 4	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC	Misc. Devices		
ENFIT MED BOTTLE ADAPTER/SZ 5	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC	ADVOCATE ALCOHOL PREP PADS	P	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	ALCOH-GLOVE CONTOURED WIPE	P	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	ALCOHOL PADS	P	RX/OTC
ENFIT SYRINGE/10ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	ALCOHOL PREP	P	RX/OTC
ENFIT SYRINGE/20ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	ALCOHOL PREP PADS	P	RX/OTC
			ALCOHOL SWABS	P	RX/OTC
			ALCOHOL SWABSTICK	P	RX/OTC
			AUM ALCOHOL PREP PADS	P	RX/OTC
			BD SWAB SINGLE USE REGULAR	P	RX/OTC
			CARETOUCH ALCOHOL PREP	P	RX/OTC
			COMFORT TOUCH ALCOHOL PREP	P	RX/OTC
			CURITY ALCOHOL PREPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS ALCOHOL PREP PADS	P	RX/OTC	SURE COMFORT ALCOHOL PREP	P	RX/OTC
CVS PREP	P	RX/OTC	TRUE COMFORT ALCOHOL PREP PADS	P	RX/OTC
DROPSAFE ALCOHOL PREP	P	RX/OTC	TRUE COMFORT PRO ALCOHOL PREP	P	RX/OTC
EASY COMFORT ALCOHOL PADS	P	RX/OTC	ULTICARE ALCOHOL SWABS	P	RX/OTC
EASY TOUCH ALCOHOL PREP MEDIUM	P	RX/OTC	ULTILET ALCOHOL SWABS	P	RX/OTC
EQL ALCOHOL SWABS	P	RX/OTC	ULTRA-CARE ALCOHOL PREP PADS	P	RX/OTC
FIFTY50 ALCOHOL PREP	P	RX/OTC	WEBCOL ALCOHOL PREP LARGE	P	RX/OTC
GLOBAL ALCOHOL PREP EASE	P	RX/OTC	WEBCOL ALCOHOL PREP MEDIUM	P	RX/OTC
GNP ALCOHOL SWABS	P	RX/OTC	ZEV RX STERILE ALCOHOL PREP PAD	P	RX/OTC
GOODSENSE ALCOHOL SWABS	P	RX/OTC	Parenteral Therapy Supplies		
H-E-B INCONTROL ALCOHOL	P	RX/OTC	1ST TIER UNIFINE PENTIPS	P	
HM STERILE ALCOHOL PREP	P	RX/OTC	1ST TIER UNIFINE PENTIPS PLUS	P	RX/OTC
MEIJER ALCOHOL SWABS	P	RX/OTC	ABOUTTIME PEN NEEDLE	P	RX/OTC
PHARMACIST CHOICE ALCOHOL	P	RX/OTC	ADVOCATE INSULIN PEN NEEDLE	P	RX/OTC
PRO COMFORT ALCOHOL	P	RX/OTC	ADVOCATE INSULIN PEN NEEDLES	P	
PURE COMFORT ALCOHOL PREP	P	RX/OTC	ADVOCATE INSULIN SYRINGE	P	RX/OTC
QC ALCOHOL SWABS	P	RX/OTC	AQ INSULIN SYRINGE	P	RX/OTC
REALITY SWABS	P	RX/OTC	AQINJECT PEN NEEDLE	P	RX/OTC
RELION ALCOHOL SWABS	P	RX/OTC	ASSURE ID DUO PRO PEN NEEDLES	P	RX/OTC
SAPS CARE ALCOHOL PREP	P	RX/OTC	AUM INSULIN SAFETY PEN NEEDLE	P	RX/OTC
SAPS HEALTH ALCOHOL PREP	P	RX/OTC	AUM MINI INSULIN PEN NEEDLE	P	RX/OTC
SAPS HEALTH CARE ALCOHOL PREP	P	RX/OTC	AUM PEN NEEDLE	P	RX/OTC
SB ALCOHOL PREP	P	RX/OTC			
SM ALCOHOL PREP	P	RX/OTC			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	P	RX/OTC	GNP ULTIGUARD SAFEPAK NEEDLE	P	RX/OTC
EMBECTA INSULIN SYRINGE	P		GNP ULTRA COM INSULIN SYRINGE	P	RX/OTC
EMBECTA INSULIN SYRINGE U-100	P		HEALTHWISE INSULIN SYR/NEEDLE	P	RX/OTC
EMBECTA INSULIN SYRINGE U-500	P		HEALTHWISE MICRON PEN NEEDLES	P	RX/OTC
EMBECTA PEN NEEDLE NANO	P	RX/OTC	HEALTHWISE SHORT PEN NEEDLES	P	RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	P	RX/OTC	H-E-B INCONTROL PEN NEEDLES	P	RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	P		H-E-B INCONTROL UNIFINE PENTIP	P	RX/OTC
EMBRACE PEN NEEDLES	P	RX/OTC	HM ULTICARE INSULIN SYRINGE	P	RX/OTC
FIFTY50 PEN NEEDLES	P	RX/OTC	HM ULTICARE MINI PEN NEEDLES	P	RX/OTC
FIFTY50 SUPERIOR COMFORT SYR	P	RX/OTC	HM ULTICARE SHORT PEN NEEDLES	P	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES	P	RX/OTC	INCONTROL ULTICARE PEN NEEDLES	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE	P	RX/OTC	NOVOFINE PLUS PEN NEEDLE	P	RX/OTC
INSULIN SYRINGE-NEEDLE U-100	P	RX/OTC	PC UNIFINE PENTIPS	P	RX/OTC
INSUPEN PEN NEEDLES	P	RX/OTC	PEN NEEDLE/5-BEVEL TIP	P	RX/OTC
INSUPEN SENSITIVE	P		PEN NEEDLES	P	RX/OTC
INSUPEN ULTRAFIN	P	RX/OTC	PENTIPS	P	RX/OTC
INSUPEN32G EXTR3ME	P		PENTIPS GENERIC PEN NEEDLES	P	
KINRAY INSULIN SYRINGE	P	RX/OTC	PIP PEN NEEDLES 31G X 5MM	P	RX/OTC
KROGER PEN NEEDLES	P	RX/OTC	PIP PEN NEEDLES 32G X 4MM	P	RX/OTC
LEADER UNIFINE PENTIPS	P	RX/OTC	PREVENT DROPSAFE PEN NEEDLES	P	RX/OTC
LEADER UNIFINE PENTIPS PLUS	P	RX/OTC	PREVENT SAFETY PEN NEEDLES	P	RX/OTC
LITETOUCH INSULIN SYRINGE	P	RX/OTC	PRO COMFORT INSULIN SYRINGE	P	RX/OTC
LITETOUCH PEN NEEDLES	P	RX/OTC	PRO COMFORT PEN NEEDLES	P	RX/OTC
MAGELLAN INSULIN SAFETY SYR	P	RX/OTC	PRODIGY INSULIN SYRINGE	P	RX/OTC
MARATHON MEDICAL PENTIPS	P	RX/OTC	PURE COMFORT PEN NEEDLE	P	RX/OTC
MAXI-COMFORT INSULIN SYRINGE	P	RX/OTC	PURE COMFORT SAFETY PEN NEEDLE	P	RX/OTC
MAXICOMFORT SYR 27G X 1/2"	P	RX/OTC	PX INSULIN SYRINGE	P	
MEDIC INSULIN SYRINGE	P	RX/OTC	PX MINI PEN NEEDLES	P	RX/OTC
MEDICINE SHOPPE PEN NEEDLES	P	RX/OTC	PX SHORTLENGTH PEN NEEDLES	P	RX/OTC
MEIJER PEN NEEDLES	P	RX/OTC	QC PEN NEEDLES	P	RX/OTC
MICRODOT PEN NEEDLE	P	RX/OTC	QC UNIFINE PENTIPS	P	RX/OTC
MM INSULIN SYRINGE/NEEDLE	P	RX/OTC	QUICK TOUCH INSULIN PEN NEEDLE	P	
MM PEN NEEDLES	P	RX/OTC	RAYA SURE PEN NEEDLE	P	RX/OTC
MONOJECT INSULIN SYRINGE	P	RX/OTC	REALITY INSULIN SYRINGE	P	RX/OTC
MONOJECT ULTRA COMFORT SYRINGE	P	RX/OTC	RELION INSULIN SYRINGE	P	RX/OTC
NOVOFINE PEN NEEDLE	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
SURE COMFORT INSULIN SYRINGE	P	RX/OTC	ULTIGUARD SAFEPAK SYR/NEEDLE	P	
SURE COMFORT PEN NEEDLES	P	RX/OTC	ULTILET PEN NEEDLE	P	
TECHLITE INSULIN SYRINGE	P	RX/OTC	ULTRA FLO INSULIN PEN NEEDLES	P	RX/OTC
TECHLITE PEN NEEDLES	P	RX/OTC	ULTRA FLO INSULIN SYR 1/2 UNIT	P	
TECHLITE PLUS PEN NEEDLES	P	RX/OTC	ULTRA FLO INSULIN SYRINGE	P	
TODAYS HEALTH SHORT PEN NEEDLE	P	RX/OTC	ULTRA THIN PEN NEEDLES	P	RX/OTC
TRUE COMFORT INSULIN SYRINGE	P	RX/OTC	ULTRACARE INSULIN SYRINGE	P	RX/OTC
TRUE COMFORT PEN NEEDLES	P	RX/OTC	ULTRACARE PEN NEEDLES	P	RX/OTC
TRUE COMFORT PRO INSULIN SYR	P	RX/OTC	ULTRA-THIN II INS SYR SHORT	P	RX/OTC
TRUE COMFORT PRO PEN NEEDLES	P	RX/OTC	ULTRA-THIN II INSULIN SYRINGE	P	RX/OTC
TRUE COMFORT SAFETY PEN NEEDLE	P	RX/OTC	ULTRA-THIN II MINI PEN NEEDLE	P	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES	P		ULTRA-THIN II PEN NEEDLE SHORT	P	RX/OTC
TRUEPLUS INSULIN SYRINGE	P	RX/OTC	ULTRA-THIN II PEN NEEDLES	P	
TRUEPLUS PEN NEEDLES	P	RX/OTC	UNIFINE OTC PEN NEEDLES	P	RX/OTC
ULTICARE INSULIN SAFETY SYR	P	RX/OTC	UNIFINE PENTIPS	P	
ULTICARE INSULIN SYRINGE	P	RX/OTC	UNIFINE PENTIPS	P	RX/OTC
ULTICARE MICRO PEN NEEDLES	P	RX/OTC	UNIFINE PENTIPS PLUS	P	RX/OTC
ULTICARE MINI PEN NEEDLES	P		UNIFINE PENTIPS PLUS	P	RX/OTC
ULTICARE PEN NEEDLES	P	RX/OTC	UNIFINE PROTECT PEN NEEDLE	P	RX/OTC
			UNIFINE SAFECONTROL PEN NEEDLE	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNIFINE ULTRA PEN NEEDLE	P	RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL DEVI	NP	RX/OTC
VANISHPOINT INSULIN SYRINGE	P	RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL MISC	NP	RX/OTC
VERIFINE INSULIN PEN NEEDLE	P	RX/OTC	AEROCHAMBER PLUS FLO-VU W/MASK MISC	NP	RX/OTC
VERIFINE INSULIN SYRINGE	P	RX/OTC	AEROCHAMBER PLUS FLO-VU MISC	NP	RX/OTC
VERIFINE PLUS PEN NEEDLE	P	RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	NP	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS	P	RX/OTC	AEROCHAMBER W/FLOWSIGNAL MISC	P	RX/OTC
ZEV RX INSULIN SYRINGE	P	RX/OTC	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	P	RX/OTC
ZEV RX PEN NEEDLES	P	RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MISC	P	RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	P	RX/OTC
ACE AEROSOL CLOUD ENHANCER MISC	P	RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MISC	P	RX/OTC
ADULT MASK LARGE MISC	P	RX/OTC	AEROCHAMBER Z-STAT PLUS MISC	P	RX/OTC
ADULT MASK DEVI	P	RX/OTC	AEROCHAMBER2GO ANTI-STATIC DEVI	NP	RX/OTC
AEROBIKA DEVI	P	RX/OTC	AEROVENT PLUS DEVI	P	RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	NP	RX/OTC	ALL FLOW 1000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	P	RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER MV MISC	P	RX/OTC	ALL FLOW 3000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	NP	RX/OTC	ALL FLOW 4000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	NP	RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	NP	RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	NP	RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	NP	RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	P	RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
BREATHERITE 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
EASIVENT MASK MEDIUM MISC	P	RX/OTC	FLEXICHAMBER DEVI	NP	RX/OTC
EASIVENT MASK SMALL MISC	P	RX/OTC	IN-CHECK DIAL FLOW TRAINER DEVI	P	RX/OTC
EASIVENT MISC	P	RX/OTC	IN-CHECK INSPIRATORY FLOW MTR DEVI	P	RX/OTC
EASY FLOW BLACK/BLUE DEVI	P	RX/OTC	INSPIREASE MISC	P	RX/OTC
EASY FLOW BLACK/ORANGE DEVI	P	RX/OTC	MICROCHAMBER DEVI	P	RX/OTC
EASY FLOW BLACK/RED DEVI	P	RX/OTC	MICROCHAMBER MISC	P	RX/OTC
EASY FLOW BLACK/WHITE DEVI	P	RX/OTC	MICROSPACER MISC	P	RX/OTC
EASY FLOW BLACK/YELLOW DEVI	P	RX/OTC	NEBULIZER CUP/TUBING DEVI	P	RX/OTC
			OMBRA TABLE TOP COMPRESSOR DEVI	P	RX/OTC
			ONE FLOW SPIROMETER DEVI	P	RX/OTC
			OPTICHAMBER DIAMOND DEVI	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OPTICHAMBER DIAMOND-LG MASK DEVI	P	RX/OTC	REUSABLE COMFORTSEAL MASK-MED MISC	NP	RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	P	RX/OTC	REUSABLE COMFORTSEAL MASK-SML MISC	NP	RX/OTC
OPTICHAMBER DIAMOND MISC	P	RX/OTC	RITEFLO DEVI	P	RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	P	RX/OTC	SPIRO PD DEVI	P	RX/OTC
PARI MANUAL INTERRUPTER DEVI	P	RX/OTC	THRESHOLD PEP DEVI	P	RX/OTC
PARI TREK S COMBO PACK DEVI	P	RX/OTC	VERSAPAP W/UNIVERSAL TUBING DEVI	P	RX/OTC
POCKET CHAMBER DEVI	P	RX/OTC	VERSAPAP DEVI	P	RX/OTC
POCKET SPACER DEVI	P	RX/OTC	VORTEX HOLD CHMBR/MASK/CHILD DEVI	P	RX/OTC
PRO COMFORT SPACER ADULT MISC	P	RX/OTC	VORTEX HOLD CHMBR/MASK/TODDLER DEVI	P	RX/OTC
PRO COMFORT SPACER CHILD MISC	P	RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	NP	RX/OTC
PRO COMFORT SPACER INFANT DEVI	P	RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	P	RX/OTC
PROCARE SPACER/ADULT MASK DEVI	P	RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	P	RX/OTC
PROCARE SPACER/CHILD MASK DEVI	P	RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
PROCHAMBER VHC DEVI	P	RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
PURE COMFORT 3-BALL BREATHE EX DEVI	P	RX/OTC	AIMOVIG	P	SP; PA
PURE COMFORT SPACER CHAMBER DEVI	P	RX/OTC	AJOVY SOAJ	P	SP; PA
QUAKE DEVI	P	RX/OTC	AJOVY SOSY	P	SP; PA
REUSABLE COMFORTSEAL MASK-LRG MISC	NP	RX/OTC	EMGALITY (300 MG DOSE) SOSY	NP	SP; PA
			EMGALITY SOAJ	P	SP; PA
			EMGALITY SOSY	P	SP; PA
			NURTEC	P	PA
			QULIPTA 30 MG	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QULIPTA 10 MG, 60 MG	NP		MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	NP	ST
UBRELVY	NP		MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	NP	
VYEPTI	NP	SP	<i>naratriptan hcl</i>	P	
ZAVZPRET	NP		RELPAK (<i>eletriptan hydrobromide</i>)	NP	
Migraine Combinations			REYVOW	NP	
<i>ergotamine w/ caffeine TABS</i>	NP		<i>rizatriptan benzoate TABS</i>	P	
<i>sumatriptan-naproxen sodium</i>	NP		<i>rizatriptan benzoate TABS 10 MG</i>	NP	
SYMBRAVO TABS PO	NP	QL(9 EA per 45 day(s) retail; 9 EA per 45 days mail); PA	<i>rizatriptan benzoate TBDP</i>	P	ST
Migraine Products			<i>rizatriptan benzoate TBDP 10 MG</i>	NP	ST
BREKIYA SOAJ SC 1 MG/ML	NP		<i>sumatriptan</i>	P	QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail)
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	NP		<i>sumatriptan succinate SOAJ</i>	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)
ERGOMAR SUBL	NP		<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)
Migraine Products - NSAIDs			<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>diclofenac potassium (migraine)</i>	NP		<i>sumatriptan succinate TABS</i>	P	
ELYXYB	NP		TOSYMRA	NP	QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail)
Serotonin Agonists			ZEMBRACE SYMTOUCH SOAJ	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)
<i>almotriptan malate</i>	NP		<i>zolmitriptan SOLN 2.5 MG</i>	NP	
<i>eletriptan hydrobromide</i>	NP		<i>zolmitriptan SOLN 5 MG</i>	NP	QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail)
FROVA (<i>frovatriptan succinate</i>)	NP		<i>zolmitriptan TABS</i>	NP	
<i>frovatriptan succinate</i>	NP				
IMITREX STATDOSE REFILL SOCT (<i>sumatriptan succinate</i>)	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)			
IMITREX STATDOSE SYSTEM SOAJ (<i>sumatriptan succinate</i>)	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)			
IMITREX TABS (<i>sumatriptan succinate</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>zolmitriptan TABS</i>	P		<i>calcium-magnesium-zinc-cholecalciferol TABS 200 UNIT-333.33 MG-133.33 MG-5 MG, 5 MCG-333 MG-133 MG-5 MG</i>	P	
<i>zolmitriptan TBDP</i>	P	ST	CALCIUM-MAGNESIUM-ZINC-D3 TABS	P	
ZOMIG SOLN 2.5 MG (<i>zolmitriptan</i>)	NP		CALCIUM-MAGNESIUM-ZINC-VIT D3 TABS 1.666 MCG-333.333 MG-133.333 MG-5 MG	P	
ZOMIG SOLN 5 MG (<i>zolmitriptan</i>)	NP	QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail)	CORAL CALCIUM CAPS 100 UNIT-50 MG-185 MG	P	
MINERALS & ELECTROLYTES			<i>oyster shell</i>	P	
Calcium			OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	P	
CALCIUM 600 +D HIGH POTENCY TABS	P		Electrolyte Mixtures		
CALCIUM ACETATE	NP		BIOLYTE SOLN	P	
<i>calcium carbonate-cholecalciferol TABS</i>	P		CERASPORT EX1 SOLN	P	
<i>calcium carbonate TABS</i>	P		CERASPORT SOLN	P	
<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT, 600 MG-200 UNIT</i>	P		ENFAMIL ENFALYTE SOLN	P	
CALCIUM CITRATE + D3 TABS	P		FT ELECTROLYTE SOLN	P	
CALCIUM CITRATE + D TABS	P		GNP ELECTROLYTE SOLUTION SOLN 280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML, 9 GM/360ML-280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML	P	
<i>calcium citrate TABS</i>	P		GOODSENSE ELECTROLYTE ADV CARE SOLN	P	
CALCIUM CITRATE TABS 250 MG	P		HYDRALYTE FREEZER POPS SOLN	P	
<i>calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-315 MG, 5 MCG-315 MG, 6.25 MCG-315 MG</i>	P		HYDRALYTE SOLN	P	
CALCIUM GLUCONATE CAPS	P		KINDERLYTE PREMAX SOLN	P	
CALCIUM/C/D	P		KINDERLYTE SOLN	P	
CALCIUM CHEW	P				
<i>calcium-magnesium-zinc</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oral electrolytes SOLN</i>	P		CALCIUM CITRATE-MAG-MINERALS TABS 5 MG-400 UNIT-0.5 MG-5 MG-250 MG-40 MG-0.5 MG	P	
PEDIALYTE IMMUNE SUPPORT SOLN	P		CITRACAL MAXIMUM PLUS TABS	P	
TRUELYTE SOLN	P		CITRACAL PLUS TABS	P	
Fluoride			CVS CALCIUM CITRATE+D3 W/MAGNE TABS	P	
<i>sodium fluoride CHEW</i>	P		CVS CALCIUM CITRATE+D3 TABS	P	
<i>sodium fluoride SOLN 0.5 MG/ML</i>	P	RX/OTC	FEM-CAL CITRATE TABS	P	
<i>sodium fluoride TABS 0.5 MG</i>	P		GNP CAL MAG ZINC +D3 TABS 133.333 UNIT-333.333 MG-133.333 MG-5 MG	P	
SOLUVITA SOLN	P	RX/OTC	MULTI MEGA MINERALS TABS	P	
Magnesium			MULTI-MINERALS TABS	P	
<i>magnesium oxide (mg supplement) TABS</i>	P		PROSTEON TABS	P	
<i>magnesium TABS 400 MG</i>	P		THERACAL D2000 TABS	P	
Mineral Combinations			THERACAL D4000 TABS	P	
ADVANCED CALCIUM/D/MAGNESIUM TABS	P		THERACAL RAPID REPLETION TABS	P	
BONE DENSITY BUILDER TABS	P		Phosphate		
CALCIUM 600+D3 PLUS MINERALS TABS	P		<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	
CALCIUM CITRATE + TABS 200 UNIT-315 MG, 50 UNIT-0.5 MG-50 MCG-0.5 MG-2 MG-250 MG	P		<i>potassium & sodium phosphates PACK</i>	P	
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		Potassium		
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 bicarbonate TBEF</i>	P	
			<i>potassium chloride microencapsulated crystals er</i>	P	
			<i>potassium chloride CPCR</i>	P	
			<i>potassium chloride PACK PO 20 MEQ</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<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	NP	SP; ST
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	
Lymphatic Agents		
SYLVANT	P	SP
PIK3CA-Related Overgrowth Spectrum (PROS)		

Drug Name	Drug Tier	Requirements/ Limits
Agents		
VIJOICE PACK	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	
VELTASSA	NP	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>	NP	
<i>clotrimazole</i>	P	
NYSTATIN (<i>nystatin (mouth-throat)</i>)	P	
<i>nystatin (mouth-throat)</i>	P	
ORAVIG	NP	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	
Dental Products		
<i>sodium fluoride (dental) CREA</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sodium fluoride (dental) GEL</i>	P		NUTRIVIT	P	RX/OTC
<i>sodium fluoride (dental) SOLN 0.2 %</i>	P		SM B-COMPLEX/VITAMIN C TABS	P	RX/OTC
Steroids - Mouth/Throat/Dental			B-Complex w/ Iron		
<i>triamcinolone acetonide (mouth)</i>	NP		APETIGEN-PLUS SOLN	P	
Throat Products - Misc.			SUPER B-COMPLEX/IRON/VITAMIN C TABS	P	
<i>cevimeline hcl</i>	P		B-Complex w/ Minerals		
<i>pilocarpine hcl (oral) 5 MG</i>	P		<i>b-complex w/ minerals LIQD</i>	P	
MULTIVITAMINS			Bioflavonoid Products		
B-Complex Vitamins			ACTITROM CAPS	P	
<i>b-complex vitamins CAPS</i>	P		ACTITROM-D CAPS	P	
<i>b-complex vitamins TABS</i>	P		ADRENAL C FORMULA TABS	P	RX/OTC
CVS BALANCED B100 TBCR	P		ADVANCED C PLUS TABS	P	RX/OTC
B-Complex w/ C			BIO C 1:1 CAPS	P	
<i>b complex w/ c CAPS</i>	P	RX/OTC	<i>bioflavonoid products TABS</i>	P	RX/OTC
<i>b complex w/ c TABS</i>	P		<i>bioflavonoid products TBCR</i>	P	
<i>b-complex w/ c & calcium</i>	P		C 1000-BIOFLAVONOIDS-ROSE HIPS CAPS	P	
<i>b-complex w/ c & e + zn</i>	P		DAFLONEX-XL TBCR	P	
PRONUTRIENTS SUPER B COMPLEX	P		EASY-C IMMUNE HEALTH W/BIOFLAV CAPS	P	
B-Complex w/ Folic Acid			FRUIT C 200 CHEW	P	
ACTRIVIT	P	RX/OTC	GRAPE SEED EXTRACT CAPS	P	
BALANCED B-50 TBCR	P		GRAPE SEED CAPS	P	
<i>b-complex w/ c & folic acid CAPS</i>	P	RX/OTC	QUERCETIN COMPLEX IMMUNE CAPS	P	
<i>b-complex w/ c & folic acid TABS</i>	P		THORNE VITAMIN C-FLAVONOIDS CAPS	P	
<i>b-complex w/ folic acid CAPS</i>	P	RX/OTC	TROMBONEX CAPS	P	
<i>b-complex w/ folic acid TABS</i>	P				
<i>b-complex w/biotin & folic acid TABS</i>	P				
<i>b-complex w/biotin & folic acid TBCR</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TROMBONEX-D CAPS	P		AIRBORNE+PROBIOTIC CHEW	P	
VASOFLEX FORTE CAPS	P		AIRBORNE CHEW	P	
VASOFLEX CAPS	P		ALIVE ADULT PREMIUM CHEW	P	
VITAMIN C CHEW	P		ALIVE CALCIUM BONE SUPPORT TABS	NP	RX/OTC
Multiple Vitamins w/ Calcium			ALIVE EVERYDAY IMMUNE HEALTH CAPS	P	RX/OTC
<i>multiple vitamins w/ calcium TABS</i>	P		ALIVE HAIR, SKIN & NAILS CAPS	NP	RX/OTC
Multiple Vitamins w/ Iron			ALIVE HAIR, SKIN & NAILS CHEW	P	
DAVIMET-IRON CHEW	NP		ALIVE MAX 6 POTENCY CAPS	P	RX/OTC
DESTRESS-IRON TABS	P		ALIVE MENS 50+ MULTI GUMMY CHEW	P	
<i>multiple vitamins w/ iron TABS</i>	P		ALIVE MENS GUMMY MULTIVITAMINS CHEW	P	
STRESS FORMULA/IRON/ENERGY TABS	P		ALIVE MULTI-VITAMIN CHEW	P	
TAB-A-VITE/IRON/BETA CAROTENE TABS	P		ALIVE MULTI-VITAMIN LIQD	P	RX/OTC
Multiple Vitamins w/ Minerals			ALIVE ULTRA POTENCY ADULT TABS	NP	RX/OTC
ACTIVESSENTIALS FOR WOMEN MISC	P		ALIVE WOMENS 50+ GUMMY CHEW	P	
ACTIVESSENTIALS/ONC OPLEX & D3 MISC	P		ALIVE WOMENS 50+ CHEW	P	
ACTIVNUTRIENTS PERFORMANCE CAPS	P	RX/OTC	ALIVE WOMENS GUMMY CHEW	P	
ACTIVNUTRIENTS W/O IRON CAPS	P	RX/OTC	APETIBEX CAPS	P	RX/OTC
ACTIVNUTRIENTS CAPS	P	RX/OTC	APPE-CURB CAPS	P	RX/OTC
ADEK GUMMIES PLUS ZN CHEW	P		BARIATRIC FUSION CHEW	P	
ADULT ONE DAILY GUMMIES CHEW	P		BARIATRIC MULTIVITAMIN/IRON CHEW	P	
AIRBORNE ELDERBERRY CHEW 90 MG-3.15 MCG-3.35 MG-7.5 MG-1 MG-150 MG	P		BARIATRIC MULTIVITAMINS/IRON CAPS	P	RX/OTC
AIRBORNE KIDS CHEW	P				
AIRBORNE+GOOD REST CHEW	P				
AIRBORNE+NATURAL ENERGY LIQD	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BARIATRIC MULTIVITAMINS/IRON CHEW	P		CENTRUM DUAL ACT MULTI+OMEGA-3 CHEW	P	
BARIATRIC MULTIVITAMINS CAPS	P	RX/OTC	CENTRUM FLAVOR BURST ADULT CHEW	P	
BARIATRIC MULTIVITAMINS CHEW	P		CENTRUM FLAVOR BURST CHEW	P	
BIO-35 GLUTEN-FREE CAPS	P	RX/OTC	CENTRUM FRESH/FRUITY 50+ CHEW	P	
BIO-35 IRON FREE CAPS	P	RX/OTC	CENTRUM FRESH/FRUITY ADULT CHEW	P	
BIOCAL CAPS	P	RX/OTC	CENTRUM MEN 50+ MULTIGUMMIES CHEW	P	
BIOTECT PLUS CAPS	P	RX/OTC	CENTRUM MEN MULTIGUMMIES CHEW	P	
BONEUP 3 PER DAY CAPS	P	RX/OTC	CENTRUM MULTI + OMEGA 3 CHEW	P	
BONEUP CAPS	P	RX/OTC	CENTRUM MULTI+ MENTAL FOCUS CHEW	P	
BOOSTNOW IMMUNE SUPPORT CAPS	P	RX/OTC	CENTRUM POSTNATAL GUMMIES CHEW	P	
BURIED TREASURE ACTIVE 55 PLUS LIQD	P	RX/OTC	CENTRUM SILVER WOMEN 50+ TABS (multiple vitamins w/ minerals)	NP	RX/OTC
CELEBRATE MULTI-COMplete 18 CAPS	P	RX/OTC	CENTRUM SILVER CHEW	P	
CELEBRATE MULTI-COMplete 18 CHEW	P		CENTRUM VITAMINTS CHEW	P	
CELEBRATE MULTI-COMplete 36 CAPS	P	RX/OTC	CENTRUM WOMEN 50+ MULTIGUMMIES CHEW	P	
CELEBRATE MULTI-COMplete 36 CHEW	P		CENTRUM WOMEN MULTIGUMMIES CHEW	P	
CELEBRATE MULTI-COMplete 45 CAPS	P	RX/OTC	CENVITE LIQD	P	RX/OTC
CELEBRATE MULTI-COMplete 45 CHEW	P		CHOICEFUL MULTIVITAMIN CAPS	P	RX/OTC
CELEBRATE MULTI-COMplete 60 CAPS	P	RX/OTC	CHOICEFUL MULTIVITAMIN CHEW	P	
CELEBRATE MULTI-COMplete 60 CHEW	P		CONCEPTIONXR MOTILITY SUPPORT MISC	P	
CENTRUM ADULT 50+ MULTIGUMMIES CHEW	P				
CENTRUM ADULTS MULTIGUMMIES CHEW	P				
CENTRUM DUAL ACT MULTI+ BEAUTY CHEW	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CULTURELLE PROBIOTIC MEN DAILY CAPS	P	RX/OTC	DIABETES HEALTH MISC	P	
CULTURELLE PROBIOTICS + MULTIV CHEW	P		EMERGEN-C APPLE CIDER VINEGAR CHEW	P	
CVS ADULT 50+ EYE HEALTH CAPS	P	RX/OTC	EMERGEN-C ASHWAGANDHA CHEW	P	
CVS ADULT MULTIVITAMIN CHEW	P		EMERGEN-C ELDERBERRY CHEW	P	
CVS AIRSHIELD IMMUNITY SUPPORT CHEW	P		EMERGEN-C IMMUNE PLUS/VIT D CHEW	P	
CVS DIABETES HEALTH SUPPORT MISC	P		EMERGEN-C IMMUNE+ ELDERBERRY CHEW	P	
CVS EYE HEALTH ADULT 50+ CAPS	P	RX/OTC	EMERGEN-C IMMUNE+ CHEW	P	
CVS IMMUNE SUPPORT CAPS	P	RX/OTC	EMERGEN-C TURMERIC & GINGER CHEW	P	
CVS SPECTRAVITE ADULT 50+ CHEW	P		EMERGEN-C VITAMIN C CHEW	P	
CVS SPECTRAVITE WOMEN CHEW	P		ENDUR-VM WITH IRON TBCR	P	
CVS VISION HEALTH CAPS	P	RX/OTC	ENDUR-VM TBCR	P	
DAILY DIABETES HEALTH PACK MISC	P		EQ MULTIVITAMINS ADULT GUMMY CHEW	P	
DAILY HEART HEALTH SUPPORT MISC	P		EQL ONE DAILY ADULT GUMMIES CHEW	P	
DAILY PAK MAXIMUM MULTIVITAMIN MISC	P		EYE HEALTH AREDS 2 CAPS	P	RX/OTC
DECUBI-VITE CAPS	P	RX/OTC	EYE HEALTH GUMMIES CHEW	P	
DEKAS BARIATRIC CHEW	P		EYE HEALTH CAPS	P	RX/OTC
DEKAS PLUS OCEAN CAPS	P	RX/OTC	FLORRAXYL TABS	NP	RX/OTC
DEKAS PLUS CAPS	P	RX/OTC	FOLAGENT DHA CAPS	P	RX/OTC
DEKAS PLUS CHEW	P		FOLAMED DHA CAPS	P	RX/OTC
DEPLIN MA CAPS	P	RX/OTC	FOLAPRIME TABS	NP	RX/OTC
DEPLINPRO MOOD HEALTH CAPS	P	RX/OTC	FT ADULT MULTI GUMMIES CHEW	P	
DEXATRAN CAPS	P	RX/OTC	FT EYE HEALTH CAPS	P	RX/OTC
			FT IMMUNE SUPPORT CHEW	P	
			GENADEK STEP 1 CAPS	P	RX/OTC
			GENADEK STEP 2 CAPS	P	RX/OTC
			GNP ADULT MINI CHEW	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP IMMUNE SUPPORT CHEW	P		MULTIA CAPS	P	RX/OTC
HAIR/SKIN/NAILS CAPS	P	RX/OTC	<i>multiple vitamins w/ minerals CAPS</i>	P	RX/OTC
HEALTHY EYES SUPERVISION 2 CAPS	P	RX/OTC	<i>multiple vitamins w/ minerals CHEW</i>	P	
IMMUNE ESSENTIALS DAILY CAPS	P	RX/OTC	<i>multiple vitamins w/ minerals LIQD</i>	P	RX/OTC
IMMUNE SUPPORT CHEW	P		<i>multiple vitamins w/ minerals TBCR</i>	P	
KEYFOLIC TABS	NP	RX/OTC	MULTI-VITE LIQD	P	RX/OTC
KP MENS DAILY PACK MISC	P		MVW COMPLETE FORMULATION D3000 CAPS	P	RX/OTC
KP WOMENS DAILY MISC	P		MVW COMPLETE FORMULATION D5000 CAPS	P	RX/OTC
LIFE PACK MENS MISC	P		MVW COMPLETE FORMULATION MINIS CAPS	P	RX/OTC
LIFE PACK WOMENS MISC	P		MVW COMPLETE FORMULATION CAPS	P	RX/OTC
LIVITA ADULTS LIQD	P	RX/OTC	MVW HI-D ADEK GUMMIES CHEW	P	
LYSIPLEX PLUS LIQD	P	RX/OTC	MVW MODULATOR FORMULATION MINI 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		MVW MODULATOR FORMULATION CAPS	P	RX/OTC
MENATROL CAPS	P	RX/OTC	MVW ORANGE CHEWABLES CHEW	P	
MENS 50+ ADVANCED CAPS	P	RX/OTC	OCUVEL CAPS 250 MG- 0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	RX/OTC
MENS MULTIVITAMIN GUMMIES CHEW	P		OCUVITE ADULT 50+ CAPS	P	RX/OTC
MENS MULTIVITAMIN CHEW	P		OCUVITE ADULT FORMULA CAPS	P	RX/OTC
MENS PACK MISC	P		OCUVITE-LUTEIN CAPS	P	RX/OTC
MOOD FOOD ES CAPS	P	RX/OTC	ONE A DAY IMMUNITY DEFENSE CHEW	P	
MOOD FOOD CAPS	P	RX/OTC	ONE A DAY MENS VITACRAVES CHEW	P	
MULTI + OMEGA-3 GUMMIES CHEW	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE A DAY WOMEN 50 PLUS CHEW	P		PRESERVISION AREDS 2 CHEW	P	
ONE-A-DAY FOR HER VITACRAVES CHEW	P		PRESERVISION AREDS CAPS	P	RX/OTC
ONE-A-DAY FOR HIM VITACRAVES CHEW	P		PRESERVISION/LUTEIN CAPS	P	RX/OTC
ONE-A-DAY MENS VITACRAVES CHEW	P		PROBIOTICS + BARIATRIC MULTI CAPS	P	RX/OTC
ONE-A-DAY VITACRAVES ADULT CHEW	P		PRORENAL + D W/ OMEGA-3 CAPS	P	RX/OTC
ONE-A-DAY VITACRAVES IMMUNITY CHEW	P		PROTECT CARDIO AF CAPS	P	RX/OTC
ONE-A-DAY VITACRAVES SOUR CHEW	P		PROTECT PLUS SO CAPS	P	RX/OTC
ONE-A-DAY VITACRAVES CHEW	P		PROTEGRA CAPS	P	RX/OTC
ONE-A-DAY WOMENS VITACRAVES CHEW	P		QC OCUHEALTH VISION SUPPORT 2 CAPS	P	RX/OTC
ONE-DAILY MULTI CAPS CAPS	P	RX/OTC	REMEDIENT CAPS	P	RX/OTC
OPTIFAST POST BARIATRIC CHEW	P		SKIN HAIR & NAILS ADVANCED CAPS	P	RX/OTC
OPTIMUM AIRVITES CHEW	P		SUPER ANTIOXIDANT CAPS	P	RX/OTC
OPTISOURCE POST BARIATRIC SURG CHEW	P		SUPPORT LIQD	P	RX/OTC
OPURITY BYPASS OPTIMIZED CHEW	P		SYSTANE ICAPS AREDS2 CHEW	P	
PREMIUM PACKETS MISC	P		THERA M PLUS TABS	P	RX/OTC
PRESCRIPTION SUPPORT MULTIVIT CAPS	P	RX/OTC	THERA-M PLUS MV W/BETA-CAROT TABS	P	RX/OTC
PRESERVISION AREDS 2+COQ10 CAPS	P	RX/OTC	THERAMILL FORTE CAPS	P	RX/OTC
PRESERVISION AREDS 2+MULTI VIT CAPS	P	RX/OTC	THERANATAL LACTATION COMPLETE MISC	P	
PRESERVISION AREDS 2 CAPS	P	RX/OTC	THERANATAL LACTATION ONE CAPS	P	RX/OTC
			ULTRA MEGA GOLD TBCR	P	
			ULTRA MEGA TWO TBCR	P	
			ULTRA MEGA TBCR	P	
			VISION HEALTH CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VISION OPTIMIZER CAPS	P	RX/OTC	YUMVS MULTI ZERO CHEW	P	
VISTA ADVANCED AREDS2 FORMULA CAPS	P	RX/OTC	YUMVS ZERO DIABETIC MULTIVITAM CHEW	P	
VISTA ADVANCED DRY EYE FORMULA CAPS	P	RX/OTC	Multivitamins		
VITABEX PLUS CAPS	P	RX/OTC	ALTRIXA TABS	P	RX/OTC
VITABEX CAPS	P	RX/OTC	AMLADEX TABS	P	RX/OTC
VITACHEW ADULT MULTI VITAMIN CHEW	P		CENTRUM MENOPAUSE MIND/MOOD TABS	P	RX/OTC
VITACORE TABS	NP	RX/OTC	DAILY MULTIPLE VITAMINS TABS	P	RX/OTC
VITAFUSION MULTI WOMENS CHEW	P		DEKAS ESSENTIAL CAPS	P	RX/OTC
VITAJEY MULTI GUMMIES ADULT CHEW	P		DEKAS ESSENTIAL LIQD	P	
VITEYES AREDS 2 FORMULA +MULTI CAPS	P	RX/OTC	DIALYVITE 800 LIQD	P	
VITEYES AREDS 2 FORMULA CAPS	P	RX/OTC	ESTROFACTORS TABS	P	RX/OTC
VITEYES CLASSIC ADVANCED CAPS	P	RX/OTC	FOLAWISE TABS	P	RX/OTC
VITEYES CLASSIC MACULAR SUPPOR CAPS	P	RX/OTC	FOLCYTEINE TABS	P	RX/OTC
VITEYES CLASSIC+OMEGA-3 CAPS	P	RX/OTC	GENICIN VITA-Q TABS	P	RX/OTC
WAL-BORN VITAMIN C CHEW	P		HIGH POTENCY MULTIVITAMIN TABS	P	RX/OTC
WOMENS MULTI GUMMIES CHEW	P		MICRONEX CAPS	P	RX/OTC
WOMENS MULTIVITAMIN + COLLAGEN CHEW	P		MINCORA TABS	P	RX/OTC
WOMENS MULTIVITAMIN GUMMIES CHEW	P		MOMMY'S BLISS MV ORGANIC DROPS LIQD	P	
WOMENS PACK MISC	P		MULTI VITAMIN W/D-3 TABS	P	RX/OTC
YOUR LIFE MULTI ADULT GUMMIES CHEW	P		MULTI VITAMIN TABS	P	RX/OTC
YUM-VS COMPLETE MULTIVITAMIN CHEW	P		<i>multiple vitamin CAPS</i>	P	RX/OTC
			<i>multiple vitamin TABS</i>	NP	RX/OTC
			<i>multiple vitamin TABS</i>	P	RX/OTC
			MULTIVITAMIN ADULT TABS	P	RX/OTC
			MULTIVITAMIN+ LIQD	P	
			MULTIVITAMIN TABS	P	RX/OTC
			NEOMULTIVITE TABS	P	RX/OTC
			NEWVITE TABS	P	RX/OTC
			NUTRA-Z+ CAPS	P	RX/OTC
			OMNICAP TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY ESSENTIALS TABS	P	RX/OTC	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	P	
ONE DAILY ESSENTIAL TABS	P	RX/OTC	HONEY BEARS W/IRON-ZINC CHEW	P	
ONE VITE DAILY MULTIVITAMIN TABS	P	RX/OTC	MULTIVITAMIN DROPS/IRON SOLN	P	
ONE-A-DAY ESSENTIAL TABS (<i>multiple vitamin</i>)	P	RX/OTC	MULTIVITAMINS PLUS IRON CHILD CHEW	P	
ONE-A-DAY MENS TABS (<i>multiple vitamin</i>)	P	RX/OTC	<i>pediatric multiple vitamins w/ iron CHEW</i>	P	
QUINTABS TABS	P	RX/OTC	POLY-VITE/IRON SOLN	P	
RELCARE TABS	P	RX/OTC	Pediatric Multiple Vitamins		
STRESS FORMULA/ZINC/ENERGY TABS	P	RX/OTC	BPROTECTED PEDIA POLY-VITE SOLN PO	P	
THERA TABS	P	RX/OTC	BRAIN BUILDER KIDS CHEW	P	
THEREMS TABS	P	RX/OTC	FT CHILDRENS MULTI PLUS IMMUNE CHEW	P	
TM-DAILY VITE TABS	P	RX/OTC	GNP CHILDRENS/EXTRA C CHEW	P	
TRIVIA COMPLETE CAPS	P	RX/OTC	MULTIVITAMIN INFANT & TODDLER SOLN PO	P	
TRUE MULTIVITAMIN TABS	P	RX/OTC	NOVAMV PEDIATRIC MULTI-VITAMIN LIQD	P	
VIREXA TABS	P	RX/OTC	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	P	
ZELDANA CAPS	P	RX/OTC	<i>pediatric multiple vitamins CHEW</i>	P	
Ped MV w/ Fluoride			POLY-VI-SOL SOLN PO	P	
FLORAFOL PEDIATRIC CHEW	P	RX/OTC	POLY-VITA SOLN PO	P	
FLOTREX CHEW 0.25 MG, 0.5 MG, 1 MG	P	RX/OTC	POLY-VITE PEDIATRIC SOLN PO	P	
MULTIVITAMIN/FLUORIDE CHEW	P	RX/OTC	Pediatric Vitamins		
MULTI-VIT-FLOR CHEW	P	RX/OTC	HONEY BEARS	P	
<i>pediatric multivitamins w/fl CHEW</i>	P	RX/OTC	MULTIVITAMIN GUMMIES CHILDRENS	P	
POLY-VI-FLOR CHEW	P	RX/OTC	Prenatal Vitamins		
QUFLORA PEDIATRIC CHEW	P	RX/OTC	ALIVE DAILY SUP PRENATAL GUMMI	NP	QL(2 EA daily); AL(Up to 50 yrs old)
Ped MV w/ Iron					
BPROTECTED PEDIA POLY-VITE/FE SOLN	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALIVE PRENATAL	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)
ALTRIXA OB	NP		CVS WOMENS PRENATAL+DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)
AZESCO 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)
BRAINSTRONG PRENATAL MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)	EMBRIVA TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
CADEAU DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ENBRACE HR	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)	FOLATEXCEL	NP	QL(1 EA daily); AL(Up to 50 yrs old)
CITRANATAL MEDLEY	NP	QL(1 EA daily); AL(Up to 50 yrs old)	FOLIVANE-OB	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)	GNP PRENATAL/FOLIC ACID TABS	NP	AL(Up to 50 yrs old)
COMPLETE NATAL DHA	P	QL(2 EA daily); AL(Up to 50 yrs old)	GNP PRENATAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
COMPLETENATE CHEW	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)
CONCEPT DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)	KOSHER PRENATAL PLUS IRON 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)	KP PRENATAL MULTIVITAMINS TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
CVS PRENATAL GUMMY	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 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)	MASONATAL 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)	MATERNACEL	NP	QL(1 EA daily); AL(Up to 50 yrs old)
			MATERVIA CAPS 0.5 MG	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
M-NATAL PLUS TABS	P	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	OB COMPLETE PETITE	NP	QL(1 EA daily); AL(Up to 50 yrs old)
MULTI PRENATAL TABS	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)
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); RX/OTC	ONE-A-DAY WOMENS PRENATAL 1	NP	QL(1 EA daily); AL(Up to 50 yrs old)
NEONATAL FE	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ONE-A-DAY WOMENS PRENATAL 1	NP	QL(2 EA daily); AL(Up to 50 yrs old)
NEONATAL PLUS TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	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)
NEO-VITAL RX TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	P2I PRENATAL WITH CHOLINE CAPS 0.333 MG	NP	
NESTABS	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)
NESTABS DHA	NP	QL(2 EA daily); AL(Up to 50 yrs old)	PNV TABS 20-1	NP	QL(1 EA daily); AL(Up to 50 yrs old)
NESTABS 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)
NIVA-PLUS TABS	P	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	PREGEN DHA CAPS	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)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREGENNA	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATAL MULTIVITAMIN + DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)
PRENA 1 TRUE	NP	QL(2 EA daily); AL(Up to 50 yrs old)	PRENATAL MULTIVITAMIN PLUS DHA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENA1	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)
PRENA1 PEARL	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATAL PLUS VITAMIN/MINERAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
PRENATABS FA TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	<i>prenatal vit w/ ferrous fumarate-folic acid CHEW</i>	NP	QL(1 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	<i>prenatal vit w/ ferrous fumarate-folic acid 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</i>	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	<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATAL COMPLETE TABS	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, 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</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)	PRENATAL VITAMIN AND MINERAL TABS	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)	<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	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/IRON TABS	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)			
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)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRENATAL+DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)	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 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 ENHANCE	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 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-U CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATE PIXIE	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATE	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATE RESTORE	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATE AM	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 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)	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)
			SELECT-OB+DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)
			SELECT-OB CHEW	NP	QL(1 EA daily); AL(Up to 50 yrs old)
			SE-NATAL 19 CHEW	P	QL(1 EA daily); AL(Up to 50 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SE-NATAL 19 TABS	P	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	VITAFOL-ONE CAPS	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)	VITALARA	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)	VITAMEDMD ONE RX/QUATREFOLIC	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	VITAMEDMD REDICHEW RX	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)	VITAPEARL	NP	QL(1 EA daily); AL(Up to 50 yrs old)
THERANATAL OVAVITE	NP	QL(2 EA daily); AL(Up to 50 yrs old)	VITATRUE	NP	QL(2 EA daily); AL(Up to 50 yrs old)
THRIVITE RX TABS	P	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	WESCAP-PN DHA	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	WESNATAL DHA COMPLETE	P	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)	WESNATE DHA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
TRISTART DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)	WESTAB PLUS TABS	P	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
ULTRA PRENATAL VIT/MIN + DHA CAPS	NP		WESTGEL DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)
VITAFOL FE+	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ZALVIT TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
VITAFOL GUMMIES	NP	QL(2 EA daily); AL(Up to 50 yrs old)	Specialty Vitamins Products		
VITAFOL ULTRA	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ADRENAL MANAGER CAPS	P	RX/OTC
VITAFOL-OB+DHA MISC	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ADRENAL STRESS CALM TABS	P	RX/OTC
VITAFOL-OB TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ADRENAL STRESS END CAPS	P	RX/OTC
			ADRENALIV CAPS	P	RX/OTC
			ADRENOLD CAPS	P	RX/OTC
			ALLERWELL ALLERGY FORMULA TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BILBERRY PLUS CAPS	P	RX/OTC	INFLAMEX CAPS	P	RX/OTC
BIOTIN PLUS KERATIN TABS	P	RX/OTC	INULOSE BLOOD SUGAR SUPPORT CAPS	P	RX/OTC
BLINK NUTRITEARS CAPS	P	RX/OTC	LIPIDSHIELD PLUS TABS	P	RX/OTC
BRAIN MIGHT/DHA & CO Q10 TABS	P	RX/OTC	LIPOTRIAD VISION SUPPORT PLUS CAPS	P	RX/OTC
CARDIOPRESS CAPS	P	RX/OTC	LIPOTRIAD VISION SUPPORT CAPS	P	RX/OTC
CENTRUM PERFORMANCE TABS	P	RX/OTC	LIPOTRIAD VISIONARY CAPS	P	RX/OTC
CENTRUM SPECIALIST ENERGY TABS	P	RX/OTC	MEDCAPS DPO CAPS	P	RX/OTC
CHOLASE CONTROL CAPS	P	RX/OTC	MEDCAPS GI CAPS	P	RX/OTC
COLLAGEN ULTRA CAPS	P	RX/OTC	MEDCAPS IS CAPS	P	RX/OTC
CORTICARE B CAPS	P	RX/OTC	MEDCAPS T3 CAPS	P	RX/OTC
CVS HAIR/SKIN/NAILS TABS	P	RX/OTC	MEMORALL CAPS	P	RX/OTC
ELON MATRIX 5000 COMPLETE TABS	P	RX/OTC	MEMORY COMPLEX BRAIN HEALTH TABS	P	RX/OTC
ELON MATRIX 5000 TABS	P	RX/OTC	METHYL PROTECT CAPS	P	RX/OTC
ELON MATRIX COMPLETE TABS	P	RX/OTC	METHYL-GUARD PLUS CAPS	P	RX/OTC
ELON MATRIX PLUS TABS	P	RX/OTC	METHYL-GUARD CAPS	P	RX/OTC
ELON R3 TABS	P	RX/OTC	MG PLUS PROTEIN TABS	P	RX/OTC
FEMQUIL CAPS	P	RX/OTC	MIL ADREGEN TABS	P	RX/OTC
GLP-DLAX TABS	P	RX/OTC	MM BIOTIN/KERATIN CAPS	P	RX/OTC
GLYCOTROL COMPLETE CAPS	P	RX/OTC	NERVIVE NERVE RELIEF TABS	P	RX/OTC
GLYCOTROL CAPS	P	RX/OTC	NITRIVIA CAPS	P	RX/OTC
HAIR NOURISHING SUPPLEMENT TABS	P	RX/OTC	PRO HERS RX CAPS	P	RX/OTC
HEALTHY HEART COMPLEX TABS	P	RX/OTC	PRO HIS RX CAPS	P	RX/OTC
HEART SAVIOR CAPS	P	RX/OTC	PRO PCOS RX CAPS	P	RX/OTC
HEART TABS TABS	P	RX/OTC	RETAIN VISION CAPS	P	RX/OTC
IMMUNERX CAPS	P	RX/OTC	<i>specialty vitamins products</i> TABS	P	RX/OTC
IMMUNICARE CAPS	P	RX/OTC	SYNERTROPIN CAPS	P	RX/OTC
			UPSPRING HE NATAL TABS	P	RX/OTC
			Vitamin Mixtures		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COD LIVER OIL FOR KIDS OIL	P	RX/OTC	FLEQSUVY SUSP (<i>baclofen</i>)	NP	
<i>cod liver oil CAPS</i>	P		LYVISPAH PACK	NP	
COD LIVER OIL OIL	P	RX/OTC	<i>metaxalone</i>	NP	
CRANBERRY URINARY COMFORT	P		METAXALONE 640 MG	NP	PA
ECEE PLUS TABS	P		<i>methocarbamol TABS 500 MG, 750 MG</i>	P	
<i>niacin w/ inositol</i>	P		<i>methocarbamol TABS 1000 MG</i>	NP	
NORWEGIAN COD LIVER OIL OIL	P	RX/OTC	<i>orphenadrine citrate TB12</i>	NP	
QC COD LIVER OIL OIL	P	RX/OTC	OZOBAX DS SOLN PO (<i>baclofen</i>)	NP	
<i>vitamins a & d w/ c</i>	P		OZOBAX SOLN PO (<i>baclofen</i>)	NP	
<i>vitamins a & d CAPS</i>	P		SOMA TABS (<i>carisoprodol</i>)	NP	PA
Vitamins w/ Lipotropics			<i>tizanidine hcl CAPS</i>	NP	
ACTIFLOVIT EAR HEALTH TABS	P		<i>tizanidine hcl TABS</i>	P	
<i>vitamins w/ lipotropics CAPS</i>	P		ZANAFLEX CAPS	NP	
<i>vitamins w/ lipotropics TABS</i>	P		ZANAFLEX CAPS (<i>tizanidine hcl</i>)	NP	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	NP	
Central Muscle Relaxants			Direct Muscle Relaxants		
AMRIX CP24 (<i>cyclobenzaprine hcl</i>)	NP		DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	NP	
<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP		<i>dantrolene sodium CAPS</i>	NP	
<i>baclofen SUSP</i>	NP		Muscle Relaxant Combinations		
<i>baclofen TABS 15 MG</i>	NP		<i>orphenadrine w/ aspirin & caff</i>	NP	
<i>baclofen TABS 5 MG, 10 MG, 20 MG</i>	P		Viscosupplements		
<i>carisoprodol TABS</i>	NP	PA	SYNVISC ONE SOSY	P	SP
<i>chlorzoxazone TABS</i>	NP		SYNVISC SOSY	P	SP
<i>cyclobenzaprine hcl CP24</i>	NP		NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP		Nasal Agent Combinations		
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P		<i>azelastine hcl-fluticasone propionate SUSP</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DYMISTA SUSP (azelastine hcl-fluticasone propionate)	NP		OMNARIS SUSP	NP	
RYALTRIS	NP		QNASL	NP	
Nasal Agents - Misc.			QNASL CHILDRENS	NP	
AYR SALINE NASAL DROPS SOLN	P		triamcinolone acetanide (nasal) AERO	NP	
FT SALINE NASAL SPRAY SOLN	NP		XHANCE EXHU	NP	
LITTLE REMEDIES SALINE SOLN	P		ZETONNA AERS	NP	
saline SOLN 0.65 %	P		Sympathomimetic Decongestants		
saline SOLN 0.65 %	NP		epinephrine hcl (nasal)	P	
Nasal Antiallergy			pseudoephedrine hcl TABS	P	
azelastine hcl 0.15 %	NP	RX/OTC	NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
azelastine hcl 0.1 %, 137 MCG/SPRAY	P		ALS Agents		
olopatadine hcl (nasal)	NP		riluzole TABS	P	
PATANASE (olopatadine hcl (nasal))	NP		Neuromuscular Blocking Agent - Neurotoxins		
Nasal Anticholinergics			BOTOX IJ	NP	SP
ipratropium bromide (nasal)	P		Spinal Muscular Atrophy Agents (SMA)		
Nasal Steroids			ZOLGENSMA 20.6-21.0 KG	4	SP; PA
budesonide (nasal)	NP		ZOLGENSMA 10.1-10.5 KG	4	SP; PA
flunisolide (nasal)	NP		ZOLGENSMA 10.6-11.0 KG	4	SP; PA
fluticasone propionate (nasal) SUSP	NP	RX/OTC	ZOLGENSMA 11.1-11.5 KG	4	SP; PA
fluticasone propionate (nasal) SUSP	P	RX/OTC	ZOLGENSMA 11.6-12.0 KG	4	SP; PA
mometasone furoate (nasal) SUSP	NP	RX/OTC	ZOLGENSMA 12.1-12.5 KG	4	SP; PA
NASACORT ALLERGY 24HR AERO (triamcinolone acetanide (nasal))	NP		ZOLGENSMA 12.6-13.0 KG	4	SP; PA
NASONEX 24HR SUSP (mometasone furoate (nasal))	NP	RX/OTC	ZOLGENSMA 13.1-13.5 KG	4	SP; PA
			ZOLGENSMA 13.6-14.0 KG	4	SP; PA
			ZOLGENSMA 14.1-14.5 KG	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 14.6-15.0 KG	4	SP; PA	Misc. Nutritional Substances		
ZOLGENSMA 15.1-15.5 KG	4	SP; PA	KELP-B6-LECITHIN-VINEGAR CAPS	P	
ZOLGENSMA 15.6-16.0 KG	4	SP; PA	Proteins		
ZOLGENSMA 16.1-16.5 KG	4	SP; PA	<i>glutamine TABS</i>	P	
ZOLGENSMA 16.6-17.0 KG	4	SP; PA	OPHTHALMIC AGENTS - Drugs to Treat the Eye		
ZOLGENSMA 17.1-17.5 KG	4	SP; PA	Artificial Tears and Lubricants		
ZOLGENSMA 17.6-18.0 KG	4	SP; PA	ALCON TEARS SOLN	P	
ZOLGENSMA 18.1-18.5 KG	4	SP; PA	<i>artificial tear solution</i>	P	
ZOLGENSMA 18.6-19.0 KG	4	SP; PA	BION TEARS PF	P	
ZOLGENSMA 19.1-19.5 KG	4	SP; PA	<i>carboxymethylcellulose sodium (ophth) GEL</i>	P	
ZOLGENSMA 19.6-20.0 KG	4	SP; PA	<i>carboxymethylcellulose sodium (ophth) SOLN 0.25 %, 0.5 %</i>	P	
ZOLGENSMA 2.6-3.0 KG	4	SP; PA	<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	P	
ZOLGENSMA 20.1-20.5 KG	4	SP; PA	<i>glycerin-hypromellose-polyethylene glycol 400</i>	P	
ZOLGENSMA 3.1-3.5 KG	4	SP; PA	LACRISERT	P	
ZOLGENSMA 3.6-4.0 KG	4	SP; PA	<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	P	
ZOLGENSMA 4.1-4.5 KG	4	SP; PA	<i>polyvinyl alcohol 1.4 %</i>	P	
ZOLGENSMA 4.6-5.0 KG	4	SP; PA	<i>propylene glycol-glycerin</i>	P	
ZOLGENSMA 5.1-5.5 KG	4	SP; PA	PURE & GENTLE LUBRICANT SOLN	P	
ZOLGENSMA 5.6-6.0 KG	4	SP; PA	<i>white petrolatum-mineral oil</i>	P	
ZOLGENSMA 6.1-6.5 KG	4	SP; PA	Beta-blockers - Ophthalmic		
ZOLGENSMA 6.6-7.0 KG	4	SP; PA	<i>betaxolol hcl (ophth) SOLN</i>	NP	
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			
NUTRIENTS					

Drug Name	Drug Tier	Requirements/ Limits
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	P	Brand Preferred
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NP	
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NP	
<i>dorzolamide hcl-timolol maleate</i>	P	
<i>dorzolamide hcl-timolol maleate</i>	NP	
<i>dorzolamide hcl-timolol maleate</i>	P	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	P	
<i>levobunolol hcl 0.5 %</i>	P	
<i>timolol</i>	NP	
<i>timolol maleate (ophth) SOLG</i>	NP	
<i>timolol maleate (ophth) SOLN</i>	NP	
<i>timolol maleate (ophth) SOLN</i>	P	
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NP	
Cholinergic Agonists		
TYRVAYA	NP	ST
Cycloplegic Mydriatics		
<i>atropine sulfate (ophthalmic) OINT</i>	P	
<i>atropine sulfate (ophthalmic) SOLN</i>	P	
ATROPINE SULFATE SOLN 1 %	P	
CYCLOGYL	P	
<i>cyclopentolate hcl 1 %</i>	P	
ISOPTO ATROPINE SOLN	P	
<i>phenylephrine hcl (mydriatic) SOLN</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>tropicamide SOLN</i>	P	
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	P	
Ophthalmic Adrenergic Agents		
ALPHAGAN P (<i>brimonidine tartrate</i>)	P	Brand Preferred
<i>apraclonidine hcl</i>	NP	
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	NP	Brand Preferred
<i>brimonidine tartrate 0.2 %</i>	P	
IOPIDINE	NP	
SIMBRINZA	P	
Ophthalmic Anti-infectives		
AZASITE	NP	
<i>bacitracin (ophthalmic)</i>	NP	
<i>bacitracin-polymyxin b (ophth)</i>	P	
BESIVANCE	NP	
CILOXAN OINT	P	
<i>ciprofloxacin hcl (ophth) SOLN</i>	P	
<i>erythromycin (ophth)</i>	P	
<i>gatifloxacin (ophth)</i>	NP	
<i>gentamicin sulfate (ophth) SOLN</i>	P	
<i>gentamicin sulfate (ophth) SOLN</i>	NP	
<i>levofloxacin (ophth) 0.5 %</i>	NP	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	P	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	NP	
NATACYN	NP	
<i>neomycin-bacitracin zn-polymyxin</i>	NP	
<i>neomycin-polymyxin-gramicidin</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OCUFLOX (<i>ofloxacin (ophth)</i>)	NP		VEVYE SOLN	NP	ST
<i>ofloxacin (ophth)</i>	P		Ophthalmic Integrin Antagonists		
<i>polymyxin b-trimethoprim</i>	P		XIIDRA	NP	ST
<i>sulfacetamide sodium (ophth) OINT</i>	NP		Ophthalmic Kinase Inhibitors		
<i>sulfacetamide sodium (ophth) SOLN</i>	NP		RHOPRESSA	NP	
<i>tobramycin (ophth) SOLN</i>	P		ROCKLATAN	NP	
TOBREX OINT	NP		Ophthalmic Steroids		
<i>trifluridine</i>	P		ALREX SUSP (<i>loteprednol etabonate</i>)	NP	
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NP		<i>bacitracin-poly-neomycin-hc</i>	NP	
XDEMVI	NP		<i>dexamethasone sodium phosphate (ophth)</i>	P	
Ophthalmic Decongestants			DEXTENZA INST	NP	SP
ADVANCED EYE RELIEF MAX RED	P		<i>difluprednate</i>	NP	Brand Preferred
<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	P		<i>difluprednate</i>	NP	
<i>naphazoline-polyethylene glycol 300</i>	P		DUREZOL (<i>difluprednate</i>)	P	Brand Preferred
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	P		EYSUVIS SUSP	NP	
<i>tetrahydrozoline w/ polyethylene glycol</i>	P		FLAREX	P	
<i>tetrahydrozoline w/ zinc sulfate</i>	P		<i>fluorometholone (ophth) SUSP</i>	P	
<i>tetrahydrozoline-dextran-polyethylene glycol-povidone</i>	P		FML FORTE SUSP	P	
Ophthalmic Immunomodulators			FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	NP	
CEQUA SOLN	NP	ST	ILUVIEN	NP	SP
<i>cyclosporine (ophth) EMUL</i>	NP	Brand Preferred; ST	INVELTYS SUSP	NP	
RESTASIS MULTIDOSE EMUL	NP	Brand Preferred; ST	LOTEMAX SM GEL	NP	
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	P	Brand Preferred	LOTEMAX GEL (<i>loteprednol etabonate</i>)	P	Brand Preferred
VERKAZIA EMUL	NP	ST	LOTEMAX OINT	P	
			LOTEMAX SUSP (<i>loteprednol etabonate</i>)	P	Brand Preferred
			<i>loteprednol etabonate GEL</i>	NP	Brand Preferred
			<i>loteprednol etabonate SUSP 0.2 %</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>loteprednol etabonate SUSP 0.5 %</i>	NP	Brand Preferred	ACUVAIL	NP	
MAXIDEX SUSP OP	P		<i>azelastine hcl (ophth)</i>	P	
MAXITROL OINT (<i>neomycin-polymy-dexameth</i>)	NP		AZOPT (<i>brinzolamide</i>)	NP	
MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>)	NP		<i>bepotastine besilate</i>	NP	
<i>neomycin-polymy-dexameth OINT</i>	P		BEPREVE (<i>bepotastine besilate</i>)	NP	
<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	P		<i>brinzolamide</i>	NP	
<i>neomycin-polymyxin-hc (ophth)</i>	P		<i>bromfenac sodium (ophth)</i>	NP	
OZURDEX IMPL	NP	SP	BROMSITE (<i>bromfenac sodium (ophth)</i>)	NP	
PRED FORTE (<i>prednisolone acetate (ophth)</i>)	NP		<i>cromolyn sodium (ophth)</i>	P	
PRED MILD	P		<i>diclofenac sodium (ophth)</i>	P	
<i>prednisolone acetate (ophth)</i>	P		<i>dorzolamide hcl</i>	P	
PREDNISOLONE SODIUM PHOSPHATE	P		<i>epinastine hcl (ophth)</i>	NP	
RETISERT	NP	SP	<i>flurbiprofen sodium</i>	P	
<i>sulfacetamide sod-prednisolone SOLN</i>	P		ILEVRO	NP	
TOBRADEX ST SUSP	NP		<i>ketorolac tromethamine (ophth)</i>	P	
TOBRADEX OINT	P		<i>ketotifen fumarate (ophth) 0.035 %</i>	P	
<i>tobramycin-dexamethasone SUSP</i>	NP		LASTACRAFT	NP	
TRIESENCE	NP	SP	MIEBO	NP	ST
YUTIQ	NP	SP	MURO 128 SOLN	P	
ZYLET	NP		NEVANAC	P	
Ophthalmics - Misc.			<i>olopatadine hcl 0.1 %</i>	NP	RX/OTC
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	NP		<i>olopatadine hcl</i>	P	RX/OTC
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	NP		PATADAY	NP	
			PATADAY (<i>olopatadine hcl</i>)	NP	RX/OTC
			PROLENSA (<i>bromfenac sodium (ophth)</i>)	NP	
			<i>sodium chloride hypertonic OINT</i>	P	
			<i>sodium chloride hypertonic SOLN</i>	P	
			TRYPTYR SOLN OP 0.003 %	NP	
			ZADITOR 0.035 % (<i>ketotifen fumarate (ophth)</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
ZERVIAE	NP	
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	NP	
DURYSTA IMPL	NP	
IDOSE TR IMPL	NP	
IYUZEH SOLN	NP	
<i>latanoprost SOLN</i>	P	
LUMIGAN SOLN 0.01 %	NP	
<i>tafluprost</i>	NP	
TRAVATAN Z SOLN (<i>travoprost</i>)	NP	
<i>travoprost SOLN</i>	P	
VYZULTA	NP	
XALATAN SOLN (<i>latanoprost</i>)	NP	
XELPROS EMUL	NP	
ZIOPTAN (<i>tafluprost</i>)	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	NP	
<i>acetic acid (otic)</i>	P	
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	P	
Otic Combinations		
CIPRO HC	P	
<i>ciprofloxacin-dexamethasone</i>	NP	
<i>ciprofloxacin-fluocinolone acetonide</i>	NP	
CORTISPORIN-TC	P	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	
Otic Steroids		

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone w/acetic acid</i>	NP	ST
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
ALYGLO	NP	SP
ASCENIV	NP	
BIVIGAM SOLN	P	SP
CUTAQUIG	NP	SP
CUVITRU SOLN	NP	SP
FLEBOGAMMA DIF SOLN 2.5 GM/50ML	NP	SP
GAMASTAN IM	NP	SP
GAMMAGARD	P	SP
GAMMAGARD S/D LESS IGA SOLR	P	SP
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	NP	SP
GAMMAPLEX SOLN	NP	SP
GAMUNEX-C	P	SP
HIZENTRA SOLN	NP	SP
HIZENTRA SOSY	NP	SP
OCTAGAM SOLN	P	SP
PANZYGA	NP	SP
PRIVIGEN SOLN	P	SP
XEMBIFY	P	SP
Passive Immunizing Agents - Combinations		
HYQVIA	NP	SP
PENICILLINS - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
Aminopenicillins		
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>amoxicillin SUSR</i>	P	
<i>amoxicillin TABS</i>	P	
<i>ampicillin 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	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	P	
<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	
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	NP	
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	P	
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	NP	
<i>amoxicillin & pot clavulanate TB12</i>	NP	
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	NP	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	

Drug Name	Drug Tier	Requirements/ Limits
BICILLIN C-R	P	
BICILLIN C-R 900/300	P	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
<i>bacteriostatic sodium chloride</i>	P	
CHERRY	P	RX/OTC
CHERRY CONCENTRATE	P	RX/OTC
FLAVOR PLUS LIQD	P	RX/OTC
FLAVOR SWEET-SF SYRP	P	RX/OTC
FLAVOR SWEET SYRP	P	RX/OTC
GERBER GOOD START WATER	P	
GOOD START STERILE WATER	P	
GRAPE SYRUP SYRP	P	RX/OTC
MX-SOL SF SYRP	P	RX/OTC
MX-SOL SYRP	P	RX/OTC
ORAL SUSPEND LIQD	P	RX/OTC
ORAL SYRUP SF SYRP	P	RX/OTC
ORAL SYRUP SYRP	P	RX/OTC
ORAPENN SD ANHYD SWEETENED LIQD	P	RX/OTC
ORAPENN SD ANHYD UNSWEETEN LIQD	P	RX/OTC
ORA-PLUS LIQD	P	RX/OTC
ORA-SWEET SF SYRP 10 %-9 %	P	RX/OTC
ORA-SWEET SYRP 4 %-5 %-54 %	P	RX/OTC
PCCA SWEET-SF SYRP	P	RX/OTC
PCCA SYRUP VEHICLE SYRP	P	RX/OTC
SIMILAC STERILIZED WATER	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SODIUM CHLORIDE BACTERIOSTATIC 0.9 %	P		LUCEMYRA (<i>lofexidine hcl</i>)	NP	
SOSWEET SYRP	P	RX/OTC	Anti-Cataleptic Agents		
STERILE WATER FOR INJECTION IJ	P		SODIUM OXYBATE SOLN	NP	SP
SYRPALTA SYRP	P	RX/OTC	XYREM SOLN	NP	SP
SYRSPEND SF LIQD	P	RX/OTC	XYWAV	NP	SP
SYRUP VEHICLE SF SYRP	P	RX/OTC	Antidementia Agents		
SYRUP VEHICLE SYRP	P	RX/OTC	ADLARITY PTWK	NP	QL(0.143 EA daily)
VERSAFREE SYRP	P	RX/OTC	ADUHELM	NP	SP
VERSAPLUS SYRP	P	RX/OTC	ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>)	NP	
<i>water for injection, sterile IJ</i>	P		ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	NP	QL(1 EA daily)
PROGESTINS - Hormone Replacement/Modifying Drugs			<i>donepezil hydrochloride TABS 23 MG</i>	NP	
Progestins			<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>medroxyprogesterone acetate 10 MG</i>	P		EXELON (<i>rivastigmine</i>)	NP	PA
<i>norethindrone acetate TABS</i>	P		<i>galantamine hydrobromide CP24 8 MG</i>	NP	QL(1 EA daily); PA
<i>progesterone CAPS</i>	P		<i>galantamine hydrobromide CP24 16 MG, 24 MG</i>	NP	PA
<i>progesterone OIL</i>	P		<i>galantamine hydrobromide SOLN</i>	NP	PA
PROMETRIUM CAPS (<i>progesterone</i>)	NP		<i>galantamine hydrobromide TABS</i>	NP	PA
PROVERA 10 MG (<i>medroxyprogesterone acetate</i>)	NP		LEQEMBI	NP	SP
PROVERA 5 MG (<i>medroxyprogesterone acetate</i>)	NP	QL(1 EA daily)	LEQEMBI IQLIK SC 360 MG/1.8ML	NP	SP
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions			<i>memantine hcl CP24 21 MG, 28 MG</i>	NP	PA
Agents for Chemical Dependency			<i>memantine hcl CP24 7 MG, 14 MG</i>	NP	QL(1 EA daily); PA
<i>disulfiram</i>	P		<i>memantine hcl-donepezil hcl CP24</i>	NP	PA
<i>lofexidine hcl</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl SOLN</i>	NP	PA	INGREZZA CAPS	P	QL(1 EA daily); SP
<i>memantine hcl TABS</i>	P	PA	INGREZZA CPPK	P	QL(1 EA daily); SP
<i>memantine hcl TABS 10 MG</i>	NP	PA	INGREZZA CPSP	NP	QL(1 EA daily); SP
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NP	PA	<i>tetrabenazine</i>	P	SP
NAMZARIC C4PK	NP	PA	XENAZINE (<i>tetrabenazine</i>)	NP	SP
NAMZARIC CP24 (<i>memantine hcl-donepezil hcl</i>)	NP	PA	Multiple Sclerosis Agents		
NAMZARIC CP24	NP	PA	AMPYRA (<i>dalfampridine</i>)	NP	SP; PA
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	PA	AUBAGIO 7 MG (<i>teriflunomide</i>)	NP	QL(1 EA daily); SP; PA
<i>rivastigmine</i>	P	PA	AUBAGIO 14 MG (<i>teriflunomide</i>)	NP	SP; PA
<i>rivastigmine tartrate CAPS</i>	NP	PA	AVONEX PEN AJKT	P	SP; PA
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP		AVONEX PREFILLED PSKT	P	SP; PA
Combination Psychotherapeutics			BAFIERTAM	NP	SP; PA
<i>chlordiazepoxide-amitriptyline</i>	NP		BETASERON KIT	NP	SP; PA
LYBALVI	NP	AL(At least 18 yrs old)	BRIUMVI	NP	SP
<i>olanzapine-fluoxetine hcl 25 MG-12 MG, 50 MG-12 MG, 50 MG-6 MG</i>	NP		COPAXONE SOSY (<i>glatiramer acetate</i>)	NP	SP; PA
<i>olanzapine-fluoxetine hcl 25 MG-3 MG, 25 MG-6 MG</i>	NP	QL(1 EA daily)	<i>dalfampridine</i>	P	SP; PA
<i>perphenazine-amitriptyline</i>	P		<i>dimethyl fumarate CDPK</i>	P	SP; PA
Fibromyalgia Agents			<i>dimethyl fumarate CPDR</i>	P	SP; PA
SAVELLA TITRATION PACK MISC	NP		<i> fingolimod hcl</i>	P	SP
SAVELLA TABS	NP		GILENYA (<i>fingolimod hcl</i>)	NP	SP
Movement Disorder Drug Therapy			<i>glatiramer acetate SOSY</i>	P	SP; PA
AUSTEDO XR PATIENT TITRATION TEPK	NP	SP	KESIMPTA	P	SP; PA
AUSTEDO XR TB24	NP	SP	LEMTRADA	NP	SP; PA
AUSTEDO TABS	P	SP; PA	MAVENCLAD (10 TABS)	NP	SP; PA
			MAVENCLAD (4 TABS)	NP	SP; PA
			MAVENCLAD (5 TABS)	NP	SP; PA
			MAVENCLAD (6 TABS)	NP	SP; PA
			MAVENCLAD (7 TABS)	NP	SP; PA
			MAVENCLAD (8 TABS)	NP	SP; PA
			MAVENCLAD (9 TABS)	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP; PA	<i>gabapentin (once-daily) TABS</i>	NP	
MAYZENT TABS	NP	SP; PA	GRALISE TABS (<i>gabapentin (once-daily)</i>)	NP	
OCREVUS	NP	SP; PA	GRALISE TABS	NP	
OCREVUS ZUNOVO	NP	SP	LYRICA CR (<i>pregabalin (once-daily)</i>)	NP	
PLEGRIDY STARTER PACK SOAJ	NP	SP; PA	<i>pregabalin (once-daily)</i>	NP	
PLEGRIDY STARTER PACK SOSY SC	NP	SP; PA	Premenstrual Dysphoric Disorder (PMDD) Agents		
PLEGRIDY SOAJ	NP	SP; PA	<i>fluoxetine hcl (pmdd) TABS</i>	NP	
PLEGRIDY SOSY IM	NP	SP; PA	Pseudobulbar Affect (PBA) Agents		
PONVORY STARTER PACK TBPK	NP	SP; PA	NUDEXTA	P	
PONVORY TABS	NP	SP; PA	Psychotherapeutic and Neurological Agents - Misc.		
REBIF REBIDOSE TITRATION PACK SOAJ	P	SP; PA	<i>pimozide</i>	P	
REBIF REBIDOSE SOAJ	P	SP; PA	Restless Leg Syndrome (RLS) Agents		
REBIF TITRATION PACK SOSY	P	SP; PA	HORIZANT	NP	
REBIF SOSY	P	SP; PA	Smoking Deterrents		
TASCENSO ODT	NP	SP; ST	<i>bupropion hcl (smoking deterrent)</i>	P	
TECFIDERA CDPK (<i>dimethyl fumarate</i>)	NP	SP; PA	CHANTIX CONTINUING MONTH PAK TABS (<i>varenicline tartrate</i>)	NP	
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	NP	SP; PA	CHANTIX STARTING MONTH PAK TBPK (<i>varenicline tartrate</i>)	NP	
<i>teriflunomide 14 MG</i>	P	SP; PA	CHANTIX TABS (<i>varenicline tartrate</i>)	NP	
<i>teriflunomide 7 MG</i>	P	QL(1 EA daily); SP; PA	<i>nicotine polacrilex GUM</i>	P	
TYRUKO CONC IV 300 MG/15ML	NP		<i>nicotine polacrilex GUM</i>	P	
TYSABRI	P	SP; PA	<i>nicotine polacrilex LOZG</i>	P	
VUMERITY	NP	SP; PA	<i>nicotine polacrilex LOZG</i>	P	
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP; PA	NICOTINE KIT	P	
ZEPOSIA STARTER KIT CPPK	NP	SP; PA	<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	
ZEPOSIA CAPS	NP	SP; PA			
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	NP		<i>doxycycline (monohydrate) CAPS 75 MG, 150 MG</i>	NP	
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P		<i>doxycycline (monohydrate) SUSR</i>	NP	
NICOTROL NS SOLN	NP		<i>doxycycline (monohydrate) TABS</i>	P	
NICOTROL INHA	P		<i>doxycycline hyclate CAPS</i>	P	
<i>varenicline tartrate TABS</i>	P		<i>doxycycline hyclate TABS 50 MG, 75 MG, 150 MG</i>	NP	
<i>varenicline tartrate TBPk</i>	P		<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	P	
Vasomotor Symptom Agents			<i>doxycycline hyclate TBEC</i>	NP	
<i>paroxetine mesylate (vasomotor)</i>	NP		<i>minocycline hcl CAPS</i>	P	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			<i>minocycline hcl TABS</i>	NP	
Cystic Fibrosis Agents			<i>minocycline hcl TB24</i>	NP	
PULMOZYME	P	SP	<i>tetracycline hcl CAPS</i>	NP	
Respiratory Agents - Misc.			TETRACYCLINE HCL TABS	NP	
INFASURF TR	P		THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
SULFONAMIDES - Drugs to Treat Bacterial Infections			Antithyroid Agents		
Sulfonamides			<i>methimazole TABS</i>	P	
<i>sulfadiazine TABS</i>	P		<i>propylthiouracil</i>	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections			Thyroid Hormones		
Aminomethylcyclines			ADTHYZA TABS	NP	
NUZYRA TABS	NP		ARMOUR THYROID TABS	P	
Tetracyclines			CYTOMEL TABS (<i>liothyronine sodium</i>)	NP	
<i>demeclocycline hcl TABS</i>	NP		ERMEZA SOLN PO	P	
DORYX MPC TBEC 60 MG	NP		<i>levothyroxine sodium CAPS 13 MCG, 50 MCG, 75 MCG, 100 MCG, 137 MCG</i>	NP	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	P		LEVOTHYROXINE SODIUM SOLN IV	NP	
			LEVOTHYROXINE SODIUM SOLN IV	NP	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREVACID 24HR CPDR (<i>lansoprazole</i>)	NP	QL(1 EA daily); RX/OTC	<i>omeprazole-sodium bicarbonate</i> PACK 1680 MG-40 MG	NP	
PREVACID SOLUTAB TBDD (<i>lansoprazole</i>)	NP	QL(2 EA daily); ST; RX/OTC	<i>omeprazole-sodium bicarbonate</i> PACK 1680 MG-20 MG	NP	QL(1 EA daily)
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 10 MG	NP	QL(1 EA daily)	<i>darifenacin hydrobromide</i> 15 MG	NP	
VOQUEZNA 20 MG	NP		<i>darifenacin hydrobromide</i> 7.5 MG	NP	QL(1 EA daily)
Ulcer Drugs - Prostaglandins			DETROL LA CP24 2 MG (<i>tolterodine tartrate</i>)	NP	QL(1 EA daily)
CYTOTEC (<i>misoprostol</i>)	4		DETROL LA CP24 4 MG (<i>tolterodine tartrate</i>)	NP	
<i>misoprostol</i>	4		DETROL TABS (<i>tolterodine tartrate</i>)	NP	
Ulcer Therapy Combinations			<i>fesoterodine fumarate</i> 8 MG	NP	
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	NP	ST	<i>fesoterodine fumarate</i> 4 MG	NP	QL(1 EA daily)
<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	NP	Brand Preferred; ST	<i>oxybutynin chloride</i> SOLN	P	
<i>famotidine-calcium carbonate-magnesium hydroxide</i>	NP		<i>oxybutynin chloride</i> TABS 2.5 MG	NP	
KONVOMEK SUSR	NP		<i>oxybutynin chloride</i> TABS 5 MG	P	
OMECLAMOX-PAK	NP	ST	<i>oxybutynin chloride</i> TB24 5 MG	P	QL(1 EA daily)
<i>omeprazole-sodium bicarbonate</i> CAPS 1100 MG-20 MG	NP	QL(1 EA daily); RX/OTC	<i>oxybutynin chloride</i> TB24 10 MG, 15 MG	P	
<i>omeprazole-sodium bicarbonate</i> CAPS 1100 MG-40 MG	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OXYTROL FOR WOMEN PTTW	NP	RX/OTC	Bacterial Vaccines		
OXYTROL PTTW	NP	RX/OTC	ACTHIB SOLR IM	P	
<i>solifenacin succinate</i> TABS 10 MG	P		BEXSERO 0.5 ML	P	
<i>solifenacin succinate</i> TABS 5 MG	P	QL(1 EA daily)	BIOTHRAX	P	
<i>tolterodine tartrate</i> CP24 4 MG	NP		CAPVAXIVE	P	
<i>tolterodine tartrate</i> CP24 2 MG	NP	QL(1 EA daily)	HIBERIX SOLR IJ	P	
<i>tolterodine tartrate</i> TABS	NP		MENACTRA	P	
TOVIAZ 4 MG (<i>fesoterodine fumarate</i>)	NP	QL(1 EA daily)	MENQUADFI 0.5 ML	P	
TOVIAZ 8 MG (<i>fesoterodine fumarate</i>)	NP		MENVEO SOLN	P	
<i>trospium chloride</i> CP24	NP		MENVEO SOLR	P	
<i>trospium chloride</i> TABS	NP		PEDVAX HIB SUSP	P	
VESICARE LS SUSP	NP		PNEUMOVAX 23 SOLN	P	
VESICARE TABS 10 MG (<i>solifenacin succinate</i>)	NP		PNEUMOVAX 23 SOSY	P	
VESICARE TABS 5 MG (<i>solifenacin succinate</i>)	NP	QL(1 EA daily)	PREVNAR 13	P	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists			PREVNAR 20	P	
GEMTESA	NP		TRUMENBA 0.5 ML	P	
<i>mirabegron</i> TB24 50 MG	NP	Brand Preferred	TYPHIM VI SOLN	P	
<i>mirabegron</i> TB24 25 MG	NP	Brand Preferred; QL(1 EA daily)	TYPHIM VI SOSY	P	
MYRBETRIQ SRER	NP	Brand Preferred	VAXCHORA	P	
MYRBETRIQ TB24 25 MG (<i>mirabegron</i>)	P	Brand Preferred; QL(1 EA daily)	VAXNEUVANCE	P	
MYRBETRIQ TB24 50 MG (<i>mirabegron</i>)	P	Brand Preferred	VIVOTIF	P	
Urinary Antispasmodics - Direct Muscle Relaxants			Viral Vaccines		
<i>flavoxate hcl</i>	P		ABRYSVO	P	QL(1 EA per 365 day(s) retail); AL(At least 60 yrs old)
VACCINES			ACAM2000	P	
			AFLURIA PRESERVATIVE FREE SUSY	P	
			AFLURIA QUADRIVALENT SUSP	P	
			AFLURIA QUADRIVALENT SUSY 0.5 ML	P	
			AFLURIA SUSP	P	
			AREXVY	P	
			AUDENZ EMUL	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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		HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	P	
DENGVAIXA	P		HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail
ENGRIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail	IMOVAX RABIES SUSR	P	
ENGRIX-B SUSY	P	3 max fill(s) per 999 day(s) retail	IPOLE	P	
FLUAD	P		IXCHIQ	P	QL(1 EA per fill retail)
FLUAD QUADRIVALENT	P		IXIARO	P	
FLUARIX QUADRIVALENT SUSY	P		JYNNEOS	P	QL(0.5 ML per fill retail)
FLUARIX SUSY	P		M-M-R II SOLR	P	
FLUBLOK QUADRIVALENT	P		MNEXSPIKE SUSY 10 MCG/0.2ML	P	
FLUBLOK SOSY	P		MODERNA COVID-19 BIVALENT	P	
FLUCELVAX QUADRIVALENT SUSP	P		MODERNA COVID-19 VAC 6M-11Y SUSP	P	
FLUCELVAX QUADRIVALENT SUSY	P		MODERNA COVID-19 VAC 6M-11Y SUSY	P	
FLUCELVAX SUSP	P		MODERNA COVID-19 VACCINE SUSP	P	
FLUCELVAX SUSY	P		MRESVIA	P	
FLULAVAL QUADRIVALENT SUSY	P		NOVAVAX COVID-19 VACCINE SUSP	P	
FLULAVAL SUSY	P		NOVAVAX COVID-19 VACCINE SUSY	P	
FLUMIST	P		NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P	
FLUMIST QUADRIVALENT	P		PFIZER COVID-19 VAC BIVALENT	P	
FLUZONE HIGH-DOSE QUADRIVALENT	P		PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	P	
FLUZONE HIGH-DOSE SUSY	P				
FLUZONE QUADRIVALENT SUSP	P				
FLUZONE QUADRIVALENT SUSY	P				
FLUZONE SUSP	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	P		CLEOCIN CREA (clindamycin phosphate vaginal)	NP	
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	P		CLEOCIN SUPP	P	
PFIZER-BIONTECH COVID-19 VACC SUSP	P		clindamycin phosphate vaginal CREA	P	
PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail	CLINDESSE	NP	
PRIORIX SUSR	P		clotrimazole vaginal CREA 1 %	P	
PROQUAD SUSR	P		GYNAZOLE-1	P	
RABAVERT	P		metronidazole vaginal	P	
RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail	metronidazole vaginal	NP	
RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail	MICONAZOLE 7 SUPP 100 MG	P	
ROTARIX SUSP	P		miconazole nitrate vaginal KIT	P	
ROTATEQ SOLN	P		miconazole nitrate vaginal SUPP	P	
SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)	MONISTAT 3 CREA	P	
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	P		NUVESSA	P	Brand Preferred
SPIKEVAX SUSP	P		terconazole vaginal CREA	P	
SPIKEVAX SUSY	P		tioconazole vaginal 6.5 %	P	
STAMARIL SUSR	P		VANDAZOLE	NP	
TWINRIX SUSY	P		XACIATO GEL	NP	
VAQTA	P		Vaginal Estrogens		
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	P		estradiol vaginal CREA	P	
VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail	estradiol vaginal TABS	P	
YF-VAX SUSR	P		Vaginal Progestins		
VAGINAL AND RELATED PRODUCTS			CRINONE GEL	NP	
Miscellaneous Vaginal Products			ENDOMETRIN INST 100 MG (progesterone vaginal)	NP	
VAGISIL EX	P		progesterone (vaginal) INST 100 MG	NP	
Vaginal Anti-infectives			VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
			Anaphylaxis Therapy Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AUVI-Q SOAJ	NP	QL(2 EA per 30 day(s) retail; 6 EA per 90 days mail); ST	VITAMIN A PALMITATE TABS	P	
<i>epinephrine (anaphylaxis) SOAJ</i>	NP	QL(2 EA per 30 day(s) retail; 6 EA per 90 days mail); ST	<i>vitamin a CAPS</i>	P	
<i>epinephrine (anaphylaxis) SOAJ</i>	P	QL(2 EA per 30 day(s) retail; 6 EA per 90 days mail)	VITAMIN D2 TABS 400 UNIT	P	
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	NP	QL(2 EA per 30 day(s) retail; 6 EA per 90 days mail)	<i>vitamin e CAPS</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 CAPS	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	<i>vitamin e SOLN</i>	P	
NEFFY SOLN NA	NP	ST	VITAMIN E SOLN 15 MG/0.67ML	P	
Vasopressors			Water Soluble Vitamins		
<i>epinephrine SOLN IJ</i>	NP		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		ASCORBIC ACID POWD PO	P	
<i>cholecalciferol CAPS 10 MCG, 125 MCG, 400 UNIT, 5000 UNIT, 125 MCG</i>	P		<i>ascorbic acid TABS</i>	P	
<i>cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML</i>	P		<i>ascorbic acid TBCR 500 MG, 1000 MG, 1500 MG</i>	P	
<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	P		B-1 TABS	P	
<i>ergocalciferol CAPS</i>	P		B-6 TABS	P	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	P		<i>biotin CAPS 5 MG, 5000 MCG</i>	P	
<i>phytonadione TABS</i>	P		<i>biotin TABS 10 MG, 800 MCG, 10000 MCG</i>	P	
			<i>calcium ascorbate TABS</i>	P	
			CYTO C POWD PO	P	
			<i>niacinamide TABS</i>	P	
			<i>niacin TABS</i>	P	
			<i>niacin TBCR 500 MG, 750 MG</i>	NP	
			<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG</i>	P	
			<i>riboflavin TABS</i>	P	
			SLO-NIACIN TBCR (<i>niacin</i>)	NP	
			<i>thiamine hcl TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>thiamine mononitrate</i> TABS 100 MG	P	
VITA-C CRYST	P	
VITAMIN B-6 ER TBCR	P	
VITAMIN C ER TBCR	P	
VITAMIN C POWD PO	P	
VITAMIN C TABS	P	

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desoximetasone LIQD	73	dexmethylphenidate hcl CP24	3		
desoximetasone OINT	73	dexmethylphenidate hcl TABS 2.5 MG, 10 MG	3		
DESTRESS-IRON TABS	116				

DIALYVITE 800 LIQD	121	diclofenac sodium (topical) SOLN EX	70	DILANTIN INFATABS CHEW (phenytoin)	19
DIASTAT ACUDIAL GEL (diazepam (anticonvulsant))	16	diclofenac sodium TB24	6	DILANTIN SUSP (phenytoin)	19
DIASTAT PEDIATRIC GEL (diazepam (anticonvulsant))	16	diclofenac sodium TBEC	6	DILANTIN-125 SUSP (phenytoin) .	19
DIATHRIVE LANCET ULTRA THIN 30	94	diclofenac w/ misoprostol TBEC	6	DILAUDID LIQD (hydromorphone hcl)	8
DIATHRIVE LANCETS	94	dicloxacillin sodium	136	DILAUDID TABS (hydromorphone hcl)	8
DIATHRIVE LANCING DEVICE MISC	94	dicyclomine hcl CAPS	141	diltiazem hcl coated beads CP24 300 MG	57
DIATHRIVE PEN NEEDLE	104	dicyclomine hcl SOLN PO	141	diltiazem hcl coated beads CP24 ..	57
diazepam (anticonvulsant) GEL ...	16	dicyclomine hcl TABS	141	diltiazem hcl CP12	58
diazepam CONC	12	diethylpropion hcl TABS	2	diltiazem hcl CP24	58
DIAZEPAM SOAJ	12	DIFFERIN CREA (adapalene)	67	diltiazem hcl extended release beads	58
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	12	DIFFERIN GEL (adapalene)	67	DILTIAZEM HCL SOLR	58
DIAZEPAM SOLN IJ 5 MG/ML	12	DIFFERIN LOTN	67	diltiazem hcl TABS	58
diazepam SOLN PO 5 MG/5ML ...	12	DIFICID SUSR	92	diltiazem hcl TB24	58
diazepam TABS	12	DIFICID TABS 200 MG (fidaxomicin) 92		dimenhydrinate TABS	28
dibucaine (rectal) EX	11	diflorasone diacetate CREA	73	dimethyl fumarate CDPK	138
dibucaine	76	diflorasone diacetate OINT	73	dimethyl fumarate CPDR	138
dichlorphenamide	80	DIFLUCAN SUSR 40 MG/ML (fluconazole)	28	DIOVAN HCT (valsartan-hydrochlorothiazide)	32
DICLEGIS TBEC (doxylamine-pyridoxine)	28	diflunisal TABS	8	DIOVAN TABS (valsartan)	32
diclofenac epolamine PTCH EX ...	70	difluprednate	133	DIPENTUM	84
diclofenac potassium (migraine) .	111	DIGESTIVE ENZYMES TABS	80	diphenhydramine hcl (sleep) CAPS 50 MG	90
diclofenac potassium CAPS	6	digoxin SOLN PO 0.05 MG/ML ...	58	diphenhydramine hcl (sleep) TABS 25 MG	90
diclofenac potassium TABS	6	digoxin TABS 125 MCG, 250 MCG 58		diphenhydramine hcl CAPS	29
diclofenac sodium (ophth)	134	dihydroergotamine mesylate SOLN NA 4 MG/ML	111	diphenhydramine hcl CHEW 12.5 MG	29
diclofenac sodium (topical) GEL EX 70		DILANTIN (phenytoin sodium extended)	19	diphenhydramine hcl ELIX 12.5	
diclofenac sodium (topical) SOLN EX 1.5 %	70	DILANTIN	19		

MG/5ML29	docusate calcium92	doxorubicin hcl liposomal SUSP ...40
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML29	docusate sodium CAPS92	DOXORUBICIN HCL SOLN (doxorubicin hcl)40
diphenhydramine hcl SOLN 50 MG/ML29	docusate sodium ENEM 283 MG/5ML92	doxorubicin hcl SOLN40
diphenhydramine hcl TABS 25 MG 29	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML92	doxorubicin hcl SOLR 10 MG, 50 MG40
diphenhydramine-acetaminophen (sleep) TABS90	DOCUSATE SODIUM SYRP92	doxycycline (monohydrate) CAPS 50 MG, 100 MG140
diphenoxylate w/ atropine LIQD ...27	docusate sodium TABS92	doxycycline (monohydrate) CAPS 75 MG, 150 MG140
diphenoxylate w/ atropine TABS ..27	dofetilide13	doxycycline (monohydrate) SUSR 140
DIPROLENE OINT (betamethasone dipropionate augmented)73	DOLOBID TABS8	doxycycline (monohydrate) TABS 140
dipyridamole88	donepezil hydrochloride TABS 23 MG137	doxycycline (monohydrate) TABS 140
disopyramide phosphate CAPS ...13	donepezil hydrochloride TABS 5 MG, 10 MG137	doxycycline (rosacea)78
disulfiram137	donepezil hydrochloride TBDP ...137	doxycycline hyclate CAPS140
divalproex sodium CSDR19	DOPTelet89	doxycycline hyclate TABS 20 MG, 100 MG140
divalproex sodium TB24 250 MG ..19	DOPTelet SPRINKLE PO 10 MG 89	doxycycline hyclate TABS 50 MG, 75 MG, 150 MG140
divalproex sodium TB24 500 MG ..19	DORAL (quazepam)90	doxycycline hyclate TBEC140
divalproex sodium TBEC19	DORYX MPC TBEC 60 MG140	doxylamine-pyridoxine TBEC28
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (docetaxel) 43	dorzolamide hcl134	DR TEALS SHEA ENRICHED FOOT CREA77
docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML43	dorzolamide hcl-timolol maleate .132	DRAMAMINE CHEW28
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML43	DOVATO53	DRIZALMA SPRINKLE CSDR 20 MG, 40 MG, 60 MG22
DOCETAXEL SOLN (docetaxel) ..43	doxazosin mesylate 1 MG, 2 MG, 4 MG32	DRIZALMA SPRINKLE CSDR 30 MG22
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML43	doxazosin mesylate 8 MG32	dronabinol CAPS28
docetaxel SOLN43	doxepin hcl (antipruritic)71	droperidol SOLN 2.5 MG/ML12
DOCIVYX SOLN43	doxepin hcl (sleep)90	DROPLET GENTEEL LANCING DEVICE MISC94
docosanol72	doxepin hcl CAPS22	DROPLET INSULIN SYRINGE ..104
	doxepin hcl CONC22	
	DOXIL SUSP (doxorubicin hcl liposomal)40	

DROPLET LANCETS ULTRA THIN 30G	94	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	22	105
DROPLET LANCING DEVICE MISC 94		duloxetine hcl CPEP 40 MG	22	EASY FLOW BLACK/BLUE DEVI 109
DROPLET PEN NEEDLES	104	DUOPA SUSP	44	EASY FLOW BLACK/ORANGE DEVI 109
DROPLET PERSONAL LANCETS 30G	94	DUPIXENT SOAJ	74	EASY FLOW BLACK/RED DEVI 109
DROPSAFE ACTI-LANCE 23G	94	DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML	74	EASY FLOW BLACK/WHITE DEVI 109
DROPSAFE ALCOHOL PREP	103	DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	75	EASY FLOW BLACK/YELLOW DEVI 109
DROPSAFE SAFETY PEN NEEDLES	104	DUREZOL (difluprednate)	133	EASY FLOW WHITE/BLUE DEVI 109
DROPSAFE SAFETY SYRINGE/NEEDLE	104	DURYSTA IMPL	135	EASY FLOW WHITE/GREEN DEVI 109
drospirenone-ethinyl estradiol	60	dutasteride	86	EASY FLOW WHITE/PINK DEVI 109
drospirenone-ethinyl estradiol-levomefolate calcium	60	dutasteride-tamsulosin hcl	86	EASY FLOW WHITE/WHITE DEVI 109
DROXIA CAPS	88	DYANAVEL XR SUER	1	EASY FLOW WHITE/YELLOW DEVI 109
DRUG MART LANCING DEVICE MISC	95	DYANAVEL XR TBCR	1	EASY MINI EJECT LANCING DEVICE MISC 95
DRUG MART ON-THE-GO LANCET 30G	95	DYMISTA SUSP (azelastine hcl-fluticasone propionate)	130	EASY MINI LANCING DEVICE MISC 95
DRUG MART UNIFINE PENTIPS 104		DYNAGEL GEL	78	EASY TOUCH ALCOHOL PREP MEDIUM 103
DRUG MART UNIFINE PENTIPS PLUS	104	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	92	EASY TOUCH FLIPLOCK INSULIN SY 105
DRUG MART UNILET LANCETS 28G	95	EASIVENT MASK LARGE MISC	109	EASY TOUCH INSULIN BARRELS 105
DRUG MART UNILET LANCETS 30G	95	EASIVENT MASK MEDIUM MISC	109	EASY TOUCH INSULIN SAFETY SYR 105
DRUG MART UNILET LANCETS 33G	95	EASIVENT MASK SMALL MISC	109	EASY TOUCH INSULIN SYRINGE 105
DUAKLIR PRESSAIR	14	EASIVENT MISC	109	EASY TOUCH LANCETS 21G 95
DUETACT (pioglitazone hcl-glimepiride)	23	EASY COMFORT ALCOHOL PADS	103	EASY TOUCH LANCETS 23G 95
DULERA	14	EASY COMFORT INSULIN SYRINGE	104	
		EASY COMFORT LANCETS	95	
		EASY COMFORT LANCETS TWIST TOP	95	
		EASY COMFORT PEN NEEDLES		

EASY TOUCH LANCETS 26G ...95	EDARBYCLOR 12.5 MG-40 MG ...32	ELOCTATE87
EASY TOUCH LANCETS 28G ...95	EDARBYCLOR 25 MG-40 MG33	ELON HERBAL FOOT CREA77
EASY TOUCH LANCETS 28G/TWIST95	EDLUAR SUBL90	ELON MATRIX 5000 COMPLETE TABS128
EASY TOUCH LANCETS 30G ...95	EDURANT53	ELON MATRIX 5000 TABS128
EASY TOUCH LANCETS 30G/TWIST95	EDURANT PED PO 2.5 MG53	ELON MATRIX COMPLETE TABS 128
EASY TOUCH LANCETS 32G ...95	efavirenz CAPS53	ELON MATRIX PLUS TABS128
EASY TOUCH LANCETS 32G/TWIST95	efavirenz TABS53	ELON R3 TABS128
EASY TOUCH LANCETS 33G/TWIST95	efavirenz-emtricitabine-tenofovir disoproxil fumarate53	ELREXFIO37
EASY TOUCH LANCING DEVICE MISC95	efavirenz-lamivudine-tenofovir disoproxil fumarate53	eltrombopag olamine PACK 12.5 MG, 25 MG89
EASY TOUCH PEN NEEDLES ...105	EFFEXOR XR CP24 150 MG (venlafaxine hcl)22	eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG89
EASY TOUCH SAFETY LANCETS 21G95	EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl)22	ELYXYB111
EASY TOUCH SAFETY LANCETS 23G95	EFFIENT (prasugrel hcl)88	ELZONRIS43
EASY TOUCH SAFETY LANCETS 26G95	EKTERLY TABS PO 300 MG88	EMBECTA INS SYR U/F 1/2 UNIT 105
EASY TOUCH SAFETY LANCETS 28G95	ELAHERE37	EMBECTA INSULIN SYR ULTRAFINE105
EASY TOUCH SHEATHLOCK SYRINGE105	ELEPSIA XR TB2417	EMBECTA INSULIN SYRINGE ...105
EASY-C IMMUNE HEALTH W/BIOFLAV CAPS115	eletriptan hydrobromide111	EMBECTA INSULIN SYRINGE U- 100105
EBGLYSS SOAJ75	ELIGARD KIT SC38	EMBECTA INSULIN SYRINGE U- 500105
EBGLYSS SOSY75	ELIMITE CREA (permethrin)78	EMBECTA PEN NEEDLE NANO 105
ECEE PLUS TABS129	ELIQUIS (1.5 MG PACK) TBSO PO . 15	EMBECTA PEN NEEDLE NANO 2 GEN105
econazole nitrate CREA70	ELIQUIS (2 MG PACK) TBSO PO .15	EMBECTA PEN NEEDLE ULTRAFINE105
ECONAZOLE NITRATE FOAM 1 % . 70	ELIQUIS CPSP PO 0.15 MG15	EMBRACE LANCETS ULTRA THIN 30G95
EDARBI32	ELIQUIS DVT/PE STARTER PACK TBPk15	EMBRACE LANCING
	ELIQUIS TABS15	
	ELIQUIS TBSO PO 0.5 MG15	
	ELLENCE SOLN40	
	ELMIRON CAPS86	

DEVICE/EJECTOR MISC	95	EMRELIS SOLR IV 20 MG, 100 MG .	37	ENFIT AMBER SYRINGE/10ML .	101
EMBRACE PEN NEEDLES	105	EMSAM	20	ENFIT AMBER SYRINGE/20ML .	101
EMBRACE PRESSURE ACTIVATED		emtricitabine CAPS	54	ENFIT AMBER SYRINGE/35ML .	101
21G	95	emtricitabine-rilpivirine-tenofovir		ENFIT AMBER SYRINGE/60ML .	101
EMBRACE PRESSURE ACTIVATED		disoproxil fumarate	54	ENFIT AMBER TIP SYRINGE/5ML	101
28G	95	emtricitabine-tenofovir disoproxil			
EMBRIVA TABS	123	fumarate	54	ENFIT LOW DOSE TIP SYRINGE	102
EMEND BIPACK CAPS 80 MG		EMTRIVA CAPS (emtricitabine) ...	54	ENFIT LOW DOSE TIP	
(aprepitant)	28	EMTRIVA SOLN	54	SYRINGE/1ML	102
EMEND SUSR	28	enalapril maleate &		ENFIT LOW DOSE TIP	
EMEND TRIPACK CAPS (aprepitant)		hydrochlorothiazide	33	SYRINGE/3ML	102
.....	28	enalapril maleate SOLN	31	ENFIT MED BOTTLE ADAPTER/SZ	
EMERGEN-C APPLE CIDER		enalapril maleate TABS	31	1	102
VINEGAR CHEW	118	ENBRACE HR	123	ENFIT MED BOTTLE ADAPTER/SZ	
EMERGEN-C ASHWAGANDHA		ENBREL MINI SOCT	7	2	102
CHEW	118	ENBREL SOLN	7	ENFIT MED BOTTLE ADAPTER/SZ	
EMERGEN-C ELDERBERRY CHEW		ENBREL SOSY	7	3	102
.....	118	ENBREL SURECLICK SOAJ	7	ENFIT MED BOTTLE ADAPTER/SZ	
EMERGEN-C IMMUNE PLUS/VIT D		ENDARI (glutamine (sickle cell)) ..	88	5	102
CHEW	118	ENDOMETRIN INST 100 MG		ENFIT MED BOTTLE ADAPTER/SZ	
EMERGEN-C IMMUNE+ CHEW .	118	(progesterone (vaginal))	145	6	102
EMERGEN-C IMMUNE+		ENDUR-VM TBCR	118	ENFIT MED BOTTLE ADAPTER/SZ	
ELDERBERRY CHEW	118	ENDUR-VM WITH IRON TBCR ..	118	7	102
EMERGEN-C TURMERIC &		ENFAMIL ENFALYTE SOLN	112	ENFIT SYRINGE/10ML	102
GINGER CHEW	118	ENFAMIL POLY-VI-SOL-IRON		ENFIT SYRINGE/20ML	102
EMERGEN-C VITAMIN C CHEW		SOLN 11 MG/ML	122	ENFIT SYRINGE/35ML	102
118		ENFIT AMBER LOW DOSE		ENFIT SYRINGE/60ML	102
EMFLAZA SUSP (deflazacort)	62	SYR/0.5ML	101	ENFIT TIP SYRINGE/10ML	102
EMFLAZA TABS (deflazacort)	62	ENFIT AMBER LOW DOSE		ENFIT TIP SYRINGE/20ML	102
EMGALITY (300 MG DOSE) SOSY		SYR/1ML	101	ENFIT TIP SYRINGE/5ML	102
110		ENFIT AMBER LOW DOSE		ENFIT TIP SYRINGE/60ML	102
EMGALITY SOAJ	110	SYR/3ML	101		
EMGALITY SOSY	110				
EMPLICITI	37				

ENERGIX-B SUSP 20 MCG/ML .	144	EPIVIR SOLN (lamivudine)	54	eribulin mesylate	43
ENERGIX-B SUSY	144	EPIVIR TABS (lamivudine)	54	ERIVEDGE	38
ENHERTU	37	EPKINLY	37	ERLEADA	38
enoxaparin sodium SOLN IJ 300 MG/3ML	16	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	89	erlotinib hcl	38
enoxaparin sodium SOSY	16	EPRONTIA SOLN 25 MG/ML (topiramate)	17	ERMEZA SOLN PO	140
ENSTILAR FOAM	73	EPSOLAY CREA	67	ERTACZO	70
entacapone	44	EPZICOM (abacavir sulfate- lamivudine)	54	ERYPED 200 SUSR (erythromycin ethylsuccinate)	92
ENTRESTO CPSP	58	EQ MULTIVITAMINS ADULT GUMMY CHEW	118	ERYPED 400 SUSR (erythromycin ethylsuccinate)	92
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (sacubitril-valsartan)	58	EQ SPACE CHAMBER ANTI- STATIC CHEW	109	erythromycin (acne aid) GEL	67
ENTYVIO PEN SOAJ	84	EQ SPACE CHAMBER ANTI- STATIC DEVI	109	erythromycin (acne aid) PADS	67
ENTYVIO SOLR	84	EQ SPACE CHAMBER ANTI- STATIC L DEVI	109	erythromycin (acne aid) SOLN	67
EOHILIA SUSP	62	EQ SPACE CHAMBER ANTI- STATIC M DEVI	109	erythromycin (ophth)	132
EPANED SOLN (enalapril maleate) 31	55	EQ SPACE CHAMBER ANTI- STATIC S DEVI	109	erythromycin base CPEP	92
EPCLUSA PACK	55	EQL ALCOHOL SWABS	103	erythromycin base TABS	92
EPCLUSA TABS	55	EQL DIGESTIVE ENZYMES TABS 80	80	erythromycin base TBEC	92
EPIDIOLEX	17	EQL ONE DAILY ADULT GUMMIES CHEW	118	erythromycin ethylsuccinate SUSR 92	92
EPIDUO FORTE GEL (adapalene- benzoyl peroxide)	67	EQUETRO	45	erythromycin ethylsuccinate TABS 92 92	92
EPIFOAM FOAM	73	ERBITUX	38	erythromycin stearate TABS 250 MG 92	92
epinastine hcl (ophth)	134	ergocalciferol CAPS	146	ERZOFRI	46
epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	146	ergocalciferol SOLN PO 200 MCG/ML	146	ESCITALOPRAM OXALATE CAPS PO 15 MG	20
epinephrine (anaphylaxis) SOAJ .	146	ERGOMAR SUBL	111	escitalopram oxalate SOLN	20
epinephrine hcl (nasal)	130	ergotamine w/ caffeine TABS	111	escitalopram oxalate TABS 20 MG 20	20
epinephrine SOLN IJ	146			escitalopram oxalate TABS 5 MG, 10 MG	20
EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	146			eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	17
EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	146			esomeprazole magnesium CPDR	

141	EUCRISA	77	ezetimibe-simvastatin	30
esomeprazole magnesium PACK 141	EVEKEO ODT TBDP	1	EZ-LETS LANCETS 21G	95
esomeprazole magnesium TBEC 141	EVEKEO TABS 10 MG		EZ-LETS LANCETS 26G	95
ESPEROCT	(amphetamine sulfate)	1	EZ-LETS LANCETS 28G	95
estazolam	EVEKEO TABS 5 MG (amphetamine sulfate)	1	EZ-LETS LANCETS 30G	95
estradiol & norethindrone acetate TABS	EVENITY	81	FABIOR FOAM	67
estradiol PTWK	everolimus TABS	41	famciclovir	56
estradiol TABS	everolimus TBSO	41	famotidine SUSR	141
estradiol vaginal CREA	EVISTA (raloxifene hcl)	82	famotidine TABS	141
estradiol vaginal TABS	EVKEEZA	30	famotidine-calcium carbonate-magnesium hydroxide	142
ESTROFACTORS TABS	EVOMELA IV	36	FANAPT	47
ESTROVEN WEIGHT MANAGEMENT CAPS	EVOTAZ	54	FANAPT TITRATION PACK A	47
eszopiclone	EXCEL-GEL GEL	78	FANAPT TITRATION PACK B	47
ethacrynic acid	EXELON (rivastigmine)	137	FANAPT TITRATION PACK C	47
ethambutol hcl TABS	exemestane	39	FARESTON (toremifene citrate)	39
ethosuximide CAPS	exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML	24	FARXIGA 10 MG (dapagliflozin propanediol)	26
ethosuximide SOLN	EXFORGE (amlodipine besylate-valsartan)	33	FARXIGA 5 MG (dapagliflozin propanediol)	26
ethynodiol diacet & eth estrad	EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)	33	FASENRA PEN SOAJ	13
etodolac CAPS	EXJADE TBSO (deferasirox)	27	FASENRA SOSY	13
etodolac TABS	EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	21	FASLODEX SOSY (fulvestrant)	39
etodolac TB24	EXXUA TITRATION PACK TB24 PO 18.2 MG	21	febuxostat 40 MG	86
etonogestrel-ethinyl estradiol	EYE HEALTH AREDS 2 CAPS	118	febuxostat 80 MG	86
ETOPOPHOS	EYE HEALTH CAPS	118	FEIBA	87
etoposide CAPS	EYE HEALTH GUMMIES CHEW	118	felbamate SUSP	18
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	EYSUVIS SUSP	133	felbamate TABS	18
etravirine	ezetimibe	31	FELBATOL SUSP (felbamate)	18
EUCERIN ADVANCED REPAIR			FELBATOL TABS (felbamate)	18
FOOT CREA			FELDENE CAPS 10 MG (piroxicam)	

6	27	30
felodipine58	ferrous fumarate TABS 89	fidaxomicin TABS 200 MG92
FEMARA (letrozole)39	ferrous fumarate w/ b12-vit c-fa-ifc 89	FIFTY50 ALCOHOL PREP 103
FEM-CAL CITRATE TABS 113	ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS 89	FIFTY50 PEN NEEDLES 105
FEMLYV TBDP 60	ferrous gluconate TABS 90	FIFTY50 SAFETY SEAL LANCETS . 95
FEMQUIL CAPS128	ferrous sulfate dried TABS90	FIFTY50 SUPERIOR COMFORT SYR 105
fenofibrate CAPS30	ferrous sulfate SOLN 300 MG/5ML, 325 MG/5ML 90	FIFTY50 UNILET LANCETS 33G .95
fenofibrate micronized 43 MG, 90 MG, 130 MG 30	ferrous sulfate TABS 325 MG, 65 MG, 27 MG, 325 MG90	FINACEA FOAM78
fenofibrate micronized 67 MG, 134 MG, 200 MG 30	ferrous sulfate TBEC 325 MG 90	FINACEA GEL (azelaic acid)78
fenofibrate TABS 40 MG, 120 MG .30	fesoterodine fumarate 4 MG142	finasteride 86
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG 30	fesoterodine fumarate 8 MG142	FINE 3095
fenofibric acid30	FETZIMA CP24 20 MG, 40 MG ... 22	FINGERSTIX LANCETS95
fenoprofen calcium CAPS 400 MG . 6	FETZIMA CP24 80 MG, 120 MG .. 22	fingolimod hcl 138
fenoprofen calcium TABS6	FETZIMA TITRATION C4PK 22	FINTEPLA17
FENOPRON CAPS6	FEVERALL INFANTS SUPP8	FIORICET/CODEINE 30 MG-40 MG- 50 MG-300 MG (butalbital- acetaminophen-caffeine w/ codeine) . 9
FENSOLVI (6 MONTH) SC82	FEVERALL JUNIOR STRENGTH SUPP8	FIRAZYR SOSY (icatibant acetate) 87
fentanyl citrate LPOP 200 MCG, 400 MCG, 800 MCG, 1200 MCG, 1600 MCG8	fexofenadine hcl SUSP 29	FIRMAGON (240 MG DOSE)39
fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG8	fexofenadine hcl TABS 60 MG, 180 MG 29	FIRMAGON 80 MG39
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR8	fexofenadine-pseudoephedrine TB1263	FIRST AID ANTISEPTIC OINT53
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR8	fexofenadine-pseudoephedrine TB2463	FIRVANQ SOLR PO (vancomycin hcl) 34
ferric citrate86	FIASP FLEXTOUCH SOPN 25	FLAGYL CAPS (metronidazole) ...33
FERRIPROX SOLN27	FIASP PENFILL SOCT 25	FLAREX133
FERRIPROX TABS (deferiprone) . 27	FIASP PUMPCART SOCT 25	FLAVOR PLUS LIQD136
FERRIPROX TWICE-A-DAY TABS	FIASP SOLN25	FLAVOR SWEET SYRP136
	FIBRICOR 105 MG (fenofibric acid)	FLAVOR SWEET-SF SYRP136

flavoxate hcl	143	fluconazole TABS 150 MG, 200 MG .	29	FLUOXETINE HCL TABS (fluoxetine hcl)	20
FLEBOGAMMA DIF SOLN 2.5					
GM/50ML	135	fluconazole TABS 50 MG, 100 MG	29	fluoxetine hcl TABS	20
flecainide acetate	13			fluphenazine decanoate	51
FLEET BISACODYL ENEM	92	flucytosine	28	fluphenazine hcl CONC	51
FLEQSUVY SUSP (baclofen)	129	fludarabine phosphate SOLN	36	fluphenazine hcl ELIX	51
FLEXICHAMBER ADULT		fludarabine phosphate SOLR	36	fluphenazine hcl SOLN	51
MASK/SMALL	109	fludrocortisone acetate TABS	63	fluphenazine hcl TABS	51
FLEXICHAMBER CHILD		FLULAVAL QUADRIVALENT SUSY .	144	flurandrenolide LOTN	73
MASK/LARGE	109			flurazepam hcl	90
FLEXICHAMBER CHILD		FLULAVAL SUSY	144	flurbiprofen sodium	134
MASK/SMALL	109	FLUMIST	144	flurbiprofen TABS 100 MG	6
FLEXICHAMBER DEVI	109	FLUMIST QUADRIVALENT	144	fluticasone furoate (inhalation) 50	
FLORAFOL PEDIATRIC CHEW .	122	flunisolide (nasal)	130	MCG/ACT, 100 MCG/ACT, 200	
FLORRAXYL TABS	118	fluocinolone acetonide CREA	73	MCG/ACT	14
FLOTREX CHEW 0.25 MG, 0.5 MG,		fluocinolone acetonide OIL	73	fluticasone furoate-vilanterol	14
1 MG	122	fluocinolone acetonide OINT	73	fluticasone propionate (inhalation)	
FLUAD	144	fluocinolone acetonide SOLN	73	AEPB	14
FLUAD QUADRIVALENT	144	fluocinonide CREA	73	fluticasone propionate (nasal) SUSP .	130
FLUARIX QUADRIVALENT SUSY		fluocinonide emulsified base	73	fluticasone propionate CREA 0.05 %	
144		fluocinonide GEL	73	73	
FLUARIX SUSY	144	fluocinonide OINT	73	fluticasone propionate hfa	14
FLUBLOK QUADRIVALENT	144	fluocinonide SOLN	73	fluticasone propionate LOTN	73
FLUBLOK SOSY	144	fluorometholone (ophth) SUSP ...	133	fluticasone propionate OINT	73
FLUCELVAX QUADRIVALENT		fluorouracil (topical) CREA	71	fluticasone-salmeterol AEPB 100	
SUSP	144	fluorouracil (topical) SOLN	71	MCG/ACT-50 MCG/ACT, 250	
FLUCELVAX QUADRIVALENT		fluorouracil	36	MCG/ACT-50 MCG/ACT, 500	
SUSY	144			MCG/ACT-50 MCG/ACT	15
FLUCELVAX SUSP	144	fluoxetine hcl (pmdd) TABS	139	fluticasone-salmeterol AEPB 113	
FLUCELVAX SUSY	144	fluoxetine hcl CAPS	20	MCG/ACT-14 MCG/ACT, 232	
fluconazole in nacl 0.9 %-200		fluoxetine hcl CPDR	20	MCG/ACT-14 MCG/ACT, 55	
MG/100ML, 0.9 %-400 MG/200ML	28	fluoxetine hcl SOLN	20	MCG/ACT-14 MCG/ACT	15
fluconazole SUSR	28			fluticasone-salmeterol AERO	15

fluvastatin sodium CAPS	31	FOLOTYN	36	FREESTYLE LIBRE 14 DAY SENSOR	95
fluvastatin sodium TB24	31	FOLTABS 800 TABS	89	FREESTYLE LIBRE 2 PLUS SENSOR	95
fluvoxamine maleate CP24	20	fondaparinux sodium	16	FREESTYLE LIBRE 2 READER ..	95
fluvoxamine maleate TABS	20	FORA LANCETS	95	FREESTYLE LIBRE 2 SENSOR ..	95
FLUZONE HIGH-DOSE QUADRIVALENT	144	FORA LANCING DEVICE MISC ..	95	FREESTYLE LIBRE 3 PLUS SENSOR	96
FLUZONE HIGH-DOSE SUSY ...	144	FORFIVO XL TB24 (bupropion hcl) 20		FREESTYLE LIBRE 3 READER ..	96
FLUZONE QUADRIVALENT SUSP 144		formoterol fumarate NEBU	15	FREESTYLE LIBRE 3 SENSOR ..	96
FLUZONE QUADRIVALENT SUSY 144		FORTEO SOPN (teriparatide)	81	FREESTYLE LITE KIT	96
FLUZONE SUSP	144	FOSAMAX PLUS D	81	FREESTYLE LITE TEST STRP ...	79
FLUZONE SUSY	144	FOSAMAX TABS 70 MG (alendronate sodium)	81	FREESTYLE PRECISION NEO SYSTEM KIT	96
FML FORTE SUSP	133	fosamprenavir calcium TABS	54	FREESTYLE PRECISION NEO TEST STRP	79
FML LIQUIFILM SUSP (fluorometholone (ophth))	133	fosfomycin tromethamine	34	FREESTYLE TEST STRP	79
FOCALIN TABS 2.5 MG, 10 MG (dexmethylphenidate hcl)	3	fosinopril sodium & hydrochlorothiazide	33	FREESTYLE UNISTICK II LANCETS	96
FOCALIN TABS 5 MG (dexmethylphenidate hcl)	3	fosinopril sodium	31	FRINDOVYX SOLN	36
FOCALIN XR CP24 (dexmethylphenidate hcl)	3	FOSRENOL CHEW (lanthanum carbonate)	86	FROVA (frovatriptan succinate) .	111
FOLAGENT DHA CAPS	118	FOSRENOL PACK	86	frovatriptan succinate	111
FOLAMED DHA CAPS	118	FOTIVDA	41	FRUIT C 200 CHEW	115
FOLAPRIME TABS	118	FRAGMIN SOLN 10000 UNIT/4ML 16		FRUZAQLA	37
FOLATEXCEL	123	FRAGMIN SOLN 95000 UNIT/3.8ML 16		FT ADULT MULTI GUMMIES CHEW	118
FOLAWISE TABS	121	FRAGMIN SOSY	16	FT CHILDRENS MULTI PLUS IMMUNE CHEW	122
FOLCYTEINE TABS	121	FREESTYLE FREEDOM LITE KIT 95		FT ELECTROLYTE SOLN	112
FOLIC ACID CAPS	88	FREESTYLE INSULINX TEST STRP	79	FT EYE HEALTH CAPS	118
folic acid SOLN	88	FREESTYLE LANCETS	95	FT GLUCOSE CHEW 4 GM	23
folic acid TABS	88	FREESTYLE LIBRE 14 DAY READER	95	FT IMMUNE SUPPORT CHEW ..	118
FOLIVANE-OB	123			FT SALINE NASAL SPRAY SOLN	

130	135	gentamicin sulfate (topical) CREA .69
FT URINARY TRACT INFECTION STRP79	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML135	gentamicin sulfate (topical) OINT ..69
FULPHILA89	GAMMAPLEX SOLN135	gentamicin sulfate IJ 40 MG/ML 4
fulvestrant SOSY39	GAMUNEX-C135	GENTEEL BUTTERFLY TOUCH LANCET96
furosemide SOLN PO 8 MG/ML, 10 MG/ML81	GARDASIL 9 SUSP 0.5 ML144	GENTEEL PLUS LANCING (BLACK) MISC96
furosemide TABS81	GARDASIL 9 SUSY 0.5 ML144	GENTEEL PLUS LANCING (PURPLE) MISC96
FUZEON SOLR54	gatifloxacin (ophth)132	GENTEEL PLUS LANCING (WHITE) MISC96
FYARRO41	GAVISCON SUSP 358 MG/15ML-95 MG/15ML11	GENTEEL PLUS LANCING DEV(BLUE) MISC96
FYCOMPA SUSP16	GAVRETO41	GENTEEL PLUS LANCING DEV(PINK) MISC96
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (perampanel)16	GAZYVA37	GENTLE-LET GP LANCETS96
FYCOMPA TABS16	gefitinib38	GENTLE-LET LANCETS96
FYLNETRA89	GEMCITABINE HCL SOLN (gemcitabine hcl)36	GENVOYA54
gabapentin (once-daily) TABS ... 139	gemcitabine hcl SOLN36	GEODON (ziprasidone mesylate) .45
gabapentin CAPS17	gemcitabine hcl SOLR36	GEODON 20 MG, 60 MG, 80 MG (ziprasidone hcl) 45
gabapentin SOLN17	gemfibrozil TABS30	GEODON 40 MG (ziprasidone hcl) 45
gabapentin TABS 600 MG, 800 MG 17	GEMTESA143	GERBER GOOD START WATER 136
GABARONE TABS 100 MG, 400 MG17	GENADEK STEP 1 CAPS118	GILENYA (fingolimod hcl)138
galantamine hydrobromide CP24 16 MG, 24 MG137	GENADEK STEP 2 CAPS118	GILOTRIF38
galantamine hydrobromide CP24 8 MG137	GENICIN VITA-Q TABS121	glatiramer acetate SOSY138
galantamine hydrobromide SOLN 137	GENOTROPIN CART SC82	GLEEVEC TABS (imatinib mesylate) 41
galantamine hydrobromide TABS 137	GENOTROPIN MINIQUICK PRSY 0.2 MG82	GLEEVEC TABS 400 MG (imatinib mesylate)41
GAMASTAN IM135	GENOTROPIN MINIQUICK PRSY 82	GLIADEL WAFER36
GAMMAGARD135	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 MG27
GAMMAGARD S/D LESS IGA SOLR	gentamicin sulfate (ophth) SOLN .132	

glimepiride 2 MG, 4 MG27	GLUCOSE CHEW24	GNP INSULIN SYRINGES 28GX1/2"105
glipizide TABS 5 MG, 10 MG27	glutamine (sickle cell)88	GNP INSULIN SYRINGES 29GX1/2"105
glipizide TB2427	glutamine TABS131	GNP INSULIN SYRINGES 31GX5/16"105
glipizide-metformin hcl23	glyburide micronized 1.5 MG, 3 MG 27	GNP LANCING SYSTEM DEVICE MISC96
GLOBAL ALCOHOL PREP EASE 103	glyburide micronized 6 MG27	GNP PEN NEEDLES105
GLOBAL EASE INJECT PEN NEEDLES105	glyburide TABS27	GNP PRENATAL TABS123
GLOBAL EASY GLIDE INSULIN SYR105	glyburide-metformin23	GNP PRENATAL/FOLIC ACID TABS123
GLOBAL EASY GLIDE PEN NEEDLES105	glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 2.1 GM, 80.7 %91	GNP STERILE LANCETS 28G ...96
GLOBAL INJECT EASE INSULIN SYR105	glycerin (topical)75	GNP STERILE LANCETS 30G ...96
GLOBAL INJECT EASE LANCETS 28G96	glycerin-hypromellose-polyethylene glycol 400131	GNP STERILE LANCETS 33G ...96
GLOBAL INJECT EASE LANCETS 30G96	GLYCOTROL CAPS128	GNP ULTICARE PEN NEEDLES 105
GLOBAL INSULIN SYRINGES ..105	GLYCOTROL COMPLETE CAPS 128	GNP ULTIGUARD SAFEPACK NEEDLE105
GLOBAL LANCING DEVICE MISC 96	GLYXAMBI23	GNP ULTRA COM INSULIN SYRINGE105
GLOPERBA SOLN PO86	GNP ADULT MINI CHEW118	GNP URINARY TRACT TEST STRIPS STRP79
GLP-DLAX TABS128	GNP ALCOHOL SWABS103	GOCOVRI CP24 137 MG44
GLUCAGON EMERGENCY23	GNP CAL MAG ZINC +D3 TABS 133.333 UNIT-333.333 MG-133.333 MG-5 MG113	GOCOVRI CP24 68.5 MG44
GLUCAGON HCL (DIAGNOSTIC) 79	GNP CHILDRENS/EXTRA C CHEW . 122	GOJJI LANCING DEVICE/CLEAR CAP MISC96
glucagon SOLR IJ 1 MG24	GNP ELECTROLYTE SOLUTION SOLN 280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML, 9 GM/360ML-280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML112	GOJJI STERILE LANCETS96
GLUCO TO GO CHEW24	GNP GLUCOSE CHEW24	GOLD BOND FOOT CREA77
GLUCOCOM LANCETS 28G96	GNP IMMUNE SUPPORT CHEW 119	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfite) ...91
GLUCOCOM LANCETS 30G96	GNP INSULIN SYRINGE105	GOMEKLI CAPS PO 1 MG, 2 MG .41
GLUCOCOM LANCETS 33G96		GOMEKLI TBSO PO 1 MG41
GLUCOPRO INSULIN SYRINGE 105		GOOD START STERILE WATER

136	GVOKE KIT SOLN24	haloperidol lactate CONC 48
GOODSENSE ALCOHOL SWABS 103	GVOKE PFS SOSY 1 MG/0.2ML ..24	haloperidol lactate SOLN 48
GOODSENSE ELECTROLYTE ADV CARE SOLN112	GYNAZOLE-1145	haloperidol TABS 48
GRAFAPEX SOLR IV 1 GM, 5 GM 36	HADLIMA PUSHTOUCH SOAJ5	HALUCORT GEL 76
GRALISE TABS (gabapentin (once- daily)) 139	HADLIMA SOSY 5	HAPRODERM GEL79
GRALISE TABS 139	HAEGARDA SOLR SC 87	HARVONI PACK55
granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML28	HAEMOLANCE96	HARVONI TABS55
granisetron hcl TABS 28	HAEMOLANCE LOW FLOW	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML 144
GRANIX SOLN 300 MCG/ML 89	LANCETS 96	HEALTHWISE INSULIN SYR/NEEDLE105
GRANIX SOSY89	HAEMOLANCE PLUS96	HEALTHWISE MICRON PEN NEEDLES105
GRAPE SEED CAPS115	HAEMOLANCE PLUS HIGH FLOW . 96	HEALTHWISE SHORT PEN NEEDLES105
GRAPE SEED EXTRACT CAPS .115	HAEMOLANCE PLUS LOW FLOW . 96	HEALTHY EYES SUPERVISION 2 CAPS 119
GRAPE SYRUP SYRP136	HAEMOLANCE PLUS MAX FLOW 96	HEALTHY HEART COMPLEX TABS 128
griseofulvin microsize SUSP28	HAEMOLANCE PLUS PEDIATRIC FLOW96	HEART SAVIOR CAPS128
griseofulvin microsize TABS28	HAIR NOURISHING SUPPLEMENT TABS128	HEART TABS TABS128
griseofulvin ultramicrosize28	HAIR/SKIN/NAILS CAPS119	H-E-B INCONTROL ADV LANCING MISC 96
guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 300 MG/15ML64	HALAVEN (eribulin mesylate)43	H-E-B INCONTROL ALCOHOL . 103
guaifenesin TABS 400 MG 64	halcinonide CREA73	H-E-B INCONTROL LANCETS 28G . 96
guaifenesin TB12 64	halcinonide SOLN 0.1 %73	H-E-B INCONTROL LANCETS 30G . 96
guaifenesin-codeine SOLN63	HALCION 0.25 MG (triazolam) 90	H-E-B INCONTROL LANCETS 33G . 96
guanfacine hcl (adhd) 1 MG, 2 MG .2	HALDOL DECANOATE 100 MG/ML (haloperidol decanoate)48	H-E-B INCONTROL PEN NEEDLES105
guanfacine hcl (adhd) 3 MG, 4 MG .2	halobetasol propionate CREA73	H-E-B INCONTROL UNIFINE PENTIP105
guanfacine hcl32	halobetasol propionate FOAM73	
GVOKE HYOPEN 1-PACK SOAJ 24	halobetasol propionate OINT73	
GVOKE HYOPEN 2-PACK SOAJ 24	HALOG CREA (halcinonide)73	
	haloperidol decanoate48	

HEMADY TABS	62	HM ULTICARE INSULIN SYRINGE .	AJKT 80 MG/0.8ML	5
HEMANGEOL SOLN PO	57	105	HUMIRA-PSORIASIS/UVEIT	
HEMATINIC PLUS VIT/MINERALS		HM ULTICARE MINI PEN NEEDLES	STARTER AJKT	5
TABS	89		HUMULIN 70/30 KWIKPEN SUPN	25
HEMATINIC/FOLIC ACID	89	HM ULTICARE SHORT PEN	HUMULIN 70/30 SUSP	25
HEMICLOR 12.5 MG	81	NEEDLES	HUMULIN N KWIKPEN SUPN	25
HEMLIBRA	87	105	HUMULIN N SUSP	25
HEMOFIL M SOLR 250 UNIT, 500		HOMOCYSTEINE FORMULA TABS .	HUMULIN R SOLN IJ	25
UNIT, 1000 UNIT, 1700 UNIT	87	89	HUMULIN R U-500	
HEPARIN (PORCINE) IN NACL		HOMOCYSTEINE SUPPORT CAPS .	(CONCENTRATED) SOLN SC	25
SOLN IV 0.45 %-25000 UNIT/250ML,		80	HUMULIN R U-500 KWIKPEN SOPN	
0.45 %-25000 UNIT/500ML	16	HONEY BEARS	SC	25
HEPARIN SOD (PORCINE) IN D5W		122	HURRICAINA AERO 20 %	114
.....	16	HONEY BEARS W/IRON-ZINC	HURRICANE SNAP-N-GO SWAB	
heparin sodium (porcine) lock flush		CHEW	114	
10 UNIT/ML, 100 UNIT/ML	16	122	HYCANTIN CAPS	43
heparin sodium (porcine) SOLN IJ		HORIZANT	HYCODAN SOLN (hydrocodone	
5000 UNIT/ML, 10000 UNIT/ML,		139	bitartrate-homatropine	
20000 UNIT/ML	16	HORMONE PROTECT CAPS	methylobromide)	63
HEPLISAV-B SOSY	144	80	HYCODAN TABS 1.5 MG-5 MG	
HERCEPTIN 150 MG	38	HULIO (2 PEN) AJKT	(hydrocodone bitartrate-homatropine	
HERCEPTIN HYLECTA	40	5	methylobromide)	63
HERCESSI	38	HULIO (2 SYRINGE) PSKT	hydralazine hcl TABS	33
HERNEXEOS TABS PO 60 MG ...	38	5	HYDRALYTE FREEZER POPS	
HERZUMA	38	HUMALOG JUNIOR KWIKPEN	SOLN	112
HETLIOZ CAPS (tasimelteon)	90	SOPN	HYDRALYTE SOLN	112
HETLIOZ LQ SUSP	90	25	HYDREA (hydroxyurea)	43
HIBERIX SOLR IJ	143	HUMALOG KWIKPEN SOPN	hydrochlorothiazide CAPS	81
HIGH POTENCY MULTIVITAMIN		25	hydrochlorothiazide TABS	81
TABS	121	HUMALOG MIX 50/50 KWIKPEN	HYDROCIL PACK	91
HIZENTRA SOLN	135	SUPN	hydrocodone bitartrate CP12	8
HIZENTRA SOSY	135	25	hydrocodone bitartrate T24A	9
HM STERILE ALCOHOL PREP .	103	HUMALOG MIX 75/25 SUSP	hydrocodone bitartrate-homatropine	
		25		
		HUMALOG SOCT		
		25		
		HUMALOG SOLN IJ		
		25		
		HUMALOG TEMPO PEN SOPN ..		
		25		
		HUMATE-P SOLR		
		87		
		HUMATROPE CART IJ		
		82		
		HUMIRA (2 PEN) AJKT		
		5		
		HUMIRA (2 SYRINGE) PSKT		
		5		
		HUMIRA-CD/UC/HS STARTER		

methylbromide SOLN63	hydrocortisone butyrate OINT74	START SOAJ5
hydrocodone bitartrate-homatropine methylbromide TABS63	hydrocortisone butyrate SOLN74	HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG9
hydrocodone polistirex- chlorpheniramine polistirex SUER .63	HYDROCORTISONE COMPLETE KIT THPK74	HY-VEE GLUCOSE24
hydrocodone-acetaminophen SOLN . 9	hydrocortisone TABS62	HY-VEE LANCETS96
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 MG9	hydrocortisone valerate CREA74	HY-VEE THIN LANCETS96
hydrocodone-acetaminophen TABS 325 MG-2.5 MG10	hydrocortisone valerate OINT74	HYZAAR (losartan potassium & hydrochlorothiazide)33
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG . 10	hydrocortisone w/acetic acid135	ibandronate sodium TABS81
hydrocortisone (intrarectal)11	HYDROGEL WOUND DRESSING GEL79	IBRANCE CAPS41
hydrocortisone (rectal) EX11	hydromorphone hcl LIQD9	IBRANCE TABS41
hydrocortisone (topical) CREA 1 % 73	HYDROMORPHONE HCL SUPP ..9	IBSRELA85
hydrocortisone (topical) CREA73	hydromorphone hcl TABS9	IBTROZI CAPS PO 200 MG41
hydrocortisone (topical) LOTN 2.5 % . 73	hydromorphone hcl TB249	ibuprofen CAPS6
hydrocortisone (topical) OINT 1 %, 2.5 %73	hydroxychloroquine sulfate 200 MG 35	ibuprofen CHEW6
hydrocortisone (topical) SOLN 2.5 % 73	HYDROXYM GEL74	ibuprofen SUSP 100 MG/5ML6
hydrocortisone acetate (topical) OINT74	hydroxyurea43	ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML6
HYDROCORTISONE ACETATE CREA74	hydroxyzine hcl SYRP12	ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG6
hydrocortisone butyrate CREA74	hydroxyzine hcl TABS12	ibuprofen TABS 300 MG, 800 MG ..6
hydrocortisone butyrate hydrophilic lipo base74	hydroxyzine pamoate CAPS12	ibuprofen-diphenhydramine citrate 90
hydrocortisone butyrate LOTN74	HYMPAVZI87	ibuprofen-famotidine6
	HYQVIA135	icatibant acetate SOSY87
	HYRIMOZ SOAJ5	ICLUSIG41
	HYRIMOZ SOSY5	icosapent ethyl30
	HYRIMOZ-CROHNS/UC STARTER SOAJ5	IDACIO (2 PEN) AJKT5
	HYRIMOZ-PED<40KG CROHN STARTER SOSY5	IDACIO-CROHNS/UC STARTER AJKT5
	HYRIMOZ-PED>=40KG CROHN START SOSY5	IDACIO-PSORIASIS STARTER AJKT5
	HYRIMOZ-PLAQ PSOR/UVEIT	

IDAMYCIN PFS (idarubicin hcl) ...	40	IMITREX STATDOSE SYSTEM		INDERAL XL	57
idarubicin hcl	40	SOAJ (sumatriptan succinate)	111	indomethacin CAPS 25 MG, 50 MG	6
IDELVION	87	IMITREX TABS (sumatriptan succinate)	111	indomethacin CPCR	6
IDHIFA	41	IMKELDI SOLN	41	indomethacin SUPP	6
IDOSE TR IMPL	135	IMLYGIC	43	indomethacin SUSP	6
IFEX SOLR (ifosfamide)	36	IMMUNE ESSENTIALS DAILY CAPS		INFASURF TR	140
IFEX SOLR	36		119	INFED	90
ifosfamide SOLN	36	IMMUNE SUPPORT CHEW	119	INFLAMEX CAPS	128
ifosfamide SOLR	36	IMMUNERX CAPS	128	INFLECTRA SOLR	85
IFOSFAMIDE SOLR	36	IMMUNICARE CAPS	128	INFLIXIMAB	85
IGALMI FILM	90	IMOVAX RABIES SUSR	144	INGREZZA CAPS	138
IHEALTH LANCING DEVICE MISC		IMULDOSA SOLN IV 130 MG/26ML .		INGREZZA CPPK	138
96		85		INGREZZA CPSP	138
ILARIS SOLN	6	IMULDOSA SOSY SC 45 MG/0.5ML,		INLEXZO DEVI IS 225 MG	36
ILEVRO	134	90 MG/ML	71	INLURIYO TABS PO 200 MG	39
ILUMYA	71	IN TOUCH LANCING DEVICE MISC		INLYTA	37
ILUVIEN	133	96		INNOPRAN XL	57
imatinib mesylate TABS	41	IN TOUCH STERILE LANCETS 30G		inositol niacinate CAPS	59
IMBRUVICA CAPS	41		96	INPEFA	58
IMBRUVICA SUSP	41	INBRIJA CAPS	44	INQOVI	40
IMBRUVICA TABS 140 MG, 280 MG,		IN-CHECK DIAL FLOW TRAINER		INREBIC	41
420 MG	41	DEVI	109	INSPIREASE MISC	109
IMDELLTRA	37	IN-CHECK INSPIRATORY FLOW		INSULIN ASP PROT & ASP	
IMFINZI	37	MTR DEVI	109	FLEXPEN SUPN	25
imipenem-cilastatin IV	34	INCONTROL ULTICARE PEN		INSULIN ASPART FLEXPEN SOPN .	
imipramine hcl TABS	22	NEEDLES	105	25	
imipramine pamoate	22	INCRUSE ELLIPTA	13	INSULIN ASPART PENFILL SOCT	
imiquimod	75	indapamide TABS 1.25 MG, 2.5 MG .		25	
imiquimod 3.75 %	75	81		INSULIN ASPART PROT & ASPART	
IMITREX STATDOSE REFILL SOCT		INDERAL LA CP24 120 MG, 160 MG		SUSP	25
(sumatriptan succinate)	111	(propranolol hcl)	57	INSULIN ASPART SOLN IJ	25
		INDERAL LA CP24 60 MG, 80 MG			
		(propranolol hcl)	57		

INSULIN DEGLUDEC FLEXTOUCH SOPN 25	SUPPORT CAPS 128	ISENTRESS CHEW 54
INSULIN DEGLUDEC SOLN 25	INVEGA 3 MG (paliperidone) 47	ISENTRESS HD TABS 54
INSULIN GLARGINE MAX SOLOSTAR SOPN 25	INVEGA 6 MG, 9 MG (paliperidone) . 47	ISENTRESS PACK 54
INSULIN GLARGINE SOLN 25	INVEGA HAFYERA 47	ISENTRESS TABS 54
INSULIN GLARGINE SOLOSTAR SOPN 25	INVEGA SUSTENNA 47	isoniazid SYRP 35
INSULIN GLARGINE-YFGN SOLN 25	INVEGA TRINZA 47	isoniazid TABS 35
INSULIN GLARGINE-YFGN SOPN 25	INVELTYS SUSP 133	ISOPTO ATROPINE SOLN 132
INSULIN LISPRO (1 UNIT DIAL) SOPN 25	INVOKAMET TABS 23	isosorbide dinitrate TABS 12
INSULIN LISPRO JUNIOR KWIKPEN SOPN 25	INVOKAMET XR TB24 23	isosorbide dinitrate-hydralazine hcl 58
INSULIN LISPRO PROT & LISPRO SUPN 25	INVOKANA 27	isosorbide mononitrate TABS 12
INSULIN LISPRO SOLN IJ 25	INZIRQO SUSR PO 10 MG/ML ... 81	ISOSORBIDE MONONITRATE TABs 12
INSULIN SYRINGE 106	IOPIDINE 132	isosorbide mononitrate TB24 12
INSULIN SYRINGE-NEEDLE U-100 106	IPOLE IJ 144	isotretinoin 67
INSUPEN PEN NEEDLES 106	ipratropium bromide (nasal) 130	isradipine CAPS 58
INSUPEN SENSITIVE 106	ipratropium bromide SOLN 0.02 % 13	ISTALOL SOLN (timolol maleate (ophth)) 132
INSUPEN ULTRAFIN 106	ipratropium-albuterol SOLN 15	ISTODAX SOLR (romidepsin) 41
INSUPEN32G EXTR3ME 106	IQIRVO 85	ITCH-X GEL 76
INTELENCE (etravirine) 54	irbesartan 32	ITCH-X SOLN 76
INTELENCE 54	irbesartan-hydrochlorothiazide ... 33	ITOVEBI 41
INTRASITE GEL APPLIPAK GEL .79	irbesartan-hydrochlorothiazide 12.5 MG-300 MG 33	itraconazole CAPS 29
INTUNIV 1 MG, 2 MG (guanfacine hcl (adhd)) 2	IRESSA (gefitinib) 38	itraconazole SOLN 29
INTUNIV 3 MG, 4 MG (guanfacine hcl (adhd)) 2	irinotecan hcl 43	ivermectin (pediculicide) 78
INULOSE BLOOD SUGAR	IRON CHEWS PEDIATRIC CHEW 90	ivermectin (rosacea) 78
	iron polysaccharide complex-vit b12- folic acid CAPS 89	IWILFIN 43
	IRON TABS 90 MG 90	IXCHIQ 144
	iron-vitamin c 89	IXEMPRA KIT 43
	iron-vitamin c-vitamin b12-folic acid TABs 89	IXIARO 144
		IXINITY SOLR 87

IYUZEH SOLN135	54	ketorolac tromethamine TABS6
JADENU SPRINKLE PACK (deferasirox)27	KANJINTI38	KETOSTIX STRP80
JADENU TABS (deferasirox)27	KAPSPARGO SPRINKLE CS24 ..57	ketotifen fumarate (ophth) 0.035 % 134
JAKAFI41	KATERZIA58	KEVEYIS (dichlorphenamide)80
JANUMET TABS23	KAZANO (alogliptin-metformin hcl) 23	KEVZARA SOAJ6
JANUMET XR TB2423	KELP-B6-LECITHIN-VINEGAR CAPS131	KEVZARA SOSY6
JANUVIA 100 MG24	KENALOG AERS (triamcinolone acetone (topical))74	KEYFOLIC TABS119
JANUVIA 25 MG, 50 MG24	KENDALL AMORPHOUS WOUND GEL79	KEYTRUDA37
JARDIANCE27	KEPPRA SOLN PO 100 MG/ML (levetiracetam)17	KEYTRUDA QLEX SOLN SC40
JATENZO CAPS10	KEPPRA TABS (levetiracetam)17	KHINDIVI SOLN PO 1 MG/ML62
JAYPIRCA41	KEPPRA XR TB24 (levetiracetam) 17	KIMMTRAK37
JELMYTO SOLR UL40	KERAGEL GEL79	KINDERLYTE PREMAX SOLN ..112
JEMPERLI37	KERAGELT GEL79	KINDERLYTE SOLN112
JENTADUETO TABS23	KERENDIA83	KINERET SOSY6
JENTADUETO XR TB2423	KESIMPTA138	KINNEY LANCETS96
JEVTANA43	ketoconazole (topical) CREA70	KINNEY THIN LANCETS96
JIVI87	ketoconazole (topical) FOAM70	KINRAY INSULIN SYRINGE106
JOBEVNE SOLN IV 100 MG/4ML, 400 MG/16ML37	ketoconazole (topical) SHAM 2 % .70	KIRSTY SOLN IJ 100 UNIT/ML ...25
JORNAY PM CP243	ketoconazole29	KIRSTY SOPN SC 100 UNIT/ML .25
JUBBONTI SOSY SC 60 MG/ML ..81	KETODAN70	KISQALI (200 MG DOSE)41
JULUCA54	KETO-DIASTIX79	KISQALI (400 MG DOSE)41
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG31	KETONE TEST STRP79	KISQALI (600 MG DOSE)41
JYLAMVO SOLN PO36	ketoprofen CAPS 25 MG6	KISQALI FEMARA (200 MG DOSE) . 40
JYNNEOS144	ketoprofen CP246	KISQALI FEMARA (400 MG DOSE) . 40
KADCYLA37	ketorolac tromethamine (ophth) .134	KISQALI FEMARA (600 MG DOSE) . 40
KALBITOR88	ketorolac tromethamine SOLN IM 60 MG/2ML6	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ...4
KALETRA SOLN54		KLONOPIN TABS (clonazepam) ..16
KALETRA TABS (lopinavir-ritonavir) .		

KLOXXADO LIQD	27	KYPROLIS	41	lamotrigine TABS	17
KOATE SOLR	87	KYXATA SOLN 80 MG/8ML, 500		lamotrigine TB24	17
KOATE-DVI SOLR 1000 UNIT	87	MG/50ML	36	lamotrigine TBDP	17
KOGENATE FS KIT 250 UNIT, 500		labetalol hcl TABS 100 MG, 200 MG,		LANCET DEVICE MISC	97
UNIT, 3000 UNIT	87	300 MG	56	LANCET DEVICE WITH EJECTOR	
KOMBIGLYZE XR (saxagliptin-		labetalol hcl TABS 400 MG	56	MISC	97
metformin hcl)	23	lacosamide SOLN PO 10 MG/ML, 50		LANCETS	97
KONSYL DAILY FIBER PACK 100 %		MG/5ML, 100 MG/10ML	17	LANCETS 28G THIN	97
.....	91	lacosamide TABS	17	LANCETS 30G	97
KONVOMEF SUSR	142	LACRISERT	131	LANCETS 33G	97
KORLYM (mifepristone		lactase CHEW 9000 UNIT	80	LANCETS MICRO THIN 33G	97
(hyperglycemia))	24	lactase TABS 3000 UNIT, 9000 UNIT		LANCETS SUPER THIN	97
KOSELUGO	41		80	LANCETS SUPER THIN 28G	97
KOSHER PRENATAL PLUS IRON		LACTIC ACID E	75	LANCETS THIN	97
TABS	123	lactulose (encephalopathy)	85	LANCETS ULTRA THIN	97
KOVALTRY	87	lactulose SOLN	91	LANCETS ULTRA THIN 30G	97
KP MENS DAILY PACK MISC ...	119	LAGEVRIO	56	LANCING DEVICE MISC	97
KP PRENATAL MULTIVITAMINS		LAMICTAL CHEW (lamotrigine) ...	17	lanreotide acetate	83
TABS	123	LAMICTAL ODT KIT (lamotrigine) .	17	LANREOTIDE ACETATE	83
KP WOMENS DAILY MISC	119	LAMICTAL ODT TBDD (lamotrigine) .	17	lansoprazole CPDR	141
KPN PRENATAL TABS	123	17		lansoprazole TBDD	141
KRAZATI	41	LAMICTAL STARTER KIT 25 MG		lanthanum carbonate CHEW	86
KROGER AUTOLET LANCING		(lamotrigine)	17	LANTUS SOLN	26
DEVICE MISC	97	LAMICTAL TABS (lamotrigine)	17	LANTUS SOLOSTAR SOPN	25
KROGER GLUCOSE	24	LAMICTAL XR KIT	17	LANZO MISC	97
KROGER HEALTHPRO LANCET		LAMICTAL XR TB24 (lamotrigine) .	17	lapatinib ditosylate	41
26G	97	lamivudine SOLN	54	LASIX TABS (furosemide)	81
KROGER LANCETS	97	lamivudine TABS	54	LASTACRAFT	134
KROGER LANCETS SUPER THIN		lamivudine-zidovudine	54	latanoprost SOLN	135
97		lamotrigine CHEW	17	LATISSE (bimatoprost (topical)) ..	75
KROGER LANCETS THIN	97	lamotrigine KIT 25 MG	17		
KROGER PEN NEEDLES	106	lamotrigine KIT	17		
KYLEENA	62				

LATUDA 20 MG, 40 MG, 60 MG (lurasidone hcl)	45	LETAIRIS (ambrisentan)	59	levofloxacin TABS 500 MG, 750 MG .	84
LATUDA 80 MG, 120 MG (lurasidone hcl)	46	letrozole	39	levoleucovorin calcium SOLN 175 MG/17.5ML	43
LAZCLUZE	38	leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML	43	levoleucovorin calcium SOLR	43
LEADER ADVANCED LANCING DEVICE MISC	97	leucovorin calcium SOLR	43	levonorgestrel & eth estradiol TABS 60	
LEADER UNIFINE PENTIPS	106	leucovorin calcium TABS	43	levonorgestrel (emergency oc) 1.5 MG	62
LEADER UNIFINE PENTIPS PLUS .	106	LEUKINE SOLR IJ	89	levonorgestrel-eth estradiol (triphasic)	60
LEDIPASVIR-SOFOSBUVIR TABS 55		leuprolide acetate (3 month) INJ 22.5 MG	39	levonorgestrel-eth estradiol (triphasic)	60
leflunomide 10 MG	7	leuprolide acetate KIT IJ 1 MG/0.2ML	39	levonorgestrel-ethinyl estradiol (91- day)	61
leflunomide 20 MG	7	levallbuterol hcl	15	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	61
LEMTRADA	138	levallbuterol tartrate	15	levonorgestrel-ethinyl estradiol (continuous)	61
lenalidomide	114	levamlodipine maleate 2.5 MG	58	levonorgestrel-ethinyl estradiol-iron 61	
LENVIMA (10 MG DAILY DOSE) .	37	levamlodipine maleate 5 MG	58	levorphanol tartrate TABS	9
LENVIMA (12 MG DAILY DOSE) .	37	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	17	levothyroxine sodium CAPS 13 MCG, 50 MCG, 75 MCG, 100 MCG, 137 MCG	140
LENVIMA (14 MG DAILY DOSE) .	37	levetiracetam TABS	18	LEVOTHYROXINE SODIUM SOLN IV	140
LENVIMA (18 MG DAILY DOSE) .	37	levetiracetam TB24	18	levothyroxine sodium TABS	141
LENVIMA (20 MG DAILY DOSE) .	37	LEVETIRACETAM TB3D	18	LEXAPRO TABS 20 MG (escitalopram oxalate)	20
LENVIMA (24 MG DAILY DOSE) .	37	LEVICYN GEL	76	LEXAPRO TABS 5 MG, 10 MG (escitalopram oxalate)	20
LENVIMA (4 MG DAILY DOSE) ..	37	levobunolol hcl 0.5 %	132	LIALDA TBEC (mesalamine)	85
LENVIMA (8 MG DAILY DOSE) ..	37	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	83	LIBERTY MEDICAL LANCETS ...	97
LEPTIN MANAGER CAPS	80	levocarnitine (metabolic modifiers) TABS	83	LIBERTY MINI LANCING DEVICE MISC	97
LEQEMBI	137	levocetirizine dihydrochloride SOLN 29		LIBERVANT FILM	16
LEQEMBI IQLIK SC 360 MG/1.8ML 137		levocetirizine dihydrochloride TABS 29			
LEQSELVI TABS PO 8 MG	75	levofloxacin (ophth) 0.5 %	132		
LEQVIO	31	levofloxacin SOLN PO	84		
LESCOL XL TB24 (fluvastatin sodium)	31	levofloxacin TABS 250 MG	84		

LIBTAYO	37	liothyronine sodium SOLN	141	LITHOBID TBCR (lithium carbonate) .	45
lidocaine (anorectal) CREA	11	liothyronine sodium TABS	141	LITTLE REMEDIES SALINE SOLN	130
lidocaine AERO	76	LIPIDSHIELD PLUS TABS	128	LIVALO (pitavastatin calcium)	31
lidocaine CREA 4 %	76	LIPITOR TABS (atorvastatin calcium)	31	LIVDELZI	85
lidocaine hcl (local anesth.) SOLN		LIPOFEN CAPS (fenofibrate)	30	LIVE BETTER LANCET SUPER	
0.5 %, 1 %, 2 %, 4 %	92	LIPOTRIAD VISION SUPPORT	128	THIN	97
lidocaine hcl CREA 3 %, 4 %	76	CAPS	128	LIVITA ADULTS LIQD	119
lidocaine hcl GEL 0.5 %, 2 %	76	LIPOTRIAD VISION SUPPORT		LIVTENCITY	55
lidocaine hcl PRSY	76	PLUS CAPS	128	L-MESITRAN SOFT WOUND GEL	79
LIDOCAINE HCL SOLN	92	LIPOTRIAD VISIONARY CAPS ..	128	LO LOESTRIN FE TABS	61
lidocaine OINT 5 %	76	liraglutide (weight management) 18		LODOCO	58
lidocaine PTCH 4 %, 5 %	76	MG/3ML	2	lofexidine hcl	137
lidocaine PTCH 5 %	76	liraglutide	24	LOKELMA	114
lidocaine-benzalkonium LIQD 2.5 %-		lisdexamphetamine dimesylate CAPS 1		LONSURF	40
0.13 %	76	lisdexamphetamine dimesylate CHEW .	1	loperamide hcl CAPS	27
lidocaine-hydrocortisone acetate		1		loperamide hcl TABS	27
(rectal) CREA EX	11	lisinopril & hydrochlorothiazide	33	loperamide-simethicone TABS	27
lidocaine-prilocaine CREA	76	lisinopril TABS 2.5 MG, 5 MG, 10		LOPID TABS (gemfibrozil)	30
lidocaine-prilocaine KIT	76	MG, 20 MG, 30 MG, 40 MG	31	lopinavir-ritonavir SOLN	54
lidocaine-transparent dressing 4 %		lisinopril TABS 20 MG	31	lopinavir-ritonavir TABS	54
76		LITE TOUCH LANCETS	97	LOPRESSOR SOLN PO 10 MG/ML .	57
LIDODERM PTCH (lidocaine)	76	LITE TOUCH LANCING PEN MISC		LOPRESSOR TABS (metoprolol	
LIFE PACK MENS MISC	119	97		tartrate)	57
LIFE PACK WOMENS MISC	119	LITETOUCH INSULIN SYRINGE		LOPROX	70
LIKMEZ SUSP	33	106		LOPROX SUSP (ciclopirox olamine) .	70
LILETTA (52 MG)	62	LITETOUCH LANCETS	97	LOQTORZI	37
linezolid SUSR	34	LITETOUCH PEN NEEDLES	106	loratadine & pseudoephedrine TB12 .	63
linezolid TABS	34	LITFULO	75		
liniments & rubs LOTN	75	lithium	45		
LINZESS 145 MCG	85	lithium carbonate CAPS	45		
LINZESS 72 MCG, 290 MCG	85	lithium carbonate TABS	45		
		lithium carbonate TBCR	45		

magnesium sulfate (laxative) GRAN PO	91	SYRINGE	106		106
magnesium TABS 400 MG	113	MAXICOMFORT SYR 27G X 1/2" 106		MEDIHONEY WOUND/BURN DRESSING GEL	79
malathion	78	MAXIDEX SUSP OP	134	MEDLANCE EXTRA 21G	97
MALE SUPPORT CAPS	80	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	119	MEDLANCE LITE 25G	97
MARATHON MEDICAL PENTIPS 106		MAXITROL OINT (neomycin-polymy-dexameth)	134	MEDLANCE PLUS EXTRA 21G ..	97
maraviroc TABS	54	MAXITROL SUSP (neomycin-polymy-dexameth)	134	MEDLANCE PLUS LANCETS	97
MAR-COF CG EXPECTORANT LIQD	63	MAYZENT STARTER PACK TBPK 0.25 MG	139	MEDLANCE PLUS LITE 25G	97
MARINOL CAPS 2.5 MG (dronabinol)	28	MAYZENT TABS	139	MEDLANCE PLUS SPECIAL 0.8MM	97
MARPLAN	20	meclizine hcl CHEW	28	MEDLANCE PLUS SUPERLITE 30G	97
MASONATAL TABS	123	meclizine hcl TABS 12.5 MG, 25 MG 28		MEDLANCE PLUS UNIVERSAL 21G	97
MATERNACEL	123	meclofenamate sodium CAPS	6	MEDLANCE UNIVERSAL 21G ...	97
MATERVIA CAPS 0.5 MG	123	MEDCAPS DPO CAPS	128	MEDROL TABS (methylprednisolone)	62
MATULANE	43	MEDCAPS GI CAPS	128	MEDROL TABS	62
MAVENCLAD (10 TABS)	138	MEDCAPS IS CAPS	128	MEDROL TBPK (methylprednisolone)	62
MAVENCLAD (4 TABS)	138	MEDCAPS T3 CAPS	128	medroxyprogesterone acetate (contraceptive) SUSP IM	62
MAVENCLAD (5 TABS)	138	MEDIC INSULIN SYRINGE	106	medroxyprogesterone acetate (contraceptive) SUSY IM	62
MAVENCLAD (6 TABS)	138	MEDICHOICE SAFETY LANCET .97		medroxyprogesterone acetate 10 MG	137
MAVENCLAD (7 TABS)	138	MEDICHOICE SAFETY LANCET EXTRA	97	medroxyprogesterone acetate 2.5 MG, 5 MG	137
MAVENCLAD (8 TABS)	138	MEDICHOICE SAFETY LANCET NORM	97	mefenamic acid CAPS	6
MAVENCLAD (9 TABS)	138	MEDICINE SHOPPE PEN NEEDLES		mefloquine hcl	35
MAVYRET PACK	55			megestrol acetate TABS	39
MAVYRET TABS	55			MEIJER ALCOHOL SWABS	103
MAXALT TABS 10 MG (rizatriptan benzoate)	111			MEIJER GLUCOSE	24
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	111				
MAXI DEET LIQD	77				
MAXI-COMFORT INSULIN					

MEIJER LANCETS	97	MENS MULTIVITAMIN CHEW ...	119	METAXALONE 640 MG	129
MEIJER LANCETS UNIVERSAL 21G	97	MENS MULTIVITAMIN GUMMIES CHEW	119	metformin hcl SOLN	23
MEIJER LANCETS UNIVERSAL 30G	97	MENS PACK MISC	119	metformin hcl TABS 500 MG, 850 MG, 1000 MG	23
MEIJER LANCETS UNIVERSAL 33G	97	MENVEO SOLN	143	metformin hcl TABS 625 MG, 750 MG	23
MEIJER PEN NEEDLES	106	MENVEO SOLR	143	metformin hcl TB24 500 MG, 750 MG	23
MEKINIST SOLR	41	meperidine hcl SOLN PO 50 MG/5ML	9	metformin hcl TB24	23
MEKINIST TABS	41	meperidine hcl TABS 50 MG	9	methamphetamine hcl	2
MEKTOVI	41	meprobamate	12	methazolamide TABS	81
meloxicam CAPS 10 MG	6	mercaptopurine SUSP 2000 MG/100ML	36	methenamine hippurate	35
meloxicam CAPS 5 MG	6	mercaptopurine TABS	36	methenamine mandelate	35
meloxicam TABS 15 MG	6	MERILOG SOLN SC 100 UNIT/ML 26		methenamine-hyoscamine-methylene blue-sodium phosphate TABS	34
meloxicam TABS 7.5 MG	6	MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	26	methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS 118 MG 34	
melphalan hcl IV	36	meropenem	34	methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81 MG	34
memantine hcl CP24 21 MG, 28 MG . 137		mesalamine CP24	85	methimazole TABS	140
memantine hcl CP24 7 MG, 14 MG 137		mesalamine CPCR	85	METHIONINE-200 CAPS	80
memantine hcl SOLN	138	mesalamine CPDR	85	methocarbamol TABS 1000 MG .	129
memantine hcl TABS 10 MG	138	mesalamine ENEM	85	methocarbamol TABS 500 MG, 750 MG	129
memantine hcl TABS	138	mesalamine SUPP	85	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	36
memantine hcl-donepezil hcl CP24 137		mesalamine TBEC 1.2 GM	85	methotrexate sodium SOLR	36
MEMORALL CAPS	128	mesalamine TBEC 800 MG	85	methotrexate sodium TABS 2.5 MG 36	
MEMORY COMPLEX BRAIN HEALTH TABS	128	mesalamine w/ cleanser	85	methoxsalen rapid	71
MENACTRA	143	mesna SOLN	43	methsuximide	19
MENATROL CAPS	119	mesna TABS	43	METHYL PROTECT CAPS	128
MENQUADFI 0.5 ML	143	MESNEX SOLN (mesna)	43		
MENS 50+ ADVANCED CAPS ...	119	MESNEX TABS	43		
		METAMUCIL WAFR	91		
		metaxalone	129		

METHYL SALICYLATE CREA 25 % . 75	methylprednisolone sod succ 40 MG, 500 MG, 1000 MG 62	metronidazole vaginal 145
methylcellulose (laxative) POWD .. 91	methylprednisolone TABS 4 MG .. 62	metyrosine 32
methylcellulose (laxative) TABS ... 91	methylprednisolone TABS 8 MG, 16 MG, 32 MG 62	mexiletine hcl 13
methyldopa TABS 32	methylprednisolone TBPk 62	MG PLUS PROTEIN TABS 128
methylergonovine maleate TABS 135	METHYLTEN CREA 75	MG217 DANDRUFF
METHYL-GUARD CAPS 128	methyltestosterone CAPS 10	SHAMPOO/COND SHAM 75
METHYL-GUARD PLUS CAPS .. 128	methyltestosterone TABS 10	MG217 PSORIASIS THER
METHYLIN SOLN 10 MG/5ML (methylphenidate hcl) 3	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML 84	SHAM/COND SHAM 75
METHYLIN SOLN 5 MG/5ML (methylphenidate hcl) 3	metoclopramide hcl TABS 84	MICARDIS 40 MG, 80 MG (telmisartan) 32
methylphenidate hcl CHEW 3	metolazone 10 MG 81	MICARDIS HCT (telmisartan-hydrochlorothiazide) 33
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG 3	metolazone 2.5 MG, 5 MG 81	MICONAZOLE 7 SUPP 100 MG . 145
methylphenidate hcl CP24 3	metoprolol & hydrochlorothiazide TABS 33	miconazole nitrate (topical) AERP . 70
methylphenidate hcl CPCR 3	metoprolol succinate TB24 100 MG, 200 MG 57	miconazole nitrate (topical) CREA . 70
methylphenidate hcl SOLN 10 MG/5ML 3	metoprolol succinate TB24 25 MG, 50 MG 57	miconazole nitrate (topical) POWD EX 70
methylphenidate hcl SOLN 5 MG/5ML 3	metoprolol tartrate TABS 57	MICONAZOLE NITRATE SOLN ... 70
methylphenidate hcl TABS 3	METROCREAM CREA (metronidazole (topical)) 78	miconazole nitrate vaginal KIT ... 145
methylphenidate hcl TB24 3	METROGEL GEL 1 % (metronidazole (topical)) 78	miconazole nitrate vaginal SUPP 145
methylphenidate hcl TBCR 10 MG, 18 MG, 20 MG, 27 MG, 36 MG, 54 MG 3	metronidazole (topical) CREA 78	miconazole-zinc oxide-white petrolatum 70
methylphenidate hcl TBCR 45 MG, 63 MG 3	metronidazole (topical) GEL 1 % .. 78	MICROCHAMBER DEVI 109
methylphenidate hcl TBCR 72 MG . 3	metronidazole (topical) GEL 78	MICROCHAMBER MISC 109
methylphenidate PTCH 3	metronidazole (topical) LOTN 78	MICRODOT PEN NEEDLE 106
METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML 62	metronidazole CAPS 33	MICROLET LANCETS 97
methylprednisolone acetate SUSP 62	metronidazole TABS 125 MG 34	MICROLET NEXT LANCING DEVICE MISC 97
	metronidazole TABS 250 MG, 500 MG 34	MICRONEX CAPS 121
		MICROSPACER MISC 109
		MIEBO 134
		MIFEPREX (mifepristone) 83

mifepristone (hyperglycemia) 24	MM LANCING DEVICE MISC 97	MONOLET LANCETS 97
mifepristone 83	MM PEN NEEDLES 106	MONOLET OPD LANCETS 97
miglitol 22	MM TWIST LANCETS 97	MONOLETTOR SAFETY LANCETS 97
miglustat 88	M-M-R II SOLR 144	montelukast sodium CHEW 13
MIL ADREGEN TABS 128	M-NATAL PLUS TABS 124	montelukast sodium PACK 13
MINCORA TABS 121	MNEXSPIKE SUSY 10 MCG/0.2ML . 144	montelukast sodium TABS 13
mineral oil ENEM 91	MOBILE LANCETS 30G 97	MOOD FOOD CAPS 119
mineral oil OIL PO 91	modafinil 3	MOOD FOOD ES CAPS 119
MINI LANCING DEVICE MISC 97	MODERNA COVID-19 BIVALENT 144	morphine sulfate beads 9
minocycline hcl CAPS 140	MODERNA COVID-19 VAC 6M-11Y SUSP 144	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG 9
minocycline hcl TABS 140	MODERNA COVID-19 VAC 6M-11Y SUSY 144	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 100 MG/5ML . 9
minocycline hcl TB24 140	MODERNA COVID-19 VACCINE SUSP 144	morphine sulfate SUPP 9
minoxidil 2.5 MG, 10 MG 33	MODEYSO CAPS PO 125 MG 39	morphine sulfate TABS 9
mirabegron TB24 25 MG 143	moexipril hcl 31	morphine sulfate TBCR 9
mirabegron TB24 50 MG 143	molindone hcl 50	MOTEGRITY (prucalopride succinate) 84
MIRCERA 89	mometasone furoate (nasal) SUSP 130	MOTPOLY XR CP24 18
MIRENA (52 MG) 62	mometasone furoate CREA 74	MOUNJARO 24
mirtazapine TABS 15 MG, 30 MG . 19	mometasone furoate OINT 74	MOVANTIK 12.5 MG 85
mirtazapine TABS 7.5 MG, 45 MG 19	mometasone furoate SOLN 74	MOVANTIK 25 MG 85
mirtazapine TBDP 15 MG 19	MOMMY'S BLISS MV ORGANIC DROPS LIQD 121	moxifloxacin hcl (ophth) SOLN OP 132
mirtazapine TBDP 30 MG, 45 MG . 19	MONISTAT 3 CREA 145	moxifloxacin hcl TABS 84
MIRVASO (brimonidine tartrate (topical)) 78	MONJUVI 37	MPD SAFETY LANCET 21G 98
misoprostol 142	MONOJECT INSULIN SYRINGE 106	MPD SAFETY LANCET 23G 98
MITIGARE CAPS (colchicine) 86	MONOJECT ULTRA COMFORT SYRINGE 106	MPD SAFETY LANCET 28G 98
mitomycin SOLR IV 40		MPD SAFETY LANCET 30G 98
mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML 40		
MM BIOTIN/KERATIN CAPS 128		
MM INSULIN SYRINGE/NEEDLE 106		

MRESVIA	144	MULTIVITAMIN INFANT & TODDLER SOLN PO	122	MYDAYIS CP24 (amphetamine-dextroamphetamine)	2
MS CONTIN TBCR (morphine sulfate)	9	MULTIVITAMIN TABS	121	MYFEMBREE	83
MULPLETA	89	MULTIVITAMIN/FLUORIDE CHEW 122	122	MYGLUCOHEALTH LANCETS 30G 98	98
MULTAQ	13	MULTIVITAMIN+ LIQD	121	MYRBETRIQ SRER	143
MULTI + OMEGA-3 GUMMIES CHEW	119	MULTIVITAMINS PLUS IRON CHILD CHEW	122	MYRBETRIQ TB24 25 MG (mirabegron)	143
MULTI MEGA MINERALS TABS	113	MULTI-VITE LIQD	119	MYRBETRIQ TB24 50 MG (mirabegron)	143
MULTI PRENATAL TABS	124	MULTI-VIT-FLOR CHEW	122	MYSOLINE (primidone)	18
MULTI VITAMIN TABS	121	mupirocin calcium (topical)	69	MYTESI	27
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MG-300 MG-40 UNIT-600 MCG-18	PREVACID SOLUTAB TBDD	PRO COMFORT SAFETY LANCETS
MG126	(lansoprazole)142	30G98
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58	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	PROTEOLIN CAPS	80
PROCARE SPACER/ADULT MASK DEVI	110	PROMETHAZINE hcl SUPP	30
PROCARE SPACER/CHILD MASK DEVI	110	PROMETHAZINE hcl TABS	30
PROCHAMBER VHC DEVI	110	PROMETHAZINE w/codeine SOLN	64
prochlorperazine	51	PROMETHAZINE-dm SYRP	64
prochlorperazine maleate TABS	51	PROMETHAZINE-phenylephrine-codeine	64
PROCRT	89	PROMETRIUM CAPS (progesterone)	137
PRODIGY INSULIN SYRINGE	106	PROMISEB CREA	72
PRODIGY LANCETS 28G	98	PRONUTRIENTS SUPER B COMPLEX	115
PRODIGY LANCING DEVICE MISC	98	propafenone hcl TABS	13
PRODIGY SAFETY LANCETS 26G	98	propranolol hcl CP24 120 MG, 160 MG	57
PRODIGY TWIST TOP LANCETS 28G	98	propranolol hcl CP24 60 MG, 80 MG	57
PROFERRIN ES	90	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	57
PROFILNINE	87	propranolol hcl TABS	57
progesterone (vaginal) INST 100 MG	145	propylene glycol-glycerin	131
progesterone CAPS	137	propylthiouracil	140
progesterone OIL	137	PROQUAD SUSR	145
PROLATE TABS	10	PRORENAL + D W/ OMEGA-3 CAPS	120
PROLENSA (bromfenac sodium (ophth))	134	PROSCAR (finasteride)	86
PROLIA SOSY	82	PROSTATE 2.4 CAPS	80
PROMACTA PACK 12.5 MG, 25 MG (eltrombopag olamine)	89	PROSTEON TABS	113
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	89	PROTECT CARDIO AF CAPS	120
promethazine & phenylephrine SYRP	64	PROTECT PLUS SO CAPS	120
		PROTEGRA CAPS	120
		PROTEIN 29 HAIR GROOM GEL	76
		PROTONIX PACK (pantoprazole sodium)	142
		PROTONIX TBEC (pantoprazole sodium)	142
		protriptyline hcl	22
		PROVENGE	38
		PROVERA 10 MG (medroxyprogesterone acetate)	137
		PROVERA 5 MG (medroxyprogesterone acetate)	137
		PROVIDA OB	126
		PROVIGIL (modafinil)	3
		PROZAC CAPS (fluoxetine hcl)	21
		prucalopride succinate	84
		pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	64
		pseudoephedrine hcl TABS	130
		pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML	64
		PSS SELECT GP LANCETS	98
		PSS SELECT SAFETY LANCETS	98
		psyllium CAPS 0.52 GM	91
		psyllium POWD 28.3 %, 30 %, 33 %, 48.57 %, 49 %, 58.6 %, 95 %, 100 %	91
		PULMICORT FLEXHALER AEPB	14
		PULMICORT SUSP (budesonide (inhalation))	14
		PULMOZYME	140
		PURE & GENTLE LUBRICANT SOLN	131

PURE COMFORT 3-BALL BREATHE EX DEVI	110	0.5 %	78	QNASL CHILDRENS	130
PURE COMFORT ALCOHOL PREP	103	pyridostigmine bromide SOLN PO	35	QTERN	23
PURE COMFORT LANCETS 30G 98		pyridostigmine bromide TABS 60 MG	35	QUAKE DEVI	110
PURE COMFORT PEN NEEDLE 106		pyridostigmine bromide TBCR	35	quazepam	90
PURE COMFORT SAFETY PEN NEEDLE	106	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG	146	QUDEXY XR CS24 (topiramate) ..	18
PURE COMFORT SPACER CHAMBER DEVI	110	pyrimethamine	35	QUERCETIN COMPLEX IMMUNE CAPS	115
PURIXAN SUSP 2000 MG/100ML (mercaptopurine)	37	pyrithione zinc SHAM	72	QUESTRAN LIGHT POWD (cholestyramine light)	30
PX ADVANCED LANCING DEVICE MISC	98	PYZCHIVA 130 MG/26ML	85	QUESTRAN PACK (cholestyramine) 30	
PX GLUCOSE	24	PYZCHIVA 45 MG/0.5ML, 90 MG/ML	71	QUESTRAN POWD (cholestyramine)	30
PX INSULIN SYRINGE	106	PYZCHIVA SC 45 MG/0.5ML	71	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	49
PX LANCET AUTO INJECTOR MISC	98	QBRELIS SOLN	31	quetiapine fumarate TABS	49
PX LANCETS MICROTHIN 33G ..	98	QC ADVANCED LANCING DEVICE MISC	99	quetiapine fumarate TB24 150 MG, 200 MG	50
PX LANCETS ULTRA THIN 28G ..	99	QC ALCOHOL SWABS	103	quetiapine fumarate TB24 50 MG, 300 MG, 400 MG	50
PX MINI PEN NEEDLES	106	QC COD LIVER OIL OIL	129	QUFLORA PEDIATRIC CHEW ..	122
PX NITETIME MULTI-SYMPATOM CAPS	64	QC LANCETS SUPER THIN 30G ..	99	QUICK TOUCH INSULIN PEN NEEDLE	106
PX SHORTLENGTH PEN NEEDLES	106	QC LANCETS ULTRA THIN	99	QUILLICHEW ER CHER	3
PYLERA (bismuth subcitrate potassium-metronidazole- tetracycline)	142	QC OCUHEALTH VISION SUPPORT 2 CAPS	120	QUILLIVANT XR SRER	3
pyrazinamide	35	QC PEN NEEDLES	106	quinapril hcl	31
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	78	QC UNIFINE PENTIPS	106	quinapril-hydrochlorothiazide	33
pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %-		QC UNILET LANCETS 28G	99	quinidine gluconate TBCR	13
		QC UNILET LANCETS MICRO THIN	99	quinidine sulfate TABS	13
		QELBREE	2	quinine sulfate CAPS 324 MG	35
		QFITLIA SOAJ SC 50 MG/0.5ML ..	87	QUINTABS TABS	122
		QFITLIA SOLN SC 20 MG/0.2ML ..	87	QULIPTA 10 MG, 60 MG	111
		QINLOCK	42		
		QNASL	130		

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QUTENZA (4 PATCH)	76	REBIF REBIDOSE TITRATION		RELION ULTRA THIN LANCETS	
QUTENZA	76	PACK SOAJ	139	30G	99
QUVIVIQ	90	REBIF SOSY	139	RELPAK (eletriptan hydrobromide)	
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RA GLUCOSE	24	REBINYN	87	RELTONE CAPS	84
RABAVERT	145	RECOMBINATE SOLR	87	REMEDIENT CAPS	120
rabeprazole sodium TBEC	142	RECOMBIVAX HB SUSP	145	REMERON SOLTAB TBDP 15 MG	
RADIAPLEXRX GEL	79	RECOMBIVAX HB SUSY	145	(mirtazapine)	19
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raloxifene hcl	82	11		45 MG (mirtazapine)	19
ramelteon	90	RELAFEN DS	7	REMERON TABS 15 MG, 30 MG	
ramipril CAPS	31	RELCARE TABS	122	(mirtazapine)	19
RANGER READY REPELLENT		RELENZA DISKHALER	56	REMICADE	85
LIQD	77	RELEUKO SOLN 480 MCG/1.6ML		RENACIDIN	86
ranolazine TB12	12	89		RENFLEXIS	85
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RAPAFLO 8 MG (silodosin)	86	RELEXXII TBCR 45 MG, 63 MG		60 MG, 90 MG, 120 MG	141
rasagiline mesylate 0.5 MG	44	(methylphenidate hcl)	3	RENVELA PACK (sevelamer	
rasagiline mesylate 1 MG	44	RELEXXII TBCR	3	carbonate)	86
RAVICTI 1.1 GM/ML (glycerol		RELION ALCOHOL SWABS	103	RENVELA TABS (sevelamer	
phenylbutyrate)	83	RELION GLUCOSE	24	carbonate)	86
RAYA SURE PEN NEEDLE	106	RELION INSULIN SYRINGE	106	repaglinide	26
RAYALDEE	83	RELION KETONE TEST STRP ...	80	REPATHA PUSHTRONEX SYSTEM	
RAYOS TBEC	63	RELION LANCET DEVICES 30G	99	SOCT	31
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REALITY LANCETS	99	RELION LANCETS THIN 26G	99	REPEL FAMILY AERO	77
REALITY SWABS	103	RELION LANCETS ULTRA-THIN		REPEL FAMILY DRY AERO	77
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RETEVMO CAPS42	REZVOGLAR KWIKPEN26	RITALIN TABS (methylphenidate hcl) 3
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ROXYBOND TABA9	SAFETY LANCETS 21G99	saxagliptin-metformin hcl23
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