



Preferred Drug List

The Preferred Drug List (PDL) includes a list of drugs covered by your prescription benefit. The PDL is updated regularly and may change. To get the most up-to-date information, you may view the latest formulary on our website at silversummithealthplan.com or call us at 1-844-366-2880 (TTY/TDD: 1-844-804-6086).

This Preferred Drug 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

SilverSummit Healthplan: Preferred Drug List (PDL)



Pharmacy Program

SilverSummit pays for prescription drugs and some Over-The-Counter (OTC) medicines. Your doctor must write a prescription. Not all drugs are covered. Some drugs need Prior Authorization (PA). Some drugs have limits on age, dose, or quantity.

You can get help by:

- Calling Member Services at 1-844-366-2880
- Using the Drug Lookup Tool at [SSHP Drug Lookup Tool](#)

Pharmacy Benefit Manager (PBM)

SilverSummit works with Express Scripts to process pharmacy claims. Express Scripts is our Pharmacy Benefit Manager (PBM).

Prior Authorizations (PA)

Some drugs on the PDL need PA. Your doctor can send the PA request through Cover My Meds (www.covermymeds.com) or by fax to 1-833-645-2736.

SilverSummit will cover the medicine if:

- You need the drug for medical reasons
- Other drugs on the PDL didn't work
- The drug is not a benefit exclusion

PA requests are reviewed by a licensed pharmacist within 24 hours. If approved, your doctor is sent a fax. If the PA is denied, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

Transition Period

New members can get most prescription drugs without PA for 2 fills (up to 68 days) in the first 90 days. Controlled drugs have a 30-day limit. This will give you and your doctor time to switch to drugs on the PDL or request a PA.

96-Hour Emergency Supply Policy

State and Federal Law allows a pharmacy to give up to 4 days of medicine if you are waiting for a PA. Pharmacies will be paid for the 4 day supply even if PA is not approved. Controlled drugs are not included. The pharmacy must call 1-866-399-0928 for approval.

Step Therapy

In Step Therapy, for some drugs to be covered, you may need to try another drug first. If you have already tried it, the drug will be covered. If not, your doctor must send a PA. If the PA is not approved, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

Dispensing Limits

The pharmacy can give you:

- Up to 34 days per new prescription or refill
- Up to 100 days per maintenance medicine
- 80% of the medicine supply or 25 days must pass before the medicine can be refilled
- 90% for controlled drugs. And you may need a new prescription for some controlled medicines.

Quantity Limits

Some drugs have limits on how much medicine you can get at one time. Your doctor can request PA if needed. If not, your doctor must send a PA. If the PA is not approved, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

Age Limit

Some medicines on the PDL have age limits. These limits are based on Food and Drug Administration (FDA) rules to keep you safe. If your doctor decides you still need the medicine, they can send a PA request to Pharmacy Services. If the PA is not approved, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

Medical Necessity Requests

If a drug is not on the PDL, your doctor can make a medical necessity (MN) PA with notes showing:

- You tried 2 PDL drugs in the same class and used for the same diagnosis
- You can't take PDL drugs due to allergy or other reasons
- You can't take any of the PDL agents for your diagnosis

All requests are checked by a licensed clinical pharmacist. Most reviews are finished within 24 hours unless more information is needed. The pharmacist follows rules from the Pharmacy & Therapeutics Committee. If your request is approved, a fax will be sent to your doctor. If the PA is not approved, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

Appropriate Use and Safety Edits

Your safety is very important to us. One way we help keep you safe is by using point-of-sale (POS) edits when the pharmacy sends your medicine claim. These edits follow Food and Drug Administration (FDA) rules. For example, you can only get one drug from the same therapy group each month.

Generic Drugs

Generic drugs have the same active ingredient and work the same as brand-name drugs. If you or your doctor decide you need a brand-name drug that is not preferred, your doctor can request a PA. We will cover the brand-name drug if there is a medical reason you need it. If the PA is not approved, a fax will be sent to your doctor. And you will get a letter with a list of generic medicines that are covered. The letter will tell you about the appeal process.

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Over-the-Counter (OTC) Medicines

Some OTC drugs are covered if your doctor writes a prescription. These drugs are listed in the PDL.

Filling a Prescription

You can get your medicine at an in-network pharmacy. To find one, call SilverSummit Member Services or use the Provider Lookup tool on our website. Bring your prescription and your SilverSummit ID card to the pharmacy. The pharmacy may also ask for another ID, like a driver's license or state ID.

Maintenance Medications

Some drugs are called maintenance medications because they treat long-term health problems. If your medicine is part of the Maintenance Drug List, you can get up to a 100-day supply at certain retail pharmacies.

Exclusions

Below you will find a list of things that are not part of the PDL. The 96-hour emergency supply policy does not cover these drugs either.

- Drugs that are experimental
- Drugs without Federal rebates
- Drug Efficacy Study and Implementation (DESI) drugs
- Drugs prescribed for anorexia, weight loss or weight gain
- Drugs prescribed for infertility
- Drugs prescribed for erectile dysfunction
- Drugs prescribed for cosmetic purposes or hair growth
- Bulk powders

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 SilverSummit.

Medical Benefits

Some drugs and medical services are part of SilverSummit's medical benefit and are not covered at retail pharmacies:

- Injectable drugs given at a doctor's office or outpatient clinic.
- Home health products and home infusion therapy, like:
 - Durable medical equipment (DME)
 - Nebulizers and tubing
 - Blood pressure monitors
 - Enteral and parenteral nutrition
 - Injectable antibiotic therapy
 - Chemotherapy
 - Other medical supplies

If a prescriber asks Pharmacy Services for a medical prior authorization, they will be told to contact SilverSummit directly.

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Newly Approved Products

New drugs are reviewed before they are added to the PDL. These medicines will need a PA review until they are added to the PDL. If it is not approved, Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other similar medicines that are covered. It will also tell you about the appeal process.

Contact Information

SilverSummit Healthplan Member Services: 1-844-366-2880

SilverSummit Healthplan Member Services TTY/TDD: 1-844-804-6086

Pharmacy Services Prior Authorizations: 1-855-565-9520

Pharmacy Services ESI Pharmacy Help Desk: 1-833-750-4990

AcariaHealth: 1-855-535-1815

Language Assistance

Do you need this document translated? Do you need help understanding this document? If you do, call SilverSummit Healthplan's Member Service line at 1-844-366-2880. If you are hearing impaired, call our TDD/TTY at 1-844-804-6086. To get this information in large font or audiotape, call Member Services. Interpreter services are provided free of charge to you. SilverSummit Healthplan has a telephone language line available 24 hours a day, 7 days a week.

Preferred Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	Tier Definitions
P	Preferred: This drug is covered on the drug list.
NP	Non-Preferred: This drug needs prior authorization.
PA	Preferred with Prior Authorization: This drug needs prior authorization.
NF	Non-Formulary: This drug needs prior authorization. Use preferred drug.
REQUIREMENT or LIMITS	
Requirement/Limit	Requirement/Limit Description
AL	Age Limit: Drug is limited to a specific age.
MP	Maintenance Program: Drug can be filled for up to 100 days' supply (3 months' supply) per fill.
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.
CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
Opioid	Opioid medicines can only be filled for 7 days at a time without Prior Authorization. This limit is extended to 30-day fills when a member has a medical history of cancer or palliative care in their records. Opioid fills are limited to 13 fills within 12 month rolling period without Prior Authorization. Additional restrictions may apply for members under the age of 18 years. Limits: • Daily Dose Max = 60 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids **MME = Morphine Milligram Equivalent
Test Strips	Insulin users are limited to 200 strips per month.

STANDARD ABBREVIATIONS			
Dose Form	Dose Form Description	Dose Form	Dose Form Description
AEPB	Aerosol Powder Breath Activated	CSDR	Capsule Delayed Release Sprinkle
AERB	Aerosol, breath activated	DEVI	Device
AERO	Aerosol	ELIX	Elixir
AJKT	Auto-injector Kit	EMUL	Emulsion
AUIJ	Auto-injector	ENEM	Enema
CAPS	Capsule	GRAN	Granules
CHEW	Tablet Chewable	IJ	Injection

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Dose Form	Dose Form Description	Dose Form	Dose Form Description
CONC	Concentrate	IMPL	Implant
CP12	Capsule ER 12 HR	INHA	Inhaler
CP24	Capsule ER 24 HR	INJ	Injectable
CPCR	Capsule ER	IUD	Intrauterine Device
CPDR	Capsule Delayed Release	IV	Intravenous
CPEP	Capsule Enteric Coated Particles	LIQD	Liquid
CPSP	Capsule Sprinkle	LOTN	Lotion
CREA	Cream	SOPN	Solution Pen-injector
LOZG	Lozenge	SOSY	Solution Prefilled Syringe
MISC	Miscellaneous	SRER	Suspension Reconstituted ER
NEBU	Nebulization solution	STRP	Strip
OINT	Ointment	SUBL	Tablet Sublingual
OPHT	Ophthalmic	SUER	Suspension Extended Release
OR	Oral	SUPN	Suspension Pen-injector
PACK	Packet	SUPP	Suppository
PEN	Pen-injector	SUSP	Suspension
PNKT	Pen-injector Kit	SUSR	Suspension Reconstituted
POT	Potassium	SUSY	Suspension Prefilled Syringe
POWD	Powder	SYRP	Syrup
PRSY	Prefilled Syringe	TABS	Tablets
PSKT	Prefilled Syringe Kit	TB12	Tablet ER 12 Hour
PSTE	Paste	TB24	Tablet ER 24 Hour
PT24	Patch 24 Hour	TBCR	Tablet ER
PT72	Patch 72 Hour	TBDP	Tablet Dispersible
PTCH	Patch	TBEC	Tablet Enteric Coated
PTTW	Patch Biweekly	TBEF	Tablet Effervescent
PTWK	Patch Weekly	TBPK	Tablet Therapy Pack
S.O.P.	Sterile Ophthalmic Preparation	TBSO	Tablet Soluble
SHAM	Shampoo	TEST	Diagnostic Test
SOAJ	Solution Auto-injector	TBSO	Tablet Soluble
SOCT	Solution Cartridge	TEST	Diagnostic Test
SOLN	Solution	WAFR	Wafer
SOLR	Solution Reconstituted	XR	Extended Release

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)
ADDERALL TABS (Use amphetamine-dextroamphetamine)	NP	AL(At least 3 yrs old)
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG (Use amphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)
amphetamine sulfate TABS	NP	AL(At least 3 yrs old)
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
amphetamine-dextroamphetamine TABS	PA	AL(At least 3 yrs old); PA
amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
DESOXYN (Use methamphetamine hcl)	NF	AL(At least 3 yrs old)
DEXEDRINE CP24 15 MG (Use dextroamphetamine sulfate)	NF	QL(2 EA daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG (Use dextroamphetamine sulfate)	NP	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24	PA	QL(2 EA daily); AL(At least 6 yrs old); PA
dextroamphetamine sulfate SOLN	NP	AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate TABS	PA	AL(At least 3 yrs old); PA
dextroamphetamine sulfate TABS	NP	AL(At least 3 yrs old)
DYANAVEL XR SUER	NP	QL(8 ML daily); AL(At least 6 yrs old)
DYANAVEL XR TBCR	NP	QL(1 EA daily); AL(At least 6 yrs old)
EVEKEO ODT TBDP	NP	AL(At least 3 yrs old)
EVEKEO TABS (Use amphetamine sulfate)	NP	AL(At least 3 yrs old)
lisdexamfetamine dimesylate CAPS	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
lisdexamfetamine dimesylate CHEW	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
methamphetamine hcl	NP	AL(At least 3 yrs old)
MYDAYIS CP24 (Use amphetamine-dextroamphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)
VYVANSE CAPS	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
VYVANSE CHEW	NP	QL(1 EA daily); AL(At least 6 yrs old)
XELSTRYM	NP	AL(At least 6 yrs old)
Analeptics		
caffeine citrate SOLN PO	P	QL(45 ML per fill retail; 45 per fill mail)
Anti-Obesity Agents		
WEGOVY PO 1.5 MG, 4 MG, 9 MG, 25 MG	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	PA	QL(0.108 ML daily); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	PA	QL(0.072 ML daily); AL(At least 18 yrs old); PA	APTENSIO XR CP24 (Use methylphenidate hcl)	NP	QL(1 EA daily); AL(At least 6 yrs old)
ZEPBOUND SOAJ 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	PA	QL(0.072 ML daily); AL(At least 18 yrs old); PA	armodafinil	PA	QL(1 EA daily); PA
ZEPBOUND SOAJ 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML	PA	AL(At least 18 yrs old); PA	AZSTARYS	NP	AL(At least 6 yrs old)
ZEPBOUND SOLN	PA	QL(0.072 ML daily); AL(At least 18 yrs old); PA	CONCERTA TBCR (Use methylphenidate hcl)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents			COTEMPLA XR-ODT TBED	NP	AL(At least 6 yrs old)
atomoxetine hcl	PA	QL(2 EA daily); AL(At least 6 yrs old); PA	DAYTRANA PTCH (Use methylphenidate)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
clonidine hcl (adhd) TB12	PA	QL(4 EA daily); AL(At least 6 yrs old); PA	dexmethylphenidate hcl CP24	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
guanfacine hcl (adhd)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA	dexmethylphenidate hcl TABS	PA	AL(At least 3 yrs old); PA
INTUNIV (Use guanfacine hcl (adhd))	NP	QL(1 EA daily); AL(At least 6 yrs old)	FOCALIN XR CP24 (Use dexmethylphenidate hcl)	NP	QL(1 EA daily); AL(At least 6 yrs old)
ONYDA XR SUER	NP	QL(4 ML daily); AL(At least 6 yrs old)	FOCALIN TABS (Use dexmethylphenidate hcl)	NP	AL(At least 3 yrs old)
QELBREE	PA	AL(At least 6 yrs old); PA	FOCALIN TABS 2.5 MG (Use dexmethylphenidate hcl)	NF	AL(At least 3 yrs old)
STRATTERA (Use atomoxetine hcl)	NP	QL(2 EA daily); AL(At least 6 yrs old)	JORNAY PM CP24	PA	AL(At least 6 yrs old); PA
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)			METADATE CD CPCR (Use methylphenidate hcl)	NF	QL(1 EA daily); AL(At least 6 yrs old)
SUNOSI	NP		METHYLIN SOLN (Use methylphenidate hcl)	PA	AL(At least 3 yrs old); PA
Histamine H3-Receptor Antagonist/Inverse Agonists			methylphenidate hcl CHEW	NP	AL(At least 3 yrs old)
WAKIX	PA	PA	methylphenidate hcl CP24	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
Stimulants - Misc.			methylphenidate hcl CPCR	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
			methylphenidate hcl SOLN	PA	AL(At least 3 yrs old); PA
			methylphenidate hcl TABS	PA	AL(At least 3 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl TB24</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
<i>methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	PA	QL(2 EA daily); AL(At least 6 yrs old); PA
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
<i>methylphenidate PTCH</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
<i>modafinil</i>	NP	QL(1 EA daily)
NUVIGIL (Use <i>armodafinil</i>)	NP	QL(1 EA daily)
PROVIGIL (Use <i>modafinil</i>)	PA	QL(1 EA daily); PA
QUILLICHEW ER CHER	NP	QL(1 EA daily); AL(At least 6 yrs old)
QUILLIVANT XR SRER	NP	QL(12 ML daily); AL(At least 6 yrs old)
RELEXXII TBCR (Use <i>methylphenidate hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
RELEXXII TBCR	NP	QL(1 EA daily); AL(At least 6 yrs old)
RITALIN LA CP24 (Use <i>methylphenidate hcl</i>)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
RITALIN TABS (Use <i>methylphenidate hcl</i>)	NP	AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	P	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ORALAIR SUBL	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 65 yrs old)
RAGWITEK SUBL	P	QL(1 EA daily); AL(At least 18 yrs old - Up to 65 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - M's		
<i>melatonin TABS 3 MG, 5 MG</i>	P	QL(1 EA daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	P	SP; PA
BETHKIS NEBU (Use <i>tobramycin</i>)	P	
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use <i>tobramycin</i>)	P	
<i>neomycin sulfate TABS</i>	P	
TOBI PODHALER CAPS	NP	
TOBI NEBU (Use <i>tobramycin</i>)	NP	
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	P	
<i>tobramycin sulfate SOLR</i>	P	
<i>tobramycin NEBU</i>	NP	
<i>tobramycin NEBU</i>	P	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	PA	QL(1 EA daily); PA
RINVOQ LQ SOLN	PA	QL(1 ML daily); PA
RINVOQ TB24	PA	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XELJANZ XR TB24	NP	QL(1 EA daily)	ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	
XELJANZ SOLN	PA	PA	ADALIMUMAB-ADAZ SOAJ	PA	PA
XELJANZ TABS	PA	QL(2 EA daily); PA	ADALIMUMAB-ADAZ SOSY	PA	PA
Antirheumatic Antimetabolites			ADALIMUMAB-ADB (2 PEN) AJKT	PA	PA
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	P	SP	ADALIMUMAB-ADB (2 PEN) AJKT	NP	
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	P	SP	ADALIMUMAB-ADB (2 SYRINGE) PSKT	PA	PA
Anti-TNF-alpha - Monoclonal Antibodies			ADALIMUMAB-ADB (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	NP	
ABRILADA (1 PEN) AJKT	NP		ADALIMUMAB-FKJP (2 PEN) AJKT	NP	
ABRILADA (2 PEN) AJKT	NP		ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	
ABRILADA (2 SYRINGE) PSKT	NP		ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	
ADALIMUMAB-AACF (2 PEN) AJKT	NP		ADALIMUMAB-RYVK (2 PEN) AJKT	NP	
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP		ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP		AMJEVITA-PED 10KG TO <15KG SOSY	NP	QL(0.058 ML daily)
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP		AMJEVITA-PED 15KG TO <30KG SOSY	NP	QL(0.015 ML daily)
ADALIMUMAB-AATY (1 PEN) AJKT	NP		AMJEVITA SOAJ 40 MG/0.4ML	NP	QL(0.029 ML daily)
ADALIMUMAB-AATY (2 PEN) AJKT	NP		AMJEVITA SOAJ	NP	QL(0.058 ML daily)
ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP		AMJEVITA SOSY	NP	QL(0.058 ML daily)
			AMJEVITA SOSY	NP	QL(0.029 ML daily)
			CYLTEZO (2 PEN) AJKT	NP	
			CYLTEZO (2 SYRINGE) PSKT	NP	
			CYLTEZO-CD/UC/HS STARTER AJKT	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CYLTEZO-PSORIASIS/UV STARTER AJKT	NP		SIMPONI SOSY	PA	PA
HADLIMA PUSH TOUCH SOAJ	NP		YUFLYMA (1 PEN) AJKT	NP	
HADLIMA SOSY	NP		YUFLYMA (2 PEN) AJKT	NP	
HULIO (2 PEN) AJKT	NP		YUFLYMA (2 SYRINGE) PSKT	NP	
HULIO (2 SYRINGE) PSKT	NP		YUFLYMA-CD/UC/HS STARTER AJKT	NP	
HUMIRA (2 PEN) AJKT	PA	QL(0.072 EA daily); PA	YUSIMRY	NP	
HUMIRA (2 SYRINGE) PSKT	PA	QL(0.072 EA daily); PA	Interleukin-1 Blockers		
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	PA	QL(0.108 EA daily); PA	ARCALYST	NP	
HUMIRA-PSORIASIS/UEIT STARTER AJKT	PA	QL(0.108 EA daily); PA	Interleukin-1 Receptor Antagonist (IL-1Ra)		
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP		KINERET SOSY	PA	PA
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP		Interleukin-1beta Blockers		
HYRIMOZ-PED>=40KG CROHN START SOSY	NP		ILARIS SOLN	NP	
HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP		Interleukin-6 Receptor Inhibitors		
HYRIMOZ SOAJ	NP		ACTEMRA ACTPEN SOAJ	PA	PA
HYRIMOZ SOSY	NP		ACTEMRA SOLN	PA	PA
IDACIO-CROHNS/UC STARTER AJKT	NP		ACTEMRA SOSY	PA	PA
IDACIO-PSORIASIS STARTER AJKT	NP		AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	
SIMLANDI (1 PEN) AJKT	NP		KEVZARA SOAJ	PA	PA
SIMLANDI (1 SYRINGE) PSKT	NP		KEVZARA SOSY	PA	PA
SIMLANDI (2 PEN) AJKT	NP		TOFIDENCE	NP	
SIMLANDI (2 SYRINGE) PSKT	NP		TYENNE SOAJ	NP	
SIMPONI ARIA SOLN	PA	PA	TYENNE SOLN	NP	
SIMPONI SOAJ	PA	PA	TYENNE SOSY	NP	
			Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
			ALEVE CAPS (Use naproxen sodium)	NF	
			ALEVE TABS (Use naproxen sodium)	NF	
			ANAPROX DS TABS (Use naproxen sodium)	NF	
			ARTHROTEC TBEC (Use diclofenac w/ misoprostol)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CELEBREX 50 MG (<i>Use celecoxib</i>)	NF	QL(8 EA daily)	<i>etodolac TB24</i>	NP	
CELEBREX 200 MG (<i>Use celecoxib</i>)	NP	QL(2 EA daily)	FELDENE CAPS 10 MG (<i>Use piroxicam</i>)	NP	
CELEBREX 50 MG (<i>Use celecoxib</i>)	NP	QL(8 EA daily)	FELDENE CAPS 20 MG (<i>Use piroxicam</i>)	NF	
CELEBREX 400 MG (<i>Use celecoxib</i>)	NF	QL(1 EA daily)	<i>flurbiprofen TABS 100 MG</i>	NP	
CELEBREX 200 MG (<i>Use celecoxib</i>)	NF	QL(2 EA daily)	<i>flurbiprofen TABS 50 MG</i>	P	
CELEBREX 100 MG (<i>Use celecoxib</i>)	NF	QL(4 EA daily)	<i>ibuprofen-acetaminophen TABS</i>	P	
CELEBREX 100 MG (<i>Use celecoxib</i>)	NP	QL(4 EA daily)	<i>ibuprofen CAPS</i>	P	
CELEBREX 400 MG (<i>Use celecoxib</i>)	NP	QL(1 EA daily)	<i>ibuprofen CHEW</i>	P	
<i>celecoxib 200 MG</i>	P	QL(2 EA daily)	<i>ibuprofen-famotidine</i>	NP	QL(3 EA daily)
<i>celecoxib 100 MG</i>	P	QL(4 EA daily)	<i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML</i>	P	RX/OTC
<i>celecoxib 400 MG</i>	P	QL(1 EA daily)	<i>ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG</i>	P	
<i>celecoxib 50 MG</i>	P	QL(8 EA daily)	<i>ibuprofen TABS 600 MG</i>	P	QL(5 EA daily)
COXANTO CAPS (<i>Use oxaprozin</i>)	NF		<i>ibuprofen TABS 800 MG</i>	P	QL(4 EA daily)
COXANTO CAPS (<i>Use oxaprozin</i>)	NP		<i>ibuprofen TABS 400 MG</i>	P	QL(8 EA daily)
DAYPRO TABS (<i>Use oxaprozin</i>)	NP		<i>ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG</i>	P	
<i>diclofenac potassium CAPS</i>	NP		INDOCIN SUSP (<i>Use indomethacin</i>)	NF	
<i>diclofenac potassium TABS</i>	NP		<i>indomethacin CAPS 25 MG, 50 MG</i>	P	
<i>diclofenac sodium TB24</i>	NP		<i>indomethacin CPCR</i>	NP	
<i>diclofenac sodium TB24</i>	P		<i>indomethacin SUPP</i>	NP	
<i>diclofenac sodium TBEC</i>	P		<i>indomethacin SUSP</i>	NP	
<i>diclofenac w/ misoprostol TBEC</i>	NP		<i>ketoprofen CP24</i>	NP	
DUEXIS (<i>Use ibuprofen-famotidine</i>)	NF	QL(3 EA daily)	<i>ketorolac tromethamine TABS</i>	PA	QL(4 EA daily; 20 EA per 180 day(s) retail; 20 EA per 180 days mail); PA
EC-NAPROSYN TBEC (<i>Use naproxen</i>)	NF		LODINE TABS (<i>Use etodolac</i>)	NF	
<i>etodolac CAPS</i>	NP		LURBIPR TABS 100 MG (<i>Use flurbiprofen</i>)	NF	
<i>etodolac TABS</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LURBIRO TABS 100 MG (Use flurbiprofen)	NP		VIMOVO (Use naproxen-esomeprazole magnesium)	NF	
meclofenamate sodium CAPS	NP		VYSCOXA PO 10 MG/ML	NP	QL(8 ML daily)
mefenamic acid CAPS	NP	MP	ZIPSOR CAPS (Use diclofenac potassium)	NF	
meloxicam TABS	P		ZYBIC SUSP 7.5 MG/5ML (Use meloxicam)	NP	
MOTRIN CHILDRENS CHEW (Use ibuprofen)	NF		Phosphodiesterase 4 (PDE4) Inhibitors		
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	NF		OTEZLA XR TB24 PO 75 MG	NP	QL(2 EA daily)
nabumetone	P		OTEZLA/OTEZLA XR INITIATION PK TBPk	NP	QL(2 EA daily)
NAPRELAN TB24 500 MG (Use naproxen sodium)	NF		OTEZLA TABS	PA	QL(2 EA daily); PA
NAPRELAN TB24 (Use naproxen sodium)	NP		OTEZLA TBPk	PA	QL(2 EA daily); PA
NAPROSYN SUSP (Use naproxen)	NP	QL(200 ML per fill retail; 200 per fill mail)	Selective Costimulation Modulators		
NAPROSYN TABS 500 MG (Use naproxen)	NF		ORENCIA CLICKJECT SOAJ	PA	QL(0.143 ML daily); PA
naproxen sodium CAPS	P		ORENCIA SOLR	PA	PA
naproxen sodium TABS 220 MG	P		ORENCIA SOSY 50 MG/0.4ML	PA	QL(0.058 ML daily); PA
naproxen sodium TABS	NP		ORENCIA SOSY 87.5 MG/0.7ML	PA	QL(0.1 ML daily); PA
naproxen sodium TB24	NP		ORENCIA SOSY 125 MG/ML	PA	QL(0.143 ML daily); PA
naproxen-esomeprazole magnesium	NP		Soluble Tumor Necrosis Factor Receptor Agents		
naproxen SUSP	NP	QL(200 ML per fill retail; 200 per fill mail)	ENBREL MINI SOCT	PA	QL(0.143 ML daily); PA
naproxen TABS	P		ENBREL SURECLICK SOAJ	PA	QL(0.143 ML daily); PA
naproxen TBEC	P		ENBREL SOLN	PA	QL(0.143 ML daily); PA
ORUDIS CAPS 75 MG	NP		ENBREL SOSY	PA	QL(0.143 ML daily); PA
oxaprozin CAPS	NP		ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
oxaprozin TABS	NP		Analgesic Combinations		
piroxicam CAPS	P				
sulindac TABS	P				
tolmetin sodium CAPS	NP				
tolmetin sodium TABS 600 MG	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily)	FEVERALL INFANTS SUPP	P	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily)	FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 EA per fill retail; 12 per fill mail)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P		TYLENOL INFANTS PAIN+FEVER SUSP (<i>Use acetaminophen</i>)	NF	
<i>butalbital-aspirin-caffeine CAPS</i>	P	QL(4 EA daily)	Salicylates		
ESGIC TABS (<i>Use butalbital-acetaminophen-caffeine</i>)	NF	QL(4 EA daily)	<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	
Analgesics - Sodium Channel Pain Signal Inhibitors			<i>aspirin CHEW</i>	P	
JOURNAVX	P	QL(3 EA daily; 29 EA per fill retail; 29 per fill mail ; 29 EA per 60 day(s) retail; 29 EA per 60 days mail); AL(At least 18 yrs old)	ASPIRIN SUPP 300 MG	P	
Analgesics Other			<i>aspirin TABS 325 MG</i>	P	
<i>acetaminophen CAPS 500 MG</i>	P		<i>aspirin TBEC 81 MG, 325 MG</i>	P	
<i>acetaminophen CHEW</i>	P		<i>diflunisal TABS</i>	P	
<i>acetaminophen LIQD 160 MG/5ML</i>	P		DOLOBID TABS	P	
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P		<i>salsalate</i>	NP	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)	ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	P		Opioid Agonists		
<i>acetaminophen TABS 325 MG, 500 MG</i>	P		ACTIQ LPOP 400 MCG (<i>Use fentanyl citrate</i>)	NF	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 16 yrs old)
			<i>codeine sulfate TABS 30 MG</i>	P	QL(2 EA daily); AL(At least 12 yrs old)
			CODEINE SULFATE TABS	P	QL(2 EA daily); AL(At least 12 yrs old)
			CONZIP CP24 (<i>Use tramadol hcl</i>)	NP	AL(At least 18 yrs old)
			DEMEROL SOLN IJ (<i>Use meperidine hcl</i>)	NF	
			DILAUDID TABS (<i>Use hydromorphone hcl</i>)	NF	QL(8 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 800 MCG, 1600 MCG</i>	PA	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 16 yrs old); PA	METHADOSE SUGAR-FREE CONC (Use <i>methadone hcl</i>)	NP	
<i>fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG</i>	PA	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); PA	METHADOSE CONC (Use <i>methadone hcl</i>)	NP	
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR</i>	PA	QL(0.34 EA daily); PA	<i>morphine sulfate beads</i>	P	QL(1 EA daily)
FENTORA TABS 400 MCG, 600 MCG, 800 MCG (Use <i>fentanyl citrate</i>)	NF	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail)	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	P	QL(2 EA daily)
FENTORA TABS 100 MCG, 200 MCG (Use <i>fentanyl citrate</i>)	NF		<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	P	QL(16.67 ML daily)
<i>hydrocodone bitartrate CP12</i>	NP	QL(2 EA daily)	<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>hydrocodone bitartrate T24A</i>	NP	QL(1 EA daily)	<i>morphine sulfate SUPP</i>	P	QL(24 EA per fill retail; 24 per fill mail)
HYDROMORPHONE HCL SUPP	P	QL(12 EA per fill retail; 12 per fill mail)	<i>morphine sulfate TABS 30 MG</i>	P	
<i>hydromorphone hcl TABS</i>	P	QL(8 EA daily)	<i>morphine sulfate TABS 15 MG</i>	P	QL(6 EA daily)
<i>hydromorphone hcl TB24</i>	NP	QL(1 EA daily)	<i>morphine sulfate TBCR</i>	P	QL(3 EA daily)
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG	NP	QL(1 EA daily)	MS CONTIN TBCR 15 MG, 30 MG, 60 MG, 200 MG (Use <i>morphine sulfate</i>)	NP	QL(3 EA daily)
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	P	QL(500 ML per fill retail; 500 per fill mail)	MS CONTIN TBCR 100 MG (Use <i>morphine sulfate</i>)	NF	QL(3 EA daily)
<i>meperidine hcl TABS 50 MG</i>	P	QL(6 EA daily)	OXAYDO TABS 5 MG	P	QL(6 EA daily)
<i>methadone hcl CONC</i>	NP		<i>oxycodone hcl CAPS</i>	P	QL(6 EA daily)
<i>methadone hcl SOLN PO</i>	NP		<i>oxycodone hcl CONC 100 MG/5ML</i>	P	QL(6 ML daily)
<i>methadone hcl TABS</i>	NP		<i>oxycodone hcl SOLN</i>	P	
<i>methadone hcl TBSO</i>	NP		<i>oxycodone hcl T12A 20 MG, 40 MG</i>	NP	QL(3 EA daily)
			<i>oxycodone hcl TABS</i>	P	QL(6 EA daily)
			OXYCONTIN T12A	P	QL(3 EA daily)
			<i>oxymorphone hcl TB12</i>	NP	QL(2 EA daily)
			QDOLO SOLN (Use <i>tramadol hcl</i>)	NF	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ROXICODONE TABS 15 MG, 30 MG (<i>Use oxycodone hcl</i>)	NF	QL(6 EA daily)	<i>hydrocodone-acetaminophen TABS 325 MG-5 MG</i>	P	QL(12 EA daily)
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	AL(At least 18 yrs old)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>	P	QL(6 EA daily)
<i>tramadol hcl SOLN</i>	NP	AL(At least 18 yrs old)	<i>hydrocodone-acetaminophen TABS 325 MG-7.5 MG</i>	P	QL(8 EA daily)
TRAMADOL HCL SOLN (<i>Use tramadol hcl</i>)	NP	AL(At least 18 yrs old)	<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	QL(6 EA daily)
<i>tramadol hcl TABS 50 MG</i>	P	AL(At least 18 yrs old)	PERCOCET TABS 325 MG-2.5 MG (<i>Use oxycodone w/ acetaminophen</i>)	NF	
<i>tramadol hcl TABS 25 MG, 75 MG, 100 MG</i>	NP	AL(At least 18 yrs old)	PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>Use oxycodone w/ acetaminophen</i>)	NF	QL(6 EA daily)
<i>tramadol hcl TB24</i>	NP	AL(At least 18 yrs old)	PROLATE SOLN	PA	QL(20 ML daily); PA
Opioid Combinations			PROLATE TABS	PA	QL(13 EA daily); PA
<i>acetaminophen w/ codeine SOLN</i>	P	QL(30 ML daily); AL(At least 12 yrs old)	<i>tramadol-acetaminophen</i>	P	QL(12 EA daily); AL(At least 18 yrs old)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	QL(6 EA daily); AL(At least 12 yrs old)	Opioid Partial Agonists		
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	P	QL(4 EA daily); AL(At least 12 yrs old)	BELBUCA FILM	NP	
<i>butalbital-aspirin-caffeine w/cod</i>	P	QL(4 EA daily); AL(At least 12 yrs old)	BRIXADI (WEEKLY) SOSY	P	
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>Use butalbital-acetaminophen-caffeine w/ codeine</i>)	NF		BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	
<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	P	QL(135 ML daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG, 3 MG-12 MG</i>	NP	QL(2 EA daily)
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	P	QL(180 ML daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 2 MG-8 MG</i>	NP	QL(3 EA daily)	<i>testosterone cypionate SOLN IM 100 MG/ML</i>	P	QL(0.2858 ML daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	QL(3 EA daily)	<i>testosterone cypionate SOLN IM 200 MG/ML</i>	P	QL(0.1429 ML daily)
<i>buprenorphine hcl SUBL</i>	P	QL(3 EA daily)	<i>testosterone enanthate SOLN IM</i>	P	QL(0.1429 ML daily)
<i>buprenorphine PTWK</i>	NP		<i>testosterone GEL TD 1 %, 1.62 %, 1.62 %</i>	PA	PA
BUTRANS PTWK (Use <i>buprenorphine</i>)	P		<i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	NP	
SUBLOCADE SOSY	P		<i>testosterone SOLN</i>	NP	
SUBOXONE FILM SL 0.5 MG-2 MG, 2 MG-8 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	P	QL(3 EA daily)	TLANDO CAPS	PA	PA
SUBOXONE FILM SL 1 MG-4 MG, 3 MG-12 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	P	QL(2 EA daily)	UNDECATREX CAPS	PA	PA
ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 0.71 MG-2.9 MG, 1.4 MG-5.7 MG	NP	QL(3 EA daily)	VOGELXO PUMP GEL TD (Use <i>testosterone</i>)	NP	
ZUBSOLV SUBL 2.1 MG-8.6 MG	NP	QL(2 EA daily)	VOGELXO GEL TD (Use <i>testosterone</i>)	NP	
ZUBSOLV SUBL 2.9 MG-11.4 MG	NP	QL(1 EA daily)	VOGELXO GEL TD (Use <i>testosterone</i>)	NF	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			XYOSTED SOAJ	PA	PA
Androgens			ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
ANDROGEL PUMP GEL TD (Use <i>testosterone</i>)	NF		Intrarectal Steroids		
ANDROGEL PUMP GEL TD (Use <i>testosterone</i>)	NP		<i>budesonide (intrarectal)</i>	NP	
FORTESTA GEL TD (Use <i>testosterone</i>)	NF		CORTENEMA (Use <i>hydrocortisone (intrarectal)</i>)	NF	QL(420 ML per fill retail; 420 per fill mail)
JATENZO CAPS	PA	PA	<i>hydrocortisone (intrarectal)</i>	P	QL(420 ML per fill retail; 420 per fill mail)
<i>methyltestosterone TABS</i>	P		UCERIS (Use <i>budesonide (intrarectal)</i>)	NF	
NATESTO GEL NA	NP		Rectal Combinations		
TESTIM GEL TD (Use <i>testosterone</i>)	NP		HEMORRHOIDAL 0.25 %-85.5 %-3 %	P	QL(12 EA per fill retail; 12 per fill mail)
			<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine-hydrocortisone acetate (rectal) KIT 0.5 %-3 %, 2.5 %-3 %</i>	NP	
SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %	P	QL(30 GM per fill retail; 30 per fill mail)
Rectal Local Anesthetics		
<i>pramoxine hcl (rectal) FOAM EX</i>	P	QL(15 GM per fill retail; 15 per fill mail)
PROCTOFOAM FOAM EX 1 %	P	QL(15 GM per fill retail; 15 per fill mail)
Rectal Steroids		
ANUSOL-HC EX (<i>Use hydrocortisone (rectal)</i>)	NF	
<i>hydrocortisone (rectal) EX</i>	P	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone CHEW</i>	P	
<i>alum & mag hydrox-simethicone LIQD 400 MG/5ML-40 MG/5ML-400 MG/5ML</i>	P	
<i>alum & mag hydrox-simethicone LIQD</i>	P	QL(24 ML daily)
<i>alum & mag hydrox-simethicone SUSP 2400 MG/30ML-240 MG/30ML-2400 MG/30ML, 400 MG/5ML-40 MG/5ML-400 MG/5ML, 400 MG/5ML-400 MG/5ML-40 MG/5ML, 800 MG/10ML-80 MG/10ML-800 MG/10ML</i>	P	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	P	
Antacids - Bicarbonate		

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	QL(16.54 EA daily)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG</i>	P	
TUMS ULTRA 1000 CHEW (<i>Use calcium carbonate (antacid)</i>)	NF	
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	P	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (<i>Use isosorbide dinitrate</i>)	NF	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	P	
<i>isosorbide mononitrate TABS</i>	P	QL(2 EA daily)
ISOSORBIDE MONONITRATE TABS	P	QL(2 EA daily)
<i>isosorbide mononitrate TB24</i>	P	QL(1 EA daily)
NITRO-BID OINT	P	
NITRO-DUR PT24 (<i>Use nitroglycerin</i>)	NF	
<i>nitroglycerin CPCR</i>	P	
<i>nitroglycerin PT24</i>	P	
<i>nitroglycerin SUBL</i>	P	
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NF	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
<i>buspirone hcl 7.5 MG, 30 MG</i>	P	QL(3 EA daily)
<i>buspirone hcl 5 MG, 10 MG</i>	P	QL(6 EA daily)
<i>buspirone hcl 15 MG</i>	P	QL(4 EA daily)
<i>droperidol SOLN 2.5 MG/ML</i>	P	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	P	
<i>hydroxyzine hcl SYRP</i>	P	
<i>hydroxyzine hcl TABS</i>	P	
<i>hydroxyzine pamoate CAPS</i>	P	
<i>meprobamate</i>	P	
VISTARIL CAPS 25 MG (Use <i>hydroxyzine pamoate</i>)	NF	
Benzodiazepines		
<i>alprazolam TABS</i>	P	QL(4 EA daily)
ATIVAN SOLN (Use <i>lorazepam</i>)	NF	
ATIVAN TABS 0.5 MG, 2 MG (Use <i>lorazepam</i>)	NF	QL(3 EA daily)
ATIVAN TABS 1 MG (Use <i>lorazepam</i>)	NF	QL(4 EA daily)
<i>chlordiazepoxide hcl CAPS</i>	P	QL(4 EA daily)
<i>clorazepate dipotassium TABS</i>	P	
<i>diazepam CONC</i>	P	
<i>diazepam SOLN PO 5 MG/5ML</i>	P	
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	P	
DIAZEPAM SOLN IJ 5 MG/ML	P	
<i>diazepam TABS</i>	P	AL(At least 18 yrs old)
<i>lorazepam CONC</i>	P	
<i>lorazepam SOLN</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
LORAZEPAM SOLN 2 MG/ML	P	
<i>lorazepam TABS 0.5 MG, 2 MG</i>	P	QL(3 EA daily)
<i>lorazepam TABS 1 MG</i>	P	QL(4 EA daily)
<i>oxazepam CAPS 10 MG, 30 MG</i>	P	QL(4 EA daily)
VALIUM TABS (Use <i>diazepam</i>)	NF	AL(At least 18 yrs old)
XANAX TABS (Use <i>alprazolam</i>)	NF	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	P	
NORPACE CR CP12 150 MG	P	
NORPACE CAPS (Use <i>disopyramide phosphate</i>)	NF	
<i>quinidine gluconate TBCR</i>	P	
<i>quinidine sulfate TABS</i>	P	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	P	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	P	
<i>propafenone hcl TABS</i>	P	
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG</i>	P	
<i>dofetilide</i>	P	
TIKOSYN (Use <i>dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FASENRA PEN SOAJ	PA	PA	Leukotriene Modulators		
FASENRA SOSY	PA	PA	ACCOLATE 10 MG (<i>Use zafirlukast</i>)	NF	
NUCALA SOAJ	PA	AL(At least 6 yrs old); PA	ACCOLATE (<i>Use zafirlukast</i>)	NP	
NUCALA SOLR	PA	AL(At least 6 yrs old); PA	montelukast sodium CHEW	P	
NUCALA SOSY	PA	AL(At least 6 yrs old); PA	montelukast sodium PACK	P	
TEZSPIRE SOAJ	NP	QL(0.07 ML daily); AL(At least 12 yrs old)	montelukast sodium TABS	P	
TEZSPIRE SOSY	NP	QL(0.07 ML daily); AL(At least 12 yrs old)	SINGULAIR CHEW (<i>Use montelukast sodium</i>)	NP	
XOLAIR SOAJ 150 MG/ML	NP	QL(0.215 ML daily); AL(At least 6 yrs old)	SINGULAIR PACK (<i>Use montelukast sodium</i>)	NF	
XOLAIR SOAJ 75 MG/0.5ML, 300 MG/2ML	NP	QL(0.215 ML daily)	SINGULAIR TABS (<i>Use montelukast sodium</i>)	NP	
XOLAIR SOLR	NP	QL(0.215 EA daily); AL(At least 6 yrs old)	zafirlukast	P	
XOLAIR SOSY	PA	QL(0.215 ML daily); AL(At least 6 yrs old); PA	zileuton TB12	NP	
Anti-Inflammatory Agents			ZYFLO TABS	NP	
cromolyn sodium NEBU	P	QL(8 ML daily)	Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
Bronchodilators - Anticholinergics			OHTUVAYRE	NP	QL(5 ML daily); AL(At least 18 yrs old)
ATROVENT HFA	P		Selective Phosphodiesterase 4 (PDE4) Inhibitors		
INCRUSE ELLIPTA	P	MP	DALIRESP (<i>Use roflumilast</i>)	NP	QL(1 EA daily)
ipratropium bromide SOLN 0.02 %	P		roflumilast	PA	QL(1 EA daily); PA
SPIRIVA HANDIHALER CAPS IN (<i>Use tiotropium bromide</i>)	P	MP	Steroid Inhalants		
SPIRIVA RESPIMAT AERS IN	P	MP	ALVESCO	NP	MP
tiotropium bromide CAPS IN 18 MCG	NP	MP	ARMONAIR DIGIHALER 113 MCG/ACT	NP	MP
TUDORZA PRESSAIR	NP	MP	ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>Use fluticasone furoate (inhalation)</i>)	P	MP
YUPELRI	NP	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASMANEX (120 METERED DOSES) AEPB	NP	MP	ADVAIR HFA AERO (<i>Use fluticasone-salmeterol</i>)	P	MP
ASMANEX (14 METERED DOSES) AEPB	NP	MP	AIRDUO RESPICLICK 113/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NP	MP
ASMANEX (30 METERED DOSES) AEPB	NP	MP	AIRDUO RESPICLICK 232/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NP	MP
ASMANEX (60 METERED DOSES) AEPB	NP	MP	AIRDUO RESPICLICK 55/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NP	MP
ASMANEX HFA AERO	NP	MP	AIRSUPRA	NP	QL(1.07 GM daily)
<i>budesonide (inhalation) SUSP</i>	P	AL(At least 1 yrs old - Up to 8 yrs old); MP	<i>albuterol sulfate AERS</i>	NP	QL(0.447 GM daily)
FLOVENT HFA 44 MCG/ACT (<i>Use fluticasone propionate hfa</i>)	NF	QL(0.36 GM daily)	<i>albuterol sulfate AERS</i>	NP	QL(1.2 GM daily)
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT (<i>Use fluticasone propionate hfa</i>)	NF	QL(0.4 GM daily)	<i>albuterol sulfate AERS</i>	NP	QL(0.567 GM daily)
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	NP	MP	<i>albuterol sulfate NEBU</i>	P	QL(12 ML daily)
<i>fluticasone propionate (inhalation) AEPB</i>	P	QL(2 EA daily); MP	<i>albuterol sulfate NEBU</i>	P	QL(2 EA daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(0.4 GM daily); MP	<i>albuterol sulfate SYRP</i>	P	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(0.36 GM daily); MP	<i>albuterol sulfate TABS</i>	P	
PULMICORT FLEXHALER AEPB	P	MP	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>Use umeclidinium-vilanterol</i>)	P	MP
PULMICORT FLEXHALER AEPB	P	MP	<i>arformoterol tartrate</i>	NP	MP
PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	NP	AL(At least 1 yrs old - Up to 8 yrs old); MP	BEVESPI AEROSPHERE	NP	MP
QVAR REDHALER	NP	MP	BREO ELLIPTA	P	MP
Sympathomimetics			BREO ELLIPTA (<i>Use fluticasone furoate-vilanterol</i>)	P	MP
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	P	MP	BREZTRI AEROSPHERE	NP	MP
			BROVANA (<i>Use arformoterol tartrate</i>)	NF	
			BROVANA (<i>Use arformoterol tartrate</i>)	NP	MP
			<i>budesonide-formoterol fumarate dihydrate</i>	NP	MP
			COMBIVENT RESPIMAT AERS	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DUAKLIR PRESSAIR	NP	MP	XOPENEX HFA (Use levalbuterol tartrate)	NP	QL(1 GM daily)
DULERA	P	MP	Xanthines		
fluticasone furoate-vilanterol	NP	MP	THEO-24 CP24	P	
fluticasone-salmeterol AEPB	NP	MP	theophylline ELIX	P	
fluticasone-salmeterol AERO	NP	MP	theophylline SOLN	P	QL(475 ML per fill retail; 475 per fill mail)
formoterol fumarate NEBU	NP	MP	theophylline TB12	P	
ipratropium-albuterol SOLN	P	QL(12 ML daily)	theophylline TB24	P	
levalbuterol hcl 1.25 MG/0.5ML	NP	QL(3 EA daily)	ANTICOAGULANTS - Blood Thinners		
levalbuterol hcl	PA	QL(9.6 ML daily); PA	Coumarin Anticoagulants		
levalbuterol tartrate	PA	QL(1 GM daily); PA	warfarin sodium TABS	P	
PERFOROMIST NEBU (Use formoterol fumarate)	NP	MP	Direct Factor Xa Inhibitors		
PROAIR DIGIHALER	NP	QL(0.067 EA daily)	ELIQUIS (1.5 MG PACK) TBSO PO	NP	
PROAIR RESPICLICK AEPB	NP	QL(0.067 EA daily)	ELIQUIS (2 MG PACK) TBSO PO	NP	
PROVENTIL HFA AERS (Use albuterol sulfate)	NF	QL(1.2 GM daily)	ELIQUIS DVT/PE STARTER PACK TBPK	P	
SEREVENT DISKUS	P	QL(2 EA daily); MP	ELIQUIS CPSP PO 0.15 MG	NP	
STIOLTO RESPIMAT	P	MP	ELIQUIS TABS	P	
STRIVERDI RESPIMAT	P	MP	ELIQUIS TBSO PO 0.5 MG	NP	
SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	P	MP	rivaroxaban SUSR 1 MG/ML	NP	
terbutaline sulfate TABS	P		rivaroxaban TABS 2.5 MG	NP	
TRELEGY ELLIPTA	NP	MP	SAVAYSA	NP	AL(At least 18 yrs old)
umeclidinium-vilanterol	NP	MP	XARELTO STARTER PACK TBPK	P	
VENTOLIN HFA AERS (Use albuterol sulfate)	P	QL(1.2 GM daily)	XARELTO SUSR 1 MG/ML (Use rivaroxaban)	NP	
VENTOLIN HFA AERS (Use albuterol sulfate)	P	QL(0.534 GM daily)	XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (Use rivaroxaban)	P	
XOPENEX HFA (Use levalbuterol tartrate)	NF	QL(1 GM daily)	XARELTO TABS	P	
			Heparins And Heparinoid-Like Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARIXTRA (Use fondaparinux sodium)	NP		LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium)	NP	QL(60 ML per fill retail; 60 per fill mail)
enoxaparin sodium SOLN IJ 300 MG/3ML	P		Thrombin Inhibitors		
enoxaparin sodium SOSY 40 MG/0.4ML	P	QL(24 ML per fill retail; 24 per fill mail)	dabigatran etexilate mesylate CAPS	NP	QL(2 EA daily)
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	P	QL(60 ML per fill retail; 60 per fill mail)	PRADAXA CAPS 75 MG (Use dabigatran etexilate mesylate)	NF	QL(2 EA daily)
enoxaparin sodium SOSY 60 MG/0.6ML	P	QL(36 ML per fill retail; 36 per fill mail)	PRADAXA CAPS (Use dabigatran etexilate mesylate)	P	QL(2 EA daily)
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	P	QL(48 ML per fill retail; 48 per fill mail)	PRADAXA PACK	NP	QL(2 EA daily)
enoxaparin sodium SOSY 30 MG/0.3ML	P	QL(18 ML per fill retail; 18 per fill mail)	ANTICONVULSANTS - Drugs to Treat Seizures		
fondaparinux sodium	P		AMPA Glutamate Receptor Antagonists		
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P		FYCOMPA SUSP 0.5 MG/ML (Use perampanel)	NP	
FRAGMIN SOSY	P		FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (Use perampanel)	NP	
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P		perampanel SUSP 0.5 MG/ML	NP	
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	NP		perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	P	
LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium)	NP	QL(18 ML per fill retail; 18 per fill mail)	Anticonvulsants - Benzodiazepines		
LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium)	NP	QL(24 ML per fill retail; 24 per fill mail)	clobazam SUSP	P	
LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)	NP	QL(36 ML per fill retail; 36 per fill mail)	clobazam TABS	P	
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium)	NP	QL(48 ML per fill retail; 48 per fill mail)	clonazepam TABS	P	AL(At least 18 yrs old)
			clonazepam TBDP	P	
			DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	NF	
			diazepam (anticonvulsant) GEL 10 MG, 20 MG	P	
			KLONOPIN TABS 1 MG (Use clonazepam)	NF	AL(At least 18 yrs old)
			KLONOPIN TABS (Use clonazepam)	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LIBERVANT FILM	NP	AL(At least 2 yrs old - Up to 5 yrs old)	EPRONTIA SOLN 25 MG/ML (<i>Use topiramate</i>)	NP	
NAYZILAM	PA	PA	<i>eslicarbazepine acetate</i> 200 MG, 400 MG, 600 MG, 800 MG	NP	
ONFI SUSP (<i>Use clobazam</i>)	NP		FINTEPLA	NP	
ONFI TABS (<i>Use clobazam</i>)	NP		<i>gabapentin CAPS</i>	P	
SYMPAZAN FILM	NP		<i>gabapentin SOLN</i>	P	
VALTOCO 10 MG DOSE LIQD	PA	PA	<i>gabapentin TABS</i> 600 MG, 800 MG	P	
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	PA	PA	KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NP	
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	PA	PA	KEPPRA SOLN IV 500 MG/5ML (<i>Use levetiracetam</i>)	NF	
VALTOCO 5 MG DOSE LIQD	PA	PA	KEPPRA SOLN PO 100 MG/ML (<i>Use levetiracetam</i>)	NP	
Anticonvulsants - Misc.			KEPPRA TABS (<i>Use levetiracetam</i>)	NP	
APTiom 200 MG, 400 MG, 600 MG, 800 MG (<i>Use eslicarbazepine acetate</i>)	NP		<i>lacosamide SOLN IV</i> 200 MG/20ML	P	
BANZEL SUSP (<i>Use rufinamide</i>)	NP		<i>lacosamide TABS</i>	P	
BANZEL TABS (<i>Use rufinamide</i>)	NP		LAMICTAL ODT KIT (<i>Use lamotrigine</i>)	NP	
BRIVIACT SOLN PO 10 MG/ML	NP		LAMICTAL ODT TBDP (<i>Use lamotrigine</i>)	NP	
BRIVIACT TABS	NP		LAMICTAL STARTER KIT 25 MG (<i>Use lamotrigine</i>)	NP	
<i>carbamazepine CHEW</i>	P		LAMICTAL XR KIT	NP	
<i>carbamazepine CP12</i>	P		LAMICTAL XR TB24 (<i>Use lamotrigine</i>)	NP	
<i>carbamazepine SUSP</i>	P		LAMICTAL CHEW (<i>Use lamotrigine</i>)	NP	
<i>carbamazepine TABS</i>	P		LAMICTAL TABS (<i>Use lamotrigine</i>)	NP	
<i>carbamazepine TB12</i>	P		<i>lamotrigine CHEW</i>	P	
CARBATROL CP12 (<i>Use carbamazepine</i>)	NP		<i>lamotrigine KIT</i> 25 MG	P	
DIACOMIT CAPS	NP		<i>lamotrigine TABS</i>	P	
DIACOMIT PACK	NP		<i>lamotrigine TB24</i>	P	
ELEPSIA XR TB24	NP		<i>lamotrigine TBDP</i>	P	
EPIDIOLEX	PA	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam SOLN IV 500 MG/5ML</i>	P		SPRITAM TB3D	NP	
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	P		SUBVENITE SUSP PO 10 MG/ML	NP	
<i>levetiracetam TABS</i>	P		TEGRETOL SUSP (<i>Use carbamazepine</i>)	NP	
<i>levetiracetam TB24</i>	P		TEGRETOL TABS (<i>Use carbamazepine</i>)	NP	
LEVETIRACETAM TB3D	NP		TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	NP	
LYRICA CAPS 25 MG, 50 MG, 150 MG (<i>Use pregabalin</i>)	NF		TOPAMAX SPRINKLE CPSP (<i>Use topiramate</i>)	NP	
LYRICA CAPS (<i>Use pregabalin</i>)	P		TOPAMAX TABS 25 MG, 50 MG, 200 MG (<i>Use topiramate</i>)	NP	
LYRICA SOLN (<i>Use pregabalin</i>)	P		TOPAMAX TABS 100 MG (<i>Use topiramate</i>)	NP	QL(300 EA per fill retail; 300 per fill mail)
MOTPOLY XR CP24	NP		<i>topiramate CP24</i>	NP	
MYSOLINE (<i>Use primidone</i>)	NF		<i>topiramate CPSP 15 MG, 25 MG</i>	P	
NEURONTIN CAPS (<i>Use gabapentin</i>)	P		<i>topiramate CPSP 50 MG</i>	NP	
NEURONTIN SOLN (<i>Use gabapentin</i>)	P		<i>topiramate CS24</i>	NP	
NEURONTIN SOLN (<i>Use gabapentin</i>)	NF		<i>topiramate SOLN 25 MG/ML</i>	NP	
NEURONTIN TABS (<i>Use gabapentin</i>)	P		<i>topiramate TABS 25 MG, 50 MG, 200 MG</i>	P	
<i>oxcarbazepine SUSP</i>	P		<i>topiramate TABS 100 MG</i>	P	QL(300 EA per fill retail; 300 per fill mail)
<i>oxcarbazepine TABS</i>	P		TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	NP	
<i>oxcarbazepine TB24</i>	NP		TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	NF	
OXTELLAR XR TB24 (<i>Use oxcarbazepine</i>)	NP		TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	NP	
<i>pregabalin CAPS</i>	NP		TROKENDI XR CP24 (<i>Use topiramate</i>)	NP	
<i>pregabalin SOLN</i>	NP		TROKENDI XR CP24 25 MG, 100 MG, 200 MG (<i>Use topiramate</i>)	NF	
<i>primidone</i>	P		VIMPAT SOLN PO 10 MG/ML (<i>Use lacosamide</i>)	NP	
QUDEXY XR CS24 150 MG, 200 MG (<i>Use topiramate</i>)	NP				
QUDEXY XR CS24 25 MG, 50 MG, 100 MG (<i>Use topiramate</i>)	NF				
<i>rufinamide SUSP</i>	P				
<i>rufinamide TABS</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIMPAT TABS (<i>Use lacosamide</i>)	NP		DILANTIN	P	
ZONEGRAN CAPS 25 MG, 100 MG (<i>Use zonisamide</i>)	NF		DILANTIN (<i>Use phenytoin sodium extended</i>)	NF	
ZONISADE SUSP	NP		DILANTIN (<i>Use phenytoin sodium extended</i>)	P	
<i>zonisamide CAPS</i>	P		DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	P	
ZTALMY	PA	QL(36 ML daily); AL(At least 2 yrs old); PA	DILANTIN-125 SUSP (<i>Use phenytoin</i>)	P	
Carbamates			DILANTIN SUSP (<i>Use phenytoin</i>)	NF	
<i>felbamate SUSP</i>	NP		<i>fosphenytoin sodium 500 MG PE/10ML</i>	P	QL(100 ML per fill retail; 100 per fill mail)
<i>felbamate TABS</i>	NP		<i>fosphenytoin sodium 100 MG PE/2ML</i>	P	
FELBATOL SUSP (<i>Use felbamate</i>)	NF		<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	P	
FELBATOL TABS (<i>Use felbamate</i>)	P		<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP	
XCOPRI (250 MG DAILY DOSE) TBPk	NP		<i>phenytoin sodium SOLN</i>	P	
XCOPRI (350 MG DAILY DOSE) TBPk	NP		<i>phenytoin CHEW</i>	P	
XCOPRI TABS	NP		<i>phenytoin SUSP</i>	P	
XCOPRI TBPk	NP		Succinimides		
GABA Modulators			CELONTIN (<i>Use methsuximide</i>)	P	
SABRIL PACK (<i>Use vigabatrin</i>)	NP		<i>ethosuximide CAPS</i>	P	
SABRIL TABS (<i>Use vigabatrin</i>)	NP		<i>ethosuximide SOLN</i>	P	
<i>tiagabine hcl</i>	NP		<i>methsuximide</i>	NP	
<i>vigabatrin PACK</i>	NP		ZARONTIN CAPS (<i>Use ethosuximide</i>)	NP	
<i>vigabatrin TABS</i>	NP		ZARONTIN SOLN (<i>Use ethosuximide</i>)	NP	
VIGAFYDE SOLN	NP		Valproic Acid		
Hydantoins			DEPAKOTE ER TB24 250 MG (<i>Use divalproex sodium</i>)	NF	
CEREBYX 100 MG PE/2ML (<i>Use fosphenytoin sodium</i>)	P				
CEREBYX 500 MG PE/10ML (<i>Use fosphenytoin sodium</i>)	P	QL(100 ML per fill retail; 100 per fill mail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEPAKOTE ER TB24 (Use divalproex sodium)	NP		WELLBUTRIN SR TB12 (Use bupropion hcl)	NP	AL(At least 18 yrs old)
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	NP		WELLBUTRIN XL TB24 (Use bupropion hcl)	NF	AL(At least 18 yrs old)
DEPAKOTE TBEC (Use divalproex sodium)	NP		GABA Receptor Modulator - Neuroactive Steroid		
divalproex sodium CSDR	P		ZURZUVAE	P	AL(At least 18 yrs old)
divalproex sodium TB24	P		Monoamine Oxidase Inhibitors (MAOIs)		
divalproex sodium TBEC	P		EMSAM	P	
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	P		MARPLAN	P	
valproic acid CAPS	P		NARDIL (Use phenelzine sulfate)	NF	
ANTIDEPRESSANTS - Drugs to Treat Depression			PARNATE (Use tranylcypromine sulfate)	NF	
Alpha-2 Receptor Antagonists (Tetracyclics)			phenelzine sulfate	P	
mirtazapine TABS	P	AL(At least 18 yrs old)	tranylcypromine sulfate	P	
mirtazapine TBDP	P	AL(At least 18 yrs old)	N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
REMERON SOLTAB TBDP (Use mirtazapine)	NP	AL(At least 18 yrs old)	SPRAVATO (56 MG DOSE)	PA	AL(At least 18 yrs old); PA
REMERON TABS 15 MG, 30 MG (Use mirtazapine)	NP	AL(At least 18 yrs old)	SPRAVATO (84 MG DOSE)	PA	AL(At least 18 yrs old); PA
Antidepressant Combinations			Selective Serotonin Reuptake Inhibitors (SSRIs)		
AUVELITY	NP	AL(At least 18 yrs old)	CELEXA TABS (Use citalopram hydrobromide)	NP	AL(At least 18 yrs old)
Antidepressants - Misc.			CITALOPRAM HYDROBROMIDE CAPS	P	AL(At least 18 yrs old)
bupropion hcl TABS	P	AL(At least 18 yrs old)	citalopram hydrobromide SOLN	P	AL(At least 18 yrs old)
bupropion hcl TB12	P	AL(At least 18 yrs old)	citalopram hydrobromide TABS	P	AL(At least 18 yrs old)
bupropion hcl TB24 300 MG, 450 MG	NP	AL(At least 18 yrs old)	ESCITALOPRAM OXALATE CAPS PO 15 MG	NP	AL(At least 18 yrs old)
bupropion hcl TB24 150 MG, 300 MG	P	AL(At least 18 yrs old)	escitalopram oxalate SOLN	P	AL(At least 18 yrs old)
FORFIVO XL TB24 (Use bupropion hcl)	NP	AL(At least 18 yrs old)	escitalopram oxalate TABS	P	AL(At least 18 yrs old)
FORFIVO XL TB24 (Use bupropion hcl)	NF	AL(At least 18 yrs old)	fluoxetine hcl CAPS	P	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hcl CPDR</i>	P	AL(At least 18 yrs old)
<i>fluoxetine hcl SOLN</i>	P	AL(At least 18 yrs old)
<i>fluoxetine hcl TABS</i>	P	AL(At least 18 yrs old)
FLUOXETINE HCL TABS (Use <i>fluoxetine hcl</i>)	P	AL(At least 18 yrs old)
<i>fluvoxamine maleate CP24</i>	NP	AL(At least 18 yrs old)
<i>fluvoxamine maleate TABS</i>	P	AL(At least 18 yrs old)
LEXAPRO TABS (Use <i>escitalopram oxalate</i>)	NP	AL(At least 18 yrs old)
<i>paroxetine hcl SUSP</i>	P	AL(At least 18 yrs old)
<i>paroxetine hcl TABS</i>	P	AL(At least 18 yrs old)
<i>paroxetine hcl TB24</i>	NP	AL(At least 18 yrs old)
PAXIL CR TB24 (Use <i>paroxetine hcl</i>)	NP	AL(At least 18 yrs old)
PAXIL SUSP (Use <i>paroxetine hcl</i>)	NF	AL(At least 18 yrs old)
PAXIL TABS (Use <i>paroxetine hcl</i>)	NP	AL(At least 18 yrs old)
PROZAC CAPS (Use <i>fluoxetine hcl</i>)	NP	AL(At least 18 yrs old)
<i>sertraline hcl CAPS 150 MG, 200 MG</i>	P	AL(At least 18 yrs old)
SERTRALINE HCL CAPS 150 MG, 200 MG (Use <i>sertraline hcl</i>)	P	AL(At least 18 yrs old)
<i>sertraline hcl CONC</i>	P	AL(At least 18 yrs old)
<i>sertraline hcl TABS</i>	P	AL(At least 18 yrs old)
ZOLOFT CONC (Use <i>sertraline hcl</i>)	NP	AL(At least 18 yrs old)
ZOLOFT TABS (Use <i>sertraline hcl</i>)	NP	AL(At least 18 yrs old)
ZOLOFT TABS 25 MG (Use <i>sertraline hcl</i>)	NF	AL(At least 18 yrs old)
Serotonin Modulators		

Drug Name	Drug Tier	Requirements/ Limits
EXXUA TITRATION PACK TB24 PO 18.2 MG	NP	AL(At least 18 yrs old)
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	NP	AL(At least 18 yrs old)
<i>nefazodone hcl</i>	NP	AL(At least 18 yrs old)
RALDESY SOLN PO 10 MG/ML	NP	AL(At least 18 yrs old)
<i>trazodone hcl TABS</i>	P	AL(At least 18 yrs old)
TRINTELLIX	NP	AL(At least 18 yrs old)
VIIBRYD TABS (Use <i>vilazodone hcl</i>)	NP	AL(At least 18 yrs old)
<i>vilazodone hcl TABS</i>	P	AL(At least 18 yrs old)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP (Use <i>duloxetine hcl</i>)	NP	AL(At least 18 yrs old)
DESVENLAFAXINE ER	NP	AL(At least 18 yrs old)
<i>desvenlafaxine succinate</i>	P	AL(At least 18 yrs old)
DRIZALMA SPRINKLE CSDR	NP	AL(At least 18 yrs old)
<i>duloxetine hcl CPEP</i>	P	AL(At least 18 yrs old)
EFFEXOR XR CP24 (Use <i>venlafaxine hcl</i>)	NP	AL(At least 18 yrs old)
EFFEXOR XR CP24 (Use <i>venlafaxine hcl</i>)	NF	AL(At least 18 yrs old)
FETZIMA TITRATION C4PK	NP	AL(At least 18 yrs old)
FETZIMA CP24	NP	AL(At least 18 yrs old)
PRISTIQ (Use <i>desvenlafaxine succinate</i>)	NP	AL(At least 18 yrs old)
PRISTIQ 50 MG (Use <i>desvenlafaxine succinate</i>)	NF	AL(At least 18 yrs old)
VENLAFAXINE BESYLATE ER	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine hcl CP24</i>	P	AL(At least 18 yrs old)	Antidiabetic Combinations		
<i>venlafaxine hcl TABS</i>	P	AL(At least 18 yrs old)	ACTOPLUS MET TABS 850 MG-15 MG (<i>Use pioglitazone hcl-metformin hcl</i>)	NP	MP
<i>venlafaxine hcl TB24</i>	P	AL(At least 18 yrs old)	<i>alogliptin-metformin hcl</i>	NP	MP
Tricyclic Agents			<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	MP
<i>amitriptyline hcl TABS</i>	P		<i>dapagliflozin propanediol-metformin hcl</i>	NP	MP
<i>amoxapine</i>	P		DUETACT (<i>Use pioglitazone hcl-glimepiride</i>)	NP	MP
ANAFRANIL (<i>Use clomipramine hcl</i>)	NF		<i>glipizide-metformin hcl</i>	NP	MP
<i>clomipramine hcl</i>	P		<i>glyburide-metformin</i>	NP	MP
<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	P		GLYXAMBI	P	MP
<i>desipramine hcl TABS 25 MG</i>	P	QL(2 EA daily)	INVOKAMET XR TB24	NP	MP
<i>doxepin hcl CAPS</i>	P		INVOKAMET TABS	P	MP
<i>doxepin hcl CONC</i>	P		JANUMET XR TB24	NP	MP
<i>imipramine hcl TABS</i>	P		JANUMET TABS	NP	MP
<i>imipramine pamoate</i>	P		JENTADUETO XR TB24	P	MP
NORPRAMIN TABS 25 MG (<i>Use desipramine hcl</i>)	NF	QL(2 EA daily)	JENTADUETO TABS	P	MP
NORPRAMIN TABS 10 MG (<i>Use desipramine hcl</i>)	NF		KOMBIGLYZE XR (<i>Use saxagliptin-metformin hcl</i>)	NF	
<i>nortriptyline hcl CAPS</i>	P		<i>pioglitazone hcl-glimepiride</i>	NP	MP
<i>nortriptyline hcl SOLN</i>	P	QL(20 ML daily)	<i>pioglitazone hcl-metformin hcl TABS</i>	NP	MP
PAMELOR CAPS (<i>Use nortriptyline hcl</i>)	NF		QTERN	NP	MP
<i>protriptyline hcl</i>	P		<i>saxagliptin-metformin hcl</i>	NP	MP
<i>trimipramine maleate CAPS</i>	P		SEGLUROMET	NP	MP
ANTIDIABETICS - Drugs to Regulate Blood Sugar			SITAGLIPT BASE-METFORM HCL ER TB24	NP	MP
Alpha-Glucosidase Inhibitors			SITAGLIPTIN BASE-METFORMIN HCL TABS	NP	MP
<i>acarbose</i>	P	MP	SOLQUA	NP	QL(0.6 ML daily); AL(At least 18 yrs old); MP
<i>miglitol</i>	P	MP			
Antidiabetic - Amylin Analogs					
SYMLINPEN 120 SOPN	PA	MP; PA			
SYMLINPEN 60 SOPN	PA	MP; PA			

Drug Name	Drug Tier	Requirements/Limits
STEGLUJAN	NP	MP
SYNJARDY XR TB24	P	MP
SYNJARDY TABS	P	MP
TRIJARDY XR	NP	MP
XIGDUO XR	P	MP
XIGDUO XR (Use dapagliflozin propanediol-metformin hcl)	P	MP
XULTOPHY	NP	QL(0.5 ML daily); AL(At least 18 yrs old); MP
ZITUVIMET XR TB24	P	MP
ZITUVIMET TABS	P	MP
Antidiabetic-Antibodies		
TZIELD	PA	QL(48 ML per 14 day(s) retail; 48 ML per 14 days mail); AL(At least 8 yrs old); PA
Biguanides		
GLUMETZA TB24 (Use metformin hcl)	NF	
metformin hcl SOLN	PA	MP; PA
metformin hcl TABS 500 MG, 850 MG, 1000 MG	P	MP
metformin hcl TB24 500 MG, 1000 MG	NP	MP
metformin hcl TB24	P	MP
RIOMET SOLN (Use metformin hcl)	NP	MP
Diabetic Other		
BAQSIMI ONE PACK POWD	P	
BAQSIMI TWO PACK POWD	P	
dextrose (diabetic use) CHEW 4 GM	P	QL(1.67 EA daily)
dextrose (diabetic use) GEL	P	

Drug Name	Drug Tier	Requirements/Limits
diazoxide	P	
GLUCAGON EMERGENCY	NP	
GLUCAGON EMERGENCY SOLR IJ 1 MG (Use glucagon)	NF	
glucagon SOLR IJ 1 MG	P	
glucagon SOLR IJ 1 MG	NP	
GVOKE HYPOPEN 1-PACK SOAJ	NP	
GVOKE HYPOPEN 2-PACK SOAJ	NP	
GVOKE KIT SOLN	P	
GVOKE PFS SOSY 1 MG/0.2ML	P	
PROGLYCEM (Use diazoxide)	NF	
TRUEPLUS GLUCOSE ON THE GO CHEW	P	QL(1.67 EA daily)
TRUEPLUS GLUCOSE CHEW	P	QL(1.67 EA daily)
ZEGALOGUE SOAJ	P	
ZEGALOGUE SOSY	P	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	NP	MP
BRYNOVIN SOLN PO 25 MG/ML	NP	
JANUVIA	NP	MP
ONGLYZA (Use saxagliptin hcl)	NF	
saxagliptin hcl	NP	MP
SITAGLIPTIN	P	MP
TRADJENTA	P	MP
ZITUVIO	NP	MP
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	NP	MP
Incretin Mimetic Agents		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BYDUREON BCISE AUIJ	NP	QL(0.13 ML daily); AL(At least 10 yrs old); MP	VICTOZA (Use liraglutide)	PA	QL(0.3 ML daily); AL(At least 10 yrs old); MP; PA
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (Use exenatide)	PA	QL(0.08 ML daily); AL(At least 18 yrs old); MP; PA	Insulin		
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (Use exenatide)	PA	QL(0.08 ML daily); AL(At least 18 yrs old); MP; PA	ADMELOG SOLOSTAR SOPN	NP	MP
exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML	NP	QL(0.08 ML daily); AL(At least 18 yrs old); MP	ADMELOG SOLN IJ	NP	MP
liraglutide	NP	QL(0.3 ML daily); AL(At least 10 yrs old); MP	AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	
MOUNJARO 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML, 10 MG/0.5ML	NP	QL(0.072 ML daily); AL(At least 10 yrs old); MP	APIDRA SOLOSTAR SOPN	NP	MP
MOUNJARO 12.5 MG/0.5ML, 15 MG/0.5ML	NP	QL(0.072 ML daily); AL(At least 18 yrs old); MP	APIDRA SOLN	NP	MP
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	PA	QL(0.108 ML daily); AL(At least 18 yrs old); MP; PA	BASAGLAR KWIKPEN SOPN	NP	MP
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	PA	QL(0.108 ML daily); AL(At least 18 yrs old); MP; PA	FIASP FLEXTOUCH SOPN	NP	MP
OZEMPIC (2 MG/DOSE) SOPN	PA	QL(0.108 ML daily); AL(At least 18 yrs old); MP; PA	FIASP PENFILL SOCT	NP	MP
RYBELSUS TABS	PA	QL(1 EA daily); AL(At least 18 yrs old); MP; PA	FIASP PUMPCART SOCT	NP	
TRULICITY	PA	QL(0.072 ML daily); AL(At least 10 yrs old); MP; PA	FIASP SOLN	NP	MP
			HUMALOG JUNIOR KWIKPEN SOPN	NP	MP
			HUMALOG KWIKPEN SOPN	NP	MP
			HUMALOG MIX 50/50 KWIKPEN SUPN	P	MP
			HUMALOG MIX 75/25 KWIKPEN SUPN	NP	MP
			HUMALOG MIX 75/25 SUSP	P	MP
			HUMALOG TEMPO PEN SOPN	NP	MP
			HUMALOG SOCT	NP	MP
			HUMALOG SOLN IJ	NP	MP
			HUMULIN 70/30 KWIKPEN SUPN	P	MP
			HUMULIN 70/30 SUSP	P	MP
			HUMULIN N KWIKPEN SUPN	P	MP
			HUMULIN N SUSP	P	MP

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

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG MIX 70/30 FLEXPEN SUPN	P	MP
NOVOLOG MIX 70/30 RELION SUSP	P	MP
NOVOLOG MIX 70/30 SUSP	P	MP
NOVOLOG PENFILL SOCT	P	MP
NOVOLOG RELION SOLN IJ	P	MP
NOVOLOG SOLN IJ	P	MP
REZVOGLAR KWIKPEN	NP	
SEMGLEE (YFGN) SOLN	NP	MP
SEMGLEE (YFGN) SOPN	NP	MP
TOUJEO MAX SOLOSTAR SOPN	P	MP
TOUJEO SOLOSTAR SOPN	P	MP
TRESIBA FLEXTOUCH SOPN	P	MP
TRESIBA SOLN	P	MP
Insulin Sensitizing Agents		
ACTOS (Use pioglitazone hcl)	NP	MP
pioglitazone hcl	P	MP
Meglitinide Analogues		
nateglinide	NP	MP
repaglinide	P	MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol	NP	MP
FARXIGA (Use dapagliflozin propanediol)	P	MP
INVOKANA	P	MP
JARDIANCE	P	MP
STEGLATRO	NP	MP
Sulfonylureas		

Drug Name	Drug Tier	Requirements/ Limits
glimepiride 1 MG, 2 MG, 4 MG	P	MP
glipizide TABS	P	MP
glipizide TB24	P	MP
GLUCOTROL XL TB24 2.5 MG (Use glipizide)	NF	MP
GLUCOTROL XL TB24 5 MG, 10 MG (Use glipizide)	NP	MP
glyburide micronized 1.5 MG, 3 MG, 6 MG	P	MP
glyburide TABS	P	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW 262 MG	P	
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	P	
bismuth subsalicylate TABS	P	
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	P	
diphenoxylate w/ atropine TABS	P	
LOMOTIL TABS (Use diphenoxylate w/ atropine)	NF	
loperamide hcl CAPS	P	QL(8 EA daily); RX/OTC
loperamide hcl TABS	P	QL(8 EA daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
deferasirox TABS	P	SP; PA
JADENU TABS (Use deferasirox)	NF	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antidotes and Specific Antagonists			<i>ondansetron hcl SOSY</i>	P	QL(8 ML per fill retail; 8 per fill mail)
SM IPECAC SYRUP	P		<i>ondansetron hcl TABS 24 MG</i>	P	QL(1 EA per 14 day(s) retail; 1 EA per 14 days mail)
Opioid Antagonists			<i>ondansetron hcl TABS 4 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)
KLOXXADO LIQD	P		<i>ondansetron hcl TABS 8 MG</i>	P	QL(6 EA per fill retail; 6 per fill mail)
<i>naloxone hcl LIQD</i>	P	RX/OTC	<i>ondansetron TBDP 4 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)
<i>naloxone hcl SOCT</i>	P	QL(5 ML per fill retail; 5 per fill mail)	<i>ondansetron TBDP 16 MG</i>	NP	QL(3 EA per fill retail; 3 per fill mail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(5 ML per fill retail; 5 per fill mail)	<i>ondansetron TBDP 8 MG</i>	P	QL(6 EA per fill retail; 6 per fill mail)
<i>naloxone hcl SOSY 2 MG/2ML</i>	P		SANCUSO PTCH	NP	QL(1 EA per fill retail; 1 per fill mail)
<i>naloxone hcl SOSY 0.4 MG/ML</i>	P	QL(5 ML per fill retail; 5 per fill mail)	Antiemetics - Anticholinergic		
<i>naltrexone hcl</i>	P		ANTIVERT CHEW (<i>Use meclizine hcl</i>)	NF	RX/OTC
NARCAN LIQD (<i>Use naloxone hcl</i>)	P	RX/OTC	ANTIVERT TABS 50 MG (<i>Use meclizine hcl</i>)	NF	
OPVEE NA	NP		<i>dimenhydrinate TABS</i>	P	
REXTOVY LIQD	NP		<i>meclizine hcl CHEW</i>	P	RX/OTC
VIVITROL	PA	PA	<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC
ZURNAI IJ 1.5 MG/0.5ML	NP		Antiemetics - Miscellaneous		
ANTIEMETICS - Drugs to Treat Nausea and Vomiting			AKYNZEO	NP	
5-HT3 Receptor Antagonists			BONJESTA TBCR	P	
ANZEMET TABS 50 MG	NP	QL(4 EA per fill retail; 4 per fill mail)	DICLEGIS TBEC (<i>Use doxylamine-pyridoxine</i>)	P	
<i>granisetron hcl TABS</i>	P	QL(2 EA per fill retail; 2 per fill mail)	<i>doxylamine-pyridoxine TBEC</i>	NP	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per fill retail; 50 per fill mail)	<i>dronabinol CAPS</i>	PA	PA
<i>ondansetron hcl SOLN IJ 40 MG/20ML</i>	P	QL(20 ML per fill retail; 20 per fill mail)	MARINOL CAPS 2.5 MG (<i>Use dronabinol</i>)	PA	PA
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	P	QL(8 ML per fill retail; 8 per fill mail)			

Drug Name	Drug Tier	Requirements/ Limits
MARINOL CAPS 5 MG, 10 MG (<i>Use dronabinol</i>)	NF	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	NP	QL(1 ML per fill retail; 1 per fill mail)
<i>aprepitant CAPS 125 MG</i>	P	QL(1 EA per fill retail; 1 per fill mail)
<i>aprepitant CAPS</i>	NP	QL(3 EA per fill retail; 3 per fill mail)
<i>aprepitant CAPS 40 MG, 80 MG</i>	P	QL(2 EA per fill retail; 2 per fill mail)
CINVANTI EMUL	NP	QL(1 ML per fill retail; 1 per fill mail)
EMEND BIPACK CAPS 80 MG (<i>Use aprepitant</i>)	NP	QL(2 EA per fill retail; 2 per fill mail)
EMEND TRIPACK CAPS (<i>Use aprepitant</i>)	NP	QL(3 EA per fill retail; 3 per fill mail)
EMEND SOLR (<i>Use fosaprepitant dimeglumine</i>)	NP	QL(1 EA per fill retail; 1 per fill mail)
EMEND SUSR	NP	QL(1 EA per fill retail; 1 per fill mail)
FOCINVEZ SOLN	NP	QL(1 ML per fill retail; 1 per fill mail)
<i>fosaprepitant dimeglumine SOLR</i>	P	QL(1 EA per fill retail; 1 per fill mail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize SUSP</i>	P	
<i>griseofulvin microsize TABS</i>	P	
<i>griseofulvin ultramicrosize</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
GRISEOFULVIN ULTRAMICROSIZE 165 MG	P	
<i>nystatin TABS</i>	P	QL(6 EA daily)
Imidazole-Related Antifungals		
<i>DIFLUCAN SUSR (Use fluconazole)</i>	NF	QL(70 ML per fill retail; 70 per fill mail)
<i>DIFLUCAN TABS 200 MG (Use fluconazole)</i>	NF	QL(2 EA daily)
<i>DIFLUCAN TABS 150 MG (Use fluconazole)</i>	NF	QL(2 EA per fill retail; 2 per fill mail)
<i>DIFLUCAN TABS 100 MG (Use fluconazole)</i>	NF	QL(1 EA daily)
<i>fluconazole SUSR</i>	P	QL(70 ML per fill retail; 70 per fill mail)
<i>fluconazole TABS 200 MG</i>	P	QL(2 EA daily)
<i>fluconazole TABS 150 MG</i>	P	QL(2 EA per fill retail; 2 per fill mail)
<i>fluconazole TABS 50 MG</i>	P	QL(7 EA per fill retail; 7 per fill mail)
<i>fluconazole TABS 100 MG</i>	P	QL(1 EA daily)
VIVJOA	PA	QL(18 EA per fill retail; 18 per fill mail); PA
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	P	QL(60 ML daily)
<i>chlorpheniramine maleate TABS</i>	P	QL(120 EA per fill retail; 120 per fill mail)
<i>dexchlorpheniramine maleate SOLN</i>	P	
Antihistamines - Ethanolamines		
<i>CLEMASZ TABS 2.68 MG (Use clemastine fumarate)</i>	NF	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	QL(2 EA daily)	<i>fexofenadine hcl TABS 60 MG, 180 MG</i>	NP	
<i>diphenhydramine hcl CAPS</i>	P	QL(4 EA daily)	<i>levocetirizine dihydrochloride SOLN</i>	P	RX/OTC
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)	<i>levocetirizine dihydrochloride TABS</i>	P	RX/OTC
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)	<i>loratadine CHEW</i>	P	
Antihistamines - Non-Sedating			<i>loratadine SOLN</i>	P	
ALLEGRA ALLERGY TABS (Use <i>fexofenadine hcl</i>)	NF		<i>loratadine TABS</i>	P	
<i>cetirizine hcl CAPS</i>	NP		<i>loratadine TBDP 10 MG</i>	P	
<i>cetirizine hcl CHEW</i>	P		ZYRTEC ALLERGY CAPS (Use <i>cetirizine hcl</i>)	NF	
<i>cetirizine hcl SOLN PO</i>	P	RX/OTC	ZYRTEC ALLERGY TABS (Use <i>cetirizine hcl</i>)	NF	
<i>cetirizine hcl TABS</i>	P		Antihistamines - Phenothiazines		
CLARINEX TABS (Use <i>desloratadine</i>)	NF		<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 2 yrs old)
CLARINEX TABS (Use <i>desloratadine</i>)	NP		<i>promethazine hcl SUPP</i>	P	QL(12 EA per fill retail; 12 per fill mail); AL(At least 2 yrs old)
CLARITIN ALLERGY CHILDRENS SOLN (Use <i>loratadine</i>)	NF		<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)
CLARITIN CHILDRENS CHEW (Use <i>loratadine</i>)	NF		Antihistamines - Piperidines		
CLARITIN REDITABS TBDP (Use <i>loratadine</i>)	NF		<i>ciproheptadine hcl SYRP</i>	P	
CLARITIN REDITABS TBDP (Use <i>loratadine</i>)	NF		<i>ciproheptadine hcl TABS</i>	P	
CLARITIN CHEW (Use <i>loratadine</i>)	NF		ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
CLARITIN SOLN (Use <i>loratadine</i>)	NF		Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
CLARITIN TABS (Use <i>loratadine</i>)	NF		NEXLETOL	NP	
DESLORATADINE SOLN PO 0.5 MG/ML	NP		Angiopoietin-like Protein Inhibitors		
<i>desloratadine TABS</i>	NP		EVKEEZA 345 MG/2.3ML	PA	QL(4.6 ML per fill retail; 4.6 per fill mail); AL(At least 5 yrs old); PA
<i>desloratadine TBDP</i>	NP				
<i>fexofenadine hcl SUSP</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits
EVKEEZA 1200 MG/8ML	PA	QL(8 ML per fill retail; 8 per fill mail); AL(At least 5 yrs old); PA
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	P	MP
NEXLIZET	NP	
VYTORIN (Use <i>ezetimibe-simvastatin</i>)	NP	MP
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	NP	
LOVAZA (Use <i>omega-3-acid ethyl esters</i>)	NF	
<i>omega-3-acid ethyl esters</i>	P	
VASCEPA (Use <i>icosapent ethyl</i>)	NF	
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	NP	
<i>cholestyramine light PACK</i>	P	
<i>cholestyramine light POWD</i>	NP	
<i>cholestyramine light POWD</i>	P	
<i>cholestyramine PACK</i>	P	
<i>cholestyramine POWD</i>	P	
<i>colesevelam hcl PACK</i>	P	
<i>colesevelam hcl TABS</i>	P	
COLESTID FLAVORED GRAN (Use <i>colestipol hcl</i>)	NF	
COLESTID FLAVORED PACK (Use <i>colestipol hcl</i>)	NF	
COLESTID GRAN (Use <i>colestipol hcl</i>)	NP	
COLESTID PACK (Use <i>colestipol hcl</i>)	NF	
COLESTID TABS (Use <i>colestipol hcl</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>colestipol hcl GRAN</i>	P	
<i>colestipol hcl PACK</i>	P	
<i>colestipol hcl TABS</i>	P	
QUESTRAN LIGHT POWD (Use <i>cholestyramine light</i>)	NP	
QUESTRAN PACK (Use <i>cholestyramine</i>)	NP	
QUESTRAN POWD (Use <i>cholestyramine</i>)	NP	
WELCHOL PACK (Use <i>colesevelam hcl</i>)	NP	
WELCHOL TABS (Use <i>colesevelam hcl</i>)	NP	
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	P	
<i>fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG</i>	P	
<i>fenofibrate CAPS</i>	NP	
<i>fenofibrate TABS 40 MG, 120 MG</i>	NP	
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	P	
<i>fenofibric acid</i>	NP	
FENOGLIDE TABS (Use <i>fenofibrate</i>)	NF	
FIBRICOR 35 MG (Use <i>fenofibric acid</i>)	NF	
FIBRICOR 105 MG (Use <i>fenofibric acid</i>)	NP	
<i>gemfibrozil TABS</i>	P	
LIPOFEN CAPS (Use <i>fenofibrate</i>)	P	
LOPID TABS (Use <i>gemfibrozil</i>)	NP	
TRICOR TABS (Use <i>fenofibrate</i>)	NP	
TRILIPIX (Use <i>choline fenofibrate</i>)	NF	
HMG CoA Reductase Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	MP
ATORVALIQ SUSP	NP	MP
<i>atorvastatin calcium TABS</i>	P	MP
CRESTOR TABS 10 MG (<i>Use rosuvastatin calcium</i>)	NP	QL(2 EA daily); MP
CRESTOR TABS 20 MG, 40 MG (<i>Use rosuvastatin calcium</i>)	NP	QL(1 EA daily); MP
CRESTOR TABS 5 MG (<i>Use rosuvastatin calcium</i>)	NP	MP
<i>fluvastatin sodium CAPS</i>	NP	MP
<i>fluvastatin sodium TB24</i>	NP	MP
LESCOL XL TB24 (<i>Use fluvastatin sodium</i>)	NP	MP
LESCOL XL TB24 (<i>Use fluvastatin sodium</i>)	NF	
LIPITOR TABS (<i>Use atorvastatin calcium</i>)	NF	
LIPITOR TABS (<i>Use atorvastatin calcium</i>)	NP	MP
LIVALO (<i>Use pitavastatin calcium</i>)	NP	MP
<i>lovastatin TABS</i>	P	MP
<i>pitavastatin calcium</i>	NP	MP
<i>pravastatin sodium</i>	P	MP
<i>rosuvastatin calcium TABS 10 MG</i>	P	QL(2 EA daily); MP
<i>rosuvastatin calcium TABS 20 MG, 40 MG</i>	P	QL(1 EA daily); MP
<i>rosuvastatin calcium TABS 5 MG</i>	P	MP
<i>simvastatin TABS</i>	P	MP
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>Use simvastatin</i>)	NP	MP
ZYPITAMAG 2 MG, 4 MG	NP	MP
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
ZETIA (<i>Use ezetimibe</i>)	NP	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TABS</i>	P	
<i>niacin (antihyperlipidemic) TBCR</i>	P	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	NP	
PRALUENT SOAJ	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
REPATHA PUSHTRONEX SYSTEM SOCT	PA	QL(3.5 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
REPATHA SURECLICK SOAJ	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
REPATHA SOSY	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (<i>Use quinapril hcl</i>)	NP	MP
ALTACE CAPS 1.25 MG, 5 MG (<i>Use ramipril</i>)	NP	MP
ALTACE CAPS 10 MG (<i>Use ramipril</i>)	NF	
<i>benazepril hcl</i>	P	MP
<i>captopril</i>	P	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>enalapril maleate SOLN</i>	P	AL(Up to 10 yrs old); MP	MICARDIS 20 MG (<i>Use telmisartan</i>)	NF	
<i>enalapril maleate TABS</i>	P	MP	MICARDIS 40 MG, 80 MG (<i>Use telmisartan</i>)	NP	MP
EPANED SOLN (<i>Use enalapril maleate</i>)	NP	AL(Up to 10 yrs old); MP	<i>olmesartan medoxomil</i>	P	MP
<i>fosinopril sodium</i>	NP	MP	<i>telmisartan</i>	NP	MP
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	MP	<i>valsartan SOLN</i>	P	MP
LOTENSIN 10 MG, 20 MG, 40 MG (<i>Use benazepril hcl</i>)	NP	MP	<i>valsartan TABS</i>	P	MP
<i>moexipril hcl</i>	NP	MP	Antiadrenergic Antihypertensives		
<i>perindopril erbumine</i>	NP	MP	CARDURA (<i>Use doxazosin mesylate</i>)	NP	MP
QBRELIS SOLN	NP	MP	CARDURA 8 MG (<i>Use doxazosin mesylate</i>)	NF	
<i>quinapril hcl</i>	NP	MP	CATAPRES-TTS-1 PTWK (<i>Use clonidine</i>)	NF	
<i>ramipril CAPS</i>	P	MP	CATAPRES-TTS-2 PTWK (<i>Use clonidine</i>)	NF	
<i>trandolapril</i>	NP	MP	CATAPRES-TTS-3 PTWK (<i>Use clonidine</i>)	NF	
VASOTEC TABS (<i>Use enalapril maleate</i>)	NF		<i>clonidine hcl TABS</i>	P	
ZESTRIL TABS (<i>Use lisinopril</i>)	NF		<i>clonidine PTWK</i>	P	
ZESTRIL TABS (<i>Use lisinopril</i>)	NP	MP	<i>doxazosin mesylate</i>	P	MP
Angiotensin II Receptor Antagonists			<i>guanfacine hcl</i>	P	
ARBLI PO 10 MG/ML	NP	MP	<i>methyldopa TABS</i>	P	
ATACAND (<i>Use candesartan cilexetil</i>)	NP	MP	MINIPRESS CAPS (<i>Use prazosin hcl</i>)	NF	MP
AVAPRO 150 MG, 300 MG (<i>Use irbesartan</i>)	NP	MP	<i>prazosin hcl CAPS</i>	NP	MP
BENICAR (<i>Use olmesartan medoxomil</i>)	NP	MP	<i>terazosin hcl</i>	P	MP
<i>candesartan cilexetil</i>	NP	MP	TEZRULY PO 1 MG/ML	NP	MP
COZAAR (<i>Use losartan potassium</i>)	NP	MP	Antihypertensive Combinations		
DIOVAN TABS (<i>Use valsartan</i>)	NP	MP	ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	MP
EDARBI	NP	MP	<i>amlodipine besylate-benazepril hcl</i>	P	MP
<i>irbesartan</i>	NP	MP	<i>amlodipine besylate-olmesartan medoxomil</i>	P	MP
<i>losartan potassium</i>	P	MP	<i>amlodipine besylate-valsartan</i>	P	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine-valsartan-hydrochlorothiazide</i>	NP	MP	<i>lisinopril & hydrochlorothiazide</i>	P	MP
ATACAND HCT (Use <i>candesartan cilexetil-hydrochlorothiazide</i>)	NP	MP	<i>losartan potassium & hydrochlorothiazide</i>	P	MP
<i>atenolol & chlorthalidone</i>	P	MP	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use <i>benazepril & hydrochlorothiazide</i>)	NP	MP
AVALIDE (Use <i>irbesartan-hydrochlorothiazide</i>)	NP	MP	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use <i>amlodipine besylate-benazepril hcl</i>)	NP	MP
AZOR (Use <i>amlodipine besylate-olmesartan medoxomil</i>)	NP	MP	<i>metoprolol & hydrochlorothiazide TABS</i>	NP	MP
<i>benazepril & hydrochlorothiazide</i>	P	MP	MICARDIS HCT (Use <i>telmisartan-hydrochlorothiazide</i>)	NP	MP
BENICAR HCT (Use <i>olmesartan medoxomil-hydrochlorothiazide</i>)	NP	MP	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP	MP
<i>bisoprolol & hydrochlorothiazide</i>	P	MP	<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	MP
<i>candesartan cilexetil-hydrochlorothiazide</i>	NP	MP	<i>quinapril-hydrochlorothiazide</i>	NP	MP
<i>captopril & hydrochlorothiazide</i>	P	MP	TEKTURNA HCT	P	
DIOVAN HCT (Use <i>valsartan-hydrochlorothiazide</i>)	NP	MP	<i>telmisartan-amlodipine</i>	NP	MP
EDARBYCLOR	NP	MP	<i>telmisartan-hydrochlorothiazide</i>	NP	MP
<i>enalapril maleate & hydrochlorothiazide</i>	P	MP	TENORETIC 100 (Use <i>atenolol & chlorthalidone</i>)	NF	
EXFORGE (Use <i>amlodipine besylate-valsartan</i>)	NP	MP	TENORETIC 100 (Use <i>atenolol & chlorthalidone</i>)	NP	MP
EXFORGE HCT (Use <i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	MP	TENORETIC 50 (Use <i>atenolol & chlorthalidone</i>)	NF	
<i>fosinopril sodium & hydrochlorothiazide</i>	NP	MP	TENORETIC 50 (Use <i>atenolol & chlorthalidone</i>)	NP	MP
HYZAAR (Use <i>losartan potassium & hydrochlorothiazide</i>)	NP	MP	<i>trandolapril-verapamil hcl</i>	NP	MP
<i>irbesartan-hydrochlorothiazide</i>	NP	MP	TRIBENZOR (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan-hydrochlorothiazide</i>	P	MP
VASERETIC 25 MG-10 MG (Use <i>enalapril maleate & hydrochlorothiazide</i>)	NF	
ZESTORETIC (Use <i>lisinopril & hydrochlorothiazide</i>)	NP	MP
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	P	
TEKTURN (Use <i>aliskiren fumarate</i>)	NF	
Vasodilators		
<i>hydralazine hcl TABS</i>	P	
<i>minoxidil 2.5 MG, 10 MG</i>	P	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole TABS</i>	P	
<i>trimethoprim TABS</i>	P	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use <i>sulfamethoxazole-trimethoprim</i>)	NF	
BACTRIM TABS (Use <i>sulfamethoxazole-trimethoprim</i>)	NF	
<i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS 81.6 MG</i>	P	
<i>sulfamethoxazole-trimethoprim SUSP</i>	P	
<i>sulfamethoxazole-trimethoprim TABS</i>	P	
URETRON D/S TABS 81.6 MG	P	
Glycopeptides		

Drug Name	Drug Tier	Requirements/ Limits
FIRVANQ SOLR PO (Use <i>vancomycin hcl</i>)	NF	QL(300 ML per fill retail; 300 per fill mail)
VANCOCIN CAPS 125 MG (Use <i>vancomycin hcl</i>)	NF	QL(4 EA daily)
VANCOCIN CAPS 250 MG (Use <i>vancomycin hcl</i>)	NF	QL(8 EA daily)
<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 EA daily)
<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 EA daily)
<i>vancomycin hcl SOLR IV 1 GM</i>	P	QL(14 EA per fill retail; 14 per fill mail)
<i>vancomycin hcl SOLR IV 500 MG</i>	P	QL(0.467 EA daily)
<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	P	QL(300 ML per fill retail; 300 per fill mail)
VANCOMYCIN HCL SOLR IV 500 MG	P	QL(0.467 EA daily)
VANCOMYCIN HCL SOLR IV 1 GM	P	QL(14 EA per fill retail; 14 per fill mail)
Leprostatics		
<i>dapsone</i>	P	
Lincosamides		
CLEOCIN (Use <i>clindamycin palmitate hydrochloride</i>)	NF	QL(100 ML per fill retail; 100 per fill mail)
<i>clindamycin hcl 150 MG, 300 MG</i>	P	
<i>clindamycin palmitate hydrochloride</i>	P	QL(100 ML per fill retail; 100 per fill mail)
Monobactams		
CAYSTON	PA	AL(At least 7 yrs old); PA
Oxazolidinones		
<i>linezolid SOLN</i>	PA	PA
<i>linezolid SUSR</i>	PA	PA
<i>linezolid TABS</i>	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
SIVEXTRO SOLR	PA	PA
SIVEXTRO TABS	PA	PA
ZYVOX SOLN (Use linezolid)	NF	
ZYVOX SUSR (Use linezolid)	PA	PA
ZYVOX TABS (Use linezolid)	PA	PA
Urinary Anti-infectives		
MACROBID (Use nitrofurantoin monohyd macro)	NF	
MACRODANTIN (Use nitrofurantoin macrocrystal)	NF	
methenamine mandelate	P	
nitrofurantoin	PA	PA
nitrofurantoin macrocrystal 50 MG, 100 MG	P	
nitrofurantoin monohyd macro	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	P	QL(24 EA per fill retail; 24 per fill mail)
Antimalarials		
chloroquine phosphate TABS 500 MG	P	QL(8 EA per 56 day(s) retail; 8 EA per 56 days mail)
chloroquine phosphate TABS 250 MG	P	QL(2 EA daily)
hydroxychloroquine sulfate 200 MG	P	
KRINTAFEL	P	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
mefloquine hcl	P	
PLAQUENIL (Use hydroxychloroquine sulfate)	NF	
primaquine phosphate TABS	P	
PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)	NF	
SOVUNA 200 MG	P	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS (Use pyridostigmine bromide)	NF	
MESTINON TBCR (Use pyridostigmine bromide)	NF	
pyridostigmine bromide TABS 60 MG	P	
pyridostigmine bromide TBCR	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
ethambutol hcl TABS	P	
isoniazid SYRP	P	
isoniazid TABS	P	
MYAMBUTOL TABS 400 MG (Use ethambutol hcl)	NF	
MYCOBUTIN (Use rifabutin)	NF	
pyrazinamide	P	
rifabutin	P	
rifampin CAPS	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
cyclophosphamide CAPS	PA	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CYCLOPHOSPHAMIDE TABS 50 MG	PA	PA	LENVIMA (12 MG DAILY DOSE)	PA	PA
GLEOSTINE (<i>Use lomustine</i>)	NF		LENVIMA (14 MG DAILY DOSE)	PA	PA
LEUKERAN	P		LENVIMA (18 MG DAILY DOSE)	PA	PA
<i>lomustine</i>	PA	PA	LENVIMA (20 MG DAILY DOSE)	PA	PA
MYLERAN TABS	P		LENVIMA (24 MG DAILY DOSE)	PA	PA
TEMODAR SOLR	P	SP; PA	LENVIMA (4 MG DAILY DOSE)	PA	PA
<i>temozolomide CAPS</i>	PA	PA	LENVIMA (8 MG DAILY DOSE)	PA	PA
Antimetabolites			Antineoplastic - Antibodies		
<i>capecitabine</i>	PA	PA	LOQTORZI	P	SP; PA
JYLAMVO SOLN PO	PA	PA	Antineoplastic - Anti-HER2 Agents		
<i>mercaptopurine SUSP 2000 MG/100ML</i>	PA	PA	HERNEXEOS TABS PO 60 MG	PA	PA
<i>mercaptopurine TABS</i>	PA	PA	TUKYSA	PA	PA
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P		Antineoplastic - BCL-2 Inhibitors		
<i>methotrexate sodium TABS 2.5 MG</i>	PA	PA	VENCLEXTA STARTING PACK TBPk	PA	PA
ONUREG TABS	PA	PA	VENCLEXTA TABS	PA	PA
PURIXAN SUSP 2000 MG/100ML (<i>Use mercaptopurine</i>)	NF		Antineoplastic - EGFR Inhibitors		
PURIXAN SUSP 2000 MG/100ML (<i>Use mercaptopurine</i>)	PA	PA	<i>erlotinib hcl</i>	PA	PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	PA	PA	<i>gefitinib</i>	PA	PA
XATMEP SOLN PO	PA	PA	GILOTRIF	PA	PA
XELODA (<i>Use capecitabine</i>)	NF		IRESSA (<i>Use gefitinib</i>)	PA	PA
XELODA (<i>Use capecitabine</i>)	PA	PA	LAZCLUZE	PA	PA
Antineoplastic - Angiogenesis Inhibitors			TAGRISSO	PA	PA
FRUZAQLA	PA	PA	TARCEVA (<i>Use erlotinib hcl</i>)	NF	
INLYTA	PA	PA	VIZIMPRO	PA	PA
LENVIMA (10 MG DAILY DOSE)	PA	PA	Antineoplastic - Hedgehog Pathway Inhibitors		
			DAURISMO	PA	PA
			ERIVEDGE	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
ODOMZO	PA	PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	PA	PA
AKEEGA	PA	PA
<i>anastrozole</i>	PA	PA
ARIMIDEX (<i>Use anastrozole</i>)	PA	PA
AROMASIN (<i>Use exemestane</i>)	PA	PA
<i>bicalutamide</i>	PA	PA
CAMCEVI	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA
CASODEX (<i>Use bicalutamide</i>)	PA	PA
ELIGARD SC 30 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 120 day(s) retail; 1 EA per 120 days mail); PA
ELIGARD SC 45 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA
ELIGARD KIT SC 7.5 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA

Drug Name	Drug Tier	Requirements/ Limits
ELIGARD KIT SC 22.5 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA
EMCYT	P	SP
ERLEADA	PA	PA
EULEXIN	P	
<i>exemestane</i>	PA	PA
FARESTON (<i>Use toremifene citrate</i>)	PA	MP; PA
FEMARA (<i>Use letrozole</i>)	PA	PA
INLURIYO TABS PO 200 MG	PA	PA
<i>letrozole</i>	PA	PA
<i>leuprolide acetate (3 month) INJ 22.5 MG</i>	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	PA	Maximum 180 day supply allowed; QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); PA
LUPRON DEPOT (1-MONTH) KIT IM	PA	Maximum 180 day supply allowed; QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
LUPRON DEPOT (3-MONTH) KIT IM	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (4-MONTH) IM	PA	Maximum 180 day supply allowed; QL(1 EA per 120 day(s) retail; 1 EA per 120 days mail); PA	Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
			WELIREG	PA	PA
			Antineoplastic - Immunomodulators		
			POMALYST	PA	PA
LUPRON DEPOT (6-MONTH) IM	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA	Antineoplastic - Menin Inhibitors		
			KOMZIFTI CAPS PO 200 MG	PA	PA
			REVUFORJ	PA	PA
LUTRATE DEPOT INJ 22.5 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA	Antineoplastic - PDGFR-alpha Inhibitors		
			AYVAKIT	PA	PA
			Antineoplastic - Protease Activators		
			MODEYSO CAPS PO 125 MG	PA	PA
LYSODREN	PA	PA	Antineoplastic - XPO1 Inhibitors		
<i>megestrol acetate SUSP</i>	P		XPOVIO (100 MG ONCE WEEKLY) 50 MG	PA	PA
<i>megestrol acetate TABS</i>	PA	PA	XPOVIO (40 MG ONCE WEEKLY)	PA	PA
NILANDRON (<i>Use nilutamide</i>)	NF		XPOVIO (40 MG TWICE WEEKLY) 40 MG	PA	PA
<i>nilutamide</i>	PA	PA	XPOVIO (60 MG ONCE WEEKLY) 60 MG	PA	PA
NUBEQA	PA	PA	XPOVIO (60 MG TWICE WEEKLY)	PA	PA
ORGOVYX	PA	PA	XPOVIO (80 MG ONCE WEEKLY) 80 MG	PA	SP; PA
ORSERDU	PA	PA	XPOVIO (80 MG ONCE WEEKLY) 40 MG	PA	PA
SOLTAMOX SOLN	PA	MP; PA	XPOVIO (80 MG TWICE WEEKLY)	PA	PA
<i>tamoxifen citrate TABS</i>	PA	MP; PA	Antineoplastic Combinations		
<i>toremifene citrate</i>	PA	MP; PA	AVMAPKI FAKZYNJA CO-PACK THPK PO	PA	PA
TRELSTAR MIXJECT 11.25 MG, 22.5 MG	PA	PA	INQOVI	PA	PA
TRELSTAR MIXJECT 3.75 MG	PA	PA	KISQALI FEMARA (200 MG DOSE)	PA	PA
XTANDI CAPS	PA	PA			
XTANDI TABS	PA	PA			
YONSA	PA	PA			
ZOLADEX	P	SP; PA			
ZYTIGA (<i>Use abiraterone acetate</i>)	PA	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KISQALI FEMARA (400 MG DOSE)	PA	PA	GAVRETO	PA	PA
KISQALI FEMARA (600 MG DOSE)	PA	PA	GAVRETO	PA	PA
LONSURF	PA	PA	GLEEVEC TABS (<i>Use imatinib mesylate</i>)	PA	PA
Antineoplastic Enzyme Inhibitors			GOMEKLI CAPS PO 1 MG, 2 MG	PA	PA
AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	PA	PA	GOMEKLI TBSO PO 1 MG	PA	PA
AFINITOR TABS (<i>Use everolimus</i>)	PA	PA	HYRNUO TABS PO 10 MG	PA	SP; PA
ALECENSA	PA	PA	IBRANCE CAPS	PA	PA
ALUNBRIG TABS	PA	PA	IBRANCE TABS	PA	PA
ALUNBRIG TBPk	PA	PA	IBTROZI CAPS PO 200 MG	PA	PA
AUGTYRO	PA	PA	ICLUSIG	PA	PA
BALVERSA	PA	PA	IDHIFA	PA	PA
BOSULIF CAPS	PA	PA	<i>imatinib mesylate</i> TABS	PA	PA
BOSULIF TABS	PA	PA	IMBRUVICA CAPS	PA	PA
BRAFTOVI 75 MG	PA	PA	IMBRUVICA SUSP	PA	PA
BRUKINSA	PA	PA	IMBRUVICA TABS 140 MG, 280 MG, 420 MG	PA	PA
BRUKINSA PO 160 MG	PA	PA	IMKELDI SOLN	PA	PA
CABOMETYX TABS	PA	PA	INREBIC	PA	PA
CALQUENCE	PA	PA	ISTODAX SOLR (<i>Use romidepsin</i>)	NF	SP; PA
CAPRELSA	PA	PA	ITOVEBI	PA	PA
COMETRIQ (100 MG DAILY DOSE) KIT	PA	PA	JAKAFI	PA	PA
COMETRIQ (140 MG DAILY DOSE) KIT	PA	PA	JAYPIRCA	PA	PA
COMETRIQ (60 MG DAILY DOSE) KIT	PA	PA	KISQALI (200 MG DOSE)	PA	PA
COPIKTRA	PA	PA	KISQALI (400 MG DOSE)	PA	PA
COTELLIC	PA	PA	KISQALI (600 MG DOSE)	PA	PA
DANZITEN	PA	PA	KOSELUGO PO 5 MG, 7.5 MG	PA	PA
<i>dasatinib</i>	PA	PA	KOSELUGO	PA	PA
ENSACOVE CAPS PO 25 MG, 100 MG	PA	SP; PA	KRAZATI	PA	PA
<i>everolimus</i> TABS	PA	PA	<i>lapatinib ditosylate</i>	PA	PA
<i>everolimus</i> TBSO	PA	PA	LORBRENA	PA	PA
FOTIVDA	PA	PA	LUMAKRAS	PA	PA
			LYNPARZA TABS	PA	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LYTGOBI (12 MG DAILY DOSE)	PA	PA	ROZLYTREK CAPS	PA	PA
LYTGOBI (16 MG DAILY DOSE)	PA	PA	ROZLYTREK PACK	PA	PA
LYTGOBI (20 MG DAILY DOSE)	PA	PA	RUBRACA	PA	PA
MEKINIST SOLR	PA	PA	RYDAPT	PA	PA
MEKINIST TABS	PA	PA	SCEMBLIX	PA	PA
MEKTOVI	PA	PA	<i>sorafenib tosylate</i>	PA	PA
NERLYNX	PA	PA	SPRYCEL (<i>Use dasatinib</i>)	PA	PA
NEXAVAR (<i>Use sorafenib tosylate</i>)	PA	PA	STIVARGA	PA	PA
NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	PA	PA	<i>sunitinib malate</i>	PA	PA
<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	PA	PA	SUTENT (<i>Use sunitinib malate</i>)	PA	PA
NINLARO	PA	PA	TABRECTA	PA	PA
OGSIVEO	PA	PA	TAFINLAR CAPS	PA	PA
OJEMDA SUSR	PA	PA	TAFINLAR TBSO	PA	PA
OJEMDA TABS	PA	PA	TALZENNA	PA	PA
OJJAARA	PA	PA	TASIGNA 50 MG, 150 MG, 200 MG (<i>Use nilotinib hcl</i>)	PA	PA
<i>pazopanib hcl</i>	PA	PA	TAZVERIK	PA	PA
PEMAZYRE	PA	PA	TEPMETKO	PA	PA
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	PA	PA	TIBSOVO	PA	PA
PIQRAY (200 MG DAILY DOSE)	PA	PA	TRUQAP TABS	PA	PA
PIQRAY (250 MG DAILY DOSE)	PA	PA	TRUQAP TBPk	PA	PA
PIQRAY (300 MG DAILY DOSE)	PA	PA	TURALIO 125 MG	PA	PA
QINLOCK	PA	PA	TYKERB (<i>Use lapatinib ditosylate</i>)	PA	PA
RETEVMO CAPS	PA	PA	VANFLYTA	PA	PA
RETEVMO TABS	PA	PA	VERZENIO	PA	PA
REZLIDHIA	PA	PA	VITRAKVI CAPS	PA	PA
<i>romidepsin SOLR</i>	P	SP; PA	VITRAKVI SOLN	PA	PA
ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	PA	PA	VONJO	PA	PA
			VORANIGO	PA	PA
			VOTRIENT (<i>Use pazopanib hcl</i>)	PA	PA
			XALKORI CAPS	PA	PA
			XALKORI CPSP	PA	PA
			XOSPATA	PA	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZEJULA TABS	PA	PA	Antiparkinson COMT Inhibitors		
ZELBORAF	PA	PA	TASMAR (<i>Use tolcapone</i>)	NF	
ZOLINZA	PA	PA	<i>tolcapone</i>	NP	
ZYDELIG	PA	PA	Antiparkinson Dopaminergics		
ZYKADIA TABS	PA	PA	<i>amantadine hcl CAPS</i>	P	
Antineoplastics Misc.			<i>amantadine hcl SOLN</i>	P	
<i>bexarotene</i>	PA	PA	<i>amantadine hcl TABS</i>	P	
HYDREA (<i>Use hydroxyurea</i>)	PA	PA	APOKYN SOCT	NP	
HYDREA (<i>Use hydroxyurea</i>)	NF		<i>apomorphine hydrochloride SOCT</i>	NP	
<i>hydroxyurea</i>	PA	PA	<i>carbidopa-levodopa CPCR</i>	P	
MATULANE	PA	PA	<i>carbidopa-levodopa-entacapone</i>	P	
TARGRETIN (<i>Use bexarotene</i>)	NF		<i>carbidopa-levodopa TABS</i>	P	
<i>tretinoin (chemotherapy)</i>	PA	PA	<i>carbidopa-levodopa TBCR</i>	P	
Chemotherapy Rescue/Antidote/Protective Agents			<i>carbidopa-levodopa TBDP</i>	P	
IWILFIN	PA	PA	CREXONT CPCR	NP	
<i>leucovorin calcium TABS</i>	P		DHIVY TABS	NP	
<i>mesna TABS</i>	P	SP	DUOPA SUSP	NP	
MESNEX TABS	P	SP	INBRIJA CAPS	NP	
Mitotic Inhibitors			MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (<i>Use pramipexole dihydrochloride</i>)	NF	
<i>etoposide CAPS</i>	PA	PA	NEUPRO	NP	
Topoisomerase I Inhibitors			ONAPGO SOCT 98 MG/20ML	NP	AL(At least 18 yrs old)
HYCAMTIN CAPS	PA	PA	<i>pramipexole dihydrochloride TABS</i>	P	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			<i>pramipexole dihydrochloride TB24</i>	NP	
Antiparkinson Adjunctive Therapy			<i>ropinirole hydrochloride TABS</i>	P	
<i>carbidopa</i>	NP		<i>ropinirole hydrochloride TB24</i>	P	
LODOSYN (<i>Use carbidopa</i>)	NF		RYTARY CPCR	NP	
Antiparkinson Anticholinergics					
<i>benztropine mesylate SOLN</i>	P				
<i>benztropine mesylate TABS</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use <i>carbidopa-levodopa</i>)	NP	
STALEVO 100 (Use <i>carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 125 (Use <i>carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 150 (Use <i>carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 200 (Use <i>carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 50 (Use <i>carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 75 (Use <i>carbidopa-levodopa-entacapone</i>)	NP	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (Use <i>rasagiline mesylate</i>)	NP	
<i>rasagiline mesylate</i>	NP	
XADAGO	PA	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	P	
<i>lithium carbonate CAPS</i>	P	
<i>lithium carbonate TABS</i>	P	
<i>lithium carbonate TBCR</i>	P	
LITHOBID TBCR (Use <i>lithium carbonate</i>)	NF	
Antipsychotics - Misc.		
CAPLYTA	NP	AL(At least 18 yrs old)
EQUETRO	NP	

Drug Name	Drug Tier	Requirements/ Limits
GEODON 40 MG, 60 MG (Use <i>ziprasidone hcl</i>)	NF	AL(At least 18 yrs old)
GEODON (Use <i>ziprasidone hcl</i>)	NP	AL(At least 18 yrs old)
LATUDA (Use <i>lurasidone hcl</i>)	NP	AL(At least 18 yrs old)
<i>lurasidone hcl</i>	P	AL(At least 18 yrs old)
NUPLAZID CAPS	PA	AL(At least 18 yrs old); PA
NUPLAZID TABS 10 MG	PA	AL(At least 18 yrs old); PA
VRAYLAR CAPS	P	AL(At least 18 yrs old)
<i>ziprasidone hcl</i>	P	AL(At least 18 yrs old)
Benzisoxazoles		
ERZOFRI	NP	AL(At least 18 yrs old)
FANAPT	NP	AL(At least 18 yrs old)
FANAPT TITRATION PACK A	NP	AL(At least 18 yrs old)
FANAPT TITRATION PACK B	NP	AL(At least 18 yrs old)
FANAPT TITRATION PACK C	NP	AL(At least 18 yrs old)
INVEGA 3 MG, 6 MG, 9 MG (Use <i>paliperidone</i>)	NP	AL(At least 18 yrs old)
INVEGA HAFYERA 1560 MG/5ML	PA	QL(0.03 ML daily); AL(At least 18 yrs old); PA
INVEGA HAFYERA 1092 MG/3.5ML	PA	QL(0.021 ML daily); AL(At least 18 yrs old); PA
INVEGA SUSTENNA	PA	AL(At least 18 yrs old); PA
INVEGA TRINZA 546 MG/1.75ML	PA	QL(0.021 ML daily); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INVEGA TRINZA 410 MG/1.32ML	PA	QL(0.016 ML daily); AL(At least 18 yrs old); PA	<i>haloperidol TABS 0.5 MG, 1 MG, 10 MG</i>	P	QL(3 EA daily)
INVEGA TRINZA 819 MG/2.63ML	PA	QL(0.032 ML daily); AL(At least 18 yrs old); PA	Dibenzapines		
INVEGA TRINZA 273 MG/0.88ML	PA	QL(0.011 ML daily); AL(At least 18 yrs old); PA	<i>asenapine maleate</i>	P	AL(At least 18 yrs old)
<i>paliperidone</i>	P	AL(At least 18 yrs old)	<i>clozapine TABS</i>	P	AL(At least 18 yrs old)
PERSERIS PRSY	PA	AL(At least 18 yrs old); PA	<i>clozapine TBDP</i>	P	AL(At least 18 yrs old)
RISPERDAL CONSTA (Use risperidone microspheres)	PA	AL(At least 18 yrs old); PA	CLOZARIL TABS 50 MG, 200 MG (Use clozapine)	NF	AL(At least 18 yrs old)
RISPERDAL SOLN (Use risperidone)	NP	AL(At least 18 yrs old)	CLOZARIL TABS 25 MG, 100 MG (Use clozapine)	NP	AL(At least 18 yrs old)
RISPERDAL TABS 3 MG (Use risperidone)	NF	AL(At least 18 yrs old)	<i>loxapine succinate</i>	P	QL(4 EA daily)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	NP	AL(At least 18 yrs old)	<i>olanzapine TABS</i>	P	AL(At least 18 yrs old)
<i>risperidone SOLN</i>	P	AL(At least 18 yrs old)	<i>olanzapine TBDP</i>	P	AL(At least 18 yrs old)
<i>risperidone TABS</i>	P	AL(At least 18 yrs old)	<i>quetiapine fumarate TABS</i>	P	AL(At least 18 yrs old)
<i>risperidone TBDP</i>	P	AL(At least 18 yrs old)	<i>quetiapine fumarate TB24</i>	P	AL(At least 18 yrs old)
RYKINDO SRER	NP	AL(At least 18 yrs old)	SAPHRIS 5 MG, 10 MG (Use asenapine maleate)	NF	AL(At least 18 yrs old)
UZEDY SUSY	PA	AL(At least 18 yrs old); PA	SAPHRIS (Use asenapine maleate)	NP	AL(At least 18 yrs old)
Butyrophenones			SECUADO	NP	AL(At least 18 yrs old)
HALDOL DECANOATE (Use haloperidol decanoate)	NF		SEROQUEL XR TB24 (Use quetiapine fumarate)	NP	AL(At least 18 yrs old)
<i>haloperidol decanoate</i>	P		SEROQUEL TABS (Use quetiapine fumarate)	NP	AL(At least 18 yrs old)
<i>haloperidol lactate CONC</i>	P		VERSACLOZ SUSP	NP	AL(At least 18 yrs old)
<i>haloperidol lactate SOLN</i>	P		ZYPREXA RELPREVV	PA	AL(At least 18 yrs old); PA
<i>haloperidol TABS 2 MG, 5 MG, 20 MG</i>	P		ZYPREXA ZYDIS TBDP (Use olanzapine)	NF	AL(At least 18 yrs old)
			ZYPREXA TABS (Use olanzapine)	NF	AL(At least 18 yrs old)
			ZYPREXA TABS 2.5 MG, 5 MG, 20 MG (Use olanzapine)	NP	AL(At least 18 yrs old)
			Dihydroindolones		

Drug Name	Drug Tier	Requirements/ Limits
<i>molindone hcl</i>	P	
Muscarinic Agents		
COBENFY STARTER PACK CPPK	P	AL(At least 18 yrs old)
COBENFY CAPS	P	AL(At least 18 yrs old)
Phenothiazines		
<i>chlorpromazine hcl SOLN 25 MG/ML</i>	P	
<i>chlorpromazine hcl TABS 10 MG</i>	P	QL(10 EA daily)
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(3 EA daily)
<i>fluphenazine decanoate</i>	P	
<i>fluphenazine hcl CONC</i>	P	
<i>fluphenazine hcl ELIX</i>	P	
<i>fluphenazine hcl SOLN</i>	P	
<i>fluphenazine hcl TABS</i>	P	
<i>perphenazine TABS</i>	P	QL(4 EA daily)
<i>prochlorperazine</i>	P	
<i>prochlorperazine edisylate 10 MG/2ML</i>	P	
<i>prochlorperazine maleate TABS</i>	P	
<i>thioridazine hcl</i>	P	QL(3 EA daily)
<i>trifluoperazine hcl TABS</i>	P	QL(3 EA daily)
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	PA	AL(At least 18 yrs old); PA
ABILIFY MAINTENA PRSY	PA	AL(At least 18 yrs old); PA
ABILIFY MAINTENA SRER	PA	AL(At least 18 yrs old); PA
ABILIFY MYCITE MAINTENANCE KIT	NP	AL(At least 18 yrs old)
ABILIFY MYCITE STARTER KIT 2 MG, 10 MG, 15 MG, 20 MG, 30 MG	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY TABS (<i>Use aripiprazole</i>)	NP	AL(At least 18 yrs old)
<i>aripiprazole SOLN PO</i>	P	AL(At least 18 yrs old)
<i>aripiprazole TABS</i>	P	AL(At least 18 yrs old)
<i>aripiprazole TBDP</i>	P	AL(At least 18 yrs old)
ARISTADA 441 MG/1.6ML, 662 MG/2.4ML	PA	AL(At least 18 yrs old); PA
ARISTADA 882 MG/3.2ML, 1064 MG/3.9ML	PA	AL(At least 18 yrs old); PA
ARISTADA INITIO	PA	AL(At least 18 yrs old); PA
OPIZA FILM	NP	AL(At least 18 yrs old)
REXULTI	P	AL(At least 18 yrs old)
Thioxanthenes		
<i>thiothixene</i>	P	QL(3 EA daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde SOLN 10 %</i>	P	QL(90 ML per fill retail; 90 per fill mail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate SOLN EX 4 %</i>	P	
<i>sodium hypochlorite SOLN EX</i>	P	
Iodine Antiseptics		
<i>povidone-iodine SOLN 10 %</i>	P	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	P	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	P	QL(30 ML daily)
<i>abacavir sulfate TABS</i>	P	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
APRETUDE	P		EPIVIR SOLN (<i>Use lamivudine</i>)	NF	QL(30 ML daily)
APTIVUS CAPS	P	QL(4 EA daily)	EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	NF	QL(2 EA daily)
<i>atazanavir sulfate CAPS</i>	P	QL(2 EA daily)	EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	NF	QL(1 EA daily)
BIKTARVY	P	QL(1 EA daily)	<i>etravirine 100 MG</i>	P	QL(4 EA daily)
CABENUVA 600 MG/2ML-400 MG/2ML	PA	PA	<i>etravirine 200 MG</i>	P	QL(2 EA daily)
CABENUVA 900 MG/3ML-600 MG/3ML	PA	PA	EVOTAZ	P	QL(1 EA daily)
CIMDUO	P	QL(1 EA daily)	<i>fosamprenavir calcium TABS</i>	P	QL(4 EA daily)
COMPLERA 200 MG-300 MG-25 MG (<i>Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)	FUZEON SOLR	P	SP
<i>darunavir TABS 600 MG</i>	P	QL(2 EA daily)	GENVOYA	P	QL(1 EA daily)
<i>darunavir TABS 800 MG</i>	P	QL(1 EA daily)	INTELENCE 100 MG (<i>Use etravirine</i>)	NF	QL(4 EA daily)
DELSTRIGO	P	QL(1 EA daily)	INTELENCE 25 MG	P	QL(4 EA daily)
DESCOVY	P	QL(1 EA daily)	INTELENCE 200 MG (<i>Use etravirine</i>)	NF	QL(2 EA daily)
DOVATO	P		ISENTRESS HD TABS	P	QL(2 EA daily)
EDURANT	P	QL(1 EA daily)	ISENTRESS CHEW 100 MG	P	QL(6 EA daily)
EDURANT PED PO 2.5 MG	P		ISENTRESS CHEW 25 MG	P	QL(12 EA daily)
<i>efavirenz CAPS 50 MG</i>	P	QL(2 EA daily)	ISENTRESS PACK	P	QL(2 EA daily)
<i>efavirenz CAPS 200 MG</i>	P	QL(1 EA daily)	ISENTRESS TABS	P	QL(2 EA daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)	JULUCA	P	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)	KALETRA SOLN	P	QL(160 ML per fill retail; 160 per fill mail)
<i>efavirenz TABS</i>	P	QL(1 EA daily)	KALETRA TABS 25 MG-100 MG (<i>Use lopinavir-ritonavir</i>)	NF	QL(4 EA daily)
<i>emtricitabine CAPS</i>	P	QL(1 EA daily)	KALETRA TABS 50 MG-200 MG (<i>Use lopinavir-ritonavir</i>)	NF	QL(6 EA daily)
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)	<i>lamivudine SOLN</i>	P	QL(30 ML daily)
<i>emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)	<i>lamivudine TABS 150 MG</i>	P	QL(2 EA daily)
EMTRIVA CAPS (<i>Use emtricitabine</i>)	NF	QL(1 EA daily)	<i>lamivudine TABS 300 MG</i>	P	QL(1 EA daily)
EMTRIVA SOLN	P	QL(24 ML daily)	<i>lamivudine-zidovudine</i>	P	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lopinavir-ritonavir SOLN</i>	P	QL(160 ML per fill retail; 160 per fill mail)	SELZENTRY SOLN	P	
<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	P	QL(4 EA daily)	SELZENTRY TABS 150 MG (<i>Use maraviroc</i>)	NF	QL(2 EA daily)
<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	P	QL(6 EA daily)	SELZENTRY TABS 300 MG (<i>Use maraviroc</i>)	NF	QL(4 EA daily)
<i>maraviroc TABS 150 MG</i>	P	QL(2 EA daily)	STRIBILD	P	QL(1 EA daily)
<i>maraviroc TABS 300 MG</i>	P	QL(4 EA daily)	SUNLENCA SOLN	P	SP
<i>nevirapine SUSP</i>	P	QL(40 ML daily)	SUNLENCA TABS PO 300 MG	P	SP
<i>nevirapine TABS</i>	P	QL(2 EA daily)	SUNLENCA TBPk 300 MG	P	SP
<i>nevirapine TB24 400 MG</i>	P	QL(1 EA daily)	SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)
NORVIR CAPS	P	QL(12 EA daily)	SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)
NORVIR PACK	P	QL(12 EA daily)	SYMTUZA	P	QL(1 EA daily)
NORVIR TABS (<i>Use ritonavir</i>)	NF	QL(12 EA daily)	<i>tenofovir disoproxil fumarate TABS</i>	P	QL(1 EA daily)
ODEFSEY	P	QL(1 EA daily)	TIVICAY PD TBSO	P	
PIFELTRO	P	QL(1 EA daily)	TIVICAY TABS 50 MG	P	
PREZCOBIX	P		TRIUMEQ PD TBSO	P	
PREZISTA SUSP	P	QL(12 ML daily)	TRIUMEQ TABS	P	QL(1 EA daily)
PREZISTA TABS 75 MG	P	QL(2 EA daily)	TROGARZO	P	SP
PREZISTA TABS 150 MG	P	QL(3 EA daily)	TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)
PREZISTA TABS 800 MG (<i>Use darunavir</i>)	NF	QL(1 EA daily)	TYBOST	P	QL(1 EA daily)
PREZISTA TABS 600 MG (<i>Use darunavir</i>)	NF	QL(2 EA daily)	VIRACEPT TABS 250 MG	P	QL(9 EA daily)
RETROVIR CAPS (<i>Use zidovudine</i>)	NF	QL(6 EA daily)	VIRACEPT TABS 625 MG	P	QL(4 EA daily)
RETROVIR SOLN	P		VIREAD POWD	P	QL(8 GM daily)
RETROVIR SYRP (<i>Use zidovudine</i>)	NF	QL(60 ML daily)	VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 EA daily)
REYATAZ CAPS 200 MG, 300 MG (<i>Use atazanavir sulfate</i>)	NF	QL(2 EA daily)	VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)
REYATAZ PACK	P	QL(6 EA daily)	YEZTUGO SOLN 463.5 MG/1.5ML	P	SP
<i>ritonavir TABS</i>	P	QL(12 EA daily)			
RUKOBIA	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
YEZTUGO TABS PO 300 MG	P	SP	HARVONI TABS	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail)
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	NF	QL(30 ML daily)	HARVONI TABS	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail)
<i>zidovudine CAPS</i>	P	QL(6 EA daily)	LEDIPASVIR-SOFOSBUVIR TABS	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail)
<i>zidovudine SYRP</i>	P	QL(60 ML daily)	MAVYRET PACK	PA	PA
<i>zidovudine TABS</i>	P	QL(2 EA daily)	MAVYRET TABS	PA	PA
Antiviral Combinations			PEGASYS SOLN	P	
PAXLOVID (150/100)	P	QL(20 EA per fill retail; 20 per fill mail); AL(At least 12 yrs old)	PEGASYS SOSY	P	
PAXLOVID (300/100 & 150/100)	P	QL(11 EA per fill retail; 11 per fill mail); AL(At least 12 yrs old)	<i>ribavirin (hepatitis c) CAPS</i>	P	
PAXLOVID (300/100)	P	QL(30 EA per fill retail; 30 per fill mail); AL(At least 12 yrs old)	<i>ribavirin (hepatitis c) TABS 200 MG</i>	P	
CMV Agents			SOFOSBUVIR-VELPATASVIR TABS	PA	PA
LIVTENCITY	PA	AL(At least 12 yrs old); PA	SOVALDI PACK	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail)
VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NF	QL(2 EA daily)	SOVALDI TABS	NP	QL(28 EA per fill retail; 28 per fill mail ; 28 EA per 25 day(s) retail; 28 EA per 25 days mail)
<i>valganciclovir hcl TABS</i>	P	QL(2 EA daily)	VOSEVI	NP	
Hepatitis Agents			ZEPATIER	NP	
<i>adefovir dipivoxil</i>	P		Herpes Agents		
BARACLUDE TABS (<i>Use entecavir</i>)	NF		<i>acyclovir CAPS</i>	P	
<i>entecavir TABS</i>	P		<i>acyclovir SUSP</i>	P	
EPCLUSA PACK	NP		<i>acyclovir TABS PO</i>	P	
EPCLUSA TABS	NP		<i>famciclovir</i>	P	
EPCLUSA TABS	NP		<i>valacyclovir hcl</i>	P	
HARVONI PACK	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail)	VALTREX (<i>Use valacyclovir hcl</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Influenza Agents			LOPRESSOR SOLN PO 10 MG/ML	NP	MP
<i>oseltamivir phosphate CAPS</i>	P		LOPRESSOR TABS (<i>Use metoprolol tartrate</i>)	NP	MP
<i>oseltamivir phosphate SUSR</i>	P		<i>metoprolol succinate TB24</i>	P	MP
RAPIVAB	NP		<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	P	MP
RELENZA DISKHALER	P		<i>metoprolol tartrate TABS</i>	P	MP
<i>rimantadine hydrochloride TABS</i>	P		METOPROLOL TARTRATE TABS 12.5 MG	P	MP
TAMIFLU CAPS (<i>Use oseltamivir phosphate</i>)	NP		<i>nebivolol hcl</i>	P	MP
TAMIFLU SUSR (<i>Use oseltamivir phosphate</i>)	NP		TENORMIN TABS 25 MG, 50 MG (<i>Use atenolol</i>)	NF	
XOFLUZA (40 MG DOSE) 40 MG	NP		TENORMIN TABS (<i>Use atenolol</i>)	NP	MP
XOFLUZA (80 MG DOSE) 80 MG	NP		TOPROL XL TB24 (<i>Use metoprolol succinate</i>)	NP	MP
BETA BLOCKERS - Drugs to Treat High Blood Pressure			TOPROL XL TB24 100 MG, 200 MG (<i>Use metoprolol succinate</i>)	NF	
Alpha-Beta Blockers			Beta Blockers Non-Selective		
<i>carvedilol</i>	P	MP	BETAPACE AF (<i>Use sotalol hcl (afib/afl)</i>)	NP	MP
<i>carvedilol phosphate</i>	NP	MP	BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>Use sotalol hcl</i>)	NP	MP
COREG (<i>Use carvedilol</i>)	NF		CORGARD TABS 20 MG, 40 MG (<i>Use nadolol</i>)	NF	
COREG CR (<i>Use carvedilol phosphate</i>)	NF		HEMANGEOL SOLN PO	PA	MP; PA
<i>labetalol hcl TABS</i>	P	MP	INDERAL LA CP24 (<i>Use propranolol hcl</i>)	NP	MP
Beta Blockers Cardio-Selective			INDERAL XL	NP	MP
<i>acebutolol hcl CAPS</i>	P	MP	INNOPRAN XL	NP	MP
<i>atenolol TABS</i>	P	MP	<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	MP
<i>betaxolol hcl</i>	NP	MP	<i>pindolol TABS</i>	NP	MP
<i>bisoprolol fumarate</i>	P	MP	<i>propranolol hcl CP24</i>	P	MP
BYSTOLIC 2.5 MG, 5 MG, 10 MG (<i>Use nebivolol hcl</i>)	NF		<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	P	MP
BYSTOLIC (<i>Use nebivolol hcl</i>)	NP	MP			
KAPSPARGO SPRINKLE CS24	NP	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>propranolol hcl TABS</i>	P	MP	NORVASC TABS (<i>Use amlodipine besylate</i>)	NP	MP
<i>sotalol hcl (afib/af)</i>	P	MP	NORVASC TABS 5 MG, 10 MG (<i>Use amlodipine besylate</i>)	NF	
<i>sotalol hcl TABS</i>	P	MP	NYMALIZE SOLN 6 MG/ML	NP	MP
SOTYLIZE SOLN PO	NP	MP	PROCARDIA XL TB24 (<i>Use nifedipine</i>)	NP	MP
<i>timolol maleate TABS</i>	NP	MP	SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	NP	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			SULAR 8.5 MG, 17 MG, 34 MG (<i>Use nisoldipine</i>)	NP	MP
Calcium Channel Blockers			TIAZAC (<i>Use diltiazem hcl extended release beads</i>)	NF	
<i>amlodipine besylate TABS</i>	P	MP	VERAPAMIL HCL ER CP24 (<i>Use verapamil hcl</i>)	P	MP
CARDIZEM CD CP24 (<i>Use diltiazem hcl coated beads</i>)	NF		<i>verapamil hcl CP24</i>	P	MP
CARDIZEM LA TB24 (<i>Use diltiazem hcl</i>)	NF		<i>verapamil hcl SOLN 2.5 MG/ML</i>	P	MP
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>Use diltiazem hcl</i>)	NF		<i>verapamil hcl TABS</i>	P	MP
CONJUPRI (<i>Use levamlodipine maleate</i>)	NF		<i>verapamil hcl TBCR</i>	P	MP
<i>diltiazem hcl coated beads CP24</i>	P	MP	VERELAN PM CP24 (<i>Use verapamil hcl</i>)	NP	MP
<i>diltiazem hcl extended release beads</i>	P	MP	VERELAN CP24 (<i>Use verapamil hcl</i>)	NF	
<i>diltiazem hcl CP12</i>	P	MP	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>diltiazem hcl CP24</i>	P	MP	Cardiac Glycosides		
<i>diltiazem hcl TABS</i>	P	MP	<i>digoxin SOLN PO 0.05 MG/ML</i>	P	
<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP	MP	<i>digoxin TABS 125 MCG, 250 MCG</i>	P	
<i>diltiazem hcl TB24</i>	P	MP	LANOXIN TABS 125 MCG, 250 MCG (<i>Use digoxin</i>)	NF	
<i>felodipine</i>	P	MP	CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
<i>isradipine CAPS</i>	NP	MP	Cardiovascular Agents Misc. - Combinations		
KATERZIA	NP	MP			
<i>levamlodipine maleate</i>	NP	MP			
<i>nicardipine hcl CAPS</i>	P	MP			
<i>nifedipine CAPS</i>	P	MP			
<i>nifedipine TB24</i>	P	MP			
<i>nisoldipine</i>	NP	MP			
NORLIQVA SOLN	NP	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine besylate-atorvastatin calcium</i>	NP	MP	TYVASO DPI INSTITUTIONAL KIT POWD	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 (Use <i>amlodipine besylate-atorvastatin calcium</i>)	NP	MP	TYVASO DPI MAINTENANCE KIT POWD	NP	
CADUET 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 (Use <i>amlodipine besylate-atorvastatin calcium</i>)	NF		TYVASO DPI TITRATION KIT POWD	NP	
ENTRESTO CPSP	NP	QL(2 EA daily); AL(At least 1 yrs old); MP	TYVASO REFILL KIT SOLN IN	PA	PA
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (Use <i>sacubitril-valsartan</i>)	NP	QL(2 EA daily); AL(At least 1 yrs old); MP	TYVASO STARTER KIT SOLN IN	PA	PA
OPSYNVI	NP		TYVASO SOLN IN	PA	PA
<i>sacubitril-valsartan TABS</i>	PA	QL(2 EA daily); AL(At least 1 yrs old); PA	YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	NP	AL(At least 18 yrs old)
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors			Pulmonary Hypertension - Activin Signaling Inhibitor		
INPEFA	NP	MP	WINREVAIR	PA	AL(At least 18 yrs old); PA
Impotence Agents			Pulmonary Hypertension - Endothelin Receptor Antagonists		
CIALIS 5 MG (Use <i>tadalafil</i>)	PA	PA	<i>ambrisentan</i>	NP	
<i>tadalafil 5 MG</i>	PA	PA	<i>bosentan TABS</i>	NP	
Prostaglandin Vasodilators			<i>bosentan TBSO 32 MG</i>	NP	
ORENITRAM MONTH 1 TEPK	PA	PA	LETAIRIS (Use <i>ambrisentan</i>)	NP	
ORENITRAM MONTH 2 TEPK	PA	PA	OPSUMIT	NP	
ORENITRAM MONTH 3 TEPK	PA	PA	TRACLEER TABS (Use <i>bosentan</i>)	PA	PA
ORENITRAM TBCR	PA	PA	TRACLEER TBSO 32 MG (Use <i>bosentan</i>)	NF	
			TRACLEER TBSO 32 MG (Use <i>bosentan</i>)	NP	
			Pulmonary Hypertension - Phosphodiesterase Inhibitors		
			ADCIRCA TABS (Use <i>tadalafil (pulmonary hypertension)</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension))	NF	SP; PA
REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension))	NP	
REVATIO TABS (Use sildenafil citrate (pulmonary hypertension))	NP	
sildenafil citrate (pulmonary hypertension) SOLN	P	SP; PA
sildenafil citrate (pulmonary hypertension) SUSR	PA	PA
sildenafil citrate (pulmonary hypertension) TABS	PA	PA
tadalafil (pulmonary hypertension) TABS	NP	
tadalafil (pulmonary hypertension) TABS	PA	PA
TADLIQ SUSP	NP	
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPk	NP	
UPTRAVI SOLR	NP	
UPTRAVI TABS	NP	
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	
Sinus Node Inhibitors		
CORLANOR SOLN	NP	QL(15 ML daily); AL(At least 1 yrs old); MP
CORLANOR TABS (Use ivabradine hcl)	NP	QL(2 EA daily); AL(At least 18 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
ivabradine hcl TABS	PA	QL(2 EA daily); AL(At least 18 yrs old); MP; PA
Transthyretin Stabilizers		
VYNDAMAX	P	QL(1 EA daily); SP; PA
VYNDAQEL	P	QL(4 EA daily); SP; PA
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	NP	MP
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	P	
cefadroxil SUSR	P	
cefadroxil TABS	P	
cephalexin CAPS 250 MG, 500 MG	P	
cephalexin SUSR	P	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
cefaclor CAPS	P	
cefprozil SUSR	P	
cefprozil TABS	P	
cefuroxime axetil TABS	P	
Cephalosporins - 3rd Generation		
cefdinir CAPS	PA	PA
cefdinir SUSR	PA	PA
cefixime CAPS	NP	
cefixime SUSR	NP	
cefixime TABS	NP	
cefpodoxime proxetil SUSR	PA	PA
cefpodoxime proxetil TABS	PA	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	PA	PA	NATAZIA	P	QL(1 EA daily)
CONTRACEPTIVES - Drugs to Prevent Pregnancy			NEXTSTELLIS	P	QL(1 EA daily)
Combination Contraceptives - Oral			<i>norethin acet & estrad-fe CAPS</i>	P	QL(1 EA daily)
AVERI TABS PO	P		<i>norethin acet & estrad-fe CHEW</i>	P	QL(1 EA daily)
BALCOLTRA (<i>Use levonorgestrel-ethinyl estradiol-iron</i>)	NF	QL(1 EA daily)	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P	QL(1 EA daily)
BEYAZ (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	QL(1 EA daily)	<i>norethindrone & eth estradiol</i>	P	QL(1 EA daily)
<i>desogestrel & ethinyl estradiol</i>	P	QL(1 EA daily)	<i>norethindrone & ethinyl estradiol-fe</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	QL(1 EA daily)	<i>norethindrone acet & eth estra TABS</i>	P	QL(1 EA daily)
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	QL(1 EA daily)	<i>norethindrone acetate-ethinyl estradiol-fe</i>	P	
<i>drospirenone-ethinyl estradiol</i>	P	QL(1 EA daily)	<i>norethindrone-eth estradiol (triphasic)</i>	P	QL(1 EA daily)
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	P	QL(1 EA daily)	<i>norgestimate-ethinyl estradiol</i>	P	QL(1 EA daily)
<i>ethynodiol diacet & eth estrad</i>	P	QL(1 EA daily)	<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	QL(1 EA daily)
FEMLYV TBDP	P		<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(1 EA daily)
<i>levonorgestrel & eth estradiol TABS</i>	P	QL(1 EA daily)	SAFYRAL (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	QL(1 EA daily)
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	QL(1 EA daily)	TAYTULLA CAPS (<i>Use norethin acet & estrad-fe</i>)	NF	QL(1 EA daily)
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	P	QL(1 EA daily)	TYBLUME CHEW	P	QL(1 EA daily)
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	P	QL(1 EA daily)	YASMIN 28 (<i>Use drospirenone-ethinyl estradiol</i>)	NF	QL(1 EA daily)
<i>levonorgestrel-ethinyl estradiol-iron</i>	P	QL(1 EA daily)	YAZ (<i>Use drospirenone-ethinyl estradiol</i>)	NF	QL(1 EA daily)
LO LOESTRIN FE TABS	P	QL(1 EA daily)	Combination Contraceptives - Transdermal		
MINASTRIN 24 FE CHEW (<i>Use norethin acet & estrad-fe</i>)	NF	QL(1 EA daily)	<i>norelgestromin-ethinyl estradiol</i>	P	QL(0.11 EA daily)
			TWIRLA	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Combination Contraceptives - Vaginal		
ANNOVERA	P	QL(1 EA daily)
<i>etonogestrel-ethinyl estradiol</i>	P	13 max fill(s) per 365 day(s) retail
NUVARING (<i>Use etonogestrel-ethinyl estradiol</i>)	NF	13 max fill(s) per 365 day(s) retail
Copper Contraceptives - IUD		
MIUDELLA INTRAUTERINE COPPER	P	SP
PARAGARD INTRAUTERINE COPPER	P	SP
Emergency Contraceptives		
ELLA	P	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail)
Progestin Contraceptives - Implants		
NEXPLANON	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(1 ML per fill retail; 1 per fill mail)
DEPO-PROVERA SUSY IM (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(1 ML per fill retail; 1 per fill mail)
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ML per fill retail; 1 per fill mail)
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	P	QL(1 ML per fill retail; 1 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	P	QL(1 ML per fill retail; 1 per fill mail)
Progestin Contraceptives - IUD		
KYLEENA	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
LILETTA (52 MG)	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
MIRENA (52 MG)	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
SKYLA	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	P	QL(1 EA daily)
OPILL	P	
SLYND	P	QL(1 EA daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	PA	AL(At least 2 yrs old); PA
<i>budesonide TB24</i>	NP	
CORTEF TABS (<i>Use hydrocortisone</i>)	NF	
CORTISONE ACETATE TABS	P	
<i>deflazacort SUSP</i>	PA	PA
<i>deflazacort TABS</i>	PA	PA
DEXAMETHASONE INTENSOL CONC	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	P	QL(5 ML daily)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(5 ML daily)
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	P	QL(5 ML daily)
<i>dexamethasone ELIX</i>	P	
<i>dexamethasone SOLN</i>	P	
<i>dexamethasone TABS</i>	P	
EMFLAZA SUSP (Use deflazacort)	PA	PA
EMFLAZA TABS (Use deflazacort)	PA	PA
EOHILIA SUSP	PA	QL(20 ML daily); AL(At least 11 yrs old); PA
<i>hydrocortisone TABS</i>	P	
MEDROL TABS (Use methylprednisolone)	NF	
MEDROL TBPk (Use methylprednisolone)	NF	
<i>methylprednisolone TABS 4 MG, 8 MG</i>	P	
<i>methylprednisolone TBPk</i>	P	
PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NF	
<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail; 150 per fill mail)
<i>prednisolone sodium phosphate SOLN 5 MG/5ML</i>	P	
<i>prednisolone SOLN</i>	P	
<i>prednisolone TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
PREDNISONE INTENSOL CONC	P	
<i>prednisone SOLN</i>	P	
<i>prednisone TABS</i>	P	
<i>prednisone TBPk</i>	P	
UCERIS TB24 (Use budesonide)	NF	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 200 MG</i>	P	QL(1 EA daily); AL(At least 10 yrs old)
<i>benzonatate 100 MG</i>	P	AL(At least 10 yrs old)
<i>dextromethorphan polistirex SUER</i>	P	
HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)	NF	AL(At least 18 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	AL(At least 18 yrs old)
Cough/Cold/Allergy Combinations		
<i>brompheniramine & phenyleph ELIX</i>	P	QL(120 ML per fill retail; 120 per fill mail)
<i>brompheniramine & pseudoeph ELIX</i>	P	QL(120 ML per fill retail; 120 per fill mail)
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	P	QL(120 ML per fill retail; 120 per fill mail)
<i>cetirizine-pseudoephedrine</i>	NP	
CLARINEX-D 12 HOUR TB12	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	NF		loratadine & pseudoephedrine TB24	P	
CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	NF		MUCINEX DM MAXIMUM STRENGTH TB12 (Use dextromethorphan-guaifenesin)	NF	
dextromethorphan-doxylamine-acetaminophen LIQD	P		MUCINEX DM TB12 (Use dextromethorphan-guaifenesin)	NF	
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML	P		phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	P	
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	P		phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	P	QL(240 ML per fill retail; 240 per fill mail)
dextromethorphan-guaifenesin TABS 400 MG-20 MG	P		phenylephrine-dm SOLN	P	QL(240 ML per fill retail; 240 per fill mail)
dextromethorphan-guaifenesin TB12 600 MG-30 MG	P		phenylephrine-guaifenesin LIQD 5 MG/5ML-100 MG/5ML	P	
dextromethorphan-phenylephrine-acetaminophen CAPS	P		promethazine & phenylephrine SYRP	P	
fexofenadine-pseudoephedrine TB12	NP		promethazine w/codeine SOLN	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 18 yrs old)
fexofenadine-pseudoephedrine TB24	NP		promethazine w/codeine SYRP	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 18 yrs old)
guaifenesin-codeine SOLN	P	QL(240 ML per fill retail; 240 per fill mail)	promethazine-dm SYRP	P	
guaifenesin-codeine SYRP	P	QL(240 ML per fill retail; 240 per fill mail)	promethazine-phenylephrine-codeine	P	
LOHIST-D LIQD	P		pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	P	
loratadine & pseudoephedrine TB12	P		pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG	P	
			pseudoephedrine-ibuprofen TABS	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QC TRIACTING DAYTIME CHILDRENS SYRP	P		AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur)	NF	AL(Up to 20 yrs old)
Expectorants			AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur)	NF	AL(Up to 20 yrs old)
GERI-TUSSIN SYRP	P		BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	NF	AL(Up to 20 yrs old)
<i>guaifenesin LIQD</i>	P		<i>benzoyl peroxide BAR</i>	P	
<i>guaifenesin TB12</i>	P		<i>benzoyl peroxide CREA 10 %</i>	P	
MUCINEX MAXIMUM STRENGTH TB12 (Use <i>guaifenesin</i>)	NF		<i>benzoyl peroxide-erythromycin GEL</i>	P	AL(Up to 20 yrs old)
MUCINEX TB12 (Use <i>guaifenesin</i>)	NF		<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	P	AL(Up to 20 yrs old)
Misc. Respiratory Inhalants			BENZOYL PEROXIDE GEL	P	AL(Up to 20 yrs old)
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	P		<i>benzoyl peroxide LIQD 4 %</i>	P	
Mucolytics			<i>benzoyl peroxide LIQD 5 %, 10 %</i>	P	AL(Up to 20 yrs old)
<i>acetylcysteine SOLN</i>	P		<i>benzoyl peroxide LOTN 5 %, 10 %</i>	P	AL(Up to 20 yrs old)
DERMATOLOGICALS - Drugs to Treat Skin Conditions			BENZOYL PEROXIDE LOTN 5 %, 10 %	P	AL(Up to 20 yrs old)
Acne Products			BPO FOAMING CLOTHS MISC 6 %	NP	RX/OTC
ABSORICA 10 MG, 20 MG, 40 MG (Use <i>isotretinoin</i>)	NF	QL(2 EA daily); AL(At least 12 yrs old - Up to 22 yrs old); PA	CLEOCIN-T LOTN (Use <i>clindamycin phosphate (topical)</i>)	NP	AL(Up to 20 yrs old)
ACANYA GEL (Use <i>clindamycin phosphate-benzoyl peroxide</i>)	NF	AL(Up to 20 yrs old)	CLINDAGEL GEL (Use <i>clindamycin phosphate (topical)</i>)	NF	AL(Up to 20 yrs old)
ACZONE (Use <i>dapsone (topical)</i>)	NF	AL(Up to 20 yrs old)	<i>clindamycin phosphate (topical) FOAM</i>	NP	AL(Up to 20 yrs old)
<i>adapalene-benzoyl peroxide GEL</i>	NP	AL(Up to 20 yrs old)	<i>clindamycin phosphate (topical) GEL</i>	P	AL(Up to 20 yrs old)
<i>adapalene CREA</i>	NP	AL(Up to 20 yrs old)	<i>clindamycin phosphate (topical) LOTN</i>	P	AL(Up to 20 yrs old)
<i>adapalene GEL</i>	NP	AL(Up to 20 yrs old)	<i>clindamycin phosphate (topical) SOLN</i>	P	AL(Up to 20 yrs old)
<i>adapalene GEL</i>	P	AL(Up to 20 yrs old); RX/OTC			
AKLIEF	NP	AL(Up to 20 yrs old)			
ATRALIN GEL (Use <i>tretinoin</i>)	NF	AL(Up to 20 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate (topical) SWAB</i>	P	AL(Up to 20 yrs old)	ONEXTON GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NF	AL(Up to 20 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	P	AL(Up to 20 yrs old)	PLEXION CLEANSER LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
<i>clindamycin phosphate-benzoyl peroxide GEL</i>	NP	AL(Up to 20 yrs old)	PLEXION LOTN (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
<i>clindamycin phosphate-tretinoin</i>	NP	AL(Up to 20 yrs old)	RETIN-A MICRO PUMP 0.08 % (<i>Use tretinoin microsphere</i>)	NF	AL(Up to 20 yrs old)
<i>dapsone (topical)</i>	NP	AL(Up to 20 yrs old)	RETIN-A CREA (<i>Use tretinoin</i>)	NF	AL(Up to 20 yrs old)
DIFFERIN CREA (<i>Use adapalene</i>)	NP	AL(Up to 20 yrs old)	RETIN-A GEL (<i>Use tretinoin</i>)	NF	AL(Up to 20 yrs old)
DIFFERIN GEL (<i>Use adapalene</i>)	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium (acne)</i>	NP	AL(Up to 20 yrs old)
DIFFERIN GEL 0.1 % (<i>Use adapalene</i>)	NF	AL(Up to 20 yrs old); RX/OTC	<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP	AL(Up to 20 yrs old)
DIFFERIN LOTN	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP	AL(Up to 20 yrs old)
EPIDUO FORTE GEL (<i>Use adapalene-benzoyl peroxide</i>)	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP	AL(Up to 20 yrs old)
EPIDUO FORTE GEL (<i>Use adapalene-benzoyl peroxide</i>)	NF	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur LIQD</i>	NP	AL(Up to 20 yrs old)
EPIDUO GEL (<i>Use adapalene-benzoyl peroxide</i>)	NF	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)
EPSOLAY CREA	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	NP	AL(Up to 20 yrs old)
<i>erythromycin (acne aid) GEL</i>	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>erythromycin (acne aid) PADS</i>	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NP	AL(Up to 20 yrs old)
<i>erythromycin (acne aid) SOLN</i>	NP	AL(Up to 20 yrs old)	SULFACETAMIDE SODIUM-SULFUR SUSP	NP	AL(Up to 20 yrs old)
FABIOR FOAM	NP	AL(Up to 20 yrs old)	SUMADAN	NP	AL(Up to 20 yrs old)
<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	P	QL(2 EA daily); AL(At least 12 yrs old - Up to 22 yrs old); PA	SUMADAN WASH LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NP	AL(Up to 20 yrs old)
KLARON (<i>Use sulfacetamide sodium (acne)</i>)	NF	AL(Up to 20 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits
SUMAXIN CP	NP	
SUMAXIN PADS	NP	AL(Up to 20 yrs old)
TAZAROTENE FOAM	NP	AL(Up to 20 yrs old)
<i>tretinoin microsphere 0.08 %</i>	NP	AL(Up to 20 yrs old)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	AL(Up to 20 yrs old)
<i>tretinoin GEL 0.05 %</i>	NP	AL(Up to 20 yrs old)
<i>tretinoin GEL 0.01 %, 0.025 %</i>	P	AL(Up to 20 yrs old)
TWYNEO	NP	AL(Up to 20 yrs old)
VELTIN <i>(Use clindamycin phosphate-tretinoin)</i>	NF	AL(Up to 20 yrs old)
WINLEVI	NP	AL(Up to 20 yrs old)
ZIANA <i>(Use clindamycin phosphate-tretinoin)</i>	NF	AL(Up to 20 yrs old)
Antibiotics - Topical		
<i>bacitracin (topical) OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>bacitracin zinc OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>bacitracin-polymyxin b OINT</i>	P	
CENTANY AT KIT	NP	
<i>gentamicin sulfate (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>gentamicin sulfate (topical) OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>mupirocin calcium (topical)</i>	NP	
<i>mupirocin OINT</i>	P	
<i>neomycin-bacitracin-polymyxin OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin w/ pramoxine</i>	P	QL(30 GM per fill retail; 30 per fill mail)
XEPI	NP	
Antifungals - Topical		
<i>clotrimazole (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
<i>clotrimazole (topical) SOLN</i>	P	QL(30 ML per fill retail; 30 per fill mail); RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 GM per fill retail; 45 per fill mail)
<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(30 ML per fill retail; 30 per fill mail)
<i>econazole nitrate CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>ketoconazole (topical) CREA</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>ketoconazole (topical) SHAM 2 %</i>	P	QL(120 ML per fill retail; 120 per fill mail)
LAMISIL AT ATHLETES FOOT CREA <i>(Use terbinafine hcl (topical))</i>	NF	QL(30 GM per fill retail; 30 per fill mail)
LAMISIL AT JOCK ITCH CREA <i>(Use terbinafine hcl (topical))</i>	NF	QL(30 GM per fill retail; 30 per fill mail)
LAMISIL AT CREA <i>(Use terbinafine hcl (topical))</i>	NF	QL(30 GM per fill retail; 30 per fill mail)
LOTRIMIN AF JOCK ITCH CREA <i>(Use clotrimazole (topical))</i>	NF	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
LOTRIMIN AF CREA <i>(Use clotrimazole (topical))</i>	NF	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
MICATIN CREA <i>(Use miconazole nitrate (topical))</i>	NF	QL(45 GM per fill retail; 45 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
<i>miconazole nitrate (topical) CREA</i>	P	QL(45 GM per fill retail; 45 per fill mail)
<i>nystatin (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>nystatin (topical) OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>nystatin (topical) POWD EX</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>nystatin-triamcinolone CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>nystatin-triamcinolone OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>terbinafine hcl (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
TINACTIN CREA (<i>Use tolnaftate</i>)	NF	QL(30 GM per fill retail; 30 per fill mail)
<i>tolnaftate CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
Antihistamines-Topical		
ITCH RELIEF CREA	P	
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine PTCH EX</i>	NP	
<i>diclofenac sodium (topical) GEL EX</i>	NP	RX/OTC
<i>diclofenac sodium (topical) GEL EX</i>	P	RX/OTC
<i>diclofenac sodium (topical) SOLN EX</i>	NP	
FLECTOR PTCH EX (<i>Use diclofenac epolamine</i>)	NF	
PENNSAID SOLN EX 2 % (<i>Use diclofenac sodium (topical)</i>)	NF	
Antineoplastic or Premalignant Lesion Agents - Topical		

Drug Name	Drug Tier	Requirements/ Limits
CARAC CREA (<i>Use fluorouracil (topical)</i>)	NF	
<i>diclofenac sodium (actinic keratoses) EX</i>	P	
EFUDEX CREA (<i>Use fluorouracil (topical)</i>)	NF	QL(40 GM per fill retail; 40 per fill mail)
<i>fluorouracil (topical) CREA 5 %</i>	P	QL(40 GM per fill retail; 40 per fill mail)
<i>fluorouracil (topical) CREA 0.5 %</i>	P	
<i>fluorouracil (topical) SOLN</i>	P	QL(10 ML per fill retail; 10 per fill mail)
VALCHLOR	P	SP; PA
Antipruritics - Topical		
<i>camphor & menthol LOTN</i>	P	QL(222 ML per fill retail; 222 per fill mail)
<i>doxepin hcl (antipruritic)</i>	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA
PRUDOXIN (<i>Use doxepin hcl (antipruritic)</i>)	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA
ZONALON (<i>Use doxepin hcl (antipruritic)</i>)	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA
Antipsoriatics		
BIMZELX SOAJ	NP	
BIMZELX SOSY	NP	
<i>calcipotriene CREA</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>calcipotriene CREA</i>	P	QL(120 GM per fill retail; 120 per fill mail)
CALCIPOTRIENE FOAM	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>calcipotriene OINT</i>	P		SPEVIGO SOSY	NP	QL(4 ML per fill retail; 4 per fill mail); AL(At least 18 yrs old)
<i>calcipotriene SOLN</i>	P				
<i>calcitriol (topical)</i>	NP		STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	
COSENTYX (300 MG DOSE) SOSY	PA	QL(0.072 ML daily); PA	STELARA SOSY	NP	QL(0.018 ML daily)
COSENTYX SENSOREADY (300 MG) SOAJ	PA	QL(0.072 ML daily); PA	STEQEYMA	NP	
COSENTYX SENSOREADY PEN SOAJ	PA	QL(0.072 ML daily); PA	TALTZ SOAJ	NP	
COSENTYX UNOREADY SOAJ	PA	QL(0.072 ML daily); PA	TALTZ SOSY	NP	
COSENTYX SOLN	PA	PA	<i>tazarotene CREA</i>	NP	AL(Up to 20 yrs old)
COSENTYX SOSY 150 MG/ML	PA	QL(0.072 ML daily); PA	<i>tazarotene GEL</i>	NP	AL(Up to 20 yrs old)
COSENTYX SOSY 75 MG/0.5ML	PA	QL(0.036 ML daily); PA	TAZORAC CREA (<i>Use tazarotene</i>)	NF	AL(Up to 20 yrs old)
ILUMYA	NP		TAZORAC GEL (<i>Use tazarotene</i>)	NF	AL(Up to 20 yrs old)
IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP		TREMFYA ONE-PRESS SOPN SC 100 MG/ML	NP	
OTULFI SOLN SC 45 MG/0.5ML	NP		TREMFYA PEN SOAJ 100 MG/ML, 200 MG/2ML	NP	
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP		USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	PA	PA	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	
PYZCHIVA SC 45 MG/0.5ML	PA	PA	USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	QL(0.018 ML daily)
SELARSDI SOLN SC 45 MG/0.5ML	NP		USTEKINUMAB-TTWE	NP	
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP		VECTICAL (<i>Use calcitriol (topical)</i>)	NP	
SKYRIZI PEN SOAJ	NP		VTAMA	NP	
SKYRIZI SOSY	NP		YESINTEK SOLN 45 MG/0.5ML	PA	PA
SORILUX FOAM	NP		YESINTEK SOSY	PA	PA
SOTYKTU	NP		Antiseborrheic Products		
SPEVIGO SOLN	NP	QL(30 ML per fill retail; 30 per fill mail); AL(At least 18 yrs old)	OVACE PLUS WASH GEL (<i>Use sulfacetamide sodium</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OVACE PLUS WASH LIQD (<i>Use sulfacetamide sodium</i>)	NF	AL(Up to 20 yrs old)	ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NF	
OVACE WASH LIQD (<i>Use sulfacetamide sodium</i>)	NF	AL(Up to 20 yrs old)	Burn Products		
<i>selenium sulfide LOTN 2.5 %</i>	P	QL(120 ML per fill retail; 120 per fill mail)	SILVADENE (<i>Use silver sulfadiazine</i>)	NF	QL(50 GM per fill retail; 50 per fill mail)
<i>selenium sulfide LOTN 1 %</i>	P	QL(240 ML per fill retail; 240 per fill mail)	<i>silver sulfadiazine</i>	P	QL(50 GM per fill retail; 50 per fill mail)
<i>selenium sulfide SHAM 1 %</i>	P	QL(240 ML per fill retail; 240 per fill mail)	Corticosteroids - Topical		
SELSUN BLUE CARE MENS MAX STR LOTN (<i>Use selenium sulfide</i>)	NF	QL(240 ML per fill retail; 240 per fill mail)	<i>alclometasone dipropionate CREA</i>	NP	
SELSUN BLUE DAILY LOTN (<i>Use selenium sulfide</i>)	NF	QL(240 ML per fill retail; 240 per fill mail)	<i>alclometasone dipropionate OINT</i>	NP	
SELSUN BLUE MEDICATED LOTN (<i>Use selenium sulfide</i>)	NF	QL(240 ML per fill retail; 240 per fill mail)	APEXICON E CREA	NP	
SELSUN BLUE MOISTURIZING LOTN (<i>Use selenium sulfide</i>)	NF	QL(240 ML per fill retail; 240 per fill mail)	<i>betamethasone dipropionate (topical) CREA</i>	P	
SELSUN BLUE LOTN (<i>Use selenium sulfide</i>)	NF	QL(240 ML per fill retail; 240 per fill mail)	<i>betamethasone dipropionate (topical) LOTN</i>	P	
<i>sulfacetamide sodium GEL</i>	NP		<i>betamethasone dipropionate (topical) OINT</i>	P	
<i>sulfacetamide sodium LIQD</i>	NP	AL(Up to 20 yrs old)	<i>betamethasone dipropionate augmented CREA</i>	P	
Antivirals - Topical			<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	
<i>acyclovir topical CREA</i>	NP		<i>betamethasone dipropionate augmented LOTN</i>	NP	
<i>acyclovir topical OINT</i>	P		<i>betamethasone dipropionate augmented OINT</i>	NP	
DENAVIR (<i>Use penciclovir</i>)	P		<i>betamethasone valerate CREA</i>	NP	
<i>docosanol</i>	P		<i>betamethasone valerate FOAM</i>	NP	
<i>penciclovir</i>	NP		<i>betamethasone valerate LOTN</i>	NP	
ZOVIRAX CREA (<i>Use acyclovir topical</i>)	NF				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate OINT</i>	NP		DERMA-SMOOTH/FS BODY OIL (<i>Use fluocinolone acetonide</i>)	NP	
<i>calcipotriene-betamethasone dipropionate OINT</i>	NP		DERMA-SMOOTH/FS SCALP OIL (<i>Use fluocinolone acetonide</i>)	NP	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP		<i>desonide CREA</i>	NP	
CAPEX SHAM	NP		<i>desonide LOTN</i>	NP	
<i>clobetasol propionate emollient base 0.05 %</i>	NP		<i>desonide OINT</i>	NP	
<i>clobetasol propionate emulsion</i>	NP		<i>desoximetasone CREA</i>	NP	
<i>clobetasol propionate CREA 0.05 %</i>	P		<i>desoximetasone GEL</i>	NP	
<i>clobetasol propionate FOAM</i>	NP		<i>desoximetasone LIQD</i>	NP	
<i>clobetasol propionate GEL 0.05 %</i>	P		<i>desoximetasone OINT</i>	NP	
<i>clobetasol propionate LIQD</i>	NP		<i>diflorasone diacetate CREA</i>	NP	QL(60 GM per fill retail; 60 per fill mail)
<i>clobetasol propionate LOTN</i>	NP		<i>diflorasone diacetate CREA</i>	NP	QL(30 GM per fill retail; 30 per fill mail)
<i>clobetasol propionate OINT 0.05 %</i>	P		<i>diflorasone diacetate OINT</i>	NP	
<i>clobetasol propionate SHAM</i>	NP		DIPROLENE OINT (<i>Use betamethasone dipropionate augmented</i>)	NP	
<i>clobetasol propionate SOLN 0.05 %</i>	P		ENSTILAR FOAM	NP	
CLOBEX SPRAY LIQD (<i>Use clobetasol propionate</i>)	NP		EPIFOAM FOAM	P	
CLOBEX LOTN 0.05 % (<i>Use clobetasol propionate</i>)	NF		<i>fluocinolone acetonide CREA</i>	NP	
CLOBEX SHAM (<i>Use clobetasol propionate</i>)	NP		<i>fluocinolone acetonide OIL</i>	NP	
<i>clocortolone pivalate</i>	NP		<i>fluocinolone acetonide OINT</i>	NP	
CLODERM (<i>Use clocortolone pivalate</i>)	NF		<i>fluocinolone acetonide SOLN</i>	P	
CORDRAN LOTN (<i>Use flurandrenolide</i>)	NF		<i>fluocinonide emulsified base</i>	NP	
			<i>fluocinonide CREA</i>	P	
			<i>fluocinonide GEL</i>	NP	
			<i>fluocinonide OINT</i>	P	
			<i>fluocinonide SOLN</i>	P	
			<i>flurandrenolide LOTN</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate</i> CREA 0.05 %	P		HYDROCORTISONE COMPLETE KIT THPK	NP	
<i>fluticasone propionate</i> LOTN	NP		<i>hydrocortisone valerate</i> CREA	P	
<i>fluticasone propionate</i> OINT	P		<i>hydrocortisone valerate</i> OINT	NP	
<i>halcinonide</i> CREA	NP		LEXETTE FOAM (Use <i>halobetasol propionate</i>)	NF	
<i>halcinonide</i> SOLN 0.1 %	NP		<i>mometasone furoate</i> CREA	P	
<i>halobetasol propionate</i> CREA	P		<i>mometasone furoate</i> OINT	P	
<i>halobetasol propionate</i> FOAM	NP		<i>mometasone furoate</i> SOLN	P	
<i>halobetasol propionate</i> OINT	P		PANDEL	NP	
HALOG CREA (Use <i>halcinonide</i>)	NP		SYNALAR CREA (Use <i>fluocinolone acetonide</i>)	NP	
HALOG CREA (Use <i>halcinonide</i>)	NF		SYNALAR OINT (Use <i>fluocinolone acetonide</i>)	NP	
HALOG SOLN 0.1 % (Use <i>halcinonide</i>)	NP		TACLONEX SUSP (Use <i>calcipotriene-betamethasone dipropionate</i>)	P	
<i>hydrocortisone (topical)</i> CREA	P	RX/OTC	TOPICORT SPRAY LIQD (Use <i>desoximetasone</i>)	NP	
<i>hydrocortisone (topical)</i> LOTN 1 %	P	QL(60 GM per fill retail; 60 per fill mail)	TOPICORT CREA (Use <i>desoximetasone</i>)	NP	
<i>hydrocortisone (topical)</i> LOTN 2.5 %	NP		TOPICORT GEL (Use <i>desoximetasone</i>)	NP	
<i>hydrocortisone (topical)</i> OINT	P	RX/OTC	TOPICORT OINT (Use <i>desoximetasone</i>)	NP	
<i>hydrocortisone (topical)</i> OINT	P		TOPICORT OINT 0.05 % (Use <i>desoximetasone</i>)	NF	
<i>hydrocortisone acetate (topical)</i> OINT	P		<i>triamcinolone acetonide (topical)</i> CREA	P	
HYDROCORTISONE ACETATE CREA	P		<i>triamcinolone acetonide (topical)</i> LOTN	P	
<i>hydrocortisone butyrate</i> CREA	NP		<i>triamcinolone acetonide (topical)</i> OINT	P	
<i>hydrocortisone butyrate</i> OINT	NP		ULTRAVATE LOTN	NP	
<i>hydrocortisone butyrate</i> SOLN	NP		VANOS CREA (Use <i>fluocinonide</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Diaper Rash Products		
<i>diaper rash products OINT</i>	P	
Eczema Agents		
ADBRY SOAJ	PA	AL(At least 18 yrs old); PA
ADBRY SOSY	PA	AL(At least 12 yrs old); PA
ANZUPGO CREA EX 20 MG/GM	PA	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 18 yrs old); PA
CIBINQO	NP	
DUPIXENT SOAJ	PA	PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	PA	PA
EBGLYSS SOAJ	NP	AL(At least 12 yrs old); PA
EBGLYSS SOAJ	NP	AL(At least 12 yrs old)
EBGLYSS SOSY	NP	AL(At least 12 yrs old)
OPZELURA	NP	
Emollient/Keratolytic Agents		
<i>urea CREA 40 %</i>	P	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
<i>urea LOTN 40 %</i>	P	QL(240 GM per fill retail; 240 per fill mail)
Emollients		
<i>emollient OINT</i>	P	
EUCERIN INTENSIVE REPAIR OINT	P	
GOLD BOND ULTIMATE HEALING OINT	P	
<i>lactic acid (ammonium lactate) CREA</i>	P	QL(140 GM per fill retail; 140 per fill mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	QL(13.34 GM daily); RX/OTC
Immunomodulating Agents - Systemic		
NEMLUVIO	NP	AL(At least 18 yrs old)
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	P	QL(48 EA per 180 day(s) retail; 48 EA per 180 days mail)
Immunosuppressive Agents - Topical		
ELIDEL (<i>Use pimecrolimus</i>)	NF	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old)
<i>pimecrolimus</i>	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT 0.1 %</i>	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 16 yrs old); PA
<i>tacrolimus (topical) OINT 0.03 %</i>	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox SOLN</i>	P	QL(4 ML per fill retail; 4 per fill mail)
RAYASAL CREA	NP	
Liniments		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>camphor-menthol-methyl salicylate CREA</i>	P	QL(1020.6 GM per fill retail; 1020.6 per fill mail)	LIDAFLEX PTCH	NP	QL(30 EA per fill retail; 30 per fill mail)
<i>camphor-menthol-methyl salicylate CREA</i>	P	QL(1017 GM per fill retail; 1017 per fill mail)	<i>lidocaine hcl CREA 4 %</i>	NP	QL(30 GM per fill retail; 30 per fill mail)
<i>camphor-menthol-methyl salicylate GEL</i>	NP	QL(56.7 GM per fill retail; 56.7 per fill mail)	<i>lidocaine hcl CREA 3 %</i>	P	QL(85 GM per fill retail; 85 per fill mail); RX/OTC
<i>camphor-menthol-methyl salicylate PTCH EX 3.1 %-10 %-6 %</i>	NP	QL(4 EA daily)	<i>lidocaine hcl CREA 3 %</i>	P	QL(28.35 GM per fill retail; 28.35 per fill mail); RX/OTC
Local Anesthetics - Topical			<i>lidocaine hcl CREA 4 %</i>	P	QL(76.5 GM per fill retail; 76.5 per fill mail)
BURN RELIEF GEL	P	QL(226 GM per fill retail; 226 per fill mail)	<i>lidocaine hcl CREA 4 %</i>	NP	QL(60 GM per fill retail; 60 per fill mail)
<i>capsaicin CREA 0.1 %</i>	P	QL(127.5 GM per fill retail; 127.5 per fill mail)	<i>lidocaine hcl GEL 2 %</i>	P	QL(30 ML per fill retail; 30 per fill mail)
<i>capsaicin CREA 0.025 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)	<i>lidocaine hcl LIQD</i>	NP	
<i>capsaicin CREA 0.075 %</i>	P	QL(57 GM per fill retail; 57 per fill mail)	<i>lidocaine hcl PRSY</i>	P	QL(30 ML per fill retail; 30 per fill mail)
<i>capsaicin PTCH</i>	P	QL(30 EA per fill retail; 30 per fill mail)	<i>lidocaine hcl SOLN</i>	P	QL(50 ML per fill retail; 50 per fill mail)
<i>capsaicin PTCH</i>	NP	QL(30 EA per fill retail; 30 per fill mail)	<i>lidocaine CREA 4 %</i>	P	QL(5 GM per fill retail; 5 per fill mail)
CAPZASIN-HP CREA (Use capsaicin)	NF	QL(127.5 GM per fill retail; 127.5 per fill mail)	<i>lidocaine CREA 4 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)
CAPZASIN-P CREA 0.035 % (Use capsaicin)	NF		<i>lidocaine CREA 4 %</i>	P	QL(28 GM per fill retail; 28 per fill mail)
<i>dibucaine</i>	P	QL(30 GM per fill retail; 30 per fill mail)	<i>lidocaine CREA 4 %</i>	P	QL(119 GM per fill retail; 119 per fill mail)
GEN7T PTCH (Use lidocaine)	NF	RX/OTC	<i>lidocaine CREA 4 %</i>	P	QL(58.5 GM per fill retail; 58.5 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine CREA 4 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)	QUTENZA (2 PATCH)	NP	Maximum 91 day supply allowed; QL(2 EA per 90 day(s) retail; 2 EA per 90 days mail)
<i>lidocaine CREA 4 %</i>	P	QL(15 GM per fill retail; 15 per fill mail)	QUTENZA (4 PATCH)	NP	Maximum 91 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
<i>lidocaine-menthol PTCH 4 %-4 %</i>	NP	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)	SYNOFLEX PTCH	NP	QL(60 EA per fill retail; 60 per fill mail)
<i>lidocaine OINT 5 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)	ZTLIDO PTCH	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
<i>lidocaine OINT 5 %</i>	P	QL(50 GM per fill retail; 50 per fill mail)	Misc. Topical		
<i>lidocaine OINT 5 %</i>	P	QL(35.44 GM per fill retail; 35.44 per fill mail)	<i>dimethicone (topical) CREA 1 %</i>	P	
<i>lidocaine-prilocaine CREA</i>	P		<i>zinc oxide (topical) OINT 20 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>lidocaine-prilocaine KIT</i>	P		Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
<i>lidocaine PTCH 5 %</i>	PA	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA	EUCRISA	PA	PA
<i>lidocaine PTCH 4 %</i>	NP	QL(60 EA per fill retail; 60 per fill mail ; 90 EA per 30 day(s) retail; 90 EA per 30 days mail)	ZORYVE CREA EX 0.05 %	NP	AL(At least 2 yrs old - Up to 5 yrs old)
LIDODERM PTCH (<i>Use lidocaine</i>)	NF	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)	ZORYVE CREA EX 0.15 %	NP	AL(At least 6 yrs old)
LIDODERM PTCH (<i>Use lidocaine</i>)	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)	ZORYVE CREA EX 0.3 %	NP	
PLIAGLIS CREA	NP		ZORYVE FOAM EX	NP	
QUTENZA	NP	Maximum 91 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail)	Protectives Against UV Radiation		
			AVEENO PROTECT+HYDRATE SPF60 LOTN	P	
			CETAPHIL DAILY FACIAL SPF 50 LOTN	P	
			COPPERTONE BABY PURE & SIMPLE LOTN	P	

Drug Name	Drug Tier	Requirements/ Limits
COPPERTONE COMPLETE SPF30 LOTN	P	
COPPERTONE GLOW PROTECT & TAN LOTN	P	
COPPERTONE GLOW SHIMMER SPF15 LOTN	P	
COPPERTONE GLOW SHIMMER SPF30 LOTN	P	
COPPERTONE GLOW SHIMMER SPF50 LOTN	P	
COPPERTONE KIDS PURE & SIMPLE LOTN	P	
COPPERTONE LIMITED EDITION LOTN	P	
COPPERTONE OIL FREE FACE SPF30 LOTN	P	
COPPERTONE OIL FREE FACE SPF50 LOTN	P	
COPPERTONE PURE & SIMPLE FACE LOTN	P	
COPPERTONE SPORT 4-IN-1 SPF15 LOTN	P	
COPPERTONE SPORT CLEAR LOTN	P	
COPPERTONE TANNING SPF 8 LOTN	P	
COPPERTONE TANNING SPF15 LOTN	P	
COPPERTONE ULTRAGUARD SPF70+ LOTN	P	
COPPERTONE WATERBABIES SPF50 LOTN	P	
EUCERIN REDNESS RELIEF DAY LOTN	P	
KERI AGE DEFY & PROTECT LOTN	P	
SPORT SUNSCREEN SPF50 LOTN	P	
<i>sunscreens LOTN</i>	P	
WATER BABIES SPF50 LOTN (<i>Use sunscreens</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Rosacea Agents		
METROCREAM CREA (<i>Use metronidazole (topical)</i>)	NF	QL(45 GM per fill retail; 45 per fill mail)
<i>metronidazole (topical) CREA</i>	P	QL(45 GM per fill retail; 45 per fill mail)
<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)
<i>metronidazole (topical) LOTN</i>	P	
Scabicides & Pediculicides		
ELIMITE CREA (<i>Use permethrin</i>)	NP	
<i>ivermectin (pediculicide)</i>	NP	
<i>malathion</i>	NP	
NATROBA (<i>Use spinosad</i>)	P	
NATROBA (<i>Use spinosad</i>)	NF	
OVIDE (<i>Use malathion</i>)	NP	
<i>permethrin CREA</i>	P	
<i>permethrin LIQD EX</i>	P	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	P	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	NP	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	P	QL(60 ML per fill retail; 60 per fill mail)
<i>spinosad</i>	NP	
STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	P	QL(60 ML per fill retail; 60 per fill mail)
VANALICE GEL	NP	
Tar Products		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
coal tar extract SHAM 0.5 %	P		ADVOCATE REDI-CODE+ TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
Wound Care Products			ADVOCATE REDI-CODE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FILSUVEZ	PA	QL(23.4 GM daily); PA	AGAMATRIX AMP TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VYJUVEK	PA	QL(2.5 ML per 7 day(s) retail; 2 ML per 7 days mail); PA	AGAMATRIX JAZZ TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DIAGNOSTIC PRODUCTS			AGAMATRIX PRESTO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
Diagnostic Tests			ASSURE 4 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK AVIVA PLUS STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ASSURE PLATINUM STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK GUIDE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			
ACCU-CHEK GUIDE TEST STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			
ACCU-CHEK SMARTVIEW STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			
ACCUTREND GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASSURE PRISM MULTI TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CARETOUCH TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE TITANIUM STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK AUTO-CODE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BIOTEL CARE TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK AUTO-CODE VOICE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BLOOD GLUCOSE TEST STRIPS 333 STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHOICE AUTO-CODE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BLULINK GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHOICE MICRO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARESENS S GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHOICE NO CODING STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE TALK SYSTEM STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CVS TRUE METRIX GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CONTOUR NEXT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	DIATRUE PLUS TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CONTOUR PLUS TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY PLUS II GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CONTOUR TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY STEP TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CVS ADVANCED GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TALK BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CVS GLUCOSE METER TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TALK PLUS II TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CVS KETONE CARE	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)	EASY TOUCH TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TRAK BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EMBRACE BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TRAK II GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EMBRACE EVO BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASYGLUCO STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EMBRACE PRO GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASYMAX 15 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EMBRACE TALK GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASYMAX TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EQ BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ELEMENT COMPACT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EVOLUTION AUTOCODE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ELEMENT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FONDCIRCLE BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FORA 6 CONNECT/GTEL TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA G30/PREM V10 GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA 6 CONNECT STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA GD20 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA GD50 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA D15G BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA GTEL BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA D20 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA GTEL BLOOD KETONE TEST	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
FORA D40/G31 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA TEST N'GO ADV-VOICE-6 CON	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
FORA G20 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA TN'G ADVANCE PRO STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FORA TN'G/TN'G VOICE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORACARE TEST N GO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA V10 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORTISCARE G1 TEST STRIP STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA V12 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORTISCARE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA V20 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FREESTYLE INSULINX TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA V30A BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FREESTYLE LITE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORACARE GD40 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FREESTYLE PRECISION NEO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORACARE PREMIUM V10 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FREESTYLE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GE100 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCONAVII BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GHT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCOSE METER TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD 01 SENSOR PLUS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP EASY TOUCH GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD EXPRESSION TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP TRUE METRIX GLUCOSE STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD SHINE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP TRUETRACK TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD VITAL TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GOJJI BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCOM TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GOJJI BLOOD KETONE TEST	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GOJJI BLOOD TEST STRIP/LANCETS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	KROGER HEALTHPRO GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
HW EMBRACE PRO GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MICRODOT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
HW EMBRACE TALK GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MM BLULINK GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
IHEALTH BLOOD GLUCOSE TEST STR STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MM EASY TOUCH GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
INFINITY BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MYGLUCOHEALTH TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
KETONE TEST STRP	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)	NEUTEK 2TEK TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
KETOSTIX STRP	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)	NOVA MAX GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVA MAX PLUS KETONE TEST	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)	PHARMACIST CHOICE AUTOCODE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ON CALL EXPRESS BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PHARMACIST CHOICE NO CODING STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH ULTRA BLUE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PIP BLOOD GLUCOSE TEST STRIP STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH ULTRA TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	POGO AUTOMATIC TEST CARTRIDGES TEST	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP
ONETOUCH ULTRA STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PRECISION XTRA BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH VERIO STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PRECISION XTRA KETONE	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
OPTIUMEZ TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PRO VOICE V8/V9 GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRODIGY NO CODING BLOOD GLUC STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION PREMIER TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
QUINTET AC BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION PRIME TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
QUINTET BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION TRUE METRIX TEST STRIPS STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
REFUAH PLUS BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION ULTIMA TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RIGHTEST GS100 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION CONFIRM/MICRO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RIGHTEST GS300 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION KETONE TEST STRP	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)	RIGHTEST GS550 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RIGHTEST GT333 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TRUETRACK TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GT333 GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTRIPI1 GENERIC STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SMARTTEST BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VIVAGUARD INO TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SOLUS V2 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
TRUE METRIX BLOOD GLUCOSE TEST STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	Dietary Management Products		
TRUE METRIX BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ELFOLATE TABS	P	
TRUETEST TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	<i>l-methylfolate TABS 7.5 MG, 15 MG</i>	P	
			L-METHYLFOLATE TABS	P	
			DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
			Digestive Enzymes		
			CREON CPEP	P	
			PERTZYE CPEP	NP	
			VIOKACE TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P		<i>furosemide TABS</i>	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			<i>LASIX TABS (Use furosemide)</i>	NF	
			<i>SOAANZ TABS 20 MG</i>	P	QL(1 EA daily)
			<i>torseamide TABS</i>	P	QL(1 EA daily)
			Potassium Sparing Diuretics		
			<i>ALDACTONE TABS (Use spironolactone)</i>	NF	
			<i>amiloride hcl TABS</i>	P	QL(4 EA daily)
			<i>spironolactone TABS</i>	P	
			Thiazides and Thiazide-Like Diuretics		
			<i>chlorthalidone 25 MG, 50 MG</i>	P	
			<i>hydrochlorothiazide CAPS</i>	P	
Carbonic Anhydrase Inhibitors			<i>hydrochlorothiazide TABS</i>	P	
<i>acetazolamide CP12</i>	P		<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P	
<i>acetazolamide TABS</i>	P		<i>metolazone</i>	P	
<i>methazolamide TABS</i>	P		ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Diuretic Combinations			Bone Density Regulators		
<i>amiloride & hydrochlorothiazide</i>	P	QL(1 EA daily)	<i>ACTONEL TABS 35 MG, 150 MG (Use risedronate sodium)</i>	NP	
<i>MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)</i>	NF	QL(1 EA daily)	<i>alendronate sodium SOLN</i>	NP	
<i>MAXZIDE TABS (Use triamterene & hydrochlorothiazide)</i>	NF	QL(1 EA daily)	<i>alendronate sodium TABS 10 MG, 35 MG, 70 MG</i>	P	
<i>spironolactone & hydrochlorothiazide</i>	P		<i>ATELVIA TBEC (Use risedronate sodium)</i>	NP	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P	QL(1 EA daily)	<i>BILDYOS SOSY SC 60 MG/ML</i>	PA	PA
<i>triamterene & hydrochlorothiazide TABS</i>	P	QL(1 EA daily)	<i>BILPREVDA SOLN SC 120 MG/1.7ML</i>	PA	PA
Loop Diuretics			<i>BINOSTO TBEF</i>	NP	
<i>bumetanide TABS</i>	P		<i>BOMYNTRA SOLN SC 120 MG/1.7ML</i>	PA	PA
<i>BUMEX TABS 0.5 MG (Use bumetanide)</i>	NF				
<i>furosemide SOLN IJ 10 MG/ML</i>	P				
<i>FUROSEMIDE SOLN IJ</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
BOMYNTRA SOSY SC 120 MG/1.7ML	PA	PA
BONSITY SOPN 560 MCG/2.24ML	PA	PA
<i>calcitonin (salmon) NA</i>	P	
<i>calcitonin (salmon) IJ</i>	NP	
CONEXXENCE SOSY SC 60 MG/ML	PA	PA
ENOBY SOSY SC 60 MG/ML	PA	PA
EVENITY	PA	PA
FORTEO SOPN (<i>Use teriparatide</i>)	PA	PA
FOSAMAX PLUS D	NP	
FOSAMAX TABS 70 MG (<i>Use alendronate sodium</i>)	NP	
<i>ibandronate sodium SOLN</i>	NP	
<i>ibandronate sodium TABS</i>	P	
JUBBONTI SOSY SC 60 MG/ML	PA	PA
MIACALCIN IJ (<i>Use calcitonin (salmon)</i>)	NP	
OSENVELT SOLN SC 120 MG/1.7ML	PA	PA
PROLIA SOSY	PA	PA
<i>risedronate sodium TABS</i>	P	
<i>risedronate sodium TBEC</i>	NP	
STOBOCLO SOSY SC 60 MG/ML	PA	PA
<i>teriparatide SOPN</i>	PA	PA
TERIPARATIDE SOPN	PA	PA
TYMLOS	PA	PA
WYOST SOLN SC 120 MG/1.7ML	PA	PA
XGEVA SOLN	PA	PA
XTRENBO SOLN SC 120 MG/1.7ML	PA	PA
GnRH/LHRH Antagonists		
ORILISSA	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
Growth Hormone Receptor Antagonists		
SOMAVERT	NP	AL(At least 18 yrs old)
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	PA	PA
GENOTROPIN CART SC	PA	PA
HUMATROPE CART IJ	NP	
NGENLA	NP	AL(At least 3 yrs old)
NORDITROPIN FLEXPPO SOPN	PA	PA
NUTROPIN AQ NUSPIN 10 SOPN	PA	PA
NUTROPIN AQ NUSPIN 20 SOPN	PA	PA
NUTROPIN AQ NUSPIN 5 SOPN	PA	PA
OMNITROPE SOCT	NP	
OMNITROPE SOLR SC	NP	
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	
SKYTROFA	NP	
SOGROYA	NP	
ZOMACTON SOLR SC	NP	
Hormone Receptor Modulators		
EVISTA (<i>Use raloxifene hcl</i>)	NF	QL(1 EA daily)
<i>raloxifene hcl</i>	P	QL(1 EA daily)
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT-PED (1-MONTH)	PA	Maximum 180 day supply allowed; QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA	<i>levocarnitine (metabolic modifiers) TABS</i>	P	QL(3 EA daily)
LUPRON DEPOT-PED (3-MONTH)	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA	RAYALDEE	PA	AL(At least 18 yrs old); PA
LUPRON DEPOT-PED (6-MONTH) IM	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA	ROCALtrol CAPS (<i>Use calcitriol</i>)	NF	
SUPPRELIN LA	PA	PA	STRENSIQ	PA	PA
SYNAREL	PA	PA	TRYNGOLZA	PA	QL(0.027 ML daily); AL(At least 18 yrs old); PA
TRIPTODUR	PA	PA	XPHOZAH	NP	
Metabolic Modifiers			YORVIPATH 168 MCG/0.56ML	PA	QL(0.04 ML daily); AL(At least 18 yrs old); PA
BRINEURA	PA	AL(At least 3 yrs old); PA	YORVIPATH 420 MCG/1.4ML	PA	QL(0.1 ML daily); AL(At least 18 yrs old); PA
<i>calcitriol CAPS</i>	P		YORVIPATH 294 MCG/0.98ML	PA	QL(0.07 ML daily); AL(At least 18 yrs old); PA
CARNITOR SF SOLN PO (<i>Use levocarnitine (metabolic modifiers)</i>)	NF	QL(30 ML daily)	Natriuretic Peptides		
CARNITOR SOLN PO 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	NF	QL(30 ML daily)	VOXZOGO	PA	AL(Up to 17 yrs old); PA
CARNITOR TABS (<i>Use levocarnitine (metabolic modifiers)</i>)	NF	QL(3 EA daily)	Posterior Pituitary Hormones		
ELFABRIO	PA	AL(At least 18 yrs old); PA	DDAVP PF SOLN IJ (<i>Use desmopressin acetate</i>)	NF	SP; PA
GALAFOLD	P	QL(0.5 EA daily); SP; PA	DDAVP SOLN IJ 4 MCG/ML (<i>Use desmopressin acetate</i>)	NF	SP; PA
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	P	QL(30 ML daily)	DDAVP TABS (<i>Use desmopressin acetate</i>)	NF	QL(3 EA daily)
			<i>desmopressin acetate spray</i>	P	QL(5 ML per fill retail; 5 per fill mail); PA
			<i>desmopressin acetate spray refrigerated 0.01 %</i>	P	QL(5 ML per fill retail; 5 per fill mail)
			<i>desmopressin acetate SOLN IJ</i>	P	SP; PA
			<i>desmopressin acetate TABS</i>	P	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Somatostatic Agents		
<i>octreotide acetate KIT</i>	P	SP; PA
SANDOSTATIN LAR DEPOT KIT (<i>Use octreotide acetate</i>)	NF	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPk 15 MG (<i>Use tolvaptan</i>)	NF	SP; PA
<i>tolvaptan TBPk 15 MG</i>	P	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (<i>Use estradiol & norethindrone acetate</i>)	NF	QL(1 EA daily)
COMBIPATCH PTTW	P	QL(0.29 EA daily)
<i>estradiol & norethindrone acetate TABS</i>	P	QL(1 EA daily)
MYFEMBREE	PA	PA
<i>norethindrone acetate-ethinyl estradiol</i>	P	
ORIAHNN	PA	MP; PA
PREMPHASE	P	QL(1 EA daily)
PREMPRO	P	QL(1 EA daily)
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	P	QL(0.29 EA daily)
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>Use estradiol</i>)	NF	QL(0.143 EA daily)
ESTRACE TABS (<i>Use estradiol</i>)	NF	
<i>estradiol PTTW</i>	P	QL(0.29 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol PTWK</i>	P	QL(0.143 EA daily)
<i>estradiol TABS</i>	P	
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	P	QL(1 EA daily)
MINIVELLE PTTW (<i>Use estradiol</i>)	NF	QL(0.29 EA daily)
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>Use estrogens, conjugated</i>)	NF	QL(1 EA daily)
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NF	QL(0.29 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR	PA	PA
BAXDELA TABS	PA	PA
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	PA	PA
CIPRO SUSR	PA	PA
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NP	
<i>levofloxacin SOLN PO</i>	PA	PA
<i>levofloxacin TABS</i>	PA	PA
<i>moxifloxacin hcl TABS</i>	NP	
<i>moxifloxacin hcl TABS</i>	PA	PA
<i>ofloxacin 300 MG, 400 MG</i>	NP	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY (<i>Use prucalopride succinate</i>)	NP	
<i>prucalopride succinate</i>	NP	
Antiflatulents		

Drug Name	Drug Tier	Requirements/ Limits
<i>simethicone CHEW 80 MG</i>	P	
<i>simethicone SUSP</i>	P	QL(30 ML per fill retail; 30 per fill mail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	PA	SP; PA
CTEXLI TABS PO 250 MG	PA	QL(3 EA daily); AL(At least 18 yrs old); PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
Gallstone Solubilizing Agents		
<i>chenodiol</i>	PA	AL(At least 18 yrs old); SP; PA
URSO 250 TABS (<i>Use ursodiol</i>)	NF	QL(7 EA daily)
<i>ursodiol CAPS</i>	P	QL(3 EA daily)
<i>ursodiol TABS 250 MG</i>	P	QL(7 EA daily)
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>Use lubiprostone</i>)	NP	QL(2 EA daily)
<i>lubiprostone</i>	PA	QL(2 EA daily); PA
Gastrointestinal Stimulants		
GIMOTI SOLN NA	PA	AL(At least 18 yrs old); PA
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	P	
<i>metoclopramide hcl TABS</i>	P	
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NF	
Hepatotropics		
REZDIFFRA	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CPSP	PA	PA
BYLVAY CAPS	PA	PA
LIVMARLI	PA	PA
LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG	PA	PA
Inflammatory Bowel Agents		
APRISO CP24 (<i>Use mesalamine</i>)	NF	
AVSOLA	PA	PA
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NP	
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NF	
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NP	
<i>balsalazide disodium CAPS</i>	NP	
CANASA SUPP (<i>Use mesalamine</i>)	NP	
CIMZIA (1 SYRINGE) PSKT 200 MG/ML	PA	PA
CIMZIA (2 SYRINGE) PSKT	PA	PA
CIMZIA KIT	PA	PA
CIMZIA-STARTER PSKT	PA	PA
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NF	
DELZICOL CPDR (<i>Use mesalamine</i>)	NF	
DIPENTUM	NP	
ENTYVIO PEN SOAJ	NP	
ENTYVIO SOLR	NP	
IMULDOSA SOLN IV 130 MG/26ML	NP	
INFLECTRA SOLR	PA	PA
INFLIXIMAB	PA	PA
LIALDA TBEC (<i>Use mesalamine</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mesalamine w/ cleanser</i>	NP		TREMFYA SOSY SC	NP	
<i>mesalamine CP24</i>	P		USTEKINUMAB 130 MG/26ML	NP	
<i>mesalamine CPCR</i>	NP		USTEKINUMAB-TTWE	NP	
<i>mesalamine CPDR</i>	NP		VELSIPITY	NP	
<i>mesalamine ENEM</i>	NP		ZYMFENTRA (1 PEN) AJKT	NP	AL(At least 18 yrs old)
<i>mesalamine SUPP</i>	P		ZYMFENTRA (2 PEN) AJKT	NP	AL(At least 18 yrs old)
<i>mesalamine TBEC 800 MG</i>	NP		ZYMFENTRA (2 SYRINGE) PSKT	NP	AL(At least 18 yrs old)
<i>mesalamine TBEC 1.2 GM</i>	P		Intestinal Acidifiers		
OMVOH (300 MG DOSE) SOAJ	NP		<i>lactulose (encephalopathy)</i>	P	
OMVOH (300 MG DOSE) SOSY	NP		Irritable Bowel Syndrome (IBS) Agents		
OMVOH SOAJ	NP	SP	<i>alosetron hcl</i>	NP	QL(2 EA daily)
OMVOH SOAJ	NP		<i>alosetron hcl</i>	PA	QL(2 EA daily); PA
OMVOH SOLN	NP		IBSRELA	NP	
OMVOH SOSY	NP	SP	LINZESS	PA	QL(1 EA daily); PA
OMVOH SOSY	NP		LOTRONEX (<i>Use alosetron hcl</i>)	PA	QL(2 EA daily); PA
PENTASA CPCR	NP		VIBERZI	PA	QL(2 EA daily); PA
PENTASA CPCR (<i>Use mesalamine</i>)	NP		Peripheral Opioid Receptor Antagonists		
REMICADE	NP		MOVANTIK	PA	QL(1 EA daily); PA
RENFLEXIS	PA	PA	SYMPROIC	NP	
ROWASA (<i>Use mesalamine w/ cleanser</i>)	NP		Peroxisome Proliferator-Activated Receptor(PPAR) Agonists		
SFROWASA ENEM	NP		IQIRVO	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
SKYRIZI SOCT	NP		LIVDELZI	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
SKYRIZI SOLN	NP		Phosphate Binder Agents		
STARJEMZA SOLN IV 130 MG/26ML	NP		AURYXIA 210 MG (<i>Use ferric citrate</i>)	NP	
STELARA 130 MG/26ML	NP				
STEQEYMA	NP				
<i>sulfasalazine TABS</i>	P				
<i>sulfasalazine TBEC</i>	P				
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP				
TREMFYA SOLN IV	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>calcium acetate (phosphate binder) CAPS</i>	P		<i>sodium chloride (gu irrigant) 0.9 %</i>	P	
<i>calcium acetate (phosphate binder) TABS</i>	P	RX/OTC	Hyperoxaluria Agents		
<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC	OXLUMO	PA	PA
<i>ferric citrate</i>	NP		RIVFLOZA SOLN	PA	AL(At least 9 yrs old); PA
FOSRENOL CHEW (Use lanthanum carbonate)	NP		RIVFLOZA SOSY	PA	AL(At least 9 yrs old); PA
FOSRENOL PACK	NP		IgA Nephropathy (IgAN) Agents		
<i>lanthanum carbonate CHEW</i>	NP		FILSPARI	NP	MP
REVELA PACK (Use sevelamer carbonate)	NP		Prostatic Hypertrophy Agents		
REVELA TABS (Use sevelamer carbonate)	NF		<i>alfuzosin hcl</i>	P	
REVELA TABS (Use sevelamer carbonate)	NP		AVODART (Use dutasteride)	NF	
<i>sevelamer carbonate PACK</i>	P		CARDURA XL	NP	MP
<i>sevelamer carbonate TABS</i>	P		<i>dutasteride</i>	P	
<i>sevelamer hcl</i>	NP		<i>dutasteride-tamsulosin hcl</i>	NP	
VELPHORO	NP		<i>finasteride</i>	P	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System			JALYN (Use dutasteride-tamsulosin hcl)	NF	
			PROSCAR (Use finasteride)	NP	
Alkalinizers			RAPAFLO (Use silodosin)	NP	
<i>potassium citrate (alkalinizer) TBCR</i>	P		<i>silodosin</i>	NP	
<i>potassium citrate-citric acid PACK</i>	P		<i>tamsulosin hcl</i>	P	
<i>sodium citrate & citric acid</i>	P	RX/OTC	UROXATRAL (Use alfuzosin hcl)	NF	
UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer))	NF		Urinary Analgesics		
UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer))	NF		<i>phenazopyridine hcl TABS 95 MG, 100 MG, 200 MG</i>	P	
Genitourinary Irrigants			PYRIDIUM TABS (Use phenazopyridine hcl)	NF	
			GOUT AGENTS - Drugs to Treat Gout		
			Gout Agent Combinations		
			<i>colchicine w/ probenecid</i>	P	
			Gout Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>allopurinol 200 MG</i>	NP		ESPEROCT	PA	PA
<i>allopurinol 100 MG, 300 MG</i>	P		FEIBA	PA	PA
<i>colchicine CAPS</i>	NP	QL(2 EA daily); AL(At least 18 yrs old)	FIBRYGA	P	SP
<i>colchicine TABS</i>	PA	PA	HEMGENIX	PA	AL(At least 18 yrs old); PA
<i>febuxostat</i>	P		HEMLIBRA	PA	PA
GLOPERBA SOLN PO	NP		HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	PA	PA
MITIGARE CAPS (<i>Use colchicine</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old)	HUMATE-P SOLR	PA	PA
ULORIC (<i>Use febuxostat</i>)	NP		HYMPAVZI	PA	PA
Uricosurics			IDELVION	PA	PA
<i>probenecid</i>	P		IXINITY SOLR	PA	PA
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			JIVI	PA	PA
Antihemophilic Products			KCENTRA	PA	PA
ADVATE	PA	PA	KOATE-DVI SOLR 1000 UNIT	PA	PA
ADYNOVATE	PA	PA	KOATE SOLR	PA	PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	PA	PA	KOGENATE FS KIT 250 UNIT, 500 UNIT, 3000 UNIT	PA	PA
ALHEMO	PA	AL(At least 12 yrs old); PA	KOVALTRY	PA	PA
ALPHANATE SOLR	PA	PA	NOVOEIGHT	PA	PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	PA	PA	NOVOSEVEN RT 5 MG	PA	QL(120000 EA daily); PA
ALPROLIX	PA	PA	NOVOSEVEN RT 1 MG, 2 MG, 8 MG	PA	PA
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	PA	PA	NUWIQ KIT	PA	PA
BENEFIX KIT	PA	PA	NUWIQ SOLR	PA	PA
BEQVEZ	PA	AL(At least 18 yrs old); PA	OBIZUR	PA	PA
COAGADEX	PA	PA	PROFILNINE	PA	PA
CORIFACT	PA	PA	QFITLIA SOAJ SC 50 MG/0.5ML	PA	AL(At least 12 yrs old); PA
ELOCTATE	PA	PA	QFITLIA SOLN SC 20 MG/0.2ML	PA	AL(At least 12 yrs old); PA
			REBINYN	PA	PA
			RECOMBINATE SOLR	PA	PA
			RIASTAP	P	SP
			RIXUBIS SOLR	PA	PA

Drug Name	Drug Tier	Requirements/Limits
ROCTAVIAN	PA	AL(At least 18 yrs old); PA
SEVENFACT	PA	PA
TRETEN	PA	PA
VONVENDI	PA	PA
WILATE KIT	PA	PA
XYNTHA	PA	PA
XYNTHA SOLOFUSE	PA	PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (Use <i>icatibant acetate</i>)	PA	PA
<i>icatibant acetate</i> SOSY	PA	PA
Complement Inhibitors		
BERINERT KIT	PA	PA
CINRYZE SOLR IV	PA	PA
HAEGARDA SOLR SC	PA	PA
RUCONEST	PA	PA
TAVNEOS	PA	QL(6 EA daily); AL(At least 18 yrs old); PA
VOYDEYA TABS	PA	QL(6 EA daily); AL(At least 18 yrs old); PA
VOYDEYA TBPB	PA	QL(6 EA daily); AL(At least 18 yrs old); PA
Hematorheologic Agents		
<i>pentoxifylline</i>	P	
Plasma Kallikrein Inhibitors		
KALBITOR	PA	PA
ORLADEYO	PA	PA
TAKHZYRO SOLN	PA	PA
TAKHZYRO SOSY	PA	PA
Plasma Proteins		
RYPLAZIM	PA	PA
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (Use <i>anagrelide hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>anagrelide hcl</i>	P	
<i>aspirin-dipyridamole</i>	P	
BRILINTA 60 MG, 90 MG (Use <i>ticagrelor</i>)	PA	QL(2 EA daily); PA
<i>cilostazol</i>	P	
<i>clopidogrel bisulfate</i>	P	
<i>dipyridamole</i>	P	
EFFIENT (Use <i>prasugrel hcl</i>)	NP	QL(1 EA daily)
PLAVIX 75 MG (Use <i>clopidogrel bisulfate</i>)	NP	
<i>prasugrel hcl</i>	PA	QL(1 EA daily); PA
<i>ticagrelor 60 MG, 90 MG</i>	NP	QL(2 EA daily)
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPB	PA	QL(2 EA daily); AL(At least 18 yrs old); PA
PYRUKYND TABS	PA	QL(2 EA daily); AL(At least 18 yrs old); PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	P	SP; PA
CEREZYME 400 UNIT	P	SP; PA
<i>miglustat</i>	P	SP; PA
VPRIV	P	SP; PA
ZAVESCA (Use <i>miglustat</i>)	NF	SP; PA
Agents for Sickle Cell Disease		
CASGEVY	PA	AL(At least 12 yrs old); PA
DROXIA CAPS	P	
LYFGENIA	PA	AL(At least 12 yrs old); PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Folic Acid/Folates			ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	PA	QL(3 ML per 30 day(s) retail; 3 ML per 30 days mail); PA
<i>folic acid TABS 400 MCG, 800 MCG</i>	P	QL(1 EA daily)			
<i>folic acid TABS 1 MG</i>	P	RX/OTC			
Hematopoietic Gene Therapy			EPOGEN 20000 UNIT/ML	NP	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail)
ZYNTEGLO	PA	AL(At least 4 yrs old); PA	EPOGEN 4000 UNIT/ML	NP	QL(125 ML per 30 day(s) retail; 125 ML per 30 days mail)
Hematopoietic Growth Factors			EPOGEN 2000 UNIT/ML	NP	QL(250 ML per 30 day(s) retail; 250 ML per 30 days mail)
ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML	PA	QL(7.5 ML per 30 day(s) retail; 8 ML per 30 days mail); PA	EPOGEN 3000 UNIT/ML	NP	QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail)
ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML	PA	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); PA	EPOGEN 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail)
ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML	PA	QL(37.5 ML per 30 day(s) retail; 38 ML per 30 days mail); PA	FULPHILA	NP	
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	PA	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); PA	FYLNETRA	NP	
ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML	PA	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA	GRANIX SOLN 300 MCG/ML	NP	QL(0.8 ML daily)
ARANESP (ALBUMIN FREE) SOSY 10 MCG/0.4ML	PA	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); PA	GRANIX SOSY	NP	QL(0.8 ML daily)
ARANESP (ALBUMIN FREE) SOSY 25 MCG/0.42ML	PA	QL(25.2 ML per 30 day(s) retail; 25 ML per 30 days mail); PA	LEUKINE SOLR IJ	NP	
ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML, 100 MCG/0.5ML	PA	QL(7.5 ML per 30 day(s) retail; 8 ML per 30 days mail); PA	MIRCERA	NP	
ARANESP (ALBUMIN FREE) SOSY 40 MCG/0.4ML	PA	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA	NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail)
			NEULASTA SOSY	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail)
			NEUPOGEN SOLN	PA	QL(8.5 ML daily); PA
			NEUPOGEN SOSY	PA	QL(8.5 ML daily); PA
			NIVESTYM SOLN	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NIVESTYM SOSY	NP		VAFSEO 150 MG	NP	QL(4 EA daily)
NYPOZI	NP		ZARXIO	NP	QL(8.5 ML daily)
NYVEPRIA	PA	PA	ZIEXTENZO	NP	
PROCRIT 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail)	Hematopoietic Mixtures		
PROCRIT 20000 UNIT/ML	NP	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail)	<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	P	QL(1 EA daily)
PROCRIT 40000 UNIT/ML	NP	QL(12.5 ML per 30 day(s) retail; 12 ML per 30 days mail)	HEMATINIC PLUS VIT/MINERALS TABS	P	QL(1 EA daily)
PROCRIT 4000 UNIT/ML	NP	QL(125 ML per 30 day(s) retail; 125 ML per 30 days mail)	Iron		
PROCRIT 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail)	FERRETTS TABS	P	QL(2 EA daily)
PROCRIT 2000 UNIT/ML	NP	QL(250 ML per 30 day(s) retail; 250 ML per 30 days mail)	<i>ferrous fumarate TABS</i>	P	
PROCRIT 3000 UNIT/ML	NP	QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail)	<i>ferrous gluconate TABS 324 MG</i>	P	AL(Up to 50 yrs old)
REBLOZYL	NP	AL(At least 18 yrs old)	<i>ferrous gluconate TABS</i>	P	
RELEUKO SOSY	NP		<i>ferrous sulfate dried TBCR</i>	P	
RETACRIT	PA	PA	<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	P	QL(3.4 ML daily)
ROLVEDON	NP		<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P	QL(16 ML daily)
RYZNEUTA SOSY SC 20 MG/ML	NP		<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	P	
STIMUFEND	NP		<i>ferrous sulfate TBEC</i>	P	
UDENYCA ONBODY SOSY	NP		IRON CHEWS PEDIATRIC CHEW	P	
UDENYCA SOAJ	NP		<i>iron sucrose 20 MG/ML</i>	P	
UDENYCA SOSY	NP		<i>polysaccharide iron complex CAPS</i>	P	QL(1 EA daily)
VAFSEO 300 MG	NP	QL(2 EA daily)	VENOFER 20 MG/ML (Use iron sucrose)	NF	
			Stem Cell Mobilizers		
			APHEXDA	NP	
			MOZOBIL (Use plerixafor)	NF	SP; PA
			<i>plerixafor</i>	P	SP; PA
			XOLREMDI	PA	QL(4 EA daily); AL(At least 12 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders			SILENOR (<i>Use doxepin hcl (sleep)</i>)	NF	QL(1 EA daily); AL(At least 18 yrs old)
Hemostatics - Systemic			Non-Barbiturate Hypnotics		
<i>aminocaproic acid TABS 500 MG</i>	P	QL(24 EA per fill retail; 24 per fill mail); SP	AMBIEN CR TBCR (<i>Use zolpidem tartrate</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>tranexamic acid TABS</i>	P	QL(30 EA per 5 day(s) retail; 30 EA per 5 days mail); AL(At least 12 yrs old - Up to 49 yrs old)	AMBIEN TABS (<i>Use zolpidem tartrate</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			DORAL (<i>Use quazepam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
Antihistamine Hypnotics			EDLUAR SUBL	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>diphenhydramine hcl (sleep) CAPS</i>	P		<i>estazolam</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
<i>diphenhydramine hcl (sleep) LIQD</i>	P		<i>eszopiclone</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	QL(1 EA daily)	<i>flurazepam hcl</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	P		HALCION 0.25 MG (<i>Use triazolam</i>)	NF	QL(1 EA daily); AL(At least 18 yrs old)
<i>doxylamine succinate (sleep)</i>	P		HALCION 0.25 MG (<i>Use triazolam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
UNISOM SLEEPGELS CAPS (<i>Use diphenhydramine hcl (sleep)</i>)	NF		LUNESTA (<i>Use eszopiclone</i>)	NF	QL(1 EA daily); AL(At least 18 yrs old)
Barbiturate Hypnotics			<i>midazolam hcl SOLN IJ</i>	P	
AMYTAL SODIUM	P		MIDAZOLAM HCL SOLN IJ	P	
<i>phenobarbital sodium SOLN</i>	P		<i>midazolam hcl SYRP</i>	P	
<i>phenobarbital ELIX</i>	P		<i>quazepam</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>phenobarbital TABS</i>	P		RESTORIL (<i>Use temazepam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
Hypnotics - Tricyclic Agents			<i>temazepam 22.5 MG</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>doxepin hcl (sleep)</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>temazepam 7.5 MG, 15 MG, 30 MG</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA	<i>calcium polycarbophil TABS</i>	P	QL(10 EA daily)
<i>triazolam</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA	KONSYL DAILY FIBER PACK 100 %	P	
<i>zaleplon</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA	NATURAL FIBER LAXATIVE POWD	P	
ZOLPIDEM TARTRATE CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>psyllium CAPS 0.52 GM</i>	P	
<i>zolpidem tartrate SUBL</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 58.6 %, 100 %</i>	P	
<i>zolpidem tartrate TABS</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA	Laxative Combinations		
<i>zolpidem tartrate TBCR</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA	GOLYTELY SOLR (Use <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NF	QL(4000 ML per fill retail; 4000 per fill mail)
Orexin Receptor Antagonists			<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	QL(4000 ML per fill retail; 4000 per fill mail)
BELSOMRA	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	QL(4000 ML per fill retail; 4000 per fill mail)
DAYVIGO	NP	AL(At least 18 yrs old)	<i>sennosides-docusate sodium TABS</i>	P	QL(4 EA daily)
QUVIVIQ	NP	AL(At least 18 yrs old)	<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	P	
Selective Melatonin Receptor Agonists			SUPREP BOWEL PREP KIT (Use <i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	NF	
HETLIOZ LQ SUSP	NP	QL(1 ML daily); AL(At least 18 yrs old)	Laxatives - Miscellaneous		
HETLIOZ CAPS (Use <i>tasimelteon</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM</i>	P	
<i>ramelteon</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA	<i>lactulose SOLN</i>	P	
ROZEREM (Use <i>ramelteon</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)	MIRALAX PACK (Use <i>polyethylene glycol 3350</i>)	NF	
<i>tasimelteon CAPS</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	MIRALAX POWD (Use <i>polyethylene glycol 3350</i>)	NF	QL(34 EA daily)
LAXATIVES - Bowel Treatment Drugs			PEDIA-LAX SUPP	P	
Bulk Laxatives			<i>polyethylene glycol 3350 PACK</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>polyethylene glycol 3350 POWD</i>	P	QL(34 GM daily)	Azithromycin		
SORBITOL PO 70 %	P		<i>azithromycin PACK</i>	P	
Saline Laxatives			<i>azithromycin SUSR</i>	P	
FLEET ENEMA ENEM (Use sodium phosphates)	NF		<i>azithromycin TABS</i>	P	
<i>magnesium citrate 1.745 GM/30ML</i>	P		ZITHROMAX TRI-PAK TABS (Use azithromycin)	NP	
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	P	QL(33 ML daily)	ZITHROMAX Z-PAK TABS (Use azithromycin)	NP	
MILK OF MAGNESIA CONCENTRATE SUSP	P		ZITHROMAX SUSR (Use azithromycin)	NP	
<i>sodium phosphates ENEM</i>	P		ZITHROMAX TABS 250 MG, 500 MG (Use azithromycin)	NP	
Stimulant Laxatives			Clarithromycin		
<i>bisacodyl SUPP</i>	P	QL(12 EA per fill retail; 12 per fill mail)	<i>clarithromycin SUSR</i>	P	
<i>bisacodyl TBEC</i>	P	QL(1 EA daily)	<i>clarithromycin TABS</i>	P	
DULCOLAX TBEC (Use bisacodyl)	NF	QL(1 EA daily)	<i>clarithromycin TB24</i>	P	
<i>senna SYRP 176 MG/5ML</i>	P		Erythromycins		
<i>sennosides LIQD</i>	P		E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	NP	
<i>sennosides SYRP 8.8 MG/5ML</i>	P		ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	NP	
<i>sennosides TABS 8.6 MG, 15 MG, 17.2 MG</i>	P		ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	NP	
Surfactant Laxatives			<i>erythromycin base CPEP</i>	P	
<i>docusate calcium</i>	P		<i>erythromycin base TABS</i>	P	
<i>docusate sodium CAPS 100 MG, 250 MG</i>	P	QL(3 EA daily)	<i>erythromycin base TBEC</i>	NP	
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	P		<i>erythromycin base TBEC</i>	P	
DOCUSATE SODIUM SYRP	P		<i>erythromycin ethylsuccinate SUSR</i>	P	
<i>docusate sodium TABS</i>	P		<i>erythromycin ethylsuccinate TABS</i>	NP	
MACROLIDES - Drugs to Treat Bacterial Infections			<i>erythromycin ethylsuccinate TABS</i>	P	
			<i>erythromycin stearate TABS 250 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Fidaxomicin			CURITY AMD ANTIMICROBIAL SPNGE PADS	P	
DIFICID SUSR	NP		CURITY COVER SPONGE PADS	P	
DIFICID TABS 200 MG (Use fidaxomicin)	NP		CURITY DRESSING SPONGES PADS	P	RX/OTC
fidaxomicin TABS 200 MG	NP		CURITY GAUZE SPONGE PADS	P	RX/OTC
MEDICAL DEVICES AND SUPPLIES			CURITY GAUZE PADS	P	
Bandages-Dressings-Tape			CURITY NON-ADHERENT STRIPS PADS	P	
ADHESIVE/LARGE/3"X4" PADS	P		CURITY SPONGES PADS	P	
ADHESIVE/MEDIUM/2"X3" PADS	P		CVS ADHESIVE PAD 4"X4" PADS	P	
AMD FOAM DRESSING TOPSHEET PADS	P	RX/OTC	CVS ADHESIVE PAD 6"X6" PADS	P	
AMD FOAM DRESSING PADS	P	RX/OTC	CVS ADHESIVE PADS 2.25"X3" PADS	P	
BAND-AID ALL-IN-ONE GAUZE LG PADS	P		CVS ANTIBACTERIAL GAUZE PADS	P	
BAND-AID GAUZE LARGE PADS	P	RX/OTC	CVS GAUZE PAD STERILE PADS	P	RX/OTC
BAND-AID GAUZE MEDIUM PADS	P		CVS GAUZE STERILE PADS	P	RX/OTC
BAND-AID GAUZE SMALL PADS	P		CVS GAUZE PADS	P	
BAND-AID HURT-FREE NON-STICK PADS	P		DERMACEA DRAIN SPONGES PADS	P	RX/OTC
BAND-AID TRU-ABSORB GAUZE PADS	P	RX/OTC	DERMACEA GAUZE SPONGE PADS	P	
COPA ISLAND BORDERED FOAM PADS	P	RX/OTC	DERMACEA IV DRAIN SPONGES PADS	P	
COPA PLUS HYDROPHILIC FOAM PADS	P	RX/OTC	DERMACEA IV SPONGES PADS	P	
COVRSITE COVER DRESSING PADS	P	RX/OTC	DERMACEA NON-WOVEN SPONGES PADS	P	
COVRSITE PLUS COMPOSITE DRESS PADS	P	RX/OTC	DERMACEA TYPE VII GAUZE PADS	P	
CURITY ALL PURPOSE SPONGES PADS	P		DERMACEA X-RAY SPONGES PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DRYMAX EXTRA PADS	P	RX/OTC	KENDALL HYDROPHILIC FOAM DRESS PADS	P	
EQ GAUZE PADS	P	RX/OTC	KENDALL HYDROPHILIC FOAM PLUS PADS	P	
EQL GAUZE STERILE PADS	P		KERLIX SPONGES PADS	P	RX/OTC
EQL GAUZE PADS	P		MIRASORB SPONGES MISC	P	
EXCILON AMD DRAIN SPONGES PADS	P	RX/OTC	MOLESKIN FOAM PADS	P	
EXCILON AMD NON-WOVEN SPONGES PADS	P	RX/OTC	NEXCARE ABSOLUTE WATERPROOF PADS	P	
EXCILON DRAIN SPONGES PADS	P	RX/OTC	NU GAUZE 4PLY PADS	P	RX/OTC
EXCILON IV SPONGES PADS	P		NU GAUZE GENERAL-USE SPONGES MISC	P	RX/OTC
FT ADHESIVE PADS/SHEER PADS	P		OIL EMULSIONS DRESSING/NON-ADH PADS	P	
GAUZE DRESSING PADS	P	RX/OTC	POLYMEM FILM DOT PADS	P	
GAUZE PADS PADS	P		POLYMEM NON-ADHESIVE PADS	P	RX/OTC
GAUZE TYPE VII MEDI-PAK PADS	P		QC ALL PURPOSE DRESSINGS PADS	P	RX/OTC
GNP SHEER ADHESIVE PADS	P		QC BORDER ISLAND GAUZE PADS	P	
GNP STERILE GAUZE PADS	P		QC STERILE PADS PADS	P	
GNP WATERPROOF ADHESIVE 4"X4" PADS	P		RAY-TEC X-RAY DETECTABLE SPNGE MISC	P	RX/OTC
HM ADHESIVE ANTIBACTERIAL PADS	P		RESTORE CONTACT LAYER PADS	P	
HM STERILE PADS PADS	P		RESTORE FOAM DRESSING PADS	P	RX/OTC
J & J ADHESIVE LARGE PADS	P		RESTORE ODOR ABSORBING DRESS PADS	P	RX/OTC
J & J GAUZE SPONGES 12-PLY MISC	P	RX/OTC	RESTORE TRIO ABSORBENT DRESS PADS	P	
J & J GAUZE SPONGES 16-PLY MISC	P	RX/OTC	SILIGENTLE FOAM DRESSING PADS	P	
J & J GAUZE SPONGES 8-PLY MISC	P	RX/OTC	SM ADHESIVE PADS 2"X3" PADS	P	
J & J GAUZE PADS	P				
J & J NON-STICK LARGE PADS	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SM STERILE PADS	P	RX/OTC	KIMONO MISC	P	
SOF-WICK PADS	P	RX/OTC	MAXX PLUS MISC	P	
STERILE GAUZE PADS	P		MAXX MISC	P	
STERILE PADS	P		OMNIFLEX DIAPHRAGM	P	
SURGICAL GAUZE SPONGE PADS	P		REALITY LATEX CONDOMS MISC	P	
THERAGAUZE PADS	P		REALITY LATEX/ULTRA TEXTURED DEVI	P	
TOPPER DRESSING SPONGES MISC	P	RX/OTC	REALITY LATEX/ULTRA THIN DEVI	P	
Contraceptives			TROJAN BARESKIN DEVI	P	
AIMSCO LUBRICATED MISC	P		TROJAN MAGNUM MISC	P	
CAYA DPRH	P		TROJAN ULTRA THIN/SPERMICIDAL MISC	P	
DUREX EXTRA SENSITIVE THIN DEVI	P		TROJAN ULTRA THIN MISC	P	
DUREX EXTRA SENSITIVE THIN MISC	P		TROJAN-ENZ LUBRICATED MISC	P	
DUREX TROPICAL MISC	P		TROJAN-ENZ/SPERMICIDAL MISC	P	
FANTASY LUBRICATED/SPERMICI DE MISC	P		TRUE COVER DEVI	P	
FANTASY LUBRICATED MISC	P		TRUSTEX COLOR CONDOMS + LUBE MISC	P	
FC2 FEMALE CONDOM	P		TRUSTEX LUB/RIBBED/STUDDED MISC	P	
FEMCAP DEVI	P		TRUSTEX LUB/SPERMICIDE EX ST MISC	P	
KAMELEON LUBRICATED MISC	P		TRUSTEX LUB/SPERMICIDE XL MISC	P	
KIMONO COLORS DEVI	P		TRUSTEX LUBRICATED EX LARGE MISC	P	
KIMONO MAXX-LARGE FLARE MISC	P		TRUSTEX LUBRICATED EXTRA ST MISC	P	
KIMONO MICRO THIN PLUS MISC	P		TRUSTEX LUBRICATED/SPERMICI DE MISC	P	
KIMONO PLUS MISC	P		TRUSTEX LUBRICATED MISC	P	
KIMONO PS PLUS MISC	P				
KIMONO PS MISC	P				
KIMONO SENSATION PLUS MISC	P				
KIMONO SENSATION MISC	P				
KIMONO SPECIAL DEVI	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX NATURAL CONDOMS + LUBE MISC	P		ACCU-CHEK GUIDE ME KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUSTEX RIA LUB/SPERMICIDE MISC	P		ACCU-CHEK GUIDE KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUSTEX RIA LUBRICATED MISC	P		ACCU-CHEK SAFE-T PRO LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	P		ACCU-CHEK SMARTVIEW CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
WIDE-SEAL DIAPHRAGM 60	P		ACCU-CHEK SOFTCLIX LANCET DEV KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
WIDE-SEAL DIAPHRAGM 65	P		ACCU-CHEK SOFTCLIX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
WIDE-SEAL DIAPHRAGM 70	P		ACCUTREND GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
WIDE-SEAL DIAPHRAGM 75	P		ACTI-LANCE 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
WIDE-SEAL DIAPHRAGM 80	P				
WIDE-SEAL DIAPHRAGM 85	P				
WIDE-SEAL DIAPHRAGM 90	P				
WIDE-SEAL DIAPHRAGM 95	P				
Diabetic Supplies					
ACCU-CHEK AVIVA SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			
ACCU-CHEK FASTCLIX LANCET KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP			
ACCU-CHEK FASTCLIX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			
ACCU-CHEK GUIDE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACTI-LANCE LITE LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ADVOCATE REDI-CODE+ CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ACTI-LANCE SPECIAL LANCETS 17G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ADVOCATE REDI-CODE+ DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ACTI-LANCE UNIVERSAL 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ADVOCATE SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVANCED MOBILE LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ADVOCATE SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVANTAGE SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ADVOCATE SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ADVOCATE SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	AGAMATRIX CONTROL NORMAL/HIGH SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			AGAMATRIX CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			AGAMATRIX JAZZ WIRELESS 2 KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
AGAMATRIX PRESTO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
AQUALANCE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ASSURE COMFORT LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE DOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ASSURE DOSE NORM/HIGH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ASSURE LANCE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ASSURE LANCE LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE LANCE PLUS SAFETY 25G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE LANCE PLUS SAFETY 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE LANCE SAFETY LANCET 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE PLATINUM METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ASSURE PRISM CONTROL LEVEL 1&2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ASSURE PRISM MULTI METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ASSURE TITANIUM BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AUTO-LANCET MINI MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
AUTOLET LITE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
BD MICROTAINER LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BIOTEL CARE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
BLOOD GLUCOSE MONITOR SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
BLOOD GLUCOSE MONITORING 333 DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
BLULINK CONTROL HIGH & LOW LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
BLULINK GLUCOSE MONITORING SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAREONE ADVANCED LANCING DEV MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
CAREONE LANCET SUPER THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARESENS CONTROL SOLUTION A/B SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CARESENS LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARESENS N FELIZ BT DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CARESENS N FELIZ DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CARESENS S CONTROL SOLN A/B LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CARESENS S FIT BLOOD GLUC MON DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CARESENS S FIT BT BLOOD GLUC DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH CONTROL SOL LEVEL 2 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	CARETOUCH TWIST MC LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARETOUCH LANCING/EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	CHOSEN LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARETOUCH MONITOR SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CHOSEN LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
CARETOUCH SAFETY LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CHOSEN SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARETOUCH SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK AUTO-CODE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CARETOUCH TWIST LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK AUTO-CODE VOICE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CARETOUCH TWIST LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK AUTO-CODE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
CARETOUCH TWIST LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHEK SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	COAGUCHEK LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHOICE AUTO-CODE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	COMFORT ASSURED LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHOICE COMFORT EZ	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	COMFORT ASSURED LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHOICE GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	COMFORT TOUCH LANCETS 31G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHOICE LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	COMFORT TOUCH PLUS LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHOICE LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CONTOUR CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CLEVER CHOICE MICRO SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CONTOUR MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CLEVER CHOICE MINI SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CONTOUR NEXT CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CLEVER CHOICE TALK SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CONTOUR NEXT EZ KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CVS LANCETS THIN 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CONTOUR NEXT GEN MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DEXCOM G6 RECEIVER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
CONTOUR NEXT LINK KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DEXCOM G6 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
CONTOUR NEXT MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DEXCOM G6 TRANSMITTER	PA	MP; PA
CONTOUR NEXT ONE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DEXCOM G7 15 DAY SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
CONTOUR NEXT ONE KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	DEXCOM G7 RECEIVER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
CONTOUR PLUS BLUE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DEXCOM G7 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	DIATRUE CONTROL LEVEL 1 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CVS BLOOD GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DIATRUE CONTROL LEVEL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CVS BLOOD GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC	DIATRUE CONTROL LEVEL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIATRUE PLUS BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DRUG MART UNILET LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPLET GENTEEL LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	DRUG MART UNILET LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPLET LANCETS ULTRA THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	DRUG MART UNILET LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	EASY COMFORT LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPLET PERSONAL LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY COMFORT LANCETS TWIST TOP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPSAFE ACTI-LANCE 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY MINI EJECT LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
DROPSAFE MEDLANCE LANCET 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY PLUS II CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
DRUG MART ON-THE-GO LANCET 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY PLUS II GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY STEP CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EASY TOUCH LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY STEP GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EASY TOUCH LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TALK BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EASY TOUCH LANCETS 28G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TALK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EASY TOUCH LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TALK PLUS II CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EASY TOUCH LANCETS 30G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH CONTROL HIGH & LOW SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EASY TOUCH LANCETS 32G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EASY TOUCH LANCETS 32G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH HEALTHPRO HIGH/LOW LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			
EASY TOUCH LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			
EASY TOUCH LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 33G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TRAK II BLOOD GLUCOSE SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY TOUCH LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	EASY TRAK II CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY TOUCH SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASYGLUCO KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EASY TOUCH SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASYMAX 15 LEVEL 2 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY TOUCH SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASYMAX CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY TOUCH SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASYMAX NG BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY TRAK BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EASYMAX NG BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY TRAK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EASYMAX V BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
			ELEMENT COMPACT CONTROL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			ELEMENT COMPACT CONTROL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEMENT COMPACT GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE LANCETS ULTRA THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ELEMENT COMPACT V GLUCOSE SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE LANCING DEVICE/EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
ELEMENT CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EMBRACE PRESSURE ACTIVATED 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ELEMENT PLUS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE PRESSURE ACTIVATED 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EMBRACE BLOOD GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE PRO GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EMBRACE PRO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE EVO CONTROL LEVEL 1 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EMBRACE TALK BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE EVO GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE TALK GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE EVO GLUCOSE MONITORING KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE TALK MONITORING SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			

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EMBRACE WAVE GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FONDCIRCLE SINGLE USE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EVERSENSE 365 SENSOR/HOLDER	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	FORA CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EVERSENSE 365 SMART TRANSMIT	NP	MP	FORA D20 2-IN-1 MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EVERSENSE E3 SENSOR/HOLDER	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	FORA G20 BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EVERSENSE E3 SMART TRANSMITTER	NP	MP	FORA G30A BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EVOLUTION AUTOCODE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORA GD20 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EVOLUTION CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	FORA GD50 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FINGERSTIX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FONDCIRCLE BLOOD GLUCOSE MONIT KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORA LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FONDCIRCLE CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			
FONDCIRCLE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FORA PREMIUM V10 BLE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORACARE GD40 MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA TEST N' GO MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORACARE GDH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FORA TN'G VOICE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORACARE PREMIUM V10 DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA V10 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORACARE TEST N GO MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA V10/V12/D10/D20 TEST KIT	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP	FORTISCARE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FORA V12 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORTISCARE T1 GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA V20 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FREESTYLE CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FORA V30A BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FREESTYLE FREEDOM LITE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA V30A BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FREESTYLE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
			FREESTYLE LIBRE 14 DAY READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE 14 DAY SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	FREESTYLE UNISTICK II LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FREESTYLE LIBRE 2 PLUS SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	GE100 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE LIBRE 2 READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	GE100 BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE LIBRE 2 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	GE100 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FREESTYLE LIBRE 3 PLUS SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	GENTEEL BUTTERFLY TOUCH LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FREESTYLE LIBRE 3 READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	GENTEEL LANCING KIT (BLUE) KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FREESTYLE LIBRE 3 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	GENTEEL PLUS LANCING (PURPLE) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FREESTYLE LITE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GENTEEL PLUS LANCING (WHITE) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FREESTYLE LITE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GENTEEL PLUS LANCING DEV(BLUE) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FREESTYLE PRECISION NEO SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GENTEEL PLUS LANCING DEV(PINK) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	GLUCOCARD EXPRESSION MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GHT BLOOD GLUCOSE MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GLUCOCARD SHINE CONNEX KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLOBAL INJECT EASE LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCOCARD SHINE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GLOBAL INJECT EASE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCOCARD SHINE EXPRESS KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLOBAL LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	GLUCOCARD SHINE XL DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD 01 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GLUCOCARD SHINE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD 01 CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GLUCOCARD SHINE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD 01 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GLUCOCARD VITAL MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD EXPRESSION CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
			GLUCOCOM CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLUCOCOM LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP STERILE LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCOM LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP TRUE METRIX AIR METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCOM LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP TRUE METRIX GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCOM MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GOJJI CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GOJJI LANCING DEVICE/CLEAR CAP MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GNP EASY TOUCH CONT HIGH/LOW SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GOJJI STERILE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GNP EASY TOUCH GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GUARDIAN 4 GLUCOSE SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GNP LANCING SYSTEM DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	GUARDIAN 4 TRANSMITTER	NP	MP
			GUARDIAN CONNECT TRANSMITTER	NP	MP
			GUARDIAN LINK 3 TRANSMITTER	NP	MP
			GUARDIAN SENSOR (3)	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GUARDIAN SENSOR 3	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	HW EMBRACE TALK BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
HEALTHPRO BLOOD GLUCOSE MONITO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	HYPOLANCE AST LANCING KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
H-E-B INCONTROL ADV LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	IHEALTH CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
H-E-B INCONTROL LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	IHEALTH GLUCO+ KIT 10 KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
H-E-B INCONTROL LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ILET CONTACT DETACH 23" 6MM MISC	NP	RX/OTC
H-E-B INCONTROL LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ILET INFUSION-INSET 23" 6MM MISC	NP	RX/OTC
HM EMBRACE TALK SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	ILET INFUSION-INSET 32" 6MM MISC	NP	MP; RX/OTC
HW EMBRACE PRO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	ILET INSULIN PUMP DEVI	NP	MP
			ILET STARTER - CONTACT DETACH MISC	NP	MP; RX/OTC
			ILET STARTER KIT - INSET 23" MISC	NP	MP; RX/OTC
			ILET STARTER KIT - INSET 32" MISC	NP	MP; RX/OTC
			INFINITY BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
			INFINITY CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

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KROGER AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	LANCETS MICRO THIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
KROGER HEALTHPRO CONTROL HI/LO LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	LANCETS SUPER THIN 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
KROGER HEALTHPRO LANCET 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	LANCETS ULTRA THIN	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
LANCET DEVICE WITH EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	LANCETS ULTRA THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
LANCETS 28G THIN	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	LANZO MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	LEADER ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	LIBERTY GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

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MEDISENSE GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	MICRODOT CONTROL HIGH/LOW SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
MEDISENSE HI/MID/LOW CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	MICROLET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MEDLANCE PLUS EXTRA 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MICROLET NEXT LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MEDLANCE PLUS LITE 25G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MINI LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MEDLANCE PLUS SPECIAL 0.8MM	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MINIMED 630G INSULIN PUMP KIT	NP	MP
MEDLANCE PLUS SUPERLITE 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MINIMED 780G INSULIN PUMP KIT	NP	MP
MEDLANCE PLUS UNIVERSAL 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MINIMED INSTINCT GLUC SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MEDTRONIC MINIMED 780G KIT	NP	MP	MM BLOOD GLUCOSE SYSTEM REFILL KIT	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP
MICRODOT BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	MM BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
			MM BLULINK GLUCOSE MONIT SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MM EASY TOUCH GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	MYGLUCOHEALTH LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MM LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	NEUTEK 2TEK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
MM TWIST LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	NOVA SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MOBI 2ML CARTRIDGE MISC	NP	MP	NOVA SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MODD1 PATIENT WELCOME KIT KIT	NP	MP	NOVA SUREFLEX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MODD1 SUPPLY KIT KIT	NP		NOVA SUREFLEX LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MONOLET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	PA	MP; PA
MULTI-LANCET DEVICE 2 KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	NP	MP
MYGLUCOHEALTH BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	PA	MP; PA
MYGLUCOHEALTH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	OMNIPOD 5 G7 INTRO (GEN 5) KIT	NP	MP
			OMNIPOD 5 G7 PODS (GEN 5) MISC	NP	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	PA	MP; PA	ONETOUCH ULTRA 2 KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	PA	MP; PA	ONETOUCH ULTRA CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
OMNIPOD CLASSIC PODS (GEN 3) MISC	NP	MP	ONETOUCH ULTRASOFT 2 LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
OMNIPOD DASH INTRO (GEN 4) KIT	PA	MP; PA	ONETOUCH VERIO FLEX SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
OMNIPOD DASH PDM (GEN 4) KIT	NP	MP	ONETOUCH VERIO REFLECT KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
OMNIPOD DASH PODS (GEN 4) MISC	PA	MP; PA	ONETOUCH VERIO LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
OMNIPOD GO KIT	NP	MP	PERFECT POINT SAFETY LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ON CALL EXPRESS MONITORING SYS KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PHARMACIST CHOICE AUTOCODE SYS KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ONETOUCH DELICA PLUS LANCET30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PHARMACIST CHOICE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH DELICA PLUS LANCET33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			
ONETOUCH DELICA PLUS LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP			
ONETOUCH DELICA SAFETY LANCING	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PHARMACIST CHOICE MINI SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PRO COMFORT LANCETS 31G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PIP BLOOD GLUCOSE MONITORING DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PRO COMFORT SAFETY LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PIP GLUCOSE CONTROL SOLUTION LIQD	P	QL(0.034 EA daily; 1 EA per 30 day(s) retail; 1 EA per 30 days mail)	PRO VOICE V8 GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PIP LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PRO VOICE V9 GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PIP LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PRODIGY AUTOCODE BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
POGO AUTOMATIC BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PRODIGY AUTOCODE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PRECISION GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	PRODIGY CONTROL SOLUTION SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
PRECISION XTRA-GLUCOSE/KETONE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	PRODIGY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRO COMFORT LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PRODIGY LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRODIGY POCKET BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	QC ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
PRODIGY SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	QC LANCETS SUPER THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRODIGY TWIST TOP LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	QC UNILET LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRODIGY VOICE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	QC UNILET LANCETS MICRO THIN	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PURE COMFORT LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	QUINTET AC BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PX ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	QUINTET BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PX LANCETS MICROTHIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	QUINTET CONTROL HIGH/NORMAL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
PX LANCETS ULTRA THIN 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	REFUAH PLUS GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			REFUAH PLUS MONITORING SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RELION ALL-IN-ONE	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
RELION CONFIRM GLUCOSE MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION LANCET DEVICES 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION LANCETS MICRO-THIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION LANCETS THIN 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION MICRO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION PREMIER BLU MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION PREMIER CLASSIC DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RELION PREMIER COMPACT SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION PREMIER VOICE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION PRIME MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION TRUE MET AIR GLUC METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION ULTIMA GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION ULTRA THIN LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTTEST GC300 CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
RIGHTTEST GD500 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
RIGHTTEST GL300 LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RIGHTTEST GM100 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SAPS HEALTH PLUS LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTTEST GM300 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SAPS HEALTH TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTTEST GM550 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SAPS TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTTEST GT333 BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SENSILANCE SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SENSILANCE SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SENSILANCE SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SIMPLE DIAGNOSTICS LANCING DEV MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SIMPLERA SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	SMARTEST PRONTO STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SIMPLERA SYNC SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	SMARTEST PROTEGE STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SIMPLERA SYSTEM	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	SMARTEST PROTEGE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SMART DIABETES VANTAGE LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SMARTEST CONTROL MEDIUM SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	SOLUS V2 BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SMARTEST EJECT STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SOLUS V2 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
SMARTEST EJECT DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SOLUS V2 LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SMARTEST LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SOLUS V2 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SMARTEST PERSONA STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SOLUS V2 TWIST LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STERILANCE PA MISC	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP	SURE COMFORT LANCING PEN MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
STERILANCE TL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T: SLIM X2 INS PMP/CONTROL 7.4 DEVI	NP	MP
SURE COMFORT LANCETS 18G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T:FLEX T:LOCK CARTRIDGE 4.8ML MISC	NP	MP
SURE COMFORT LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T:SLIM X2 3ML CARTRIDGE MISC	NP	MP
SURE COMFORT LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T:SLIM X2 BASAL-IQ PUMP DEVI	NP	MP
SURE COMFORT LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVI	NP	MP
SURE COMFORT LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVI	NP	MP
			T:SLIM X2 CONTROL-IQ PUMP DEVI	NP	MP
			T:SLIM X2 INSULIN PMP BASAL6.4 DEVI	NP	MP
			T:SLIM X2 INSULIN PUMP DEVI	NP	MP
			TAI DOC CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			TANDEM MOBI AUTOSOFT 30 KIT MISC	NP	
			TANDEM MOBI AUTOSOFT XC KIT MISC	NP	
			TANDEM MOBI AUTOSOFT30 14PK23" MISC	NP	MP
			TANDEM MOBI AUTOSOFTXC 14PK23" MISC	NP	MP
			TANDEM MOBI AUTOSOFTXC 14PK5" MISC	NP	MP
			TANDEM MOBI SYSTEM STARTER KIT	NP	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TANDEM MOBI TRUSTEEL SUPP KIT MISC	NP		TRAVEL LANCETS ADVANCED 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TANDEM T:SLIM ASFT 30 PK10 23" MISC	NP	MP			
TANDEM T:SLIM ASFT 30 PK14 23" MISC	NP	MP	TRUE COMFORT SAFETY LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TANDEM T:SLIM ASFT XC PK10 23" MISC	NP	MP			
TANDEM T:SLIM ASFT XC PK14 23" MISC	NP	MP	TRUE COMFORT TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TANDEM T:SLIM TRUSTL PK10 23" MISC	NP	MP			
TECHLITE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TRUE METRIX AIR GLUCOSE METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TECHLITE LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TRUE METRIX AIR GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TECHLITE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TRUE METRIX GO GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TEMPO SMART BUTTON MISC	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC	TRUE METRIX LEVEL 1 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TEMPO WELCOME KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC	TRUE METRIX LEVEL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			TRUE METRIX LEVEL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	TRUETRACK BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUE METRIX METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	TRUETRACK SMART SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUEDRAW LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	TWIST REFILL KIT/INFUSION SET KIT	NP	MP
TRUEPLUS LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TWIST REFILL KIT KIT	NP	MP
TRUEPLUS LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TWIST STARTER KIT KIT	NP	MP
TRUEPLUS LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TWIST TOP LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUEPLUS SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ULTI-LANCE AUTOMATIC MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
TRUERESULT BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	ULTILET CLASSIC LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
			ULTILET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
			ULTILET SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTRA THIN LANCETS 31G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNILET MICRO-THIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ULTRA-CARE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNILET SUPER-THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ULTRA-THIN II LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNILET ULTRA-THIN 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET COMFORTOUCH LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 2	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET G.P. SUPERLITE LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 2 COMFORT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET GP 28 ULTRA THIN	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 2 EXTRA	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 2 NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNISTIK 2 SUPER	P	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	UNISTIK NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 3 COMFORT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK PRO SAFETY LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 3 EXTRA	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 3 GENTLE	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK SAFETY LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 3 NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK TOUCH SAFETY LANC 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK CZT COMFORT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK TOUCH SAFETY LANC 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK CZT NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK TOUCH SAFETY LANC 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNISTIK TOUCH SAFETY LANC 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTRIP CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	VERIFINE UNIVERSAL LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VERIFINE SAFE LANCET MINI 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	V-GO 20 KIT	NP	MP
VERIFINE SAFE LANCET MINI 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	V-GO 30 KIT	NP	MP
VERIFINE SAFE LANCET MINI 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	V-GO 40 KIT	NP	MP
VERIFINE SAFE LANCET MINI 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VIVAGUARD INO CONTROL SOLUTION LIQD	P	QL(0.034 EA daily; 1 EA per 30 day(s) retail; 1 EA per 30 days mail)
VERIFINE UNIVERSAL LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VIVAGUARD INO CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			VIVAGUARD INO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
			VIVAGUARD INO GLUCOSE METER KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
			VIVAGUARD INO SMART GLUC METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
			VIVAGUARD LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VIVAGUARD LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BD INSULIN SYRINGE ULTRAFINE	P	QL(5 EA daily)
VIVAGUARD LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	BD PEN NEEDLE MICRO ULTRAFINE	P	MP
VIVAGUARD SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BD PEN NEEDLE MINI ULTRAFINE	P	MP; RX/OTC
ZEV RX TWIST TOP LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BD PEN NEEDLE NANO 2ND GEN	P	MP; RX/OTC
Parenteral Therapy Supplies			BD PEN NEEDLE NANO ULTRAFINE	P	MP; RX/OTC
ADVOCATE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	BD PEN NEEDLE ORIG ULTRAFINE	P	MP
AQ INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	BD PEN NEEDLE SHORT ULTRAFINE	P	MP; RX/OTC
ASSURE ID INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD AUTOSHIELD DUO	P	MP; RX/OTC	BD VEO INSULIN SYR ULTRAFINE	P	QL(5 EA daily); RX/OTC
BD INS SYR ULTRAFINE 1/2UNIT	P	QL(5 EA daily); RX/OTC	CAREONE INSULIN SYRINGE	P	QL(5 EA daily)
BD INSULIN SYR ULTRAFINE II	P	QL(5 EA daily); RX/OTC	CARETOUCH HYPODERMIC NEEDLE	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BD INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	CARETOUCH INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE HALF-UNIT	P	QL(5 EA daily); RX/OTC	CEQUR SIMPLICITY 2U DEVI	PA	MP; PA; RX/OTC
BD INSULIN SYRINGE MICROFINE	P	QL(5 EA daily); RX/OTC	CEQUR SIMPLICITY INSERTER MISC	P	MP
BD INSULIN SYRINGE U/F	P	QL(5 EA daily); RX/OTC	COMFORT EZ INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
			DROPLET INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
			DROPSAFE SAFETY SYRINGE/NEEDLE	P	QL(5 EA daily); RX/OTC
			EASY COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
			EASY TOUCH FLIPLOCK INSULIN SY	P	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 31GX5/16"	P	QL(5 EA daily); RX/OTC
EASY TOUCH INSULIN SYRINGE	P	QL(5 EA daily)	GNP ULTRA COM INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EASY TOUCH SHEATHLOCK SYRINGE	P	QL(5 EA daily); RX/OTC	HEALTHWISE INSULIN SYR/NEEDLE	P	QL(5 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	P	MP; RX/OTC	HM ULTICARE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	P	QL(5 EA daily); RX/OTC	INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	P	QL(5 EA daily)	INSULIN SYRINGE-NEEDLE U-100	P	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	KINRAY INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYRINGE U-100	P	QL(5 EA daily)	LITETOUCH INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO	P	MP; RX/OTC	MAGELLAN INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	P	MP; RX/OTC	MAXI-COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	P	MP	MAXICOMFORT SYR 27G X 1/2"	P	QL(5 EA daily); RX/OTC
FIFTY50 SUPERIOR COMFORT SYR	P	QL(5 EA daily); RX/OTC	MEDIC INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	P	QL(5 EA daily); RX/OTC	MM INSULIN SYRINGE/NEEDLE	P	QL(5 EA daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYR	P	QL(5 EA daily); RX/OTC	MONOJECT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
GLOBAL INSULIN SYRINGES	P	QL(5 EA daily); RX/OTC	MONOJECT ULTRA COMFORT SYRINGE	P	QL(5 EA daily); RX/OTC
GLUCOPRO INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	PRECISION SURE-DOSE SYRINGE	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	PRO COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES	P	QL(5 EA daily); RX/OTC	PRODIGY INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 28GX1/2"	P	QL(5 EA daily); RX/OTC	PX INSULIN SYRINGE	P	QL(5 EA daily)
GNP INSULIN SYRINGES 29GX1/2"	P	QL(5 EA daily); RX/OTC	REALITY INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 30GX5/16"	P	QL(5 EA daily); RX/OTC	RELION INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
			SB INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SECURESAFE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SURE COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER MINI CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
TECHLITE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER MV MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
TRUE COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
TRUE COMFORT PRO INSULIN SYR	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU INTERM DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
TRUEPLUS INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTICARE INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTICARE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTIGUARD SAFEPACK SYR/NEEDLE	P	QL(5 EA daily)	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTRA COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTRA FLO INSULIN SYR 1/2 UNIT	P	QL(5 EA daily); RX/OTC			
ULTRA FLO INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC			
ULTRACARE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC			
ULTRA-THIN II INS SYR SHORT	P	QL(5 EA daily); RX/OTC			
ULTRA-THIN II INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC			
VANISHPOINT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC			
VERIFINE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC			
ZEVRX INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC			
Respiratory Therapy Supplies					
ADULT MASK DEVI	P	RX/OTC			
AEROBIKA DEVI	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLO-VU SMALL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 1000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 3000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 4000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER2GO ANTI-STATIC DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE COMFORT CHAMBER/CHILD DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROVENT PLUS DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE EASE LARGE DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
			BREATHE EASE MEDIUM DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
			BREATHE EASE SMALL DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
			BREATHERRITE VALVED MDI CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW BLACK/ORANGE DEVI	P	RX/OTC
CO MONITOR DEVI	P	RX/OTC	EASY FLOW BLACK/RED DEVI	P	RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW BLACK/WHITE DEVI	P	RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW BLACK/YELLOW DEVI	P	RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW WHITE/BLUE DEVI	P	RX/OTC
COMPACT SPACE CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW WHITE/GREEN DEVI	P	RX/OTC
EASIVENT MASK LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW WHITE/PINK DEVI	P	RX/OTC
EASIVENT MASK MEDIUM MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW WHITE/WHITE DEVI	P	RX/OTC
EASIVENT MASK SMALL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW WHITE/YELLOW DEVI	P	RX/OTC
EASIVENT MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC L DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	P	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC M DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
			EQ SPACE CHAMBER ANTI-STATIC S DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
			EQ SPACE CHAMBER ANTI-STATIC DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
			FLEXICHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
			IN-CHECK DIAL FLOW TRAINER DEVI	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IN-CHECK INSPIRATORY FLOW MTR DEVI	P	RX/OTC	OPTICHAMBER DIAMOND-MD MASK MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
INSPIREASE RESERVOIR BAGS	P	QL(3 EA per 180 day(s) retail; 3 EA per 180 days mail)	OPTICHAMBER DIAMOND MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
INSPIREASE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	OPTICHAMBER DIAMOND-SM MASK MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MICROCHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PARI MANUAL INTERRUPTER DEVI	P	RX/OTC
MICROCHAMBER MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PARI TREK S COMBO PACK DEVI	P	RX/OTC
MICROSPACER MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	POCKET CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
NAVAGE NASAL ASPIRATOR BABY DEVI	P	RX/OTC	POCKET SPACER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
NEBULIZER CUP/TUBING DEVI	P	RX/OTC	PRO COMFORT SPACER ADULT MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	P	RX/OTC	PRO COMFORT SPACER CHILD MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ONE FLOW SPIROMETER DEVI	P	RX/OTC	PRO COMFORT SPACER INFANT DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PROCARE SPACER/ADULT MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROCARE SPACER/CHILD MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PROCHAMBER VHC DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
PURE COMFORT 3-BALL BREATHE EX DEVI	P	RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
PURE COMFORT SPACER CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AIMOVIG	PA	PA
QUAKE DEVI	P	RX/OTC	AJOVY SOAJ	PA	PA
RITEFLO DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AJOVY SOSY	PA	PA
SPIRO PD DEVI	P	RX/OTC	EMGALITY (300 MG DOSE) SOSY	NP	
THRESHOLD PEP DEVI	P	RX/OTC	EMGALITY SOAJ	PA	PA
VERSAPAP W/UNIVERSAL TUBING DEVI	P	RX/OTC	EMGALITY SOSY	PA	PA
VERSAPAP DEVI	P	RX/OTC	NURTEC	PA	QL(0.54 EA daily); PA
VORTEX HOLD CHMBR/MASK/CHILD DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	QULIPTA	PA	QL(1 EA daily); PA
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	UBRELVY	PA	QL(0.534 EA daily); PA
VORTEX VALVE CHAMBER-PEDI MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	VYEPTI	NP	
			ZAVZPRET	NP	
			Migraine Combinations		
			<i>sumatriptan-naproxen sodium</i>	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
			SYMBRAVO TABS PO	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
			TREXIMET (<i>Use sumatriptan-naproxen sodium</i>)	NF	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
			Migraine Products		
			BREKIYA SOAJ SC 1 MG/ML	PA	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	PA	PA	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	PA	AL(At least 18 yrs old); PA	IMITREX TABS 50 MG, 100 MG (<i>Use sumatriptan succinate</i>)	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
MIGRANAL SOLN NA (<i>Use dihydroergotamine mesylate</i>)	NF		IMITREX TABS 25 MG (<i>Use sumatriptan succinate</i>)	NP	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
Migraine Products - NSAIDs			MAXALT-MLT TBDP 10 MG (<i>Use rizatriptan benzoate</i>)	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
CAMBIA (<i>Use diclofenac potassium (migraine)</i>)	NF		MAXALT TABS 10 MG (<i>Use rizatriptan benzoate</i>)	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
<i>diclofenac potassium (migraine)</i>	NP		<i>naratriptan hcl</i>	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
ELYXYB	NP		REL PAX 40 MG (<i>Use eletriptan hydrobromide</i>)	NF	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
Serotonin Agonists			REL PAX (<i>Use eletriptan hydrobromide</i>)	P	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
<i>almotriptan malate</i>	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)	REYVOW	NP	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail)
<i>eletriptan hydrobromide</i>	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)	<i>rizatriptan benzoate TABS</i>	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
FROVA (<i>Use frovatriptan succinate</i>)	P	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)	<i>rizatriptan benzoate TBDP</i>	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
<i>frovatriptan succinate</i>	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)	<i>sumatriptan 5 MG/ACT</i>	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)			
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)			
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan 20 MG/ACT</i>	P	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)	ZOMIG SOLN (<i>Use zolmitriptan</i>)	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)	ZOMIG SOLN (<i>Use zolmitriptan</i>)	NF	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)	MINERALS & ELECTROLYTES		
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)	Calcium		
<i>sumatriptan succinate TABS 50 MG, 100 MG</i>	P	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)	CALCIUM 600 +D HIGH POTENCY TABS	P	QL(2 EA daily)
<i>sumatriptan succinate TABS 25 MG</i>	P	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)	CALCIUM CARB-CHOLECALCIFEROL CHEW	P	
TOSYMRA	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	CALCIUM CARBONATE CHEW	P	
ZEMBRACE SYMTOUCH SOAJ	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)	<i>calcium carbonate-cholecalciferol TABS</i>	P	
<i>zolmitriptan SOLN</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>calcium carbonate TABS 1250 MG, 500 MG</i>	P	
<i>zolmitriptan TABS 2.5 MG</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	P	
<i>zolmitriptan TABS 5 MG</i>	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)	<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	P	QL(2 EA daily)
<i>zolmitriptan TBDP</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>calcium citrate TABS</i>	P	
			CALCIUM CHEW	P	
			<i>oyster shell</i>	P	
			OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	P	
			PARVA-CAL 200 UNIT-500 MG	P	
			Electrolyte Mixtures		
			<i>oral electrolytes SOLN</i>	P	
			Fluoride		
			<i>sodium fluoride CHEW</i>	P	AL(Up to 15 yrs old)
			<i>sodium fluoride SOLN 0.5 MG/ML</i>	P	AL(Up to 15 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SODIUM FLUORIDE SOLN 0.5 MG/ML	P	AL(Up to 15 yrs old); RX/OTC
Magnesium		
<i>magnesium oxide (mg supplement) TABS</i>	P	
Phosphate		
K-PHOS-NEUTRAL (<i>Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NF	QL(8 EA daily); RX/OTC
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	QL(8 EA daily); RX/OTC
WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	P	QL(8 EA daily); RX/OTC
Potassium		
EFFER-K TBEF 25 MEQ	P	
KLOR-CON 10 TBCR 10 MEQ (<i>Use potassium chloride</i>)	NF	
KLOR-CON TBCR 8 MEQ (<i>Use potassium chloride</i>)	NF	
K-TAB TBCR 20 MEQ (<i>Use potassium chloride</i>)	NF	
<i>potassium bicarbonate TBEF</i>	P	
<i>potassium chloride microencapsulated crystals er</i>	P	
<i>potassium chloride CPCR 8 MEQ</i>	P	QL(1 EA daily)
<i>potassium chloride CPCR 10 MEQ</i>	P	
<i>potassium chloride PACK PO 20 MEQ</i>	P	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	P	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	P	
Sodium		

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium chloride SOLN IV 0.9 %</i>	P	
SODIUM CHLORIDE SOLN IJ 0.9 %	P	
Zinc		
<i>zinc sulfate CAPS</i>	P	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (<i>Use penicillamine</i>)	NF	
CUVRIOR	PA	PA
DEPEN TITRATABS TABS (<i>Use penicillamine</i>)	PA	PA
<i>penicillamine CAPS</i>	PA	PA
<i>penicillamine TABS</i>	PA	PA
Enzymes		
XIAFLEX	PA	QL(2 EA per fill retail; 2 per fill mail); AL(At least 18 yrs old); PA
Immunomodulators		
JOENJA	PA	QL(2 EA daily); AL(At least 12 yrs old); PA
<i>lenalidomide</i>	PA	PA
REVLIMID	PA	PA
RYSTIGGO	NP	
THALOMID 50 MG, 100 MG, 200 MG	PA	PA
VYVGART	NP	
VYVGART HYTRULO	NP	
VYVGART HYTRULO SC	NP	
Immunosuppressive Agents		
<i>azathioprine TABS 50 MG</i>	P	
<i>azathioprine TABS 75 MG, 100 MG</i>	P	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CELLCEPT INTRAVENOUS (Use mycophenolate mofetil hcl)	NF		PROGRAF CAPS (Use tacrolimus)	NF	QL(3 EA daily)
CELLCEPT CAPS (Use mycophenolate mofetil)	NF	QL(2 EA daily)	PROGRAF PACK	P	
CELLCEPT SUSR (Use mycophenolate mofetil)	NF	QL(15 ML daily)	PROGRAF SOLN 5 MG/ML (Use tacrolimus)	NF	
CELLCEPT TABS (Use mycophenolate mofetil)	NF	QL(4 EA daily)	RAPAMUNE SOLN (Use sirolimus)	NF	
cyclosporine modified (for microemulsion) CAPS	P	QL(4 EA daily)	RAPAMUNE TABS (Use sirolimus)	NF	
cyclosporine modified (for microemulsion) SOLN	P	QL(8 ML daily)	SANDIMMUNE CAPS (Use cyclosporine)	NF	QL(4 EA daily)
cyclosporine CAPS	P	QL(4 EA daily)	SANDIMMUNE SOLN IV 50 MG/ML	P	
cyclosporine SOLN IV 50 MG/ML	P		SANDIMMUNE SOLN PO 100 MG/ML	P	QL(8 ML daily)
ENSPRYNG	NP		sirolimus SOLN	P	
everolimus (immunosuppressant)	P		sirolimus TABS	P	
IMURAN TABS (Use azathioprine)	NF		tacrolimus CAPS	P	QL(3 EA daily)
mycophenolate mofetil hcl	P		tacrolimus SOLN 5 MG/ML	P	
mycophenolate mofetil CAPS	P	QL(2 EA daily)	UPLIZNA	NP	QL(30 ML per fill retail; 30 per fill mail); AL(At least 18 yrs old)
mycophenolate mofetil SUSR	P	QL(15 ML daily)	ZORTRESS (Use everolimus (immunosuppressant))	NF	
mycophenolate mofetil TABS	P	QL(4 EA daily)	PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
mycophenolate sodium 180 MG	P	QL(2 EA daily)	VIJOICE TBPk	PA	PA
mycophenolate sodium 360 MG	P	QL(4 EA daily)	Potassium Removing Agents		
MYFORTIC 180 MG (Use mycophenolate sodium)	NF	QL(2 EA daily)	LOKELMA	P	
MYFORTIC 360 MG (Use mycophenolate sodium)	NF	QL(4 EA daily)	sodium polystyrene sulfonate POWD	P	
NEORAL CAPS (Use cyclosporine modified (for microemulsion))	NF	QL(4 EA daily)	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	P	
NEORAL SOLN (Use cyclosporine modified (for microemulsion))	NF	QL(8 ML daily)	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VELTASSA	NP		PREVIDENT 5000 DRY MOUTH GEL (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 ML per fill retail; 60 per fill mail)
Sclerosing Agents			PREVIDENT 5000 PLUS CREA (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail; 60 per fill mail)
<i>sodium tetradecyl sulfate</i>	PA	PA	PREVIDENT GEL (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail; 60 per fill mail)
Systemic Lupus Erythematosus Agents			PREVIDENT SOLN (<i>Use sodium fluoride (dental)</i>)	NF	
BENLYSTA SOAJ	PA	AL(At least 5 yrs old); PA	<i>sodium fluoride (dental) CREA</i>	P	QL(60 GM per fill retail; 60 per fill mail)
BENLYSTA SOLR	PA	AL(At least 5 yrs old); PA	<i>sodium fluoride (dental) GEL</i>	P	QL(60 GM per fill retail; 60 per fill mail)
BENLYSTA SOSY	PA	AL(At least 18 yrs old); PA	<i>sodium fluoride (dental) SOLN 0.2 %</i>	P	
SAPHNELO	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA	Steroids - Mouth/Throat/Dental		
MOUTH/THROAT/DENTAL AGENTS			<i>triamcinolone acetonide (mouth)</i>	P	
Anesthetics Topical Oral			Throat Products - Misc.		
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(15 ML per fill retail; 15 per fill mail)	AQUORAL SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
<i>lidocaine hcl (mouth-throat) 4 %</i>	P	QL(4 ML per fill retail; 4 per fill mail)	<i>artificial saliva SOLN</i>	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ML per fill retail; 100 per fill mail)	CAPHOSOL SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
Anti-infectives - Throat			NUMOISYN LIQD	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
NYSTATIN (<i>Use nystatin (mouth-throat)</i>)	NF	QL(120 ML per fill retail; 120 per fill mail)	<i>pilocarpine hcl (oral) 5 MG</i>	P	QL(6 EA daily)
<i>nystatin (mouth-throat)</i>	P	QL(120 ML per fill retail; 120 per fill mail)	SALAGEN 5 MG (<i>Use pilocarpine hcl (oral)</i>)	NF	QL(6 EA daily)
Antiseptics - Mouth/Throat			MULTIVITAMINS		
<i>chlorhexidine gluconate (mouth-throat)</i>	P		B-Complex Vitamins		
PERIDEX (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NF				
Dental Products					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>b-complex vitamins CAPS</i>	P	QL(1 EA daily)	ALIVE DIABETIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
<i>b-complex vitamins TABS</i>	P	QL(1 EA daily)	ALIVE ENERGY 50+ TABS	P	QL(1 EA daily); RX/OTC
B-Complex w/ Folic Acid			ALIVE EVERYDAY IMMUNE HEALTH CAPS	P	RX/OTC
<i>b-complex w/ c & folic acid CAPS</i>	P	QL(1 EA daily); RX/OTC	ALIVE GARDEN GOODNESS TABS	P	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Iron			ALIVE HAIR, SKIN & NAILS CAPS	P	RX/OTC
DESTRESS-IRON TABS	P	QL(1 EA daily)	ALIVE MAX 6 POTENCY CAPS	P	RX/OTC
<i>multiple vitamins w/ iron TABS</i>	P	QL(1 EA daily)	ALIVE MENS 50+ ULTRA TABS	P	QL(1 EA daily); RX/OTC
STRESS FORMULA/IRON/ENERGY TABS	P	QL(1 EA daily)	ALIVE MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
TAB-A-VITE/IRON/BETA CAROTENE TABS	P	QL(1 EA daily)	ALIVE MENS COMPLETE MULTI TABS	P	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Minerals			ALIVE MENS ULTRA TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE ADULT TABS	P	QL(1 EA daily); RX/OTC	ALIVE MULTI-VITAMIN LIQD	P	RX/OTC
ABC COMPLETE MENS TABS	P	QL(1 EA daily); RX/OTC	ALIVE ONCE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR 50+ TABS	P	QL(1 EA daily); RX/OTC	ALIVE ULTRA POTENCY ADULT TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR MENS 50+ TABS	P	QL(1 EA daily); RX/OTC	ALIVE ULTRA POTENCY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC	ALIVE WOMENS 50+ COMPLETE MV TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE WOMENS TABS	P	QL(1 EA daily); RX/OTC	ALIVE WOMENS ENERGY TABS	P	QL(1 EA daily); RX/OTC
ACTICAL CAPS	P	RX/OTC	ALPHA BETIC TABS	P	QL(1 EA daily); RX/OTC
ACTIVNUTRIENTS PERFORMANCE CAPS	P	RX/OTC	ANTIOXIDANT FORMULA TABS	P	QL(1 EA daily); RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	P	RX/OTC	APETIBEX CAPS	P	RX/OTC
ACTIVNUTRIENTS CAPS	P	RX/OTC	APPE-CURB CAPS	P	RX/OTC
AFLORA TABS	P	QL(1 EA daily); RX/OTC	AZO HORMONAL HEALTH CYCLE CARE TABS	P	QL(1 EA daily); RX/OTC
ALIVE CALCIUM BONE SUPPORT TABS	P	QL(1 EA daily); RX/OTC			
ALIVE DAILY ENERGY TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AZO HORMONAL HEALTH HAPPY CYCL TABS	P	QL(1 EA daily); RX/OTC	CENTRAVITES ADULTS TABS	P	QL(1 EA daily); RX/OTC
BACMIN TABS	P	QL(1 EA daily); RX/OTC	CENTRUM ADULT LIQD 60 MG/15ML-300 MCG/15ML-1.1 MG/15ML-20 MG/15ML-2 MG/15ML-10 MG/15ML-1.7 MG/15ML-10 MCG/15ML-13.5 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML	P	RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	P	RX/OTC			
BARIATRIC MULTIVITAMINS CAPS	P	RX/OTC			
BARIATRIC MULTIVITAMINS TABS	P	QL(1 EA daily); RX/OTC			
BASIC AM TABS	P	QL(1 EA daily); RX/OTC			
BASIC PM TABS	P	QL(1 EA daily); RX/OTC	CENTRUM ADULTS TABS 60 MG-2 MG-30 MCG-400 MCG-25 MCG-6 MCG-10 MG-1.7 MG-25 MCG-20 MG-1050 MCG-18 MG-1.5 MG-11 MG-50 MG-80 MG-200 MG-150 MCG-45 MCG-13.5 MG-20 MG-0.5 MG-2.3 MG-55 MCG-35 MCG-72 MG, 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-35 MCG-0.5 MG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG	P	QL(1 EA daily); RX/OTC
BIO-35 GLUTEN-FREE CAPS	P	RX/OTC			
BIO-35 IRON FREE CAPS	P	RX/OTC			
BIOCAL CAPS	P	RX/OTC			
BIOTECT PLUS CAPS	P	RX/OTC			
BLOOD SUGAR MANAGER TABS	P	QL(1 EA daily); RX/OTC			
BONEUP 3 PER DAY CAPS	P	RX/OTC			
BONEUP VEGETARIAN TABS	P	QL(1 EA daily); RX/OTC			
BONEUP CAPS	P	RX/OTC			
BOOSTNOW IMMUNE SUPPORT CAPS	P	RX/OTC			
BURIED TREASURE ACTIVE 55 PLUS LIQD	P	RX/OTC	CENTRUM CARDIO TABS	P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMplete 18 CAPS	P	RX/OTC	CENTRUM MENOPAUSE HOT FLASH TABS	P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMplete 36 CAPS	P	RX/OTC	CENTRUM MEN TABS	P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMplete 45 CAPS	P	RX/OTC	CENTRUM MINIS ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMplete 60 CAPS	P	RX/OTC	CENTRUM MINIS MEN 50+ TABS	P	QL(1 EA daily); RX/OTC
CENTRAVITES 50 PLUS TABS	P	QL(1 EA daily); RX/OTC	CENTRUM MINIS WOMEN 50+ TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CENTRUM MINIS WOMEN IMMUNE SUP TABS	P	QL(1 EA daily); RX/OTC	CENTRUM SILVER ADULT 50+ TABS 60 MG- 3 MG-30 MCG-400 MCG- 500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG- 220 MG-300 MCG-1.5 MG-11 MG-50 UNIT-50 MG-150 MCG-80 MG-45 MCG-150 MCG-20 MG- 0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-30 MCG-400 MCG-1.5 MG- 20 MG-3 MG-10 MG-1.7 MG-250 MCG-300 MCG- 25 MCG-22.5 MG-50 MG- 2.3 MG-45 MCG-80 MG- 50 MCG-0.5 MG-11 MG- 220 MG-150 MCG-20 MG- 19 MCG-750 MCG-30 MCG-25 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER 50+MEN TABS 120 MG-6 MG-30 MCG-300 MCG- 1000 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-30 MCG-3500 UNIT-10 MG- 210 MG-600 MCG-1.5 MG-15 MG-75 MG-80 MG- 72 MG-50 MCG-150 MCG-60 UNIT-20 MG-0.5 MG-5 MCG-4 MG-21 MCG-10 MCG-60 MCG-72 MG-2 MG, 120 MG-6 MG- 30 MCG-300 MCG-1000 UNIT-100 MCG-1.7 MG- 60 MCG-20 MG-300 MCG-1050 MCG-10 MG- 600 MCG-1.5 MG-15 MG- 75 MG-80 MG-210 MG-50 MCG-150 MCG-27 MG-20 MG-0.5 MG-4 MG-21 MCG-60 MCG-72 MG	P	QL(1 EA daily); RX/OTC	CENTRUM SILVER MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG- 20 MG-6 MG-100 MCG-10 MG-1.7 MG-300 MCG-600 MCG-1000 UNIT-27 MG- 75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG- 60 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER 50+WOMEN TABS 100 MG-5 MG-30 MCG-400 MCG-1000 UNIT-50 MCG- 1.1 MG-50 MCG-14 MG- 300 MCG-3500 UNIT-5 MG-8 MG-300 MG-1.1 MG-15 MG-100 MG-80 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-22 MCG-10 MCG-52 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	CENTRUM SILVER ULTRA WOMENS TABS	P	QL(1 EA daily); RX/OTC
			CENTRUM SILVER WOMEN 50+ TABS 100 MG-30 MCG-400 MCG- 1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-15.8 MG-8 MG-100 MG-2.3 MG-50 MCG-80 MG-52 MCG-0.5 MG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1050 MCG- 50 MCG-50 MCG-72 MG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CENTRUM SILVER TABS 400 UNIT-60 MG-3 MG-30 MCG-400 MCG-25 MCG-1.7 MG-10 MCG-20 MG-250 MCG-3500 UNIT-10 MG-300 MCG-1.5 MG-15 MG-2 MG-45 UNIT-100 MG-80 MG-150 MCG-200 MG-75 MCG-150 MCG-48 MG-5 MCG-2 MG-150 MCG-20 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-2500 UNIT-10 MG-1.5 MG-11 MG-150 MCG-50 MG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	CENTRUM WOMEN TABS 75 MG-2 MG-40 MCG-400 MCG-1000 UNIT-6 MCG-1.1 MG-50 MCG-14 MG-3500 UNIT-15 MG-18 MG-200 MG-1.1 MG-8 MG-100 MG-80 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-1.8 MG-18 MCG-10 MCG-32 MCG-72 MG-2 MG, 75 MG-40 MCG-400 MCG-1.1 MG-14 MG-2 MG-15 MG-1.1 MG-25 MCG-15.8 MG-18 MG-100 MG-1.8 MG-50 MCG-80 MG-32 MCG-0.5 MG-8 MG-200 MG-150 MCG-20 MG-18 MCG-1050 MCG-50 MCG-6 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM SPECIALIST HEART TABS	P	QL(1 EA daily); RX/OTC	CENTRUM LIQD 60 MG/15ML-2 MG/15ML-300 MCG/15ML-1.5 MG/15ML-6 MCG/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-400 UNIT/15ML-30 UNIT/15ML-9 MG/15ML-2.5 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-2500 UNIT/15ML, 60 MG/15ML-2 MG/15ML-300 MCG/15ML-30 UNIT/15ML-1.1 MG/15ML-400 UNIT/15ML-6 MCG/15ML-1300 UNIT/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML	P	RX/OTC
CENTRUM SPECIALIST IMMUNE TABS	P	QL(1 EA daily); RX/OTC	CENVITE LIQD	P	RX/OTC
CENTRUM SPECIALIST VISION TABS	P	QL(1 EA daily); RX/OTC	CERTAVITE SENIOR/ANTIOXIDANT TABS	P	QL(1 EA daily); RX/OTC
CENTRUM ULTRA WOMENS TABS	P	QL(1 EA daily); RX/OTC			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ESTROVEN MENOPAUSE SUPPLEMENT TABS	P	QL(1 EA daily); RX/OTC	FT CENTURY MEN 50+ TABS	P	QL(1 EA daily); RX/OTC
EVERVITA TABS	P	QL(1 EA daily); RX/OTC	FT CENTURY MEN TABS	P	QL(1 EA daily); RX/OTC
EYE HEALTH + LUTEIN TABS	P	QL(1 EA daily); RX/OTC	FT CENTURY WOMEN 50+ TABS	P	QL(1 EA daily); RX/OTC
EYE HEALTH AREDS 2 CAPS	P	RX/OTC	FT CENTURY WOMEN TABS	P	QL(1 EA daily); RX/OTC
EYE HEALTH CAPS	P	RX/OTC	FT EYE HEALTH CAPS	P	RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	P	QL(1 EA daily); RX/OTC	FT EYE HEALTH TABS	P	QL(1 EA daily); RX/OTC
FINAZOL TABS	P	QL(1 EA daily); RX/OTC	FT HAIR SKIN & NAILS EXTRA STR TABS	P	QL(1 EA daily); RX/OTC
FITNESS TABS FOR MEN AM/PM TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FITNESS TABS FOR WOMEN AM/PM TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY MENS TABS	P	QL(1 EA daily); RX/OTC
FLORRAVITE TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FLORRAXYL TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
FOLAGENT DHA CAPS	P	RX/OTC	GERI-FREEDA SENIOR FORMULA TABS	P	QL(1 EA daily); RX/OTC
FOLAMAX TABS	P	QL(1 EA daily); RX/OTC	GNP CENTURY ADULTS MEN TABS	P	QL(1 EA daily); RX/OTC
FOLAMED DHA CAPS	P	RX/OTC	GNP CENTURY ADULTS WOMEN TABS	P	QL(1 EA daily); RX/OTC
FOLAPRIME TABS	P	QL(1 EA daily); RX/OTC	GNP CENTURY ADULT TABS	P	QL(1 EA daily); RX/OTC
FOLASYNC DHA CAPS	P	RX/OTC	GNP CENTURY MATURE ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC
FOLATEN TABS	P	QL(1 EA daily); RX/OTC	GNP HAIR SKIN & NAILS EXTRA ST TABS	P	QL(1 EA daily); RX/OTC
FOLIFLEX TABS	P	QL(1 EA daily); RX/OTC	GNP ONE DAILY MENS HEALTH 50+ TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-105 MCG-120 MG	P	QL(1 EA daily); RX/OTC
FOLITIN-Z TABS	P	QL(1 EA daily); RX/OTC			
FOLIXIA TABS	P	QL(1 EA daily); RX/OTC			
FREEDAVITE TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY 50+ TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY ADULTS TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP ONE DAILY MENS HEALTH TABS	P	QL(1 EA daily); RX/OTC	LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	P	QL(1 EA daily); RX/OTC
GNP ONE DAILY WOMENS TABS 60 MG-120 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-300 MG-2.4 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG-50 MG	P	QL(1 EA daily); RX/OTC	LYSIPLEX PLUS LIQD	P	RX/OTC
GNP THERAPEUTIC-M TABS	P	QL(1 EA daily); RX/OTC	MEDI TAB TABS	P	QL(1 EA daily); RX/OTC
HAIR SKIN & NAILS ADVANCED TABS	P	QL(1 EA daily); RX/OTC	MEGA MULTI FOR WOMEN TABS	P	QL(1 EA daily); RX/OTC
HAIR SKIN & NAILS TABS	P	QL(1 EA daily); RX/OTC	MEGA MULTI MEN TABS	P	QL(1 EA daily); RX/OTC
HAIR/SKIN/NAILS CAPS	P	RX/OTC	MEGAVITE FRUITS & VEGGIES TABS	P	QL(1 EA daily); RX/OTC
HEAD CARE PROACTIVE HEALTH TABS	P	QL(1 EA daily); RX/OTC	MEGAVITE GOLDEN YEARS 55+ TABS	P	QL(1 EA daily); RX/OTC
HEALTHY EYES SUPERVISION 2 CAPS	P	RX/OTC	MENATROL CAPS	P	RX/OTC
HIGH POTENCY MULTIVIT/FA TABS	P	QL(1 EA daily); RX/OTC	MENS 50+ ADVANCED CAPS	P	RX/OTC
HM COMPLETE MEN TABS	P	QL(1 EA daily); RX/OTC	MENS 50+ MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
HYLAZINC TABS	P	QL(1 EA daily); RX/OTC	MENS MULTI HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC
ICAPS AREDS FORMULA TABS	P	QL(1 EA daily); RX/OTC	MENS MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
IMMUNE ESSENTIALS DAILY CAPS	P	RX/OTC	MOOD FOOD ES CAPS	P	RX/OTC
JOINT HEALTH & BONE STRENGTH TABS	P	QL(1 EA daily); RX/OTC	MOOD FOOD CAPS	P	RX/OTC
KEYFOLIC TABS	P	QL(1 EA daily); RX/OTC	MULTIA CAPS	P	RX/OTC
KEYLOSA TABS	P	QL(1 EA daily); RX/OTC	<i>multiple vitamins w/ minerals CAPS</i>	P	RX/OTC
K-PAX IMMUNE PROFESSIONAL ST TABS	P	QL(1 EA daily); RX/OTC	<i>multiple vitamins w/ minerals LIQD</i>	P	RX/OTC
LIVER DETOX TABS	P	QL(1 EA daily); RX/OTC	<i>multiple vitamins w/ minerals TABS</i>	P	QL(1 EA daily); RX/OTC
LIVITA ADULTS LIQD	P	RX/OTC	MULTITOL-M TABS	P	QL(1 EA daily); RX/OTC
			MULTIVITAMIN ADULT (MINERALS) TABS	P	QL(1 EA daily); RX/OTC
			MULTIVITAMIN HEALTH FORM/CA/FE TABS	P	QL(1 EA daily); RX/OTC
			MULTIVITAMIN MEN TABS	P	QL(1 EA daily); RX/OTC
			MULTI-VITAMIN MONOCAPS TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN WOMEN TABS	P	QL(1 EA daily); RX/OTC	OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	RX/OTC
MULTIVITAMIN/ZINC STRESS TABS	P	QL(1 EA daily); RX/OTC	OCUVITE ADULT 50+ CAPS	P	RX/OTC
MULTIVITAMIN-MINERALS TABS	P	QL(1 EA daily); RX/OTC	OCUVITE ADULT FORMULA CAPS	P	RX/OTC
MULTI-VITE LIQD	P	RX/OTC	OCUVITE EYE PERFORMANCE CAPS	P	RX/OTC
MVW COMPLETE FORMULATION D3000 CAPS	P	RX/OTC	OCUVITE-LUTEIN CAPS	P	RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS	P	RX/OTC	ONCOVITE TABS	P	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS	P	RX/OTC	ONE A DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION CAPS	P	RX/OTC	ONE A DAY MEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION MINI CAPS	P	RX/OTC	ONE A DAY TRIPLE IMMUNE SUPPRT TABS	P	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION CAPS	P	RX/OTC	ONE A DAY WOMEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
NAT-RUL THERAVITE-M TABS	P	QL(1 EA daily); RX/OTC	ONE A DAY WOMENS MULTI TABS	P	QL(1 EA daily); RX/OTC
NATRUL-VITES TABS	P	QL(1 EA daily); RX/OTC	ONE DAILY MEN FORMULA W/O IRON TABS	P	QL(1 EA daily); RX/OTC
NEOVITE TABS	P	QL(1 EA daily); RX/OTC	ONE DAILY MENS 50+ MULTIVIT TABS	P	QL(1 EA daily); RX/OTC
NICADAN TABS	P	QL(1 EA daily); RX/OTC	ONE DAILY MULTIVITAMIN WOMEN TABS	P	QL(1 EA daily); RX/OTC
NICAZEL FORTE TABS	P	QL(1 EA daily); RX/OTC	ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
NICAZEL TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC
NO IRON MULT VITAMIN-MINERALS TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENOPAUSE FORMULA TABS	P	QL(1 EA daily); RX/OTC
NUTRALYN TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS (MINERALS) TABS	P	QL(1 EA daily); RX/OTC
NUTRICAP TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS 50+ ADVANTAGE TABS	P	QL(1 EA daily); RX/OTC
OCULAR VITAMINS TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY MENS HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS PETITES TABS 30 MG-1 MG-15 MCG-200 MCG-500 UNIT-3 MCG-0.85 MG-12.5 MCG-5 MG-1250 UNIT-2.5 MG-9 MG-250 MG-0.75 MG-25 MG-7.5 MG-1 MG-11.25 UNIT-1 MG-60 MCG-10 MCG	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS	P	QL(1 EA daily); RX/OTC	ONE-DAILY MULTI CAPS CAPS	P	RX/OTC
ONE-A-DAY TEEN ADVANTAGE/HIM TABS	P	QL(1 EA daily); RX/OTC	ONEVITE TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WEIGHT SMART ADVANCE TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	OPTIVITE P.M.T. TABS 250 MG-50 MG-10 MCG-33.33 MCG-52.17 MG-16.67 UNIT-2083.33 UNIT-4.17 MG-4.17 MG-4 MG-4.17 MG-4.17 MG-16.67 MG-16.67 UNIT-2.5 MG-41.67 MG-1.67 MG-8 MG-16.67 MCG-4.17 MG-20.83 MG-12.5 MCG-16.67 MCG-41.67 MG-15.5 MG-10 MCG	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50 PLUS TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	OPURITY TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	OSTEOPRIME PLUS TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG-2.2 MG-500 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG	P	QL(1 EA daily); RX/OTC	PARVLEX TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC	PHYTOMULTI TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS HEALTHY SKIN TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	PRESCRIPTION SUPPORT MULTIVIT CAPS	P	RX/OTC
ONE-A-DAY WOMENS MIND & BODY TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	PRESERVISION AREDS 2+COQ10 CAPS	P	RX/OTC
			PRESERVISION AREDS 2+MULTI VIT CAPS	P	RX/OTC
			PRESERVISION AREDS 2 CAPS	P	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THERA-TABS M TABS	P	QL(1 EA daily); RX/OTC	VITATRUM TABS	P	QL(1 EA daily); RX/OTC
THERA-VITE MAX-M TABS	P	QL(1 EA daily); RX/OTC	VITEYES AREDS 2 FORMULA +MULTI CAPS	P	RX/OTC
T-VITES TABS	P	QL(1 EA daily); RX/OTC	VITEYES AREDS 2 FORMULA CAPS	P	RX/OTC
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC ADVANCED CAPS	P	RX/OTC
ULTRA BONEUP TABS	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC MACULAR SUPPOR CAPS	P	RX/OTC
VENEXA FE TABS	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
VENEXA TABS	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC+OMEGA-3 CAPS	P	RX/OTC
VENTRIXYL FE TABS	P	QL(1 EA daily); RX/OTC	VITEYES OPTIC NERVE SUPPORT TABS	P	QL(1 EA daily); RX/OTC
VENTRIXYL TABS	P	QL(1 EA daily); RX/OTC	VITRAMYN TABS	P	QL(1 EA daily); RX/OTC
VISION HEALTH CAPS	P	RX/OTC	VITRANOL FE TABS	P	QL(1 EA daily); RX/OTC
VISION OPTIMIZER CAPS	P	RX/OTC	VITRANOL TABS	P	QL(1 EA daily); RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	P	RX/OTC	VITREXATE FE TABS	P	QL(1 EA daily); RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	P	RX/OTC	VITREXATE TABS	P	QL(1 EA daily); RX/OTC
VITABASIC COMPLETE TABS	P	QL(1 EA daily); RX/OTC	VITREXYL + IRON TABS	P	QL(1 EA daily); RX/OTC
VITABASIC SENIOR TABS	P	QL(1 EA daily); RX/OTC	VITREXYL TABS	P	QL(1 EA daily); RX/OTC
VITABEX PLUS CAPS	P	RX/OTC	VITRUM 50+ ADULT-MULTI TABS	P	QL(1 EA daily); RX/OTC
VITABEX CAPS	P	RX/OTC	VITRUM 50+ SENIOR MULTI TABS	P	QL(1 EA daily); RX/OTC
VITACORE TABS	P	QL(1 EA daily); RX/OTC	WELLFOLA TABS	P	QL(1 EA daily); RX/OTC
VITAMIN D3 COMPLETE TABS	P	QL(1 EA daily); RX/OTC	WOMENS 50+ MULTI VITAMIN TABS	P	QL(1 EA daily); RX/OTC
VITAROCA PLUS TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	YELETS TEENAGE FORMULA TABS	P	QL(1 EA daily); RX/OTC
VITASANA TABS	P	QL(1 EA daily); RX/OTC	Multiple Vitamins w/ Minerals & Fluoride-Iron-Folic Acid		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QUFLORA FE	P	AL(Up to 20 yrs old)	ONE-A-DAY ESSENTIAL TABS (<i>Use multiple vitamin</i>)	NF	QL(1 EA daily); RX/OTC
Multivitamins			ONE-A-DAY MENS TABS (<i>Use multiple vitamin</i>)	NF	QL(1 EA daily); RX/OTC
ALTRIXA TABS	P	QL(1 EA daily); RX/OTC	QUINTABS TABS	P	QL(1 EA daily); RX/OTC
AMLADEX TABS	P	QL(1 EA daily); RX/OTC	RELCARE TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MENOPAUSE MIND/MOOD TABS	P	QL(1 EA daily); RX/OTC	STRESS FORMULA/ZINC/ENERGY TABS	P	QL(1 EA daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS	P	QL(1 EA daily); RX/OTC	THERA TABS	P	QL(1 EA daily); RX/OTC
ESTROFACTORS TABS	P	QL(1 EA daily); RX/OTC	THEREMS TABS	P	QL(1 EA daily); RX/OTC
FOLAWISE TABS	P	QL(1 EA daily); RX/OTC	TM-DAILY VITE TABS	P	QL(1 EA daily); RX/OTC
FOLCYTEINE TABS	P	QL(1 EA daily); RX/OTC	TRUE MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
GENICIN VITA-Q TABS	P	QL(1 EA daily); RX/OTC	VIREXA TABS	P	QL(1 EA daily); RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	VITRAX TABS	P	QL(1 EA daily); RX/OTC
MINCORA TABS	P	QL(1 EA daily); RX/OTC	Ped Multi Vitamins w/Fl & FE		
MULTI VITAMIN W/D-3 TABS	P	QL(1 EA daily); RX/OTC	FLORAFOL FE PEDIATRIC SOLN	P	AL(Up to 20 yrs old)
MULTI VITAMIN TABS	P	QL(1 EA daily); RX/OTC	<i>ped multivitamins w/fl & iron SOLN</i>	P	AL(Up to 20 yrs old); RX/OTC
<i>multiple vitamin TABS</i>	P	QL(1 EA daily); RX/OTC	POLY-VI-FLOR/IRON CHEW	P	AL(Up to 20 yrs old)
MULTIVITAMIN ADULT TABS	P	QL(1 EA daily); RX/OTC	POLY-VI-FLOR/IRON SUSP	P	AL(Up to 20 yrs old); RX/OTC
MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	QUFLORA FE PEDIATRIC LIQD	P	AL(Up to 20 yrs old)
NEOMULTIVITE TABS	P	QL(1 EA daily); RX/OTC	Ped Multiple Vitamins w/ Minerals		
NEVVITE TABS	P	QL(1 EA daily); RX/OTC	LIVITA CHILDREN LIQD	P	AL(Up to 20 yrs old); RX/OTC
OMNICAP TABS	P	QL(1 EA daily); RX/OTC	Ped MV w/ Fluoride		
ONE DAILY ESSENTIALS TABS	P	QL(1 EA daily); RX/OTC	DAVIMET-FLUORIDE CHEW	P	
ONE DAILY ESSENTIAL TABS	P	QL(1 EA daily); RX/OTC	FLORAFOL PEDIATRIC CHEW	P	AL(Up to 20 yrs old); RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLORAFOL PEDIATRIC SOLN	P	AL(Up to 20 yrs old); RX/OTC	POLY-VITA/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)
FLOTREX CHEW 0.5 MG	P	AL(Up to 20 yrs old); RX/OTC	POLY-VITE/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)
MULTIVITAMIN/FLUORIDE CHEW	P	AL(Up to 20 yrs old); RX/OTC	Pediatric Multiple Vitamins		
MULTIVITAMIN/FLUORIDE SOLN	P	AL(Up to 20 yrs old); RX/OTC	BPROTECTED PEDIA POLY-VITE SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
MULTI-VIT-FLOR CHEW	P	AL(Up to 20 yrs old); RX/OTC	MULTIVITAMIN INFANT & TODDLER SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
<i>pediatric multivitamins w/fl CHEW</i>	P	AL(Up to 20 yrs old); RX/OTC	NOVAMV PEDIATRIC MULTI-VITAMIN LIQD	P	
<i>pediatric multivitamins w/fl SOLN</i>	P	AL(Up to 20 yrs old); RX/OTC	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
<i>pediatric vitamins acd w/ fluoride SOLN</i>	P	AL(Up to 20 yrs old); RX/OTC	POLY-VI-SOL SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
POLY-VI-FLOR CHEW	P	AL(Up to 20 yrs old); RX/OTC	POLY-VITA SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
POLY-VI-FLOR SUSP	P	AL(Up to 20 yrs old)	POLY-VITE PEDIATRIC SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
QUFLORA PEDIATRIC CHEW	P	AL(Up to 20 yrs old); RX/OTC	Prenatal Vitamins		
QUFLORA PEDIATRIC SOLN	P	AL(Up to 20 yrs old); RX/OTC	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	P	
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old)	CLASSIC PRENATAL TABS	P	QL(1 EA daily)
VITAMINS ACD-FLUORIDE SOLN	P	AL(Up to 20 yrs old); RX/OTC	COMPLETE NATAL DHA	P	
Ped MV w/ Iron			COMPLETENATE CHEW	P	
BPROTECTED PEDIA POLY-VITE/FE SOLN	P	QL(50 ML per fill retail; 50 per fill mail)	CONCEPT DHA	P	
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	P	QL(50 ML per fill retail; 50 per fill mail)	CONCEPT OB	P	
MULTIVITAMIN DROPS/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)	CVS PRENATAL GUMMY 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-1800 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-113.5 MG-5 MG-35 MG	P	
PC PEDIATRIC POLY-VITA/FE DROP SOLN	P	QL(50 ML per fill retail; 50 per fill mail)			
<i>pediatric multiple vitamins w/ iron CHEW</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	P	QL(1 EA daily)	PRENATAL (W/IRON & FA) TABS	P	QL(1 EA daily); RX/OTC
ENBRACE HR	P		PRENATAL FORMULA CAPS	P	
EQL PRENATAL FORMULA TABS	P	QL(1 EA daily)	PRENATAL FORTE TABS	P	QL(1 EA daily); RX/OTC
FOLIVANE-OB	P		PRENATAL MULTIVIT PLUS FOLATE TABS 0.8 MG	P	QL(1 EA daily); RX/OTC
FT PRENATAL TABS	P	QL(1 EA daily)	PRENATAL ONE DAILY TABS	P	QL(1 EA daily)
GNP PRENATAL/FOLIC ACID TABS	P	QL(1 EA daily)	<i>prenatal vit w/ ferrous fumarate-l methylfolate- folic acid</i>	P	
GNP PRENATAL TABS	P	QL(1 EA daily)	<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG- 315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG- 15 MG-10 MG-20 UNIT- 2100 UNIT-50 MG</i>	P	
JENLIVA PRENATAL/POSTNATAL CAPS	P	QL(1 EA daily)	PRENATAL VITAMIN AND MINERAL TABS	P	QL(1 EA daily)
KP PRENATAL MULTIVITAMINS TABS	P	QL(1 EA daily)	PRENATAL VITAMINS TABS 100 MG-800 MCG- 1.84 MG-18 MG-2.6 MG- 1.7 MG-27 MG-10 MCG- 4.95 MG-25 MG-200 MG- 160 MG-1200 MCG-4 MCG, 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	P	QL(1 EA daily)
KPN PRENATAL TABS	P	QL(1 EA daily)	<i>prenatal without a w/ fe fumarate-l methylfolate-fa- dha</i>	P	
MASONATAL TABS	P	QL(1 EA daily)	PRENATAL/IRON TABS	P	QL(1 EA daily)
M-NATAL PLUS TABS	P	RX/OTC	PRENATAL TABS	P	QL(1 EA daily)
MULTI PRENATAL TABS	P	QL(1 EA daily)	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	RX/OTC
NEONATAL PRENATAL TABS	P	QL(1 EA daily)	PRENATE	P	
NEONATAL VITAMIN TABS	P	QL(1 EA daily)			
NEO-VITAL RX TABS	P				
NESTABS	P				
NESTABS DHA	P				
NESTABS ONE	P				
OB COMPLETE ONE	P				
OB COMPLETE PETITE	P				
OB COMPLETE PREMIER	P				
OB COMPLETE/DHA	P				
OB COMPLETE TABS	P				
ONE VITE WOMENS TABS	P	QL(1 EA daily)			
PNV-OMEGA	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRENATE AM	P		TRISTART DHA	P	
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	P		VITAFOL FE+	P	
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	P		VITAFOL GUMMIES	P	
PRENATE ENHANCE	P		VITAFOL ULTRA	P	
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	P		VITAFOL-OB+DHA MISC	P	
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	P		VITAFOL-OB TABS	P	
PRENATE PIXIE	P		VITAFOL-ONE CAPS	P	
PRENATE RESTORE	P		WESCAP-C DHA	P	
PRENATVITE RX TABS	P	QL(1 EA daily); RX/OTC	WESCAP-PN DHA	P	
PRIMACARE	P		WESNATAL DHA COMPLETE	P	
PROVIDA OB	P		WESNATE DHA CAPS	P	
QC PRENATAL TABS	P	QL(1 EA daily)	WESTAB PLUS TABS	P	RX/OTC
SELECT-OB+DHA MISC	P		WESTGEL DHA	P	
SELECT-OB CHEW	P		Vitamins w/ Lipotropics		
SE-NATAL 19 CHEW	P		<i>vitamins w/ lipotropics CAPS</i>	P	QL(1 EA daily)
SE-NATAL 19 TABS	P	RX/OTC	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
SM PRENATAL VITAMINS TABS	P	QL(1 EA daily)	Central Muscle Relaxants		
TARON-C DHA	P		AMRIX CP24 (<i>Use cyclobenzaprine hcl</i>)	NP	
THRIVITE RX TABS	P	RX/OTC	BACLOFEN REFILL KIT-SYNCHROMED KIT IT 40 MG/20ML	NP	
TRICARE TABS	P	RX/OTC	<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP	
TRINATAL RX 1 TABS	P		<i>baclofen SUSP</i>	NP	
			<i>baclofen TABS</i>	P	
			<i>carisoprodol TABS 350 MG</i>	P	
			<i>carisoprodol TABS 250 MG</i>	NP	
			<i>chlorzoxazone TABS 500 MG</i>	P	
			<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	NP	
			<i>cyclobenzaprine hcl CP24</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cyclobenzaprine hcl TABS</i>	P		<i>azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY</i>	P	
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP		<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	P	QL(26 ML per fill retail; 26 per fill mail)
<i>FLEQSUVY SUSP (Use baclofen)</i>	NP		<i>olopatadine hcl (nasal)</i>	P	
<i>LYVISPAH PACK 5 MG</i>	NP		Nasal Anticholinergics		
<i>metaxalone</i>	NP		<i>ipratropium bromide (nasal)</i>	P	
<i>methocarbamol TABS 500 MG, 750 MG</i>	P		Nasal Steroids		
<i>orphenadrine citrate TB12</i>	P		<i>budesonide (nasal)</i>	NP	
<i>OZOBAX DS SOLN PO (Use baclofen)</i>	NP		<i>flunisolide (nasal)</i>	NP	
<i>SOMA TABS (Use carisoprodol)</i>	NP		<i>fluticasone propionate (nasal) SUSP</i>	P	RX/OTC
<i>tizanidine hcl CAPS</i>	P		<i>fluticasone propionate (nasal) SUSP</i>	NP	RX/OTC
<i>tizanidine hcl TABS</i>	P		<i>mometasone furoate (nasal) SUSP</i>	NP	RX/OTC
<i>ZANAFLEX CAPS (Use tizanidine hcl)</i>	NP		<i>OMNARIS SUSP</i>	NP	
<i>ZANAFLEX CAPS</i>	NP		<i>QNASL</i>	NP	
<i>ZANAFLEX TABS 4 MG (Use tizanidine hcl)</i>	NP		<i>QNASL CHILDRENS</i>	NP	
Direct Muscle Relaxants			<i>triamcinolone acetonide (nasal) AERO</i>	P	
<i>DANTRIUM CAPS 25 MG (Use dantrolene sodium)</i>	NP		<i>XHANCE EXHU</i>	NP	
<i>dantrolene sodium CAPS</i>	P		<i>ZETONNA AERS</i>	NP	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus			Sympathomimetic Decongestants		
Nasal Agent Combinations			<i>ADRENALIN 0.1 %</i>	P	
<i>azelastine hcl-fluticasone propionate SUSP</i>	P		<i>epinephrine hcl (nasal)</i>	P	
<i>DYMISTA SUSP (Use azelastine hcl-fluticasone propionate)</i>	P		<i>phenylephrine hcl (oral) TABS</i>	P	QL(24 EA per fill retail; 24 per fill mail)
Nasal Agents - Misc.			<i>pseudoephedrine hcl TABS</i>	P	
<i>saline SOLN 0.65 %</i>	P	QL(90 ML per fill retail; 90 per fill mail)	<i>pseudoephedrine hcl TB12</i>	P	QL(2 EA daily)
Nasal Antiallergy			<i>SUDAFED CHILDRENS LIQD</i>	P	
			NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		

Drug Name	Drug Tier	Requirements/ Limits
ALS Agents		
QALSODY	PA	AL(At least 18 yrs old); PA
Friedrich's Ataxia Agents		
SKYCLARYS	PA	QL(3 EA daily); AL(At least 16 yrs old); PA
Muscular Dystrophy Agents		
AMONDYS 45	PA	PA
DUVYZAT	PA	AL(At least 6 yrs old); PA
ELEVIDYS 10.0-10.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 10.5-11.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 11.5-12.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 12.5-13.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 13.5-14.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 14.5-15.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 15.5-16.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 16.5-17.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 17.5-18.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 18.5-19.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 19.5-20.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 20.5-21.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 21.5-22.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 22.5-23.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 23.5-24.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 24.5-25.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 25.5-26.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 26.5-27.4 KG	PA	AL(At least 4 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 27.5-28.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 28.5-29.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 29.5-30.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 30.5-31.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 31.5-32.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 32.5-33.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 33.5-34.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 34.5-35.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 35.5-36.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 36.5-37.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 37.5-38.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 38.5-39.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 39.5-40.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 40.5-41.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 41.5-42.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 42.5-43.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 43.5-44.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 44.5-45.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 45.5-46.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 46.5-47.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 47.5-48.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 48.5-49.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 49.5-50.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 50.5-51.4 KG	PA	AL(At least 4 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 51.5-52.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 52.5-53.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 53.5-54.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 54.5-55.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 55.5-56.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 56.5-57.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 57.5-58.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 58.5-59.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 59.5-60.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 60.5-61.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 61.5-62.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 62.5-63.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 63.5-64.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 64.5-65.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 65.5-66.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 66.5-67.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 67.5-68.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 68.5-69.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 69.5 KG PLUS	PA	AL(At least 4 yrs old); PA
EXONDYS 51	PA	PA
VILTEPSO	PA	PA
VYONDYS 53	PA	PA
Neuromuscular Blocking Agent - Neurotoxins		

Drug Name	Drug Tier	Requirements/ Limits
BOTOX IJ	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); PA
DYSPORT	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); PA
MYOBLOC	PA	Maximum 180 day supply allowed; QL(4 ML per 84 day(s) retail; 4 ML per 84 days mail); PA
XEOMIN	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); PA
Rett Syndrome Agents		
DAYBUE	PA	QL(120 ML daily); AL(At least 2 yrs old); PA
DAYBUE STIX PO 5000 MG, 6000 MG, 8000 MG	PA	AL(At least 2 yrs old); PA
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI PO 5 MG	PA	PA
EVRYSDI	PA	PA
SPINRAZA	PA	PA
ZOLGENSMA 20.6-21.0 KG	CO	
ZOLGENSMA 10.1-10.5 KG	CO	
ZOLGENSMA 10.6-11.0 KG	CO	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 11.1-11.5 KG	CO		ZOLGENSMA 4.6-5.0 KG	CO	
ZOLGENSMA 11.6-12.0 KG	CO		ZOLGENSMA 5.1-5.5 KG	CO	
ZOLGENSMA 12.1-12.5 KG	CO		ZOLGENSMA 5.6-6.0 KG	CO	
ZOLGENSMA 12.6-13.0 KG	CO		ZOLGENSMA 6.1-6.5 KG	CO	
ZOLGENSMA 13.1-13.5 KG	CO		ZOLGENSMA 6.6-7.0 KG	CO	
ZOLGENSMA 13.6-14.0 KG	CO		ZOLGENSMA 7.1-7.5 KG	CO	
ZOLGENSMA 14.1-14.5 KG	CO		ZOLGENSMA 7.6-8.0 KG	CO	
ZOLGENSMA 14.6-15.0 KG	CO		ZOLGENSMA 8.1-8.5 KG	CO	
ZOLGENSMA 15.1-15.5 KG	CO		ZOLGENSMA 8.6-9.0 KG	CO	
ZOLGENSMA 15.6-16.0 KG	CO		ZOLGENSMA 9.1-9.5 KG	CO	
ZOLGENSMA 16.1-16.5 KG	CO		ZOLGENSMA 9.6-10.0 KG	CO	
ZOLGENSMA 16.6-17.0 KG	CO		NUTRIENTS		
ZOLGENSMA 17.1-17.5 KG	CO		Misc. Nutritional Substances		
ZOLGENSMA 17.6-18.0 KG	CO		<i>omega-3 fatty acids CAPS 1000 MG, 1200 MG</i>	P	QL(6 EA daily)
ZOLGENSMA 18.1-18.5 KG	CO		Proteins		
ZOLGENSMA 18.6-19.0 KG	CO		ARGININE TABS	P	
ZOLGENSMA 19.1-19.5 KG	CO		L-TRYPTOPHAN TABS	P	
ZOLGENSMA 19.6-20.0 KG	CO		OPHTHALMIC AGENTS - Drugs to Treat the Eye		
ZOLGENSMA 2.6-3.0 KG	CO		Artificial Tears and Lubricants		
ZOLGENSMA 20.1-20.5 KG	CO		ALCON TEARS SOLN	P	
ZOLGENSMA 3.1-3.5 KG	CO		<i>artificial tear solution</i>	P	
ZOLGENSMA 3.6-4.0 KG	CO		<i>carboxymethylcellulose sodium (ophth) GEL</i>	P	
ZOLGENSMA 4.1-4.5 KG	CO		<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	P	
			<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	P	
			<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	NP	
			<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	NP	
			<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	P	
			<i>polyvinyl alcohol 1.4 %</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %</i>	P		<i>timolol maleate (ophth) SOLG</i>	P	
<i>polyvinyl alcohol-povidone (ophth)</i>	NP		<i>timolol maleate (ophth) SOLN</i>	P	
REFRESH	P		<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP	
<i>white petrolatum-mineral oil</i>	P		TIMOPTIC OCUDOSE SOLN (<i>Use timolol maleate (ophth)</i>)	NP	
Beta-blockers - Ophthalmic			TIMOPTIC OCUDOSE SOLN 0.25 % (<i>Use timolol maleate (ophth)</i>)	NF	
<i>betaxolol hcl (ophth) SOLN</i>	P		Cholinergic Agonists		
BETIMOL (<i>Use timolol</i>)	NF		TYRVAYA	NP	
BETIMOL	NP		Cycloplegic Mydriatics		
BETIMOL (<i>Use timolol</i>)	NP		<i>atropine sulfate (ophthalmic) OINT</i>	P	QL(4 GM per fill retail; 4 per fill mail)
BETOPTIC-S SUSP	P		<i>atropine sulfate (ophthalmic) SOLN</i>	P	QL(15 ML per fill retail; 15 per fill mail)
<i>brimonidine tartrate-timolol maleate</i>	NP		ATROPINE SULFATE SOLN 1 %	P	QL(15 EA per fill retail; 15 per fill mail)
<i>carteolol hcl (ophth)</i>	P		ATROPINE SULFATE SOLN 1 % (<i>Use atropine sulfate (ophthalmic)</i>)	NF	QL(15 ML per fill retail; 15 per fill mail)
COMBIGAN (<i>Use brimonidine tartrate-timolol maleate</i>)	P		CYCLOGYL (<i>Use cyclopentolate hcl</i>)	NF	QL(15 ML per fill retail; 15 per fill mail)
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NP		CYCLOGYL 0.5 %	P	QL(15 ML per fill retail; 15 per fill mail)
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NF		CYCLOGYL 2 %	P	
COSOPT PF (<i>Use dorzolamide hcl-timolol maleate</i>)	NF		<i>cyclopentolate hcl 1 %</i>	P	QL(15 ML per fill retail; 15 per fill mail)
COSOPT PF (<i>Use dorzolamide hcl-timolol maleate</i>)	NP		MYDRIACYL SOLN (<i>Use tropicamide</i>)	NF	QL(15 ML per fill retail; 15 per fill mail)
<i>dorzolamide hcl-timolol maleate</i>	P		<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	P	QL(15 ML per fill retail; 15 per fill mail)
<i>dorzolamide hcl-timolol maleate</i>	NP				
ISTALOL SOLN (<i>Use timolol maleate (ophth)</i>)	NP				
<i>levobunolol hcl 0.5 %</i>	P				
<i>timolol</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PHENYLEPHRINE HCL SOLN (Use phenylephrine hcl (mydriatic))	NF	QL(15 ML per fill retail; 15 per fill mail)	moxifloxacin hcl (ophth) SOLN OP	P	QL(15 ML per fill retail; 15 per fill mail)
tropicamide SOLN	P	QL(15 ML per fill retail; 15 per fill mail)	neomycin-bacitracin zn-polymyxin	P	QL(4 GM per fill retail; 4 per fill mail)
Miotics			neomycin-polymyxin-gramicidin	P	QL(10 ML per fill retail; 10 per fill mail)
pilocarpine hcl SOLN 1.25 %	PA	PA	OCUFLOX (Use ofloxacin (ophth))	NP	
pilocarpine hcl SOLN 1 %, 2 %, 4 %	P		ofloxacin (ophth)	P	
VUITY SOLN 1.25 % (Use pilocarpine hcl)	PA	PA	polymyxin b-trimethoprim	P	QL(10 ML per fill retail; 10 per fill mail)
Ophthalmic Adrenergic Agents			sulfacetamide sodium (ophth) OINT	P	
ALPHAGAN P (Use brimonidine tartrate)	P		sulfacetamide sodium (ophth) SOLN	P	QL(15 ML per fill retail; 15 per fill mail)
apraclonidine hcl	NP		tobramycin (ophth) SOLN	P	QL(5 ML per fill retail; 5 per fill mail)
brimonidine tartrate	NP		TOBREX OINT	P	QL(4 GM per fill retail; 4 per fill mail)
IOPIDINE	NP		trifluridine	P	QL(8 ML per fill retail; 8 per fill mail)
SIMBRINZA	P		VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	NP	QL(15 ML per fill retail; 15 per fill mail)
Ophthalmic Anti-infectives			ZYMAXID (Use gatifloxacin (ophth))	NF	
AZASITE	NP		Ophthalmic Decongestants		
bacitracin-polymyxin b (ophth)	P	QL(4 GM per fill retail; 4 per fill mail)	tetrahydrozoline hcl (ophth) 0.05 %	P	QL(0.5 ML daily)
besifloxacin hcl 0.6 %	NP		Ophthalmic Immunomodulators		
BESIVANCE 0.6 % (Use besifloxacin hcl)	P		CEQUA SOLN	NP	
CILOXAN OINT	NP		cyclosporine (ophth) EMUL	NP	
ciprofloxacin hcl (ophth) SOLN	P		RESTASIS MULTIDOSE EMUL	NP	
erythromycin (ophth)	P		RESTASIS EMUL (Use cyclosporine (ophth))	P	
gatifloxacin (ophth)	NP				
gentamicin sulfate (ophth) SOLN	P	QL(15 ML per fill retail; 15 per fill mail)			
levofloxacin (ophth) 0.5 %	NP				
moxifloxacin hcl (ophth) SOLN OP	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VERKAZIA EMUL	PA	QL(4 EA daily); AL(At least 4 yrs old); PA	FLAREX	P	
VEVYE SOLN	NP		<i>fluorometholone (ophth) SUSP</i>	NP	
Ophthalmic Integrin Antagonists			FML FORTE SUSP	P	
XIIDRA	P		FML LIQUIFILM SUSP (Use <i>fluorometholone (ophth)</i>)	P	
Ophthalmic Kinase Inhibitors			ILUVIEN	NP	
RHOPRESSA	P		INVELTYS SUSP	NP	
ROCKLATAN	P		LOTEMAX SM GEL	NP	
Ophthalmic Local Anesthetics			LOTEMAX GEL (Use <i>loteprednol etabonate</i>)	NP	
TETRACAINE HCL 0.5 %	P		LOTEMAX OINT	NP	
TETRACAINE HCL 0.5 % (Use <i>tetracaine hcl (ophth)</i>)	NF		LOTEMAX SUSP (Use <i>loteprednol etabonate</i>)	NP	
<i>tetracaine hcl (ophth)</i>	P		<i>loteprednol etabonate GEL</i>	NP	
Ophthalmic Nerve Growth Factors			<i>loteprednol etabonate SUSP</i>	NP	
OXERVATE	PA	Maximum 56 day supply allowed; QL(1 ML daily; 112 ML per 999 day(s) retail; 112 ML per 999 days mail); AL(At least 2 yrs old); PA	<i>loteprednol etabonate-tobramycin</i>	NP	
Ophthalmic Steroids			MAXIDEX SUSP OP	P	
ALREX SUSP (Use <i>loteprednol etabonate</i>)	P		MAXITROL OINT (Use <i>neomycin-polymyx-dexameth</i>)	NP	QL(17.5 GM per fill retail; 17.5 per fill mail)
<i>bacitracin-poly-neomycin-hc</i>	NP		MAXITROL SUSP (Use <i>neomycin-polymyx-dexameth</i>)	NP	
<i>dexamethasone sodium phosphate (ophth)</i>	NP		<i>neomycin-polymyx-dexameth OINT</i>	P	QL(17.5 GM per fill retail; 17.5 per fill mail)
DEXTENZA INST	NP		<i>neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	P	
<i>difluprednate</i>	P		<i>neomycin-polymyxin-hc (ophth)</i>	NP	
DUREZOL (Use <i>difluprednate</i>)	NP		PRED FORTE (Use <i>prednisolone acetate (ophth)</i>)	P	
DUREZOL (Use <i>difluprednate</i>)	NF		PRED MILD	NP	
EYSUVIS SUSP	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone acetate (ophth)</i>	P		<i>dorzolamide hcl</i>	P	
PREDNISOLONE SODIUM PHOSPHATE	NP		<i>epinastine hcl (ophth)</i>	NP	
RETISERT	NP		<i>flurbiprofen sodium</i>	P	
<i>sulfacetamide sod-prednisolone SOLN</i>	P		ILEVRO	P	
TOBRADEX ST SUSP	NP		<i>ketorolac tromethamine (ophth)</i>	P	
TOBRADEX OINT	P		<i>ketotifen fumarate (ophth) 0.035 %</i>	NP	
<i>tobramycin-dexamethasone SUSP</i>	P		<i>ketotifen fumarate (ophth) 0.035 %</i>	P	
TRIESENCE	NP		LASTACRAFT	NP	
XIPERE	NP		MIEBO	NP	
YUTIQ	NP		NEVANAC	P	
ZYLET	NP		<i>olopatadine hcl</i>	P	
Ophthalmics - Misc.			<i>olopatadine hcl</i>	NP	
ACULAR (<i>Use ketorolac tromethamine (ophth)</i>)	NP		PROLENSA (<i>Use bromfenac sodium (ophth)</i>)	NP	
ACULAR LS (<i>Use ketorolac tromethamine (ophth)</i>)	NP		TRYPTYR SOLN OP 0.003 %	NP	AL(At least 18 yrs old)
ACUVAIL	NP		ZERVIAE	NP	
ALOCRIIL	P	QL(5 ML per fill retail; 5 per fill mail)	Prostaglandins - Ophthalmic		
<i>azelastine hcl (ophth)</i>	P		<i>bimatoprost SOLN</i>	NP	
AZOPT (<i>Use brinzolamide</i>)	P		DURYSTA IMPL	NP	
AZOPT (<i>Use brinzolamide</i>)	NF		IDOSE TR IMPL	NP	
<i>bepotastine besilate</i>	NP		IYUZEH SOLN	NP	
BEPREVE (<i>Use bepotastine besilate</i>)	P		<i>latanoprost SOLN</i>	P	
<i>brinzolamide</i>	NP		LUMIGAN SOLN 0.01 %	P	
<i>bromfenac sodium (ophth)</i>	NP		<i>tafluprost</i>	NP	
BROMSITE (<i>Use bromfenac sodium (ophth)</i>)	NP		TRAVATAN Z SOLN (<i>Use travoprost</i>)	P	
<i>cromolyn sodium (ophth)</i>	NP		TRAVATAN Z SOLN (<i>Use travoprost</i>)	NF	
<i>diclofenac sodium (ophth)</i>	P		<i>travoprost SOLN</i>	NP	
			VYZULTA	NP	
			XALATAN SOLN (<i>Use latanoprost</i>)	NP	
			ZIOPTAN (<i>Use tafluprost</i>)	NP	
			ZIOPTAN (<i>Use tafluprost</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	P	QL(15 ML per fill retail; 15 per fill mail)
<i>carbamide peroxide (otic) 6.5 %</i>	P	QL(0.5 ML daily)
Otic Anti-infectives		
CETRAXAL (Use ciprofloxacin hcl (otic))	NF	
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	P	
Otic Combinations		
CIPRO HC 1 %-0.2 % (Use ciprofloxacin-hydrocortisone)	NF	
CIPRO HC 1 %-0.2 % (Use ciprofloxacin-hydrocortisone)	P	
<i>ciprofloxacin-dexamethasone</i>	P	
<i>ciprofloxacin-fluocinolone acetonide</i>	NP	
<i>ciprofloxacin-hydrocortisone</i>	NP	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ML per fill retail; 10 per fill mail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	QL(10 ML per fill retail; 10 per fill mail)
OTOVEL (Use ciprofloxacin-fluocinolone acetonide)	NF	
PRAMOTIC	P	
Otic Steroids		
DERMOTIC (Use fluocinolone acetonide (otic))	NF	QL(0.67 ML daily)
<i>fluocinolone acetonide (otic)</i>	P	QL(0.67 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone w/acetic acid</i>	P	QL(10 ML per fill retail; 10 per fill mail)
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	
ASCENIV	NP	
BIVIGAM SOLN	NP	
CUTAUIG	NP	
CUVITRU SOLN	NP	
CYTOGAM SOLN	NP	
GAMASTAN IM	NP	
GAMMAGARD 5 GM/50ML	P	QL(250 ML per fill retail; 250 per fill mail)
GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML	P	
GAMMAGARD ERC 5 GM/50ML	NP	QL(250 ML per fill retail; 250 per fill mail)
GAMMAGARD ERC 10 GM/100ML	NP	
GAMMAGARD S/D LESS IGA SOLR	NP	
GAMMAKED 1 GM/10ML, 10 GM/100ML, 20 GM/200ML	NP	
GAMMAKED 5 GM/50ML	NP	QL(250 ML per fill retail; 250 per fill mail)
GAMMAPLEX SOLN	NP	

Drug Name	Drug Tier	Requirements/ Limits
GAMUNEX-C 5 GM/50ML	P	QL(250 ML per fill retail; 250 per fill mail)
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	P	
HEPAGAM B SOLN IJ	NP	
HIZENTRA SOLN	P	
HIZENTRA SOSY	P	
HYPERHEP B SOLN IM	NP	
HYPERHEP B SOSY 110 UNIT/0.5ML	NP	
HYPERRAB SOLN	NP	
KEDRAB SOLN	NP	
NABI-HB SOLN IM	NP	
OCTAGAM SOLN	NP	
PANZYGA	NP	
PRIVIGEN SOLN	P	
VARIZIG SOLN	NP	
XEMBIFY	NP	
Monoclonal Antibodies		
SYNAGIS SOLN 50 MG/0.5ML	PA	PA
SYNAGIS SOLN 100 MG/ML	PA	QL(0.14 ML daily; 4 ML per fill retail; 4 per fill mail); PA
Passive Immunizing Agents - Combinations		
HYQVIA	NP	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>amoxicillin SUSR</i>	P	
<i>amoxicillin TABS 875 MG</i>	P	
<i>ampicillin CAPS 500 MG</i>	P	
Natural Penicillins		

Drug Name	Drug Tier	Requirements/ Limits
<i>penicillin v potassium SOLR</i>	P	
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	P	QL(20 EA per fill retail; 20 per fill mail)
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ML per fill retail; 150 per fill mail)
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ML per fill retail; 100 per fill mail)
<i>amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML</i>	P	
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML</i>	P	QL(400 ML per fill retail; 400 per fill mail)
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	P	QL(20 EA per fill retail; 20 per fill mail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	P	QL(30 EA per fill retail; 30 per fill mail)
<i>amoxicillin & pot clavulanate TB12</i>	P	QL(1.34 EA daily)
AUGMENTIN ES-600 SUSR (<i>Use amoxicillin & pot clavulanate</i>)	NF	QL(400 ML per fill retail; 400 per fill mail)
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	
AUGMENTIN TABS 125 MG-500 MG (<i>Use amoxicillin & pot clavulanate</i>)	NF	QL(20 EA per fill retail; 20 per fill mail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PROGESTINS - Hormone Replacement/Modifying Drugs		

Drug Name	Drug Tier	Requirements/ Limits
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	
<i>megestrol acetate (appetite)</i>	NP	
<i>norethindrone acetate TABS</i>	P	
<i>progesterone CAPS</i>	P	QL(1 EA daily)
PROMETRIUM CAPS (Use <i>progesterone</i>)	NF	QL(1 EA daily)
PROVERA 5 MG, 10 MG (Use <i>medroxyprogesterone acetate</i>)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>disulfiram 250 MG</i>	P	
<i>lofexidine hcl</i>	NP	QL(16 EA daily)
LUCEMYRA (Use <i>lofexidine hcl</i>)	NP	QL(16 EA daily)
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	NP	QL(18 ML daily); AL(At least 7 yrs old)
XYREM SOLN	NP	QL(18 ML daily); AL(At least 7 yrs old)
XYWAV	NP	AL(At least 7 yrs old)
Antidementia Agents		
ADLARITY PTWK	NP	
ADUHELM 170 MG/1.7ML	PA	PA
ARICEPT TABS (Use <i>donepezil hydrochloride</i>)	NP	
<i>donepezil hydrochloride TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>donepezil hydrochloride TBDP</i>	P	
EXELON (Use <i>rivastigmine</i>)	NP	
<i>galantamine hydrobromide CP24</i>	NP	
<i>galantamine hydrobromide SOLN</i>	NP	
<i>galantamine hydrobromide TABS</i>	NP	
KISUNLA	PA	SP; PA
LEQEMBI	PA	PA
LEQEMBI IQLIK SC 360 MG/1.8ML	PA	PA
<i>memantine hcl CP24</i>	NP	
<i>memantine hcl-donepezil hcl CP24</i>	NP	
<i>memantine hcl SOLN</i>	NP	
<i>memantine hcl TABS</i>	P	
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i>)	NF	
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (Use <i>memantine hcl</i>)	NF	
NAMENDA TABS (Use <i>memantine hcl</i>)	NF	
NAMZARIC C4PK	NP	
NAMZARIC CP24	NP	
NAMZARIC CP24 (Use <i>memantine hcl-donepezil hcl</i>)	NP	
<i>rivastigmine</i>	P	
<i>rivastigmine tartrate CAPS</i>	P	
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
Combination Psychotherapeutics		
LYBALVI	NP	AL(At least 18 yrs old)
<i>olanzapine-fluoxetine hcl</i>	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>perphenazine-amitriptyline</i>	P	QL(4 EA daily)	BETASERON KIT	PA	QL(14 EA per fill retail; 14 per fill mail); PA
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>Use olanzapine-fluoxetine hcl</i>)	NF	AL(At least 18 yrs old)	BRIUMVI	NP	
Fibromyalgia Agents			<i>cladribine (multiple sclerosis) 10 MG</i>	NP	
SAVELLA TITRATION PACK MISC	PA	PA	COPAXONE SOSY 20 MG/ML (<i>Use glatiramer acetate</i>)	PA	QL(1 ML daily); PA
SAVELLA TABS	PA	PA	COPAXONE SOSY 40 MG/ML (<i>Use glatiramer acetate</i>)	NP	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail)
TONMYA SUBL SL 2.8 MG	NP	QL(2 EA daily)	<i>dalfampridine</i>	PA	QL(2 EA daily); PA
Movement Disorder Drug Therapy			<i>dimethyl fumarate CDPK</i>	PA	PA
AUSTEDO XR PATIENT TITRATION TEPK	PA	AL(At least 18 yrs old); PA	<i>dimethyl fumarate CPDR</i>	PA	PA
AUSTEDO XR TB24	PA	AL(At least 18 yrs old); PA	<i> fingolimod hcl</i>	PA	PA
AUSTEDO TABS	PA	AL(At least 18 yrs old); PA	GILENYA (<i>Use fingolimod hcl</i>)	NP	
INGREZZA CAPS	PA	AL(At least 18 yrs old); PA	GILENYA	NP	
INGREZZA CPPK	PA	AL(At least 18 yrs old); PA	<i>glatiramer acetate SOSY 20 MG/ML</i>	NP	QL(1 ML daily)
INGREZZA CPSP	PA	AL(At least 18 yrs old); PA	<i>glatiramer acetate SOSY 40 MG/ML</i>	NP	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail)
<i>tetrabenazine</i>	P		<i>glatiramer acetate SOSY 40 MG/ML</i>	PA	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); PA
XENAZINE (<i>Use tetrabenazine</i>)	NP		KESIMPTA	NP	
Multiple Sclerosis Agents			LEMTRADA	NP	
AMPYRA (<i>Use dalfampridine</i>)	NP	QL(2 EA daily)	MAVENCLAD (10 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	
AUBAGIO (<i>Use teriflunomide</i>)	NP		MAVENCLAD (4 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	
AVONEX PEN AJKT	PA	QL(6 EA per fill retail; 6 per fill mail); PA	MAVENCLAD (5 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	
AVONEX PREFILLED PSKT	PA	QL(6 EA per fill retail; 6 per fill mail); PA	MAVENCLAD (6 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	
BAFIERTAM	NP				
BETASERON KIT	PA	QL(6 EA per fill retail; 6 per fill mail); PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAVENCLAD (7 TABS) 10 MG (Use cladribine (multiple sclerosis))	NP		TYSABRI	PA	PA
MAVENCLAD (8 TABS) 10 MG (Use cladribine (multiple sclerosis))	NP		VUMERITY	NP	
MAVENCLAD (9 TABS) 10 MG (Use cladribine (multiple sclerosis))	NP		ZEPOSIA 7-DAY STARTER PACK CPPK	NP	
MAYZENT STARTER PACK TBPk 0.25 MG	NP		ZEPOSIA STARTER KIT CPPK	NP	
MAYZENT TABS	NP		ZEPOSIA CAPS	NP	
OCREVUS	NP		Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
OCREVUS ZUNOVO	NP	AL(At least 18 yrs old)	<i>gabapentin (once-daily) TABS</i>	NP	
PLEGRIDY STARTER PACK SOAJ	NP		GRALISE TABS (Use <i>gabapentin (once-daily)</i>)	NP	
PLEGRIDY STARTER PACK SOSY SC	NP		LYRICA CR 165 MG, 330 MG (Use <i>pregabalin (once-daily)</i>)	NF	
PLEGRIDY SOAJ	NP		LYRICA CR (Use <i>pregabalin (once-daily)</i>)	NP	
PLEGRIDY SOSY IM	NP		<i>pregabalin (once-daily)</i>	NP	
PONVORY STARTER PACK TBPk	NP		Premenstrual Dysphoric Disorder (PMDD) Agents		
PONVORY TABS	NP		<i>fluoxetine hcl (pmdd) TABS</i>	P	AL(At least 18 yrs old)
REBIF REBIDOSE TITRATION PACK SOAJ	NP	QL(25.2 ML per fill retail; 25.2 per fill mail)	Psychotherapeutic and Neurological Agents - Misc.		
REBIF REBIDOSE SOAJ	NP	QL(6 ML per fill retail; 6 per fill mail)	AQNEURSA	PA	QL(4 EA daily); SP; PA
REBIF TITRATION PACK SOSY	NP	QL(25.2 ML per fill retail; 25.2 per fill mail)	<i>ergoloid mesylates TABS</i>	P	
REBIF SOSY	NP	QL(6 ML per fill retail; 6 per fill mail)	MIPLYFFA	PA	QL(3 EA daily); AL(At least 2 yrs old); SP; PA
TASCENSO ODT	NP		Restless Leg Syndrome (RLS) Agents		
TECFIDERA CDPK (Use <i>dimethyl fumarate</i>)	NP		HORIZANT	NP	
TECFIDERA CPDR (Use <i>dimethyl fumarate</i>)	NP		Smoking Deterrents		
<i>teriflunomide</i>	PA	PA	<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 EA daily)
TYRUKO CONC IV 300 MG/15ML	NP		CHANTIX CONTINUING MONTH PAK TABS (Use <i>varenicline tartrate</i>)	NF	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
CHANTIX STARTING MONTH PAK TBPk (Use <i>varenicline tartrate</i>)	NF	
CHANTIX TABS (Use <i>varenicline tartrate</i>)	NF	QL(2 EA daily)
NICORETTE MINI LOZG 4 MG (Use <i>nicotine polacrilex</i>)	NF	
NICORETTE STARTER KIT GUM 2 MG (Use <i>nicotine polacrilex</i>)	NF	
NICORETTE GUM 4 MG (Use <i>nicotine polacrilex</i>)	NF	
<i>nicotine polacrilex</i> GUM	P	
<i>nicotine polacrilex</i> LOZG	P	
NICOTINE KIT	P	
<i>nicotine</i> PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	P	
NICOTROL NS SOLN	P	
NICOTROL INHA	P	
<i>varenicline tartrate</i> TABS	P	QL(2 EA daily)
<i>varenicline tartrate</i> TBPk	P	
Transthyretin Amyloidosis Agents		
AMVUTTRA	PA	QL(0.5 ML per 90 day(s) retail); AL(At least 18 yrs old); PA
ONPATTRO	PA	AL(At least 18 yrs old); PA
WAINUA	PA	QL(0.8 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 18 yrs old); PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate</i> (vasomotor)	P	AL(At least 18 yrs old)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		

Drug Name	Drug Tier	Requirements/ Limits
Cystic Fibrosis Agents		
ALYFTREK	PA	AL(At least 6 yrs old); PA
KALYDECO PACK	PA	QL(2 EA daily); PA
KALYDECO TABS	PA	QL(2 EA daily); PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	PA	QL(2 EA daily); AL(At least 1 yrs old - Up to 5 yrs old); PA
ORKAMBI PACK 94 MG-75 MG	PA	QL(2 EA daily); AL(At least 1 yrs old - Up to 2 yrs old); PA
ORKAMBI TABS	PA	QL(4 EA daily); AL(At least 6 yrs old); PA
PULMOZYME	P	SP; PA
SYMDEKO	PA	AL(At least 6 yrs old); PA
TRIKAFTA TBPk	PA	AL(At least 2 yrs old); PA
TRIKAFTA THPK	PA	AL(At least 2 yrs old); PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS (Use <i>pirfenidone</i>)	NF	SP; PA
ESBRIET TABS (Use <i>pirfenidone</i>)	NF	SP; PA
<i>pirfenidone</i> CAPS	P	SP; PA
<i>pirfenidone</i> TABS	P	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>doxycycline</i> (monohydrate) CAPS 50 MG, 100 MG	P	
<i>doxycycline</i> (monohydrate) TABS 50 MG, 100 MG	P	
<i>doxycycline hyclate</i> CAPS	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline hyclate TABS 100 MG</i>	P		BOOSTRIX SUSP	P	
<i>minocycline hcl CAPS</i>	P		BOOSTRIX SUSY	P	
<i>tetracycline hcl CAPS 500 MG</i>	P		DAPTACEL	P	
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NF		INFANRIX	P	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			KINRIX SUSY	P	
Antithyroid Agents			PEDIARIX SUSY	P	
<i>methimazole TABS</i>	P		PENTACEL	P	
<i>propylthiouracil</i>	P		QUADRACEL SUSP	P	
Thyroid Hormones			QUADRACEL SUSY	P	
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P		TDVAX SUSP	P	
ARMOUR THYROID TABS	P		TETANUS-DIPHThERIA TOXOIDS TD SUSP	P	
CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NF		VAXELIS SUSP	P	
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	P		VAXELIS SUSY	P	
<i>levothyroxine sodium TABS</i>	P		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
<i>liothyronine sodium TABS</i>	P		Antispasmodics		
NIVA THYROID TABS	P		ANASPAZ TBDP (<i>Use hyoscyamine sulfate</i>)	NF	
NP THYROID TABS	P		BENTYL SOLN IM (<i>Use dicyclomine hcl</i>)	NF	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P		<i>dicyclomine hcl CAPS</i>	P	
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	NF		<i>dicyclomine hcl SOLN PO</i>	P	QL(40 ML daily)
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P		<i>dicyclomine hcl TABS</i>	P	
TOXOIDS			<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P	QL(4 EA daily)
Toxoid Combinations			<i>hyoscyamine sulfate ELIX</i>	P	
ADACEL SUSP	P		<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	P	
			<i>hyoscyamine sulfate TB12 0.375 MG</i>	P	QL(4 EA daily)
			<i>hyoscyamine sulfate TBDP 0.125 MG</i>	P	
			LEVBIID TB12 (<i>Use hyoscyamine sulfate</i>)	NF	QL(4 EA daily)
			ROBINUL-FORTE TABS (<i>Use glycopyrrolate</i>)	NF	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ROBINUL TABS (Use glycopyrrolate)	NF	QL(4 EA daily)	esomeprazole magnesium TBEC	NP	QL(1 EA daily)
H-2 Antagonists			lansoprazole CPDR	NP	QL(1 EA daily); RX/OTC
cimetidine hcl PO 300 MG/5ML	NP		lansoprazole TBDD	NP	QL(1 EA daily); RX/OTC
cimetidine TABS	NP	RX/OTC	NEXIUM 24HR CPDR (Use esomeprazole magnesium)	NF	RX/OTC
famotidine SOLN 20 MG/2ML	P		NEXIUM CPDR (Use esomeprazole magnesium)	NP	QL(1 EA daily); RX/OTC
FAMOTIDINE SOLN	P		NEXIUM PACK (Use esomeprazole magnesium)	NP	QL(1 EA daily)
famotidine SUSR	P		omeprazole magnesium CPDR	P	QL(1 EA daily)
famotidine TABS	P	RX/OTC	omeprazole magnesium CPDR	P	
famotidine TABS 10 MG, 20 MG	NP	RX/OTC	omeprazole magnesium TBEC	P	
nizatidine CAPS	NP		omeprazole CPDR	P	
PEPCID TABS (Use famotidine)	NF	RX/OTC	omeprazole CPDR 20 MG	P	QL(1 EA daily)
Misc. Anti-Ulcer			omeprazole TBDD	P	
CARAFATE SUSP (Use sucralfate)	NF	QL(420 ML per fill retail; 420 per fill mail); AL(Up to 6 yrs old)	omeprazole TBEC	P	
CARAFATE TABS (Use sucralfate)	NF	QL(4 EA daily)	pantoprazole sodium PACK	NP	
sucralfate SUSP	P	QL(420 ML per fill retail; 420 per fill mail); AL(Up to 6 yrs old)	pantoprazole sodium SOLR	P	
sucralfate TABS	P	QL(4 EA daily)	PANTOPRAZOLE SODIUM SOLR 40 MG (Use pantoprazole sodium)	P	
Proton Pump Inhibitors			pantoprazole sodium TBEC	P	
ACIPHEX TBEC (Use rabeprazole sodium)	NF	QL(1 EA daily)	PREVACID 24HR CPDR (Use lansoprazole)	NP	QL(1 EA daily); RX/OTC
DEXILANT (Use dexlansoprazole)	NP	QL(1 EA daily)	PREVACID 24HR CPDR (Use lansoprazole)	NF	RX/OTC
dexlansoprazole	NP	QL(1 EA daily)	PREVACID SOLUTAB TBDD (Use lansoprazole)	NP	QL(1 EA daily); RX/OTC
esomeprazole magnesium CPDR	NP	QL(1 EA daily); RX/OTC	PREVACID CPDR 30 MG (Use lansoprazole)	NP	QL(1 EA daily)
esomeprazole magnesium PACK	NP	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRILOSEC OTC TBEC (Use omeprazole magnesium)	NF		DETROL LA CP24 (Use tolterodine tartrate)	NF	
PRILOSEC PACK	NP		DETROL TABS (Use tolterodine tartrate)	P	
PROTONIX PACK (Use pantoprazole sodium)	P		DETROL TABS 1 MG (Use tolterodine tartrate)	NF	
PROTONIX SOLR (Use pantoprazole sodium)	NP		fesoterodine fumarate	P	
PROTONIX TBEC (Use pantoprazole sodium)	NP		oxybutynin chloride SOLN	P	
rabeprazole sodium TBEC	NP	QL(1 EA daily)	oxybutynin chloride TABS 2.5 MG	NP	
Ulcer Drugs - Prostaglandins			oxybutynin chloride TABS 5 MG	P	
CYTOTEC (Use misoprostol)	NF		oxybutynin chloride TB24	P	
misoprostol	P		OXYTROL FOR WOMEN PTTW	NP	RX/OTC
Ulcer Therapy Combinations			OXYTROL PTTW	NP	RX/OTC
amoxicillin-clarithromycin w/ lansoprazole THPK	P	14 day(s) max supply per 365 day(s) retail	solifenacin succinate TABS	P	
famotidine-calcium carbonate-magnesium hydroxide	NP		tolterodine tartrate CP24	P	
KONVOMEK SUSR	NP		tolterodine tartrate TABS	P	
VOQUEZNA DUAL PAK	PA	QL(112 EA per fill retail; 112 per fill mail); AL(At least 18 yrs old); PA	TOVIAZ (Use fesoterodine fumarate)	NP	
VOQUEZNA TRIPLE PAK	PA	QL(112 EA per fill retail; 112 per fill mail); AL(At least 18 yrs old); PA	tropium chloride CP24	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			tropium chloride TABS	NP	
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			VESICARE LS SUSP	NP	
darifenacin hydrobromide	NP		VESICARE TABS (Use solifenacin succinate)	NP	
DETROL LA CP24 (Use tolterodine tartrate)	P		Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
			GEMTESA	NP	
			mirabegron TB24	NP	
			MYRBETRIQ SRER	NP	
			MYRBETRIQ TB24 (Use mirabegron)	P	
			Urinary Antispasmodics - Cholinergic Agonists		
			bethanechol chloride	P	
			Urinary Antispasmodics - Direct Muscle Relaxants		
			flavoxate hcl	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VACCINES			DENG VAXIA	P	
Bacterial Vaccines			ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail
ACTHIB SOLR IM	P		ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail
BCG VACCINE	P		ERVEBO	P	
BEXSERO 0.5 ML	P		FLUAD	P	
BIOTHRAX	P	AL(At least 18 yrs old - Up to 65 yrs old)	FLUARIX SUSY	P	
CAPVAXIVE	P		FLUBLOK SOSY	P	
HIBERIX SOLR IJ	P		FLUCELVAX SUSP	P	
MENACTRA	P		FLUCELVAX SUSY	P	
MENQUADFI 0.5 ML	P		FLULAVAL SUSY	P	
MENVEO SOLN	P		FLUMIST	P	
MENVEO SOLR	P		FLUZONE HIGH-DOSE SUSY	P	
PEDVAX HIB SUSP	P		FLUZONE SUSP	P	
PENBRAYA	P		FLUZONE SUSY	P	
PENMENVY SUSR IM	P	AL(Up to 25 yrs old)	GARDASIL 9 SUSP 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
PNEUMOVAX 23 SOLN	P		GARDASIL 9 SUSY 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
PNEUMOVAX 23 SOSY	P		HAVRIX IM 720 EL U/0.5ML	P	
PREVNAR 13	P		HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail
PREVNAR 20	P		IMOVAX RABIES SUSR	P	
TRUMENBA 0.5 ML	P		IXCHIQ	P	
TYPHIM VI SOLN	P		IXIARO	P	
TYPHIM VI SOSY	P		JYNNEOS	P	
VAXCHORA	P		M-M-R II SOLR	P	
VAXNEUVANCE	P		MNEXSPIKE SUSY 10 MCG/0.2ML	P	
VIVOTIF	P		MRESVIA	P	AL(At least 60 yrs old)
Viral Vaccines			NOVAVAX COVID-19 VACCINE SUSY	P	
ABRYSVO	P	AL(At least 60 yrs old)			
ACAM2000	P				
AFLURIA PRESERVATIVE FREE SUSY	P				
AFLURIA SUSP	P				
AREXVY	P	AL(At least 60 yrs old)			
COMIRNATY SUSY	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P		<i>clotrimazole vaginal CREA 2 %</i>	P	QL(21 GM per fill retail; 21 per fill mail)
PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail	GYNAZOLE-1	P	
PRIORIX SUSR	P		<i>metronidazole vaginal</i>	P	
PROQUAD SUSR	P		MICONAZOLE 7 SUPP 100 MG	P	QL(7 EA per fill retail; 7 per fill mail)
RABAVERT	P		<i>miconazole nitrate vaginal CREA 2 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)
RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail	<i>miconazole nitrate vaginal KIT</i>	P	
RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail	<i>miconazole nitrate vaginal SUPP 100 MG</i>	P	QL(7 EA per fill retail; 7 per fill mail)
ROTARIX SUSP	P		<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 EA per fill retail; 3 per fill mail)
ROTATEQ SOLN	P		MONISTAT 3 CREA	P	QL(1.5 GM daily)
SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)	NUVESSA	P	
SPIKEVAX SUSY	P		<i>terconazole vaginal CREA 0.8 %</i>	P	QL(20 GM per fill retail; 20 per fill mail)
STAMARIL SUSR	P		<i>terconazole vaginal CREA 0.4 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)
TICOVAC	P		<i>terconazole vaginal SUPP</i>	P	QL(3 EA per fill retail; 3 per fill mail)
TWINRIX SUSY	P		<i>tioconazole vaginal 6.5 %</i>	P	QL(5 GM per fill retail; 5 per fill mail)
VAQTA	P		VANDAZOLE	NP	
VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail	XACIATO GEL	NP	
VAGINAL AND RELATED PRODUCTS			Vaginal Anti-inflammatory Agents		
Vaginal Anti-infectives			<i>hydrocortisone vaginal</i>	P	QL(60 GM per fill retail; 60 per fill mail)
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	P		MONISTAT CARE INSTANT ITCH RLF 1 %	P	QL(60 GM per fill retail; 60 per fill mail)
CLEOCIN SUPP	P		Vaginal Contraceptive - pH Modulators		
<i>clindamycin phosphate vaginal CREA</i>	NP		PHEXX	P	
CLINDESSE	NP				
<i>clotrimazole vaginal CREA 1 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PHEXXI	P		DRISDOL CAPS (<i>Use ergocalciferol</i>)	NF	
Vaginal Estrogens			<i>ergocalciferol CAPS</i>	P	
ESTRACE CREA (<i>Use estradiol vaginal</i>)	NF	QL(1.5 GM daily)	<i>ergocalciferol SOLN PO 200 MCG/ML</i>	P	
<i>estradiol vaginal CREA</i>	P	QL(1.5 GM daily)	<i>phytonadione TABS 5 MG</i>	P	
<i>estradiol vaginal TABS</i>	P		<i>vitamin a CAPS 10000 UNIT, 3 MG, 3000 MCG, 10000 UNIT</i>	P	
PREMARIN	P	QL(1.5 GM daily)	<i>vitamin a TABS 10000 UNIT</i>	P	
VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NF		VITAMIN D3 LIQD PO 125 MCG/ML	P	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions			VITAMIN E/D-ALPHA CAPS 200 UNIT	P	QL(2 EA daily)
Anaphylaxis Therapy Agents			<i>vitamin e CAPS</i>	P	QL(2 EA daily)
AUVI-Q SOAJ	NP		VITAMIN E CAPS	P	QL(2 EA daily)
<i>epinephrine (anaphylaxis) SOAJ</i>	P		<i>vitamin e SOLN</i>	P	
EPIPEN 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	P		VITAMIN E SOLN 15 MG/0.67ML	P	
EPIPEN JR 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	P		Water Soluble Vitamins		
NEFFY SOLN NA	NP		<i>ascorbic acid CHEW 500 MG</i>	P	
Vasopressors			<i>ascorbic acid POWD PO 500 MG/GM</i>	P	
<i>midodrine hcl</i>	P		ASCORBIC ACID POWD PO	P	
VITAMINS			<i>ascorbic acid TABS</i>	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
Oil Soluble Vitamins			<i>biotin CAPS 5 MG, 5000 MCG</i>	P	
<i>cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG</i>	P	QL(2 EA daily)	NIACIN ER TBCR	P	
<i>cholecalciferol CAPS</i>	P		<i>niacin TABS 50 MG, 100 MG, 500 MG</i>	P	
<i>cholecalciferol CHEW 400 UNIT</i>	P		<i>niacin TBCR</i>	NP	
<i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i>	P		<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG</i>	P	
<i>cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
<i>riboflavin TABS 50 MG, 100 MG</i>	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
<i>thiamine hcl TABS</i>	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
<i>thiamine mononitrate TABS 100 MG</i>	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)

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(Use risedronate sodium)	80	ADALIMUMAB-ADB (2 PEN) AJKT	4	ADRENALIN 0.1 %	156
ACTOPLUS MET TABS 850 MG-15		ADALIMUMAB-ADB (2 SYRINGE)		ADTHYZA TABS 15 MG, 30 MG, 60	
MG (Use pioglitazone hcl-metformin		PSKT 40 MG/0.4ML, 40 MG/0.8ML .	4	MG, 90 MG, 120 MG	170
hcl)	23	ADALIMUMAB-ADB (2 SYRINGE)		ADUHELM 170 MG/1.7ML	166
ACTOS (Use pioglitazone hcl)	27	PSKT	4	ADULT MASK DEVI	131
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tromethamine (ophth))	163	ADALIMUMAB-FKJP (2 SYRINGE)		fluticasone-salmeterol)	15
ACULAR LS (Use ketorolac		PSKT	4	ADVAIR HFA AERO (Use	
tromethamine (ophth))	163	ADALIMUMAB-FKJP (2 SYRINGE)		fluticasone-salmeterol)	15
ACUVAIL	163	ADALIMUMAB-RYVK (1 PEN) AJKT		ADVANCED MOBILE LANCET ...	98
acyclovir CAPS	48	80 MG/0.8ML	4	ADVANTAGE SAFETY LANCETS	
acyclovir SUSP	48	ADALIMUMAB-RYVK (2 PEN) AJKT .		28G	98
acyclovir TABS PO	48	4		ADVATE	87
acyclovir topical CREA	62	ADALIMUMAB-RYVK (2 SYRINGE)		ADVOCATE INSULIN SYRINGE	
acyclovir topical OINT	62	PSKT	4	129	
ACZONE (Use dapsone (topical))	57	adapalene CREA	57	ADVOCATE LANCETS	98
ADACEL SUSP	170	adapalene GEL	57	ADVOCATE LANCING DEVICE	
ADALIMUMAB-AACF (2 PEN) AJKT .		adapalene-benzoyl peroxide GEL .	57	MISC	98
4		ADBRY SOAJ	65	ADVOCATE REDI-CODE STRP ..	69
ADALIMUMAB-AACF (2 SYRINGE)		ADBRY SOSY	65	ADVOCATE REDI-CODE+	
PSKT	4	ADCIRCA TABS (Use tadalafil		CONTROL SOLN	98
ADALIMUMAB-AACF(CD/UC/HS		(pulmonary hypertension))	51	ADVOCATE REDI-CODE+ DEVI ..	98
STRT) AJKT	4	ADDERALL TABS (Use		ADVOCATE REDI-CODE+ TEST	
ADALIMUMAB-AACF(PS/UV		amphetamine-dextroamphetamine) .	1	STRP	69
STARTER) AJKT	4	ADDERALL XR CP24 (Use		ADVOCATE SAFETY LANCETS	
ADALIMUMAB-AATY (1 PEN) AJKT .		amphetamine-dextroamphetamine) .	1	21G	98
4					

ADVOCATE SAFETY LANCETS 23G	98	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	132	69	AGAMATRIX ULTRA-THIN LANCETS	99
ADVOCATE SAFETY LANCETS 26G	98	AEROCHAMBER Z-STAT PLUS MISC	132		AGAMREE	54
ADVOCATE SAFETY LANCETS 28G	98	AEROCHAMBER Z-STAT PLUS/LARGE MISC	132		AGRYLIN 0.5 MG (Use anagrelide hcl)	88
ADYNOVATE	87	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	132		AIMOVIG	135
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG (Use amphetamine)	1	AEROCHAMBER Z-STAT PLUS/SMALL MISC	132		AIMSCO LUBRICATED MISC	96
AEROBIKA DEVI	131	AEROCHAMBER2GO ANTI-STATIC DEVI	132		AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	15
AEROCHAMBER HOLDING CHAMBER DEVI	131	AEROVENT PLUS DEVI	132		AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	15
AEROCHAMBER MINI CHAMBER DEVI	131	AFINITOR DISPERZ TBSO (Use everolimus)	40		AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	15
AEROCHAMBER MV MISC	131	AFINITOR TABS (Use everolimus) 40			AIRSUPRA	15
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	131	AFLORA TABS	141		AJOVY SOAJ	135
AEROCHAMBER PLUS FLO-VU INTERM DEVI	131	AFLURIA PRESERVATIVE FREE SUSY	173		AJOVY SOSY	135
AEROCHAMBER PLUS FLO-VU LARGE DEVI	131	AFLURIA SUSP	173		AKEEGA	38
AEROCHAMBER PLUS FLO-VU LARGE MISC	131	AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	25		AKLIEF	57
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	131	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	87		AKYNZEO	28
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	131	AGAMATRIX AMP TEST STRP ..	69		albuterol sulfate AERS	15
AEROCHAMBER PLUS FLO-VU SMALL DEVI	131	AGAMATRIX CONTROL NORMAL/HIGH SOLN	98		albuterol sulfate NEBU	15
AEROCHAMBER PLUS FLO-VU SMALL MISC	132	AGAMATRIX CONTROL SOLN ..	98		albuterol sulfate SYRP	15
AEROCHAMBER PLUS FLOW VU MISC	132	AGAMATRIX JAZZ TEST STRP ..	69		albuterol sulfate TABS	15
AEROCHAMBER W/FLOWSIGNAL MISC	132	AGAMATRIX JAZZ WIRELESS 2 KIT	98		alclometasone dipropionate CREA	62
		AGAMATRIX PRESTO KIT	99		alclometasone dipropionate OINT	.62
		AGAMATRIX PRESTO TEST STRP			ALCON TEARS SOLN	159
					ALDACTONE TABS (Use spironolactone)	80
					ALECENSA	40
					alendronate sodium SOLN	80
					alendronate sodium TABS 10 MG, 35	

MG, 70 MG80	MV TABS 141	ALPHANATE SOLR 87
ALEVE CAPS (Use naproxen sodium)5	ALIVE WOMENS ENERGY TABS 141	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT 87
ALEVE TABS (Use naproxen sodium)5	ALL FLOW 1000 PFT FILTER DEVI . 132	alprazolam TABS 13
alfuzosin hcl 86	ALL FLOW 2000 PFT FILTER DEVI . 132	ALPROLIX 87
ALHEMO 87	ALL FLOW 3000 PFT FILTER DEVI . 132	ALREX SUSP (Use loteprednol etabonate) 162
aliskiren fumarate 35	ALL FLOW 4000 PFT FILTER DEVI . 132	ALTACE CAPS 1.25 MG, 5 MG (Use ramipril) 32
ALIVE CALCIUM BONE SUPPORT TABS141	ALL FLOW 5000 PFT FILTER DEVI . 132	ALTACE CAPS 10 MG (Use ramipril)32
ALIVE DAILY ENERGY TABS ... 141	ALL FLOW 6000 PFT FILTER DEVI . 132	ALTOPREV TB24 20 MG, 40 MG, 60 MG 32
ALIVE DIABETIC MULTIVITAMIN TABS141	ALL FLOW 7000 PFT FILTER DEVI . 132	ALTRIXA TABS152
ALIVE ENERGY 50+ TABS 141	ALLEGRA ALLERGY TABS (Use fexofenadine hcl)30	ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT 87
ALIVE EVERYDAY IMMUNE HEALTH CAPS141	allopurinol 100 MG, 300 MG87	alum & mag hydrox-simethicone CHEW12
ALIVE GARDEN GOODNESS TABS 141	allopurinol 200 MG87	alum & mag hydrox-simethicone LIQD 400 MG/5ML-400 MG/5ML12
ALIVE HAIR, SKIN & NAILS CAPS 141	almotriptan malate 136	alum & mag hydrox-simethicone LIQD12
ALIVE MAX 6 POTENCY CAPS . 141	ALOCRIIL163	alum & mag hydrox-simethicone SUSP 2400 MG/30ML-2400 MG/30ML, 400 MG/5ML-400 MG/5ML, 400 MG/5ML-400 MG/5ML-400 MG/5ML, 800 MG/10ML-800 MG/10ML 12
ALIVE MENS 50+ TABS141	alogliptin benzoate 24	ALUMINUM HYDROXIDE GEL SUSP12
ALIVE MENS 50+ ULTRA TABS .141	alogliptin-metformin hcl 23	ALUNBRIG TABS40
ALIVE MENS COMPLETE MULTI TABS141	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG 23	ALUNBRIG TBPK40
ALIVE MENS ULTRA TABS141	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ... 83	ALVESCO 14
ALIVE MULTI-VITAMIN LIQD 141	alosetron hcl85	
ALIVE ONCE DAILY WOMENS TABS141	ALPHA BETIC TABS 141	
ALIVE ULTRA POTENCY ADULT TABS141	ALPHAGAN P (Use brimonidine tartrate) 161	
ALIVE ULTRA POTENCY WOMENS 50+ TABS141		
ALIVE WOMENS 50+ COMPLETE		

ALYFTREK	169	amlodipine besylate-olmesartan medoxomil	33	amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	1
ALYGLO	164	amlodipine besylate-valsartan	33	amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1
amantadine hcl CAPS	42	amlodipine-valsartan- hydrochlorothiazide	34	amphetamine-dextroamphetamine TABS	1
amantadine hcl SOLN	42	AMONDYS 45	157	ampicillin CAPS 500 MG	165
AMBIEN CR TBCR (Use zolpidem tartrate)	91	amoxapine	23	AMPYRA (Use dalfampridine) ...	167
AMBIEN TABS (Use zolpidem tartrate)	91	amoxicillin & pot clavulanate CHEW . 165		AMRIX CP24 (Use cyclobenzaprine hcl)	155
ambrisentan	51	amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML	165	AMVUTTRA	169
AMD FOAM DRESSING PADS ...	94	amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML	165	AMYTAL SODIUM	91
AMD FOAM DRESSING TOPSHEET PADS	94	amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML	165	ANAFRANIL (Use clomipramine hcl) 23	
amiloride & hydrochlorothiazide ...	80	amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML	165	anagrelide hcl	88
amiloride hcl TABS	80	amoxicillin & pot clavulanate TABS 125 MG-250 MG	165	ANAPROX DS TABS (Use naproxen sodium)	5
aminocaproic acid TABS 500 MG .	91	amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG 165		ANASPAZ TBDP (Use hyoscyamine sulfate)	170
amiodarone hcl TABS 200 MG	13	amoxicillin & pot clavulanate TB12 165		anastrozole	38
AMITIZA (Use lubiprostone)	84	amoxicillin CAPS	165	ANDROGEL PUMP GEL TD (Use testosterone)	11
amitriptyline hcl TABS	23	amoxicillin CHEW 125 MG, 250 MG . 165		ANNOVERA	54
AMJEVITA SOAJ 40 MG/0.4ML	4	amoxicillin SUSR	165	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use umeclidinium- vilanterol)	15
AMJEVITA SOAJ	4	amoxicillin TABS 875 MG	165	ANTIOXIDANT FORMULA TABS 141	
AMJEVITA SOSY	4	amoxicillin-clarithromycin w/ lansoprazole THPK	172	ANTIVERT CHEW (Use meclizine hcl)	28
AMJEVITA-PED 10KG TO <15KG SOSY	4	amphetamine sulfate TABS	1	ANTIVERT TABS 50 MG (Use meclizine hcl)	28
AMJEVITA-PED 15KG TO <30KG SOSY	4	amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG	1	ANUSOL-HC EX (Use	
AMLADEX TABS	152				
amlodipine besylate TABS	50				
amlodipine besylate-atorvastatin calcium	51				
amlodipine besylate-benazepril hcl 33					

hydrocortisone (rectal)) 12	ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML 89	ARIXTRA (Use fondaparinux sodium) 17
ANZEMET TABS 50 MG 28	ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML 89	armodafinil 2
ANZUPGO CREA EX 20 MG/GM . 65	ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML 89	ARMONAIR DIGIHALER 113 MCG/ACT 14
APETIBEX CAPS 141	ARANESP (ALBUMIN FREE) SOSY 10 MCG/0.4ML 89	ARMOUR THYROID TABS 170
APEXICON E CREA 62	ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML ... 89	ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation)) 14
APHEXDA 90	ARANESP (ALBUMIN FREE) SOSY 25 MCG/0.42ML 89	AROMASIN (Use exemestane) ... 38
APIDRA SOLN 25	ARANESP (ALBUMIN FREE) SOSY 40 MCG/0.4ML 89	ARTHROTEC TBEC (Use diclofenac w/ misoprostol) 5
APIDRA SOLOSTAR SOPN 25	ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML, 100 MCG/0.5ML . 89	artificial saliva SOLN 140
APOKYN SOCT 42	ARBLI PO 10 MG/ML 33	artificial tear solution 159
apomorphine hydrochloride SOCT 42	ARCALYST 5	ASCENIV 164
APONVIE EMUL 29	AREXVY 173	ascorbic acid CHEW 500 MG 175
APPE-CURB CAPS 141	arformoterol tartrate 15	ascorbic acid POWD PO 500 MG/GM 175
apraclonidine hcl 161	ARGININE TABS 159	ASCORBIC ACID POWD PO 175
aprepitant CAPS 125 MG 29	ARICEPT TABS (Use donepezil hydrochloride) 166	ascorbic acid TABS 175
aprepitant CAPS 40 MG, 80 MG .. 29	ARIKAYCE 3	asenapine maleate 44
aprepitant CAPS 29	ARIMIDEX (Use anastrozole) 38	ASMANEX (120 METERED DOSES) AEPB 15
APRETUDE 46	aripiprazole SOLN PO 45	ASMANEX (14 METERED DOSES) AEPB 15
APRISO CP24 (Use mesalamine) . 84	aripiprazole TABS 45	ASMANEX (30 METERED DOSES) AEPB 15
APTENSIO XR CP24 (Use methylphenidate hcl) 2	aripiprazole TBDP 45	ASMANEX (60 METERED DOSES) AEPB 15
APTIOM 200 MG, 400 MG, 600 MG, 800 MG (Use eslicarbazepine acetate) 18	ARISTADA 441 MG/1.6ML, 662 MG/2.4ML 45	ASMANEX HFA AERO 15
APTIVUS CAPS 46	ARISTADA 882 MG/3.2ML, 1064 MG/3.9ML 45	aspirin buffered (cal carb-mag carb- mag oxide) 8
AQ INSULIN SYRINGE 129	ARISTADA INITIO 45	aspirin CHEW 8
AQNEURSA 168		ASPIRIN SUPP 300 MG 8
AQUALANCE LANCETS 30G 99		
AQUORAL SOLN 140		
ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML 89		
ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML 89		

aspirin TABS 325 MG8	ATACAND (Use candesartan cilexetil)33	(Use amoxicillin & pot clavulanate) 165
aspirin TBEC 81 MG, 325 MG8		
aspirin-dipyridamole88	ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)34	AUGTYRO40
ASSURE 4 CONTROL LEVEL 1 & 2 LIQD99	atazanavir sulfate CAPS46	AURYXIA 210 MG (Use ferric citrate)85
ASSURE 4 TEST STRP69	ATELVIA TBEC (Use risedronate sodium)80	AUSTEDO TABS167
ASSURE COMFORT LANCETS 28G99	atenolol & chlorthalidone34	AUSTEDO XR PATIENT TITRATION TEPK167
ASSURE DOSE CONTROL SOLN 99	atenolol TABS49	AUSTEDO XR TB24167
ASSURE DOSE NORM/HIGH CONTROL SOLN99	ATIVAN SOLN (Use lorazepam) ...13	AUTO-LANCET MINI MISC100
ASSURE ID INSULIN SAFETY SYR 129	ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam)13	AUTOLET LANCING DEVICE MISC . 100
ASSURE LANCE LANCETS99	ATIVAN TABS 1 MG (Use lorazepam)13	AUTOLET LITE LANCING DEVICE MISC100
ASSURE LANCE LANCETS 21G .99	atomoxetine hcl2	AUVELITY21
ASSURE LANCE PLUS SAFETY 25G99	ATORVALIQ SUSP32	AUVI-Q SOAJ175
ASSURE LANCE PLUS SAFETY 30G99	atorvastatin calcium TABS32	AVALIDE (Use irbesartan- hydrochlorothiazide)34
ASSURE LANCE SAFETY LANCET 28G99	ATRALIN GEL (Use tretinoin)57	AVAPRO 150 MG, 300 MG (Use irbesartan)33
ASSURE PLATINUM METER DEVI 99	atropine sulfate (ophthalmic) OINT 160	AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur) ...57
ASSURE PLATINUM STRP69	atropine sulfate (ophthalmic) SOLN 160	AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur) ...57
ASSURE PRISM CONTROL LEVEL 1&2 SOLN99	ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic)) 160	AVEENO PROTECT+HYDRATE SPF60 LOTN67
ASSURE PRISM MULTI METER DEVI99	ATROPINE SULFATE SOLN 1 % 160	AVERI TABS PO53
ASSURE PRISM MULTI TEST STRP70	ATROVENT HFA14	AVMAPKI FAKZYNJA CO-PACK THPK PO39
ASSURE TITANIUM BLOOD GLUCOSE DEVI99	AUBAGIO (Use teriflunomide) ...167	AVODART (Use dutasteride)86
ASSURE TITANIUM STRP70	AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)165	AVONEX PEN AJKT167
	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML165	AVONEX PREFILLED PSKT167
	AUGMENTIN TABS 125 MG-500 MG	AVSOLA84
		AVTOZMA SOLN IV 80 MG/4ML,

200 MG/10ML, 400 MG/20ML	5	BACLOFEN REFILL KIT- SYNCHROMED KIT IT 40 MG/20ML 155	142
AYVAKIT	39		BARIATRIC MULTIVITAMINS TABS . 142
AZASITE	161	baclofen SOLN PO 5 MG/5ML, 10 MG/5ML	155
azathioprine TABS 50 MG	138	baclofen SUSP	155
azathioprine TABS 75 MG, 100 MG 138		baclofen TABS	155
azelastine hcl (ophth)	163	BACMIN TABS	142
azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY	156	BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) . . .	35
azelastine hcl-fluticasone propionate SUSP	156	BACTRIM TABS (Use sulfamethoxazole-trimethoprim) . . .	35
AZILECT (Use rasagiline mesylate) . 43		BAFIERTAM	167
azithromycin PACK	93	BALCOLTRA (Use levonorgestrel- ethinyl estradiol-iron)	53
azithromycin SUSR	93	balsalazide disodium CAPS	84
azithromycin TABS	93	BALVERSA	40
AZO HORMONAL HEALTH CYCLE CARE TABS	141	BAND-AID ALL-IN-ONE GAUZE LG PADS	94
AZO HORMONAL HEALTH HAPPY CYCL TABS	142	BAND-AID GAUZE LARGE PADS	94
AZOPT (Use brinzolamide)	163	BAND-AID GAUZE MEDIUM PADS 94	
AZOR (Use amlodipine besylate- olmesartan medoxomil)	34	BAND-AID GAUZE SMALL PADS	94
AZSTARYS	2	BAND-AID HURT-FREE NON-STICK PADS	94
AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	84	BAND-AID TRU-ABSORB GAUZE PADS	94
AZULFIDINE TABS (Use sulfasalazine)	84	BANZEL SUSP (Use rufinamide) . .	18
bacitracin (topical) OINT	59	BANZEL TABS (Use rufinamide) . .	18
bacitracin zinc OINT	59	BAQSIMI ONE PACK POWD	24
bacitracin-polymyxin b (ophth) . .	161	BAQSIMI TWO PACK POWD	24
bacitracin-polymyxin b OINT	59	BARACLUDE TABS (Use entecavir) . 48	
bacitracin-poly-neomycin-hc	162	BARIATRIC MULTIVITAMINS CAPS	

BD PEN NEEDLE NANO 2ND GEN . 129	BENZOYL PEROXIDE GEL57	betamethasone valerate FOAM ... 62
BD PEN NEEDLE NANO ULTRAFINE129	benzoyl peroxide LIQD 4 %57	betamethasone valerate LOTN62
BD PEN NEEDLE ORIG ULTRAFINE129	benzoyl peroxide LIQD 5 %, 10 % .57	betamethasone valerate OINT63
BD PEN NEEDLE SHORT ULTRAFINE129	benzoyl peroxide LOTN 5 %, 10 % 57	BETAPACE AF (Use sotalol hcl (afib/af)) 49
BD SAFETYGLIDE INSULIN SYRINGE 129	BENZOYL PEROXIDE LOTN 5 %, 10 %57	BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl) 49
BD VEO INSULIN SYR ULTRAFINE129	benzoyl peroxide-erythromycin GEL . 57	BETASERON KIT 167
BELBUCA FILM10	benztropine mesylate SOLN42	betaxolol hcl (ophth) SOLN160
BELSOMRA92	benztropine mesylate TABS42	betaxolol hcl49
benazepril & hydrochlorothiazide .34	bepotastine besilate163	bethanechol chloride172
benazepril hcl32	BEPREVE (Use bepotastine besilate)163	BETHKIS NEBU (Use tobramycin) .3
BENEFIX KIT 87	BEQVEZ87	BETIMOL (Use timolol) 160
BENICAR (Use olmesartan medoxomil)33	BERINERT KIT88	BETIMOL160
BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ...34	besifloxacin hcl 0.6 %161	BETOPTIC-S SUSP160
BENLYSTA SOAJ 140	BESIVANCE 0.6 % (Use besifloxacin hcl)161	BEVESPI AEROSPHERE15
BENLYSTA SOLR140	betamethasone dipropionate (topical) CREA62	bexarotene 42
BENLYSTA SOSY140	betamethasone dipropionate (topical) LOTN62	BEXSERO 0.5 ML173
BENTYL SOLN IM (Use dicyclomine hcl)170	betamethasone dipropionate (topical) OINT62	BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium)53
BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin) 57	betamethasone dipropionate augmented CREA62	bicalutamide38
benzonatate 100 MG55	betamethasone dipropionate augmented GEL 0.05 % 62	BIKTARVY 46
benzonatate 200 MG55	betamethasone dipropionate augmented LOTN62	BILDYOS SOSY SC 60 MG/ML ...80
benzoyl peroxide BAR57	betamethasone dipropionate augmented OINT62	BILPREVDA SOLN SC 120 MG/1.7ML80
benzoyl peroxide CREA 10 %57	betamethasone valerate CREA ...62	bimatoprost SOLN163
benzoyl peroxide GEL 2.5 %, 5 %, 10 %57		BIMZELX SOAJ60
		BIMZELX SOSY 60
		BINOSTO TBEF 80
		BIO-35 GLUTEN-FREE CAPS ...142
		BIO-35 IRON FREE CAPS142

BIOCAL CAPS142	BOMYNTRA SOLN SC 120 MG/1.7ML80	BREATHERITE VALVED MDI CHAMBER DEVI 132
BIOTECT PLUS CAPS142	BOMYNTRA SOSY SC 120 MG/1.7ML81	BREKIYA SOAJ SC 1 MG/ML135
BIOTEL CARE BLOOD GLUCOSE KIT100	BONEUP 3 PER DAY CAPS142	BREO ELLIPTA (Use fluticasone furoate-vilanterol) 15
BIOTEL CARE TEST STRIPS STRP 70	BONEUP CAPS 142	BREO ELLIPTA 15
BIOTHRAX173	BONEUP VEGETARIAN TABS ..142	BREZTRI AEROSPHERE15
biotin CAPS 5 MG, 5000 MCG ...175	BONJESTA TBCR28	BRILINTA 60 MG, 90 MG (Use ticagrelor) 88
bisacodyl SUPP93	BONSITY SOPN 560 MCG/2.24ML 81	brimonidine tartrate 161
bisacodyl TBEC93	BOOSTNOW IMMUNE SUPPORT CAPS142	brimonidine tartrate-timolol maleate . 160
bismuth subsalicylate CHEW 262 MG27	BOOSTRIX SUSP170	BRINEURA82
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML27	BOOSTRIX SUSY170	brinzolamide 163
bismuth subsalicylate TABS27	bosentan TABS51	BRIUMVI167
bisoprolol & hydrochlorothiazide ..34	bosentan TBSO 32 MG51	BRIVIACT SOLN PO 10 MG/ML ...18
bisoprolol fumarate49	BOSULIF CAPS40	BRIVIACT TABS18
BIVIGAM SOLN164	BOSULIF TABS40	BRIXADI (WEEKLY) SOSY10
BLOOD GLUCOSE MONITOR SYSTEM KIT 100	BOTOX IJ158	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML10
BLOOD GLUCOSE MONITORING 333 DEVI100	BPO FOAMING CLOTHS MISC 6 % . 57	bromfenac sodium (ophth)163
BLOOD GLUCOSE TEST STRIPS 333 STRP70	BPROTECTED PEDIA POLY-VITE SOLN PO153	brompheniramine & phenyleph ELIX . 55
BLOOD GLUCOSE TEST STRP ..70	BPROTECTED PEDIA POLY- VITE/FE SOLN 153	brompheniramine & pseudoeph ELIX 55
BLOOD SUGAR MANAGER TABS 142	BRAFTOVI 75 MG40	brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML 55
BLULINK CONTROL HIGH & LOW LIQD100	BREATHE COMFORT CHAMBER/ADULT DEVI132	BROMSITE (Use bromfenac sodium (ophth)) 163
BLULINK GLUCOSE MONITORING SYS DEVI100	BREATHE COMFORT CHAMBER/CHILD DEVI 132	BROVANA (Use arformoterol tartrate)15
BLULINK GLUCOSE TEST STRP .70	BREATHE EASE LARGE DEVI ..132	BRUKINSA40
	BREATHE EASE MEDIUM DEVI 132	BRUKINSA PO 160 MG 40
	BREATHE EASE SMALL DEVI ..132	

BRYNOVIN SOLN PO 25 MG/ML .24	butalbital-acetaminophen TABS 50 MG (Use amlodipine besylate-atorvastatin calcium)51
budesonide (inhalation) SUSP15	MG-325 MG 8
budesonide (intrarectal) 11	butalbital-acetaminophen-caffeine caffeine citrate SOLN PO 1
budesonide (nasal)156	CAPS 40 MG-50 MG-325 MG 8
budesonide TB24 54	butalbital-acetaminophen-caffeine calcipotriene CREA 60
budesonide-formoterol fumarate dihydrate15	TABS 40 MG-50 MG-325 MG8
bumetanide TABS 80	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG 10
BUMEX TABS 0.5 MG (Use bumetanide) 80	butalbital-aspirin-caffeine CAPS 8
buprenorphine hcl SUBL 11	butalbital-aspirin-caffeine w/cod ...10
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 2 MG-8 MG11	BUTRANS PTWK (Use buprenorphine)11
buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG, 3 MG-12 MG 10	BYDUREON BCISE AUIJ 25
buprenorphine hcl-naloxone hcl dihydrate SUBL 11	BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (Use exenatide) 25
buprenorphine PTWK11	BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (Use exenatide) 25
bupropion hcl (smoking deterrent) 168	BYLVAY (PELLETS) CPSP 84
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BURIED TREASURE ACTIVE 55 PLUS LIQD 142	CABENUVA 900 MG/3ML-600 MG/3ML46
BURN RELIEF GEL66	CABOMETYX TABS40
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buspirone hcl 5 MG, 10 MG13	CADUET 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
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600 MG-200 UNIT	137	CAPZASIN-HP CREA (Use capsaicin)	66	CARDURA (Use doxazosin mesylate)	33
CALCIUM CHEW	137	CAPZASIN-P CREA 0.035 % (Use capsaicin)	66	CARDURA 8 MG (Use doxazosin mesylate)	33
calcium citrate TABS	137	CARAC CREA (Use fluorouracil (topical))	60	CARDURA XL	86
calcium polycarbophil TABS	92	CARAFATE SUSP (Use sucralfate) 171		CAREONE ADVANCED LANCING DEV MISC	100
CALQUENCE	40	CARAFATE TABS (Use sucralfate) 171		CAREONE INSULIN SYRINGE ..	129
CAMBIA (Use diclofenac potassium (migraine))	136	carbamazepine CHEW	18	CAREONE LANCET SUPER THIN 30G	100
CAMCEVI	38	carbamazepine CP12	18	CARESENS CONTROL SOLUTION A/B SOLN	100
camphor & menthol LOTN	60	carbamazepine SUSP	18	CARESENS LANCETS 30G	100
camphor-menthol-methyl salicylate CREA	66	carbamazepine TABS	18	CARESENS N FELIZ BT DEVI ...	100
camphor-menthol-methyl salicylate GEL	66	carbamazepine TB12	18	CARESENS N FELIZ DEVI	100
camphor-menthol-methyl salicylate PTCH EX 3.1 %-10 %-6 %	66	carbamide peroxide (otic) 6.5 % ..	164	CARESENS S CONTROL SOLN A/B LIQD	100
CANASA SUPP (Use mesalamine) 84		CARBATROL CP12 (Use carbamazepine)	18	CARESENS S FIT BLOOD GLUC MON DEVI	100
candesartan cilexetil	33	carbidopa	42	CARESENS S FIT BT BLOOD GLUC DEVI	100
candesartan cilexetil-hydrochlorothiazide	34	carbidopa-levodopa CPCR	42	CARESENS S GLUCOSE TEST STRP	70
capecitabine	37	carbidopa-levodopa TABS	42	CARETOUCH CONTROL SOL LEVEL 2 LIQD	101
CAPEX SHAM	63	carbidopa-levodopa TBCR	42	CARETOUCH HYPODERMIC NEEDLE	129
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capsaicin CREA 0.075 %	66	CARDIZEM CD CP24 (Use diltiazem hcl coated beads)	50		
capsaicin CREA 0.1 %	66	CARDIZEM LA TB24 (Use diltiazem hcl)	50		
capsaicin PTCH	66	CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	50		
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CARETOUCH TEST STRP	70	CEFACLOR ER TB12	52	celecoxib 400 MG	6
CARETOUCH TWIST LANCETS 28G	101	cefadroxil CAPS	52	celecoxib 50 MG	6
CARETOUCH TWIST LANCETS 30G	101	cefadroxil SUSR	52	CELEXA TABS (Use citalopram hydrobromide)	21
CARETOUCH TWIST LANCETS 33G	101	cefadroxil TABS	52	CELLCEPT CAPS (Use mycophenolate mofetil)	139
CARETOUCH TWIST MC LANCETS 30G	101	cefdinir CAPS	52	CELLCEPT INTRAVENOUS (Use mycophenolate mofetil hcl)	139
carisoprodol TABS 250 MG	155	cefdinir SUSR	52	CELLCEPT SUSR (Use mycophenolate mofetil)	139
carisoprodol TABS 350 MG	155	cefixime CAPS	52	CELLCEPT TABS (Use mycophenolate mofetil)	139
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CATAPRES-TTS-2 PTWK (Use clonidine)	33	CELEBRATE MULTI-COMPLETE 60 CAPS	142		
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CENTRUM MENOPAUSE MIND/MOOD TABS	152	CENTRUM MINIS WOMEN 50+ TABS	142	CENTRUM SPECIALIST VISION TABS	144
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CLARITIN CHEW (Use loratadine) 30		
CLARITIN CHILDRENS CHEW (Use loratadine)30		

clindamycin phosphate (topical) SOLN	57	clocortolone pivalate	63 45	codeine sulfate TABS 30 MG	8
clindamycin phosphate (topical) SWAB	58	CLODERM (Use clocortolone pivalate)	63	CODEINE SULFATE TABS	8
clindamycin phosphate vaginal CREA	174	clomipramine hcl	23	COLAZAL CAPS (Use balsalazide disodium)	84
clindamycin phosphate-benzoyl peroxide (refrigerate)	58	clonazepam TABS	17	colchicine CAPS	87
clindamycin phosphate-benzoyl peroxide GEL	58	clonazepam TBDP	17	colchicine TABS	87
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clobazam SUSP	17	clonidine PTWK	33	colesevelam hcl TABS	31
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clobetasol propionate GEL 0.05 %	63	clotrimazole vaginal CREA 2 % ..	174	colestipol hcl GRAN	31
clobetasol propionate LIQD	63	clotrimazole w/ betamethasone CREA	59	colestipol hcl PACK	31
clobetasol propionate LOTN	63	clotrimazole w/ betamethasone LOTN	59	colestipol hcl TABS	31
clobetasol propionate OINT 0.05 %	63	clozapine TABS	44	COMBIGAN (Use brimonidine tartrate-timolol maleate)	160
clobetasol propionate SHAM	63	clozapine TBDP	44	COMBIPATCH PTTW	83
clobetasol propionate SOLN 0.05 % .	63	CLOZARIL TABS 25 MG, 100 MG (Use clozapine)	44	COMBIVENT RESPIMAT AERS ..	15
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		COAGUCHEK LANCETS	102		
		coal tar extract SHAM 0.5 %	69		
		COARTEM	36		
		COBENFY CAPS	45		
		COBENFY STARTER PACK CPPK			

COMFORT ASSURED LANCETS 28G102	CONTOUR MONITOR DEVI102	SPF30 LOTN68
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	COPPERTONE GLOW SHIMMER SPF15 LOTN68	
	COPPERTONE GLOW SHIMMER	

CORLANOR TABS (Use ivabradine hcl)	52	(Use rosuvastatin calcium)	32	CVS ADULT 50+ EYE HEALTH CAPS	145
CORTEF TABS (Use hydrocortisone)	54	CRESTOR TABS 5 MG (Use rosuvastatin calcium)	32	CVS ADVANCED GLUCOSE TEST STRP	71
CORTENEMA (Use hydrocortisone (intrarectal))	11	CREXONT CPCR	42	CVS ANTIBACTERIAL GAUZE PADS	94
CORTISONE ACETATE TABS	54	cromolyn sodium (nasal) 5.2 MG/ACT	156	CVS BLOOD GLUCOSE METER DEVI	103
COSENTYX (300 MG DOSE) SOSY .	61	cromolyn sodium (ophth)	163	CVS BLOOD GLUCOSE METER KIT	103
COSENTYX SENSOREADY (300 MG) SOAJ	61	cromolyn sodium NEBU	14	CVS DAILY MULTIV/MINERAL MENS TABS	145
COSENTYX SENSOREADY PEN SOAJ	61	CTEXLI TABS PO 250 MG	84	CVS DAILY MULTIVITAMIN MENS TABS	145
COSENTYX SOLN	61	CULTURELLE PROBIOTIC MEN DAILY CAPS	145	CVS DAILY MULTIVITAMIN WOMENS TABS	145
COSENTYX SOSY 150 MG/ML ...	61	CUPRIMINE CAPS (Use penicillamine)	138	CVS EYE HEALTH ADULT 50+ CAPS	145
COSENTYX SOSY 75 MG/0.5ML .	61	CURITY ALL PURPOSE SPONGES PADS	94	CVS GAUZE PAD STERILE PADS	94
COSENTYX UNOREADY SOAJ ..	61	CURITY AMD ANTIMICROBIAL SPNGE PADS	94	CVS GAUZE PADS	94
COSOPT (Use dorzolamide hcl-timolol maleate)	160	CURITY COVER SPONGE PADS	94	CVS GAUZE STERILE PADS	94
COSOPT PF (Use dorzolamide hcl-timolol maleate)	160	CURITY DRESSING SPONGES PADS	94	CVS GLUCOSE METER TEST STRIPS STRP	71
COTELLIC	40	CURITY GAUZE PADS	94	CVS IMMUNE SUPPORT CAPS .	145
COTEMPLA XR-ODT TBED	2	CURITY GAUZE SPONGE PADS	94	CVS KETONE CARE	71
COVRSITE COVER DRESSING PADS	94	CURITY NON-ADHERENT STRIPS PADS	94	CVS LANCETS THIN 26G	103
COVRSITE PLUS COMPOSITE DRESS PADS	94	CURITY SPONGES PADS	94	CVS ONE DAILY MENS 50+ ADV TABS	145
COXANTO CAPS (Use oxaprozin) .	6	CUTAQUIG	164	CVS ONE DAILY WOMENS 50+ ADV TABS	145
COZAAR (Use losartan potassium)	33	CUVITRU SOLN	164	CVS PRENATAL GUMMY 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-1800 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-113.5 MG-5 MG-35 MG	153
CREON CPEP	79	CUVRIOR	138		
CRESTOR TABS 10 MG (Use rosuvastatin calcium)	32	CVS ADHESIVE PAD 4"X4" PADS	94		
CRESTOR TABS 20 MG, 40 MG		CVS ADHESIVE PAD 6"X6" PADS	94		
		CVS ADHESIVE PADS 2.25"X3" PADS	94		

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	154	cyclosporine modified (for microemulsion) CAPS	139	dapsone	35
CVS SPECTRAVITE ADULT 50+ TABS	145	cyclosporine modified (for microemulsion) SOLN	139	DAPTACEL	170
CVS SPECTRAVITE ADULTS TABS 145		cyclosporine SOLN IV 50 MG/ML	139	darifenacin hydrobromide	172
CVS SPECTRAVITE ULTRA MEN 50+ TABS	145	CYLTEZO (2 PEN) AJKT	4	darunavir TABS 600 MG	46
CVS SPECTRAVITE ULTRA MENS TABS	145	CYLTEZO (2 SYRINGE) PSKT	4	darunavir TABS 800 MG	46
CVS SPECTRAVITE ULTRA WOMEN TABS	145	CYLTEZO-CD/UC/HS STARTER AJKT	4	dasatinib	40
CVS TRUE METRIX GLUCOSE TEST STRP	71	CYLTEZO-PSORIASIS/UV STARTER AJKT	5	DAURISMO	37
CVS VISION HEALTH CAPS	145	CYMBALTA CPEP (Use duloxetine hcl)	22	DAVIMET-FLUORIDE CHEW	152
cyanocobalamin SOLN IJ 1000 MCG/ML	88	cyproheptadine hcl SYRP	30	DAYAVITE TABS	145
cyclobenzaprine hcl CP24	155	cyproheptadine hcl TABS	30	DAYBUE	158
cyclobenzaprine hcl TABS 7.5 MG 156		CYTOGAM SOLN	164	DAYBUE STIX PO 5000 MG, 6000 MG, 8000 MG	158
cyclobenzaprine hcl TABS	156	CYTOMEL TABS (Use liothyronine sodium)	170	DAYHIST ALLERGY 12 HOUR RELIEF TABS	30
CYCLOGYL (Use cyclopentolate hcl)	160	CYTOTEC (Use misoprostol)	172	DAYPRO TABS (Use oxaprozin) ...	6
CYCLOGYL 0.5 %	160	dabigatran etexilate mesylate CAPS .	17	DAYTRANA PTCH (Use methylphenidate)	2
CYCLOGYL 2 %	160	DAILY MULTIPLE VITAMINS TABS .	152	DAYVIGO	92
cyclopentolate hcl 1 %	160	dalfampridine	167	DDAVP PF SOLN IJ (Use desmopressin acetate)	82
cyclophosphamide CAPS	36	DALIRESP (Use roflumilast)	14	DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	82
CYCLOPHOSPHAMIDE TABS 50 MG	37	DANTRIUM CAPS 25 MG (Use dantrolene sodium)	156	DDAVP TABS (Use desmopressin acetate)	82
CYCLOSET	24	dantrolene sodium CAPS	156	DECUBI-VITE CAPS	145
cyclosporine (ophth) EMUL	161	DANZITEN	40	deferasirox TABS	27
cyclosporine CAPS	139	dapagliflozin propanediol	27	deflazacort SUSP	54
		dapagliflozin propanediol-metformin hcl	23	deflazacort TABS	54
		dapsone (topical)	58	DEKAS PLUS CAPS	145
				DEKAS PLUS OCEAN CAPS	145
				DELSTRIGO	46
				DELZICOL CPDR (Use mesalamine)	

84	DERMACEA TYPE VII GAUZE	(triphasic)53
DEMEROL SOLN IJ (Use meperidine hcl)8	PADS94	desonide CREA63
DENAVIR (Use penciclovir)62	DERMACEA X-RAY SPONGES	desonide LOTN63
DENGVAIXA173	PADS94	desonide OINT63
DEPAKOTE ER TB24 (Use divalproex sodium)21	DERMACINRX MULTITAM TABS	desoximetasone CREA63
DEPAKOTE ER TB24 250 MG (Use divalproex sodium)20	145	desoximetasone GEL63
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)21	DERMACINRX RIBOTIN-E TABS	desoximetasone LIQD63
DEPAKOTE TBEC (Use divalproex sodium)21	145	desoximetasone OINT63
DEPEN TITRATABS TABS (Use penicillamine)138	DERMACINRX ZINTREXYL-C TABS	DESOPYN (Use methamphetamine hcl)1
DEPLIN MA CAPS145	145	DESTRESS-IRON TABS141
DEPLINPRO MOOD HEALTH CAPS	DERMA-SMOOTH/FS BODY OIL	DESVENLAFAXINE ER22
145	(Use fluocinolone acetonide)63	desvenlafaxine succinate22
DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive))54	DERMA-SMOOTH/FS SCALP OIL	DETROL LA CP24 (Use tolterodine tartrate)172
DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive))54	(Use fluocinolone acetonide)63	DETROL TABS (Use tolterodine tartrate)172
DEPO-SUBQ PROVERA 104 SUSY SC54	DERMAVITE TABS145	DETROL TABS 1 MG (Use tolterodine tartrate)172
DERMACEA DRAIN SPONGES	DERMOTIC (Use fluocinolone acetonide (otic))164	dexamethasone ELIX55
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DERMACEA GAUZE SPONGE	desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG23	dexamethasone sodium phosphate (ophth)162
PADS94	desipramine hcl TABS 25 MG23	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML55
DERMACEA IV DRAIN SPONGES	DESLOTATADINE SOLN PO 0.5 MG/ML30	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML .55
PADS94	desloratadine TABS30	dexamethasone sodium phosphate SOSY IJ 4 MG/ML55
DERMACEA IV SPONGES PADS .94	desloratadine TBP30	dexamethasone SOLN55
DERMACEA NON-WOVEN	desmopressin acetate SOLN IJ ...82	dexamethasone TABS55
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	desmopressin acetate spray refrigerated 0.01 %82	
	desmopressin acetate TABS82	
	desogestrel & ethinyl estradiol53	
	desogestrel-ethinyl estradiol (biphasic)53	
	desogestrel-ethinyl estradiol	

DEXATRAM CAPS	145	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	56	DIAZEPAM SOLN IJ 5 MG/ML	13
dexchlorpheniramine maleate SOLN . 29		dextromethorphan-guaifenesin TABS 400 MG-20 MG	56	diazepam SOLN PO 5 MG/5ML ...	13
DEXCOM G6 RECEIVER	103	dextromethorphan-guaifenesin TB12 600 MG-30 MG	56	diazepam TABS	13
DEXCOM G6 SENSOR	103	dextromethorphan-phenylephrine- acetaminophen CAPS	56	diazoxide	24
DEXCOM G6 TRANSMITTER ...	103	dextrose (diabetic use) CHEW 4 GM . 24		dibucaine	66
DEXCOM G7 15 DAY SENSOR .	103	dextrose (diabetic use) GEL	24	DICLEGIS TBEC (Use doxylamine- pyridoxine)	28
DEXCOM G7 RECEIVER	103	DHIVY TABS	42	diclofenac epolamine PTCH EX ...	60
DEXCOM G7 SENSOR	103	DIACOMIT CAPS	18	diclofenac potassium (migraine) .	136
DEXEDRINE CP24 10 MG (Use dextroamphetamine sulfate)	1	DIACOMIT PACK	18	diclofenac potassium CAPS	6
DEXEDRINE CP24 15 MG (Use dextroamphetamine sulfate)	1	DIALYVITE SUPREME D TABS .	145	diclofenac potassium TABS	6
DEXILANT (Use dexlansoprazole) 171		diaper rash products OINT	65	diclofenac sodium (actinic keratoses) EX	60
dexlansoprazole	171	DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	17	diclofenac sodium (ophth)	163
dexmethylphenidate hcl CP24	2	DIALYVITE SUPREME D TABS .	145	diclofenac sodium (topical) GEL EX 60	
dexmethylphenidate hcl TABS	2	diaper rash products OINT	65	diclofenac sodium (topical) SOLN EX	60
DEXTENZA INST	162	DIATROL TABS	145	diclofenac sodium TB24	6
dextran 70-hypromellose 0.3 %-0.1 %	159	DIATRUE CONTROL LEVEL 1 SOLN	103	diclofenac sodium TBEC	6
dextroamphetamine sulfate CP24 ...	1	DIATRUE CONTROL LEVEL 2 SOLN	103	diclofenac w/ misoprostol TBEC	6
dextroamphetamine sulfate SOLN ..	1	DIATRUE CONTROL LEVEL 3 SOLN	103	dicloxacillin sodium	165
dextroamphetamine sulfate TABS ..	1	DIATRUE PLUS BLOOD GLUCOSE DEVI	104	dicyclomine hcl CAPS	170
dextromethorphan polistirex SUER 55		DIATRUE PLUS TEST STRP	71	dicyclomine hcl SOLN PO	170
dextromethorphan-doxylamine- acetaminophen LIQD	56	diazepam (anticonvulsant) GEL 10 MG, 20 MG	17	dicyclomine hcl TABS	170
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML- 15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML	56	diazepam CONC	13	DIFFERIN CREA (Use adapalene) 58	
		diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	13	DIFFERIN GEL (Use adapalene) ..	58
				DIFFERIN GEL 0.1 % (Use adapalene)	58
				DIFFERIN LOTN	58
				DIFICID SUSR	94

DIFICID TABS 200 MG (Use fidaxomicin)	94	diltiazem hcl extended release beads	50	disulfiram 250 MG	166
diflorasone diacetate CREA	63	diltiazem hcl TABS	50	divalproex sodium CSDR	21
diflorasone diacetate OINT	63	diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	50	divalproex sodium TB24	21
DIFLUCAN SUSR (Use fluconazole) . 29		diltiazem hcl TB24	50	divalproex sodium TBEC	21
DIFLUCAN TABS 100 MG (Use fluconazole)	29	dimenhydrinate TABS	28	docosanol	62
DIFLUCAN TABS 150 MG (Use fluconazole)	29	dimethicone (topical) CREA 1 % ..	67	docusate calcium	93
DIFLUCAN TABS 200 MG (Use fluconazole)	29	dimethyl fumarate CDPK	167	docusate sodium CAPS 100 MG, 250 MG	93
DIFLUCAN TABS 200 MG (Use fluconazole)	29	dimethyl fumarate CPDR	167	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	93
diflunisal TABS	8	DIOVAN HCT (Use valsartan-hydrochlorothiazide)	34	DOCUSATE SODIUM SYRP	93
difluprednate	162	DIOVAN TABS (Use valsartan) ...	33	docusate sodium TABS	93
digoxin SOLN PO 0.05 MG/ML	50	DIPENTUM	84	dofetilide	13
digoxin TABS 125 MCG, 250 MCG 50		diphenhydramine hcl (sleep) CAPS 91		DOLOBID TABS	8
dihydroergotamine mesylate SOLN IJ 1 MG/ML	136	diphenhydramine hcl (sleep) LIQD 91		donepezil hydrochloride TABS ...	166
dihydroergotamine mesylate SOLN NA 4 MG/ML	136	diphenhydramine hcl (sleep) TABS 25 MG	91	donepezil hydrochloride TBDP ...	166
DILANTIN (Use phenytoin sodium extended)	20	diphenhydramine hcl (sleep) TABS 50 MG	91	DORAL (Use quazepam)	91
DILANTIN	20	diphenhydramine hcl CAPS	30	dorzolamide hcl	163
DILANTIN INFATABS CHEW (Use phenytoin)	20	diphenhydramine hcl ELIX 12.5 MG/5ML	30	dorzolamide hcl-timolol maleate .	160
DILANTIN SUSP (Use phenytoin) .	20	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	30	DOVATO	46
DILANTIN-125 SUSP (Use phenytoin)	20	diphenoxylate w/ atropine LIQD ...	27	doxazosin mesylate	33
DILAUDID TABS (Use hydromorphone hcl)	8	diphenoxylate w/ atropine TABS ..	27	doxepin hcl (antipruritic)	60
diltiazem hcl coated beads CP24 ..	50	DIPROLENE OINT (Use betamethasone dipropionate augmented)	63	doxepin hcl (sleep)	91
diltiazem hcl CP12	50	dipyridamole	88	doxepin hcl CAPS	23
diltiazem hcl CP24	50	disopyramide phosphate CAPS ...	13	doxepin hcl CONC	23
				doxycycline (monohydrate) CAPS 50 MG, 100 MG	169
				doxycycline (monohydrate) TABS 50 MG, 100 MG	169
				doxycycline hyclate CAPS	169
				doxycycline hyclate TABS 100 MG 170	

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dronabinol CAPS 28	DULERA 16	EASY COMFORT LANCETS TWIST TOP 104
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DRUG MART UNILET LANCETS 30G 104	DYMISTA SUSP (Use azelastine hcl- fluticasone propionate) 156	EASY STEP CONTROL SOLN ... 105
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EASY TALK BLOOD GLUCOSE TEST STRP	71	EASY TOUCH SAFETY LANCETS 21G	106	EBGLYSS SOAJ	65
EASY TALK CONTROL SOLN ...	105	EASY TOUCH SAFETY LANCETS 23G	106	EBGLYSS SOSY	65
EASY TALK PLUS II CONTROL SOLN	105	EASY TOUCH SAFETY LANCETS 26G	106	EC-NAPROSYN TBEC (Use naproxen)	6
EASY TALK PLUS II TEST STRIPS STRP	71	EASY TOUCH SAFETY LANCETS 28G	106	econazole nitrate CREA	59
EASY TOUCH CONTROL HIGH & LOW SOLN	105	EASY TOUCH SHEATHLOCK SYRINGE	130	EDARBI	33
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EASY TOUCH GLUCOSE SYSTEM KIT	105	EASY TRAK BLOOD GLUCOSE SYSTEM DEVI	106	EDLUAR SUBL	91
EASY TOUCH HEALTHPRO HIGH/LOW LIQD	105	EASY TRAK BLOOD GLUCOSE TEST STRP	72	EDURANT	46
EASY TOUCH INSULIN SAFETY SYR	130	EASY TRAK CONTROL SOLN ..	106	EDURANT PED PO 2.5 MG	46
EASY TOUCH INSULIN SYRINGE 130		EASY TRAK II BLOOD GLUCOSE SYS DEVI	106	efavirenz CAPS 200 MG	46
EASY TOUCH LANCETS 21G ..	105	EASY TRAK II CONTROL LIQD .	106	efavirenz CAPS 50 MG	46
EASY TOUCH LANCETS 23G ..	105	EASY TRAK II GLUCOSE TEST STRP	72	efavirenz TABS	46
EASY TOUCH LANCETS 26G ..	105	EASYGLUCO KIT	106	efavirenz-emtricitabine-tenofovir disoproxil fumarate	46
EASY TOUCH LANCETS 28G ..	105	EASYGLUCO STRP	72	efavirenz-lamivudine-tenofovir disoproxil fumarate	46
EASY TOUCH LANCETS 28G/TWIST	105	EASYMAX 15 LEVEL 2 CONTROL SOLN	106	EFFER-K TBEF 25 MEQ	138
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107	ELEVIDYS 33.5-34.4 KG	157	ELEVIDYS 63.5-64.4 KG	158
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107	ELEVIDYS 35.5-36.4 KG	157	ELEVIDYS 65.5-66.4 KG	158
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107	ELEVIDYS 37.5-38.4 KG	157	ELEVIDYS 67.5-68.4 KG	158
ELEMENT TEST STRP	ELEVIDYS 38.5-39.4 KG	157	ELEVIDYS 68.5-69.4 KG	158
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136	ELEVIDYS 43.5-44.4 KG	157	ELIGARD KIT SC 22.5 MG	38
ELEVIDYS 10.0-10.4 KG	ELEVIDYS 44.5-45.4 KG	157	ELIGARD KIT SC 7.5 MG	38
157	ELEVIDYS 45.5-46.4 KG	157	ELIGARD SC 30 MG	38
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157	ELEVIDYS 47.5-48.4 KG	157	ELIMITE CREA (Use permethrin) .	68
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157	ELEVIDYS 51.5-52.4 KG	158	ELIQUIS DVT/PE STARTER PACK	
ELEVIDYS 13.5-14.4 KG	ELEVIDYS 52.5-53.4 KG	158	TBPK	16
157	ELEVIDYS 53.5-54.4 KG	158	ELIQUIS TABS	16
ELEVIDYS 14.5-15.4 KG	ELEVIDYS 54.5-55.4 KG	158	ELIQUIS TBSO PO 0.5 MG	16
157	ELEVIDYS 55.5-56.4 KG	158	ELLA	54
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157	ELEVIDYS 57.5-58.4 KG	158	ELYXYB	136
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escitalopram oxalate TABS	21	etodolac CAPS	6	EVKEEZA 1200 MG/8ML	31
ESGIC TABS (Use butalbital- acetaminophen-caffeine)	8	etodolac TABS	6	EVKEEZA 345 MG/2.3ML	30
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	18	etodolac TB24	6	EVOLUTION AUTOCODE DEVI ..	108
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estradiol PTTW	83	EVEKEO ODT TBDP	1	EXCILON IV SPONGES PADS	95
estradiol PTWK	83	EVEKEO TABS (Use amphetamine sulfate)	1	EXELON (Use rivastigmine)	166
estradiol TABS	83	EVENITY	81	exemestane	38
estradiol vaginal CREA	175	everolimus (immunosuppressant) 139		exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML	25
estradiol vaginal TABS	175	everolimus TABS	40	EXFORGE (Use amlodipine besylate-valsartan)	34
ESTROFACTORS TABS	152	everolimus TBSO	40	EXFORGE HCT (Use amlodipine- valsartan-hydrochlorothiazide)	34
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ESTROVEN MENOPAUSE SUPPLEMENT TABS	146	EVERSENSE 365 SMART TRANSMIT	108	EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	22
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EYE HEALTH CAPS	146	felbamate SUSP	20	FENTORA TABS 400 MCG, 600 MCG, 800 MCG (Use fentanyl citrate)	9
EYE MULTIVITAMIN/SODIUM TABS	146	felbamate TABS	20	FERRETT'S TABS	90
EYSUVIS SUSP	162	FELBATOL SUSP (Use felbamate) 20		ferric citrate	86
ezetimibe	32	FELBATOL TABS (Use felbamate) 20		ferrous fumarate TABS	90
ezetimibe-simvastatin	31	FELDENE CAPS 10 MG (Use piroxicam)	6	ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS	90
FABIOR FOAM	58	FELDENE CAPS 20 MG (Use piroxicam)	6	ferrous gluconate TABS 324 MG ..	90
famciclovir	48	felodipine	50	ferrous gluconate TABS	90
famotidine SOLN 20 MG/2ML	171	FEMARA (Use letrozole)	38	ferrous sulfate dried TBCR	90
FAMOTIDINE SOLN	171	FEMCAP DEVI	96	ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	90
famotidine SUSR	171	FEMLYV TBDP	53	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	90
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famotidine TABS	171	fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG ...	31	ferrous sulfate TBEC	90
famotidine-calcium carbonate-magnesium hydroxide	172	fenofibrate TABS 40 MG, 120 MG .	31	fesoterodine fumarate	172
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FANAPT TITRATION PACK A	43	fenofibric acid	31	FETZIMA TITRATION C4PK	22
FANAPT TITRATION PACK B	43	FENOGLIDE TABS (Use fenofibrate) 31		FEVERALL INFANTS SUPP	8
FANAPT TITRATION PACK C	43	FENSOLVI (6 MONTH) SC	81	FEVERALL JUNIOR STRENGTH SUPP	8
FANTASY LUBRICATED MISC ...	96	fentanyl citrate LPOP 200 MCG, 400 MCG, 800 MCG, 1600 MCG	9	fexofenadine hcl SUSP	30
FANTASY LUBRICATED/SPERMICIDE MISC 96		fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG	9	fexofenadine hcl TABS 60 MG, 180 MG	30
FARESTON (Use toremifene citrate)	38	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR	9	fexofenadine-pseudoephedrine TB12	56
FARXIGA (Use dapagliflozin propanediol)	27	FENTORA TABS 100 MCG, 200 MCG (Use fentanyl citrate)	9	fexofenadine-pseudoephedrine TB24	56
FASENRA PEN SOAJ	14			FIASP FLEXTOUCH SOPN	25
FASENRA SOSY	14			FIASP PENFILL SOCT	25
FC2 FEMALE CONDOM	96				
febuxostat	87				
FEIBA	87				

FIASP PUMPCART SOCT	25	FLEET ENEMA ENEM (Use sodium phosphates)	93	fluocinolone acetonide CREA	63
FIASP SOLN	25	FLEQSUVY SUSP (Use baclofen) 156		fluocinolone acetonide OIL	63
FIBRICOR 105 MG (Use fenofibric acid)	31	FLEXICHAMBER DEVI	133	fluocinolone acetonide OINT	63
FIBRICOR 35 MG (Use fenofibric acid)	31	FLORAFOL FE PEDIATRIC SOLN 152		fluocinolone acetonide SOLN	63
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FILSPARI	86	FLORRAXYL TABS	146	fluocinonide OINT	63
FILSUEVZ	69	FLOTREX CHEW 0.5 MG	153	fluocinonide SOLN	63
finasteride	86	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT (Use fluticasone propionate hfa)	15	fluorometholone (ophth) SUSP ...	162
FINAZOL TABS	146	FLOVENT HFA 44 MCG/ACT (Use fluticasone propionate hfa)	15	fluorouracil (topical) CREA 0.5 % ..	60
FINGERSTIX LANCETS	108	FLUAD	173	fluorouracil (topical) CREA 5 % ...	60
fingolimod hcl	167	FLUARIX SUSY	173	fluorouracil (topical) SOLN	60
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FIRAZYR SOSY (Use icatibant acetate)	88	FLUCELVAX SUSY	173	fluoxetine hcl CPDR	22
FIRVANQ SOLR PO (Use vancomycin hcl)	35	fluconazole SUSR	29	fluoxetine hcl SOLN	22
FITNESS TABS FOR MEN AM/PM TABS	146	fluconazole TABS 100 MG	29	FLUOXETINE HCL TABS (Use fluoxetine hcl)	22
FITNESS TABS FOR WOMEN AM/PM TABS	146	fluconazole TABS 150 MG	29	fluoxetine hcl TABS	22
FLAREX	162	fluconazole TABS 200 MG	29	fluphenazine decanoate	45
flavoxate hcl	172	fluconazole TABS 50 MG	29	fluphenazine hcl CONC	45
flecainide acetate	13	fludrocortisone acetate TABS	55	fluphenazine hcl ELIX	45
FLECTOR PTCH EX (Use diclofenac epolamine)	60	FLULAVAL SUSY	173	fluphenazine hcl SOLN	45
		FLUMIST	173	fluphenazine hcl TABS	45
		flunisolide (nasal)	156	flurandrenolide LOTN	63
		fluocinolone acetonide (otic)	164	flurazepam hcl	91
				flurbiprofen sodium	163
				flurbiprofen TABS 100 MG	6
				flurbiprofen TABS 50 MG	6

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fluticasone furoate-vilanterol	16	FOLAGENT DHA CAPS	146	FORA D20 2-IN-1 MONITOR DEVI 108	
fluticasone propionate (inhalation) AEPB	15	FOLAMAX TABS	146	FORA D20 BLOOD GLUCOSE TEST STRP	73
fluticasone propionate (nasal) SUSP . 156		FOLAMED DHA CAPS	146	FORA D40/G31 BLOOD GLUCOSE STRP	73
fluticasone propionate CREA 0.05 % 64		FOLAPRIME TABS	146	FORA G20 BLOOD GLUCOSE SYSTEM KIT	108
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	15	FOLASYNC DHA CAPS	146	FORA G20 BLOOD GLUCOSE TEST STRP	73
fluticasone propionate hfa 44 MCG/ACT	15	FOLATEN TABS	146	FORA G30/PREM V10 GLUCOSE TEST STRP	73
fluticasone propionate LOTN	64	FOLAWISE TABS	152	FORA G30A BLOOD GLUCOSE SYSTEM DEVI	108
fluticasone propionate OINT	64	FOLCYTEINE TABS	152	FORA GD20 BLOOD GLUCOSE SYSTEM DEVI	108
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fluticasone-salmeterol AERO	16	folic acid TABS 400 MCG, 800 MCG . 89		FORA GD50 BLOOD GLUCOSE SYSTEM DEVI	108
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FOCALIN TABS (Use dexmethylphenidate hcl)	2	FONDCIRCLE SINGLE USE LANCETS	108		
FOCALIN TABS 2.5 MG (Use dexmethylphenidate hcl)	2	FORA 6 CONNECT STRP	73		
FOCALIN XR CP24 (Use dexmethylphenidate hcl)	2	FORA 6 CONNECT/GTEL TEST STRP	73		
		FORA BLOOD GLUCOSE TEST STRP	73		
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FORACARE GDH CONTROL SOLN . 109	fosinopril sodium33	FREESTYLE LITE TEST STRP ...74
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FORACARE PREMIUM V10 TEST STRP74	fosphenytoin sodium 500 MG PE/10ML20	FREESTYLE PRECISION NEO TEST STRP74
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GNP EASY TOUCH GLUCOSE TEST STRP75	GNP STERILE GAUZE PADS95	GRANIX SOLN 300 MCG/ML 89
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GNP INSULIN SYRINGES 28GX1/2"130	GNP TRUE METRIX GLUCOSE METER KIT112	griseofulvin microsize TABS 29
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HADLIMA SOSY	5	HEALTHY EYES SUPERVISION 2 CAPS	147	HIZENTRA SOLN	165
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HALCION 0.25 MG (Use triazolam) 91		HEMGENIX	87	HORIZANT	168
HALDOL DECANOATE (Use haloperidol decanoate)	44	HEMLIBRA	87	HULIO (2 PEN) AJKT	5
halobetasol propionate CREA	64	HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	87	HULIO (2 SYRINGE) PSKT	5
halobetasol propionate FOAM	64	HEMORRHOIDAL 0.25 %-85.5 %-3 %	11	HUMALOG JUNIOR KWIKPEN SOPN	25
halobetasol propionate OINT	64	HEPAGAM B SOLN IJ	165	HUMALOG KWIKPEN SOPN	25
HALOG CREA (Use halcinonide) ..	64	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	17	HUMALOG MIX 50/50 KWIKPEN SUPN	25
HALOG SOLN 0.1 % (Use halcinonide)	64	HEPLISAV-B SOSY	173	HUMALOG MIX 75/25 KWIKPEN SUPN	25
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HARVONI TABS	48			HUMIRA (2 PEN) AJKT	5
HAVRIX IM 720 EL U/0.5ML	173			HUMIRA (2 SYRINGE) PSKT	5
HEAD CARE PROACTIVE HEALTH TABS	147			HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	5

HUMIRA-PSORIASIS/UVEIT STARTER AJKT	5	MG/15ML-7.5 MG/15ML	10	hydromorphone hcl TB24	9
HUMULIN 70/30 KWIKPEN SUPN	25	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	10	hydroxychloroquine sulfate 200 MG 36	
HUMULIN 70/30 SUSP	25	hydrocodone-acetaminophen TABS 325 MG-10 MG	10	hydroxyurea	42
HUMULIN N KWIKPEN SUPN	25	hydrocodone-acetaminophen TABS 325 MG-5 MG	10	hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	13
HUMULIN N SUSP	25	hydrocodone-acetaminophen TABS 325 MG-7.5 MG	10	hydroxyzine hcl SYRP	13
HUMULIN R SOLN IJ	26	hydrocortisone (intrarectal)	11	hydroxyzine hcl TABS	13
HUMULIN R U-500 (CONCENTRATED) SOLN SC	26	hydrocortisone (rectal) EX	12	hydroxyzine pamoate CAPS	13
HUMULIN R U-500 KWIKPEN SOPN SC	26	hydrocortisone (topical) CREA	64	HYLAZINC TABS	147
HW EMBRACE PRO GLUCOSE METER DEVI	113	hydrocortisone (topical) LOTN 1 % 64		HYMPAVZI	87
HW EMBRACE PRO GLUCOSE TEST STRP	76	hydrocortisone (topical) LOTN 2.5 % 64		hyoscyamine sulfate ELIX	170
HW EMBRACE TALK BLOOD GLUCOSE DEVI	113	hydrocortisone (topical) OINT	64	hyoscyamine sulfate SOLN PO 0.125 MG/ML	170
HW EMBRACE TALK GLUCOSE TEST STRP	76	hydrocortisone acetate (topical) OINT	64	hyoscyamine sulfate TB12 0.375 MG 170	
HYCANTIN CAPS	42	HYDROCORTISONE ACETATE CREA	64	hyoscyamine sulfate TBDP 0.125 MG	170
HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)	55	hydrocortisone butyrate CREA	64	HYPERHEP B SOLN IM	165
hydralazine hcl TABS	35	hydrocortisone butyrate OINT	64	HYPERHEP B SOSY 110 UNIT/0.5ML	165
HYDREA (Use hydroxyurea)	42	hydrocortisone butyrate SOLN	64	HYPERRAB SOLN	165
hydrochlorothiazide CAPS	80	HYDROCORTISONE COMPLETE KIT THPK	64	HYPOLANCE AST LANCING KIT 113	
hydrochlorothiazide TABS	80	hydrocortisone TABS	55	HYQVIA	165
hydrocodone bitartrate CP12	9	hydrocortisone vaginal	174	HYRIMOZ SOAJ	5
hydrocodone bitartrate T24A	9	hydrocortisone valerate CREA	64	HYRIMOZ SOSY	5
hydrocodone bitartrate-homatropine methylbromide SOLN	55	hydrocortisone valerate OINT	64	HYRIMOZ-CROHNS/UC STARTER SOAJ	5
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325		hydrocortisone w/acetic acid	164	HYRIMOZ-PED<40KG CROHN STARTER SOSY	5
		HYDROMORPHONE HCL SUPP ..	9	HYRIMOZ-PED>=40KG CROHN START SOSY	5
		hydromorphone hcl TABS	9		

HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	5	IDELVION	87	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	136
HYRNUO TABS PO 10 MG	40	IDHIFA	40	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	136
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG	9	IDOSE TR IMPL	163	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	136
HYZAAR (Use losartan potassium & hydrochlorothiazide)	34	IHEALTH BLOOD GLUCOSE TEST STR STRP	76	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	136
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ibuprofen TABS 400 MG	6	ILEVRO	163	IN-CHECK INSPIRATORY FLOW MTR DEVI	134
ibuprofen TABS 600 MG	6	ILUMYA	61	INCRUSE ELLIPTA	14
ibuprofen TABS 800 MG	6	ILUVIEN	162	indapamide TABS 1.25 MG, 2.5 MG . 80	
ibuprofen-acetaminophen TABS	6	imatinib mesylate TABS	40	INDERAL LA CP24 (Use propranolol hcl)	49
ibuprofen-famotidine	6	IMBRUVICA CAPS	40	INDERAL XL	49
ICAPS AREDS FORMULA TABS 147		IMBRUVICA SUSP	40	INDOCIN SUSP (Use indomethacin) .	
icatibant acetate SOSY	88	IMBRUVICA TABS 140 MG, 280 MG, 420 MG	40		
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IDACIO-PSORIASIS STARTER AJKT	5				

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indomethacin SUPP6	INSULIN DEGLUDEC SOLN26	INVEGA TRINZA 410 MG/1.32ML 44
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KIMONO MAXX-LARGE FLARE			17	HI/LO LIQD	114
MISC	96	KLONOPIN TABS 1 MG (Use		KROGER HEALTHPRO GLUCOSE	
KIMONO MICRO THIN PLUS MISC .		clonazepam)	17	TEST STRP	76
96		KLOR-CON 10 TBCR 10 MEQ (Use		KROGER HEALTHPRO LANCET	
KIMONO MISC	96	potassium chloride)	138	26G	114
KIMONO PLUS MISC	96	KLOR-CON TBCR 8 MEQ (Use		K-TAB TBCR 20 MEQ (Use	
KIMONO PS MISC	96	potassium chloride)	138	potassium chloride)	138
KIMONO PS PLUS MISC	96	KLOXXADO LIQD	28	KYLEENA	54
KIMONO SENSATION MISC	96	KOATE SOLR	87	labetalol hcl TABS	49
KIMONO SENSATION PLUS MISC		KOATE-DVI SOLR 1000 UNIT	87	lacosamide SOLN IV 200 MG/20ML .	
96		KOGENATE FS KIT 250 UNIT, 500		18	
KIMONO SPECIAL DEVI	96	UNIT, 3000 UNIT	87	lacosamide TABS	18
KINERET SOSY	5	KOMBIGLYZE XR (Use saxagliptin-		lactic acid (ammonium lactate) CREA	
KINRAY INSULIN SYRINGE	130	metformin hcl)	23		65
KINRIX SUSY	170	KOMZIFTI CAPS PO 200 MG	39	lactic acid (ammonium lactate) LOTN	
KIRSTY SOLN IJ 100 UNIT/ML ...	26	KONSYL DAILY FIBER PACK 100 %		12 %	65
KIRSTY SOPN SC 100 UNIT/ML ..	26		92	lactulose (encephalopathy)	85
KISQALI (200 MG DOSE)	40	KONVOMEPEP SUSR	172	lactulose SOLN	92
KISQALI (400 MG DOSE)	40	KOSELUGO	40	LAMICTAL CHEW (Use lamotrigine) .	
KISQALI (600 MG DOSE)	40	KOSELUGO PO 5 MG, 7.5 MG ...	40	18	
KISQALI FEMARA (200 MG DOSE) .		KOVALTRY	87	LAMICTAL ODT KIT (Use	
39		KP PRENATAL MULTIVITAMINS		lamotrigine)	18
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40		K-PAX IMMUNE PROFESSIONAL		lamotrigine)	18
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40		K-PHOS-NEUTRAL (Use pot		(Use lamotrigine)	18
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NEBU 300 MG/5ML (Use		KPN PRENATAL TABS	154	LAMICTAL XR KIT	18
tobramycin)	3	KRAZATI	40	LAMICTAL XR TB24 (Use	
KLARON (Use sulfacetamide		KRINTAFEL	36	lamotrigine)	18
		KROGER AUTOLET LANCING		LAMISIL AT ATHLETES FOOT	
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lidocaine hcl CREA 3 %66	lisdexamfetamine dimesylate CAPS 1	LOMOTIL TABS (Use diphenoxylate w/ atropine)27
lidocaine hcl CREA 4 %66	lisdexamfetamine dimesylate CHEW . 1	lomustine37
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49		loteprednol etabonate SUSP	162	LUPRON DEPOT (1-MONTH) KIT IM	
LOPRESSOR TABS (Use metoprolol		loteprednol etabonate-tobramycin			38
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56		(Use amlodipine besylate-benazepril		LUPRON DEPOT (6-MONTH) IM .	39
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56		LOTRIMIN AF CREA (Use		82	
loratadine CHEW	30	clotrimazole (topical))	59	LUPRON DEPOT-PED (3-MONTH) .	
loratadine SOLN	30	LOTRIMIN AF JOCK ITCH CREA		82	
loratadine TABS	30	(Use clotrimazole (topical))	59	LUPRON DEPOT-PED (6-MONTH)	
loratadine TBDP 10 MG	30	LOTRONEX (Use alosetron hcl) ..	85	IM	82
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lorazepam SOLN	13	esters)	31	flurbiprofen)	6
lorazepam TABS 0.5 MG, 2 MG ...	13	LOVENOX SOLN IJ 300 MG/3ML		LURBIRO TABS 100 MG (Use	
lorazepam TABS 1 MG	13	(Use enoxaparin sodium)	17	flurbiprofen)	7
LORBRENA	40	LOVENOX SOSY 100 MG/ML, 150		LUTEIN-ZEAXANTHIN TABS 60	
losartan potassium &		MG/ML (Use enoxaparin sodium) .	17	MG-5 MG-1 MG-15 MG-1 MG-750	
hydrochlorothiazide	34	LOVENOX SOSY 30 MG/0.3ML (Use		MCG-20 MG	147
losartan potassium	33	enoxaparin sodium)	17	LUTRATE DEPOT INJ 22.5 MG ...	39
LOTEMAX GEL (Use loteprednol		LOVENOX SOSY 40 MG/0.4ML (Use		LYBALVI	166
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LOTEMAX OINT	162	LOVENOX SOSY 60 MG/0.6ML (Use		LYNPARZA TABS	40
LOTEMAX SM GEL	162	enoxaparin sodium)	17	LYRICA CAPS (Use pregabalin) ...	19
LOTEMAX SUSP (Use loteprednol		LOVENOX SOSY 80 MG/0.8ML, 120		LYRICA CAPS 25 MG, 50 MG, 150	
etabonate)	162	MG/0.8ML (Use enoxaparin sodium) .	17	MG (Use pregabalin)	19
LOTENSIN 10 MG, 20 MG, 40 MG		loxapine succinate	44	LYRICA CR (Use pregabalin (once-	
(Use benazepril hcl)	33	L-TRYPTOPHAN TABS	159	daily))	168
LOTENSIN HCT 12.5 MG-10 MG,		lubiprostone	84	LYRICA CR 165 MG, 330 MG (Use	
12.5 MG-20 MG, 25 MG-20 MG (Use		LUCEMYRA (Use lofexidine hcl)	166	pregabalin (once-daily))	168
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LYSODREN	39		MAYZENT STARTER PACK TBPK 0.25 MG	168
LYTGOBI (12 MG DAILY DOSE) .	41	MAVENCLAD (4 TABS) 10 MG (Use cladribine (multiple sclerosis))	MAYZENT TABS	168
LYTGOBI (16 MG DAILY DOSE) .	41		meclizine hcl CHEW	28
LYTGOBI (20 MG DAILY DOSE) .	41	MAVENCLAD (5 TABS) 10 MG (Use cladribine (multiple sclerosis))	meclizine hcl TABS 12.5 MG, 25 MG 28	
LYUMJEV KWIKPEN SOPN	26	MAVENCLAD (6 TABS) 10 MG (Use cladribine (multiple sclerosis))	meclofenamate sodium CAPS	7
LYUMJEV SOLN	26		MEDI TAB TABS	147
LYUMJEV TEMPO PEN SOPN ...	26	MAVENCLAD (7 TABS) 10 MG (Use cladribine (multiple sclerosis))	MEDIC INSULIN SYRINGE	130
LYVISPAH PACK 5 MG	156		MEDISENSE GLUCOSE KETONE CONTR LIQD	115
MACROBID (Use nitrofurantoin monohyd macro)	36	MAVENCLAD (8 TABS) 10 MG (Use cladribine (multiple sclerosis))	MEDISENSE HI/MID/LOW CONTROL LIQD	115
MACRODANTIN (Use nitrofurantoin macrocrystal)	36	MAVENCLAD (9 TABS) 10 MG (Use cladribine (multiple sclerosis))	MEDLANCE PLUS EXTRA 21G .	115
MAGELLAN INSULIN SAFETY SYR	130	MAVYRET PACK	MEDLANCE PLUS LITE 25G ...	115
		MAVYRET TABS	MEDLANCE PLUS SPECIAL 0.8MM	115
magnesium citrate 1.745 GM/30ML 93		MAXALT TABS 10 MG (Use rizatriptan benzoate)	MEDLANCE PLUS SUPERLITE 30G	115
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	93	MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	MEDLANCE PLUS UNIVERSAL 21G	115
magnesium oxide (mg supplement) TABS	138	MAXI-COMFORT INSULIN SYRINGE	MEDROL TABS (Use methylprednisolone)	55
magnesium oxide TABS 400 MG ..	12	MAXICOMFORT SYR 27G X 1/2" 130	MEDROL TBPK (Use methylprednisolone)	55
malathion	68	MAXIDEX SUSP OP	medroxyprogesterone acetate (contraceptive) SUSP IM	54
maraviroc TABS 150 MG	47	MAXITROL OINT (Use neomycin- polymy-dexameth)	medroxyprogesterone acetate (contraceptive) SUSY IM	54
maraviroc TABS 300 MG	47		medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	166
MARINOL CAPS 2.5 MG (Use dronabinol)	28	MAXITROL SUSP (Use neomycin- polymy-dexameth)	MEDTRONIC MINIMED 780G KIT 115	
MARINOL CAPS 5 MG, 10 MG (Use dronabinol)	29	MAXX MISC		
MARPLAN	21	MAXX PLUS MISC		
MASONATAL TABS	154	MAXZIDE TABS (Use triamterene & hydrochlorothiazide)		
MATULANE	42	MAXZIDE-25 TABS (Use triamterene		

mefenamic acid CAPS	7	MENVEO SOLR	173	MG	24
mefloquine hcl	36	meperidine hcl SOLN PO 50 MG/5ML	9	metformin hcl TB24	24
MEGA MULTI FOR WOMEN TABS 147		meperidine hcl TABS 50 MG	9	methadone hcl CONC	9
MEGA MULTI MEN TABS	147	meprobamate	13	methadone hcl SOLN PO	9
MEGAVITE FRUITS & VEGGIES TABS	147	mercaptapurine SUSP 2000 MG/100ML	37	methadone hcl TABS	9
MEGAVITE GOLDEN YEARS 55+ TABS	147	mercaptapurine TABS	37	methadone hcl TBSO	9
megestrol acetate (appetite)	166	MERILOG SOLN SC 100 UNIT/ML 26		METHADOSE CONC (Use methadone hcl)	9
megestrol acetate SUSP	39	MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	26	METHADOSE SUGAR-FREE CONC (Use methadone hcl)	9
megestrol acetate TABS	39	mesalamine CP24	85	methamphetamine hcl	1
MEKINIST SOLR	41	mesalamine CPCR	85	methazolamide TABS	80
MEKINIST TABS	41	mesalamine CPDR	85	methenamine mandelate	36
MEKTOVI	41	mesalamine CPDR	85	methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 81.6 MG . 35	
melatonin TABS 3 MG, 5 MG	3	mesalamine ENEM	85	methimazole TABS	170
meloxicam TABS	7	mesalamine SUPP	85	methocarbamol TABS 500 MG, 750 MG	156
memantine hcl CP24	166	mesalamine TBEC 1.2 GM	85	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	37
memantine hcl SOLN	166	mesalamine TBEC 800 MG	85	methotrexate sodium TABS 2.5 MG 37	
memantine hcl TABS	166	mesalamine w/ cleanser	85	methsuximide	20
memantine hcl-donepezil hcl CP24 166		mesna TABS	42	methyldopa TABS	33
MENACTRA	173	MESNEX TABS	42	methylergonovine maleate TABS 164	
MENATROL CAPS	147	MESTINON TABS (Use pyridostigmine bromide)	36	METHYLIN SOLN (Use methylphenidate hcl)	2
MENQUADFI 0.5 ML	173	MESTINON TBCR (Use pyridostigmine bromide)	36	methylphenidate hcl CHEW	2
MENS 50+ ADVANCED CAPS ...	147	METADATE CD CPCR (Use methylphenidate hcl)	2	methylphenidate hcl CP24	2
MENS 50+ MULTIVITAMIN TABS 147		metaxalone	156	methylphenidate hcl CPCR	2
MENS MULTI HEALTH FORMULA TABS	147	metformin hcl SOLN	24	methylphenidate hcl SOLN	2
MENS MULTIVITAMIN TABS	147	metformin hcl TABS 500 MG, 850 MG, 1000 MG	24		
MENVEO SOLN	173	metformin hcl TB24 500 MG, 1000			

methylphenidate hcl TABS	2	mexiletine hcl	13	midodrine hcl	175
methylphenidate hcl TB24	3	MIACALCIN IJ (Use calcitonin (salmon))	81	MIEBO	163
methylphenidate hcl TBCR 10 MG, 20 MG	3	MICARDIS 20 MG (Use telmisartan) .	33	miglitol	23
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	3	MICARDIS 40 MG, 80 MG (Use telmisartan)	33	miglustat	88
methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG	3	MICARDIS HCT (Use telmisartan-hydrochlorothiazide)	34	MIGRANAL SOLN NA (Use dihydroergotamine mesylate)	136
methylphenidate PTCH	3	MICATIN CREA (Use miconazole nitrate (topical))	59	MILK OF MAGNESIA CONCENTRATE SUSP	93
methylprednisolone TABS 4 MG, 8 MG	55	MICONAZOLE 7 SUPP 100 MG .	174	MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe)	53
methylprednisolone TBPk	55	miconazole nitrate (topical) CREA .	60	MINCORA TABS	152
methyltestosterone TABS	11	miconazole nitrate vaginal CREA 2 %	174	MINI LANCING DEVICE MISC ...	115
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	84	miconazole nitrate vaginal KIT ...	174	MINIMED 630G INSULIN PUMP KIT 115	
metoclopramide hcl TABS	84	miconazole nitrate vaginal SUPP 100 MG	174	MINIMED 780G INSULIN PUMP KIT 115	
metolazone	80	miconazole nitrate vaginal SUPP 200 MG	174	MINIMED INSTINCT GLUC SENSOR	115
metoprolol & hydrochlorothiazide TABS	34	MICROCHAMBER DEVI	134	MINIPRESS CAPS (Use prazosin hcl)	33
metoprolol succinate TB24	49	MICROCHAMBER MISC	134	MINIVELLE PTTW (Use estradiol) 83	
metoprolol tartrate SOLN IV 5 MG/5ML	49	MICRODOT BLOOD GLUCOSE SYSTEM KIT	115	minocycline hcl CAPS	170
METOPROLOL TARTRATE TABS 12.5 MG	49	MICRODOT CONTROL HIGH/LOW SOLN	115	minoxidil 2.5 MG, 10 MG	35
metoprolol tartrate TABS	49	MICRODOT TEST STRP	76	MIPLYFFA	168
METROCREAM CREA (Use metronidazole (topical))	68	MICROLET LANCETS	115	mirabegron TB24	172
metronidazole (topical) CREA	68	MICROLET NEXT LANCING DEVICE MISC	115	MIRALAX PACK (Use polyethylene glycol 3350)	92
metronidazole (topical) GEL 0.75 % 68		MICROSPACER MISC	134	MIRALAX POWD (Use polyethylene glycol 3350)	92
metronidazole (topical) LOTN	68	midazolam hcl SOLN IJ	91	MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (Use pramipexole dihydrochloride)	42
metronidazole TABS	35	MIDAZOLAM HCL SOLN IJ	91	MIRASORB SPONGES MISC	95
metronidazole vaginal	174	midazolam hcl SYRP	91		

MIRCERA	89	MODEYSO CAPS PO 125 MG	39	morphine sulfate TBCR	9
MIRENA (52 MG)	54	moexipril hcl	33	MOTEGRITY (Use prucalopride succinate)	83
mirtazapine TABS	21	MOLESKIN FOAM PADS	95	MOTPOLY XR CP24	19
mirtazapine TBDP	21	molindone hcl	45	MOTRIN CHILDRENS CHEW (Use ibuprofen)	7
misoprostol	172	mometasone furoate (nasal) SUSP 156		MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	7
MITIGARE CAPS (Use colchicine) 87		mometasone furoate CREA	64	MOUNJARO 12.5 MG/0.5ML, 15 MG/0.5ML	25
MIUDELLA INTRAUTERINE COPPER	54	mometasone furoate OINT	64	MOUNJARO 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML, 10 MG/0.5ML	25
MM BLOOD GLUCOSE SYSTEM KIT	115	mometasone furoate SOLN	64	MOVANTIK	85
MM BLOOD GLUCOSE SYSTEM REFILL KIT	115	MONISTAT 3 CREA	174	moxifloxacin hcl (ophth) SOLN OP 161	
MM BLULINK GLUCOSE MONIT SYS DEVI	115	MONISTAT CARE INSTANT ITCH RLF 1 %	174	moxifloxacin hcl TABS	83
MM BLULINK GLUCOSE TEST STRP	76	MONOJECT INSULIN SYRINGE 130		MOZOBIL (Use plerixafor)	90
MM EASY TOUCH GLUCOSE METER KIT	116	MONOJECT ULTRA COMFORT SYRINGE	130	MRESVIA	173
MM EASY TOUCH GLUCOSE STRP	76	MONOLET LANCETS	116	MS CONTIN TBCR 100 MG (Use morphine sulfate)	9
MM INSULIN SYRINGE/NEEDLE 130		montelukast sodium CHEW	14	MS CONTIN TBCR 15 MG, 30 MG, 60 MG, 200 MG (Use morphine sulfate)	9
MM LANCING DEVICE MISC	116	montelukast sodium PACK	14	MUCINEX DM MAXIMUM STRENGTH TB12 (Use dextromethorphan-guaifenesin) ...	56
MM TWIST LANCETS	116	montelukast sodium TABS	14	MUCINEX DM TB12 (Use dextromethorphan-guaifenesin) ...	56
M-M-R II SOLR	173	MOOD FOOD CAPS	147	MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin)	57
M-NATAL PLUS TABS	154	MOOD FOOD ES CAPS	147	MUCINEX TB12 (Use guaifenesin) 57	
MNEXSPIKE SUSY 10 MCG/0.2ML . 173		morphine sulfate beads	9	MULTI PRENATAL TABS	154
MOBI 2ML CARTRIDGE MISC ...	116	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	9	MULTI VITAMIN TABS	152
modafinil	3	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	9		
MODD1 PATIENT WELCOME KIT KIT	116	morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	9		
MODD1 SUPPLY KIT KIT	116	morphine sulfate SUPP	9		
		morphine sulfate TABS 15 MG	9		
		morphine sulfate TABS 30 MG	9		

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MULTIVITAMIN TABS 152	mycophenolate sodium 180 MG .. 139	naloxone hcl SOSY 0.4 MG/ML ... 28
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nicotine polacrilex)169	NIVA THYROID TABS170	phosphate) 13
NICORETTE STARTER KIT GUM 2	NIVESTYM SOLN89	NORPACE CR CP12 150 MG13
MG (Use nicotine polacrilex) 169	NIVESTYM SOSY 90	NORPRAMIN TABS 10 MG (Use
NICOTINE KIT169	nizatidine CAPS 171	desipramine hcl) 23
nicotine polacrilex GUM 169	NO IRON MULT VITAMIN-	NORPRAMIN TABS 25 MG (Use
nicotine polacrilex LOZG 169	MINERALS TABS 148	desipramine hcl) 23
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MG/24HR, 21 MG/24HR169	norelgestromin-ethinyl estradiol ...53	nortriptyline hcl SOLN23
NICOTROL INHA169	norethin acet & estrad-fe CAPS ...53	NORVASC TABS (Use amlodipine
NICOTROL NS SOLN169	norethin acet & estrad-fe CHEW ...53	besylate) 50
nifedipine CAPS50	norethin acet & estrad-fe TABS 1	NORVASC TABS 5 MG, 10 MG (Use
nifedipine TB24 50	MG-20 MCG-75 MG, 1.5 MG-30	amlodipine besylate)50
NILANDRON (Use nilutamide)39	MCG-75 MG53	NORVIR CAPS 47
	norethindrone & eth estradiol 53	NORVIR PACK47
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NOVA SAFETY LANCETS 23G .116	NOVOLOG MIX 70/30 RELION SUSP27	NUVESSA174
NOVA SAFETY LANCETS 28G .116	NOVOLOG MIX 70/30 SUSP27	NUVIGIL (Use armodafinil)3
NOVA SUREFLEX LANCETS ...116	NOVOLOG PENFILL SOCT27	NUWIQ KIT87
NOVA SUREFLEX LANCING DEVICE MISC116	NOVOLOG RELION SOLN IJ27	NUWIQ SOLR87
NOVAMV PEDIATRIC MULTI- VITAMIN LIQD153	NOVOLOG SOLN IJ27	NYMALIZE SOLN 6 MG/ML50
NOVAVAX COVID-19 VACCINE SUSY173	NOVOSEVEN RT 1 MG, 2 MG, 8 MG87	NYPOZI90
NOVOEIGHT87	NOVOSEVEN RT 5 MG87	NYSTATIN (Use nystatin (mouth- throat))140
NOVOLIN 70/30 FLEXPEN RELION SUPN26	NP THYROID TABS170	nystatin (mouth-throat)140
NOVOLIN 70/30 FLEXPEN SUPN 26	NU GAUZE 4PLY PADS95	nystatin (topical) CREA60
NOVOLIN 70/30 RELION SUSP ..26	NU GAUZE GENERAL-USE SPONGES MISC95	nystatin (topical) OINT60
NOVOLIN 70/30 SUSP26	NUBEQA39	nystatin (topical) POWD EX60
NOVOLIN N FLEXPEN RELION SUPN26	NUCALA SOAJ14	nystatin TABS29
NOVOLIN N FLEXPEN SUPN26	NUCALA SOLR14	nystatin-triamcinolone CREA60
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NOVOLOG FLEXPEN RELION SOPN26	NUTROPIN AQ NUSPIN 10 SOPN 81	OBIZUR87
	NUTROPIN AQ NUSPIN 20 SOPN 81	OALIVA84
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		OCTAGAM SOLN165
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		OCUFLOX (Use ofloxacin (ophth))

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OCULAR VITAMINS TABS	148	OLUMIANT	3
OCUVEL CAPS 250 MG-0.5 MG-5		OMBRA TABLE TOP	
MG-1 MG-40 MG-1 MG-200 UNIT		COMPRESSOR DEVI	134
148		omega-3 fatty acids CAPS 1000 MG,	
OCUVITE ADULT 50+ CAPS	148	1200 MG	159
OCUVITE ADULT FORMULA CAPS .		omega-3-acid ethyl esters	31
148		omeprazole CPDR 20 MG	171
OCUVITE EYE PERFORMANCE		omeprazole CPDR	171
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ODEFSEY	47	omeprazole TBDD	171
ODOMZO	38	omeprazole TBEC	171
ofloxacin (ophth)	161	OMNARIS SUSP	156
ofloxacin (otic)	164	OMNICAP TABS	152
ofloxacin 300 MG, 400 MG	83	OMNIFLEX DIAPHRAGM	96
OGSIVEO	41	OMNIPOD 5 DEXG7G6 INTRO GEN	
OHTUVAYRE	14	5 KIT	116
OIL EMULSIONS DRESSING/NON-		OMNIPOD 5 DEXG7G6 PODS GEN	
ADH PADS	95	5 MISC	116
OJEMDA SUSR	41	OMNIPOD 5 G7 INTRO (GEN 5) KIT	
OJEMDA TABS	41	116	
OJJAARA	41	OMNIPOD 5 G7 PODS (GEN 5)	
olanzapine TABS	44	MISC	116
olanzapine TBDP	44	OMNIPOD 5 LIBRE2 G6 INTRO	
olanzapine-fluoxetine hcl	166	GEN5 KIT	117
olmesartan medoxomil	33	OMNIPOD 5 LIBRE2 PLUS G6	
olmesartan medoxomil-amlodipine-		PODS MISC	117
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olmesartan medoxomil-		MISC	117
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		OMNIPOD DASH PDM (GEN 4) KIT .	
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		MISC	117
		OMNIPOD GO KIT	117
		OMNITROPE SOCT	81
		OMNITROPE SOLR SC	81
		OMVOH (300 MG DOSE) SOAJ ..	85
		OMVOH (300 MG DOSE) SOSY ..	85
		OMVOH SOAJ	85
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		ON CALL EXPRESS BLOOD	
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		ondansetron hcl SOLN IJ 40	
		MG/20ML	28
		ondansetron hcl SOLN PO 4	
		MG/5ML	28
		ondansetron hcl SOSY	28
		ondansetron hcl TABS 24 MG	28
		ondansetron hcl TABS 4 MG	28
		ondansetron hcl TABS 8 MG	28
		ondansetron TBDP 16 MG	28
		ondansetron TBDP 4 MG	28
		ondansetron TBDP 8 MG	28
		ONE A DAY ENERGY TABS	148
		ONE A DAY MEN 50 PLUS TABS	
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ONE A DAY TRIPLE IMMUNE SUPPRT TABS	148	multiple vitamin)	152	ONETOUCH DELICA PLUS LANCET30G	117
ONE A DAY WOMEN 50 PLUS TABS	148	ONE-A-DAY PROACTIVE 65+ TABS	149	ONETOUCH DELICA PLUS LANCET33G	117
ONE A DAY WOMENS MULTI TABS	148	ONE-A-DAY TEEN ADVANTAGE/HIM TABS	149	ONETOUCH DELICA PLUS LANCING MISC	117
ONE DAILY ESSENTIAL TABS ..	152	ONE-A-DAY WEIGHT SMART ADVANCE TABS (Use multiple vitamins w/ minerals)	149	ONETOUCH DELICA SAFETY LANCING	117
ONE DAILY ESSENTIALS TABS	152	ONE-A-DAY WOMENS 50 PLUS TABS (Use multiple vitamins w/ minerals)	149	ONETOUCH ULTRA 2 KIT	117
ONE DAILY MEN FORMULA W/O IRON TABS	148	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (Use multiple vitamins w/ minerals)	149	ONETOUCH ULTRA BLUE TEST STRP	77
ONE DAILY MENS 50+ MULTIVIT TABS	148	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG- 30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG- 2.2 MG-500 MG-90 MCG-150 MCG- 30 UNIT-4.2 MG-180 MCG-27 MCG .	149	ONETOUCH ULTRA CONTROL LIQD	117
ONE DAILY MULTIVITAMIN WOMEN TABS	148	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG- 30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG- 2.2 MG-500 MG-90 MCG-150 MCG- 30 UNIT-4.2 MG-180 MCG-27 MCG .	149	ONETOUCH ULTRA STRP	77
ONE DAILY WOMENS TABS	148	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG- 30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG- 2.2 MG-500 MG-90 MCG-150 MCG- 30 UNIT-4.2 MG-180 MCG-27 MCG .	149	ONETOUCH ULTRA TEST STRP .	77
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ONE VITE WOMENS TABS	154	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG- 30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG- 2.2 MG-500 MG-90 MCG-150 MCG- 30 UNIT-4.2 MG-180 MCG-27 MCG .	149	ONETOUCH VERIO LIQD	117
ONE-A-DAY ENERGY TABS	148	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG- 30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG- 2.2 MG-500 MG-90 MCG-150 MCG- 30 UNIT-4.2 MG-180 MCG-27 MCG .	149	ONETOUCH VERIO REFLECT KIT 117	
ONE-A-DAY ESSENTIAL TABS (Use multiple vitamin)	152	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG- 30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG- 2.2 MG-500 MG-90 MCG-150 MCG- 30 UNIT-4.2 MG-180 MCG-27 MCG .	149	ONETOUCH VERIO STRP	77
ONE-A-DAY MENOPAUSE FORMULA TABS	148	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG- 30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG- 2.2 MG-500 MG-90 MCG-150 MCG- 30 UNIT-4.2 MG-180 MCG-27 MCG .	149	ONEVITE TABS	149
ONE-A-DAY MENS (MINERALS) TABS	148	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG- 30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG- 2.2 MG-500 MG-90 MCG-150 MCG- 30 UNIT-4.2 MG-180 MCG-27 MCG .	149	ONEXTON GEL (Use clindamycin phosphate-benzoyl peroxide)	58
ONE-A-DAY MENS 50+ ADVANTAGE TABS	148	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG- 30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG- 2.2 MG-500 MG-90 MCG-150 MCG- 30 UNIT-4.2 MG-180 MCG-27 MCG .	149	ONFI SUSP (Use clobazam)	18
ONE-A-DAY MENS 50+ TABS ...	148	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG- 30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG- 2.2 MG-500 MG-90 MCG-150 MCG- 30 UNIT-4.2 MG-180 MCG-27 MCG .	149	ONFI TABS (Use clobazam)	18
ONE-A-DAY MENS HEALTH FORMULA TABS	149	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG- 30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG- 2.2 MG-500 MG-90 MCG-150 MCG- 30 UNIT-4.2 MG-180 MCG-27 MCG .	149	ONGLYZA (Use saxagliptin hcl) ..	24
ONE-A-DAY MENS PRO EDGE TABS	149	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG- 30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG- 2.2 MG-500 MG-90 MCG-150 MCG- 30 UNIT-4.2 MG-180 MCG-27 MCG .	149	ONPATTRO	169
ONE-A-DAY MENS TABS (Use		ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG- 30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG- 2.2 MG-500 MG-90 MCG-150 MCG- 30 UNIT-4.2 MG-180 MCG-27 MCG .	149	ONUREG TABS	37
		ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG- 30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG- 2.2 MG-500 MG-90 MCG-150 MCG- 30 UNIT-4.2 MG-180 MCG-27 MCG .	149	ONYDA XR SUER	2
		ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG- 30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG- 2.2 MG-500 MG-90 MCG-150 MCG- 30 UNIT-4.2 MG-180 MCG-27 MCG .	149	OPILL	54

OPIPZA FILM	45	ORENITRAM MONTH 2 TEPK	51	OVACE PLUS WASH GEL (Use sulfacetamide sodium)	61
OPSUMIT	51	ORENITRAM MONTH 3 TEPK	51	OVACE PLUS WASH LIQD (Use sulfacetamide sodium)	62
OPSYNVI	51	ORENITRAM TBCR	51	OVACE WASH LIQD (Use sulfacetamide sodium)	62
OPTICHAMBER DIAMOND DEVI 134		ORGOVYX	39	OVIDE (Use malathion)	68
OPTICHAMBER DIAMOND MISC 134		ORIAHNN	83	oxaprozin CAPS	7
OPTICHAMBER DIAMOND-LG MASK DEVI	134	ORILISSA	81	oxaprozin TABS	7
OPTICHAMBER DIAMOND-MD MASK MISC	134	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	169	OXAYDO TABS 5 MG	9
OPTICHAMBER DIAMOND-SM MASK MISC	134	ORKAMBI PACK 94 MG-75 MG .	169	oxazepam CAPS 10 MG, 30 MG ..	13
OPTIUMEZ TEST STRP	77	ORKAMBI TABS	169	oxcarbazepine SUSP	19
OPTIVITE P.M.T. TABS 250 MG-50 MG-10 MCG-33.33 MCG-52.17 MG- 16.67 UNIT-2083.33 UNIT-4.17 MG- 4.17 MG-4 MG-4.17 MG-4.17 MG- 4.17 MG-4.17 MG-16.67 MG-16.67 UNIT-2.5 MG-41.67 MG-1.67 MG-8 MG-16.67 MCG-4.17 MG-20.83 MG- 12.5 MCG-16.67 MCG-41.67 MG- 15.5 MG-10 MCG	149	ORLADEYO	88	oxcarbazepine TABS	19
OPURITY TABS	149	orphenadrine citrate TB12	156	oxcarbazepine TB24	19
OPVEE NA	28	ORSERDU	39	OXERVATE	162
OPZELURA	65	ORUDIS CAPS 75 MG	7	OXLUMO	86
oral electrolytes SOLN	137	oseltamivir phosphate CAPS	49	OXTELLAR XR TB24 (Use oxcarbazepine)	19
ORALAIR SUBL	3	oseltamivir phosphate SUSR	49	oxybutynin chloride SOLN	172
ORENCIA CLICKJECT SOAJ	7	OSENVELT SOLN SC 120 MG/1.7ML	81	oxybutynin chloride TABS 2.5 MG 172	
ORENCIA SOLR	7	OSTEOPRIME PLUS TABS	149	oxybutynin chloride TABS 5 MG .	172
ORENCIA SOSY 125 MG/ML	7	OTEZLA TABS	7	oxybutynin chloride TB24	172
ORENCIA SOSY 50 MG/0.4ML	7	OTEZLA TBPK	7	oxycodone hcl CAPS	9
ORENCIA SOSY 87.5 MG/0.7ML ...	7	OTEZLA XR TB24 PO 75 MG	7	oxycodone hcl CONC 100 MG/5ML	9
ORENITRAM MONTH 1 TEPK	51	OTEZLA/OTEZLA XR INITIATION PK TBPK	7	oxycodone hcl SOLN	9
		OTOVEL (Use ciprofloxacin- fluocinolone acetonide)	164	oxycodone hcl T12A 20 MG, 40 MG .	9
		OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	oxycodone hcl TABS	9
		OTULFI SOLN SC 45 MG/0.5ML ..	61	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	10
		OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	61	OXYCONTIN T12A	9

oxymorphone hcl TB12	9	paroxetine hcl TB24	22	peg 3350-potassium chloride-sod bicarbonate-sod chloride	92
OXYTROL FOR WOMEN PTTW .172		paroxetine mesylate (vasomotor) 169		PEGASYS SOLN	48
OXYTROL PTTW	172	PARVA-CAL 200 UNIT-500 MG .137		PEGASYS SOSY	48
oyster shell	137	PARVLEX TABS	149	PEMAZYRE	41
OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	137	PAXIL CR TB24 (Use paroxetine hcl)	22	PENBRAYA	173
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	25	PAXIL SUSP (Use paroxetine hcl) .22		penciclovir	62
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	25	PAXIL TABS (Use paroxetine hcl) .22		penicillamine CAPS	138
OZEMPIC (2 MG/DOSE) SOPN ...25		PAXLOVID (150/100)	48	penicillamine TABS	138
OZOBAX DS SOLN PO (Use baclofen)	156	PAXLOVID (300/100 & 150/100) .48		penicillin v potassium SOLR	165
paliperidone	44	PAXLOVID (300/100)	48	penicillin v potassium TABS	165
PAMELOR CAPS (Use nortriptyline hcl)	23	pazopanib hcl	41	PENMENVY SUSR IM	173
PANDEL	64	PC PEDIATRIC POLY-VITA/FE DROP SOLN	153	PENNSAID SOLN EX 2 % (Use diclofenac sodium (topical))	60
pantoprazole sodium PACK	171	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	153	PENTACEL	170
PANTOPRAZOLE SODIUM SOLR 40 MG (Use pantoprazole sodium) 171		ped multivitamins w/fl & iron SOLN 152		PENTASA CPCR (Use mesalamine) . 85	
pantoprazole sodium SOLR	171	PEDIA-LAX SUPP	92	PENTASA CPCR	85
pantoprazole sodium TBEC	171	PEDIAPRED SOLN (Use prednisolone sodium phosphate) ..55		pentoxifylline	88
PANZYGA	165	PEDIARIX SUSY	170	PEPCID TABS (Use famotidine) .	171
PARAGARD INTRAUTERINE COPPER	54	pediatric multiple vitamins w/ iron CHEW	153	perampanel SUSP 0.5 MG/ML	17
PARI MANUAL INTERRUPTER DEVI	134	pediatric multivitamins w/fl CHEW 153		perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	17
PARI TREK S COMBO PACK DEVI . 134		pediatric multivitamins w/fl SOLN	153	PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)	10
PARNATE (Use tranlycypromine sulfate)	21	pediatric vitamins acd w/ fluoride SOLN	153	PERCOCET TABS 325 MG-2.5 MG (Use oxycodone w/ acetaminophen) .	10
paroxetine hcl SUSP	22	PEDVAX HIB SUSP	173	PERFECT POINT SAFETY LANCETS	117
paroxetine hcl TABS	22	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	92	PERFOROMIST NEBU (Use formoterol fumarate)	16

PERIDEX (Use chlorhexidine gluconate (mouth-throat))	MG/5ML-5 MG/5ML	140	56	SOLUTION LIQD	118
perindopril erbumine	phenylephrine-dm SOLN	33	56	PIP LANCETS 28G	118
permethrin CREA	phenylephrine-guaifenesin LIQD 5 MG/5ML-100 MG/5ML	68	56	PIP LANCETS 30G	118
permethrin LIQD EX	phenytoin CHEW	68	20	PIQRAY (200 MG DAILY DOSE)	.41
perphenazine TABS	phenytoin sodium extended 100 MG, 200 MG, 300 MG	45	20	PIQRAY (250 MG DAILY DOSE)	.41
perphenazine-amitriptyline	phenytoin sodium extended 200 MG, 300 MG	167	20	PIQRAY (300 MG DAILY DOSE)	.41
PERSERIS PRSY	phenytoin sodium SOLN	44	20	pirfenidone CAPS	169
PERTZYE CPEP	phenytoin SUSP	79	20	pirfenidone TABS	169
PHARMACIST CHOICE AUTOCODE STRP	PHEXX	77	174	piroxicam CAPS	7
PHARMACIST CHOICE AUTOCODE SYS KIT	PHEXXI	117	175	pitavastatin calcium	32
PHARMACIST CHOICE LANCETS 117	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG		41	PLAQUENIL (Use hydroxychloroquine sulfate)	36
PHARMACIST CHOICE MINI SYSTEM DEVI	PHYTOMULTI TABS	118	149	PLAVIX 75 MG (Use clopidogrel bisulfate)	88
PHARMACIST CHOICE NO CODING STRP	phytonadione TABS 5 MG	77	175	PLEGRIDY SOAJ	168
phenazopyridine hcl TABS 95 MG, 100 MG, 200 MG	PIFELTRO	86	47	PLEGRIDY SOSY IM	168
phenelzine sulfate	pilocarpine hcl (oral) 5 MG	21	140	PLEGRIDY STARTER PACK SOAJ	168
phenobarbital ELIX	pilocarpine hcl SOLN 1 %, 2 %, 4 %	91	161	PLEGRIDY STARTER PACK SOSY SC	168
phenobarbital sodium SOLN	pilocarpine hcl SOLN 1.25 %	91	161	plerixafor	90
phenobarbital TABS	pimecrolimus	91	65	PLEXION CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur)	58
phenylephrine hcl (mydriatic) SOLN 2.5 %	pindolol TABS	160	49	PLEXION LOTN (Use sulfacetamide sodium w/ sulfur)	58
phenylephrine hcl (oral) TABS	pioglitazone hcl	156	27	PLIAGLIS CREA	67
PHENYLEPHRINE HCL SOLN (Use phenylephrine hcl (mydriatic))	pioglitazone hcl-glimepiride	161	23	PNEUMOVAX 23 SOLN	173
phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML 56	pioglitazone hcl-metformin hcl TABS	56	23	PNEUMOVAX 23 SOSY	173
phenylephrine-dm LIQD 2.5	PIP BLOOD GLUCOSE MONITORING DEVI		118	PNV-OMEGA	154
	PIP BLOOD GLUCOSE TEST STRIP STRP		77	POCKET CHAMBER DEVI	134
	PIP GLUCOSE CONTROL			POCKET SPACER DEVI	134
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PRIVIGEN SOLN	165	PROCHAMBER VHC DEVI	135	PROFOLA TABS	150
PRO COMFORT INSULIN SYRINGE	130	prochlorperazine	45	progesterone CAPS	166
PRO COMFORT LANCETS 30G 118		prochlorperazine edisylate 10 MG/2ML	45	PROGLYCEM (Use diazoxide) ...	24
PRO COMFORT LANCETS 31G 118		prochlorperazine maleate TABS ...	45	PROGRAF CAPS (Use tacrolimus) 139	
PRO COMFORT SAFETY LANCETS 30G	118	PROCRIT 10000 UNIT/ML	90	PROGRAF PACK	139
PRO COMFORT SPACER ADULT MISC	134	PROCRIT 2000 UNIT/ML	90	PROGRAF SOLN 5 MG/ML (Use tacrolimus)	139
PRO COMFORT SPACER CHILD MISC	134	PROCRIT 20000 UNIT/ML	90	PROLATE SOLN	10
PRO COMFORT SPACER INFANT DEVI	134	PROCRIT 3000 UNIT/ML	90	PROLATE TABS	10
PRO VOICE V8 GLUCOSE SYSTEM DEVI	118	PROCRIT 4000 UNIT/ML	90	PROLENSA (Use bromfenac sodium (ophth))	163
PRO VOICE V8/V9 GLUCOSE STRP	77	PROCRIT 40000 UNIT/ML	90	PROLIA SOSY	81
PRO VOICE V9 GLUCOSE SYSTEM DEVI	118	PROCTOFOAM FOAM EX 1 % ...	12	promethazine & phenylephrine SYRP	56
PROAIR DIGIHALER	16	PRODIGY AUTOCODE BLOOD GLUCOSE DEVI	118	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	30
PROAIR RESPICLICK AEPB	16	PRODIGY AUTOCODE BLOOD GLUCOSE KIT	118	promethazine hcl SUPP	30
probenecid	87	PRODIGY CONTROL SOLUTION SOLN	118	promethazine hcl TABS	30
PROBIOTICS + BARIATRIC MULTI CAPS	150	PRODIGY INSULIN SYRINGE ...	130	promethazine w/codeine SOLN ...	56
PRO-CAL TABS	150	PRODIGY LANCETS 28G	118	promethazine w/codeine SYRP ...	56
PROCARDIA XL TB24 (Use nifedipine)	50	PRODIGY LANCING DEVICE MISC . 118		promethazine-dm SYRP	56
PROCARE SPACER/ADULT MASK DEVI	134	PRODIGY NO CODING BLOOD GLUC STRP	78	promethazine-phenylephrine-codeine	56
PROCARE SPACER/CHILD MASK DEVI	135	PRODIGY POCKET BLOOD GLUCOSE KIT	119	PROMETRIUM CAPS (Use progesterone)	166
		PRODIGY SAFETY LANCETS 26G . 119		propafenone hcl TABS	13
		PRODIGY TWIST TOP LANCETS 28G	119	propranolol hcl CP24	49
		PRODIGY VOICE BLOOD GLUCOSE KIT	119	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	49
				propranolol hcl TABS	50
				propylthiouracil	170

PROQUAD SUSR	174	56	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG	175
PRORENAL + D TABS	150	pseudoephedrine-ibuprofen TABS	PYRUKYND TABS	.88
PRORENAL + D W/ OMEGA-3 CAPS	150	psyllium CAPS 0.52 GM	PYRUKYND TAPER PACK TBPK	.88
PROSCAR (Use finasteride)	86	psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 58.6 %, 100 %	PYZCHIVA 45 MG/0.5ML, 90 MG/ML	61
PROTECT CARDIO AF CAPS ...	150	PULMICORT FLEXHALER AEPB	PYZCHIVA SC 45 MG/0.5ML	.61
PROTECT PLUS SO CAPS	150	PULMICORT SUSP (Use budesonide (inhalation))	QALSODY	157
PROTEGRA CAPS	150	PULMOZYME	QBRELIS SOLN	33
PROTONIX PACK (Use pantoprazole sodium)	172	PURE COMFORT 3-BALL BREATHE EX DEVI	QC ADVANCED LANCING DEVICE MISC	119
PROTONIX SOLR (Use pantoprazole sodium)	172	PURE COMFORT LANCETS 30G 119	QC ALL PURPOSE DRESSINGS PADS	.95
PROTONIX TBEC (Use pantoprazole sodium)	172	PURE COMFORT SPACER CHAMBER DEVI	QC BORDER ISLAND GAUZE PADS	.95
protriptyline hcl	23	PURIXAN SUSP 2000 MG/100ML (Use mercaptopurine)	QC LANCETS SUPER THIN 30G 119	
PROVENTIL HFA AERS (Use albuterol sulfate)	16	PX ADVANCED LANCING DEVICE MISC	QC MULTI-VITE TABS	150
PROVERA 5 MG, 10 MG (Use medroxyprogesterone acetate) ...	166	PX INSULIN SYRINGE	QC OCUHEALTH VISION SUPPORT 2 CAPS	150
PROVIDA OB	155	PX LANCETS MICROTHIN 33G	QC PRENATAL TABS	155
PROVIGIL (Use modafinil)	3	PX LANCETS ULTRA THIN 28G 119	QC STERILE PADS PADS	.95
PROVIT TABS	150	pyrazinamide	QC TRIACTING DAYTIME CHILDRENS SYRP	57
PROZAC CAPS (Use fluoxetine hcl) .	22	pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	QC UNILET LANCETS 28G	119
prucalopride succinate	83	pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	QC UNILET LANCETS MICRO THIN	119
PRUDOXIN (Use doxepin hcl (antipruritic))	60	PYRIDIDIUM TABS (Use phenazopyridine hcl)	QDOLO SOLN (Use tramadol hcl) ..	9
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	56	pyridostigmine bromide TABS 60 MG	QELBREE	2
pseudoephedrine hcl TABS	156	pyridostigmine bromide TBCR	QFITLIA SOAJ SC 50 MG/0.5ML	.87
pseudoephedrine hcl TB12	156		QFITLIA SOLN SC 20 MG/0.2ML	.87
pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG			QINLOCK	41
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QNASL CHILDRENS	156	DEVI	119	MG/0.5ML, 30 MG/0.6ML	4
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QUADRACEL SUSP	170	QUINTET BLOOD GLUCOSE SYSTEM DEVI	119	RAYASAL CREA	65
QUADRACEL SUSY	170	QUINTET BLOOD GLUCOSE TEST STRP	78	RAYAVIT TABS	150
QUAKE DEVI	135	QUINTET CONTROL HIGH/NORMAL SOLN	119	RAY-TEC X-RAY DETECTABLE SPNGE MISC	95
quazepam	91	QULIPTA	135	REALITY INSULIN SYRINGE ...	130
QUDEXY XR CS24 150 MG, 200 MG (Use topiramate)	19	QUTENZA (2 PATCH)	67	REALITY LATEX CONDOMS MISC .	96
QUDEXY XR CS24 25 MG, 50 MG, 100 MG (Use topiramate)	19	QUTENZA (4 PATCH)	67	REALITY LATEX/ULTRA TEXTURED DEVI	96
QUESTRAN LIGHT POWD (Use cholestyramine light)	31	QUTENZA	67	REALITY LATEX/ULTRA THIN DEVI	96
QUESTRAN PACK (Use cholestyramine)	31	QUVIVIQ	92	REBIF REBIDOSE SOAJ	168
QUESTRAN POWD (Use cholestyramine)	31	QVAR REDIHALER	15	REBIF REBIDOSE TITRATION PACK SOAJ	168
quetiapine fumarate TABS	44	RABAVERT	174	REBIF SOSY	168
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QUFLORA FE	152	RAGWITEK SUBL	3	REBINYN	87
QUFLORA FE PEDIATRIC LIQD ..	152	RALDESY SOLN PO 10 MG/ML ..	22	REBLOZYL	90
QUFLORA PEDIATRIC CHEW ..	153	raloxifene hcl	81	RECOMBINATE SOLR	87
QUFLORA PEDIATRIC SOLN ...	153	ramelteon	92	RECOMBIVAX HB SUSP	174
QUILLICHEW ER CHER	3	ramipril CAPS	33	RECOMBIVAX HB SUSY	174
QUILLIVANT XR SRER	3	RAPAFLO (Use silodosin)	86	REFRESH	160
QUIN B STRONG TABS	150	RAPAMUNE SOLN (Use sirolimus)	139	REFUAH PLUS BLOOD GLUCOSE TEST STRP	78
quinapril hcl	33	RAPAMUNE TABS (Use sirolimus)	139	REFUAH PLUS GLUCOSE CONTROL SOLN	119
quinapril-hydrochlorothiazide	34	RAPIVAB	49	REFUAH PLUS MONITORING SYSTEM KIT	119
quinidine gluconate TBCR	13	rasagiline mesylate	43	REGLAN TABS (Use metoclopramide hcl)	84
quinidine sulfate TABS	13	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25		RELCARE TABS	152
QUINTABS TABS	152				
QUINTABS-M TABS	150				
QUINTET AC BLOOD GLUCOSE					

RELENZA DISKHALER	49	RELION TRUE METRIX TEST STRIPS STRP	78	RESTORE CONTACT LAYER PADS	95
RELEUKO SOSY	90	RELION ULTIMA GLUCOSE SYSTEM KIT	120	RESTORE FOAM DRESSING PADS	95
RELEXXII TBCR (Use methylphenidate hcl)	3	RELION ULTIMA TEST STRP	78	RESTORE ODOR ABSORBING DRESS PADS	95
RELEXXII TBCR	3	RELION ULTRA THIN LANCETS 30G	120	RESTORE TRIO ABSORBENT DRESS PADS	95
RELION ALL-IN-ONE	120	RELPAK (Use eletriptan hydrobromide)	136	RESTORIL (Use temazepam)	91
RELION BLOOD GLUCOSE TEST STRP	78	RELPAK 40 MG (Use eletriptan hydrobromide)	136	RETACRIT	90
RELION CONFIRM GLUCOSE MONITOR KIT	120	REMEDIENT CAPS	150	RETEVMO CAPS	41
RELION CONFIRM/MICRO TEST STRP	78	REMERON SOLTAB TBDP (Use mirtazapine)	21	RETEVMO TABS	41
RELION INSULIN SYRINGE	130	REMERON TABS 15 MG, 30 MG (Use mirtazapine)	21	RETIN-A CREA (Use tretinoin)	58
RELION KETONE TEST STRP ...	78	REMICADE	85	RETIN-A GEL (Use tretinoin)	58
RELION LANCET DEVICES 30G 120		RENAL MULTIVITAMIN TABS ...	150	RETIN-A MICRO PUMP 0.08 % (Use tretinoin microsphere)	58
RELION LANCETS MICRO-THIN 33G	120	RENAPLEX-D TABS	150	RETISERT	163
RELION LANCETS THIN 26G ...	120	RENFLEXIS	85	RETROVIR CAPS (Use zidovudine) .	47
RELION MICRO KIT	120	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	170	RETROVIR SOLN	47
RELION PREMIER BLU MONITOR DEVI	120	RENVELA PACK (Use sevelamer carbonate)	86	RETROVIR SYRP (Use zidovudine) .	47
RELION PREMIER CLASSIC DEVI 120		RENVELA TABS (Use sevelamer carbonate)	86	REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) .	52
RELION PREMIER COMPACT SYSTEM KIT	120	repaglinide	27	REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) .	52
RELION PREMIER TEST STRP ..	78	REPATHA PUSHTRONEX SYSTEM SOCT	32	REVATIO TABS (Use sildenafil citrate (pulmonary hypertension)) .	52
RELION PREMIER VOICE MONITOR DEVI	120	REPATHA SOSY	32	REVLIMID	138
RELION PRIME MONITOR DEVI 120		REPATHA SURECLICK SOAJ	32	REVUFORJ	39
RELION PRIME TEST STRP	78	RESTASIS EMUL (Use cyclosporine (ophth))	161	REXTOVY LIQD	28
RELION TRUE MET AIR GLUC METER KIT	120	RESTASIS MULTIDOSE EMUL ..	161	REXULTI	45
				REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	47

REYATAZ PACK	47	RIGHTEST GT333 GLUCOSE TEST STRP	79	RIXUBIS SOLR	87
REYVOW	136	rimantadine hydrochloride TABS ..	49	rizatriptan benzoate TABS	136
REZDIFFRA	84	RINVOQ LQ SOLN	3	rizatriptan benzoate TBDP	136
REZLIDHIA	41	RINVOQ TB24	3	ROBINUL TABS (Use glycopyrrolate)	171
REZVOGLAR KWIKPEN	27	RIOMET SOLN (Use metformin hcl) . 24		ROBINUL-FORTE TABS (Use glycopyrrolate)	170
RHOPRESSA	162	risedronate sodium TABS	81	ROCALTROL CAPS (Use calcitriol) 82	
RIASTAP	87	risedronate sodium TBEC	81	ROCKLATAN	162
ribavirin (hepatitis c) CAPS	48	RISPERDAL CONSTA (Use risperidone microspheres)	44	ROCTAVIAN	88
ribavirin (hepatitis c) TABS 200 MG 48		RISPERDAL SOLN (Use risperidone)	44	roflumilast	14
riboflavin TABS 50 MG, 100 MG .	176	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) 44		ROLVEDON	90
rifabutin	36	RISPERDAL TABS 3 MG (Use risperidone)	44	romidepsin SOLR	41
rifampin CAPS	36	risperidone SOLN	44	ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	41
RIGHTEST GC300 CONTROL LIQD 120		risperidone TABS	44	ropinirole hydrochloride TABS	42
RIGHTEST GD500 LANCING DEVICE MISC	120	risperidone TBDP	44	ropinirole hydrochloride TB24	42
RIGHTEST GL300 LANCETS ...	120	RITALIN LA CP24 (Use methylphenidate hcl)	3	rosuvastatin calcium TABS 10 MG 32	
RIGHTEST GM100 BLOOD GLUCOSE KIT	121	RITALIN TABS (Use methylphenidate hcl)	3	rosuvastatin calcium TABS 20 MG, 40 MG	32
RIGHTEST GM300 BLOOD GLUCOSE KIT	121	RITEFLO DEVI	135	rosuvastatin calcium TABS 5 MG .	32
RIGHTEST GM550 BLOOD GLUCOSE KIT	121	ritonavir TABS	47	ROTARIX SUSP	174
RIGHTEST GS100 BLOOD GLUCOSE STRP	78	rivaroxaban SUSR 1 MG/ML	16	ROTATEQ SOLN	174
RIGHTEST GS300 BLOOD GLUCOSE STRP	78	rivaroxaban TABS 2.5 MG	16	ROWASA (Use mesalamine w/ cleanser)	85
RIGHTEST GS550 BLOOD GLUCOSE STRP	78	rivastigmine	166	ROXICODONE TABS 15 MG, 30 MG (Use oxycodone hcl)	10
RIGHTEST GT333 BLOOD GLUCOSE DEVI	121	rivastigmine tartrate CAPS	166	ROZEREM (Use ramelteon)	92
RIGHTEST GT333 BLOOD GLUCOSE STRP	79	RIVFLOZA SOLN	86	ROZLYTREK CAPS	41
		RIVFLOZA SOSY	86	ROZLYTREK PACK	41
				RUBRACA	41

RUCONEST	88	SANDOSTATIN LAR DEPOT KIT (Use octreotide acetate)	83	selenium sulfide LOTN 1 %	62
rufinamide SUSP	19	SAPHNELO	140	selenium sulfide LOTN 2.5 %	62
rufinamide TABS	19	SAPHRIS (Use asenapine maleate) . 44		selenium sulfide SHAM 1 %	62
RUKOBIA	47	SAPHRIS 5 MG, 10 MG (Use asenapine maleate)	44	SELSUN BLUE CARE MENS MAX STR LOTN (Use selenium sulfide) 62	
RYBELSUS TABS	25	SAPS HEALTH PLUS LANCETS 121		SELSUN BLUE DAILY LOTN (Use selenium sulfide)	62
RYDAPT	41	SAPS HEALTH TWIST TOP LANCETS	121	SELSUN BLUE LOTN (Use selenium sulfide)	62
RYKINDO SRER	44	SAPS TWIST TOP LANCETS ...	121	SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)	62
RYPLAZIM	88	SAVAYSA	16	SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide)	62
RYSTIGGO	138	SAVELLA TABS	167	SELZENTRY SOLN	47
RYTARY CPR	42	SAVELLA TITRATION PACK MISC 167		SELZENTRY TABS 150 MG (Use maraviroc)	47
RYZNEUTA SOSY SC 20 MG/ML .	90	saxagliptin hcl	24	SELZENTRY TABS 300 MG (Use maraviroc)	47
SABRIL PACK (Use vigabatrin) ...	20	saxagliptin-metformin hcl	23	SEMGLEE (YFGN) SOLN	27
SABRIL TABS (Use vigabatrin)	20	SB HEMORRHOID 0.25 %-71.9 %- 14 %-3 %	12	SEMGLEE (YFGN) SOPN	27
sacubitril-valsartan TABS	51	SB INSULIN SYRINGE	130	SE-NATAL 19 CHEW	155
SAFETY LANCET 30G/PRESSURE ACT	121	SCEMBLIX	41	SE-NATAL 19 TABS	155
SAFETY LANCETS 21G	121	SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	50	senna SYRP 176 MG/5ML	93
SAFETY LANCETS 23G	121	SECUADO	44	sennosides LIQD	93
SAFETY LANCETS 28G	121	SECURESAFE INSULIN SYRINGE . 131		sennosides SYRP 8.8 MG/5ML ...	93
SAFYRAL (Use drospirenone-ethinyl estradiol-levomefolate calcium)	53	SEGLUROMET	23	sennosides TABS 8.6 MG, 15 MG, 17.2 MG	93
SALAGEN 5 MG (Use pilocarpine hcl (oral))	140	SELARSDI SOLN SC 45 MG/0.5ML . 61		sennosides-docusate sodium TABS 92	
saline SOLN 0.65 %	156	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	61	SENSILANCE SAFETY LANCETS 21G	121
salsalate	8	SELECT-OB CHEW	155	SENSILANCE SAFETY LANCETS 26G	121
SANCUSO PTCH	28	SELECT-OB+DHA MISC	155	SENSILANCE SAFETY LANCETS	
SANDIMMUNE CAPS (Use cyclosporine)	139				
SANDIMMUNE SOLN IV 50 MG/ML . 139					
SANDIMMUNE SOLN PO 100 MG/ML	139				

28G121	SILIGENTLE FOAM DRESSING PADS95	SITAGLIPT BASE-METFORM HCL ER TB24 23
SENTRY SENIOR MENS 50+ TABS . 150	silodosin86	SITAGLIPTIN24
SENTRY SENIOR/LUTEIN TABS 150	SILVADENE (Use silver sulfadiazine)62	SITAGLIPTIN BASE-METFORMIN HCL TABS 23
SENTRY TABS 150	silver sulfadiazine 62	SIVEXTRO SOLR36
SEREVENT DISKUS16	SIMBRINZA161	SIVEXTRO TABS36
SEROQUEL TABS (Use quetiapine fumarate)44	simethicone CHEW 80 MG 84	SKIN HAIR & NAILS ADVANCED CAPS 150
SEROQUEL XR TB24 (Use quetiapine fumarate)44	simethicone SUSP84	SKYCLARYS157
SEROSTIM SC 4 MG, 5 MG, 6 MG 81	SIMLANDI (1 PEN) AJKT 5	SKYLA54
SERTRALINE HCL CAPS 150 MG, 200 MG (Use sertraline hcl) 22	SIMLANDI (1 SYRINGE) PSKT5	SKYRIZI PEN SOAJ61
sertraline hcl CAPS 150 MG, 200 MG22	SIMLANDI (2 PEN) AJKT5	SKYRIZI SOCT 85
sertraline hcl CONC22	SIMLANDI (2 SYRINGE) PSKT5	SKYRIZI SOLN 85
sertraline hcl TABS 22	SIMPLERA SENSOR122	SKYRIZI SOSY 61
sevelamer carbonate PACK86	SIMPLERA SYNC SENSOR122	SKYTROFA 81
sevelamer carbonate TABS86	SIMPLERA SYSTEM 122	SLYND 54
sevelamer hcl86	SIMPONI ARIA SOLN5	SM ADHESIVE PADS 2"X3" PADS 95
SEVENFACT88	SIMPONI SOAJ 5	SM IPECAC SYRUP28
SFROWASA ENEM85	SIMPONI SOSY5	SM PRENATAL VITAMINS TABS 155
SHINGRIX174	simvastatin TABS32	SM STERILE PADS 96
SIDEROL TABS 150	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa- levodopa)43	SMART DIABETES VANTAGE LANCING MISC 122
sildenafil citrate (pulmonary hypertension) SOLN 52	SINGULAIR CHEW (Use montelukast sodium)14	SMARTEST BLOOD GLUCOSE TEST STRP79
sildenafil citrate (pulmonary hypertension) SUSR52	SINGULAIR PACK (Use montelukast sodium)14	SMARTEST CONTROL MEDIUM SOLN 122
sildenafil citrate (pulmonary hypertension) TABS52	SINGULAIR TABS (Use montelukast sodium)14	SMARTEST EJECT DEVI122
SILENOR (Use doxepin hcl (sleep)) . 91	sirolimus SOLN139	SMARTEST EJECT STARTER KIT 122
	sirolimus TABS 139	SMARTEST LANCETS 28G122

SMARTEST PERSONA STARTER KIT	122	magnesium sulfate	92	SOVUNA 200 MG	36
SMARTEST PRONTO STARTER KIT	122	sodium tetradecyl sulfate	140	SPECTRAVITE TABS	150
SMARTEST PROTEGE DEVI	122	SOFOSBUVIR-VELPATASVIR TABS	48	SPEVIGO SOLN	61
SMARTEST PROTEGE STARTER KIT	122	SOF-WICK PADS	96	SPEVIGO SOSY	61
SOAANZ TABS 20 MG	80	SOGROYA	81	SPIKEVAX SUSY	174
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	12	solifenacin succinate TABS	172	spinosad	68
sodium chloride (gu irrigant) 0.9 %	86	SOLQUA	23	SPINRAZA	158
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	57	SOLO TABS	150	SPIRIVA HANDIHALER CAPS IN (Use tiotropium bromide)	14
SODIUM CHLORIDE SOLN IJ 0.9 % 138		SOLTAMOX SOLN	39	SPIRIVA RESPIMAT AERS IN	14
sodium chloride SOLN IV 0.9 % ..	138	SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI	122	SPIRO PD DEVI	135
sodium citrate & citric acid	86	SOLUS V2 BLOOD GLUCOSE SYSTEM KIT	122	spironolactone & hydrochlorothiazide	80
sodium fluoride (dental) CREA ...	140	SOLUS V2 CONTROL SOLN	122	spironolactone TABS	80
sodium fluoride (dental) GEL	140	SOLUS V2 LANCETS 28G	122	SPORT SUNSCREEN SPF50 LOTN 68	
sodium fluoride (dental) SOLN 0.2 % 140		SOLUS V2 LANCING DEVICE MISC 122		SPRAVATO (56 MG DOSE)	21
sodium fluoride CHEW	137	SOLUS V2 TEST STRP	79	SPRAVATO (84 MG DOSE)	21
sodium fluoride SOLN 0.5 MG/ML 137		SOLUS V2 TWIST LANCETS 30G 122		SPRITAM TB3D	19
SODIUM FLUORIDE SOLN 0.5 MG/ML	138	SOMA TABS (Use carisoprodol) .	156	SPRYCEL (Use dasatinib)	41
sodium hypochlorite SOLN EX	45	SOMAVERT	81	STALEVO 100 (Use carbidopa-levodopa-entacapone)	43
SODIUM OXYBATE SOLN	166	sorafenib tosylate	41	STALEVO 125 (Use carbidopa-levodopa-entacapone)	43
sodium phosphates ENEM	93	SORBITOL PO 70 %	93	STALEVO 150 (Use carbidopa-levodopa-entacapone)	43
sodium polystyrene sulfonate POWD 139		SORILUX FOAM	61	STALEVO 200 (Use carbidopa-levodopa-entacapone)	43
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	139	sotalol hcl (afib/af)	50	STALEVO 50 (Use carbidopa-levodopa-entacapone)	43
sodium sulfate-potassium sulfate-		sotalol hcl TABS	50	STALEVO 75 (Use carbidopa-levodopa-entacapone)	43
		SOTYKTU	61	STAMARIL SUSR	174
		SOTYLIZE SOLN PO	50		
		SOVALDI PACK	48		
		SOVALDI TABS	48		

STARJEMZA SOLN IV 130 MG/26ML	2 MG-8 MG (Use buprenorphine hcl- naloxone hcl dihydrate)	SULFACETAMIDE SODIUM- SULFUR SUSP
85	11	58
STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	SUBOXONE FILM SL 1 MG-4 MG, 3 MG-12 MG (Use buprenorphine hcl- naloxone hcl dihydrate)	sulfacetamide sod-prednisolone SOLN
61	11	163
STEGLATRO	SUBVENITE SUSP PO 10 MG/ML 19	sulfamethoxazole-trimethoprim SUSP
27		35
STEGLUJAN	sucralfate SUSP	sulfamethoxazole-trimethoprim TABS
24	171	35
STELARA 130 MG/26ML	sucralfate TABS	sulfasalazine TABS
85	171	85
STELARA SOSY	SUDAFED CHILDRENS LIQD ...	sulfasalazine TBEC
61	156	85
STEQEYMA	SULAR 8.5 MG, 17 MG, 34 MG (Use nisoldipine)	sulindac TABS
61	50	7
STEQEYMA	sulfacetamide sodium (acne)	SUMADAN
85	58	58
STERILANCE PA MISC	sulfacetamide sodium (ophth) OINT 161	SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur) ...
123		58
STERILANCE TL	sulfacetamide sodium (ophth) SOLN . 161	sumatriptan 20 MG/ACT
123		137
STERILE GAUZE PADS	sulfacetamide sodium GEL	sumatriptan 5 MG/ACT
96	62	136
STERILE PADS	sulfacetamide sodium LIQD	sumatriptan succinate SOAJ 4 MG/0.5ML
96	62	137
STIMUFEND	sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	sumatriptan succinate SOAJ 6 MG/0.5ML
90	58	137
STIOLTO RESPIMAT	sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	sumatriptan succinate SOLN 6 MG/0.5ML
16	58	137
STIVARGA	sulfacetamide sodium w/ sulfur FOAM	sumatriptan succinate TABS 25 MG . 137
41	58	137
STOBOCLO SOSY SC 60 MG/ML	sulfacetamide sodium w/ sulfur LIQD 58	sumatriptan succinate TABS 50 MG, 100 MG
81	58	137
STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	sumatriptan-naproxen sodium ...
68	58	135
STRATTERA (Use atomoxetine hcl) . 2	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	SUMAXIN CP
	58	59
STRENSIQ	sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	SUMAXIN PADS
82	58	59
STRESS FORMULA/IRON/ENERGY TABS	sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	sunitinib malate
141	58	41
STRESS FORMULA/ZINC/ENERGY TABS		SUNLENCA SOLN
152		47
STRIBILD		SUNLENCA TABS PO 300 MG ...
47		47
STRIVERDI RESPIMAT		SUNLENCA TBPK 300 MG
16		47
STROVITE ONE TABS		
150		
SUBLOCADE SOSY		
11		
SUBOXONE FILM SL 0.5 MG-2 MG,		

SUNOSI	2	SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use olanzapine-fluoxetine hcl) 167	T:SLIM X2 BASAL-IQ PUMP DEVI 123	
sunscreens LOTN	68			
SUPER ANTIOXIDANT CAPS ...	150	SYMDEKO	169	
SUPER D-ZINC-SELENIUM-COPPER TABS	150	SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	47	
SUPERIOR MENS MULTI TABS	150	SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	47	
SUPERIOR WOMENS MULTI TABS 150				
SUPPORT LIQD	150	SYMLINPEN 120 SOPN	23	
SUPPORT-500 CAPS	150	SYMLINPEN 60 SOPN	23	
SUPPRELIN LA	82	SYMPAZAN FILM	18	
SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate-magnesium sulfate)	92	SYMPROIC	85	
SURE COMFORT INSULIN SYRINGE	131	SYMTUZA	47	
SURE COMFORT LANCETS 18G 123		SYNAGIS SOLN 100 MG/ML	165	
SURE COMFORT LANCETS 21G 123		SYNAGIS SOLN 50 MG/0.5ML ..	165	
SURE COMFORT LANCETS 23G 123		SYNALAR CREA (Use fluocinolone acetonide)	64	
SURE COMFORT LANCETS 28G 123		SYNALAR OINT (Use fluocinolone acetonide)	64	
SURE COMFORT LANCETS 30G 123		SYNAREL	82	
SURE COMFORT LANCING PEN MISC	123	SYNJARDY TABS	24	
SURGICAL GAUZE SPONGE PADS 96		SYNJARDY XR TB24	24	
SUTENT (Use sunitinib malate) ..	41	SYNOFLEX PTCH	67	
SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	16	SYNTHROID TABS (Use levothyroxine sodium)	170	
SYMBRAVO TABS PO	135	SYSTANE ICAPS AREDS2 TABS 150		
		T: SLIM X2 INS PMP/CONTROL 7.4 DEVI	123	
		T:FLEX T:LOCK CARTRIDGE 4.8ML MISC	123	
		T:SLIM X2 3ML CARTRIDGE MISC . 123		
			T:SLIM X2 BASAL-IQ PUMP DEVI 123	
			T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVI	123
			T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVI	123
			T:SLIM X2 CONTROL-IQ PUMP DEVI	123
			T:SLIM X2 INSULIN PMP BASAL6.4 DEVI	123
			T:SLIM X2 INSULIN PUMP DEVI 123	
		TAB-A-VITE/IRON/BETA CAROTENE TABS	141	
		TABRECTA	41	
		TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	64	
		tacrolimus (topical) OINT 0.03 % ..	65	
		tacrolimus (topical) OINT 0.1 % ...	65	
		tacrolimus CAPS	139	
		tacrolimus SOLN 5 MG/ML	139	
		tadalafil (pulmonary hypertension) TABS	52	
		tadalafil 5 MG	51	
		TADLIQ SUSP	52	
		TAFINLAR CAPS	41	
		TAFINLAR TBSO	41	
		tafluprost	163	
		TAGRISSO	37	
		TAI DOC CONTROL SOLN	123	
		TAKHZYRO SOLN	88	
		TAKHZYRO SOSY	88	
		TALTZ SOAJ	61	

TALTZ SOSY	61	TASCENSO ODT	168	telmisartan	33
TALZENNA	41	TASIGNA 50 MG, 150 MG, 200 MG (Use nilotinib hcl)	41	telmisartan-amlodipine	34
TAMIFLU CAPS (Use oseltamivir phosphate)	49	tasimelteon CAPS	92	telmisartan-hydrochlorothiazide ...	34
TAMIFLU SUSR (Use oseltamivir phosphate)	49	TASMAR (Use tolcapone)	42	temazepam 22.5 MG	91
tamoxifen citrate TABS	39	TAVNEOS	88	temazepam 7.5 MG, 15 MG, 30 MG .	92
tamsulosin hcl	86	TAYTULLA CAPS (Use norethin acet & estrad-fe)	53	TEMODAR SOLR	37
TANDEM MOBI AUTOSOFT 30 KIT MISC	123	tazarotene CREA	61	temozolomide CAPS	37
TANDEM MOBI AUTOSOFT XC KIT MISC	123	TAZAROTENE FOAM	59	TEMPO SMART BUTTON MISC .	124
TANDEM MOBI AUTOSOFT30 14PK23" MISC	123	tazarotene GEL	61	TEMPO WELCOME KIT	124
TANDEM MOBI AUTOSOFTXC 14PK23" MISC	123	TAZORAC CREA (Use tazarotene) 61		tenofovir disoproxil fumarate TABS	47
TANDEM MOBI AUTOSOFTXC 14PK5" MISC	123	TAZORAC GEL (Use tazarotene) .	61	TENORETIC 100 (Use atenolol & chlorthalidone)	34
TANDEM MOBI SYSTEM STARTER KIT	123	TAZVERIK	41	TENORETIC 50 (Use atenolol & chlorthalidone)	34
TANDEM MOBI TRUSTEEL SUPP KIT MISC	124	TDVAX SUSP	170	TENORMIN TABS (Use atenolol) .	49
TANDEM T:SLIM ASFT 30 PK10 23" MISC	124	TECFIDERA CDPK (Use dimethyl fumarate)	168	TENORMIN TABS 25 MG, 50 MG (Use atenolol)	49
TANDEM T:SLIM ASFT 30 PK14 23" MISC	124	TECFIDERA CPDR (Use dimethyl fumarate)	168	TEPMETKO	41
TANDEM T:SLIM ASFT XC PK10 23" MISC	124	TECHLITE INSULIN SYRINGE ..	131	terazosin hcl	33
TANDEM T:SLIM ASFT XC PK14 23" MISC	124	TECHLITE LANCETS	124	terbinafine hcl (topical) CREA	60
TANDEM T:SLIM TRUSTL PK10 23" MISC	124	TECHLITE LANCETS 26G	124	terbutaline sulfate TABS	16
TARCEVA (Use erlotinib hcl)	37	TECHLITE LANCETS 30G	124	terconazole vaginal CREA 0.4 % .	174
TARGRETIN (Use bexarotene) ...	42	TEGRETOL SUSP (Use carbamazepine)	19	terconazole vaginal CREA 0.8 % .	174
TARON-C DHA	155	TEGRETOL TABS (Use carbamazepine)	19	terconazole vaginal SUPP	174
		TEGRETOL-XR TB12 (Use carbamazepine)	19	teriflunomide	168
		TEKTURNA (Use aliskiren fumarate)	35	teriparatide SOPN	81
		TEKTURNA HCT	34	TERIPARATIDE SOPN	81
				TESTIM GEL TD (Use testosterone) .	11
				testosterone cypionate SOLN IM 100	

MG/ML	11	THERAGRAN-M ADVANCED 50 PLUS TABS	150	timolol	160
testosterone cypionate SOLN IM 200 MG/ML	11	THERAGRAN-M ADVANCED TABS . 150		timolol maleate (ophth) SOLG	160
testosterone enanthate SOLN IM ..	11			timolol maleate (ophth) SOLN 0.5 % .	160
testosterone GEL TD 1 %, 1.62 %, 1.62 %	11	THERAGRAN-M PREMIER 50 PLUS TABS	150	timolol maleate (ophth) SOLN	160
testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	11	THERAGRAN-M PREMIER TABS 150		timolol maleate TABS	50
testosterone SOLN	11	THERAGRAN-M TABS	150	TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))	160
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	170	THERA-M PLUS MV W/BETA-CAROT TABS	150	TIMOPTIC OCUDOSE SOLN 0.25 % (Use timolol maleate (ophth))	160
tetrabenazine	167	THERAMILL FORTE CAPS	150	TINACTIN CREA (Use tolnaftate) .	60
tetracaine hcl (ophth)	162	THERANATAL LACTATION ONE CAPS	150	tioconazole vaginal 6.5 %	174
TETRACAINE HCL 0.5 % (Use tetracaine hcl (ophth))	162	THERA-TABS M TABS	151	tiotropium bromide CAPS IN 18 MCG	14
TETRACAINE HCL 0.5 %	162	THERA-VITE MAX-M TABS	151	TIVICAY PD TBSO	47
tetracycline hcl CAPS 500 MG ...	170	THEREMS TABS	152	TIVICAY TABS 50 MG	47
tetrahydrozoline hcl (ophth) 0.05 % 161		thiamine hcl TABS	176	tizanidine hcl CAPS	156
TEZRULY PO 1 MG/ML	33	thiamine mononitrate TABS 100 MG . 176		tizanidine hcl TABS	156
TEZSPIRE SOAJ	14	thioridazine hcl	45	TLANDO CAPS	11
TEZSPIRE SOSY	14	thiothixene	45	TM-DAILY VITE TABS	152
THALOMID 50 MG, 100 MG, 200 MG	138	THRESHOLD PEP DEVI	135	TOBI NEBU (Use tobramycin)	3
THEO-24 CP24	16	THRIVITE RX TABS	155	TOBI PODHALER CAPS	3
theophylline ELIX	16	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	170	TOBRADEX OINT	163
theophylline SOLN	16	tiagabine hcl	20	TOBRADEX ST SUSP	163
theophylline TB12	16	TIAZAC (Use diltiazem hcl extended release beads)	50	tobramycin (ophth) SOLN	161
theophylline TB24	16	TIBSOVO	41	tobramycin NEBU	3
THERA TABS	152	ticagrelor 60 MG, 90 MG	88	tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	3
THERAGAUZE PADS	96	TICOVAC	174	tobramycin sulfate SOLR	3
		TIKOSYN (Use dofetilide)	13	tobramycin-dexamethasone SUSP 163	

TOBREX OINT	161	MG	19	tranylcypromine sulfate	21
TOFIDENCE	5	TOPPER DRESSING SPONGES		TRAVATAN Z SOLN (Use travoprost)	
tolcapone	42	MISC	96		163
tolmetin sodium CAPS	7	TOPROL XL TB24 (Use metoprolol		TRAVEL LANCETS ADVANCED	
tolmetin sodium TABS 600 MG	7	succinate)	49	28G	124
tolnaftate CREA	60	TOPROL XL TB24 100 MG, 200 MG		travoprost SOLN	163
tolterodine tartrate CP24	172	(Use metoprolol succinate)	49	trazodone hcl TABS	22
tolterodine tartrate TABS	172	toremifene citrate	39	TRELEGY ELLIPTA	16
tolvaptan TBPK 15 MG	83	torsemide TABS	80	TRELSTAR MIXJECT 11.25 MG,	
TONMYA SUBL SL 2.8 MG	167	TOSYMRA	137	22.5 MG	39
TOPAMAX SPRINKLE CPSP (Use		TOUJEO MAX SOLOSTAR SOPN		TRELSTAR MIXJECT 3.75 MG ...	39
topiramate)	19	27		TREMFYA ONE-PRESS SOPN SC	
TOPAMAX TABS 100 MG (Use		TOUJEO SOLOSTAR SOPN	27	100 MG/ML	61
topiramate)	19	TOVIAZ (Use fesoterodine fumarate)		TREMFYA PEN SOAJ 100 MG/ML,	
TOPAMAX TABS 25 MG, 50 MG,			172	200 MG/2ML	61
200 MG (Use topiramate)	19	TRACLEER TABS (Use bosentan)		TREMFYA SOLN IV	85
TOPICORT CREA (Use		51		TREMFYA SOSY SC	85
desoximetasone)	64	TRACLEER TBSO 32 MG (Use		TREMFYA-CD/UC INDUCTION	
TOPICORT GEL (Use		bosentan)	51	SOAJ SC 200 MG/2ML	85
desoximetasone)	64	TRADJENTA	24	TRESIBA FLEXTOUCH SOPN	27
TOPICORT OINT (Use		tramadol hcl CP24 100 MG, 200 MG,		TRESIBA SOLN	27
desoximetasone)	64	300 MG	10	tretinoin (chemotherapy)	42
TOPICORT OINT 0.05 % (Use		TRAMADOL HCL SOLN (Use		tretinoin CREA 0.025 %, 0.05 %, 0.1	
desoximetasone)	64	tramadol hcl)	10	%	59
TOPICORT SPRAY LIQD (Use		tramadol hcl SOLN	10	tretinoin GEL 0.01 %, 0.025 %	59
desoximetasone)	64	tramadol hcl TABS 25 MG, 75 MG,		tretinoin GEL 0.05 %	59
topiramate CP24	19	100 MG	10	tretinoin microsphere 0.08 %	59
topiramate CPSP 15 MG, 25 MG ..	19	tramadol hcl TABS 50 MG	10	TRETEN	88
topiramate CPSP 50 MG	19	tramadol hcl TB24	10	TREXALL TABS 5 MG, 7.5 MG, 10	
topiramate CS24	19	tramadol-acetaminophen	10	MG, 15 MG	37
topiramate SOLN 25 MG/ML	19	trandolapril	33	TREXIMET (Use sumatriptan-	
topiramate TABS 100 MG	19	trandolapril-verapamil hcl	34	naproxen sodium)	135
topiramate TABS 25 MG, 50 MG, 200		tranexamic acid TABS	91	triamcinolone acetonide (mouth)	140

triamcinolone acetonide (nasal) AERO156	TRIPTODUR82	TRUE METRIX BLOOD GLUCOSE TEST STRP79
triamcinolone acetonide (topical) CREA64	TRISTART DHA155	TRUE METRIX GO GLUCOSE METER KIT124
triamcinolone acetonide (topical) LOTN64	TRIUMEQ PD TBSO47	TRUE METRIX LEVEL 1 SOLN ..124
triamcinolone acetonide (topical) OINT64	TRIUMEQ TABS47	TRUE METRIX LEVEL 2 SOLN ..124
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG80	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML153	TRUE METRIX LEVEL 3 SOLN ..124
triamterene & hydrochlorothiazide TABS80	TROGARZO47	TRUE METRIX METER DEVI125
triazolam92	TROJAN BARESKIN DEVI96	TRUE METRIX METER KIT125
TRIBENZOR (Use olmesartan medoxomil-amlodipine- hydrochlorothiazide)34	TROJAN MAGNUM MISC96	TRUE MULTIVITAMIN TABS152
TRICARE TABS155	TROJAN ULTRA THIN MISC96	TRUEDRAW LANCING DEVICE MISC125
TRICOR TABS (Use fenofibrate) ..31	TROJAN ULTRA THIN/SPERMICIDAL MISC96	TRUEPLUS GLUCOSE CHEW ...24
TRIESENCE163	TROJAN-ENZ LUBRICATED MISC 96	TRUEPLUS GLUCOSE ON THE GO CHEW24
trifluoperazine hcl TABS45	TROJAN-ENZ/SPERMICIDAL MISC . 96	TRUEPLUS INSULIN SYRINGE 131
trifluridine161	TROKENDI XR CP24 (Use topiramate)19	TRUEPLUS LANCETS 28G125
TRIJARDY XR24	TROKENDI XR CP24 25 MG, 100 MG, 200 MG (Use topiramate)19	TRUEPLUS LANCETS 30G125
TRIKAFTA TBPK169	tropicamide SOLN161	TRUEPLUS LANCETS 33G125
TRIKAFTA THPK169	trospium chloride CP24172	TRUEPLUS SAFETY LANCETS 28G125
TRILEPTAL SUSP (Use oxcarbazepine)19	trospium chloride TABS172	TRUERESULT BLOOD GLUCOSE KIT125
TRILEPTAL TABS (Use oxcarbazepine)19	TRUE COMFORT INSULIN SYRINGE131	TRUETEST TEST STRP79
TRILIPIX (Use choline fenofibrate) 31	TRUE COMFORT PRO INSULIN SYR131	TRUETRACK BLOOD GLUCOSE KIT125
trimethoprim TABS35	TRUE COMFORT SAFETY LANCETS124	TRUETRACK SMART SYSTEM KIT . 125
trimipramine maleate CAPS23	TRUE COMFORT TWIST TOP LANCETS124	TRUETRACK TEST STRP79
TRINATAL RX 1 TABS155	TRUE COVER DEVI96	TRULICITY25
TRINTELLIX22	TRUE METRIX AIR GLUCOSE METER KIT124	TRUMENBA 0.5 ML173
		TRUQAP TABS41
		TRUQAP TBPK41

TRUSTEX COLOR CONDOMS + LUBE MISC	96	TWIIST REFILL KIT/INFUSION SET KIT	125	TZIELD	24
TRUSTEX LUB/RIBBED/STUDED MISC	96	TWIIST STARTER KIT KIT	125	UBRELVY	135
TRUSTEX LUB/SPERMICIDE EX ST MISC	96	TWINRIX SUSY	174	UCERIS (Use budesonide (intrarectal))	11
TRUSTEX LUB/SPERMICIDE XL MISC	96	TWIRLA	53	UCERIS TB24 (Use budesonide) ..	55
TRUSTEX LUBRICATED EX LARGE MISC	96	TWIST TOP LANCETS 30G	125	UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG ..	151
TRUSTEX LUBRICATED EXTRA ST MISC	96	TWYNEO	59	UDENYCA ONBODY SOSY	90
TRUSTEX LUBRICATED MISC ...	96	TYBLUME CHEW	53	UDENYCA SOAJ	90
TRUSTEX LUBRICATED/SPERMICIDE MISC 96		TYBOST	47	UDENYCA SOSY	90
TRUSTEX NATURAL CONDOMS + LUBE MISC	97	TYENNE SOAJ	5	ULORIC (Use febuxostat)	87
TRUSTEX RIA LUB/SPERMICIDE MISC	97	TYENNE SOLN	5	ULTICARE INSULIN SAFETY SYR .	131
TRUSTEX RIA LUBRICATED MISC .	97	TYENNE SOSY	5	ULTICARE INSULIN SYRINGE .	131
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	97	TYKERB (Use lapatinib ditosylate) 41		ULTIGUARD SAFEPAK SYR/NEEDLE	131
TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate)	47	TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	8	ULTI-LANCE AUTOMATIC MISC 125	
TRYNGOLZA	82	TYMLOS	81	ULTILET CLASSIC LANCETS ...	125
TRYPTYR SOLN OP 0.003 % ...	163	TYPHIM VI SOLN	173	ULTILET LANCETS	125
TUDORZA PRESSAIR	14	TYPHIM VI SOSY	173	ULTILET SAFETY LANCETS 23G 125	
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		VITEYES AREDS 2 FORMULA CAPS	151		

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		ZIOPTAN (Use tafluprost)	163	ZOLGENSMA 16.1-16.5 KG	159
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