



Preferred Drug List

The SilverSummit Healthplan Formulary includes a list of drugs covered by your prescription benefit. The formulary is updated often and may change. To get the most up-to-date information, you may view the latest formulary on our website at [silversummithealthplan.com](https://www.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

Pharmacy Program

SilverSummit Healthplan covers medicine for Medicaid members. The pharmacy team works with doctors and pharmacists to be sure medicines for a lot of illnesses are covered. SilverSummit pays for prescription drugs and some over-the-counter (OTC) medications. Your doctor must write a prescription for these drugs. The pharmacy program does not pay for all drugs. Some drugs need a prior authorization (PA). Some drugs have limits on age, dose, and maximum quantities.

You can call Member Services to talk to someone about the list of drugs SilverSummit covers. The Member Service phone number is 1-844-366-2880 (TTY/TTD 1-844-804-6086). You can also use the "drug Lookup" Tool in the secure member webpage to see if your drug is covered. You can get to the tool through the member portal or by using this link <https://members.envolverx.com/>

Preferred Drug List (PDL)

The SilverSummit Preferred Drug List (PDL) is the list of covered drugs. The PDL tells you the drugs you can get at local pharmacies. The list is updated every month by SilverSummit Healthplan.

Pharmacy Benefit Manager (PBM)

SilverSummit works with Centene Pharmacy Services to pay for pharmacy claims. Some drugs on the PDL need a prior authorization (PA). Centene Pharmacy Services reviews those requests.

Prior Authorizations (PA)

You should talk to your doctor or pharmacist if your pharmacy tells you a PA is needed. A request should be sent by the doctor or pharmacy to Centene Pharmacy Services on the **Medication Prior Authorization Form**. This form is on the SilverSummit website at www.silversummithealthplan.com. The completed form and doctor notes to show your history should be **faxed to Centene Pharmacy Services at 1-833-645-2736**.

SilverSummit will cover the medicine if:

1. There is a medical reason you need that specific medication.
2. Other medications on the PDL have not worked.

All reviews are done by a licensed clinical pharmacist and will be completed in 24 hours unless more information is needed. They use the standards set by the SilverSummit P&T Committee. If the request is approved, Centene Pharmacy Services sends your doctor a fax. If it is not approved, Centene Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other similar medicines. It will also tell you about the appeal process.

Transition Period

Members new to SilverSummit will be able to receive their prescription drugs with no new PA requirements for 2 fills not to exceed a 68 total day's supply in the first 90 days of eligibility. The timeframe for PA requirements on controlled medications is 30 days. This will allow you and your doctor time to consider other drugs that do not require PA and to learn the steps for obtaining a PA.

96-Hour Emergency Supply Policy

State and Federal law says a pharmacy can give you a 96-hour (4 day) supply of medicine if you are waiting on PA review. Pharmacies will be paid for the 4 day supply even if the PA is not approved. The pharmacist can use professional judgment to decide if the medicine is urgent. The 96-hour supply is not allowed for Controlled substances that need a PA. The pharmacy must **call Centene Pharmacy Services at 1-866-399-0928** for an override to send the 96-hour supply for payment.

Step Therapy

Some drugs on the PDL may require another drug to be used first. This is called Step Therapy. If you filled that required drug with SilverSummit already, the step therapy medicine will be covered. If you have not tried the PDL medicine, your doctor will need to send in a PA form with other medicine you have tried. If Centene Pharmacy Services does not approve the PA, Centene Pharmacy Services will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

Dispensing Limits

The pharmacy can give you up to 34 days' supply of each new prescription or refill. 80% of the days' supply or 25 days must have passed before the medicine can be refilled for PDL drugs that are not controlled. Controlled medicines must have 90% of the supply used before the medicine can be refilled. You will need a new prescription for some controlled medicines.

Quantity Limits

SilverSummit may limit how much of a medicine you can get at one time. If the doctor feels you need a larger amount, a PA may be sent to Centene Pharmacy Services. If Centene Pharmacy Services does not approve the PA, Centene Pharmacy Services will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

Age Limit

Some medicine on the SilverSummit PDL may have age limits. These are based on the Food and Drug Administration (FDA) approved labeling and for your safety. If the doctor feels you need the drug anyway, a PA may be sent to Centene Pharmacy Services. If Centene Pharmacy Services does not approve the PA, Centene Pharmacy Services will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

Medical Necessity Requests

If you need a medicine that is not on the PDL, your doctor can make a medical necessity (MN) PA request for the drug. There are medicines on the PDL to treat most conditions. For drugs not on the PDL, SilverSummit requires:

- Doctor's notes to show you tried at least two PDL drugs in the same class and used for the same diagnosis; or
- Doctor's notes to show you are allergic or cannot take at least two PDL drugs in the same class; or
- Doctor's notes to show you cannot take any of the PDL agents for your diagnosis.

All reviews are done by a licensed clinical pharmacist and will be completed in 24 hours unless more information is needed. They use the standards set by the SilverSummit P&T Committee. If the request is approved, Centene Pharmacy Services sends your doctor a fax. If it is not approved, Centene Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other similar medicines. It will also tell you about the appeal process.

Appropriate Use and Safety Edits

Your safety is very important to SilverSummit. One of the ways we look out for your safety is through point-of sale (POS) edits when the medicine claim is sent by the pharmacy. These edits are based on the Food and Drug Administration (FDA) approvals. One example would be only allowing one drug in the same therapy class each month.

More information about the drugs that are part of these edits can be found in the **Appropriate Use and Safety Edits** document on the SilverSummit website at www.silversummithealthplan.com.

Generic Drugs

Brand-name drugs will not be covered without PA when an acceptable generic is available. Generic drugs have the same active ingredient and work the same as brand-name drugs. If you or your doctor feels a brand-name is needed, your doctor can ask for PA. We will cover the brand-name drug if there is a medical reason you need the brand-name. If it is not approved, Centene Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other medicine. It will also tell you about the appeal process.

Over-the-Counter Medications

The SilverSummit PDL covers some OTC medicines. These OTCs are covered when your doctor writes a prescription for one of them.

Filling a Prescription

You can have medicine filled at a SilverSummit pharmacy. You can find a pharmacy by calling SilverSummit Member Services. You can also look for a pharmacy close to you using the Provider-Lookup tool on the website. You will need to give the pharmacy your prescription and SilverSummit ID card. Your pharmacy may ask for other forms of identification, like driver's license or state ID.

Maintenance Medications

Certain drugs are considered maintenance medications because they are used to treat long-term conditions or illnesses. If the drug you take is part of the Maintenance Drug Program, you may receive up to 100 day supply at specific retail pharmacies.

More information about the drugs that are maintenance medications can be found in the **Maintenance Medications Up to 100 Days** document on the SilverSummit website at www.silversummithealthplan.com. Please contact a SilverSummit Member Service Representative if you have any questions.

Exclusions

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

- Drugs that are considered experimental
- 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

The following drugs and medical services are a part of the SilverSummit medical benefit and are not available at a retail pharmacy:

1. Injectable drugs given at a provider location such as a physician's office or outpatient clinic.
2. Home Health products and Home Infusion Therapy such as: durable medical equipment (DME), nebulizers, nebulizer tubing, blood pressure monitors, enteral and parenteral nutrition, injectable antibiotic therapy, chemotherapy and medical supplies.

Prescribers who request medical prior authorizations with Centene Pharmacy Services will be redirected to contact SilverSummit as applicable.

Newly Approved Products

SilverSummit reviews new drugs before adding them to the PDL. These medicines will need a PA review until they are added to the PDL. If it is not approved, Centene Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other similar medicines. 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
Centene Pharmacy Services Prior Authorizations:	1-866-399-0928
Centene Pharmacy Services ESI Pharmacy Help Desk:	1-833-750-4990
AcariaHealth Shipping Questions:	1-855-535-1815

Language Assistance

Do you need this book translated? Do you need help understanding this book? 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
F	Formulary: These drugs are covered on the drug list
NF	Non-Formulary: These drugs are not covered on the drug list
REQUIREMENT or LIMITS	
Requirement/Limits	Requirement/Limit Description
AL	Age Limit: Drug is limited to a specific age
PA	Prior Authorization: Review required before prescription can be filled
QL	Quantity Limit: There is a limit on the amount covered per prescription or within a set time frame.
Rx/OTC	Product has both prescription and over the counter coverage
SP	Specialty Drug: High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.
ST	Step Therapy: Requires trial and failure of one or more preferred products prior to coverage.
CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
Opioid	<p>Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records.</p> <p>Treatment-Naïve* Limits:</p> <ul style="list-style-type: none"> • Daily Dose Max = 90 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids <p>*Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent</p>
ADHD	First fill of ADHD medicines are limited to max 20 day supply for members age 6 to 12, after 30 days can be filled. Edit resets if no fills in 4 months.
Test Strips	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days

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
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

SilverSummit Healthplan: Preferred Drug List (PDL)



Dose Form	Dose Form Description	Dose Form	Dose Form Description
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)	NF	QL(1 ea daily); AL(At least 6 yrs old)
ADDERALL TABS (Use amphetamine-dextroamphetamine)	NF	QL(2 ea daily); AL(At least 3 yrs old)
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	F	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine TABS	F	QL(2 ea daily); AL(At least 3 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NF	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 5 MG	F	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 10 MG, 15 MG	F	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate TABS 5 MG, 10 MG	F	QL(3 ea daily); AL(At least 3 yrs old)
lisdexamfetamine dimesylate CAPS	F	QL(1 ea daily); PA
VYVANSE CAPS	F	QL(1 ea daily); PA
Analeptics		

Drug Name	Drug Tier	Requirements/Limits
CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)	NF	
caffeine citrate SOLN OR	F	QL(45 ml per fill retail)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	F	AL(At least 6 yrs old); ST
clonidine hcl (adhd) TB12	F	
guanfacine hcl (adhd)	F	QL(1 ea daily)
INTUNIV (Use guanfacine hcl (adhd))	NF	QL(1 ea daily)
KAPVAY TB12 (Use clonidine hcl (adhd))	NF	
STRATTERA (Use atomoxetine hcl)	NF	AL(At least 6 yrs old); ST
Stimulants - Misc.		
armodafinil	F	PA
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl)	NF	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (Use methylphenidate hcl)	NF	QL(2 ea daily); AL(At least 6 yrs old)
dexmethylphenidate hcl TABS	F	QL(2 ea daily)
FOCALIN TABS (Use dexmethylphenidate hcl)	NF	QL(2 ea daily)
METADATE CD CPCR (Use methylphenidate hcl)	NF	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl CPCR	F	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl TABS 10 MG, 20 MG	F	QL(3 ea daily); AL(At least 3 yrs old)
methylphenidate hcl TABS 5 MG	F	QL(6 ea daily); AL(At least 3 yrs old)
methylphenidate hcl TBCR 18 MG, 20 MG, 27 MG, 54 MG	F	QL(1 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> <i>TBCR 10 MG, 36 MG</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
NUVIGIL (<i>Use armodafinil</i>)	NF	PA
RELEXXII TBCR 18 MG, 27 MG, 54 MG	F	QL(1 ea daily); AL(At least 6 yrs old)
RELEXXII TBCR 36 MG	F	QL(2 ea daily); AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 MG (<i>Use methylphenidate hcl</i>)	NF	QL(3 ea daily); AL(At least 3 yrs old)
RITALIN TABS 5 MG (<i>Use methylphenidate hcl</i>)	NF	QL(6 ea daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	F	QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old)
ORALAIR ADULT STARTER PACK SUBL	F	QL(1 ea daily); AL(At least 10 yrs old - Up to 65 yrs old)
ORALAIR CHILDREN/ADOLESCENTS STARTER PACK SUBL	F	QL(3 ea daily); AL(At least 10 yrs old - Up to 65 yrs old)
ORALAIR SUBL	F	QL(1 ea daily); AL(At least 10 yrs old - Up to 65 yrs old)
RAGWITEK SUBL	F	QL(1 ea daily); AL(At least 18 yrs old - Up to 65 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - M's		
<i>melatonin</i> TABS 3 MG, 5 MG	F	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/Limits
Aminoglycosides		
ARIKAYCE	F	SP; PA
BETHKIS NEBU (<i>Use tobramycin</i>)	NF	QL(1 ml daily); SP; PA
KITABIS PAK NEBU (<i>Use tobramycin</i>)	NF	SP
<i>neomycin sulfate</i> TABS	F	
TOBI PODHALER CAPS	F	QL(2 ea daily); SP; PA
TOBI NEBU (<i>Use tobramycin</i>)	NF	SP
<i>tobramycin sulfate</i> SOLN IJ	F	
<i>tobramycin sulfate</i> SOLR	F	
<i>tobramycin</i> NEBU	F	QL(1 ml daily); SP; PA
<i>tobramycin</i> NEBU	F	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
XELJANZ XR TB24	F	SP; PA
XELJANZ TABS	F	SP; PA
Antirheumatic Antimetabolites		
METHOTREXATE	F	
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	F	SP
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	F	SP
Anti-TNF-alpha - Monoclonal Antibodies		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADAZ SOAJ	F	SP; PA	<i>celecoxib 50 MG, 100 MG, 200 MG</i>	F	QL(1 ea daily); PA
ADALIMUMAB-ADAZ SOSY	F	SP; PA	<i>celecoxib 400 MG</i>	F	QL(2 ea daily); PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	F	SP; PA	CHILDRENS ADVIL SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	NF	RX/OTC
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER AJKT	F	SP; PA	CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	NF	RX/OTC
ADALIMUMAB-ADBM AJKT	F	SP; PA	DAYPRO TABS (<i>Use oxaprozin</i>)	NF	
ADALIMUMAB-ADBM PSKT	F	SP; PA	<i>diclofenac potassium TABS 50 MG</i>	F	
ADALIMUMAB-FKJP AJKT	F	SP; PA	<i>diclofenac sodium TB24</i>	F	
ADALIMUMAB-FKJP PSKT	F	SP; PA	<i>diclofenac sodium TBEC</i>	F	
HADLIMA PUSHTOUCH SOAJ	F	SP; PA	EC-NAPROSYN TBEC (<i>Use naproxen</i>)	NF	QL(2 ea daily)
HADLIMA SOSY	F	SP; PA	<i>etodolac CAPS</i>	F	
YUSIMRY	F	SP; PA	<i>etodolac TABS</i>	F	
Interleukin-6 Receptor Inhibitors			<i>etodolac TB24</i>	F	
ACTEMRA ACTPEN SOAJ	F	SP; PA	FELDENE CAPS (<i>Use piroxicam</i>)	NF	
ACTEMRA SOLN	F	SP; PA	<i>flurbiprofen TABS</i>	F	
ACTEMRA SOSY	F	SP; PA	<i>ibuprofen CHEW</i>	F	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>ibuprofen SUSP</i>	F	RX/OTC
ADVIL TABS (<i>Use ibuprofen</i>)	NF		<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	F	
ALEVE ARTHRITIS TABS (<i>Use naproxen sodium</i>)	NF	QL(2 ea daily)	<i>indomethacin CAPS 25 MG, 50 MG</i>	F	
ALEVE TABS (<i>Use naproxen sodium</i>)	NF	QL(2 ea daily)	<i>indomethacin CPCR</i>	F	
ANAPROX DS TABS (<i>Use naproxen sodium</i>)	NF		INFANTS ADVIL SUSP (<i>Use ibuprofen</i>)	NF	
CELEBREX 400 MG (<i>Use celecoxib</i>)	NF	QL(2 ea daily); PA	<i>ketoprofen CAPS 50 MG</i>	F	
CELEBREX 50 MG, 100 MG, 200 MG (<i>Use celecoxib</i>)	NF	QL(1 ea daily); PA	<i>ketoprofen CP24</i>	F	
			<i>ketorolac tromethamine TABS</i>	F	QL(4 ea daily; 20 ea per 30 day(s) retail); AL(At least 17 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LODINE TABS (Use etodolac)	NF		butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	F	QL(4 ea daily)
meloxicam TABS	F		butalbital-acetaminophen TABS 50 MG-325 MG	F	
MOTRIN CHILDRENS CHEW (Use ibuprofen)	NF		butalbital-aspirin-caffeine CAPS	F	QL(4 ea daily)
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	NF		ESGIC TABS (Use butalbital-acetaminophen-caffeine)	NF	QL(4 ea daily)
nabumetone	F		Analgesics Other		
NAPROSYN SUSP (Use naproxen)	NF		acetaminophen CAPS 500 MG	F	
NAPROSYN TABS 500 MG (Use naproxen)	NF		acetaminophen CHEW	F	
naproxen sodium TABS 220 MG	F	QL(2 ea daily)	acetaminophen LIQD 160 MG/5ML	F	
naproxen sodium TABS 275 MG, 550 MG	F		acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	F	
naproxen SUSP	F		acetaminophen SUPP 120 MG, 650 MG	F	QL(12 ea per fill retail)
naproxen TABS	F		acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	F	
naproxen TBEC	F	QL(2 ea daily)	acetaminophen TABS 325 MG, 500 MG	F	
oxaprozin TABS	F		FEVERALL INFANTS SUPP	F	
piroxicam CAPS	F		FEVERALL JUNIOR STRENGTH SUPP	F	QL(12 ea per fill retail)
sulindac TABS	F		INFANTS SILAPAP SOLN OR	F	QL(30 ml per fill retail)
TOLECTIN 600 TABS 600 MG	F		OFIRMEV SOLN IV (Use acetaminophen)	NF	
tolmetin sodium CAPS	F		TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use acetaminophen)	NF	
tolmetin sodium TABS 600 MG	F		TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen)	NF	
Phosphodiesterase 4 (PDE4) Inhibitors					
OTEZLA TABS	F	SP; PA			
OTEZLA TBPB	F	SP; PA			
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions					
Analgesic Combinations					
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	F	QL(4 ea daily)			

Drug Name	Drug Tier	Requirements/Limits
TYLENOL CHILDRENS SUSP (Use acetaminophen)	NF	
TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	NF	
TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen)	NF	
TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	NF	
TYLENOL TABS (Use acetaminophen)	NF	
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide)	F	
aspirin CHEW	F	
ASPIRIN SUPP 300 MG	F	QL(12 ea per fill retail)
aspirin TABS 325 MG	F	
aspirin TBEC 81 MG, 325 MG	F	
BUFFERIN (Use aspirin buffered (cal carb-mag carb-mag oxide))	NF	
diflunisal TABS	F	
ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin)	NF	
ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)	NF	
ECOTRIN TBEC (Use aspirin)	NF	
salsalate	F	
ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE CHEW	F	
ST JOSEPH ADULT CHEW	F	
ANALGESICS - OPIOID - Drugs to Treat Pain,		

Drug Name	Drug Tier	Requirements/Limits
Muscle and Joint Conditions		
Opioid Agonists		
codeine sulfate TABS 30 MG	F	QL(2 ea daily); AL(At least 12 yrs old)
CODEINE SULFATE TABS	F	QL(2 ea daily); AL(At least 12 yrs old)
DILAUDID TABS (Use hydromorphone hcl)	NF	QL(8 ea daily)
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	F	Limit 10 patches per month; QL(0.34 ea daily)
hydrocodone bitartrate T24A	F	
HYDROMORPHONE HCL SUPP	F	QL(12 ea per fill retail)
hydromorphone hcl TABS	F	QL(8 ea daily)
HYSINGLA ER T24A	F	
meperidine hcl SOLN OR 50 MG/5ML	F	QL(500 ml per fill retail)
meperidine hcl TABS 50 MG	F	QL(6 ea daily)
methadone hcl CONC	F	
methadone hcl TABS 5 MG	F	QL(4 ea daily)
methadone hcl TABS 10 MG	F	QL(10 ea daily)
methadone hcl TBSO	F	
METHADOSE SUGAR-FREE CONC (Use methadone hcl)	NF	
METHADOSE CONC (Use methadone hcl)	NF	
morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML	F	QL(16.67 ml daily)
morphine sulfate SOLN OR 20 MG/ML, 100 MG/5ML	F	QL(240 ml per fill retail)
MORPHINE SULFATE SOLN OR 20 MG/5ML	F	QL(16.67 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate SUPP</i>	F	QL(24 ea per fill retail)
<i>morphine sulfate TABS 15 MG</i>	F	QL(6 ea daily)
<i>morphine sulfate TABS 30 MG</i>	F	
<i>morphine sulfate TBCR</i>	F	QL(3 ea daily)
<i>MS CONTIN TBCR (Use morphine sulfate)</i>	NF	QL(3 ea daily)
<i>OXAYDO TABS 5 MG</i>	F	QL(6 ea daily)
<i>oxycodone hcl CAPS</i>	F	QL(6 ea daily)
<i>oxycodone hcl CONC 100 MG/5ML</i>	F	QL(6 ml daily)
<i>oxycodone hcl SOLN</i>	F	
<i>oxycodone hcl TABS</i>	F	QL(6 ea daily)
<i>ROXICODONE TABS (Use oxycodone hcl)</i>	NF	QL(6 ea daily)
<i>tramadol hcl TABS 50 MG</i>	F	QL(8 ea daily); AL(At least 18 yrs old)
<i>ULTRAM TABS (Use tramadol hcl)</i>	NF	QL(8 ea daily); AL(At least 18 yrs old)
Opioid Combinations		
<i>acetaminophen w/ codeine SOLN</i>	F	QL(30 ml daily); AL(At least 12 yrs old)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	F	QL(6 ea daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	F	QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-aspirin-caffeine w/cod</i>	F	QL(4 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<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>	F	QL(180 ml daily)
<i>hydrocodone-acetaminophen TABS 325 MG-7.5 MG</i>	F	QL(8 ea daily)
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>	F	QL(6 ea daily)
<i>hydrocodone-acetaminophen TABS 325 MG-5 MG</i>	F	QL(12 ea daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	F	QL(6 ea daily)
<i>PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)</i>	NF	QL(6 ea daily)
<i>tramadol-acetaminophen</i>	F	QL(4 ea daily); AL(At least 18 yrs old)
<i>ULTRACET (Use tramadol-acetaminophen)</i>	NF	QL(4 ea daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
<i>BRIXADI SOSY</i>	F	SP
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG, 3 MG-12 MG</i>	F	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG</i>	F	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	F	QL(3 ea daily)
<i>buprenorphine hcl SUBL</i>	F	
<i>SUBLOCADE SOSY</i>	F	SP

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	NF	QL(3 ea daily)
SUBOXONE FILM SL 2 MG-8 MG, 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	NF	QL(2 ea daily)
ZUBSOLV SUBL	F	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
METHITEST TABS	F	
testosterone cypionate SOLN IM 200 MG/ML	F	Limit 4mls per month; QL(0.1429 ml daily)
testosterone cypionate SOLN IM 100 MG/ML	F	QL(0.2858 ml daily)
testosterone enanthate SOLN IM	F	QL(0.1429 ml daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA (Use hydrocortisone (intrarectal))	NF	QL(420 ml per fill retail)
hydrocortisone (intrarectal)	F	QL(420 ml per fill retail)
Rectal Combinations		
phenylephrine-shark liver oil-cocoa butter	F	QL(12 ea per fill retail)
phenylephrine-shark liver oil-mineral oil-petrolatum	F	QL(30 gm per fill retail)
Rectal Local Anesthetics		
pramoxine hcl (rectal) FOAM EX	F	QL(15 gm per fill retail)
PROCTOFOAM FOAM EX (Use pramoxine hcl (rectal))	NF	QL(15 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
Rectal Steroids		
ANUSOL-HC EX (Use hydrocortisone (rectal))	NF	QL(30 gm per fill retail)
hydrocortisone (rectal) EX 1 %	F	QL(60 gm per fill retail); RX/OTC
hydrocortisone (rectal) EX 2.5 %	F	QL(30 gm per fill retail)
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone CHEW 200 MG-25 MG-200 MG	F	
alum & mag hydrox-simethicone LIQD	F	QL(24 ml daily)
alum & mag hydrox-simethicone LIQD 400 MG/5ML-40 MG/5ML-400 MG/5ML	F	
alum & mag hydrox-simethicone SUSP	F	QL(24 ml daily)
alum & mag hydrox-simethicone SUSP	F	
GELUSIL CHEW (Use alum & mag hydrox-simethicone)	NF	
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (Use alum & mag hydrox-simethicone)	NF	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	F	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	F	Limit 496 per month; QL(16.54 ea daily)
Antacids - Calcium Salts		

Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG</i>	F	
TUMS CHEWY BITES CHEW (Use calcium carbonate (antacid))	NF	
TUMS E-X 750 CHEW (Use calcium carbonate (antacid))	NF	
TUMS EXTRA STRENGTH 750 CHEW (Use calcium carbonate (antacid))	NF	
TUMS LASTING EFFECTS CHEW (Use calcium carbonate (antacid))	NF	
TUMS SMOOTHIES CHEW (Use calcium carbonate (antacid))	NF	
TUMS ULTRA 1000 CHEW (Use calcium carbonate (antacid))	NF	
TUMS CHEW (Use calcium carbonate (antacid))	NF	
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	F	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)	NF	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	F	
<i>isosorbide mononitrate TABS</i>	F	QL(2 ea daily)
<i>isosorbide mononitrate TB24</i>	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
NITRO-BID OINT	F	
NITRO-DUR PT24 (Use nitroglycerin)	NF	
<i>nitroglycerin CPCR</i>	F	
<i>nitroglycerin PT24</i>	F	
<i>nitroglycerin SUBL</i>	F	
NITROSTAT SUBL (Use nitroglycerin)	NF	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl 5 MG, 10 MG</i>	F	QL(6 ea daily)
<i>bupirone hcl 15 MG</i>	F	QL(4 ea daily)
<i>bupirone hcl 7.5 MG, 30 MG</i>	F	QL(3 ea daily)
<i>droperidol SOLN 2.5 MG/ML</i>	F	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	F	
<i>hydroxyzine hcl SYRP</i>	F	
<i>hydroxyzine hcl TABS</i>	F	
<i>hydroxyzine pamoate CAPS</i>	F	
<i>meprobamate</i>	F	
VISTARIL CAPS (Use hydroxyzine pamoate)	NF	
Benzodiazepines		
<i>alprazolam TABS</i>	F	QL(4 ea daily)
ATIVAN SOLN (Use lorazepam)	NF	
ATIVAN TABS 1 MG (Use lorazepam)	NF	QL(4 ea daily)
ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam)	NF	QL(3 ea daily)
<i>chlordiazepoxide hcl CAPS</i>	F	QL(4 ea daily)
<i>clorazepate dipotassium TABS</i>	F	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam SOLN OR 5 MG/5ML</i>	F	QL(500 ml per fill retail)
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML</i>	F	
DIAZEPAM SOLN IJ 5 MG/ML	F	
<i>diazepam TABS</i>	F	QL(4 ea daily)
<i>lorazepam CONC</i>	F	
<i>lorazepam SOLN</i>	F	
<i>lorazepam TABS 0.5 MG, 2 MG</i>	F	QL(3 ea daily)
<i>lorazepam TABS 1 MG</i>	F	QL(4 ea daily)
<i>oxazepam CAPS</i>	F	QL(4 ea daily)
TRANXENE T TABS 7.5 MG (Use <i>clorazepate dipotassium</i>)	NF	QL(3 ea daily)
VALIUM TABS (Use <i>diazepam</i>)	NF	QL(4 ea daily)
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>	F	
NORPACE CR CP12 150 MG	F	
NORPACE CAPS (Use <i>disopyramide phosphate</i>)	NF	
<i>quinidine gluconate TBCR</i>	F	
<i>quinidine sulfate TABS</i>	F	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	F	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	F	
<i>propafenone hcl TABS</i>	F	
Antiarrhythmics Type III		

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl TABS 200 MG</i>	F	
<i>dofetilide</i>	F	
TIKOSYN (Use <i>dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	F	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	F	Limit 1 package per month; QL(0.87 gm daily)
INCRUSE ELLIPTA	F	QL(1 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	F	Limit 1 package per month; QL(12.5 ml daily)
SPIRIVA HANDIHALER CAPS (Use <i>tiotropium bromide monohydrate</i>)	NF	
<i>tiotropium bromide monohydrate CAPS</i>	F	
TUDORZA PRESSAIR	F	Limit 1 package per month; QL(0.034 ea daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	F	QL(1 ea daily)
<i>montelukast sodium PACK</i>	F	QL(1 ea daily)
<i>montelukast sodium TABS</i>	F	QL(1 ea daily)
SINGULAIR CHEW (Use <i>montelukast sodium</i>)	NF	QL(1 ea daily)
SINGULAIR PACK (Use <i>montelukast sodium</i>)	NF	QL(1 ea daily)
SINGULAIR TABS (Use <i>montelukast sodium</i>)	NF	QL(1 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DALIRESP 500 MCG (Use roflumilast)	NF	PA	ALBUTEROL SULFATE NEBU	F	QL(2 ml daily)
roflumilast 500 MCG	F	PA	albuterol sulfate SYRP	F	
Steroid Inhalants			albuterol sulfate TABS	F	
ARNUITY ELLIPTA	F	QL(1 ea daily)	ANORO ELLIPTA	F	PA
ASMANEX HFA AERO	F	QL(0.44 gm daily)	budesonide-formoterol fumarate dihydrate	F	Limit 1 package per month; QL(0.367 gm daily)
budesonide (inhalation) SUSP	F	QL(4 ml daily); AL(Up to 6 yrs old)	COMBIVENT RESPIMAT AERS	F	Limit 1 package per month; QL(0.134 gm daily)
FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation))	NF		fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	F	QL(2 ea daily)
fluticasone propionate (inhalation) AEPB	F		ipratropium-albuterol SOLN	F	QL(12 ml daily)
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	F	Limit 1 package per month; QL(0.4 gm daily); AL(Up to 12 yrs old)	levalbuterol tartrate	F	QL(0.5 gm daily)
fluticasone propionate hfa 44 MCG/ACT	F	Limit 1 package per month; QL(0.367 gm daily); AL(Up to 12 yrs old)	PROAIR HFA AERS (Use albuterol sulfate)	NF	
PULMICORT SUSP (Use budesonide (inhalation))	NF	QL(4 ml daily); AL(Up to 6 yrs old)	PROVENTIL HFA AERS (Use albuterol sulfate)	NF	
QVAR REDHALER 40 MCG/ACT	F	QL(0.36 gm daily)	SEREVENT DISKUS	F	QL(2 ea daily)
QVAR REDHALER 80 MCG/ACT	F	QL(0.72 gm daily)	STIOLTO RESPIMAT	F	PA
Sympathomimetics			SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	NF	Limit 1 package per month
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	NF	QL(2 ea daily)	terbutaline sulfate TABS	F	
albuterol sulfate AERS	F	1 package(s) per 30 day(s) retail	VENTOLIN HFA AERS (Use albuterol sulfate)	NF	Limit 2 packages per month
albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML	F	QL(12.5 ml daily)	XOPENEX HFA (Use levalbuterol tartrate)	NF	QL(0.5 gm daily)
albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML	F	QL(2 ea daily)	Xanthines		
			THEO-24 CP24	F	
			theophylline ELIX	F	
			theophylline SOLN	F	QL(475 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline TB12</i>	F	
<i>theophylline TB24</i>	F	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	F	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	F	QL(2.47 ea daily)
ELIQUIS TABS	F	QL(2 ea daily)
XARELTO TABS 20 MG	F	QL(1 ea daily)
XARELTO TABS 15 MG	F	QL(2 ea daily)
XARELTO TABS 10 MG	F	QL(1 ea daily); 35 ea per 180 day(s) retail)
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	F	QL(42 ml per 7 day(s) retail); SP
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	F	QL(5 ml per 7 day(s) retail); SP
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	F	QL(14 ml per 7 day(s) retail); SP
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	F	QL(9 ml per 7 day(s) retail); SP
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	F	QL(6 ml per 7 day(s) retail); SP
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	F	QL(12 ml per 7 day(s) retail); SP
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	F	
LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NF	QL(42 ml per 7 day(s) retail); SP

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>Use enoxaparin sodium</i>)	NF	QL(12 ml per 7 day(s) retail); SP
LOVENOX SOSY 60 MG/0.6ML (<i>Use enoxaparin sodium</i>)	NF	QL(9 ml per 7 day(s) retail); SP
LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>Use enoxaparin sodium</i>)	NF	QL(14 ml per 7 day(s) retail); SP
LOVENOX SOSY 30 MG/0.3ML (<i>Use enoxaparin sodium</i>)	NF	QL(5 ml per 7 day(s) retail); SP
LOVENOX SOSY 40 MG/0.4ML (<i>Use enoxaparin sodium</i>)	NF	QL(6 ml per 7 day(s) retail); SP
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS</i>	F	
PRADAXA CAPS (<i>Use dabigatran etexilate mesylate</i>)	NF	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	F	
FYCOMPA TABS	F	
Anticonvulsants - Benzodiazepines		
<i>clonazepam TABS</i>	F	QL(4 ea daily)
DIASTAT ACUDIAL GEL (<i>Use diazepam (anticonvulsant)</i>)	NF	
DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	NF	
<i>diazepam (anticonvulsant) GEL</i>	F	
KLONOPIN TABS (<i>Use clonazepam</i>)	NF	QL(4 ea daily)
NAYZILAM	F	QL(10 ea per 30 day(s) retail)
Anticonvulsants - Misc.		
APTIOM	F	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BANZEL SUSP (Use rufinamide)	NF	SP; PA	LAMICTAL TABS (Use lamotrigine)	NF	
BANZEL TABS (Use rufinamide)	NF	SP; PA	lamotrigine CHEW	F	
BRIVIACT SOLN OR 10 MG/ML	F	SP	lamotrigine TABS	F	
BRIVIACT TABS	F	SP	lamotrigine TB24	F	ST
carbamazepine CHEW	F		levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	F	QL(30 ml daily)
carbamazepine CP12	F		levetiracetam SOLN IV 500 MG/5ML	F	
carbamazepine SUSP	F		levetiracetam TABS 500 MG	F	QL(6 ea daily)
carbamazepine TABS	F		levetiracetam TABS 1000 MG	F	
carbamazepine TB12	F		levetiracetam TABS 250 MG, 750 MG	F	QL(4 ea daily)
CARBATROL CP12 (Use carbamazepine)	NF		levetiracetam TB24	F	
FINTEPLA	F	SP	MYSOLINE (Use primidone)	NF	
gabapentin CAPS	F	QL(9 ea daily)	NEURONTIN CAPS (Use gabapentin)	NF	QL(9 ea daily)
gabapentin SOLN	F		NEURONTIN SOLN (Use gabapentin)	NF	
gabapentin TABS 800 MG	F	QL(4 ea daily)	NEURONTIN TABS 800 MG (Use gabapentin)	NF	QL(4 ea daily)
gabapentin TABS 600 MG	F	QL(6 ea daily)	NEURONTIN TABS 600 MG (Use gabapentin)	NF	QL(6 ea daily)
KEPPRA XR TB24 (Use levetiracetam)	NF		oxcarbazepine SUSP	F	
KEPPRA SOLN OR 100 MG/ML (Use levetiracetam)	NF	QL(30 ml daily)	oxcarbazepine TABS	F	
KEPPRA SOLN IV 500 MG/5ML (Use levetiracetam)	NF		primidone	F	
KEPPRA TABS 500 MG (Use levetiracetam)	NF	QL(6 ea daily)	rufinamide SUSP	F	SP; PA
KEPPRA TABS 1000 MG (Use levetiracetam)	NF		rufinamide TABS	F	SP; PA
KEPPRA TABS 250 MG, 750 MG (Use levetiracetam)	NF	QL(4 ea daily)	TEGRETOL SUSP (Use carbamazepine)	NF	
lacosamide SOLN OR	F		TEGRETOL TABS (Use carbamazepine)	NF	
lacosamide TABS	F	QL(2 ea daily)	TEGRETOL-XR TB12 (Use carbamazepine)	NF	
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use lamotrigine)	NF		TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate)	NF	QL(8 ea daily)
LAMICTAL XR TB24 (Use lamotrigine)	NF	ST			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate)	NF	QL(6 ea daily)	DILANTIN (Use phenytoin sodium extended)	NF	
TOPAMAX TABS 200 MG (Use topiramate)	NF	QL(3 ea daily)	DILANTIN 30 MG	F	
TOPAMAX TABS 25 MG, 50 MG (Use topiramate)	NF	QL(6 ea daily)	DILANTIN INFATABS CHEW (Use phenytoin)	NF	
TOPAMAX TABS 100 MG (Use topiramate)	NF	QL(4 ea daily)	DILANTIN-125 SUSP (Use phenytoin)	NF	
topiramate CPSP 25 MG	F	QL(8 ea daily)	phenytoin sodium extended 100 MG, 200 MG, 300 MG	F	
topiramate CPSP 15 MG	F	QL(6 ea daily)	phenytoin CHEW	F	
topiramate TABS 100 MG	F	QL(4 ea daily)	phenytoin SUSP	F	
topiramate TABS 200 MG	F	QL(3 ea daily)	Succinimides		
topiramate TABS 25 MG, 50 MG	F	QL(6 ea daily)	CELONTIN (Use methsuximide)	NF	
TRILEPTAL SUSP (Use oxcarbazepine)	NF		ethosuximide CAPS	F	
TRILEPTAL TABS (Use oxcarbazepine)	NF		ethosuximide SOLN	F	
VIMPAT SOLN OR 10 MG/ML (Use lacosamide)	NF		methsuximide	F	
VIMPAT TABS (Use lacosamide)	NF	QL(2 ea daily)	ZARONTIN CAPS (Use ethosuximide)	NF	
ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)	NF		ZARONTIN SOLN (Use ethosuximide)	NF	
zonisamide CAPS	F		Valproic Acid		
Carbamates			DEPAKOTE ER TB24 (Use divalproex sodium)	NF	
felbamate SUSP	F		DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	NF	
felbamate TABS	F		DEPAKOTE TBEC (Use divalproex sodium)	NF	
FELBATOL SUSP (Use felbamate)	NF		divalproex sodium CSDR	F	
FELBATOL TABS (Use felbamate)	NF		divalproex sodium TB24	F	
GABA Modulators			divalproex sodium TBEC	F	
GABITRIL (Use tiagabine hcl)	NF		valproate sodium SOLN OR 250 MG/5ML	F	
tiagabine hcl	F		valproic acid CAPS	F	
Hydantoins			ANTIDEPRESSANTS - Drugs to Treat Depression		
			Alpha-2 Receptor Antagonists (Tetracyclics)		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	F	QL(1 ea daily)	WELLBUTRIN SR TB12 100 MG (<i>Use bupropion hcl</i>)	NF	QL(4 ea daily)
<i>mirtazapine TABS 30 MG</i>	F	QL(1.5 ea daily)	WELLBUTRIN SR TB12 150 MG (<i>Use bupropion hcl</i>)	NF	QL(3 ea daily)
<i>mirtazapine TABS 15 MG</i>	F	QL(3 ea daily)	WELLBUTRIN XL TB24 300 MG (<i>Use bupropion hcl</i>)	NF	QL(1 ea daily)
<i>mirtazapine TBDP 45 MG</i>	F	QL(1 ea daily)	WELLBUTRIN XL TB24 150 MG (<i>Use bupropion hcl</i>)	NF	QL(3 ea daily)
<i>mirtazapine TBDP 30 MG</i>	F	QL(1.5 ea daily)	Monoamine Oxidase Inhibitors (MAOIs)		
<i>mirtazapine TBDP 15 MG</i>	F	QL(3 ea daily)	EMSAM	F	
REMERON SOLTAB TBDP 30 MG (<i>Use mirtazapine</i>)	NF	QL(1.5 ea daily)	MARPLAN	F	
REMERON SOLTAB TBDP 45 MG (<i>Use mirtazapine</i>)	NF	QL(1 ea daily)	NARDIL (<i>Use phenelzine sulfata</i>)	NF	
REMERON SOLTAB TBDP 15 MG (<i>Use mirtazapine</i>)	NF	QL(3 ea daily)	PARNATE (<i>Use tranylcypromine sulfata</i>)	NF	
REMERON TABS 30 MG (<i>Use mirtazapine</i>)	NF	QL(1.5 ea daily)	<i>phenelzine sulfata</i>	F	
REMERON TABS 15 MG (<i>Use mirtazapine</i>)	NF	QL(3 ea daily)	<i>tranylcypromine sulfata</i>	F	
Antidepressants - Misc.			Selective Serotonin Reuptake Inhibitors (SSRIs)		
APLENZIN	F		CELEXA TABS 20 MG (<i>Use citalopram hydrobromide</i>)	NF	QL(2 ea daily)
<i>bupropion hcl TABS</i>	F	QL(3 ea daily)	CELEXA TABS 10 MG (<i>Use citalopram hydrobromide</i>)	NF	QL(4 ea daily)
<i>bupropion hcl TB12 200 MG</i>	F	QL(2 ea daily)	CELEXA TABS 40 MG (<i>Use citalopram hydrobromide</i>)	NF	QL(1 ea daily)
<i>bupropion hcl TB12 150 MG</i>	F	QL(3 ea daily)	<i>citalopram hydrobromide SOLN</i>	F	QL(8 ml daily)
<i>bupropion hcl TB12 100 MG</i>	F	QL(4 ea daily)	<i>citalopram hydrobromide TABS 20 MG</i>	F	QL(2 ea daily)
<i>bupropion hcl TB24 300 MG</i>	F	QL(1 ea daily)	<i>citalopram hydrobromide TABS 10 MG</i>	F	QL(4 ea daily)
<i>bupropion hcl TB24 450 MG</i>	F		<i>citalopram hydrobromide TABS 40 MG</i>	F	QL(1 ea daily)
<i>bupropion hcl TB24 150 MG</i>	F	QL(3 ea daily)	<i>escitalopram oxalate SOLN</i>	F	
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NF				
WELLBUTRIN SR TB12 200 MG (<i>Use bupropion hcl</i>)	NF	QL(2 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate TABS 10 MG</i>	F	QL(2 ea daily)	<i>paroxetine hcl TABS 20 MG</i>	F	QL(3 ea daily)
<i>escitalopram oxalate TABS 5 MG</i>	F	QL(4 ea daily)	<i>paroxetine hcl TABS 10 MG</i>	F	QL(6 ea daily)
<i>escitalopram oxalate TABS 20 MG</i>	F	QL(1 ea daily)	<i>paroxetine hcl TB24</i>	F	
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	F	QL(4 ea daily)	PAXIL CR TB24 (Use <i>paroxetine hcl</i>)	NF	
<i>fluoxetine hcl CAPS 40 MG</i>	F	QL(2 ea daily)	PAXIL SUSP (Use <i>paroxetine hcl</i>)	NF	QL(40 ml daily)
<i>fluoxetine hcl CPDR</i>	F		PAXIL TABS 30 MG, 40 MG (Use <i>paroxetine hcl</i>)	NF	QL(2 ea daily)
<i>fluoxetine hcl SOLN</i>	F	QL(20 ml daily; 30 Day(s) limit); AL(At least 7 yrs old)	PAXIL TABS 10 MG (Use <i>paroxetine hcl</i>)	NF	QL(6 ea daily)
<i>fluoxetine hcl TABS 10 MG</i>	F	QL(1 ea daily); AL(At least 13 yrs old)	PAXIL TABS 20 MG (Use <i>paroxetine hcl</i>)	NF	QL(3 ea daily)
<i>fluoxetine hcl TABS 60 MG</i>	F		PEXEVA	F	
<i>fluoxetine hcl TABS 20 MG</i>	F	QL(4 ea daily)	PROZAC CAPS 10 MG, 20 MG (Use <i>fluoxetine hcl</i>)	NF	QL(4 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (Use <i>fluoxetine hcl</i>)	NF		PROZAC CAPS 40 MG (Use <i>fluoxetine hcl</i>)	NF	QL(2 ea daily)
<i>fluvoxamine maleate CP24</i>	F		<i>sertraline hcl CONC</i>	F	QL(10 ml daily)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	F	QL(2 ea daily)	<i>sertraline hcl TABS 100 MG</i>	F	QL(2 ea daily)
<i>fluvoxamine maleate TABS 100 MG</i>	F	QL(3 ea daily)	<i>sertraline hcl TABS 25 MG, 50 MG</i>	F	QL(4 ea daily)
LEXAPRO TABS 20 MG (Use <i>escitalopram oxalate</i>)	NF	QL(1 ea daily)	ZOLOFT CONC (Use <i>sertraline hcl</i>)	NF	QL(10 ml daily)
LEXAPRO TABS 5 MG (Use <i>escitalopram oxalate</i>)	NF	QL(4 ea daily)	ZOLOFT TABS 25 MG, 50 MG (Use <i>sertraline hcl</i>)	NF	QL(4 ea daily)
LEXAPRO TABS 10 MG (Use <i>escitalopram oxalate</i>)	NF	QL(2 ea daily)	ZOLOFT TABS 100 MG (Use <i>sertraline hcl</i>)	NF	QL(2 ea daily)
<i>paroxetine hcl SUSP</i>	F	QL(40 ml daily)	Serotonin Modulators		
<i>paroxetine hcl TABS 30 MG, 40 MG</i>	F	QL(2 ea daily)	<i>nefazodone hcl</i>	F	
			<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	F	
			<i>trazodone hcl TABS 300 MG</i>	F	QL(2 ea daily)
			TRINTELLIX	F	QL(1 ea daily); PA
			VIIBRYD STARTER PACK KIT	F	PA

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD TABS (Use vilazodone hcl)	NF	QL(1 ea daily); PA
<i>vilazodone hcl TABS</i>	F	QL(1 ea daily); PA
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP (Use duloxetine hcl)	NF	QL(1 ea daily)
DESVENLAFAXINE ER	F	
<i>desvenlafaxine succinate</i>	F	
<i>duloxetine hcl CPEP 40 MG</i>	F	
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	F	QL(1 ea daily)
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	NF	QL(2 ea daily)
EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	NF	QL(5 ea daily)
EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	NF	QL(4 ea daily)
FETZIMA TITRATION PACK C4PK	F	1 max fill(s) per 180 day(s) retail
FETZIMA CP24	F	QL(1 ea daily)
PRISTIQ (Use desvenlafaxine succinate)	NF	
<i>venlafaxine hcl CP24 37.5 MG</i>	F	QL(4 ea daily)
<i>venlafaxine hcl CP24 75 MG</i>	F	QL(5 ea daily)
<i>venlafaxine hcl CP24 150 MG</i>	F	QL(2 ea daily)
<i>venlafaxine hcl TABS</i>	F	
<i>venlafaxine hcl TB24</i>	F	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	F	
<i>amoxapine</i>	F	
ANAFRANIL (Use clomipramine hcl)	NF	
<i>clomipramine hcl</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	F	
<i>desipramine hcl TABS 25 MG</i>	F	QL(2 ea daily)
<i>doxepin hcl CAPS</i>	F	
<i>doxepin hcl CONC</i>	F	
<i>imipramine hcl TABS</i>	F	
<i>imipramine pamoate</i>	F	
NORPRAMIN TABS 10 MG (Use desipramine hcl)	NF	
NORPRAMIN TABS 25 MG (Use desipramine hcl)	NF	QL(2 ea daily)
<i>nortriptyline hcl CAPS</i>	F	
<i>nortriptyline hcl SOLN</i>	F	QL(20 ml daily)
PAMELOR CAPS (Use nortriptyline hcl)	NF	
<i>protriptyline hcl</i>	F	
<i>trimipramine maleate CAPS</i>	F	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	F	
<i>miglitol</i>	F	
PRECOSE (Use acarbose)	NF	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	F	Limit 4 pens per month; QL(0.36 ml daily)
SYMLINPEN 60 SOPN	F	Limit 4 pens per month; QL(0.2 ml daily; 100 Day(s) limit)
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-metformin hcl</i>	F	QL(2 ea daily)	RIOMET SOLN (<i>Use metformin hcl</i>)	NF	
<i>alogliptin-pioglitazone</i>	F	QL(1 ea daily)	Diabetic Other		
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	F	QL(1 ea daily)	CVS GLUCOSE CHEW	F	Limit 50 per month; QL(1.67 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	F	QL(2 ea daily)	CVS SOFT GLUCOSE CHEW	F	Limit 50 per month; QL(1.67 ea daily)
DUETACT (<i>Use pioglitazone hcl-glimepiride</i>)	NF	QL(1 ea daily)	DEX4 QUICK DISSOLVE GLUCOSE CHEW	F	Limit 50 per month; QL(1.67 ea daily)
<i>glipizide-metformin hcl</i>	F		<i>dextrose (diabetic use) GEL</i>	F	
<i>glyburide-metformin</i>	F		<i>diazoxide</i>	F	QL(100 Day(s) limit)
KAZANO (<i>Use alogliptin-metformin hcl</i>)	NF	QL(2 ea daily)	<i>glucagon (rdna)</i>	F	QL(1 ea per fill retail)
KOMBIGLYZE XR (<i>Use saxagliptin-metformin hcl</i>)	NF	QL(1 ea daily)	GLUCAGON EMERGENCY KIT (<i>Use glucagon (rdna)</i>)	NF	QL(1 ea per fill retail)
OSENI	F	QL(1 ea daily)	GLUCO TO GO CHEW	F	Limit 50 per month; QL(1.67 ea daily)
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-12.5 MG, 45 MG-25 MG (<i>Use alogliptin-pioglitazone</i>)	NF	QL(1 ea daily)	GLUCOSE CHEW	F	Limit 50 per month; QL(1.67 ea daily)
<i>pioglitazone hcl-glimepiride</i>	F	QL(1 ea daily)	GNP GLUCOSE CHEW	F	Limit 50 per month; QL(1.67 ea daily)
<i>pioglitazone hcl-metformin hcl TABS</i>	F	QL(2 ea daily)	GNP QUICK DISSOLVE GLUCOSE CHEW	F	Limit 50 per month; QL(1.67 ea daily)
<i>saxagliptin-metformin hcl</i>	F	QL(1 ea daily)	KORLYM (<i>Use mifepristone (hyperglycemia)</i>)	NF	SP
SOLIQUA 100/33	F	QL(0.6 ml daily); PA	LEADER QUICK DISSOLVE GLUCOSE CHEW	F	Limit 50 per month; QL(1.67 ea daily)
Biguanides			<i>mifepristone (hyperglycemia)</i>	F	SP
<i>metformin hcl SOLN</i>	F		PROGLYCEM (<i>Use diazoxide</i>)	NF	QL(100 Day(s) limit)
<i>metformin hcl TABS 500 MG</i>	F	QL(5 ea daily)	SM GLUCOSE CHEW	F	Limit 50 per month; QL(1.67 ea daily)
<i>metformin hcl TABS 850 MG</i>	F	QL(3 ea daily)			
<i>metformin hcl TABS 1000 MG</i>	F	QL(2 ea daily)			
<i>metformin hcl TB24 500 MG</i>	F	QL(4 ea daily)			
<i>metformin hcl TB24 750 MG</i>	F	QL(2 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS GLUCOSE ON THE GO CHEW	F	Limit 50 per month; QL(1.67 ea daily)	HUMULIN R U-500 (CONCENTRATED) SOLN SC	F	QL(1.34 ml daily)
TRUEPLUS GLUCOSE CHEW	F	Limit 50 per month; QL(1.67 ea daily)	HUMULIN R U-500 KWIKPEN SOPN SC	F	QL(1.34 ml daily)
WALGREENS GLUCOSE CHEW	F	Limit 50 per month; QL(1.67 ea daily)	HUMULIN R SOLN IJ	F	Limit 40mls per month; QL(1.34 ml daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			INSULIN ASPART FLEXPEN SOPN	F	QL(1.34 ml daily)
<i>alogliptin benzoate</i>	F	QL(1 ea daily)	INSULIN ASPART PENFILL SOCT	F	QL(1.34 ml daily)
NESINA (Use alogliptin benzoate)	NF	QL(1 ea daily)	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	F	QL(1 ml daily)
ONGLYZA (Use saxagliptin hcl)	NF	QL(1 ea daily)	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	F	QL(1.34 ml daily)
<i>saxagliptin hcl</i>	F	QL(1 ea daily)	INSULIN ASPART SOLN IJ	F	QL(1.34 ml daily)
Incretin Mimetic Agents			INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	F	QL(0.9 ml daily)
BYDUREON BCISE AUIJ	F	QL(3.4 ml per 28 day(s) retail); PA	INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	F	QL(1.5 ml daily)
BYETTA SOPN 10 MCG/0.04ML	F	Limit 1 syringe per month; QL(0.08 ml daily); PA	INSULIN DEGLUDEC SOLN	F	QL(1.5 ml daily)
BYETTA SOPN 5 MCG/0.02ML	F	Limit 1 syringe per month; QL(0.04 ml daily); PA	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	F	QL(1 ml daily)
TRULICITY	F	QL(0.143 ml daily); PA	INSULIN GLARGINE SOLN	F	QL(1 ml daily)
VICTOZA	F	QL(0.3 ml daily); PA	INSULIN GLARGINE-YFGN SOLN	F	QL(1 ml daily)
Insulin			INSULIN GLARGINE-YFGN SOPN	F	QL(1 ml daily)
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	F		INSULIN LISPRO JUNIOR KWIKPEN SOPN	F	QL(1 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	F	QL(1 ml daily)	INSULIN LISPRO KWIKPEN SOPN	F	QL(1 ml daily)
HUMULIN 70/30 SUSP	F	Limit 40mls per month; QL(1.34 ml daily)	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	F	QL(1 ml daily)
HUMULIN N KWIKPEN SUPN	F	QL(1 ml daily)			
HUMULIN N SUSP	F	Limit 40mls per month; QL(1.34 ml daily)			

Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO SOLN IJ	F	Limit 40mls per month; QL(1.34 ml daily)
MYXREDLIN	F	
NOVOLIN 70/30 FLEXPEN SUPN	F	QL(1 ml daily)
NOVOLIN 70/30 SUSP	F	Limit 40mls per month; QL(1.34 ml daily)
NOVOLIN N FLEXPEN SUPN	F	QL(1 ml daily)
NOVOLIN N SUSP	F	Limit 40mls per month; QL(1.34 ml daily)
NOVOLIN R SOLN IJ	F	Limit 40mls per month; QL(1.34 ml daily)
Insulin Sensitizing Agents		
ACTOS (Use pioglitazone hcl)	NF	QL(1 ea daily)
pioglitazone hcl	F	QL(1 ea daily)
Meglitinide Analogues		
nateglinide	F	QL(3 ea daily)
repaglinide	F	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol	F	QL(1 ea daily)
Sulfonylureas		
AMARYL 1 MG, 2 MG (Use glimepiride)	NF	QL(4 ea daily)
AMARYL 4 MG (Use glimepiride)	NF	QL(2 ea daily)
glimepiride 4 MG	F	QL(2 ea daily)
glimepiride 1 MG, 2 MG	F	QL(4 ea daily)
glipizide TABS	F	
glipizide TB24	F	
GLUCOTROL XL TB24 (Use glipizide)	NF	
glyburide micronized 1.5 MG, 3 MG, 6 MG	F	

Drug Name	Drug Tier	Requirements/Limits
glyburide TABS	F	
GLYNASE (Use glyburide micronized)	NF	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW 262 MG	F	
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	F	
bismuth subsalicylate TABS	F	
PEPTO BISMOL TABS (Use bismuth subsalicylate)	NF	
PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate)	NF	
PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	NF	
PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	NF	
PEPTO-BISMOL SUSP (Use bismuth subsalicylate)	NF	
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	F	
diphenoxylate w/ atropine TABS	F	
IMODIUM A-D CAPS (Use loperamide hcl)	NF	QL(8 ea daily); RX/OTC
IMODIUM A-D TABS (Use loperamide hcl)	NF	QL(8 ea daily)
LOMOTIL TABS (Use diphenoxylate w/ atropine)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>loperamide hcl CAPS</i>	F	QL(8 ea daily); RX/OTC
<i>loperamide hcl TABS</i>	F	QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	F	
<i>deferasirox TABS</i>	F	SP; PA
JADENU TABS (<i>Use deferasirox</i>)	NF	SP; PA
Antidotes and Specific Antagonists		
SM IPECAC SYRUP	F	
Opioid Antagonists		
<i>naloxone hcl LIQD</i>	F	RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML</i>	F	QL(2 ml per 90 day(s) retail)
<i>naltrexone hcl</i>	F	
NARCAN LIQD (<i>Use naloxone hcl</i>)	NF	RX/OTC
VIVITROL	F	SP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	F	QL(50 ml per fill retail)
<i>ondansetron hcl SOLN IJ</i>	F	
<i>ondansetron hcl SOSY</i>	F	
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	F	QL(2 ea daily)
<i>ondansetron hcl TABS 24 MG</i>	F	QL(1 ea per 14 day(s) retail)
<i>ondansetron TBDP</i>	F	QL(2 ea daily)
Antiemetics - Anticholinergic		
ANTIVERT CHEW (<i>Use meclizine hcl</i>)	NF	RX/OTC
<i>dimenhydrinate TABS</i>	F	
DRAMAMINE TABS (<i>Use dimenhydrinate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>meclizine hcl CHEW</i>	F	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	F	RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize SUSP</i>	F	
<i>griseofulvin microsize TABS</i>	F	
<i>griseofulvin ultramicrosize</i>	F	
<i>nystatin TABS</i>	F	QL(6 ea daily)
<i>terbinafine hcl TABS</i>	F	QL(1 ea daily; 90 ea per 120 day(s) retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR (<i>Use fluconazole</i>)	NF	Limit 1 package per claim; QL(70 ml per fill retail)
DIFLUCAN TABS 150 MG (<i>Use fluconazole</i>)	NF	QL(2 ea per fill retail)
DIFLUCAN TABS 50 MG (<i>Use fluconazole</i>)	NF	QL(7 ea per fill retail)
DIFLUCAN TABS 200 MG (<i>Use fluconazole</i>)	NF	QL(2 ea daily)
DIFLUCAN TABS 100 MG (<i>Use fluconazole</i>)	NF	QL(1 ea daily)
<i>fluconazole SUSR</i>	F	Limit 1 package per claim; QL(70 ml per fill retail)
<i>fluconazole TABS 150 MG</i>	F	QL(2 ea per fill retail)
<i>fluconazole TABS 200 MG</i>	F	QL(2 ea daily)
<i>fluconazole TABS 100 MG</i>	F	QL(1 ea daily)
<i>fluconazole TABS 50 MG</i>	F	QL(7 ea per fill retail)
<i>itraconazole CAPS</i>	F	QL(1 ea daily); PA
SPORANOX PULSEPAK CAPS (<i>Use itraconazole</i>)	NF	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
SPORANOX CAPS (<i>Use itraconazole</i>)	NF	QL(1 ea daily); PA
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	F	QL(60 ml daily)
<i>chlorpheniramine maleate TABS</i>	F	QL(120 ea per fill retail)
<i>dexchlorpheniramine maleate SOLN</i>	F	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CHILDRENS LIQD (<i>Use diphenhydramine hcl</i>)	NF	QL(240 ml per fill retail)
BENADRYL ALLERGY ULTRATABS TABS (<i>Use diphenhydramine hcl</i>)	NF	QL(4 ea daily)
BENADRYL ALLERGY CAPS (<i>Use diphenhydramine hcl</i>)	NF	QL(4 ea daily)
BENADRYL ALLERGY TABS (<i>Use diphenhydramine hcl</i>)	NF	QL(4 ea daily)
<i>clemastine fumarate TABS 1.34 MG</i>	F	QL(2 ea daily)
DAYHIST ALLERGY 12 HOUR RELIEF TABS	F	QL(2 ea daily)
<i>diphenhydramine hcl CAPS</i>	F	QL(4 ea daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	F	QL(240 ml per fill retail)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	F	QL(240 ml per fill retail)
<i>diphenhydramine hcl TABS 25 MG</i>	F	QL(4 ea daily)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 60 MG (<i>Use fexofenadine hcl</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ALLEGRA ALLERGY TABS 180 MG (<i>Use fexofenadine hcl</i>)	NF	QL(1 ea daily)
<i>cetirizine hcl CHEW</i>	F	QL(1 ea daily)
<i>cetirizine hcl SOLN OR</i>	F	QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC
<i>cetirizine hcl SYRP OR</i>	F	QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC
<i>cetirizine hcl TABS</i>	F	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SOLN (<i>Use loratadine</i>)	NF	QL(240 ml per fill retail)
CLARITIN REDITABS JUNIORS TBDP (<i>Use loratadine</i>)	NF	
CLARITIN SOLN (<i>Use loratadine</i>)	NF	QL(240 ml per fill retail)
CLARITIN TABS (<i>Use loratadine</i>)	NF	
<i>fexofenadine hcl TABS 180 MG</i>	F	QL(1 ea daily)
<i>fexofenadine hcl TABS 60 MG</i>	F	QL(2 ea daily)
<i>levocetirizine dihydrochloride TABS</i>	F	RX/OTC
<i>loratadine SOLN</i>	F	QL(240 ml per fill retail)
<i>loratadine TABS</i>	F	
<i>loratadine TBDP 10 MG</i>	F	
XYZAL ALLERGY 24HR TABS (<i>Use levocetirizine dihydrochloride</i>)	NF	RX/OTC
ZYRTEC ALLERGY TABS (<i>Use cetirizine hcl</i>)	NF	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (<i>Use cetirizine hcl</i>)	NF	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN OR (<i>Use cetirizine hcl</i>)	NF	QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZYRTEC CHEW 10 MG (Use cetirizine hcl)	NF	QL(1 ea daily)	QUESTRAN POWD (Use cholestyramine)	NF	
Antihistamines - Phenothiazines			Fibric Acid Derivatives		
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	F	QL(240 ml per fill retail); AL(At least 2 yrs old)	<i>fenofibrate micronized 134 MG, 200 MG</i>	F	QL(1 ea daily)
<i>promethazine hcl SUPP</i>	F	QL(12 ea per fill retail); AL(At least 2 yrs old)	<i>fenofibrate micronized 67 MG</i>	F	QL(2 ea daily)
<i>promethazine hcl TABS</i>	F	AL(At least 2 yrs old)	<i>fenofibrate TABS 54 MG</i>	F	QL(3 ea daily)
Antihistamines - Piperidines			<i>fenofibrate TABS 160 MG</i>	F	QL(1 ea daily)
<i>cyproheptadine hcl SYRP</i>	F		FENOFIBRATE TABS	F	QL(1 ea daily)
<i>cyproheptadine hcl TABS</i>	F		<i>gemfibrozil TABS</i>	F	QL(2 ea daily)
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>LOPID TABS (Use gemfibrozil)</i>	NF	QL(2 ea daily)
Antihyperlipidemics - Combinations			HMG CoA Reductase Inhibitors		
<i>ezetimibe-simvastatin</i>	F	ST	<i>atorvastatin calcium TABS</i>	F	QL(1 ea daily)
<i>VYTORIN (Use ezetimibe-simvastatin)</i>	NF	ST	CRESTOR TABS (Use rosuvastatin calcium)	NF	QL(1 ea daily)
Bile Acid Sequestrants			<i>LIPITOR TABS (Use atorvastatin calcium)</i>	NF	QL(1 ea daily)
<i>cholestyramine light PACK</i>	F		<i>lovastatin TABS 40 MG</i>	F	QL(2 ea daily)
<i>cholestyramine light POWD</i>	F		<i>lovastatin TABS 10 MG, 20 MG</i>	F	QL(1 ea daily)
<i>cholestyramine PACK</i>	F		<i>pravastatin sodium</i>	F	QL(1 ea daily)
<i>cholestyramine POWD</i>	F		<i>rosuvastatin calcium TABS</i>	F	QL(1 ea daily)
COLESTID FLAVORED GRAN (Use colestipol hcl)	NF		<i>simvastatin TABS</i>	F	QL(1 ea daily)
COLESTID GRAN (Use colestipol hcl)	NF		ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)	NF	QL(1 ea daily)
COLESTID TABS (Use colestipol hcl)	NF		Intestinal Cholesterol Absorption Inhibitors		
<i>colestipol hcl GRAN</i>	F		<i>ezetimibe</i>	F	ST
<i>colestipol hcl TABS</i>	F		<i>ZETIA (Use ezetimibe)</i>	NF	ST
QUESTRAN LIGHT POWD (Use cholestyramine light)	NF		Nicotinic Acid Derivatives		
QUESTRAN PACK (Use cholestyramine)	NF		<i>niacin (antihyperlipidemic) TABS</i>	F	
			<i>niacin (antihyperlipidemic) TBCR</i>	F	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NIASPAN TBCR (<i>Use niacin (antihyperlipidemic)</i>)	NF		AVAPRO (<i>Use irbesartan</i>)	NF	QL(1 ea daily)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			BENICAR (<i>Use olmesartan medoxomil</i>)	NF	ST
ACE Inhibitors			<i>candesartan cilexetil</i>	F	
ACCUPRIL (<i>Use quinapril hcl</i>)	NF	QL(1 ea daily)	COZAAR (<i>Use losartan potassium</i>)	NF	QL(1 ea daily)
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>Use ramipril</i>)	NF	QL(2 ea daily)	DIOVAN TABS (<i>Use valsartan</i>)	NF	QL(1 ea daily)
<i>benazepril hcl 40 MG</i>	F	QL(2 ea daily)	<i>irbesartan</i>	F	QL(1 ea daily)
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	F	QL(1 ea daily)	<i>losartan potassium</i>	F	QL(1 ea daily)
<i>captopril</i>	F	QL(3 ea daily)	MICARDIS (<i>Use telmisartan</i>)	NF	QL(1 ea daily)
<i>enalapril maleate TABS</i>	F	QL(2 ea daily)	<i>olmesartan medoxomil</i>	F	ST
<i>fosinopril sodium</i>	F	QL(1 ea daily)	<i>telmisartan</i>	F	QL(1 ea daily)
<i>lisinopril TABS 2.5 MG</i>	F	QL(1 ea daily)	<i>valsartan TABS</i>	F	QL(1 ea daily)
<i>lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	F	QL(2 ea daily)	Antiadrenergic Antihypertensives		
LOTENSIN 10 MG, 20 MG (<i>Use benazepril hcl</i>)	NF	QL(1 ea daily)	CARDURA (<i>Use doxazosin mesylate</i>)	NF	
LOTENSIN 40 MG (<i>Use benazepril hcl</i>)	NF	QL(2 ea daily)	CATAPRES-TTS-1 (<i>Use clonidine</i>)	NF	
<i>quinapril hcl</i>	F	QL(1 ea daily)	CATAPRES-TTS-2 (<i>Use clonidine</i>)	NF	
<i>ramipril CAPS</i>	F	QL(2 ea daily)	CATAPRES-TTS-3 (<i>Use clonidine</i>)	NF	
<i>trandolapril 1 MG, 2 MG</i>	F	QL(1 ea daily)	<i>clonidine</i>	F	
<i>trandolapril 4 MG</i>	F	QL(2 ea daily)	<i>clonidine hcl TABS</i>	F	
VASOTEC TABS (<i>Use enalapril maleate</i>)	NF	QL(2 ea daily)	<i>doxazosin mesylate</i>	F	
ZESTRIL TABS 2.5 MG (<i>Use lisinopril</i>)	NF	QL(1 ea daily)	<i>guanfacine hcl</i>	F	
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (<i>Use lisinopril</i>)	NF	QL(2 ea daily)	<i>methyldopa TABS</i>	F	
Angiotensin II Receptor Antagonists			MINIPRESS CAPS (<i>Use prazosin hcl</i>)	NF	
ATACAND (<i>Use candesartan cilexetil</i>)	NF		<i>prazosin hcl CAPS</i>	F	
			<i>terazosin hcl</i>	F	
			Antihypertensive Combinations		
			ACCURETIC 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	NF	QL(3 ea daily)	enalapril maleate & hydrochlorothiazide	F	QL(2 ea daily)
ACCURETIC 25 MG-20 MG (Use quinapril-hydrochlorothiazide)	NF	QL(2 ea daily)	EXFORGE (Use amlodipine besylate-valsartan)	NF	ST
amlodipine besylate-benazepril hcl 10 MG-2.5 MG, 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG	F	QL(1 ea daily)	EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	NF	ST
amlodipine besylate-olmesartan medoxomil	F	ST	fosinopril sodium & hydrochlorothiazide	F	QL(1 ea daily)
amlodipine besylate-valsartan	F	ST	HYZAAR (Use losartan potassium & hydrochlorothiazide)	NF	QL(1 ea daily)
amlodipine-valsartan-hydrochlorothiazide	F	ST	irbesartan-hydrochlorothiazide	F	QL(1 ea daily)
ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	NF		lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	F	QL(2 ea daily)
atenolol & chlorthalidone	F	QL(1 ea daily)	lisinopril & hydrochlorothiazide 25 MG-20 MG	F	QL(1 ea daily)
AVALIDE (Use irbesartan-hydrochlorothiazide)	NF	QL(1 ea daily)	losartan potassium & hydrochlorothiazide	F	QL(1 ea daily)
AZOR (Use amlodipine besylate-olmesartan medoxomil)	NF	ST	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide)	NF	QL(1 ea daily)
benazepril & hydrochlorothiazide	F	QL(1 ea daily)	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG (Use amlodipine besylate-benazepril hcl)	NF	QL(1 ea daily)
BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide)	NF	ST	metoprolol & hydrochlorothiazide TABS	F	QL(2 ea daily)
bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG	F	QL(1 ea daily)	MICARDIS HCT (Use telmisartan-hydrochlorothiazide)	NF	QL(1 ea daily)
candesartan cilexetil-hydrochlorothiazide	F		olmesartan medoxomil-amlodipine-hydrochlorothiazide	F	ST
captopril & hydrochlorothiazide	F		olmesartan medoxomil-hydrochlorothiazide	F	ST
DIOVAN HCT (Use valsartan-hydrochlorothiazide)	NF	QL(1 ea daily)			
DUTOPROL TB24 12.5 MG-50 MG	F	QL(1 ea daily)			

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	F	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	F	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	F	QL(3 ea daily)
TEKTURNA HCT	F	
<i>telmisartan-amlodipine</i>	F	
<i>telmisartan-hydrochlorothiazide</i>	F	QL(1 ea daily)
TENORETIC 100 (Use <i>atenolol & chlorthalidone</i>)	NF	QL(1 ea daily)
TENORETIC 50 (Use <i>atenolol & chlorthalidone</i>)	NF	QL(1 ea daily)
<i>trandolapril-verapamil hcl</i>	F	
TRIBENZOR (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NF	ST
<i>valsartan-hydrochlorothiazide</i>	F	QL(1 ea daily)
VASERETIC 25 MG-10 MG (Use <i>enalapril maleate & hydrochlorothiazide</i>)	NF	QL(2 ea daily)
ZESTORETIC 25 MG-20 MG (Use <i>lisinopril & hydrochlorothiazide</i>)	NF	QL(1 ea daily)
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use <i>lisinopril & hydrochlorothiazide</i>)	NF	QL(2 ea daily)
ZIAC 6.25 MG-10 MG, 6.25 MG-5 MG (Use <i>bisoprolol & hydrochlorothiazide</i>)	NF	QL(1 ea daily)
ZIAC 6.25 MG-2.5 MG (Use <i>bisoprolol & hydrochlorothiazide</i>)	NF	
Direct Renin Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
<i>aliskiren fumarate</i>	F	
TEKTURNA (Use <i>aliskiren fumarate</i>)	NF	
Vasodilators		
<i>hydralazine hcl TABS</i>	F	
<i>minoxidil 2.5 MG, 10 MG</i>	F	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole TABS</i>	F	
<i>trimethoprim TABS</i>	F	
TRIMETHOPRIM TABS 100 MG (Use <i>trimethoprim</i>)	NF	
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 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG</i>	F	
<i>sulfamethoxazole-trimethoprim SUSP</i>	F	
<i>sulfamethoxazole-trimethoprim TABS</i>	F	
Glycopeptides		
FIRVANQ SOLR OR (Use <i>vancomycin hcl</i>)	NF	QL(300 ml per fill retail)
VANCOCIN CAPS 250 MG (Use <i>vancomycin hcl</i>)	NF	QL(8 ea daily)
VANCOCIN CAPS 125 MG (Use <i>vancomycin hcl</i>)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl CAPS 125 MG</i>	F	QL(4 ea daily)
<i>vancomycin hcl CAPS 250 MG</i>	F	QL(8 ea daily)
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	F	QL(300 ml per fill retail)
<i>vancomycin hcl SOLR IV 500 MG</i>	F	Limit 14 per month; QL(0.467 ea daily)
<i>vancomycin hcl SOLR IV 1 GM, 1000 MG</i>	F	QL(14 ea per fill retail)
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	F	Limit 14 per month; QL(0.467 ea daily)
VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM	F	QL(14 ea per fill retail)
Leprostatics		
<i>dapsone</i>	F	
Lincosamides		
CLEOCIN PEDIATRIC GRANULES (<i>Use clindamycin palmitate hydrochloride</i>)	NF	Limit 1 package per claim; QL(100 ml per fill retail)
<i>clindamycin hcl 150 MG, 300 MG</i>	F	
<i>clindamycin palmitate hydrochloride</i>	F	Limit 1 package per claim; QL(100 ml per fill retail)
Oxazolidinones		
SIVEXTRO TABS	F	QL(6 ea per fill retail); PA
Urinary Anti-infectives		
MACROBID (<i>Use nitrofurantoin monohyd macro</i>)	NF	
<i>methenamine mandelate</i>	F	
<i>nitrofurantoin</i>	F	QL(40 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	F	
<i>nitrofurantoin monohyd macro</i>	F	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	F	QL(24 ea per fill retail)
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	F	QL(2 ea daily)
<i>chloroquine phosphate TABS 500 MG</i>	F	QL(8 ea per 56 day(s) retail)
<i>hydroxychloroquine sulfate 200 MG</i>	F	
KRINTAFEL	F	QL(2 ea per 30 day(s) retail)
<i>mefloquine hcl</i>	F	
PLAQUENIL (<i>Use hydroxychloroquine sulfate</i>)	NF	
<i>primaquine phosphate TABS</i>	F	PA
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	NF	PA
SOVUNA 200 MG	F	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TIMESPAN TBCR (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TABS (<i>Use pyridostigmine bromide</i>)	NF	
<i>pyridostigmine bromide TABS 60 MG</i>	F	
<i>pyridostigmine bromide TBCR</i>	F	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat		

Drug Name	Drug Tier	Requirements/Limits
Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	F	
<i>isoniazid SYRP</i>	F	
<i>isoniazid TABS</i>	F	
MYAMBUTOL TABS 400 MG (Use <i>ethambutol hcl</i>)	NF	
MYCOBUTIN (Use <i>rifabutin</i>)	NF	
<i>pyrazinamide</i>	F	
<i>rifabutin</i>	F	
<i>rifampin CAPS</i>	F	
TRECTOR	F	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (Use <i>melphalan</i>)	NF	
<i>cyclophosphamide CAPS</i>	F	
LEUKERAN	F	
<i>melphalan</i>	F	
MYLERAN TABS	F	
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (Use <i>temozolomide</i>)	NF	SP; PA
TEMODAR SOLR	F	SP; PA
<i>temozolomide CAPS</i>	F	SP; PA
Antimetabolites		
<i>capecitabine</i>	F	SP; PA
<i>mercaptopurine TABS</i>	F	
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	F	
<i>methotrexate sodium TABS 2.5 MG</i>	F	

Drug Name	Drug Tier	Requirements/Limits
PURIXAN SUSP	F	AL(Up to 8 yrs old)
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	F	
XELODA (Use <i>capecitabine</i>)	NF	SP; PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	F	SP; PA
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	F	SP; PA
GILOTRIF	F	SP; PA
TARCEVA (Use <i>erlotinib hcl</i>)	NF	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE	F	SP; PA
ODOMZO	F	SP; PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	F	SP; PA
<i>anastrozole</i>	F	
ARIMIDEX (Use <i>anastrozole</i>)	NF	
AROMASIN (Use <i>exemestane</i>)	NF	Try anastrozole or letrozole first; ST
<i>bicalutamide</i>	F	QL(1 ea daily)
CASODEX (Use <i>bicalutamide</i>)	NF	QL(1 ea daily)
ELIGARD SC	F	SP; PA
EMCYT	F	SP
EULEXIN	F	
<i>exemestane</i>	F	Try anastrozole or letrozole first; ST
FARESTON (Use <i>toremifene citrate</i>)	NF	PA
FEMARA (Use <i>letrozole</i>)	NF	
FIRMAGON	F	SP; PA
<i>flutamide</i>	F	
<i>letrozole</i>	F	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	F	SP; PA	ISTODAX SOLR (<i>Use romidepsin</i>)	NF	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	F	SP; PA	JAKAFI	F	QL(2 ea daily); SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	F	SP; PA	<i>lapatinib ditosylate</i>	F	SP; PA
LUPRON DEPOT (4-MONTH) IM	F	SP; PA	MEKINIST TABS	F	SP; PA
LUPRON DEPOT (6-MONTH) IM	F	SP; PA	MEKTOVI	F	SP; PA
LYSODREN	F	SP	NEXAVAR (<i>Use sorafenib tosylate</i>)	NF	SP; PA
<i>megestrol acetate SUSP</i>	F		NINLARO	F	SP; PA
<i>megestrol acetate TABS</i>	F		<i>pazopanib hcl</i>	F	SP; PA
<i>tamoxifen citrate TABS</i>	F		<i>romidepsin SOLR</i>	F	SP; PA
<i>toremifene citrate</i>	F	PA	<i>sorafenib tosylate</i>	F	SP; PA
TRELSTAR MIXJECT	F	SP; PA	SPRYCEL	F	SP; PA
ZOLADEX	F	SP; PA	STIVARGA	F	SP; PA
ZYTIGA (<i>Use abiraterone acetate</i>)	NF	SP; PA	<i>sunitinib malate</i>	F	SP; PA
Antineoplastic - Immunomodulators			SUTENT (<i>Use sunitinib malate</i>)	NF	SP; PA
POMALYST	F	SP; PA	TAFINLAR CAPS	F	SP; PA
Antineoplastic Enzyme Inhibitors			TASIGNA 150 MG, 200 MG	F	SP; PA
AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	NF	SP; PA	TYKERB (<i>Use lapatinib ditosylate</i>)	NF	SP; PA
AFINITOR TABS (<i>Use everolimus</i>)	NF	SP; PA	VOTRIENT	F	SP; PA
BOSULIF TABS 100 MG, 500 MG	F	SP; PA	VOTRIENT (<i>Use pazopanib hcl</i>)	NF	SP; PA
BRAFTOVI 75 MG	F	SP; PA	XALKORI CAPS	F	SP; PA
COTELLIC	F	SP; PA	ZELBORAF	F	SP; PA
<i>everolimus TABS</i>	F	SP; PA	ZOLINZA	F	SP; PA
<i>everolimus TBSO</i>	F	SP; PA	Antineoplastics Misc.		
FARYDAK	F	SP; PA	<i>bexarotene</i>	F	SP; PA
GLEEVEC (<i>Use imatinib mesylate</i>)	NF	SP; PA	HYDREA (<i>Use hydroxyurea</i>)	NF	
IBRANCE CAPS	F	SP; PA	<i>hydroxyurea</i>	F	
ICLUSIG	F	QL(1 ea daily); SP; PA	MATULANE	F	SP
<i>imatinib mesylate</i>	F	SP; PA	TARGRETIN (<i>Use bexarotene</i>)	NF	SP; PA
			<i>tretinoin (chemotherapy)</i>	F	SP
			Chemotherapy Rescue/Antidote/Protective Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium TABS</i>	F	
MESNEX TABS	F	SP
Mitotic Inhibitors		
<i>etoposide CAPS</i>	F	SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	F	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	F	
LODOSYN (<i>Use carbidopa</i>)	NF	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	F	
<i>benztropine mesylate TABS</i>	F	
<i>trihexyphenidyl hcl SOLN</i>	F	QL(16.67 ml daily)
<i>trihexyphenidyl hcl TABS</i>	F	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	F	
<i>amantadine hcl SOLN</i>	F	
<i>bromocriptine mesylate CAPS</i>	F	
<i>bromocriptine mesylate TABS 2.5 MG</i>	F	
<i>carbidopa-levodopa TABS</i>	F	
<i>carbidopa-levodopa TBCR</i>	F	
DHIVY TABS	F	
PARLODEL CAPS (<i>Use bromocriptine mesylate</i>)	NF	
PARLODEL TABS (<i>Use bromocriptine mesylate</i>)	NF	
<i>pramipexole dihydrochloride TABS</i>	F	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	F	QL(3 ea daily)
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	F	QL(6 ea daily)
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>Use carbidopa-levodopa</i>)	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
<i>selegiline hcl CAPS</i>	F	
<i>selegiline hcl TABS</i>	F	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	F	
<i>lithium carbonate CAPS</i>	F	
<i>lithium carbonate TABS</i>	F	
<i>lithium carbonate TBCR</i>	F	
LITHOBID TBCR (<i>Use lithium carbonate</i>)	NF	
Antipsychotics - Misc.		
EQUETRO	F	
GEODON (<i>Use ziprasidone hcl</i>)	NF	QL(2 ea daily); AL(At least 18 yrs old)
GEODON (<i>Use ziprasidone mesylate</i>)	NF	
LATUDA 60 MG, 80 MG (<i>Use lurasidone hcl</i>)	NF	QL(2 ea daily)
LATUDA 20 MG, 40 MG (<i>Use lurasidone hcl</i>)	NF	QL(1 ea daily)
LATUDA 120 MG (<i>Use lurasidone hcl</i>)	NF	
<i>lurasidone hcl 20 MG, 40 MG</i>	F	QL(1 ea daily)
<i>lurasidone hcl 120 MG</i>	F	
<i>lurasidone hcl 60 MG, 80 MG</i>	F	QL(2 ea daily)
NUPLAZID CAPS	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID TABS 10 MG	F	QL(1 ea daily)
<i>ziprasidone hcl</i>	F	QL(2 ea daily); AL(At least 18 yrs old)
<i>ziprasidone mesylate</i>	F	
Benzisoxazoles		
INVEGA (Use <i>paliperidone</i>)	NF	
INVEGA HAFYERA	F	Limit 1 syringe per 168 days; 1 package(s) per 168 day(s) retail; AL(At least 18 yrs old); SP
INVEGA SUSTENNA 156 MG/ML	F	Limit 1 syringe per month; QL(0.036 ml daily); SP
INVEGA SUSTENNA 117 MG/0.75ML	F	Limit 1 syringe per month; QL(0.027 ml daily); SP
INVEGA SUSTENNA 234 MG/1.5ML	F	Limit 1 syringe per month; QL(0.054 ml daily); SP
INVEGA SUSTENNA 39 MG/0.25ML	F	Limit 1 syringe per month; QL(0.009 ml daily); SP
INVEGA SUSTENNA 78 MG/0.5ML	F	Limit 1 syringe per month; QL(0.018 ml daily); SP
INVEGA TRINZA 819 MG/2.63ML	F	Limit 1 syringe every 3 months; QL(2.7 ml per fill retail); 1 max fill(s) per 90 day(s) retail; SP

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA 546 MG/1.75ML	F	Limit 1 syringe every 3 months; QL(1.8 ml per fill retail); 1 max fill(s) per 90 day(s) retail; SP
INVEGA TRINZA 410 MG/1.32ML	F	Limit 1 syringe every 3 months; QL(1.4 ml per fill retail); 1 max fill(s) per 90 day(s) retail; SP
INVEGA TRINZA 273 MG/0.88ML	F	Limit 1 syringe every 3 months; QL(0.88 ml per fill retail); 1 max fill(s) per 90 day(s) retail; SP
<i>paliperidone</i>	F	
PERSERIS PRSY	F	Limit 1 syringe per 28 days; 1 package(s) per 28 day(s) retail; AL(Up to 18 yrs old); SP
RISPERDAL CONSTA (Use <i>risperidone microspheres</i>)	NF	Limit 2 vials per month; QL(0.072 ea daily); SP
RISPERDAL SOLN (Use <i>risperidone</i>)	NF	QL(4 ml daily); AL(At least 5 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use <i>risperidone</i>)	NF	QL(4 ea daily); AL(At least 5 yrs old)
<i>risperidone microspheres</i>	F	Limit 2 vials per month; QL(0.072 ea daily); SP
<i>risperidone SOLN</i>	F	QL(4 ml daily); AL(At least 5 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>risperidone TABS</i>	F	QL(4 ea daily); AL(At least 5 yrs old)	<i>clozapine TABS 100 MG</i>	F	QL(9 ea daily); AL(At least 18 yrs old)
<i>risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	F	QL(2 ea daily); AL(At least 5 yrs old)	<i>clozapine TABS 25 MG, 50 MG, 200 MG</i>	F	QL(3 ea daily); AL(At least 18 yrs old)
<i>risperidone TBDP 0.25 MG</i>	F	QL(1 ea daily); AL(At least 5 yrs old)	<i>clozapine TBDP 100 MG</i>	F	QL(9 ea daily)
RYKINDO SRER	F	Limit 1 vial per 14 days; 1 package(s) per 14 day(s) retail; AL(At least 18 yrs old); SP	<i>clozapine TBDP 12.5 MG, 25 MG, 150 MG, 200 MG</i>	F	QL(3 ea daily)
UZEDY SUSY 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	F	Limit 1 syringe per 56 days; 1 package(s) per 56 day(s) retail; AL(At least 18 yrs old); SP	CLOZARIL TABS 100 MG (Use <i>clozapine</i>)	NF	QL(9 ea daily); AL(At least 18 yrs old)
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 100 MG/0.28ML	F	Limit 1 syringe per 28 days; 1 package(s) per 28 day(s) retail; AL(At least 18 yrs old); SP	CLOZARIL TABS 25 MG, 50 MG, 200 MG (Use <i>clozapine</i>)	NF	QL(3 ea daily); AL(At least 18 yrs old)
Butyrophenones			<i>loxapine succinate</i>	F	QL(4 ea daily)
HALDOL DECANOATE 100 (Use <i>haloperidol decanoate</i>)	NF		<i>olanzapine SOLR</i>	F	
HALDOL DECANOATE 50 (Use <i>haloperidol decanoate</i>)	NF		<i>olanzapine TABS 2.5 MG, 5 MG</i>	F	QL(4 ea daily); AL(At least 13 yrs old)
<i>haloperidol decanoate</i>	F		<i>olanzapine TABS 15 MG, 20 MG</i>	F	QL(1 ea daily); AL(At least 13 yrs old)
<i>haloperidol lactate CONC</i>	F		<i>olanzapine TABS 7.5 MG, 10 MG</i>	F	QL(2 ea daily); AL(At least 13 yrs old)
<i>haloperidol lactate SOLN</i>	F		<i>olanzapine TBDP</i>	F	QL(1 ea daily); AL(At least 13 yrs old)
<i>haloperidol TABS 2 MG, 5 MG, 20 MG</i>	F		<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	F	QL(4 ea daily)
<i>haloperidol TABS 0.5 MG, 1 MG, 10 MG</i>	F	QL(3 ea daily)	<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	F	QL(2 ea daily)
Dibenzapines			<i>quetiapine fumarate TB24</i>	F	
<i>asenapine maleate</i>	F		SAPHRIS (Use <i>asenapine maleate</i>)	NF	
			SAPHRIS 5 MG	F	
			SECUADO	F	
			SEROQUEL XR TB24 (Use <i>quetiapine fumarate</i>)	NF	
			SEROQUEL TABS 300 MG, 400 MG (Use <i>quetiapine fumarate</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use quetiapine fumarate)	NF	QL(4 ea daily)	<i>prochlorperazine maleate TABS</i>	F	
VERSACLOZ SUSP	F		<i>thioridazine hcl</i>	F	QL(3 ea daily)
ZYPREXA RELPREVV	F	Limit 2 vials per month; QL(0.072 ea daily); SP	<i>trifluoperazine hcl TABS</i>	F	QL(3 ea daily)
ZYPREXA ZYDIS TBDP (Use olanzapine)	NF	QL(1 ea daily); AL(At least 13 yrs old)	Quinolinone Derivatives		
ZYPREXA SOLR (Use olanzapine)	NF		ABILIFY ASIMTUFII PRSY	F	Limit 1 syringe per 56 days; 1 package(s) per 56 day(s) retail; AL(At least 18 yrs old); SP
ZYPREXA TABS 15 MG, 20 MG (Use olanzapine)	NF	QL(1 ea daily); AL(At least 13 yrs old)	ABILIFY MAINTENA PRSY	F	QL(0.04 ea daily); SP
ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)	NF	QL(4 ea daily); AL(At least 13 yrs old)	ABILIFY MAINTENA SRER	F	QL(0.04 ea daily); SP
ZYPREXA TABS 7.5 MG, 10 MG (Use olanzapine)	NF	QL(2 ea daily); AL(At least 13 yrs old)	ABILIFY TABS (Use aripiprazole)	NF	QL(1 ea daily)
Dihydroindolones			<i>aripiprazole SOLN OR</i>	F	QL(25 ml daily); AL(At least 6 yrs old)
<i>molindone hcl</i>	F		<i>aripiprazole TABS</i>	F	QL(1 ea daily)
Phenothiazines			<i>aripiprazole TBDP</i>	F	QL(1 ea daily)
<i>chlorpromazine hcl SOLN 25 MG/ML</i>	F		ARISTADA 882 MG/3.2ML	F	Limit 1 syringe per month; QL(0.114 ml daily); SP
<i>chlorpromazine hcl TABS 10 MG</i>	F	QL(10 ea daily)	ARISTADA 662 MG/2.4ML	F	Limit 1 syringe per month; QL(0.086 ml daily); SP
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	F	QL(3 ea daily)	ARISTADA 441 MG/1.6ML	F	Limit 1 syringe per month; QL(0.057 ml daily); SP
<i>fluphenazine decanoate</i>	F		ARISTADA 1064 MG/3.9ML	F	Limit 1 syringe per month; QL(0.139 ml daily); SP
<i>fluphenazine hcl CONC</i>	F		ARISTADA INITIO	F	Limit 1 syringe per month; QL(0.086 ml daily); SP
<i>fluphenazine hcl ELIX</i>	F		Thioxanthenes		
<i>fluphenazine hcl SOLN</i>	F		<i>thiothixene</i>	F	QL(3 ea daily)
<i>fluphenazine hcl TABS</i>	F		ANTISEPTICS & DISINFECTANTS		
<i>perphenazine TABS</i>	F	QL(4 ea daily)			
<i>prochlorperazine</i>	F				
<i>prochlorperazine edisylate 10 MG/2ML</i>	F				

Drug Name	Drug Tier	Requirements/Limits
Antiseptics & Disinfectants		
<i>formaldehyde SOLN 10 %</i>	F	QL(90 ml per fill retail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate SOLN EX 4 %</i>	F	
DAKINS SOLUTION FULL STRENGTH SOLN EX (Use sodium hypochlorite)	NF	
DAKINS SOLUTION HALF STRENGTH SOLN EX (Use sodium hypochlorite)	NF	
DAKINS SOLUTION QUARTER STRENGTH SOLN EX (Use sodium hypochlorite)	NF	
HIBICLENS SOLN EX (Use chlorhexidine gluconate)	NF	
<i>sodium hypochlorite SOLN EX</i>	F	
Iodine Antiseptics		
BETADINE SOLN (Use povidone-iodine)	NF	
<i>povidone-iodine SOLN 10 %</i>	F	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	F	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	F	QL(30 ml daily)
<i>abacavir sulfate TABS</i>	F	QL(2 ea daily)
APRETUDE	F	
APTIVUS CAPS	F	QL(4 ea daily)
<i>atazanavir sulfate CAPS</i>	F	QL(2 ea daily)
BIKTARVY	F	QL(1 ea daily)
CABENUVA	F	
CIMDUO	F	QL(1 ea daily)
COMBIVIR (Use lamivudine-zidovudine)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
COMPLERA	F	QL(1 ea daily)
<i>darunavir TABS 600 MG</i>	F	QL(2 ea daily)
<i>darunavir TABS 800 MG</i>	F	QL(1 ea daily)
DELSTRIGO	F	QL(1 ea daily)
DESCOVY	F	QL(1 ea daily)
DOVATO	F	
EDURANT	F	QL(1 ea daily)
<i>efavirenz CAPS 200 MG</i>	F	QL(1 ea daily)
<i>efavirenz CAPS 50 MG</i>	F	QL(2 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	F	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	F	QL(1 ea daily)
<i>efavirenz TABS</i>	F	QL(1 ea daily)
<i>emtricitabine CAPS</i>	F	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate</i>	F	QL(1 ea daily)
EMTRIVA CAPS (Use emtricitabine)	NF	QL(1 ea daily)
EMTRIVA SOLN	F	QL(24 ml daily)
EPIVIR SOLN (Use lamivudine)	NF	QL(30 ml daily)
EPIVIR TABS 300 MG (Use lamivudine)	NF	QL(1 ea daily)
EPIVIR TABS 150 MG (Use lamivudine)	NF	QL(2 ea daily)
EPZICOM (Use abacavir sulfate-lamivudine)	NF	QL(1 ea daily)
<i>etravirine 200 MG</i>	F	QL(2 ea daily)
<i>etravirine 100 MG</i>	F	QL(4 ea daily)
EVOTAZ	F	QL(1 ea daily)
<i>fosamprenavir calcium TABS</i>	F	QL(4 ea daily)
FUZEON SOLR	F	SP
GENVOYA	F	QL(1 ea daily)
INTELENCE 200 MG (Use etravirine)	NF	QL(2 ea daily)
INTELENCE 25 MG	F	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INTELENCE 100 MG (Use <i>etravirine</i>)	NF	QL(4 ea daily)	NORVIR CAPS	F	QL(12 ea daily)
ISENTRESS HD TABS	F	QL(2 ea daily)	NORVIR PACK	F	QL(12 ea daily)
ISENTRESS CHEW 100 MG	F	QL(6 ea daily)	NORVIR SOLN	F	QL(15 ml daily)
ISENTRESS CHEW 25 MG	F	QL(12 ea daily)	NORVIR TABS (Use <i>ritonavir</i>)	NF	QL(12 ea daily)
ISENTRESS PACK	F	QL(2 ea daily)	ODEFSEY	F	QL(1 ea daily)
ISENTRESS TABS	F	QL(2 ea daily)	PIFELTRO	F	QL(1 ea daily)
JULUCA	F		PREZCOBIX	F	
KALETRA SOLN (Use <i>lopinavir-ritonavir</i>)	NF	Limit 1 package per claim; QL(160 ml per fill retail)	PREZISTA SUSP	F	QL(12 ml daily)
KALETRA TABS 25 MG-100 MG (Use <i>lopinavir-ritonavir</i>)	NF	QL(4 ea daily)	PREZISTA TABS 600 MG (Use <i>darunavir</i>)	NF	QL(2 ea daily)
KALETRA TABS 50 MG-200 MG (Use <i>lopinavir-ritonavir</i>)	NF	QL(6 ea daily)	PREZISTA TABS 800 MG (Use <i>darunavir</i>)	NF	QL(1 ea daily)
<i>lamivudine</i> SOLN	F	QL(30 ml daily)	PREZISTA TABS 150 MG	F	QL(3 ea daily)
<i>lamivudine</i> TABS 300 MG	F	QL(1 ea daily)	PREZISTA TABS 75 MG	F	QL(2 ea daily)
<i>lamivudine</i> TABS 150 MG	F	QL(2 ea daily)	RETROVIR IV INFUSION SOLN	F	
<i>lamivudine-zidovudine</i>	F	QL(2 ea daily)	RETROVIR CAPS (Use <i>zidovudine</i>)	NF	QL(6 ea daily)
LEXIVA SUSP	F	QL(56 ml daily)	RETROVIR SYRP (Use <i>zidovudine</i>)	NF	QL(60 ml daily)
LEXIVA TABS (Use <i>fosamprenavir calcium</i>)	NF	QL(4 ea daily)	REYATAZ CAPS 200 MG, 300 MG (Use <i>atazanavir sulfate</i>)	NF	QL(2 ea daily)
<i>lopinavir-ritonavir</i> SOLN	F	Limit 1 package per claim; QL(160 ml per fill retail)	REYATAZ PACK	F	QL(6 ea daily)
<i>lopinavir-ritonavir</i> TABS 25 MG-100 MG	F	QL(4 ea daily)	<i>ritonavir</i> TABS	F	QL(12 ea daily)
<i>lopinavir-ritonavir</i> TABS 50 MG-200 MG	F	QL(6 ea daily)	RUKOBIA	F	
<i>maraviroc</i> TABS 300 MG	F	QL(4 ea daily)	SELZENTRY SOLN	F	
<i>maraviroc</i> TABS 150 MG	F	QL(2 ea daily)	SELZENTRY TABS 300 MG (Use <i>maraviroc</i>)	NF	QL(4 ea daily)
<i>nevirapine</i> SUSP	F	QL(40 ml daily)	SELZENTRY TABS 150 MG (Use <i>maraviroc</i>)	NF	QL(2 ea daily)
<i>nevirapine</i> TABS	F	QL(2 ea daily)	SELZENTRY TABS 25 MG, 75 MG	F	QL 2 per day; QL(2 ea daily); SL
<i>nevirapine</i> TB24 100 MG	F	QL(3 ea daily)	<i>stavudine</i> CAPS	F	QL(2 ea daily)
<i>nevirapine</i> TB24 400 MG	F	QL(1 ea daily)	STRIBILD	F	QL(1 ea daily)
			SUSTIVA CAPS 200 MG (Use <i>efavirenz</i>)	NF	QL(1 ea daily)
			SUSTIVA CAPS 50 MG (Use <i>efavirenz</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SUSTIVA TABS (<i>Use efavirenz</i>)	NF	QL(1 ea daily)
SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF	QL(1 ea daily)
SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF	QL(1 ea daily)
SYMTUZA	F	QL(1 ea daily)
<i>tenofovir disoproxil fumarate</i> TABS	F	QL(1 ea daily)
TIVICAY PD TBSO	F	
TIVICAY TABS	F	
TRIUMEQ PD TBSO	F	
TRIUMEQ TABS	F	QL(1 ea daily)
TRIZIVIR	F	QL(2 ea daily)
TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	NF	QL(1 ea daily)
TYBOST	F	QL(1 ea daily)
VIRACEPT TABS 250 MG	F	QL(9 ea daily)
VIRACEPT TABS 625 MG	F	QL(4 ea daily)
VIREAD POWD	F	QL(8 gm daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	F	QL(1 ea daily)
VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	NF	QL(1 ea daily)
VOCABRIA	F	
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	NF	QL(30 ml daily)
ZIAGEN TABS (<i>Use abacavir sulfate</i>)	NF	QL(2 ea daily)
<i>zidovudine</i> CAPS	F	QL(6 ea daily)
<i>zidovudine</i> SYRP	F	QL(60 ml daily)
<i>zidovudine</i> TABS	F	QL(2 ea daily)
Antiviral Combinations		

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID 100 MG-150 MG	F	Limit 1 treatment course per 90 days; QL(4 ea daily); 1 max fill(s) per 90 day(s) retail; AL(At least 12 yrs old)
PAXLOVID 100 MG-150 MG	F	Limit 1 treatment course per 90 days; QL(6 ea daily); 1 max fill(s) per 90 day(s) retail; AL(At least 12 yrs old)
CMV Agents		
VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NF	QL(2 ea daily)
<i>valganciclovir hcl</i> TABS	F	QL(2 ea daily)
Hepatitis Agents		
<i>adefovir dipivoxil</i>	F	
BARACLUDE TABS (<i>Use entecavir</i>)	NF	
<i>entecavir</i> TABS	F	
EPCLUSA TABS (<i>Use sofosbuvir-velpatasvir</i>)	NF	SP
HEPSERA (<i>Use adefovir dipivoxil</i>)	NF	
MAVYRET PACK	F	QL(6 ea daily); SP; PA
MAVYRET TABS	F	QL(3 ea daily); SP; PA
SOFOSBUVIR/VELPATA SVIR TABS	F	QL(1 ea daily); SP; PA
Herpes Agents		
<i>acyclovir</i> CAPS	F	Limit 50 per month; QL(1.67 ea daily)
<i>acyclovir</i> SUSP	F	Limit 400ml per month; QL(13.34 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir TABS OR 400 MG</i>	F	QL(3 ea daily)
<i>acyclovir TABS OR 800 MG</i>	F	Limit 50 per month; QL(1.67 ea daily)
<i>famciclovir</i>	F	
<i>valacyclovir hcl 500 MG</i>	F	QL(2 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	F	Limit 21 per Month; QL(42 ea per 21 day(s) retail)
VALTREX 1 GM (<i>Use valacyclovir hcl</i>)	NF	Limit 21 per Month; QL(42 ea per 21 day(s) retail)
VALTREX 500 MG (<i>Use valacyclovir hcl</i>)	NF	QL(2 ea daily)
ZOVIRAX SUSP (<i>Use acyclovir</i>)	NF	Limit 400ml per month; QL(13.34 ml daily)
Influenza Agents		
<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	F	QL(10 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>oseltamivir phosphate CAPS 30 MG</i>	F	QL(20 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>oseltamivir phosphate SUSR</i>	F	QL(120 ml per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
RELENZA DISKHALER	F	Limit 1 package per month; QL(0.67 ea daily); AL(At least 6 yrs old)
TAMIFLU CAPS 45 MG, 75 MG (<i>Use oseltamivir phosphate</i>)	NF	QL(10 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU CAPS 30 MG (<i>Use oseltamivir phosphate</i>)	NF	QL(20 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
TAMIFLU SUSR (<i>Use oseltamivir phosphate</i>)	NF	QL(120 ml per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
Misc. Antivirals		
LAGEVRIO	F	Limit 1 treatment course per 90 days; QL(8 ea daily); 1 max fill(s) per 90 day(s) retail; AL(At least 18 yrs old)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	F	QL(3 ea daily)
<i>carvedilol 25 MG</i>	F	QL(4 ea daily)
<i>carvedilol phosphate</i>	F	QL(1 ea daily)
COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>Use carvedilol</i>)	NF	QL(3 ea daily)
COREG 25 MG (<i>Use carvedilol</i>)	NF	QL(4 ea daily)
COREG CR (<i>Use carvedilol phosphate</i>)	NF	QL(1 ea daily)
<i>labetalol hcl TABS 300 MG</i>	F	QL(8 ea daily)
<i>labetalol hcl TABS 100 MG</i>	F	QL(3 ea daily)
<i>labetalol hcl TABS 200 MG</i>	F	QL(6 ea daily)
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	F	
<i>atenolol TABS</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate</i>	F	QL(1 ea daily)	<i>propranolol hcl TABS</i>	F	
LOPRESSOR TABS 50 MG (<i>Use metoprolol tartrate</i>)	NF	QL(4 ea daily)	<i>sotalol hcl (afib/afI)</i>	F	QL(2 ea daily)
LOPRESSOR TABS 100 MG (<i>Use metoprolol tartrate</i>)	NF	QL(4.5 ea daily)	<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	F	QL(2 ea daily)
<i>metoprolol succinate TB24 200 MG</i>	F	QL(2 ea daily)	<i>sotalol hcl TABS 240 MG</i>	F	
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	F	QL(4 ea daily)	<i>timolol maleate TABS</i>	F	
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	F	QL(4 ea daily)	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
<i>metoprolol tartrate TABS 100 MG</i>	F	QL(4.5 ea daily)	Calcium Channel Blockers		
TENORMIN TABS (<i>Use atenolol</i>)	NF	QL(2 ea daily)	<i>amlodipine besylate TABS</i>	F	QL(1 ea daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>Use metoprolol succinate</i>)	NF	QL(4 ea daily)	CALAN SR TBCR (<i>Use verapamil hcl</i>)	NF	QL(2 ea daily)
TOPROL XL TB24 200 MG (<i>Use metoprolol succinate</i>)	NF	QL(2 ea daily)	CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (<i>Use diltiazem hcl coated beads</i>)	NF	QL(1 ea daily)
Beta Blockers Non-Selective			CARDIZEM CD CP24 240 MG (<i>Use diltiazem hcl coated beads</i>)	NF	QL(2 ea daily)
BETAPACE AF (<i>Use sotalol hcl (afib/afI)</i>)	NF	QL(2 ea daily)	CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>Use diltiazem hcl</i>)	NF	QL(3 ea daily)
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>Use sotalol hcl</i>)	NF	QL(2 ea daily)	<i>diltiazem hcl coated beads CP24 240 MG</i>	F	QL(2 ea daily)
CORGARD TABS 20 MG, 40 MG, 80 MG (<i>Use nadolol</i>)	NF	QL(2 ea daily)	<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	F	QL(1 ea daily)
HEMANGEOL SOLN OR	F	SP; PA	<i>diltiazem hcl extended release beads</i>	F	QL(1 ea daily)
INDERAL LA CP24 (<i>Use propranolol hcl</i>)	NF	QL(2 ea daily)	<i>diltiazem hcl CP12</i>	F	QL(2 ea daily)
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	F	QL(2 ea daily)	<i>diltiazem hcl CP24</i>	F	
<i>pindolol TABS</i>	F		<i>diltiazem hcl TABS</i>	F	QL(3 ea daily)
<i>propranolol hcl CP24</i>	F	QL(2 ea daily)	<i>felodipine</i>	F	QL(1 ea daily)
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	F		<i>nicardipine hcl CAPS</i>	F	
			<i>nifedipine CAPS</i>	F	QL(4 ea daily)
			<i>nifedipine TB24 30 MG, 90 MG</i>	F	QL(1 ea daily)
			<i>nifedipine TB24 60 MG</i>	F	QL(2 ea daily)
			NORVASC TABS (<i>Use amlodipine besylate</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PROCARDIA XL TB24 60 MG (Use nifedipine)	NF	QL(2 ea daily)
PROCARDIA XL TB24 30 MG, 90 MG (Use nifedipine)	NF	QL(1 ea daily)
TIAZAC (Use diltiazem hcl extended release beads)	NF	QL(1 ea daily)
verapamil hcl CP24 360 MG	F	QL(1 ea daily)
verapamil hcl CP24 120 MG, 180 MG, 240 MG	F	QL(2 ea daily)
verapamil hcl TABS	F	QL(3 ea daily)
verapamil hcl TBCR	F	QL(2 ea daily)
VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl)	NF	
VERELAN PM CP24 (Use verapamil hcl)	NF	
VERELAN CP24 120 MG, 180 MG, 240 MG (Use verapamil hcl)	NF	QL(2 ea daily)
VERELAN CP24 360 MG (Use verapamil hcl)	NF	QL(1 ea daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN OR 0.05 MG/ML	F	
digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	F	
LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)	NF	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Peripheral Vasodilators		
isoxsuprine hcl 10 MG	F	
Prostaglandin Vasodilators		

Drug Name	Drug Tier	Requirements/Limits
TYVASO REFILL SOLN IN	F	SP; PA
TYVASO STARTER SOLN IN	F	SP; PA
TYVASO SOLN IN	F	SP; PA
VENTAVIS	F	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	F	QL(1 ea daily); SP; PA
bosentan TABS	F	SP; PA
LETAIRIS (Use ambrisentan)	NF	QL(1 ea daily); SP; PA
TRACLEER TABS (Use bosentan)	NF	SP; PA
TRACLEER TBSO	F	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension))	NF	SP; PA
REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension))	NF	SP; PA
REVATIO TABS (Use sildenafil citrate (pulmonary hypertension))	NF	SP; PA
sildenafil citrate (pulmonary hypertension) SOLN	F	SP; PA
sildenafil citrate (pulmonary hypertension) SUSR	F	SP; PA
sildenafil citrate (pulmonary hypertension) TABS	F	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	F	QL(1 ea daily); SP; PA
VYNDAQEL	F	QL(4 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - Drugs to Treat Bacterial Infections					
Cephalosporins - 1st Generation					
<i>cefadroxil CAPS</i>	F		BEYAZ (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	QL(1 ea daily)
<i>cefadroxil SUSR</i>	F		<i>desogestrel & ethinyl estradiol</i>	F	QL(1 ea daily)
<i>cefadroxil TABS</i>	F		<i>desogestrel-ethinyl estradiol (biphasic)</i>	F	QL(1 ea daily)
<i>cephalexin CAPS 250 MG, 500 MG</i>	F		<i>desogestrel-ethinyl estradiol (triphasic)</i>	F	QL(1 ea daily)
<i>cephalexin SUSR</i>	F		<i>drospirenone-ethinyl estradiol</i>	F	QL(1 ea daily)
Cephalosporins - 2nd Generation					
<i>cefaclor CAPS</i>	F		<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	F	QL(1 ea daily)
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	F		<i>ethynodiol diacet & eth estrad</i>	F	QL(1 ea daily)
<i>cefprozil SUSR</i>	F	Limit 1 package per claim; QL(100 ml per fill retail); AL(Up to 12 yrs old)	GENERESS FE (<i>Use norethindrone & ethinyl estradiol-fe</i>)	NF	
<i>cefprozil TABS</i>	F	QL(20 ea per fill retail)	<i>levonorgestrel & eth estradiol TABS</i>	F	QL(1 ea daily)
<i>cefuroxime axetil TABS</i>	F	QL(20 ea per fill retail)	<i>levonorgestrel-eth estradiol (triphasic)</i>	F	QL(1 ea daily)
Cephalosporins - 3rd Generation					
<i>cefdinir CAPS</i>	F	QL(20 ea per fill retail)	<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	F	QL(1 ea daily)
<i>cefdinir SUSR</i>	F	Limit 1 package per claim; QL(100 ml per fill retail)	<i>levonorgestrel-ethinyl estradiol (continuous)</i>	F	QL(1 ea daily)
<i>cefixime CAPS</i>	F		<i>levonorgestrel-ethinyl estradiol-iron</i>	F	QL(1 ea daily)
<i>ceftriaxone sodium IJ 1 GM, 500 MG</i>	F		LO LOESTRIN FE TABS	F	QL(1 ea daily)
<i>ceftriaxone sodium IJ 250 MG</i>	F	QL(3 ea per fill retail)	LOSEASONIQUE (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	QL(1 ea daily)
CONTRACEPTIVES - Drugs to Prevent Pregnancy					
Combination Contraceptives - Oral					
BALCOLTRA (<i>Use levonorgestrel-ethinyl estradiol-iron</i>)	NF	QL(1 ea daily)	MINASTRIN 24 FE CHEW (<i>Use norethin acet & estrad-fe</i>)	NF	QL(1 ea daily)
			MIRCETTE (<i>Use desogestrel-ethinyl estradiol (biphasic)</i>)	NF	QL(1 ea daily)
			NATAZIA	F	QL(1 ea daily)
			NEXTSTELLIS	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>norethin acet & estrad-fe CAPS</i>	F	QL(1 ea daily)
<i>norethin acet & estrad-fe CHEW</i>	F	QL(1 ea daily)
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	F	QL(1 ea daily)
<i>norethindrone & eth estradiol</i>	F	QL(1 ea daily)
<i>norethindrone & ethinyl estradiol-fe</i>	F	
<i>norethindrone acet & eth estra</i>	F	QL(1 ea daily)
<i>norethindrone acetate-ethinyl estradiol-fe</i>	F	
<i>norethindrone-eth estradiol (triphasic)</i>	F	QL(1 ea daily)
<i>norgestimate-ethinyl estradiol</i>	F	QL(1 ea daily)
<i>norgestimate-ethinyl estradiol (triphasic)</i>	F	QL(1 ea daily)
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	F	QL(1 ea daily)
QUARTETTE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	QL(1 ea daily)
SAFYRAL (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	QL(1 ea daily)
SEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	QL(1 ea daily)
TAYTULLA CAPS (Use <i>norethin acet & estrad-fe</i>)	NF	QL(1 ea daily)
TYBLUME CHEW	F	QL(1 ea daily)
YASMIN 28 (Use <i>drospirenone-ethinyl estradiol</i>)	NF	QL(1 ea daily)
YAZ (Use <i>drospirenone-ethinyl estradiol</i>)	NF	QL(1 ea daily)
Combination Contraceptives - Transdermal		

Drug Name	Drug Tier	Requirements/Limits
<i>norelgestromin-ethinyl estradiol</i>	F	QL(0.11 ea daily)
TWIRLA	F	QL(1 ea daily)
Combination Contraceptives - Vaginal		
ANNOVERA	F	QL(1 ea daily)
<i>etonogestrel-ethinyl estradiol</i>	F	13 max fill(s) per 365 day(s) retail
NUVARING (Use <i>etonogestrel-ethinyl estradiol</i>)	NF	13 max fill(s) per 365 day(s) retail
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	F	SP
Emergency Contraceptives		
ELLA	F	QL(6 ea per 365 day(s) retail)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	F	QL(6 ea per 365 day(s) retail)
PLAN B ONE-STEP (Use <i>levonorgestrel (emergency oc)</i>)	NF	QL(6 ea per 365 day(s) retail)
Progestin Contraceptives - Implants		
NEXPLANON	F	QL(1 ea per 365 day(s) retail); SP
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY SC	F	QL(1 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	F	QL(1 ml per fill retail)	<i>hydrocortisone TABS</i>	F	
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	F	QL(1 ml per fill retail)	MEDROL DOSEPAK TBPK (Use <i>methylprednisolone</i>)	NF	
Progestin Contraceptives - IUD			<i>methylprednisolone TABS 4 MG, 8 MG</i>	F	
KYLEENA	F	QL(1 ea per 365 day(s) retail); SP	<i>methylprednisolone TBPK</i>	F	
LILETTA 20.1 MCG/DAY	F	QL(1 ea per 365 day(s) retail); SP	PEDIAPRED SOLN (Use <i>prednisolone sodium phosphate</i>)	NF	
MIRENA	F	QL(1 ea per 365 day(s) retail); SP	<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	F	QL(240 ml per fill retail)
SKYLA	F	QL(1 ea per 365 day(s) retail); SP	<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	F	QL(150 ml per fill retail)
Progestin Contraceptives - Oral			<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML</i>	F	
<i>norethindrone (contraceptive)</i>	F	QL(1 ea daily)	<i>prednisolone SOLN</i>	F	
SLYND	F	QL(1 ea daily)	<i>prednisolone TABS</i>	F	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			PREDNISONONE INTENSOL CONC	F	
Glucocorticosteroids			<i>prednisone SOLN</i>	F	
CORTEF TABS (Use <i>hydrocortisone</i>)	NF		<i>prednisone TABS</i>	F	
CORTISONE ACETATE TABS	F		<i>prednisone TBPK</i>	F	
DEXAMETHASONE INTENSOL CONC	F		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	F	QL(5 ml daily)	Antitussives		
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	F	QL(5 ml daily)	<i>benzonatate 100 MG</i>	F	AL(At least 10 yrs old)
<i>dexamethasone ELIX</i>	F		<i>benzonatate 200 MG</i>	F	QL(1 ea daily); AL(At least 10 yrs old)
<i>dexamethasone SOLN</i>	F		DELSYM COUGH CHILDRENS SUER (Use <i>dextromethorphan polistirex</i>)	NF	
<i>dexamethasone TABS</i>	F				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DELSYM SUER (Use dextromethorphan polistirex)	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	F	
dextromethorphan polistirex LQCR	F		dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	F	
dextromethorphan polistirex SUER	F		dextromethorphan-guaifenesin TABS	F	
HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)	NF	AL(At least 18 yrs old)	dextromethorphan-guaifenesin TB12 600 MG-30 MG	F	
hydrocodone bitartrate-homatropine methylbromide SOLN	F	AL(At least 18 yrs old)	dextromethorphan-phenylephrine-acetaminophen CAPS	F	
Cough/Cold/Allergy Combinations			ED BRON GP LIQD	F	
ADVIL COLD & SINUS TABS (Use pseudoephedrine-ibuprofen)	NF		guaifenesin-codeine SOLN	F	QL(240 ml per fill retail)
brompheniramine & phenyleph ELIX	F	QL(120 ml per fill retail)	guaifenesin-codeine SYRP	F	QL(240 ml per fill retail)
brompheniramine & pseudoeph ELIX	F	QL(120 ml per fill retail)	LOHIST-D LIQD	F	
brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	F	QL(120 ml per fill retail)	loratadine & pseudoephedrine TB12	F	QL(2 ea daily)
cetirizine-pseudoephedrine	F	QL(2 ea daily)	loratadine & pseudoephedrine TB24	F	QL(1 ea daily)
CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	NF	QL(2 ea daily)	MAXI-TUSS PE MAX LIQD	F	
CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	NF	QL(1 ea daily)	MUCINEX D MAXIMUM STRENGTH TB12 (Use pseudoephedrine-guaifenesin)	NF	
dextromethorphan-doxylamine-acetaminophen LIQD	F		MUCINEX DM MAXIMUM STRENGTH TB12 (Use dextromethorphan-guaifenesin)	NF	

Drug Name	Drug Tier	Requirements/Limits
MUCINEX DM TB12 (Use dextromethorphan-guaifenesin)	NF	
MUCINEX D TB12 (Use pseudoephedrine-guaifenesin)	NF	
phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	F	
phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	F	QL(240 ml per fill retail)
phenylephrine-dm SOLN	F	QL(240 ml per fill retail)
promethazine & phenylephrine SYRP	F	
promethazine w/codeine SOLN	F	QL(240 ml per fill retail); AL(At least 18 yrs old)
promethazine w/codeine SYRP	F	QL(240 ml per fill retail); AL(At least 18 yrs old)
promethazine-dm SYRP	F	
promethazine-phenylephrine-codeine	F	
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	F	
pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG	F	
pseudoephedrine-ibuprofen TABS	F	
QC TRIACTING DAYTIME CHILDRENS SYRP	F	
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	F	
ZYRTEC-D ALLERGY/CONGESTION (Use cetirizine-pseudoephedrine)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZYRTEC-D ALLERGY/SINUS (Use cetirizine-pseudoephedrine)	NF	QL(2 ea daily)
Expectorants		
GERI-TUSSIN SYRP	F	
guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 400 MG/20ML	F	
guaifenesin SYRP	F	
guaifenesin TB12	F	
MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin)	NF	
MUCINEX TB12 (Use guaifenesin)	NF	
Misc. Respiratory Inhalants		
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	F	
Mucolytics		
acetylcysteine SOLN	F	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin)	NF	QL(2 ea daily); AL(At least 12 yrs old - Up to 22 yrs old); PA
ACNE MEDICATION 10 LOTN	F	
ACNE MEDICATION 5 LOTN	F	
BENZAC AC WASH LIQD 5 % (Use benzoyl peroxide)	NF	RX/OTC
benzoyl peroxide BAR	F	
benzoyl peroxide CREA 10 %	F	
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	F	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>benzoyl peroxide LIQD 4 % , 5 % , 10 %</i>	F		<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	F	QL(60 gm per fill retail)
CLEOCIN-T LOTN (<i>Use clindamycin phosphate (topical)</i>)	NF	QL(60 ml per fill retail)	<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	F	QL(30 gm per fill retail)
CLINDAGEL GEL (<i>Use clindamycin phosphate (topical)</i>)	NF		<i>tretinoin CREA 0.025 % , 0.05 % , 0.1 %</i>	F	QL(20 gm per fill retail); AL(Up to 21 yrs old)
<i>clindamycin phosphate (topical) GEL</i>	F		<i>tretinoin GEL 0.01 %</i>	F	QL(15 gm per fill retail); AL(Up to 21 yrs old)
<i>clindamycin phosphate (topical) LOTN</i>	F	QL(60 ml per fill retail)	<i>tretinoin GEL 0.025 %</i>	F	QL(20 gm per fill retail); AL(Up to 21 yrs old)
<i>clindamycin phosphate (topical) SOLN</i>	F		Antibiotics - Topical		
DIFFERIN DAILY DEEP CLEANSER LIQD (<i>Use benzoyl peroxide</i>)	NF	RX/OTC	<i>bacitracin (topical) OINT</i>	F	QL(30 ea per fill retail)
ERYGEL GEL (<i>Use erythromycin (acne aid)</i>)	NF	QL(60 gm per fill retail)	<i>bacitracin zinc OINT</i>	F	QL(30 gm per fill retail)
<i>erythromycin (acne aid) GEL</i>	F	QL(60 gm per fill retail)	<i>bacitracin-polymyxin b OINT</i>	F	
<i>erythromycin (acne aid) SOLN</i>	F		CENTANY OINT	F	QL(30 gm per fill retail)
<i>isotretinoin 10 MG , 20 MG , 40 MG</i>	F	QL(2 ea daily); AL(At least 12 yrs old - Up to 22 yrs old); PA	<i>gentamicin sulfate (topical) CREA</i>	F	QL(30 gm per fill retail)
KLARON (<i>Use sulfacetamide sodium (acne)</i>)	NF	QL(120 ml per fill retail)	<i>gentamicin sulfate (topical) OINT</i>	F	QL(30 gm per fill retail)
RETIN-A CREA (<i>Use tretinoin</i>)	NF	QL(20 gm per fill retail); AL(Up to 21 yrs old)	<i>mupirocin OINT</i>	F	QL(30 gm per fill retail)
RETIN-A GEL 0.01 % (<i>Use tretinoin</i>)	NF	QL(15 gm per fill retail); AL(Up to 21 yrs old)	<i>neomycin-bacitracin-polymyxin OINT</i>	F	QL(30 gm per fill retail)
RETIN-A GEL 0.025 % (<i>Use tretinoin</i>)	NF	QL(20 gm per fill retail); AL(Up to 21 yrs old)	<i>neomycin-polymyxin w/ pramoxine</i>	F	QL(30 gm per fill retail)
<i>sulfacetamide sodium (acne)</i>	F	QL(120 ml per fill retail)	NEOSPORIN ORIGINAL OINT (<i>Use neomycin-bacitracin-polymyxin</i>)	NF	QL(30 ea per fill retail)
			NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (<i>Use neomycin-polymyxin w/ pramoxine</i>)	NF	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (Use bacitracin- polymyxin b)	NF		<i>nystatin-triamcinolone</i> CREA	F	QL(30 gm per fill retail)
Antifungals - Topical			<i>nystatin-triamcinolone</i> OINT	F	QL(30 gm per fill retail)
<i>clotrimazole (topical)</i> CREA	F	QL(30 gm per fill retail); RX/OTC	<i>terbinafine hcl (topical)</i> CREA	F	QL(30 gm per fill retail)
<i>clotrimazole (topical)</i> SOLN	F	QL(30 ml per fill retail); RX/OTC	TINACTIN CREA (Use <i>tolnaftate</i>)	NF	QL(30 gm per fill retail)
<i>clotrimazole w/ betamethasone</i> CREA	F	QL(45 gm per fill retail)	<i>tolnaftate</i> CREA	F	QL(30 gm per fill retail)
<i>clotrimazole w/ betamethasone</i> LOTN	F	QL(30 ml per fill retail)	Antihistamines-Topical		
<i>econazole nitrate</i> CREA	F	QL(30 gm per fill retail)	ITCH RELIEF CREA	F	
<i>ketoconazole (topical)</i> CREA	F	Limit 1 package per claim; QL(60 gm per fill retail)	Anti-inflammatory Agents - Topical		
<i>ketoconazole (topical)</i> SHAM 2 %	F	QL(120 ml per fill retail)	<i>diclofenac sodium</i> (<i>topical</i>) GEL EX	F	QL(6.68 gm daily); RX/OTC
LAMISIL AT JOCK ITCH CREA (Use <i>terbinafine hcl</i> (<i>topical</i>))	NF	QL(30 gm per fill retail)	VOLTAREN ARTHRITIS PAIN GEL EX (Use <i>diclofenac sodium</i> (<i>topical</i>))	NF	QL(6.68 gm daily); RX/OTC
LAMISIL AT CREA (Use <i>terbinafine hcl (topical)</i>)	NF	QL(30 gm per fill retail)	Antineoplastic or Premalignant Lesion Agents - Topical		
LOTRIMIN AF JOCK ITCH CREA (Use <i>clotrimazole</i> (<i>topical</i>))	NF	QL(30 gm per fill retail); RX/OTC	CARAC CREA (Use <i>fluorouracil (topical)</i>)	NF	
LOTRIMIN AF CREA (Use <i>clotrimazole</i> (<i>topical</i>))	NF	QL(30 gm per fill retail); RX/OTC	EFUDEX CREA (Use <i>fluorouracil (topical)</i>)	NF	QL(40 gm per fill retail)
MICATIN CREA (Use <i>miconazole nitrate</i> (<i>topical</i>))	NF	QL(45 gm per fill retail)	<i>fluorouracil (topical)</i> CREA 5 %	F	QL(40 gm per fill retail)
<i>miconazole nitrate</i> (<i>topical</i>) CREA	F	QL(45 gm per fill retail)	<i>fluorouracil (topical)</i> CREA 0.5 %	F	
<i>nystatin (topical)</i> CREA	F	QL(30 gm per fill retail)	<i>fluorouracil (topical)</i> SOLN	F	QL(10 ml per fill retail)
<i>nystatin (topical)</i> OINT	F	QL(30 gm per fill retail)	VALCHLOR	F	SP; PA
<i>nystatin (topical)</i> POWD EX	F	QL(60 gm per fill retail)	Antipruritics - Topical		
			<i>camphor & menthol</i> LOTN	F	QL(222 ml per fill retail)
			SARNA LOTN (Use <i>camphor & menthol</i>)	NF	QL(222 ml per fill retail)
			Antipsoriatics		
			<i>calcipotriene</i> CREA	F	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene SOLN</i>	F	QL(60 ml per fill retail)	SELSUN BLUE DAILY LOTN (<i>Use selenium sulfide</i>)	NF	QL(240 ml per fill retail)
DOVONEX CREA (<i>Use calcipotriene</i>)	NF	QL(60 gm per fill retail)	SELSUN BLUE MEDICATED LOTN (<i>Use selenium sulfide</i>)	NF	QL(240 ml per fill retail)
SILIQ	F	SP; PA	SELSUN BLUE MOISTURIZING LOTN (<i>Use selenium sulfide</i>)	NF	QL(240 ml per fill retail)
TALTZ SOAJ	F	SP; PA	SELSUN BLUE LOTN (<i>Use selenium sulfide</i>)	NF	QL(240 ml per fill retail)
TALTZ SOSY	F	SP; PA	<i>sulfacetamide sodium LIQD</i>	F	QL(360 gm per fill retail)
<i>tazarotene CREA</i>	F	QL(60 gm per fill retail); AL(Up to 21 yrs old); PA	Antivirals - Topical		
<i>tazarotene GEL</i>	F	QL(60 gm per fill retail); AL(Up to 21 yrs old); PA	<i>acyclovir topical CREA</i>	F	QL(5 gm per fill retail)
TAZORAC CREA	F	QL(60 gm per fill retail); AL(Up to 21 yrs old); PA	<i>acyclovir topical OINT</i>	F	Limit 1 package per month; QL(1 gm daily)
TAZORAC CREA (<i>Use tazarotene</i>)	NF	QL(60 gm per fill retail); AL(Up to 21 yrs old); PA	ZOVIRAX CREA (<i>Use acyclovir topical</i>)	NF	QL(5 gm per fill retail)
TAZORAC GEL (<i>Use tazarotene</i>)	NF	QL(60 gm per fill retail); AL(Up to 21 yrs old); PA	ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NF	Limit 1 package per month; QL(1 gm daily)
Antiseborrheic Products			Burn Products		
OVACE PLUS WASH LIQD (<i>Use sulfacetamide sodium</i>)	NF	QL(360 ml per fill retail)	SILVADENE (<i>Use silver sulfadiazine</i>)	NF	QL(50 gm per fill retail)
OVACE WASH LIQD (<i>Use sulfacetamide sodium</i>)	NF	QL(360 ml per fill retail)	<i>silver sulfadiazine</i>	F	QL(50 gm per fill retail)
<i>selenium sulfide LOTN 2.5 %</i>	F	QL(120 ml per fill retail)	Corticosteroids - Topical		
<i>selenium sulfide LOTN 1 %</i>	F	QL(240 ml per fill retail)	APEXICON E CREA	F	QL(60 gm per fill retail)
<i>selenium sulfide SHAM 1 %</i>	F	QL(240 ml per fill retail)	<i>betamethasone dipropionate (topical) CREA</i>	F	1 package(s) per fill retail
SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN (<i>Use selenium sulfide</i>)	NF	QL(240 ml per fill retail)	<i>betamethasone dipropionate augmented CREA</i>	F	QL(50 gm per fill retail)
			<i>betamethasone valerate CREA</i>	F	QL(45 gm per fill retail)
			<i>betamethasone valerate LOTN</i>	F	QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate OINT</i>	F	QL(45 gm per fill retail)	<i>fluticasone propionate CREA 0.05 %</i>	F	Limit 1 package per month; QL(2 gm daily)
<i>clobetasol propionate emollient base 0.05 %</i>	F	QL(60 gm per fill retail)	<i>fluticasone propionate OINT</i>	F	QL(60 gm per fill retail)
<i>clobetasol propionate CREA 0.05 %</i>	F	QL(45 gm per fill retail)	<i>hydrocortisone (topical) CREA 1 %</i>	F	QL(60 gm per fill retail); RX/OTC
<i>clobetasol propionate GEL 0.05 %</i>	F	QL(60 gm per fill retail)	<i>hydrocortisone (topical) CREA 0.5 %, 2.5 %</i>	F	QL(30 gm per fill retail)
<i>clobetasol propionate OINT 0.05 %</i>	F	QL(60 gm per fill retail)	<i>hydrocortisone (topical) LOTN 1 %, 2.5 %</i>	F	QL(60 gm per fill retail)
<i>clobetasol propionate SOLN 0.05 %</i>	F	QL(25 ml per fill retail)	<i>hydrocortisone (topical) OINT 2.5 %</i>	F	Limit 1 package per month; QL(1 gm daily)
<i>desonide CREA</i>	F	QL(2 gm daily); 1 package(s) per fill retail	<i>hydrocortisone (topical) OINT 1 %</i>	F	Limit 1 package per month; QL(2 gm daily); RX/OTC
<i>desonide OINT</i>	F	QL(2 gm daily); 1 package(s) per fill retail	<i>hydrocortisone (topical) OINT 0.5 %</i>	F	
<i>DESOWEN CREA (Use desonide)</i>	NF	QL(2 gm daily); 1 package(s) per fill retail	<i>hydrocortisone butyrate SOLN</i>	F	QL(60 ml per fill retail)
<i>desoximetasone CREA 0.05 %</i>	F	QL(60 gm per fill retail)	<i>mometasone furoate CREA</i>	F	QL(45 gm per fill retail)
<i>desoximetasone CREA 0.25 %</i>	F	QL(2 gm daily)	<i>mometasone furoate OINT</i>	F	QL(45 gm per fill retail)
<i>desoximetasone GEL</i>	F	QL(2 gm daily)	<i>mometasone furoate SOLN</i>	F	QL(60 ml per fill retail)
<i>desoximetasone OINT 0.25 %</i>	F	QL(2 gm daily)	<i>prednicarbate OINT</i>	F	QL(60 gm per fill retail)
<i>diflorasone diacetate CREA</i>	F	QL(60 gm per fill retail)	<i>TEMOVATE CREA (Use clobetasol propionate)</i>	NF	QL(45 gm per fill retail)
<i>diflorasone diacetate OINT</i>	F	QL(60 gm per fill retail)	<i>TEMOVATE OINT (Use clobetasol propionate)</i>	NF	QL(60 gm per fill retail)
<i>EPIFOAM FOAM</i>	F		<i>TOPICORT CREA 0.25 % (Use desoximetasone)</i>	NF	QL(2 gm daily)
<i>fluocinonide emulsified base</i>	F	QL(60 gm per fill retail)	<i>TOPICORT CREA 0.05 % (Use desoximetasone)</i>	NF	QL(60 gm per fill retail)
<i>fluocinonide CREA 0.05 %</i>	F	QL(60 gm per fill retail)	<i>TOPICORT GEL (Use desoximetasone)</i>	NF	QL(2 gm daily)
<i>fluocinonide GEL</i>	F	QL(60 gm per fill retail)	<i>TOPICORT OINT 0.25 % (Use desoximetasone)</i>	NF	QL(2 gm daily)
<i>fluocinonide OINT</i>	F	QL(60 gm per fill retail)	<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	F	QL(15 gm per fill retail)
<i>fluocinonide SOLN</i>	F	QL(60 ml per fill retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	F	QL(30 gm per fill retail)	BAG BALM OINT	F	
<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	F	QL(454 gm per fill retail)	BOUDREAU'S BABY BUTT SMOOTH DRY SKIN OINT	F	
<i>triamcinolone acetonide (topical) LOTN</i>	F	QL(60 ml per fill retail)	CERAVE HEALING OINT	F	
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	F	QL(80 gm per fill retail)	<i>emollient OINT</i>	F	
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	F	QL(15 gm per fill retail)	EUCERIN INTENSIVE REPAIR ESSENTIAL OIL OINT	F	
TRIDESILON CREA 0.05 % (Use desonide)	NF	QL(2 gm daily); 1 package(s) per fill retail	GOLD BOND ADVANCED HEALING OINT	F	
Diaper Rash Products			GOLD BOND ULTIMATE HEALING OINT	F	
<i>diaper rash products OINT</i>	F		<i>lactic acid (ammonium lactate) CREA</i>	F	QL(140 gm per fill retail); RX/OTC
Emollient/Keratolytic Agents			<i>lactic acid (ammonium lactate) LOTN 12 %</i>	F	Limit 1 package per month; QL(13.34 gm daily); RX/OTC
<i>urea CREA 40 %</i>	F	QL(210 gm per fill retail); RX/OTC	LANAPHILIC OINT	F	
<i>urea LOTN 40 %</i>	F	QL(240 gm per fill retail)	OINTMENT BASE OINT	F	
Emollients			RA ADVANCED HEALING OINT	F	
AQUAPHILIC OINT	F		VANICREAM OINT	F	
AQUAPHOR ADVANCED PROTECTION HEALING OINT	F		Immunomodulating Agents - Topical		
AQUAPHOR ADVANCED THERAPY BABY OINT	F		<i>imiquimod 5 %</i>	F	QL(48 ea per 180 day(s) retail)
AQUAPHOR ADVANCED THERAPY HEALING BABY OINT	F		ZYCLARA (Use <i>imiquimod</i>)	NF	
AQUAPHOR ADVANCED THERAPY HEALING CHILDRENS OINT	F		ZYCLARA PUMP (Use <i>imiquimod</i>)	NF	
AQUAPHOR ADVANCED THERAPY HEALING OINT	F		Immunosuppressive Agents - Topical		
AQUAPHOR ADVANCED THERAPY OINT	F		ELIDEL (Use <i>pimecrolimus</i>)	NF	Limit 1 package per month; QL(1 gm daily); PA
AQUAPHOR OINT	F		<i>pimecrolimus</i>	F	Limit 1 package per month; QL(1 gm daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus (topical) OINT</i>	F	Limit 1 package per month; QL(1 gm daily); PA	Protectives Against UV Radiation		
Keratolytic/Antimitotic/Vesicant Agents			ANTHELIOS MELT-IN MILK SUNSCREEN SPF 100 LOTN	F	
KERALYT GEL (<i>Use salicylic acid</i>)	NF	QL(40 gm per fill retail)	AVEENO BABY CONTINUOUS PROTECTION SPF50 LOTN	F	
<i>podofilox SOLN</i>	F	QL(4 ml per fill retail)	AVEENO BABY CONTINUOUS PROTECTION LOTN	F	
<i>salicylic acid GEL 6 %</i>	F	QL(40 gm per fill retail)	AVEENO KIDS CONTINUOUS PROTECTION SPF 50 LOTN	F	
Local Anesthetics - Topical			AVEENO POSITIVELY RADIANTDAILY MOISTURIZER SPF15 LOTN	F	
<i>capsaicin CREA 0.075 %</i>	F	QL(60 gm per fill retail)	AVEENO POSITIVELY RADIANTDAILY MOISTURIZER SPF30 LOTN	F	
<i>capsaicin CREA 0.1 %</i>	F	QL(42.5 gm per fill retail)	AVEENO PROTECT + HYDRATESPF 30 LOTN	F	
<i>capsaicin CREA 0.025 %</i>	F		AVEENO PROTECT + HYDRATESPF 60 LOTN	F	
CAPZASIN-HP CREA (<i>Use capsaicin</i>)	NF	QL(42.5 gm per fill retail)	AVEENO ULTRA-CALMING DAILY MOISTURIZER SPF15 LOTN	F	
<i>dibucaine</i>	F	QL(30 gm per fill retail)	BULL FROG SUPERBLOCK SPF50 LOTN	F	
<i>lidocaine hcl CREA 3 %</i>	F	QL(30 gm per fill retail)	BULL FROG ULTIMATE SHEERPROTECTION FACE SUNBLOCK SPF 30 LOTN	F	
<i>lidocaine hcl CREA 4 %</i>	F	QL(65 gm per fill retail)	BULL FROG ULTIMATE SHEERPROTECTION SUNBLOCK SPF 30 LOTN	F	
<i>lidocaine hcl GEL 2 %</i>	F	QL(30 ml per fill retail)	BULL FROG WATER ARMOR SPORT FACE SPF 30 LOTN	F	
<i>lidocaine hcl PRSY</i>	F	QL(30 ml per fill retail)			
<i>lidocaine CREA 4 %</i>	F	QL(30 gm per fill retail)			
<i>lidocaine-prilocaine CREA</i>	F	QL(30 gm per fill retail)			
LMX 4 CREA (<i>Use lidocaine</i>)	NF	QL(30 gm per fill retail)			
RA ARTHRITIS PAIN RELIEF CREA	F	QL(60 gm per fill retail)			
Misc. Topical					
CERAVE THERAPEUTIC HAND CREAM CREA	F				
PROSHIELD PLUS SKIN PROTECTANT CREA	F				
<i>zinc oxide (topical) OINT 20 %</i>	F	QL(60 gm per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CHANTAL SUN SCREEN SPF 30 LOTN	F		COPPERTONE GLOW/SHIMMER SPF 50 LOTN	F	
COPERTONE WATERBABIES SPF 50 LOTN	F		COPPERTONE KIDS PURE & SIMPLE SPF 50 LOTN	F	
COPPERTONE BABY PURE & SIMPLE SPF 50 LOTN	F		COPPERTONE KIDS SPF 70 LOTN	F	
COPPERTONE COMPLETE FACESPF45 LOTN	F		COPPERTONE LIMITED EDITION SPF 30 LOTN	F	
COPPERTONE COMPLETE SPF 30 LOTN	F		COPPERTONE LIMITED EDITION SPF 50 LOTN	F	
COPPERTONE COMPLETE SPF 50 LOTN	F		COPPERTONE OIL FREE FACESPF 30 LOTN	F	
COPPERTONE EVERY TONE SPF 50 LOTN	F		COPPERTONE OIL FREE FACESPF 50 LOTN	F	
COPPERTONE GLOW PROTECT & TAN SPF 30 LOTN	F		COPPERTONE PURE & SIMPLEFACE SPF 50 LOTN	F	
COPPERTONE GLOW PROTECT & TAN SPF45 LOTN	F		COPPERTONE SPORT 4-IN-1 SPF 15 LOTN	F	
COPPERTONE GLOW WITH SHIMMER SPF 15 LOTN	F		COPPERTONE SPORT 4-IN-1 SPF 30 LOTN	F	
COPPERTONE GLOW WITH SHIMMER SPF 30 LOTN	F		COPPERTONE SPORT 4-IN-1 SPF 50 LOTN	F	
COPPERTONE GLOW WITH SHIMMER SPF 50 LOTN	F		COPPERTONE SPORT 4-IN-1 SPF 70 LOTN	F	
COPPERTONE GLOW/SHIMMER SPF 30 LOTION SPRAY LOTN	F		COPPERTONE SPORT CLEAR SPF 30 LOTN	F	
COPPERTONE GLOW/SHIMMER SPF 30 LOTN	F		COPPERTONE SPORT CLEAR SPF 50 LOTN	F	
COPPERTONE GLOW/SHIMMER SPF 50 LOTION SPRAY LOTN	F		COPPERTONE SPORT MINERALFACE SPF 50 LOTN	F	
			COPPERTONE SPORT MINERALSPF 50 LOTN	F	
			COPPERTONE TANNING SPF 15 LOTN	F	
			COPPERTONE TANNING SPF 8 LOTN	F	
			COPPERTONE ULTRAGUARD SPF 70+ LOTN	F	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COPPERTONE WATERBABIES SPF 50 LOTN	F		NEUTROGENA PURE & FREE BABY PURESSCREEN SPF 50 LOTN	F	
COTZ LOTN	F		NEUTROGENA SPORT FACE SUNBLOCK WITH HELIOPLEX SPF70 LOTN	F	
DIABETIDERM SUNSCREEN SPF15 LOTN	F		NEUTROGENA ULTRA SHEER DRY-TOUCH SPF 45 LOTN	F	
EUCERIN ADVANCED HYDRATION SPF 50 LOTN	F		NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 55 LOTN	F	
EUCERIN AGE DEFENSE SPF 50 LOTN	F		NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 70 LOTN	F	
EUCERIN BABY SENSITIVE MINERAL/SPF 50 LOTN 24 %	F		NIVEA HAND THERAPY LOTN	F	
EUCERIN OIL CONTROL SPF 50 LOTN	F		NIVEA VISAGE UV CARE DAILY FACIAL LOTN	F	
EUCERIN REDNESS RELIEF DAY LOTION SPF 15 LOTN	F		PANOXYL AM SPF30 LOTN	F	
EUCERIN SENSITIVE MINERAL/SPF 50 LOTN 24 %	F		QC ULTIMATE SUNSCREEN LOTN	F	
EUCERIN SENSITIVE MINERALFACE/SPF 35 LOTN 24 %	F		SOLBAR AVO LOTN	F	
FACE COTZ LOTN	F		SOLBAR PF SPF15 LOTN	F	
HUGGIES LITTLE SWIMMERS SPF50 LOTN	F		SPORT SUNSCREEN SPF 50 LOTN	F	
KERI AGE DEFY & PROTECT LOTN	F		SUNSCREEN KIDS SPF50+ LOTN	F	
NEUTROGENA BEACH DEFENSESPF 70 LOTN	F		SUNSCREEN ULTRA SHEER LOTN	F	
NEUTROGENA HEALTHY DEFENSE DAILY MOISTURIZER PURESSCREEN LOTN	F		<i>sunscreens</i> LOTN	F	
NEUTROGENA MOISTURE SPF15UNTINTED LOTN	F		TOTAL BLOCK SPF 60 COVERUP LOTN	F	
			TOTAL BLOCK SPF 65 CLEAR LOTN	F	
			WATER BABIES SPF 50 LOTN (<i>Use sunscreens</i>)	NF	
Rosacea Agents					

Drug Name	Drug Tier	Requirements/Limits
METROCREAM CREA (Use metronidazole (topical))	NF	QL(45 gm per fill retail)
METROLOTION LOTN (Use metronidazole (topical))	NF	
metronidazole (topical) CREA	F	QL(45 gm per fill retail)
metronidazole (topical) GEL 0.75 %	F	QL(45 gm per fill retail)
metronidazole (topical) LOTN	F	
Scabicides & Pediculicides		
crotamiton LOTN	F	QL(60 gm per fill retail)
malathion	F	QL(59 ml per fill retail)
NATROBA (Use spinosad)	NF	QL(120 ml per fill retail); AL(At least 1 yrs old)
NIX CREME RINSE LIQD EX (Use permethrin)	NF	
OVIDE (Use malathion)	NF	QL(59 ml per fill retail)
permethrin CREA	F	QL(60 gm per fill retail)
permethrin LIQD EX	F	
pyrethrins-piperonyl butoxide LIQD 4 %-0.33 %	F	QL(60 ml per fill retail)
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	F	
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	F	QL(60 ml per fill retail)
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %, 4 %-0.33 %	F	
spinosad	F	QL(120 ml per fill retail); AL(At least 1 yrs old)
Tar Products		

Drug Name	Drug Tier	Requirements/Limits
coal tar extract SHAM 0.5 %	F	
DHS TAR GEL SHAM (Use coal tar extract)	NF	
DHS TAR SHAM (Use coal tar extract)	NF	
NEUTROGENA T/GEL SHAM 0.5 % (Use coal tar extract)	NF	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
BINAXNOW COVID-19 AG CARD HOME TEST KIT	F	QL(8 ea per 30 day(s) retail)
CHEMSTRIP-K STRP	F	
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	F	QL(8 ea per 30 day(s) retail)
COVID-19 AT-HOME TEST KIT KIT	F	QL(8 ea per 30 day(s) retail)
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	F	QL(8 ea per 30 day(s) retail)
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	F	QL(8 ea per 30 day(s) retail)
ELLUME COVID-19 HOME TEST KIT	F	QL(8 ea per 30 day(s) retail)
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	F	QL(8 ea per 30 day(s) retail)
FORA GTEL BLOOD KETONE TEST STRIPS	F	QL(1 ea daily)
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	F	QL(1 ea daily)
GOJJI BLOOD KETONE TEST STRIPS	F	QL(1 ea daily)
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	F	QL(8 ea per 30 day(s) retail)
INTELISWAB COVID-19 RAPID TEST KIT	F	QL(8 ea per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
KETONE TEST STRIPS STRP	F	
KETONE STRP	F	
KETOSTIX STRP	F	
NOVA MAX PLUS KETONE TESTSTRIPS	F	QL(1 ea daily)
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	F	QL(8 ea per 30 day(s) retail)
ONETOUCH ULTRA STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
PRECISION XTRA	F	QL(1 ea daily)
PTS PANELS KETONE TEST	F	QL(1 ea daily)
QUICKVUE AT-HOME COVID-19 TEST KIT	F	QL(8 ea per 30 day(s) retail)
RELION KETONE TEST STRIPS STRP	F	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
DEPLIN 15	F	
DEPLIN 7.5	F	
ELFOLATE TABS	F	

Drug Name	Drug Tier	Requirements/Limits
L-METHYLFOLATE CA/S-ALGAL	F	
L-METHYLFOLATE CALCIUM TABS	F	
L-METHYLFOLATE FORTE	F	
<i>l-methylfolate TABS 7.5 MG, 15 MG</i>	F	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	F	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	F	
<i>acetazolamide TABS</i>	F	
<i>methazolamide TABS</i>	F	
Diuretic Combinations		
ALDACTAZIDE (<i>Use spironolactone & hydrochlorothiazide</i>)	NF	
<i>amiloride & hydrochlorothiazide</i>	F	QL(1 ea daily)
MAXZIDE-25 TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NF	QL(1 ea daily)
MAXZIDE TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NF	QL(1 ea daily)
<i>spironolactone & hydrochlorothiazide</i>	F	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	F	QL(1 ea daily)
<i>triamterene & hydrochlorothiazide TABS</i>	F	QL(1 ea daily)
Loop Diuretics		
<i>bumetanide TABS</i>	F	

Drug Name	Drug Tier	Requirements/Limits
BUMEX TABS 0.5 MG (Use bumetanide)	NF	
furosemide SOLN OR 10 MG/ML, 40 MG/5ML	F	
furosemide TABS	F	
LASIX TABS (Use furosemide)	NF	
torseamide TABS	F	QL(1 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (Use spironolactone)	NF	
amiloride hcl TABS	F	QL(4 ea daily)
spironolactone TABS	F	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	F	
hydrochlorothiazide CAPS	F	
hydrochlorothiazide TABS	F	
indapamide TABS 1.25 MG, 2.5 MG	F	
metolazone	F	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG (Use risedronate sodium)	NF	Limit 4 per month; QL(0.134 ea daily); PA
alendronate sodium SOLN	F	
alendronate sodium TABS 5 MG, 10 MG	F	QL(1 ea daily)
alendronate sodium TABS 35 MG, 70 MG	F	Limit 4 per month; QL(0.15 ea daily)
ATELVIA TBEC (Use risedronate sodium)	NF	QL(0.15 ea daily); PA
calcitonin (salmon) NA	F	QL(0.143 ml daily)

Drug Name	Drug Tier	Requirements/Limits
calcitonin (salmon) IJ	F	Limit 1 package per month; QL(0.067 ml daily; 2 ml per fill retail)
FOSAMAX TABS 70 MG (Use alendronate sodium)	NF	Limit 4 per month; QL(0.15 ea daily)
MIACALCIN IJ (Use calcitonin (salmon))	NF	Limit 1 package per month; QL(0.067 ml daily; 2 ml per fill retail)
risedronate sodium TABS 35 MG	F	Limit 4 per month; QL(0.134 ea daily); PA
risedronate sodium TABS 5 MG, 30 MG	F	QL(1 ea daily); PA
risedronate sodium TBEC	F	QL(0.15 ea daily); PA
TYMLOS	F	SP; PA
Growth Hormones		
OMNITROPE SOLR SC	F	PA
SAIZEN IJ	F	SP; PA
SAIZENPREP RECONSTITUTIONKIT IJ	F	SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	F	SP; PA
ZOMACTON SOLR SC	F	SP; PA
ZORBTIVE SC	F	SP; PA
Hormone Receptor Modulators		
EVISTA (Use raloxifene hcl)	NF	QL(1 ea daily)
raloxifene hcl	F	QL(1 ea daily)
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	F	SP; PA
SYNAREL	F	SP; PA
Metabolic Modifiers		
calcitriol CAPS	F	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers))	NF	QL(30 ml daily)	ACTIVELLA TABS 1 MG- 0.5 MG (Use estradiol & norethindrone acetate)	NF	QL(1 ea daily)
CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers))	NF	QL(30 ml daily)	COMBIPATCH PTTW	F	Limit 8 patches per month; QL(0.29 ea daily)
CARNITOR TABS (Use levocarnitine (metabolic modifiers))	NF	QL(3 ea daily)	estradiol & norethindrone acetate TABS	F	QL(1 ea daily)
GALAFOLD	F	QL(0.5 ea daily); SP; PA	norethindrone acetate- ethinyl estradiol	F	
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	F	QL(30 ml daily)	PREMPHASE	F	QL(1 ea daily)
levocarnitine (metabolic modifiers) TABS	F	QL(3 ea daily)	PREMPRO	F	QL(1 ea daily)
ROCALTROL CAPS (Use calcitriol)	NF		Estrogens		
Posterior Pituitary Hormones			ALORA PTTW	F	Limit 8 patches per month; QL(0.29 ea daily)
DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	NF	SP; PA	CLIMARA PTWK (Use estradiol)	NF	Limit 4 patches per month; QL(0.143 ea daily)
DDAVP TABS (Use desmopressin acetate)	NF	QL(3 ea daily)	ESTRACE TABS (Use estradiol)	NF	
desmopressin acetate spray	F	QL(5 ml per fill retail); PA	estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	F	Limit 8 patches per month; QL(0.29 ea daily)
desmopressin acetate spray refrigerated	F	QL(5 ml per fill retail)	estradiol PTTW 0.0375 MG/24HR	F	QL(0.29 ea daily)
desmopressin acetate SOLN IJ	F	SP; PA	estradiol PTWK	F	Limit 4 patches per month; QL(0.143 ea daily)
desmopressin acetate TABS	F	QL(3 ea daily)	estradiol TABS	F	
Somatostatic Agents			MINIVELLE PTTW 0.0375 MG/24HR (Use estradiol)	NF	QL(0.29 ea daily)
SANDOSTATIN LAR DEPOT KIT	F	SP; PA	MINIVELLE PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol)	NF	Limit 8 patches per month; QL(0.29 ea daily)
Vasopressin Receptor Antagonists			PREMARIN TABS	F	QL(1 ea daily)
JYNARQUE TBPB	F	SP; PA	ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations					

Drug Name	Drug Tier	Requirements/Limits
VIVELLE-DOT PTTW 0.0375 MG/24HR (Use estradiol)	NF	QL(0.29 ea daily)
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol)	NF	Limit 8 patches per month; QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS 100 MG</i>	F	QL(6 ea per fill retail)
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	F	
<i>CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)</i>	NF	
<i>levofloxacin TABS</i>	F	QL(1 ea daily; 14 ea per fill retail)
<i>ofloxacin 300 MG, 400 MG</i>	F	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
<i>MYLICON INFANTS GAS RELIEF DYE FREE SUSP (Use simethicone)</i>	NF	QL(30 ml per fill retail)
<i>MYLICON INFANTS GAS RELIEF SUSP (Use simethicone)</i>	NF	QL(30 ml per fill retail)
<i>simethicone CHEW 80 MG</i>	F	
<i>simethicone SUSP</i>	F	QL(30 ml per fill retail)
Bile Acid Synthesis Disorder Agents		
<i>CHOLBAM</i>	F	SP; PA
Gallstone Solubilizing Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>URSO 250 TABS (Use ursodiol)</i>	NF	QL(7 ea daily)
<i>ursodiol CAPS</i>	F	QL(3 ea daily)
<i>ursodiol TABS 250 MG</i>	F	QL(7 ea daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	F	
<i>metoclopramide hcl TABS</i>	F	
<i>REGLAN TABS (Use metoclopramide hcl)</i>	NF	
Inflammatory Bowel Agents		
<i>APRISO CP24 (Use mesalamine)</i>	NF	
<i>ASACOL HD TBEC (Use mesalamine)</i>	NF	QL(3 ea daily)
<i>AZULFIDINE EN-TABS TBEC (Use sulfasalazine)</i>	NF	
<i>AZULFIDINE TABS (Use sulfasalazine)</i>	NF	
<i>balsalazide disodium CAPS</i>	F	QL(9 ea daily)
<i>COLAZAL CAPS (Use balsalazide disodium)</i>	NF	QL(9 ea daily)
<i>DELZICOL CPDR (Use mesalamine)</i>	NF	
<i>LIALDA TBEC (Use mesalamine)</i>	NF	
<i>mesalamine CP24</i>	F	
<i>mesalamine CPDR</i>	F	
<i>mesalamine ENEM</i>	F	QL(60 ml daily)
<i>mesalamine TBEC 1.2 GM</i>	F	
<i>mesalamine TBEC 800 MG</i>	F	QL(3 ea daily)
<i>SFROWASA ENEM</i>	F	
<i>sulfasalazine TABS</i>	F	
<i>sulfasalazine TBEC</i>	F	
Intestinal Acidifiers		

Drug Name	Drug Tier	Requirements/Limits
<i>lactulose (encephalopathy)</i>	F	
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	F	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG</i>	F	
<i>potassium citrate-citric acid PACK</i>	F	
<i>sodium citrate & citric acid</i>	F	QL(16.67 ml daily); RX/OTC
UROCIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NF	
UROCIT-K 5 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NF	
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	F	
Prostatic Hypertrophy Agents		
<i>finasteride</i>	F	QL(1 ea daily)
FLOMAX (<i>Use tamsulosin hcl</i>)	NF	QL(2 ea daily)
PROSCAR (<i>Use finasteride</i>)	NF	QL(1 ea daily)
<i>tamsulosin hcl</i>	F	QL(2 ea daily)
Urinary Analgesics		
AZO URINARY PAIN RELIEF MAXIMUM STRENGTH TABS (<i>Use phenazopyridine hcl</i>)	NF	
<i>phenazopyridine hcl TABS 100 MG, 95 MG, 100 MG, 200 MG</i>	F	

Drug Name	Drug Tier	Requirements/Limits
PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	F	
Gout Agents		
<i>allopurinol</i>	F	
<i>colchicine TABS</i>	F	Limit 6 per claim; QL(6 ea per fill retail)
COLCRYS TABS (<i>Use colchicine</i>)	NF	Limit 6 per claim; QL(6 ea per fill retail)
ZYLOPRIM (<i>Use allopurinol</i>)	NF	
Uricosurics		
<i>probenecid</i>	F	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	F	SP
ADYNOVATE	F	SP
AFSTYLA 1500 UNIT, 2500 UNIT	F	SP
ALPHANATE SOLR	F	SP
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	F	SP
ALPROLIX	F	SP
BENEFIX KIT	F	SP
CORIFACT	F	SP
ELOCTATE	F	SP
FEIBA	F	SP
FIBRYGA	F	SP
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	F	SP

Drug Name	Drug Tier	Requirements/Limits
HEMOFIL M SOLR 1501 - 2000 UNIT	F	
HUMATE-P SOLR	F	SP
IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	F	SP
IXINITY SOLR	F	SP
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	F	SP
KOATE SOLR	F	SP
KOGENATE FS KIT	F	SP
KOVALTRY	F	SP
NOVOEIGHT	F	SP
NOVOSEVEN RT	F	SP
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT	F	SP
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT	F	SP
OBIZUR	F	SP
PROFILNINE	F	SP
RECOMBINATE SOLR	F	SP
RIASTAP	F	SP
RIXUBIS SOLR	F	SP
TRETTEN	F	SP
WILATE KIT	F	SP
XYNTHA	F	SP
XYNTHA SOLOFUSE	F	SP
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (Use <i>icatibant acetate</i>)	NF	SP; PA
<i>icatibant acetate SOLN</i>	F	SP; PA
<i>icatibant acetate SOSY</i>	F	SP; PA
Complement Inhibitors		
HAEGARDA SOLR SC	F	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	F	

Drug Name	Drug Tier	Requirements/Limits
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (Use <i>anagrelide hcl</i>)	NF	
<i>anagrelide hcl</i>	F	
BRILINTA	F	QL(2 ea daily)
<i>cilostazol</i>	F	QL(2 ea daily)
<i>clopidogrel bisulfate 75 MG</i>	F	QL(1 ea daily)
<i>dipyridamole</i>	F	
EFFIENT (Use <i>prasugrel hcl</i>)	NF	QL(1 ea daily)
PLAVIX 75 MG (Use <i>clopidogrel bisulfate</i>)	NF	QL(1 ea daily)
<i>prasugrel hcl</i>	F	QL(1 ea daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	F	SP; PA
CEREZYME 400 UNIT	F	SP; PA
<i>miglustat</i>	F	SP; PA
VPRIV	F	SP; PA
ZAVESCA (Use <i>miglustat</i>)	NF	SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	F	
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	F	
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	F	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	F	QL(1 ea daily)
Hematopoietic Growth Factors		

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	F	SP; PA
ARANESP ALBUMIN FREE SOSY	F	SP; PA
MIRCERA	F	SP; PA
RETACRIT	F	SP; PA
ZARXIO	F	SP; PA
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	F	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	NF	100 / 30 days ; QL(3.4 ml daily)
FERRETTTS TABS	F	QL(2 ea daily)
<i>ferrous fumarate TABS 324 MG</i>	F	
<i>ferrous gluconate TABS 27 MG, 240 MG</i>	F	
FERROUS GLUCONATE TABS 324 MG	F	AL(Up to 50 yrs old)
<i>ferrous sulfate dried TBCR 160 MG</i>	F	
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	F	QL(16 ml daily)
<i>ferrous sulfate SOLN 15 MG/ML</i>	F	100 / 30 days ; QL(3.4 ml daily)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	F	
<i>ferrous sulfate TBEC</i>	F	
FERROUS SULFATE TBEC (<i>Use ferrous sulfate</i>)	NF	
IRON CHEWS PEDIATRIC CHEW	F	
<i>polysaccharide iron complex CAPS 150 MG</i>	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Stem Cell Mobilizers		
MOZOBIL (<i>Use plerixafor</i>)	NF	SP; PA
<i>plerixafor</i>	F	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 1000 MG (<i>Use aminocaproic acid</i>)	NF	SP
AMICAR TABS 500 MG (<i>Use aminocaproic acid</i>)	NF	QL(24 ea per fill retail); SP
<i>aminocaproic acid TABS 500 MG</i>	F	QL(24 ea per fill retail); SP
LYSTEDA TABS (<i>Use tranexamic acid</i>)	NF	QL(30 ea per 5 day(s) retail); AL(At least 12 yrs old - Up to 49 yrs old)
<i>tranexamic acid TABS</i>	F	QL(30 ea per 5 day(s) retail); AL(At least 12 yrs old - Up to 49 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) CAPS</i>	F	
<i>diphenhydramine hcl (sleep) LIQD</i>	F	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	F	QL(1 ea daily)
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	F	
<i>doxylamine succinate (sleep)</i>	F	
UNISOM SLEEPGELS CAPS (<i>Use diphenhydramine hcl (sleep)</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
UNISOM SLEEPTABS (Use doxylamine succinate (sleep))	NF	
ZZZQUIL CAPS (Use diphenhydramine hcl (sleep))	NF	
ZZZQUIL LIQD (Use diphenhydramine hcl (sleep))	NF	
Barbiturate Hypnotics		
AMYTAL SODIUM	F	
phenobarbital sodium SOLN	F	
phenobarbital ELIX	F	
phenobarbital TABS	F	
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep)	F	Try 2 preferred hypnotics first; ST
SILENOR (Use doxepin hcl (sleep))	NF	Try 2 preferred hypnotics first; ST
Non-Barbiturate Hypnotics		
AMBIEN TABS (Use zolpidem tartrate)	NF	QL(1 ea daily)
estazolam	F	
eszopiclone	F	Try 2 preferred hypnotics first; ST
flurazepam hcl	F	QL(1 ea daily)
HALCION 0.25 MG (Use triazolam)	NF	QL(1 ea daily)
LUNESTA (Use eszopiclone)	NF	Try 2 preferred hypnotics first; ST
midazolam hcl SOLN IJ	F	
midazolam hcl SYRP	F	
RESTORIL 30 MG (Use temazepam)	NF	QL(2 ea daily); AL(At least 18 yrs old)
RESTORIL 7.5 MG, 22.5 MG (Use temazepam)	NF	Try 2 preferred hypnotics first; ST

Drug Name	Drug Tier	Requirements/Limits
RESTORIL 15 MG (Use temazepam)	NF	QL(1 ea daily); AL(At least 18 yrs old)
temazepam 30 MG	F	QL(2 ea daily); AL(At least 18 yrs old)
temazepam 7.5 MG, 22.5 MG	F	Try 2 preferred hypnotics first; ST
temazepam 15 MG	F	QL(1 ea daily); AL(At least 18 yrs old)
triazolam	F	QL(1 ea daily)
zaleplon	F	QL(1 ea daily); AL(At least 18 yrs old)
zolpidem tartrate TABS	F	QL(1 ea daily)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil TABS	F	QL(10 ea daily)
EVAC POWD (Use psyllium)	NF	
KONSYL DAILY FIBER PACK 100 %	F	
KONSYL ORIGINAL DAILY FIBER PACK	F	
METAMUCIL FREE & NATURAL POWD (Use psyllium)	NF	
METAMUCIL ORIGINAL TEXTURE POWD (Use psyllium)	NF	
METAMUCIL POWD (Use psyllium)	NF	
NATURAL FIBER LAXATIVE POWD	F	
psyllium CAPS 0.52 GM	F	
psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 43 %, 58.6 %, 100 %	F	
Laxative Combinations		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GOLYTELY SOLR (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	NF	QL(4000 ml per fill retail)	Saline Laxatives		
NULYTELY (Use peg 3350-potassium chloride-sod bicarbonate-sod chloride)	NF	QL(4000 ml per fill retail)	FLEET ENEMA ENEM (Use sodium phosphates)	NF	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	F	QL(4000 ml per fill retail)	FLEET PEDIATRIC ENEM (Use sodium phosphates)	NF	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	F	QL(4000 ml per fill retail)	magnesium citrate	F	
sennosides-docusate sodium TABS	F	QL(4 ea daily)	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	F	QL(33 ml daily)
SENOKOT S TABS (Use sennosides-docusate sodium)	NF	QL(4 ea daily)	MILK OF MAGNESIA CONCENTRATE SUSP	F	
sodium sulfate-potassium sulfate-magnesium sulfate	F		sodium phosphates ENEM	F	
SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate-magnesium sulfate)	NF		Stimulant Laxatives		
Laxatives - Miscellaneous			bisacodyl SUPP	F	QL(12 ea per fill retail)
glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM	F		bisacodyl TBEC	F	QL(1 ea daily)
GLYCERIN ADULT SUPP (Use glycerin (laxative))	NF		DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)	NF	QL(1 ea daily)
lactulose SOLN	F		DULCOLAX SUPP (Use bisacodyl)	NF	QL(12 ea per fill retail)
MIRALAX MIX-IN PAX PACK (Use polyethylene glycol 3350)	NF		DULCOLAX TBEC (Use bisacodyl)	NF	QL(1 ea daily)
MIRALAX PACK (Use polyethylene glycol 3350)	NF		SENNALAX SYRP	F	
MIRALAX POWD (Use polyethylene glycol 3350)	NF	QL(34 gm daily)	sennosides LIQD	F	
PEDIA-LAX SUPP	F		sennosides SYRP 8.8 MG/5ML	F	
polyethylene glycol 3350 PACK	F		sennosides TABS 8.6 MG, 15 MG, 17.2 MG	F	
polyethylene glycol 3350 POWD	F	QL(34 gm daily)	SENOKOT TABS (Use sennosides)	NF	
SORBITOL OR 70 %	F		Surfactant Laxatives		
			COLACE CAPS 100 MG (Use docusate sodium)	NF	QL(3 ea daily)
			docusate calcium	F	
			docusate sodium CAPS 100 MG, 250 MG	F	QL(3 ea daily)
			docusate sodium LIQD	F	

Drug Name	Drug Tier	Requirements/Limits
<i>docusate sodium SYRP</i>	F	
DOCUSATE SODIUM SYRP	F	
<i>docusate sodium TABS</i>	F	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	F	
<i>azithromycin SUSR 100 MG/5ML</i>	F	Limit 1 package per claim; QL(15 ml per fill retail)
<i>azithromycin SUSR 200 MG/5ML</i>	F	Limit 1 package per claim; QL(30 ml per fill retail)
<i>azithromycin TABS 600 MG</i>	F	Limit 8 per 28 days; QL(0.286 ea daily)
<i>azithromycin TABS 250 MG</i>	F	QL(6 ea per fill retail)
<i>azithromycin TABS 500 MG</i>	F	QL(4 ea daily)
ZITHROMAX TRI-PAK TABS (<i>Use azithromycin</i>)	NF	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (<i>Use azithromycin</i>)	NF	QL(6 ea per fill retail)
ZITHROMAX PACK (<i>Use azithromycin</i>)	NF	
ZITHROMAX SUSR 200 MG/5ML (<i>Use azithromycin</i>)	NF	Limit 1 package per claim; QL(30 ml per fill retail)
ZITHROMAX SUSR 100 MG/5ML (<i>Use azithromycin</i>)	NF	Limit 1 package per claim; QL(15 ml per fill retail)
ZITHROMAX TABS 500 MG (<i>Use azithromycin</i>)	NF	QL(4 ea daily)
ZITHROMAX TABS 250 MG (<i>Use azithromycin</i>)	NF	QL(6 ea per fill retail)
Clarithromycin		

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin SUSR 125 MG/5ML</i>	F	Limit 1 package per claim; QL(100 ml per fill retail)
<i>clarithromycin SUSR 250 MG/5ML</i>	F	
<i>clarithromycin TABS</i>	F	QL(28 ea per fill retail)
<i>clarithromycin TB24</i>	F	QL(14 ea per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (<i>Use erythromycin ethylsuccinate</i>)	NF	
ERYPED 200 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NF	
ERYPED 400 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NF	
<i>erythromycin base CPEP</i>	F	
<i>erythromycin base TABS</i>	F	
<i>erythromycin base TBEC</i>	F	
<i>erythromycin ethylsuccinate SUSR</i>	F	
<i>erythromycin ethylsuccinate TABS</i>	F	
<i>erythromycin stearate TABS 250 MG</i>	F	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
ADHESIVE PADS/LARGE/3"X4" PADS	F	
ADHESIVE PADS/MEDIUM/2"X3" PADS	F	
AMD FOAM DRESSING 4"X4" PADS	F	RX/OTC
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BAND-AID ALL-IN-ONE ADHESIVE GAUZE PAD/LARGE PADS	F		CURITY ALL PURPOSE SPONGES 4 PLY PADS	F	RX/OTC
BAND-AID GAUZE PADS LARGE 4" X 4" PADS	F	RX/OTC	CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	F	RX/OTC
BAND-AID GAUZE PADS MEDIUM 3" X 3" PADS	F		CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	F	RX/OTC
BAND-AID GAUZE PADS SMALL 2" X 2" PADS	F	RX/OTC	CURITY ALL PURPOSE SPONGES 4"X4" PADS	F	RX/OTC
BAND-AID HURT-FREE NON-STICK PADS LARGE 3" X 4" PADS	F		CURITY AMD ANTIMICROBIAL GAUZE SPONGES 2"X2" 8 PLY PADS	F	RX/OTC
BAND-AID HURT-FREE NON-STICK PADS MEDIUM 2" X 3" PADS	F		CURITY AMD ANTIMICROBIAL GAUZE SPONGES 4"X4" 12 PLY PADS	F	RX/OTC
BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	F	RX/OTC	CURITY COVER SPONGE 4"X4" PADS	F	RX/OTC
BIOGUARD GAUZE SPONGE 2"X2" 8 PLY PADS	F	RX/OTC	CURITY COVER SPONGES 3"X3" PADS	F	
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	F	RX/OTC	CURITY COVER SPONGES 4"X4" PADS	F	RX/OTC
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	F	RX/OTC	CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	F	RX/OTC
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	F	RX/OTC	CURITY GAUZE PADS 2"X2" 12 PLY PADS	F	RX/OTC
COVRSITE COVER DRESSING PADS	F	RX/OTC	CURITY GAUZE PADS 3"X3" PADS	F	
COVRSITE PLUS COMPOSITE DRESSING PADS	F	RX/OTC	CURITY GAUZE PADS 4"X4" 12 PLY PADS	F	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" 4PLY PADS	F	RX/OTC	CURITY GAUZE SPONGE 2"X2" 8 PLY PADS	F	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" PADS	F	RX/OTC	CURITY GAUZE SPONGE 2"X2" 12 PLY PADS	F	RX/OTC
CURITY ALL PURPOSE SPONGES 3"X3" 4PLY PADS	F		CURITY GAUZE SPONGE 3"X3" 12 PLY PADS	F	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	F	RX/OTC	DERMACEA GAUZE SPONGE 2"X2" 12 PLY PADS	F	RX/OTC
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	F	RX/OTC	DERMACEA GAUZE SPONGE 2"X2" 8 PLY PADS	F	RX/OTC
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	F	RX/OTC	DERMACEA GAUZE SPONGE 3"X3" 12 PLY PADS	F	
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	F	RX/OTC	DERMACEA GAUZE SPONGE 3"X3" 8 PLY PADS	F	
CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	F	RX/OTC	DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	F	RX/OTC
CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	F	RX/OTC	DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS	F	RX/OTC
CURITY NON-ADHERENT STRIPS 3"X3" PADS	F		DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS	F	RX/OTC
CURITY SPONGES/CELLULOSE FILLED/2"X2" PADS	F	RX/OTC	DERMACEA I.V. DRAIN SPONGES 2"X2" PADS	F	RX/OTC
CURITY SPONGES/CELLULOSE FILLED/4"X4" PADS	F	RX/OTC	DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	F	RX/OTC
CVS ADHESIVE PAD 4"X4" PADS	F		DERMACEA I.V. SPONGES 2"X2" PADS	F	RX/OTC
CVS ADHESIVE PAD 6"X6" PADS	F		DERMACEA NON-WOVEN SPONGES 2"X2" 4 PLY PADS	F	RX/OTC
CVS ADHESIVE PADS SHEER 2.25"X3" PADS	F		DERMACEA NON-WOVEN SPONGES 3"X3" 4 PLY PADS	F	
CVS GAUZE PAD 3"X3" PADS	F		DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	F	RX/OTC
CVS GAUZE PADS 2"X2" 12-PLY PADS	F	RX/OTC	DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS	F	RX/OTC
CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	F	RX/OTC	DERMACEA TYPE VII GAUZE 2"X2" 12 PLY PADS	F	RX/OTC
CVS GAUZE PADS STERILE 4"X4" PADS	F	RX/OTC			
DERMACEA DRAIN SPONGES 4"X4" PADS	F	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DERMACEA TYPE VII GAUZE 2"X2" 8 PLY PADS	F	RX/OTC	EXCILON I.V. SPONGES 2"X2" 6 PLY PADS	F	RX/OTC
DERMACEA TYPE VII GAUZE 3"X3" 12 PLY PADS	F		GAUZE DRESSING 4"X4" PADS	F	RX/OTC
DERMACEA TYPE VII GAUZE 3"X3" 12PLY PADS	F		GAUZE PADS 2"X2" PADS	F	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS	F	RX/OTC	GAUZE PADS 3"X3" PADS	F	
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	F	RX/OTC	GAUZE PADS 4"X4" PADS	F	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	F	RX/OTC	GAUZE PADS PADS	F	RX/OTC
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	F	RX/OTC	GAUZE SPONGE TYPE VII MEDI-PAK 2"X2" 8PLY PADS	F	RX/OTC
DRYMAX EXTRA PADS	F	RX/OTC	GNP SHEER ADHESIVE PADS PADS	F	
EQ GAUZE PADS 4"X4" PADS	F	RX/OTC	GNP STERILE GAUZE PADS 2"X2" PADS	F	RX/OTC
EQL GAUZE PADS 2"X2"/SMALL PADS	F	RX/OTC	GNP STERILE GAUZE PADS 3"X3" PADS	F	
EQL GAUZE PADS 4"X4"/LARGE PADS	F	RX/OTC	HM ADHESIVE PADS ANTIBACTERIAL/SHEER PADS	F	
EQL GAUZE STERILE PADS 3"X3" PADS	F		HM STERILE PADS 2"X2" PADS	F	RX/OTC
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	F	RX/OTC	HM STERILE PADS PADS	F	RX/OTC
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	F	RX/OTC	HYDROCELL ADHESIVE DRESSING 4"X4" PADS	F	RX/OTC
EXCILON DRAIN SPONGE 4"X4" PADS	F	RX/OTC	HYDROCELL DRESSING 4"X4" PADS	F	RX/OTC
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	F	RX/OTC	J & J ADHESIVE LARGE PADS	F	
			J & J GAUZE 2"X2" 8 PLY PADS	F	RX/OTC
			J & J GAUZE 4"X4" 12 PLY PADS	F	RX/OTC
			J & J GAUZE 4"X4" 8 PLY PADS	F	RX/OTC
			J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	F	RX/OTC
			J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
J & J GAUZE SPONGES 8-PLY 4" X 4" MISC	F	RX/OTC	QC ALL PURPOSE DRESSINGS 4" X 4" PADS	F	RX/OTC
J & J NON-STICK PADS 100 LARGE PADS	F		QC BORDER ISLAND GAUZE PAD 2" X 2" PADS	F	RX/OTC
KENDALL HYDROPHILIC FOAM DRESSING 2" X 2" PADS	F	RX/OTC	QC STERILE PADS PADS	F	RX/OTC
KENDALL HYDROPHILIC FOAM DRESSING 3" X 3" PADS	F		RA FIRST AID NON-STICK PADS PADS	F	
KENDALL HYDROPHILIC FOAM DRESSING 4" X 4" PADS	F	RX/OTC	RA SHEER ADHESIVE LARGE PADS	F	
KENDALL HYDROPHILIC FOAM PLUS DRESSING 2" X 2" PADS	F	RX/OTC	RA STERILE PADS 2" X 2" PADS	F	RX/OTC
KENDALL HYDROPHILIC FOAM PLUS DRESSING 3" X 3" PADS	F		RA STERILE PADS 3" X 3" PADS	F	
KERLIX SPONGES 4" X 4" 12 PLY PADS	F	RX/OTC	RA STERILE PADS 4" X 4" PADS	F	RX/OTC
KERLIX SPONGES 4" X 4" 16 PLY PADS	F	RX/OTC	RAY-TEC X-RAY DETECTABLE SPONGES 4" X 4" 16 PLY MISC	F	RX/OTC
MIRASORB SPONGES 2" X 2" MISC	F	RX/OTC	RESTORE CONTACT LAYER/NON-ADHERENT 2" X 2" PADS	F	RX/OTC
MIRASORB SPONGES 4" X 4" MISC	F	RX/OTC	RESTORE FOAM DRESSING BORDERED 4" X 4" PADS	F	RX/OTC
MOLESKIN FOAM PADDING PADS	F		RESTORE FOAM DRESSING NON-BORDERED 4" X 4" PADS	F	RX/OTC
NEXCARE ABSOLUTE WATERPROOF PAD PADS	F		RESTORE ODOR ABSORBING DRESSING 4" X 4" PADS	F	RX/OTC
NU GAUZE 4 PLY 4" X 4" PADS	F	RX/OTC	RESTORE TRIO ABSORBENT DRESSING 3" X 3" PADS	F	
NU GAUZE GENERAL-USE SPONGES 4" X 4" 4 PLY MISC	F	RX/OTC	SILIGENTLE SILICONE FOAM DRESSING/BORDERED PADS	F	RX/OTC
OIL EMULSION DRESSINGS/NON-ADHERENT PADS	F		SILIGENTLE SILICONE FOAM DRESSING/NON-BORDERED PADS	F	RX/OTC
POLYMEM FILM DOT PADS	F		SM ADHESIVE PADS 2" X 3" PADS	F	
POLYMEM NON-ADHESIVE PAD PADS	F	RX/OTC	SM ADHESIVE PADS 3" X 4" PADS	F	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SM GAUZE PADS 2"X2" PADS	F	RX/OTC	KAMELEON LUBRICATED MISC	F	
SM GAUZE PADS 3"X3" PADS	F		KIMONO COLORS DEVI	F	
SM GAUZE PADS 4"X4" PADS	F	RX/OTC	KIMONO LUBRICATED MISC	F	
SM STERILE PADS 2"X2" PADS	F	RX/OTC	KIMONO MAXX/LARGE FLARE MISC	F	
SM STERILE PADS PADS	F	RX/OTC	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	F	
SOF-WICK 4"X4" PADS	F	RX/OTC	KIMONO PLUS SPERMICIDE LUBRICATED MISC	F	
STERILE GAUZE PADS 2"X2" PADS	F	RX/OTC	KIMONO PLUS SPERMICIDE/LUBRICATED MISC	F	
STERILE GAUZE PADS 3"X3" PADS	F		KIMONO PS LUBRICATED MISC	F	
STERILE PADS 2"X2" PADS	F	RX/OTC	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	F	
STERILE PADS 3"X3" PADS	F		KIMONO SENSATION LUBRICATED MISC	F	
STERILE PADS 4"X4" PADS	F	RX/OTC	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	F	
SURGICAL GAUZE SPONGE PADS	F	RX/OTC	KIMONO SPECIAL DEVI	F	
TEGADERM FOAM DRESSING 2"X2" PADS	F	RX/OTC	K-Y ME & YOU EXTRA LUBRICATED DEVI	F	
TEGADERM FOAM DRESSING 4"X4" PADS	F	RX/OTC	K-Y ME & YOU INTENSE DEVI	F	
THERAGAUZE PADS	F	RX/OTC	MAXX LUBRICATED MISC	F	
TOPPER DRESSING SPONGES 4"X4" MISC	F	RX/OTC	MAXX PLUS SPERMICIDE LUBRICATED MISC	F	
Contraceptives			OMNIFLEX DIAPHRAGM	F	
AIMSCO LUBRICATED MISC	F		PREMIUM CONDOMS LUBRICATED MISC	F	
CAYA DPRH	F		REALITY LATEX CONDOMS/LUBRICATED MISC	F	
DUREX EXTRA SENSITIVE THIN DEVI	F				
FANTASY LUBRICATED/SPERMICIDE MISC	F				
FANTASY LUBRICATED MISC	F				
FEMCAP DEVI	F				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REALITY LATEX/ULTRA TEXTURED DEVI	F		WIDE-SEAL SILICONE DIAPHRAGM KIT 65	F	
REALITY LATEX/ULTRA THIN DEVI	F		WIDE-SEAL SILICONE DIAPHRAGM KIT 70	F	
TRUE COVER DEVI	F		WIDE-SEAL SILICONE DIAPHRAGM KIT 75	F	
TRUSTEX COLOR CONDOMS + LUBE MISC	F		WIDE-SEAL SILICONE DIAPHRAGM KIT 80	F	
TRUSTEX LUBRICATED EXTRALARGE MISC	F		WIDE-SEAL SILICONE DIAPHRAGM KIT 85	F	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	F		WIDE-SEAL SILICONE DIAPHRAGM KIT 90	F	
TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	F		WIDE-SEAL SILICONE DIAPHRAGM KIT 95	F	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	F		Diabetic Supplies		
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	F		ADJUSTABLE LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)
TRUSTEX LUBRICATED/SPERMICIDE MISC	F		ADVOCATE LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	F		ADVOCATE RAPID-SAFE LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	F		AUTO-LANCET MINI MISC	F	QL(1 ea per 180 day(s) retail)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	F		AUTO-LANCET MISC	F	QL(1 ea per 180 day(s) retail)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	F		AUTOLET IMPRESSION LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)
TRUSTEX/RIA LUBRICATED MISC	F		AUTOLET LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	F		AUTOLET MINI MISC	F	QL(1 ea per 180 day(s) retail)
			AUTOLET PLUS MISC	F	QL(1 ea per 180 day(s) retail)
			CARDIOCOM LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAREONE ADVANCED LANCINGDEVICE MISC	F	QL(1 ea per 180 day(s) retail)	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	F	QL(1 ea per 365 day(s) retail); AL(At least 18 yrs old); PA
CARETOUCH LANCING DEVICewith EJECTOR MISC	F	QL(1 ea per 180 day(s) retail)	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	F	QL(2 ea per 28 day(s) retail); AL(At least 18 yrs old); PA
CHOSEN LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	F	QL(1 ea per 365 day(s) retail); AL(At least 4 yrs old); PA
CVS LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	F	QL(2 ea per 28 day(s) retail); AL(At least 4 yrs old); PA
DIATHRIVE LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	F	QL(2 ea per 28 day(s) retail); AL(At least 18 yrs old); PA
DROPLET GENTEEL LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	F	QL(1 ea per 365 day(s) retail); AL(At least 18 yrs old); PA
DROPLET LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	F	QL(1 ea per 180 day(s) retail)
DRUG MART ADJUSTABLE LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	F	QL(1 ea per 180 day(s) retail)
EASY MINI EJECT LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	F	QL(1 ea per 180 day(s) retail)
EASY MINI LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	F	QL(1 ea per 180 day(s) retail)
EASY TOUCH LANCING DEVICE/EJECTOR MISC	F	QL(1 ea per 180 day(s) retail)	GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	F	QL(1 ea per 180 day(s) retail)
EMBRACE LANCING DEVICE WITH EJECTOR MISC	F	QL(1 ea per 180 day(s) retail)			
FORA LANCING DEVICE/CLEARCAP MISC	F	QL(1 ea per 180 day(s) retail)			
FORA LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)			
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLOBAL LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	LIBERTY MINI LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)
GNP LANCING SYSTEM DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	LITE TOUCH LANCING PEN MISC	F	QL(1 ea per 180 day(s) retail)
GOJJI LANCING DEVICE/CLEAR CAP MISC	F	QL(1 ea per 180 day(s) retail)	LIVE BETTER ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)
GOODSENSE LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	MICROLET NEXT MISC	F	QL(1 ea per 180 day(s) retail)
HEALTH CARE LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	MINI LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	MM LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	MULTI-LANCET DEVICE MISC	F	QL(1 ea per 180 day(s) retail)
IN TOUCH LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	NOVA SUREFLEX LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)
KROGER AUTOLET LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	ONETOUCH DELICA PLUS LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)
KROGER LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC	F	QL(1 ea per 180 day(s) retail)
LANCET DEVICE ADJUSTABLE MISC	F	QL(1 ea per 180 day(s) retail)	ONETOUCH ULTRA CONTROL SOLUTION LIQD	F	
LANCET DEVICE WITH EJECTOR MISC	F	QL(1 ea per 180 day(s) retail)	ONETOUCH ULTRA CONTROL LIQD	F	
LANCETS	F	QL (5 ea daily)	ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD	F	
LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	PRODIGY LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)
LANZO MISC	F	QL(1 ea per 180 day(s) retail)	PX ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)
LEADER ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	PX LANCET AUTO INJECTOR MISC	F	QL(1 ea per 180 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QC ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	F	QL(1 ea per 180 day(s) retail)
RELION LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	VALUE PLUS LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)
RIGHTEST GD500 LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	VIDA MIA AUTOLET LANCINGDEVICE MISC	F	QL(1 ea per 180 day(s) retail)
SELECT-LITE LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	VIVAGUARD LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)
SHOPKO AUTOLET LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	Misc. Devices		
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	ALCOHOL SWABS	F	QL (400 ea per fill retail); RX/OTC
SM TRUEDRAW LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	Parenteral Therapy Supplies		
SMART DIABETES VANTAGE LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	F	QL(5 ea daily); RX/OTC
SOLUS V2 LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	F	QL(5 ea daily); RX/OTC
SURE COMFORT LANCING PEN MISC	F	QL(1 ea per 180 day(s) retail)	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	F	QL(5 ea daily); RX/OTC
TGT LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	F	QL(5 ea daily); RX/OTC
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	F	QL(5 ea daily); RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	F		ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	F	QL(5 ea daily); RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	F		ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	F	QL(5 ea daily); RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	F		ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	F	QL(5 ea daily); RX/OTC
TRUEDRAW LANCING DEVICE MISC	F	QL(1 ea per 180 day(s) retail)	ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	F	QL(5 ea daily)
AQ INSULIN SYRINGE/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	F	QL(5 ea daily)
AQ INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	F	QL(5 ea daily)
AUTOPEN DEVI	F	QL(1 ea per 180 day(s) retail); RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	F	QL(5 ea daily)	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	F	QL(5 ea daily)	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	F	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	F	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	F	QL(5 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	F	QL(5 ea daily); RX/OTC	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM	F	QL(5 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM	F	QL(5 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	F	QL(5 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRAFINE/1ML/31G X 6MM	F	QL(5 ea daily); RX/OTC
BD PEN MINI MISC	F	QL(1 ea per 180 day(s) retail); RX/OTC	BD VEO INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64"	F	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM	F	QL(5 ea daily)	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	F	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM	F	QL(5 ea daily); RX/OTC	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	F	QL(5 ea daily); RX/OTC	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM	F	QL(5 ea daily); RX/OTC	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	F	QL(5 ea daily)	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM	F	QL(5 ea daily); RX/OTC			
BD PEN MISC	F	QL(1 ea per 180 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAREONE INSULIN SYRINGES/1ML/31GX5/16"	F	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	F	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	F	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	F	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	F	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	F	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
CEQUR SIMPLICITY 2U DEVI	F	QL(1 ea per 180 day(s) retail); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	F	QL(5 ea daily)	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC			
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	F	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	F	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	F	QL(5 ea daily)	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	F	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	F	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	F	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	F	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	F	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	F	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	F	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC			
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	F	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	F	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	F	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	F	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	F	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	F	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	F	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	F	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	F	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	F	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	F	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	F	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	F	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	F	QL(5 ea daily)
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	F	QL(5 ea daily)	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	F	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	F	QL(5 ea daily)	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGE/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GNP INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/0.3ML/30GX5/16"	F	QL(5 ea daily); RX/OTC	INPEN 100/BLUE/LILLY/HUMAL OG DEVI	F	QL(1 ea per 180 day(s) retail); RX/OTC
GNP INSULIN SYRINGES/1/2ML/29GX1/2"	F	QL(5 ea daily); RX/OTC	INPEN 100/BLUE/NOVOLOG/FIA SP DEVI	F	QL(1 ea per 180 day(s) retail); RX/OTC
GNP INSULIN SYRINGES/1ML/28GX1/2"	F	QL(5 ea daily); RX/OTC	INPEN 100/GREY/LILLY/HUMAL OG DEVI	F	QL(1 ea per 180 day(s) retail); RX/OTC
GNP INSULIN SYRINGES/1ML/29GX1/2"	F	QL(5 ea daily); RX/OTC	INPEN 100/GREY/NOVOLOG/FIA SP DEVI	F	QL(1 ea per 180 day(s) retail); RX/OTC
GNP INSULIN SYRINGES/1ML/30GX5/16"	F	QL(5 ea daily); RX/OTC	INPEN 100/PINK/LILLY/HUMALOG DEVI	F	QL(1 ea per 180 day(s) retail); RX/OTC
GNP INSULIN SYRINGES/3ML/31GX5/16"	F	QL(5 ea daily); RX/OTC	INPEN 100/PINK/NOVOLOG/FIA SP DEVI	F	QL(1 ea per 180 day(s) retail); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/0.5ML/27G X 1/2"	F	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/0.5ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/1ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	INSULIN SYRINGES/U-100/0.5ML/30GX5/16"	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	INSULIN SYRINGES/U-100/0.5ML/31GX5/16"	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	INSULIN SYRINGES/U-100/1ML/27GX1/2"	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	INSULIN SYRINGES/U-100/1ML/28GX1/2"	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	INSULIN SYRINGES/U-100/1ML/29GX1/2"	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	INSULIN SYRINGES/U-100/1ML/30GX1/2"	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	INSULIN SYRINGES/U-100/1ML/31GX5/16"	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/27GX1/2"	F	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/28GX1/2"	F	QL(5 ea daily); RX/OTC	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	F	QL(5 ea daily)
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	F	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	F	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	F	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	F	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	F	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/SOFTPACK/1M L/27G X 1/2"	F	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	MS INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	MS INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC	MS INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	NOVOPEN ECHO DEVI	F	QL(1 ea per 180 day(s) retail); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
			PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC	REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	RELION INSULIN SYRINGE 1ML/31GX15/64"	F	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	F	QL(5 ea daily); RX/OTC
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	F	QL(5 ea daily); RX/OTC
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	F	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	SAFETY INSULIN SYRINGES 1ML/29GX1/2"	F	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	SAFETY INSULIN SYRINGES 1ML/30GX1/2"	F	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC	SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
SECURES SAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	F	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
SECURES SAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	F	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	F	QL(5 ea daily)	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16	F	QL(5 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	F	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16	F	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/1ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC
			TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	F	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	F	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	F	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	F	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	F	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	F	QL(5 ea daily)	ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	F	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	F	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	F	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	F	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	F	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	F	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	F	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	F	QL(5 ea daily)	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	F	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	F	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	F	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	F	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	F	QL(5 ea daily); RX/OTC
			ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	F	QL(5 ea daily); RX/OTC
			ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	F	QL(5 ea daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	F	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	F	QL(5 ea daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	F	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	F	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC	VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM	F	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	F	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM	F	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	F	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM	F	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	F	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	F	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	F	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	F	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	F	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	F	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	F	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC
VERIFINE INSULIN SYRINGE1ML/29G X 12MM	F	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC
VERIFINE INSULIN SYRINGE1ML/31G X 8MM	F	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MASK MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	F	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	F	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC
ADULT MASK DEVI	F	RX/OTC	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC
AEROBIKA DEVI	F	RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER MV MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC			
AEROCHAMBER PLUS FLOW VU MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC			
AEROCHAMBER PLUS FLOW VU MOUTHPIECE DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER/FLOW/SGNAL MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	F	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	F	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	F	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	F	RX/OTC	CO MONITOR DEVI	F	RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	F	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	F	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	F	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC	EASIVENT/MASK-LARGE MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC
BREATHE EASE/LARGE MASK DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC	EASIVENT/MASK-MEDIUM MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC			
BREATHE EASE/SMALL MASK DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC			
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC			
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASIVENT/MASK-SMALL MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	F	RX/OTC
EASIVENT MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	F	RX/OTC
EASY FLOW BLACK/BLUE DEVI	F	RX/OTC	INSPIREASE DRUG DELIVERYSYSTEM MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/ORANGE DEVI	F	RX/OTC	INSPIREASE RESERVOIR BAGS	F	QL(3 ea per 180 day(s) retail)
EASY FLOW BLACK/RED DEVI	F	RX/OTC	MICROCHAMBER DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/WHITE DEVI	F	RX/OTC	MICROCHAMBER MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/YELLOW DEVI	F	RX/OTC	MICROSPACER MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/BLUE DEVI	F	RX/OTC	NEBULIZER CUP/TUBING DEVI	F	RX/OTC
EASY FLOW WHITE/GREEN DEVI	F	RX/OTC	OMBRA TABLE TOP COMPRESSOR DEVI	F	RX/OTC
EASY FLOW WHITE/PINK DEVI	F	RX/OTC	ONE FLOW FVC MONITORING SPIROMETER DEVI	F	RX/OTC
EASY FLOW WHITE/WHITE DEVI	F	RX/OTC	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/YELLOW DEVI	F	RX/OTC	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC	PARI MANUAL INTERRUPTER DEVI	F	RX/OTC
FLEXICHAMBER DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC			
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	F	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PARI TREK S COMBO PACK DEVI	F	RX/OTC	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC
POCKET CHAMBER DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC
POCKET SPACER DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC	Migraine Products		
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	F	QL(2 ea per 360 day(s) retail); RX/OTC	D.H.E. 45 SOLN IJ (<i>Use dihydroergotamine mesylate</i>)	NF	AL(At least 18 yrs old)
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC	<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	F	
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC	<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	F	AL(At least 18 yrs old)
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC	MIGRANAL SOLN NA (<i>Use dihydroergotamine mesylate</i>)	NF	
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC	Serotonin Agonists		
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	F	RX/OTC	AMERGE (<i>Use naratriptan hcl</i>)	NF	Limit 9 per month; QL(0.3 ea daily); AL(At least 18 yrs old)
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC	<i>eletriptan hydrobromide</i>	F	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)
QUAKE DEVI	F	RX/OTC	IMITREX 5 MG/ACT, 20 MG/ACT (<i>Use sumatriptan</i>)	NF	Limit 6 per month; QL(0.2 ea daily); AL(At least 12 yrs old)
RITEFLO DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NF	Limit 2 per month; QL(0.067 ml daily); AL(At least 12 yrs old)
SPIRO PD DEVI	F	RX/OTC			
THRESHOLD PEP DEVI	F	RX/OTC			
VERSAPAP/UNIVERSAL TUBING DEVI	F	RX/OTC			
VERSAPAP DEVI	F	RX/OTC			
VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	F	QL(2 ea per 360 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	NF	Limit 2 syringes per month; QL(0.067 ml daily); AL(At least 12 yrs old)	sumatriptan succinate SOCT 6 MG/0.5ML	F	Limit 2 per month; QL(0.067 ml daily); AL(At least 12 yrs old)
IMITREX TABS (Use sumatriptan succinate)	NF	Limit 9 per month; QL(0.3 ea daily); AL(At least 12 yrs old)	sumatriptan succinate SOLN 6 MG/0.5ML	F	QL(2.5 ml per 30 day(s) retail); AL(At least 12 yrs old)
MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	NF	QL(0.4 ea daily)	sumatriptan succinate TABS	F	Limit 9 per month; QL(0.3 ea daily); AL(At least 12 yrs old)
MAXALT TABS 10 MG (Use rizatriptan benzoate)	NF	Limit 12 per month; QL(0.4 ea daily); AL(At least 6 yrs old)	zolmitriptan SOLN 5 MG	F	Limit 6 per month; QL(0.2 ea daily); AL(At least 12 yrs old)
naratriptan hcl	F	Limit 9 per month; QL(0.3 ea daily); AL(At least 18 yrs old)	zolmitriptan TABS	F	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)
RELPAK (Use eletriptan hydrobromide)	NF	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)	zolmitriptan TBDP	F	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)
rizatriptan benzoate TABS	F	Limit 12 per month; QL(0.4 ea daily); AL(At least 6 yrs old)	ZOMIG SOLN (Use zolmitriptan)	NF	Limit 6 per month; QL(0.2 ea daily); AL(At least 12 yrs old)
rizatriptan benzoate TBDP	F	QL(0.4 ea daily)	ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan)	NF	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)
sumatriptan	F	Limit 6 per month; QL(0.2 ea daily); AL(At least 12 yrs old)	MINERALS & ELECTROLYTES		
sumatriptan succinate SOAJ 6 MG/0.5ML	F	Limit 2 syringes per month; QL(0.067 ml daily); AL(At least 12 yrs old)	Calcium		
			CALCIUM 600+D HIGH POTENCY TABS	F	QL(2 ea daily)
			CALCIUM CARBONATE CHEW 500 MG	F	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate-cholecalciferol CHEW 400 UNIT-500 MG</i>	F		PEDIALYTE FREEZER POPS SOLN (USE ORAL ELECTROLYTES)	NF	
<i>calcium carbonate-cholecalciferol TABS</i>	F		PEDIALYTE SINGLES SOLN (USE ORAL ELECTROLYTES)	NF	
<i>calcium carbonate TABS 500 MG, 1250 MG</i>	F		PEDIALYTE SOLN (USE ORAL ELECTROLYTES)	NF	
<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	F	QL(2 ea daily)	Fluoride		
<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	F		<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	F	AL(Up to 15 yrs old)
<i>calcium citrate TABS 200 MG</i>	F		<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	F	AL(Up to 15 yrs old); RX/OTC
CALCIUM CHEW	F		Magnesium		
CALTRATE 600+D3 TABS (Use <i>calcium carbonate-cholecalciferol</i>)	NF		<i>magnesium oxide (mg supplement) TABS 400 MG</i>	F	
CALTRATE BONE HEALTH TABS (Use <i>calcium carbonate-cholecalciferol</i>)	NF		MAGOX 400 TABS (Use <i>magnesium oxide (mg supplement)</i>)	NF	
CHEWABLE CALCIUM/D3 WAFR	F		Phosphate		
<i>oyster shell</i>	F		K-PHOS NEUTRAL (Use <i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NF	QL(8 ea daily)
OYSTER SHELL CALCIUM/D TABS	F		<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	F	QL(8 ea daily)
PARVA-CAL	F		Potassium		
Electrolyte Mixtures			K-TAB TBCR (Use <i>potassium chloride</i>)	NF	
EQUALYTE SOLN (USE ORAL ELECTROLYTES)	NF		<i>potassium bicarbonate TBEF</i>	F	
ORAL ELECTROLYTES SOLN - ASSORTED BRANDS	F		<i>potassium chloride microencapsulated crystals er</i>	F	
ORAL ELECTROLYTES SOLN - ASSORTED GENERICS	F		<i>potassium chloride CPCR 10 MEQ</i>	F	
PEDIALYTE ADVANCED CARE SOLN (USE ORAL ELECTROLYTES)	NF		<i>potassium chloride CPCR 8 MEQ</i>	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride PACK OR 20 MEQ</i>	F		ENSPRYNG	F	SP; PA
<i>potassium chloride SOLN OR 10 %, 20 %</i>	F		<i>everolimus (immunosuppressant)</i>	F	
POTASSIUM CHLORIDE SOLN IV (<i>Use potassium chloride</i>)	NF		IMURAN TABS (<i>Use azathioprine</i>)	NF	
<i>potassium chloride TBCR</i>	F		<i>mycophenolate mofetil hcl</i>	F	
Sodium			<i>mycophenolate mofetil CAPS</i>	F	QL(2 ea daily)
<i>sodium chloride SOLN IV 0.9 %</i>	F		<i>mycophenolate mofetil SUSR</i>	F	QL(15 ml daily)
Zinc			<i>mycophenolate mofetil TABS</i>	F	QL(4 ea daily)
<i>zinc sulfate CAPS</i>	F		<i>mycophenolate sodium 360 MG</i>	F	QL(4 ea daily)
MISCELLANEOUS THERAPEUTIC CLASSES					
Chelating Agents					
DEPEN TITRATABS TABS (<i>Use penicillamine</i>)	NF		<i>mycophenolate sodium 180 MG</i>	F	QL(2 ea daily)
<i>penicillamine TABS</i>	F		MYFORTIC 180 MG (<i>Use mycophenolate sodium</i>)	NF	QL(2 ea daily)
Immunosuppressive Agents					
<i>azathioprine TABS 50 MG</i>	F		MYFORTIC 360 MG (<i>Use mycophenolate sodium</i>)	NF	QL(4 ea daily)
<i>azathioprine TABS 75 MG, 100 MG</i>	F	QL(3 ea daily)	NEORAL CAPS (<i>Use cyclosporine modified (for microemulsion)</i>)	NF	QL(4 ea daily)
CELLCEPT INTRAVENOUS (<i>Use mycophenolate mofetil hcl</i>)	NF		NEORAL SOLN (<i>Use cyclosporine modified (for microemulsion)</i>)	NF	QL(8 ml daily)
CELLCEPT CAPS (<i>Use mycophenolate mofetil</i>)	NF	QL(2 ea daily)	PROGRAF CAPS (<i>Use tacrolimus</i>)	NF	QL(3 ea daily)
CELLCEPT SUSR (<i>Use mycophenolate mofetil</i>)	NF	QL(15 ml daily)	PROGRAF PACK	F	
CELLCEPT TABS (<i>Use mycophenolate mofetil</i>)	NF	QL(4 ea daily)	PROGRAF SOLN	F	
<i>cyclosporine modified (for microemulsion) CAPS</i>	F	QL(4 ea daily)	RAPAMUNE SOLN (<i>Use sirolimus</i>)	NF	
<i>cyclosporine modified (for microemulsion) SOLN</i>	F	QL(8 ml daily)	RAPAMUNE TABS (<i>Use sirolimus</i>)	NF	
<i>cyclosporine CAPS</i>	F	QL(4 ea daily)	SANDIMMUNE CAPS (<i>Use cyclosporine</i>)	NF	QL(4 ea daily)
<i>cyclosporine SOLN IV 50 MG/ML</i>	F		SANDIMMUNE SOLN IV 50 MG/ML (<i>Use cyclosporine</i>)	NF	
			SANDIMMUNE SOLN OR	F	QL(8 ml daily)
			<i>sirolimus SOLN</i>	F	
			<i>sirolimus TABS</i>	F	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus CAPS</i>	F	QL(3 ea daily)	<i>sodium fluoride (dental) GEL</i>	F	QL(60 gm per fill retail)
ZORTRESS (Use <i>everolimus (immunosuppressant)</i>)	NF		<i>sodium fluoride (dental) SOLN 0.2 %</i>	F	
Potassium Removing Agents			Steroids - Mouth/Throat/Dental		
<i>sodium polystyrene sulfonate POWD</i>	F	QL(454 gm per fill retail)	<i>triamcinolone acetonide (mouth)</i>	F	QL(5 gm per fill retail)
<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	F		Throat Products - Misc.		
MOUTH/THROAT/DENTAL AGENTS			AQUORAL SOLN	F	QL(900 ml per fill retail); RX/OTC
Anesthetics Topical Oral			BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	F	QL(900 ml per fill retail); RX/OTC
<i>lidocaine hcl (mouth-throat) 2 %</i>	F	QL(100 ml per fill retail)	CAPHOSOL SOLN	F	QL(900 ml per fill retail); RX/OTC
Anti-infectives - Throat			CVS DRY MOUTH SPRAY SOLN	F	QL(900 ml per fill retail); RX/OTC
NYSTATIN 100000 UNIT/ML (Use <i>nystatin (mouth-throat)</i>)	NF	QL(120 ml per fill retail)	EQL DRY MOUTH ORAL RINSE SOLN	F	QL(900 ml per fill retail); RX/OTC
<i>nystatin (mouth-throat)</i>	F	QL(120 ml per fill retail)	MOI-STIR SOLN	F	QL(900 ml per fill retail); RX/OTC
Antiseptics - Mouth/Throat			MOUTH KOTE REMINT SOLN	F	QL(900 ml per fill retail); RX/OTC
<i>chlorhexidine gluconate (mouth-throat)</i>	F		MOUTH KOTE SOLN	F	QL(900 ea per fill retail); RX/OTC
PERIDEX (Use <i>chlorhexidine gluconate (mouth-throat)</i>)	NF		NUMOISYN LIQD	F	QL(900 ml per fill retail); RX/OTC
Dental Products			ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	F	QL(900 ml per fill retail); RX/OTC
PREVIDENT 5000 DRY MOUTH GEL (Use <i>sodium fluoride (dental)</i>)	NF	QL(60 ml per fill retail)	<i>pilocarpine hcl (oral) 5 MG</i>	F	QL(6 ea daily)
PREVIDENT 5000 PLUS CREA (Use <i>sodium fluoride (dental)</i>)	NF	QL(60 gm per fill retail)	RA DRY MOUTH SOLN	F	QL(900 ml per fill retail); RX/OTC
PREVIDENT FLUORIDE GEL (Use <i>sodium fluoride (dental)</i>)	NF	QL(60 gm per fill retail)	SALAGEN 5 MG (Use <i>pilocarpine hcl (oral)</i>)	NF	QL(6 ea daily)
PREVIDENT RINSE SOLN	F				
<i>sodium fluoride (dental) CREA</i>	F	QL(60 gm per fill retail)			

Drug Name	Drug Tier	Requirements/Limits
XEROSTOMIA RELIEF SPRAY SOLN	F	QL(900 ml per fill retail); RX/OTC
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins CAPS</i>	F	QL(1 ea daily)
<i>b-complex vitamins TABS</i>	F	QL(1 ea daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid CAPS</i>	F	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron TABS</i>	F	QL(1 ea daily)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	F	QL(1 ea daily)
Ped Multi Vitamins w/Fl & FE		
<i>ped multivitamins w/fl & iron SOLN</i>	F	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
Ped Multiple Vitamins w/ Minerals		
PEDIATRIC MULTIPLE VITAMIN W/MINERALS & C CHEW	F	
PEDIATRIC MULTIPLE VITAMIN W/MINERALS & C SOLN	F	AL(Up to 18 yrs old); RX/OTC
Ped MV w/ Fluoride		
PEDIATRIC MULTIVITAMINS W/FL CHEW	F	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
PEDIATRIC MULTIVITAMINS W/FL SOLN	F	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
<i>pediatric vitamins acd w/ fluoride SOLN</i>	F	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/IRON SOLN	F	QL(50 ml per fill retail)
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	F	QL(50 ml per fill retail)
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	F	QL(50 ml per fill retail)
PEDIATRIC MULTIPLE VITAMINSW/ IRON CHEW	F	
POLY-VI-SOL/IRON SOLN	F	QL(50 ml per fill retail)
POLY-VITA/IRON SOLN	F	QL(50 ml per fill retail)
POLY-VITE/IRON SOLN	F	QL(50 ml per fill retail)
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN OR	F	QL(50 ml per fill retail)
MULTIVITAMIN INFANT & TODDLER SOLN OR	F	QL(50 ml per fill retail)
MULTIVITAMIN INFANT/TODDLER SOLN OR	F	QL(50 ml per fill retail)
NOVAFERRUM PEDIATRIC MULTIVITAMIN LIQD	F	
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	F	QL(50 ml per fill retail)
POLY-VI-SOL SOLN OR	F	QL(50 ml per fill retail)
POLY-VITA SOLN OR	F	QL(50 ml per fill retail)
POLY-VITE PEDIATRIC SOLN OR	F	QL(50 ml per fill retail)
Prenatal Vitamins		
CLASSIC PRENATAL TABS	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS PRENATAL GUMMY/DHA/FOLIC ACID	F		PRENATAL FORMULA CAPS	F	
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	F	QL(1 ea daily)	PRENATAL FORTE TABS	F	QL(1 ea daily); RX/OTC
EQL PRENATAL FORMULA TABS	F	QL(1 ea daily)	PRENATAL MULTIVITAMIN TABS	F	QL(1 ea daily)
GNP PRENATAL TABS	F	QL(1 ea daily)	PRENATAL ONE DAILY TABS	F	QL(1 ea daily)
JENLIVA PRENATAL/POSTNATAL CAPS	F	QL(1 ea daily)	PRENATAL PLUS VITAMIN AND MINERAL TABS	F	QL(1 ea daily); RX/OTC
KP PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily)	PRENATAL PLUS TABS	F	QL(1 ea daily); RX/OTC
KPN PRENATAL TABS	F	QL(1 ea daily)	PRENATAL VITAMIN & MINERAL TABS	F	QL(1 ea daily)
MASONATAL TABS	F	QL(1 ea daily)	PRENATAL VITAMIN/IRON TABS	F	QL(1 ea daily)
M-NATAL PLUS TABS	F	QL(1 ea daily); RX/OTC	PRENATAL VITAMINS PLUS LOW IRON TABS	F	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	F	QL(1 ea daily)	PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	F	QL(1 ea daily)
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	F	QL(1 ea daily); RX/OTC	PRENATAL VITAMIN TABS	F	QL(1 ea daily)
NEONATAL PLUS TABS	F	QL(1 ea daily); RX/OTC	PRENATAL TABS	F	QL(1 ea daily)
NEONATAL PRENATAL VITAMIN TABS	F	QL(1 ea daily)	PRENATRIX TABS	F	QL(1 ea daily); RX/OTC
NEONATAL VITAMIN TABS	F	QL(1 ea daily)	PRENATRYL TABS	F	QL(1 ea daily); RX/OTC
NIVA-PLUS TABS	F	QL(1 ea daily); RX/OTC	PRENATVITE RX TABS	F	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATAL VITAMIN PLUS TABS	F	QL(1 ea daily); RX/OTC	PREPLUS TABS	F	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATAL VITAMIN TABS	F	QL(1 ea daily)	PX PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily)
PRENATAL AND IRON TABS	F	QL(1 ea daily); RX/OTC	QC PRENATAL TABS	F	QL(1 ea daily)
			RA PRENATAL FORMULA/FOLIC ACID TABS	F	QL(1 ea daily)
			RA PRENATAL TABS	F	QL(1 ea daily)
			SM PRENATAL VITAMINS TABS	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
THERANATAL CORE NUTRITION TABS	F	QL(1 ea daily); RX/OTC	<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	F	QL(26 ml per fill retail)
TRICARE TABS	F	QL(1 ea daily); RX/OTC	NASALCROM (<i>Use cromolyn sodium (nasal)</i>)	NF	QL(26 ml per fill retail)
VITATHELY/GINGER TABS	F	QL(1 ea daily); RX/OTC	Nasal Anticholinergics		
WESTAB PLUS TABS	F	QL(1 ea daily); RX/OTC	<i>ipratropium bromide (nasal) 0.06 %</i>	F	Limit 1 package per month; QL(0.5 ml daily)
Vitamins w/ Lipotropics			<i>ipratropium bromide (nasal) 0.03 %</i>	F	Limit 1 package per month; QL(1.2 ml daily)
<i>vitamins w/ lipotropics CAPS</i>	F	QL(1 ea daily)	Nasal Steroids		
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>Use fluticasone propionate (nasal)</i>)	NF	QL(16 ml per fill retail); RX/OTC
Central Muscle Relaxants			FLONASE ALLERGY RELIEF SUSP (<i>Use fluticasone propionate (nasal)</i>)	NF	QL(16 ml per fill retail); RX/OTC
<i>baclofen TABS 10 MG, 20 MG</i>	F		<i>flunisolide (nasal) 0.025 %</i>	F	QL(25 ml per fill retail)
<i>chlorzoxazone TABS 500 MG</i>	F		<i>fluticasone propionate (nasal) SUSP</i>	F	QL(16 ml per fill retail); RX/OTC
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	F	QL(3 ea daily)	<i>mometasone furoate (nasal) SUSP</i>	F	QL(17 gm per fill retail); AL(At least 2 yrs old); RX/OTC
<i>methocarbamol TABS 500 MG, 750 MG</i>	F		NASACORT ALLERGY 24HR CHILDRENS AERO (<i>Use triamcinolone acetonide (nasal)</i>)	NF	QL(17 ml per fill retail); AL(At least 2 yrs old)
<i>tizanidine hcl TABS</i>	F		NASACORT ALLERGY 24HR AERO (<i>Use triamcinolone acetonide (nasal)</i>)	NF	QL(17 ml per fill retail); AL(At least 2 yrs old)
ZANAFLEX TABS 4 MG (<i>Use tizanidine hcl</i>)	NF		NASONEX 24HR SUSP (<i>Use mometasone furoate (nasal)</i>)	NF	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus			<i>triamcinolone acetonide (nasal) AERO</i>	F	QL(17 ml per fill retail); AL(At least 2 yrs old)
Nasal Agents - Misc.					
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	F	QL(90 ml per fill retail)			
OCEAN NASAL SPRAY SOLN (<i>Use saline</i>)	NF	QL(90 ml per fill retail)			
<i>saline SOLN</i>	F	QL(90 ml per fill retail)			
Nasal Antiallergy					
<i>azelastine hcl</i>	F	Limit 1 package per month; QL(1 ml daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Sympathomimetic Decongestants			<i>carteolol hcl (ophth)</i>	F	Limit 1 package per month; QL(0.5 ml daily)
<i>epinephrine hcl (nasal)</i>	F		COSOPT (Use dorzolamide hcl-timolol maleate)	NF	QL(10 ml per fill retail)
<i>phenylephrine hcl (oral) TABS</i>	F	QL(24 ea per fill retail)	DORZOLAMIDE HCL/TIMOLOL MALEATE	F	QL(10 ml per fill retail)
<i>pseudoephedrine hcl TABS</i>	F		<i>dorzolamide hcl-timolol maleate</i>	F	QL(10 ml per fill retail)
<i>pseudoephedrine hcl TB12</i>	F	QL(2 ea daily)	<i>levobunolol hcl 0.5 %</i>	F	QL(10 ml per fill retail)
SUDAFED CHILDRENS LIQD	F		<i>timolol maleate (ophth) SOLG 0.5 %</i>	F	
SUDAFED CONGESTION TABS (Use pseudoephedrine hcl)	NF		<i>timolol maleate (ophth) SOLN</i>	F	QL(60 ea per fill retail)
SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral))	NF	QL(24 ea per fill retail)	<i>timolol maleate (ophth) SOLN 0.25 %</i>	F	QL(10 ml per fill retail)
SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl)	NF		<i>timolol maleate (ophth) SOLN 0.5 %</i>	F	QL(15 ml per fill retail)
NUTRIENTS			TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))	NF	QL(60 ea per fill retail)
Misc. Nutritional Substances			TIMOPTIC SOLN 0.25 % (Use timolol maleate (ophth))	NF	QL(10 ml per fill retail)
<i>omega-3 fatty acids CAPS</i>	F	QL(6 ea daily)	TIMOPTIC SOLN 0.5 % (Use timolol maleate (ophth))	NF	QL(15 ml per fill retail)
Proteins			TIMOPTIC-XE SOLG (Use timolol maleate (ophth))	NF	
<i>arginine TABS 500 MG</i>	F		Cycloplegic Mydriatics		
ARGININE TABS	F		<i>atropine sulfate (ophthalmic) OINT</i>	F	QL(4 gm per fill retail)
L-TRYPTOPHAN TABS	F		<i>atropine sulfate (ophthalmic) SOLN</i>	F	QL(15 ml per fill retail)
OPHTHALMIC AGENTS - Drugs to Treat the Eye			ATROPINE SULFATE SOLN 1 %	F	QL(15 ea per fill retail)
Artificial Tears and Lubricants			ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic))	NF	QL(15 ml per fill retail)
<i>artificial tear solution</i>	F				
<i>polyvinyl alcohol 1.4 %</i>	F	QL(15 ml per fill retail)			
<i>white petrolatum-mineral oil</i>	F	QL(4 gm per fill retail)			
Beta-blockers - Ophthalmic					
<i>betaxolol hcl (ophth) SOLN</i>	F	QL(10 ml per fill retail)			

Drug Name	Drug Tier	Requirements/Limits
CYCLOGYL 0.5 %	F	QL(15 ml per fill retail)
CYCLOGYL 2 %	F	
CYCLOGYL (Use cyclopentolate hcl)	NF	QL(15 ml per fill retail)
cyclopentolate hcl 2 %	F	
cyclopentolate hcl 0.5 %, 1 %	F	QL(15 ml per fill retail)
ISOPTO ATROPINE SOLN	F	QL(15 ml per fill retail)
MYDRIACYL SOLN (Use tropicamide)	NF	QL(15 ml per fill retail)
phenylephrine hcl (mydriatic) SOLN 2.5 %	F	QL(15 ml per fill retail)
tropicamide SOLN	F	QL(15 ml per fill retail)
Miotics		
ISOPTO CARPINE SOLN 1 % (Use pilocarpine hcl)	NF	
pilocarpine hcl SOLN 1 %, 2 %, 4 %	F	
Ophthalmic Adrenergic Agents		
apraclonidine hcl	F	
brimonidine tartrate 0.2 %	F	QL(15 ml per fill retail)
IOPIDINE	F	
Ophthalmic Anti-infectives		
bacitracin-polymyxin b (ophth)	F	QL(4 gm per fill retail)
BLEPH-10 SOLN (Use sulfacetamide sodium (ophth))	NF	QL(15 ml per fill retail)
ERYTHROMYCIN	F	QL(4 gm per fill retail)
erythromycin (ophth)	F	QL(4 gm per fill retail)
gentamicin sulfate (ophth) OINT	F	QL(4 gm per fill retail)
gentamicin sulfate (ophth) SOLN	F	QL(15 ml per fill retail)
moxifloxacin hcl (ophth) SOLN OP	F	QL(3 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
neomycin-bacitracin zn-polymyxin	F	QL(4 gm per fill retail)
neomycin-polymyxin-gramicidin	F	QL(10 ml per fill retail)
OCUFLOX (Use ofloxacin (ophth))	NF	QL(10 ml per fill retail)
ofloxacin (ophth)	F	QL(10 ml per fill retail)
polymyxin b-trimethoprim	F	QL(10 ml per fill retail)
sulfacetamide sodium (ophth) OINT	F	
sulfacetamide sodium (ophth) SOLN	F	QL(15 ml per fill retail)
tobramycin (ophth) SOLN	F	QL(5 ml per fill retail)
TOBREX OINT	F	QL(4 gm per fill retail)
trifluridine	F	QL(8 ml per fill retail)
VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	NF	QL(3 ml per fill retail)
Ophthalmic Decongestants		
tetrahydrozoline hcl (ophth) 0.05 %	F	Limit 1 package per month; QL(0.5 ml daily)
VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))	NF	Limit 1 package per month; QL(0.5 ml daily)
Ophthalmic Local Anesthetics		
tetracaine hcl (ophth)	F	
Ophthalmic Steroids		
BLEPHAMIDE S.O.P. OINT	F	QL(4 gm per fill retail)
dexamethasone sodium phosphate (ophth)	F	QL(5 ml per fill retail)
fluorometholone (ophth) SUSP	F	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	NF	QL(15 ml per fill retail)
FML OINT	F	QL(4 gm per fill retail)
MAXITROL OINT (Use neomycin-polymyx-dexameth)	NF	QL(4 gm per fill retail)
MAXITROL SUSP (Use neomycin-polymyx-dexameth)	NF	QL(5 ml per fill retail)
neomycin-polymyx-dexameth OINT	F	QL(4 gm per fill retail)
neomycin-polymyx-dexameth SUSP	F	QL(5 ml per fill retail)
neomycin-polymyxin-hc (ophth)	F	QL(8 ml per fill retail)
PRED FORTE (Use prednisolone acetate (ophth))	NF	
PRED MILD	F	QL(10 ml per fill retail)
PRED-G SUSP	F	QL(5 ml per fill retail)
prednisolone acetate (ophth)	F	
PREDNISOLONE ACETATE P-F	F	
PREDNISOLONE SODIUM PHOSPHATE	F	Limit 1 package per month; QL(0.34 ml daily)
sulfacetamide sod-prednisolone SOLN	F	QL(10 ml per fill retail)
TOBRADEX OINT	F	QL(4 gm per fill retail)
TOBRADEX SUSP (Use tobramycin-dexamethasone)	NF	QL(10 ml per fill retail)
tobramycin-dexamethasone SUSP	F	QL(10 ml per fill retail)
Ophthalmics - Misc.		
ACULAR (Use ketorolac tromethamine (ophth))	NF	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ACULAR LS (Use ketorolac tromethamine (ophth))	NF	
ALOCRIL	F	Try ketotifen ophth. first; QL(5 ml per fill retail); ST
ALOMIDE	F	Try ketotifen ophth. first; QL(10 ml per fill retail); ST
azelastine hcl (ophth)	F	Try ketotifen ophth. first; QL(6 ml per fill retail); ST
AZOPT (Use brinzolamide)	NF	QL(15 ml per fill retail)
brinzolamide	F	QL(15 ml per fill retail)
cromolyn sodium (ophth)	F	QL(10 ml per fill retail)
diclofenac sodium (ophth)	F	QL(5 ml per fill retail)
dorzolamide hcl	F	QL(10 ml per fill retail)
DORZOLAMIDE HCL	F	QL(10 ml per fill retail)
flurbiprofen sodium	F	QL(3 ml per fill retail)
ketorolac tromethamine (ophth) 0.5 %	F	QL(10 ml per fill retail)
ketorolac tromethamine (ophth) 0.4 %	F	
ketotifen fumarate (ophth) 0.035 %	F	QL(10 ml per fill retail)
NEVANAC	F	QL(3 ml per fill retail)
TRUSOPT (Use dorzolamide hcl)	NF	QL(10 ml per fill retail)
ZADITOR 0.035 % (Use ketotifen fumarate (ophth))	NF	QL(10 ml per fill retail)
Prostaglandins - Ophthalmic		
latanoprost SOLN	F	QL(3 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
LATANOPROST SOLN	F	QL(3 ml per fill retail)
XALATAN SOLN (Use latanoprost)	NF	QL(3 ml per fill retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	F	QL(15 ml per fill retail)
<i>carbamide peroxide (otic) 6.5 %</i>	F	Limit 1 package per month; QL(0.5 ml daily)
DEBROX 6.5 % (Use carbamide peroxide (otic))	NF	Limit 1 package per month; QL(0.5 ml daily)
Otic Anti-infectives		
<i>ofloxacin (otic)</i>	F	QL(10 ml per fill retail)
Otic Combinations		
CIPRODEX (Use ciprofloxacin-dexamethasone)	NF	QL(7.5 ml per 30 day(s) retail)
<i>ciprofloxacin-dexamethasone</i>	F	QL(7.5 ml per 30 day(s) retail)
<i>neomycin-polymyxin-hc (otic) SOLN</i>	F	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	F	QL(10 ml per fill retail)
PRAMOTIC	F	
Otic Steroids		
DERMOTIC (Use fluocinolone acetonide (otic))	NF	Limit 1 package per month; QL(0.67 ml daily)
<i>fluocinolone acetonide (otic)</i>	F	Limit 1 package per month; QL(0.67 ml daily)
<i>hydrocortisone w/acetic acid</i>	F	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
HYDROCORTISONE/ACETIC ACID (Use hydrocortisone w/acetic acid)	NF	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	F	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
SYNAGIS SOLN	F	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	F	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	F	
<i>amoxicillin SUSR</i>	F	
AMOXICILLIN SUSR (Use amoxicillin)	NF	
<i>amoxicillin TABS 875 MG</i>	F	
<i>ampicillin CAPS 500 MG</i>	F	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	F	
<i>penicillin v potassium TABS</i>	F	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	F	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	F	Limit 1 package per claim; QL(100 ml per fill retail)
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	F	Limit 1 package per claim; QL(150 ml per fill retail)
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML</i>	F	Limit 2 packages per claim; QL(400 ml per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	F	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	F	QL(30 ea per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	F	Limit 40 per 30 days; QL(1.34 ea daily)
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NF	Limit 2 packages per claim; QL(400 ml per fill retail)
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	F	
AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NF	QL(20 ea per fill retail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	F	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use <i>norethindrone acetate</i>)	NF	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	F	
<i>megestrol acetate (appetite)</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate TABS</i>	F	
<i>progesterone CAPS 100 MG</i>	F	QL(1 ea daily)
<i>progesterone CAPS 200 MG</i>	F	Limit 20 per month; QL(0.67 ea daily)
PROMETRIUM CAPS 100 MG (Use <i>progesterone</i>)	NF	QL(1 ea daily)
PROMETRIUM CAPS 200 MG (Use <i>progesterone</i>)	NF	Limit 20 per month; QL(0.67 ea daily)
PROVERA (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>	F	
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG (Use <i>donepezil hydrochloride</i>)	NF	QL(1 ea daily)
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	F	QL(1 ea daily)
EXELON (Use <i>rivastigmine</i>)	NF	QL(1 ea daily); PA
<i>galantamine hydrobromide CP24</i>	F	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	F	QL(6 ml daily)
<i>galantamine hydrobromide TABS</i>	F	QL(2 ea daily)
<i>memantine hcl SOLN</i>	F	QL(10 ml daily)
<i>memantine hcl TABS</i>	F	QL(2 ea daily)
<i>memantine hcl TABS</i>	F	Limit 1 package per 28 days; QL(1.75 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NAMENDA TITRATION PAK TABS (Use memantine hcl)	NF	Limit 1 package per 28 days; QL(1.75 ea daily)	GILENYA 0.5 MG	F	QL(1 ea daily); SP
NAMENDA TABS (Use memantine hcl)	NF	QL(2 ea daily)	GILENYA (Use fingolimod hcl)	NF	QL(1 ea daily); SP
RAZADYNE ER CP24 (Use galantamine hydrobromide)	NF	QL(1 ea daily)	glatiramer acetate SOSY	F	SP
rivastigmine	F	QL(1 ea daily); PA	LEMTRADA	F	SP; PA
rivastigmine tartrate CAPS	F	QL(2 ea daily); PA	PLEGRIDY STARTER PACK SOPN	F	SP; PA
Combination Psychotherapeutics			PLEGRIDY STARTER PACK SOSY SC	F	SP; PA
perphenazine-amitriptyline	F	QL(4 ea daily)	PLEGRIDY SOPN	F	SP; PA
Fibromyalgia Agents			PLEGRIDY SOSY SC	F	SP; PA
SAVELLA TITRATION PACK MISC	F	QL(55 ea per 365 day(s) retail); PA	REBIF REBIDOSE TITRATIONPACK SOAJ	F	SP; PA
SAVELLA TABS	F	QL(2 ea daily); PA	REBIF REBIDOSE SOAJ	F	SP; PA
Movement Disorder Drug Therapy			REBIF TITRATION PACK SOSY	F	SP; PA
tetrabenazine	F	SP; PA	REBIF SOSY	F	SP; PA
XENAZINE (Use tetrabenazine)	NF	SP; PA	TECFIDERA STARTER PACK CDPK (Use dimethyl fumarate)	NF	SP
Multiple Sclerosis Agents			TECFIDERA CPDR (Use dimethyl fumarate)	NF	SP
AMPYRA (Use dalfampridine)	NF	SP; PA	teriflunomide	F	QL(1 ea daily); SP
AUBAGIO (Use teriflunomide)	NF	QL(1 ea daily); SP	Psychotherapeutic and Neurological Agents - Misc.		
AVONEX PEN AJKT	F	SP; PA	ergoloid mesylates TABS	F	
AVONEX PSKT	F	SP; PA	Smoking Deterrents		
COPAXONE SOSY (Use glatiramer acetate)	NF	SP	APO-VARENICLINE TABS	F	QL(2 ea daily)
dalfampridine	F	SP; PA	bupropion hcl (smoking deterrent)	F	QL(2 ea daily)
dimethyl fumarate CDPK	F	SP	NICODERM CQ PT24 TD (Use nicotine)	NF	
dimethyl fumarate CPDR	F	SP	NICORETTE MINI LOZG (Use nicotine polacrilex)	NF	
EXTAVIA KIT	F	SP; PA	NICORETTE STARTER KIT GUM (Use nicotine polacrilex)	NF	
fingolimod hcl	F	QL(1 ea daily); SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NICORETTE GUM (<i>Use nicotine polacrilex</i>)	NF		Tetracyclines		
NICORETTE LOZG (<i>Use nicotine polacrilex</i>)	NF		ACTICLATE TABS (<i>Use doxycycline hyclate</i>)	NF	
<i>nicotine polacrilex GUM</i>	F		<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	F	
<i>nicotine polacrilex LOZG</i>	F		<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	F	
NICOTINE TRANSDERMAL SYSTEM KIT	F		<i>doxycycline hyclate CAPS</i>	F	
<i>nicotine MISC XX</i>	F		<i>doxycycline hyclate TABS 100 MG</i>	F	
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	F		<i>minocycline hcl CAPS</i>	F	
NICOTROL INHALER INHA	F		TARGADOX TABS (<i>Use doxycycline hyclate</i>)	NF	
NICOTROL NS SOLN	F		<i>tetracycline hcl CAPS 500 MG</i>	F	
<i>varenicline tartrate TABS</i>	F	QL(2 ea daily)	VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NF	
<i>varenicline tartrate TBPk</i>	F		THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			Antithyroid Agents		
Cystic Fibrosis Agents			<i>methimazole TABS</i>	F	
KALYDECO PACK	F	SP; PA	<i>propylthiouracil</i>	F	
KALYDECO TABS	F	SP; PA	Thyroid Hormones		
ORKAMBI PACK	F	SP; PA	ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	F	
ORKAMBI TABS	F	SP; PA	ARMOUR THYROID TABS	F	
PULMOZYME	F	SP; PA	CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NF	
SYMDEKO	F	SP; PA	<i>levothyroxine sodium TABS</i>	F	
TRIKAFTA TBPk	F	QL(3 ea daily); SP; PA	<i>liothyronine sodium TABS</i>	F	
Pulmonary Fibrosis Agents			NIVA THYROID TABS	F	
ESBRIET CAPS (<i>Use pirfenidone</i>)	NF	SP; PA	NP THYROID 120 TABS	F	
ESBRIET TABS (<i>Use pirfenidone</i>)	NF	SP; PA	NP THYROID 15 TABS	F	
<i>pirfenidone CAPS</i>	F	SP; PA	NP THYROID 30 TABS	F	
<i>pirfenidone TABS</i>	F	SP; PA	TETRACYCLINES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/Limits
NP THYROID 60 TABS	F	
NP THYROID 90 TABS	F	
SYNTHROID TABS (Use levothyroxine sodium)	NF	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	F	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	F	
BOOSTRIX SUSP	F	
BOOSTRIX SUSY	F	
DAPTACEL	F	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	F	
INFANRIX	F	
KINRIX SUSY	F	
PEDIARIX SUSY	F	
PENTACEL	F	
QUADRACEL SUSP	F	
QUADRACEL SUSY	F	
TDVAX SUSP	F	
TENIVAC INJ	F	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	F	
VAXELIS SUSP	F	
VAXELIS SUSY	F	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (Use hyoscyamine sulfate)	NF	
dicyclomine hcl CAPS	F	
dicyclomine hcl SOLN OR	F	QL(40 ml daily)
dicyclomine hcl TABS	F	

Drug Name	Drug Tier	Requirements/Limits
glycopyrrolate TABS 1 MG, 2 MG	F	QL(4 ea daily)
hyoscyamine sulfate ELIX	F	
hyoscyamine sulfate SOLN OR 0.125 MG/ML	F	
hyoscyamine sulfate TB12 0.375 MG	F	QL(4 ea daily)
hyoscyamine sulfate TBDP 0.125 MG	F	
LEVbid TB12 (Use hyoscyamine sulfate)	NF	QL(4 ea daily)
LEVSIN SOLN IJ 0.5 MG/ML (Use hyoscyamine sulfate)	NF	
ROBINUL FORTE TABS (Use glycopyrrolate)	NF	QL(4 ea daily)
ROBINUL TABS (Use glycopyrrolate)	NF	QL(4 ea daily)
H-2 Antagonists		
cimetidine hcl OR 300 MG/5ML	F	QL(27 ml daily)
cimetidine TABS	F	RX/OTC
famotidine SUSR	F	
famotidine TABS	F	
PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine)	NF	RX/OTC
PEPCID AC TABS (Use famotidine)	NF	
PEPCID TABS (Use famotidine)	NF	RX/OTC
ranitidine hcl TABS 75 MG, 150 MG	F	QL(2 ea daily)
TAGAMET HB 200 TABS (Use cimetidine)	NF	RX/OTC
TAGAMET HB TABS (Use cimetidine)	NF	RX/OTC
Misc. Anti-Ulcer		

Drug Name	Drug Tier	Requirements/Limits
CARAFATE SUSP (<i>Use sucralfate</i>)	NF	QL(420 ml per fill retail); AL(Up to 6 yrs old)
CARAFATE TABS (<i>Use sucralfate</i>)	NF	QL(4 ea daily)
<i>sucralfate SUSP</i>	F	QL(420 ml per fill retail); AL(Up to 6 yrs old)
<i>sucralfate TABS</i>	F	QL(4 ea daily)
Proton Pump Inhibitors		
<i>esomeprazole magnesium CPDR 40 MG</i>	F	
<i>lansoprazole CPDR 15 MG</i>	F	QL(4 ea daily); RX/OTC
<i>lansoprazole CPDR 30 MG</i>	F	
<i>lansoprazole TBDD</i>	F	
NEXIUM 24HR CPDR (<i>Use esomeprazole magnesium</i>)	NF	RX/OTC
<i>omeprazole CPDR 20 MG, 40 MG</i>	F	QL(2 ea daily)
<i>omeprazole CPDR 10 MG</i>	F	
<i>omeprazole TBEC</i>	F	QL(1 ea daily)
<i>pantoprazole sodium TBEC 20 MG</i>	F	QL(1 ea daily)
<i>pantoprazole sodium TBEC 40 MG</i>	F	QL(2 ea daily)
PREVACID 24HR CPDR (<i>Use lansoprazole</i>)	NF	QL(4 ea daily); RX/OTC
PREVACID SOLUTAB TBDD (<i>Use lansoprazole</i>)	NF	
PREVACID CPDR 30 MG (<i>Use lansoprazole</i>)	NF	
PROTONIX TBEC 20 MG (<i>Use pantoprazole sodium</i>)	NF	QL(1 ea daily)
PROTONIX TBEC 40 MG (<i>Use pantoprazole sodium</i>)	NF	QL(2 ea daily)
Ulcer Drugs - Prostaglandins		

Drug Name	Drug Tier	Requirements/Limits
CYTOTEC (<i>Use misoprostol</i>)	NF	
<i>misoprostol</i>	F	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	F	14 day(s) max supply per 365 day(s) retail
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	NF	QL(1 ea daily)
DETROL TABS (<i>Use tolterodine tartrate</i>)	NF	QL(2 ea daily)
DITROPAN XL TB24 5 MG, 10 MG (<i>Use oxybutynin chloride</i>)	NF	QL(2 ea daily)
<i>oxybutynin chloride TABS</i>	F	QL(3 ea daily)
<i>oxybutynin chloride TB24</i>	F	QL(2 ea daily)
<i>tolterodine tartrate CP24</i>	F	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	F	QL(2 ea daily)
<i>tropium chloride TABS</i>	F	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	F	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	F	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	F	
BCG VACCINE	F	
BEXSERO	F	
BIOTHRAX	F	
HIBERIX SOLR IJ	F	
MENACTRA	F	
MENQUADFI	F	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MENVEO SOLN	F		HEPLISAV-B SOSY	F	3 max fill(s) per 999 day(s) retail
MENVEO SOLR	F				
PEDVAX HIB SUSP	F		IMOVAX RABIES (H.D.C.V.) SUSR	F	
PENBRAYA	F		IPOL INACTIVATED IPV	F	
PNEUMOVAX 23	F		IXIARO	F	
PNEUMOVAX 23/1 DOSE	F		JYNNEOS	F	
PREVNAR 13	F		M-M-R II SOLR	F	
PREVNAR 20	F		MODERNA COVID-19 VACCINE SUSP	F	
TRUMENBA	F		NOVAVAX COVID-19 VACCINE	F	
TYPHIM VI SOLN	F		NOVAVAX COVID-19 VACCINE/2023-24	F	
TYPHIM VI SOSY	F		PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	F	
VAXCHORA	F				
VAXNEUVANCE	F		PREHEVBRIO	F	3 max fill(s) per 999 day(s) retail
VIVOTIF	F		PRIORIX SUSR	F	
Viral Vaccines			PROQUAD SUSR	F	
ABRYSVO	F	AL(At least 60 yrs old)	RABAVERT	F	
ACAM2000	F		RECOMBIVAX HB SUSP	F	3 max fill(s) per 999 day(s) retail
AREXVY	F	AL(At least 60 yrs old)	RECOMBIVAX HB SUSY	F	3 max fill(s) per 999 day(s) retail
COMIRNATY 2023-24 SUSP	F		ROTARIX SUSP	F	
COMIRNATY 2023-24 SUSY	F		ROTARIX SUSR	F	
COMIRNATY SUSP	F		ROTATEQ SOLN	F	
DENGVAXIA	F		SHINGRIX	F	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
ENGERIX-B SUSP 20 MCG/ML	F	3 max fill(s) per 999 day(s) retail	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	F	
ENGERIX-B SUSY	F	3 max fill(s) per 999 day(s) retail	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	F	
GARDASIL 9 SUSP	F	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)			
GARDASIL 9 SUSY	F	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)			
HAVRIX	F				

Drug Name	Drug Tier	Requirements/Limits
STAMARIL SUSR	F	
TICOVAC	F	
TWINRIX SUSY	F	
VAQTA	F	
VARIVAX INJ	F	2 max fill(s) per 999 day(s) retail
YF-VAX INJ	F	
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NF	QL(40 gm per fill retail)
<i>clindamycin phosphate vaginal CREA</i>	F	QL(40 gm per fill retail)
<i>clotrimazole vaginal CREA 2 %</i>	F	QL(20 gm per fill retail)
<i>clotrimazole vaginal CREA 1 %</i>	F	QL(45 gm per fill retail)
GYNAZOLE-1	F	
<i>metronidazole vaginal</i>	F	QL(70 gm per fill retail)
<i>miconazole nitrate vaginal CREA 4 %</i>	F	Limit 1 package per month; QL(1.5 gm daily)
<i>miconazole nitrate vaginal CREA 2 %</i>	F	QL(45 gm per fill retail)
<i>miconazole nitrate vaginal KIT</i>	F	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	F	QL(3 ea per fill retail)
<i>miconazole nitrate vaginal SUPP 100 MG</i>	F	QL(7 ea per fill retail)
MONISTAT 1 COMBO PACK KIT (<i>Use miconazole nitrate vaginal</i>)	NF	
MONISTAT 1 DAY OR NIGHT COMBO PACK KIT (<i>Use miconazole nitrate vaginal</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
MONISTAT 3 COMBINATION PACK KIT (<i>Use miconazole nitrate vaginal</i>)	NF	QL(1 ea per fill retail)
MONISTAT 3 CREA (<i>Use miconazole nitrate vaginal</i>)	NF	Limit 1 package per month; QL(1.5 gm daily)
MONISTAT 7 SIMPLY CURE CREA (<i>Use miconazole nitrate vaginal</i>)	NF	QL(45 gm per fill retail)
<i>terconazole vaginal CREA 0.8 %</i>	F	QL(20 gm per fill retail)
<i>terconazole vaginal CREA 0.4 %</i>	F	QL(45 gm per fill retail)
<i>terconazole vaginal SUPP</i>	F	QL(3 ea per fill retail)
<i>tioconazole vaginal 6.5 %</i>	F	QL(5 gm per fill retail)
VANDAZOLE	F	QL(70 gm per fill retail)
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone vaginal</i>	F	QL(60 gm per fill retail)
MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH (<i>Use hydrocortisone vaginal</i>)	NF	QL(60 gm per fill retail)
Vaginal Contraceptive - pH Modulators		
PHEXXI	F	
Vaginal Estrogens		
ESTRACE CREA (<i>Use estradiol vaginal</i>)	NF	Limit 1 package per month; QL(1.5 gm daily)
<i>estradiol vaginal CREA</i>	F	Limit 1 package per month; QL(1.5 gm daily)
<i>estradiol vaginal TABS</i>	F	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREMARIN	F	Limit 1 package per month; QL(1.5 gm daily)	CENTRUM TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
VAGIFEM TABS (Use estradiol vaginal)	NF		CENTRUM WOMEN TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions			FOSFREE TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
Anaphylaxis Therapy Agents			MULTIPLE VITAMIN TABS - ASSORTED BRANDS	F	QL(1 ea daily)
<i>epinephrine (anaphylaxis) SOAJ</i>	F	QL(4 ea per 365 day(s) retail)	MULTIPLE VITAMIN TABS - ASSORTED GENERICS	F	QL(1 ea daily)
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NF		MULTIPLE VITAMINS W/ MINERALS CAPS - ASSORTED BRANDS	F	RX/OTC
EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NF		MULTIPLE VITAMINS W/ MINERALS CAPS - ASSORTED GENERICS	F	RX/OTC
Vasopressors			MULTIPLE VITAMINS W/ MINERALS CHEW	F	
<i>midodrine hcl</i>	F		MULTIPLE VITAMINS W/ MINERALS LIQD - ASSORTED BRANDS	F	RX/OTC
VITAMINS			MULTIPLE VITAMINS W/ MINERALS LIQD - ASSORTED GENERICS	F	RX/OTC
Multiple Vitamins w/ Minerals			MULTIPLE VITAMINS W/ MINERALS LOZG	F	
CENTRUM ADULTS TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC	MULTIPLE VITAMINS W/ MINERALS MISC	F	
CENTRUM LIQD (USE MULTIPLE VITAMINS W/ MINERALS)	NF	RX/OTC	MULTIPLE VITAMINS W/ MINERALS PACK	F	
CENTRUM MEN TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC	MULTIPLE VITAMINS W/ MINERALS POWD	F	
CENTRUM SILVER 50+MEN TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC	MULTIPLE VITAMINS W/ MINERALS SYRP	F	
CENTRUM SILVER ADULT 50+ TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC	MULTIPLE VITAMINS W/ MINERALS TABS - ASSORTED BRANDS	F	QL(1 ea daily); RX/OTC
CENTRUM SILVER TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MULTIPLE VITAMINS W/ MINERALS TABS - ASSORTED GENERICS	F	QL(1 ea daily); RX/OTC	VITAROCA PLUS TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
MULTIPLE VITAMINS W/ MINERALS TBCR	F		Oil Soluble Vitamins		
ONE-A-DAY ESSENTIAL TABS (USE MULTIPLE VITAMIN)	F	QL(1 ea daily)	BABY DDROPS LIQD OR (Use <i>cholecalciferol</i>)	NF	
ONE-A-DAY MENS TABS (USE MULTIPLE VITAMIN)	NF	QL(1 ea daily)	<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	F	QL(2 ea daily)
ONE-A-DAY WEIGHT SMART ADVANCED TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC	<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT</i>	F	Limit 8 per month; QL(0.267 ea daily)
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC	<i>cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT</i>	F	
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC	<i>cholecalciferol CHEW 400 UNIT</i>	F	
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC	<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML, 400 UT/0.028ML</i>	F	
ONE-A-DAY WOMENS PETITES TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC	<i>cholecalciferol TABS 10 MCG, 25 MCG, 400 UNIT, 1000 UNIT</i>	F	
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC	DRISDOL CAPS (Use <i>ergocalciferol</i>)	NF	
OPTIVITE P.M.T. TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC	D-VI-SOL LIQD OR (Use <i>cholecalciferol</i>)	NF	
STROVITE FORTE TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC	<i>ergocalciferol CAPS</i>	F	
THERAMILL FORTE CAPS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	RX/OTC	<i>ergocalciferol SOLN OR</i>	F	
			MEPHYTON TABS (Use <i>phytonadione</i>)	NF	
			<i>phytonadione TABS 5 MG</i>	F	
			<i>vitamin a CAPS 3 MG, 3000 MCG, 10000 UNIT</i>	F	
			<i>vitamin a TABS</i>	F	
			VITAMIN D3 LIQD OR 5000 UNIT/ML	F	
			<i>vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VITAMIN E CAPS 200 UNIT	F	QL(2 ea daily)
<i>vitamin e SOLN</i>	F	
Water Soluble Vitamins		
<i>ascorbic acid CHEW 500 MG, 500 MG-7.5 MG, 500 MG</i>	F	
ASCORBIC ACID POWD OR	F	
<i>ascorbic acid TABS</i>	F	100 / 30 days; QL(100 ea per 34 day(s) retail)
<i>biotin CAPS 5 MG, 5000 MCG</i>	F	
CYTO C POWD OR	F	
NIACIN TR TBCR	F	
<i>niacin CPCR 250 MG, 500 MG</i>	F	
<i>niacin TABS 50 MG, 100 MG, 500 MG</i>	F	
<i>niacin TBCR</i>	F	
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG</i>	F	
<i>riboflavin TABS 50 MG, 100 MG</i>	F	100 / 30 days; QL(100 ea per 34 day(s) retail)
SLO-NIACIN TBCR (<i>Use niacin</i>)	NF	
<i>thiamine hcl TABS</i>	F	100 / 30 days; QL(100 ea per 34 day(s) retail)
<i>thiamine mononitrate TABS 100 MG</i>	F	100 / 30 days; QL(100 ea per 34 day(s) retail)
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ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/31GX5/16"	71	AEROCHAMBER PLUS FLOW- VU/MEDIUM MASK MISC	90	albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML	10
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ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril)	amitriptyline hcl TABS	16	amphetamine-dextroamphetamine TABs	1
alum & mag hydrox-simethicone CHEW 200 MG-25 MG-200 MG	amlodipine besylate TABS	37	ampicillin CAPS 500 MG	104
alum & mag hydrox-simethicone LIQD 400 MG/5ML-40 MG/5ML-400 MG/5ML	amlodipine besylate-benazepril hcl 10 MG-2.5 MG, 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG	24		
alum & mag hydrox-simethicone LIQD	amlodipine besylate-olmesartan medoxomil	24		
	amlodipine besylate-valsartan	24		
	amlodipine-valsartan- hydrochlorothiazide	24		

AMPYRA (Use dalfampridine) ...	106	AQUAPHOR ADVANCED PROTECTION HEALING OINT ...	48	ARISTADA INITIO	32
AMYTAL SODIUM	60	AQUAPHOR ADVANCED THERAPY BABY OINT	48	armodafinil	1
ANAFRANIL (Use clomipramine hcl) 16		AQUAPHOR ADVANCED THERAPY HEALING BABY OINT	48	ARMOUR THYROID TABS	107
anagrelide hcl	58	AQUAPHOR ADVANCED THERAPY HEALING CHILDRENS OINT	48	ARNUITY ELLIPTA	10
ANAPROX DS TABS (Use naproxen sodium)	3	AQUAPHOR ADVANCED THERAPY HEALING OINT	48	AROMASIN (Use exemestane) ...	27
ANASPAZ TBDP (Use hyoscyamine sulfate)	108	AQUAPHOR ADVANCED THERAPY OINT	48	artificial tear solution	101
anastrozole	27	AQUAPHOR OINT	48	ASACOL HD TBEC (Use mesalamine)	56
ANNOVERA	40	AQUORAL SOLN	97	ascorbic acid CHEW 500 MG, 500 MG-7.5 MG, 500 MG	114
ANORO ELLIPTA	10	ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	59	ASCORBIC ACID POWD OR	114
ANTHELIOS MELT-IN MILK SUNSCREEN SPF 100 LOTN	49	ARANESP ALBUMIN FREE SOSY 59		ascorbic acid TABS	114
ANTIVERT CHEW (Use meclizine hcl)	20	AREXVY	110	asenapine maleate	31
ANUSOL-HC EX (Use hydrocortisone (rectal))	7	arginine TABS 500 MG	101	ASMANEX HFA AERO	10
APEXICON E CREA	46	ARGININE TABS	101	aspirin buffered (cal carb-mag carb-mag oxide)	5
APLENZIN	14	ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride)	105	aspirin CHEW	5
APO-VARENICLINE TABS	106	ARIKAYCE	2	ASPIRIN SUPP 300 MG	5
apraclonidine hcl	102	ARIMIDEX (Use anastrozole)	27	aspirin TABS 325 MG	5
APRETUDE	33	aripiprazole SOLN OR	32	aspirin TBEC 81 MG, 325 MG	5
APRISO CP24 (Use mesalamine) .	56	aripiprazole TABS	32	ATACAND (Use candesartan cilexetil)	23
APTIOM	11	aripiprazole TBDP	32	ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	24
APTIVUS CAPS	33	ARISTADA 1064 MG/3.9ML	32	atazanavir sulfate CAPS	33
AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	72	ARISTADA 441 MG/1.6ML	32	ATELVIA TBEC (Use risedronate sodium)	54
AQ INSULIN SYRINGE/1ML/29G X 1/2"	72	ARISTADA 662 MG/2.4ML	32	atenolol & chlorthalidone	24
AQ INSULIN SYRINGE/1ML/31G X 5/16"	72	ARISTADA 882 MG/3.2ML	32	atenolol TABS	36
AQUAPHILIC OINT	48			ATIVAN SOLN (Use lorazepam)	8
				ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam)	8

ATIVAN TABS 1 MG (Use lorazepam)	8	AVEENO BABY CONTINUOUS PROTECTION LOTN	49	MAXIMUM STRENGTH TABS (Use phenazopyridine hcl)	57
atomoxetine hcl	1	AVEENO BABY CONTINUOUS PROTECTION SPF50 LOTN	49	AZOPT (Use brinzolamide)	103
atorvastatin calcium TABS	22	AVEENO KIDS CONTINUOUS PROTECTION SPF 50 LOTN	49	AZOR (Use amlodipine besylate-olmesartan medoxomil)	24
atropine sulfate (ophthalmic) OINT 101		AVEENO POSITIVELY RADIANTDAILY MOISTURIZER SPF15 LOTN	49	AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	56
atropine sulfate (ophthalmic) SOLN 101		AVEENO POSITIVELY RADIANTDAILY MOISTURIZER SPF30 LOTN	49	AZULFIDINE TABS (Use sulfasalazine)	56
ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic)) 101		AVEENO PROTECT + HYDRATESPF 30 LOTN	49	BABY DDROPS LIQD OR (Use cholecalciferol)	113
ATROPINE SULFATE SOLN 1 % 101		AVEENO PROTECT + HYDRATESPF 60 LOTN	49	bacitracin (topical) OINT	44
ATROVENT HFA	9	AVEENO ULTRA-CALMING DAILY MOISTURIZER SPF15 LOTN	49	bacitracin zinc OINT	44
AUBAGIO (Use teriflunomide) ...	106	AVONEX PEN AJKT	106	bacitracin-polymyxin b (ophth) ...	102
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	105	AVONEX PSKT	106	bacitracin-polymyxin b OINT	44
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	105	AYGESTIN TABS (Use norethindrone acetate)	105	baclofen TABS 10 MG, 20 MG ...	100
AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate) 105		azathioprine TABS 50 MG	96	BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ...	25
AUTO-LANCET MINI MISC	68	azathioprine TABS 75 MG, 100 MG 96		BACTRIM TABS (Use sulfamethoxazole-trimethoprim) ...	25
AUTO-LANCET MISC	68	azelastine hcl (ophth)	103	BAG BALM OINT	48
AUTOLET IMPRESSION LANCING DEVICE MISC	68	azelastine hcl	100	BALCOLTRA (Use levonorgestrel-ethinyl estradiol-iron)	39
AUTOLET LANCING DEVICE MISC . 68		azithromycin PACK	62	balsalazide disodium CAPS	56
AUTOLET MINI MISC	68	azithromycin SUSR 100 MG/5ML .	62	BAND-AID ALL-IN-ONE ADHESIVE GAUZE PAD/LARGE PADS	63
AUTOLET PLUS MISC	68	azithromycin SUSR 200 MG/5ML .	62	BAND-AID GAUZE PADS LARGE4" X 4" PADS	63
AUTOPEN DEVI	72	azithromycin TABS 250 MG	62	BAND-AID GAUZE PADS MEDIUM 3" X 3" PADS	63
AVALIDE (Use irbesartan-hydrochlorothiazide)	24	azithromycin TABS 500 MG	62	BAND-AID GAUZE PADS SMALL2" X 2" PADS	63
AVAPRO (Use irbesartan)	23	azithromycin TABS 600 MG	62	BAND-AID HURT-FREE NON-STICK PADS LARGE 3" X 4" PADS	63
		AZO URINARY PAIN RELIEF			

BAND-AID HURT-FREE NON-STICK PADS MEDIUM 2" X 3" PADS	63	II/1ML/31G X 5/16"	72	ULTRAFINE/U-100/1ML/31G X 5/16"	73
BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	63	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	72	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	73
BANZEL SUSP (Use rufinamide)	12	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	72	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	73
BANZEL TABS (Use rufinamide)	12	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 12.7MM	72	BD INSULIN SYRINGE/1ML/27G X 12.7MM	73
BARACLUDE TABS (Use entecavir)	35	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	72	BD INSULIN SYRINGE/1ML/29G X 12.7MM	73
BCG VACCINE	109	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 8MM	72	BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	73
b-complex vitamins CAPS	98	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	72	BD PEN MINI MISC	73
b-complex vitamins TABS	98	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	72	BD PEN MISC	73
b-complex w/ c & folic acid CAPS	98	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 12.7MM	72	BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM	73
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	72	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	72	BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM	73
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	72	BD INSULIN SYRINGE ULTRAFINE/1/2 UNIT/0.3ML/31G X 8MM	72	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	73
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	72	BD INSULIN SYRINGE ULTRAFINE/1/2	72	BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM	73
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	72	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 12.7MM	72	BD PEN NEEDLE/ORIGINAL/ULTRAFINE/29G X 12.7MM	73
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	72	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 12.7MM	72	BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM	73
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	72	BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 8MM	72	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	73
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	72	BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	72	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	73
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	72	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	72	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	73
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	72	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	73	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	73
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	72	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	73	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	73
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	72	BD INSULIN SYRINGE		BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	73
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	72	BD INSULIN SYRINGE			

SYRINGE/1ML/31G X 15/64"	73	benztropine mesylate SOLN	29	biotin CAPS 5 MG, 5000 MCG . . .	114
BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16" . 73		benztropine mesylate TABS	29	bisacodyl SUPP	61
BD VEO INSULIN SYRINGE ULTRA- FINE/1ML/31G X 6MM	73	BETADINE SOLN (Use povidone- iodine)	33	bisacodyl TBEC	61
BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/1ML/31G X 15/64" . . .	73	betamethasone dipropionate (topical) CREA	46	bismuth subsalicylate CHEW 262 MG	19
BENADRYL ALLERGY CAPS (Use diphenhydramine hcl)	21	betamethasone dipropionate augmented CREA	46	bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	19
BENADRYL ALLERGY CHILDRENS LIQD (Use diphenhydramine hcl) . 21		betamethasone valerate CREA . . .	46	bismuth subsalicylate TABS	19
BENADRYL ALLERGY TABS (Use diphenhydramine hcl)	21	betamethasone valerate LOTN . . .	46	bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG	24
BENADRYL ALLERGY ULTRATABS TABs (Use diphenhydramine hcl) . 21		betamethasone valerate OINT	47	bisoprolol fumarate	37
benazepril & hydrochlorothiazide . 24		BETAPACE AF (Use sotalol hcl (afib/afll))	37	BLEPH-10 SOLN (Use sulfacetamide sodium (ophth))	102
benazepril hcl 40 MG	23	BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	37	BLEPHAMIDE S.O.P. OINT	102
benazepril hcl 5 MG, 10 MG, 20 MG . 23		betaxolol hcl (ophth) SOLN	101	BOOSTRIX SUSP	108
BENEFIX KIT	57	bethanechol chloride	109	BOOSTRIX SUSY	108
BENICAR (Use olmesartan medoxomil)	23	BETHKIS NEBU (Use tobramycin) . 2		bosentan TABS	38
BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) . . 24		bexarotene	28	BOSULIF TABS 100 MG, 500 MG 28	
BENZAC AC WASH LIQD 5 % (Use benzoyl peroxide)	43	BEXSERO	109	BOUDREAUXS BABY BUTT SMOOTH DRY SKIN OINT	48
benzonatate 100 MG	41	BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium) . . . 39		BPROTECTED PEDIA POLY-VITE SOLN OR	98
benzonatate 200 MG	41	bicalutamide	27	BPROTECTED PEDIA POLY- VITE/IRON SOLN	98
benzoyl peroxide BAR	43	BIKTARVY	33	BRAFTOVI 75 MG	28
benzoyl peroxide CREA 10 %	43	BINAXNOW COVID-19 AG CARD HOME TEST KIT	52	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	91
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	43	BIOGUARD GAUZE SPONGE 2"X2" 8 PLY PADS	63	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	91
benzoyl peroxide LIQD 4 %, 5 %, 10 %	44	BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	63	BREATHE EASE/LARGE MASK DEVI	91
		BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN . . . 97			
		BIOTHRAX	109		

BREATHE EASE/MEDIUM MASK DEVI .....91	SPF 30 LOTN .....49	codeine 30 MG-40 MG-50 MG-325 MG .....6
BREATHE EASE/SMALL MASK DEVI .....91	BULL FROG WATER ARMOR SPORT FACE SPF 30 LOTN .....49	butalbital-aspirin-caffeine CAPS ....4
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI .91	bumetanide TABS .....53	butalbital-aspirin-caffeine w/cod ....6
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI .....91	BUMEX TABS 0.5 MG (Use bumetanide) .....54	BYDUREON BCISE AUIJ .....18
BRILINTA .....58	buprenorphine hcl SUBL .....6	BYETTA SOPN 10 MCG/0.04ML .18
brimonidine tartrate 0.2 %102	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG .....6	BYETTA SOPN 5 MCG/0.02ML ...18
brinzolamide .....103	buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG, 3 MG-12 MG .....6	CABENUVA .....33
BRIVIACT SOLN OR 10 MG/ML ..12	buprenorphine hcl-naloxone hcl dihydrate SUBL .....6	CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate) .....1
BRIVIACT TABS .....12	bupropion hcl (smoking deterrent) 106	caffeine citrate SOLN OR .....1
BRIXADI SOSY .....6	bupropion hcl TABS .....14	CALAN SR TBCR (Use verapamil hcl) .....37
bromocriptine mesylate CAPS ....29	bupropion hcl TB12 100 MG .....14	calcipotriene CREA .....45
bromocriptine mesylate TABS 2.5 MG .....29	bupropion hcl TB12 150 MG .....14	calcipotriene SOLN .....46
brompheniramine & phenyleph ELIX . 42	bupropion hcl TB12 200 MG .....14	calcitonin (salmon) IJ .....54
brompheniramine & pseudoeph ELIX 42	bupropion hcl TB12 200 MG .....14	calcitonin (salmon) NA .....54
brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML .....42	bupropion hcl TB24 150 MG .....14	calcitriol CAPS .....54
budesonide (inhalation) SUSP .....10	bupropion hcl TB24 300 MG .....14	CALCIUM 600+D HIGH POTENCY TABs .....94
budesonide-formoterol fumarate dihydrate .....10	bupropion hcl TB24 450 MG .....14	calcium acetate (phosphate binder) CAPS .....57
BUFFERIN (Use aspirin buffered (cal carb-mag carb-mag oxide)) ....5	buspirone hcl 15 MG .....8	calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG .....8
BULL FROG SUPERBLOCK SPF50 LOTN .....49	buspirone hcl 5 MG, 10 MG .....8	CALCIUM CARBONATE CHEW 500 MG .....94
BULL FROG ULTIMATE SHEERPROTECTION FACE SUNBLOCK SPF 30 LOTN .....49	buspirone hcl 7.5 MG, 30 MG .....8	calcium carbonate TABS 500 MG, 1250 MG .....95
BULL FROG ULTIMATE SHEERPROTECTION SUNBLOCK	butalbital-acetaminophen TABS 50 MG-325 MG .....4	calcium carbonate-cholecalciferol CHEW 400 UNIT-500 MG .....95
	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG .....4	calcium carbonate-cholecalciferol TABs .....95
	butalbital-acetaminophen-caffeine TABs 40 MG-50 MG-325 MG .....4	calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125
	butalbital-acetaminophen-caffeine w/	

UNIT	95	carbamazepine TABS	12	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	74
calcium carbonate-vitamin d TABS 600 MG-200 UNIT	95	carbamazepine TB12	12	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	74
CALCIUM CHEW	95	CARBATROL CP12 (Use carbamazepine)	12	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	74
calcium citrate TABS 200 MG	95	carbidopa	29	CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	74
calcium polycarbophil TABS	60	carbidopa-levodopa TABS	29	CARETOUCH LANCING DEVICewith EJECTOR MISC ...	69
CALTRATE 600+D3 TABS (Use calcium carbonate-cholecalciferol) 95		carbidopa-levodopa TBCR	29	CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers))	55
CALTRATE BONE HEALTH TABS (Use calcium carbonate- cholecalciferol)	95	CARDIOCOM LANCING DEVICE MISC	68	CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers))	55
camphor & menthol LOTN	45	CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads)	37	CARNITOR TABS (Use levocarnitine (metabolic modifiers))	55
candesartan cilexetil	23	CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads)	37	carteolol hcl (ophth)	101
candesartan cilexetil- hydrochlorothiazide	24	CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	37	carvedilol 25 MG	36
capecitabine	27	CARDURA (Use doxazosin mesylate)	23	carvedilol 3.125 MG, 6.25 MG, 12.5 MG	36
CAPHOSOL SOLN	97	CAREONE ADVANCED LANCINGDEVICE MISC	69	carvedilol phosphate	36
capsaicin CREA 0.025 %	49	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	73	CASODEX (Use bicalutamide) ...	27
capsaicin CREA 0.075 %	49	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	73	CATAPRES-TTS-1 (Use clonidine)	23
capsaicin CREA 0.1 %	49	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	73	CATAPRES-TTS-2 (Use clonidine)	23
captopril & hydrochlorothiazide ...	24	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	73	CATAPRES-TTS-3 (Use clonidine)	23
captopril	23	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	73	CAYA DPRH	67
CAPZASIN-HP CREA (Use capsaicin)	49	CAREONE INSULIN SYRINGES/1ML/31GX5/16"	74	cefaclor CAPS	39
CARAC CREA (Use fluorouracil (topical))	45	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	74	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	39
CARAFATE SUSP (Use sucralfate)	109			cefadroxil CAPS	39
CARAFATE TABS (Use sucralfate)	109				
carbamazepine CHEW	12				
carbamazepine CP12	12				
carbamazepine SUSP	12				

cefadroxil SUSR	39	CENTRUM ADULTS TABS (USE MULTIPLE VITAMINS W/ MINERALS)	112	cetirizine-pseudoephedrine	42
cefadroxil TABS	39	CENTRUM LIQD (USE MULTIPLE VITAMINS W/ MINERALS)	112	CHANTAL SUN SCREEN SPF 30 LOTN	50
cefdinir CAPS	39	CENTRUM MEN TABS (USE MULTIPLE VITAMINS W/ MINERALS)	112	CHEMET	20
cefdinir SUSR	39	CENTRUM SILVER 50+MEN TABS (USE MULTIPLE VITAMINS W/ MINERALS)	112	CHEMSTRIP-K STRP	52
cefixime CAPS	39	CENTRUM SILVER ADULT 50+ TABS (USE MULTIPLE VITAMINS W/ MINERALS)	112	CHEWABLE CALCIUM/D3 WAFR 95	
cefprozil SUSR	39	CENTRUM SILVER TABS (USE MULTIPLE VITAMINS W/ MINERALS)	112	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	3
cefprozil TABS	39	CENTRUM TABS (USE MULTIPLE VITAMINS W/ MINERALS)	112	CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	3
ceftriaxone sodium IJ 1 GM, 500 MG 39		CENTRUM WOMEN TABS (USE MULTIPLE VITAMINS W/ MINERALS)	112	chlordiazepoxide hcl CAPS	8
ceftriaxone sodium IJ 250 MG	39	cephalexin CAPS 250 MG, 500 MG 39		chlorhexidine gluconate (mouth-throat)	97
cefuroxime axetil TABS	39	cephalexin SUSR	39	chlorhexidine gluconate SOLN EX 4 %	33
CELEBREX 400 MG (Use celecoxib) 3		CEQR SIMPLICITY 2U DEVI	74	chloroquine phosphate TABS 250 MG	26
CELEBREX 50 MG, 100 MG, 200 MG (Use celecoxib)	3	CERAVE HEALING OINT	48	chloroquine phosphate TABS 500 MG	26
celecoxib 400 MG	3	CERAVE THERAPEUTIC HAND CREAM CREA	49	chlorpheniramine maleate SYRP ..	21
celecoxib 50 MG, 100 MG, 200 MG 3		CERDELGA	58	chlorpheniramine maleate TABS ..	21
CELEXA TABS 10 MG (Use citalopram hydrobromide)	14	CEREZYME 400 UNIT	58	chlorpromazine hcl SOLN 25 MG/ML 32	
CELEXA TABS 20 MG (Use citalopram hydrobromide)	14	cetirizine hcl CHEW	21	chlorpromazine hcl TABS 10 MG ..	32
CELEXA TABS 40 MG (Use citalopram hydrobromide)	14	cetirizine hcl SOLN OR	21	chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG	32
CELLCEPT CAPS (Use mycophenolate mofetil)	96	cetirizine hcl SYRP OR	21	chlorthalidone 25 MG, 50 MG	54
CELLCEPT INTRAVENOUS (Use mycophenolate mofetil hcl)	96	cetirizine hcl TABS	21	chlorzoxazone TABS 500 MG	100
CELLCEPT SUSR (Use mycophenolate mofetil)	96			CHOLBAM	56
CELLCEPT TABS (Use mycophenolate mofetil)	96			cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT	113
CELONTIN (Use methsuximide) ..	13			cholecalciferol CAPS 125 MCG, 5000 UNIT	113
CENTANY OINT	44			cholecalciferol CAPS 25 MCG, 50	

MCG, 1000 UNIT, 2000 UNIT	113	clarithromycin TABS	62	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	74
cholecalciferol CHEW 400 UNIT .	113	clarithromycin TB24	62	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	74
cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML, 400 UT/0.028ML .	113	CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	21	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	74
cholecalciferol TABS 10 MCG, 25 MCG, 400 UNIT, 1000 UNIT	113	CLARITIN REDITABS JUNIORS TBDP (Use loratadine)	21	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	74
cholestyramine light PACK	22	CLARITIN SOLN (Use loratadine) .	21	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	74
cholestyramine light POWD	22	CLARITIN TABS (Use loratadine) .	21	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	74
cholestyramine PACK	22	CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine) . . .	42	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	74
cholestyramine POWD	22	CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine) . . .	42	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	74
CHOSEN LANCING DEVICE MISC 69		CLASSIC PRENATAL TABS	98	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	74
cilostazol	58	clemastine fumarate TABS 1.34 MG . 21		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	74
CIMDUO	33	CLEOCIN CREA (Use clindamycin phosphate vaginal)	111	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	74
cimetidine hcl OR 300 MG/5ML .	108	CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride)	26	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	74
cimetidine TABS	108	CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	44	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	74
CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	56	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI .	91	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	74
CIPRODEX (Use ciprofloxacin- dexamethasone)	104	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	91	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	74
ciprofloxacin hcl TABS 100 MG . .	56	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL DEVI	91	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	74
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	56	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI .	91	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	74
ciprofloxacin-dexamethasone . . .	104				
citalopram hydrobromide SOLN . .	14				
citalopram hydrobromide TABS 10 MG	14				
citalopram hydrobromide TABS 20 MG	14				
citalopram hydrobromide TABS 40 MG	14				
clarithromycin SUSR 125 MG/5ML	62				
clarithromycin SUSR 250 MG/5ML	62				

CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U- 100/1ML/31GX5/16"	74	clorazepate dipotassium TABS	8	COLESTID GRAN (Use colestipol hcl)	22
CLIMARA PTWK (Use estradiol) ..	55	clotrimazole (topical) CREA	45	COLESTID TABS (Use colestipol hcl)	22
CLINDAGEL GEL (Use clindamycin phosphate (topical))	44	clotrimazole (topical) SOLN	45	colestipol hcl GRAN	22
clindamycin hcl 150 MG, 300 MG .	26	clotrimazole vaginal CREA 1 % ..	111	colestipol hcl TABS	22
clindamycin palmitate hydrochloride .	26	clotrimazole vaginal CREA 2 % ..	111	COMBIPATCH PTTW	55
clindamycin phosphate (topical) GEL	44	clotrimazole w/ betamethasone CREA	45	COMBIVENT RESPIMAT AERS ..	10
clindamycin phosphate (topical) LOTN	44	clotrimazole w/ betamethasone LOTN	45	COMBIVIR (Use lamivudine- zidovudine)	33
clindamycin phosphate (topical) SOLN	44	clozapine TABS 100 MG	31	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	74
clindamycin phosphate vaginal CREA	111	clozapine TABS 25 MG, 50 MG, 200 MG	31	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	74
CLINITEST RAPID COVID- 19ANTIGEN SELF-TEST KIT	52	clozapine TBDP 100 MG	31	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16" 74	
clobetasol propionate CREA 0.05 % .	47	clozapine TBDP 12.5 MG, 25 MG, 150 MG, 200 MG	31	COMIRNATY 2023-24 SUSP	110
clobetasol propionate emollient base 0.05 %	47	CLOZARIL TABS 100 MG (Use clozapine)	31	COMIRNATY 2023-24 SUSY	110
clobetasol propionate GEL 0.05 %	47	CLOZARIL TABS 25 MG, 50 MG, 200 MG (Use clozapine)	31	COMIRNATY SUSP	110
clobetasol propionate OINT 0.05 %	47	CO MONITOR DEVI	91	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI ...	91
clobetasol propionate SOLN 0.05 % .	47	coal tar extract SHAM 0.5 %	52	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	91
clomipramine hcl	16	COARTEM	26	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	91
clonazepam TABS	11	codeine sulfate TABS 30 MG	5	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	91
clonidine	23	CODEINE SULFATE TABS	5	COMPLERA	33
clonidine hcl (adhd) TB12	1	COLACE CAPS 100 MG (Use docusate sodium)	61	CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl) ..	1
clonidine hcl TABS	23	COLAZAL CAPS (Use balsalazide disodium)	56		
clopidogrel bisulfate 75 MG	58	colchicine TABS	57		
		colchicine w/ probenecid	57		
		COLCRYST TABS (Use colchicine)	57		
		COLESTID FLAVORED GRAN (Use colestipol hcl)	22		

CONCERTA TBCR 36 MG (Use methylphenidate hcl)	1	COPPERTONE GLOW/SHIMMER SPF 50 LOTN	50	COPPERTONE ULTRAGUARD SPF 70+ LOTN	50
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	63	COPPERTONE KIDS PURE & SIMPLE SPF 50 LOTN	50	COPPERTONE WATERBABIES SPF 50 LOTN	51
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	63	COPPERTONE KIDS SPF 70 LOTN .	50	COREG 25 MG (Use carvedilol) ...	36
COPAXONE SOSY (Use glatiramer acetate)	106	COPPERTONE LIMITED EDITION SPF 30 LOTN	50	COREG 3.125 MG, 6.25 MG, 12.5 MG (Use carvedilol)	36
COPERTONE WATERBABIES SPF 50 LOTN	50	COPPERTONE LIMITED EDITION SPF 50 LOTN	50	COREG CR (Use carvedilol phosphate)	36
COPPERTONE BABY PURE & SIMPLE SPF 50 LOTN	50	COPPERTONE OIL FREE FACESPF 30 LOTN	50	CORGARD TABS 20 MG, 40 MG, 80 MG (Use nadolol)	37
COPPERTONE COMPLETE FACESPF45 LOTN	50	COPPERTONE OIL FREE FACESPF 50 LOTN	50	CORIFACT	57
COPPERTONE COMPLETE SPF 30 LOTN	50	COPPERTONE PURE & SIMPLEFACE SPF 50 LOTN	50	CORTEF TABS (Use hydrocortisone)	41
COPPERTONE COMPLETE SPF 50 LOTN	50	COPPERTONE SPORT 4-IN-1 SPF 15 LOTN	50	CORTENEMA (Use hydrocortisone (intrarectal))	7
COPPERTONE EVERY TONE SPF 50 LOTN	50	COPPERTONE SPORT 4-IN-1 SPF 30 LOTN	50	CORTISONE ACETATE TABS	41
COPPERTONE GLOW PROTECT & TAN SPF 30 LOTN	50	COPPERTONE SPORT 4-IN-1 SPF 50 LOTN	50	COSOPT (Use dorzolamide hcl-timolol maleate)	101
COPPERTONE GLOW PROTECT & TAN SPF45 LOTN	50	COPPERTONE SPORT 4-IN-1 SPF 70 LOTN	50	COTELIC	28
COPPERTONE GLOW WITH SHIMMER SPF 15 LOTN	50	COPPERTONE SPORT CLEAR SPF 30 LOTN	50	COTZ LOTN	51
COPPERTONE GLOW WITH SHIMMER SPF 30 LOTN	50	COPPERTONE SPORT CLEAR SPF 50 LOTN	50	COVID-19 AT-HOME TEST KIT KIT .	52
COPPERTONE GLOW WITH SHIMMER SPF 50 LOTN	50	COPPERTONE SPORT MINERALFACE SPF 50 LOTN	50	COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	52
COPPERTONE GLOW/SHIMMER SPF 30 LOTION SPRAY LOTN ...	50	COPPERTONE SPORT MINERALSPF 50 LOTN	50	COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	52
COPPERTONE GLOW/SHIMMER SPF 30 LOTN	50	COPPERTONE TANNING SPF 15 LOTN	50	COVRSITE COVER DRESSING PADS	63
COPPERTONE GLOW/SHIMMER SPF 50 LOTION SPRAY LOTN ...	50	COPPERTONE TANNING SPF 8 LOTN	50	COVRSITE PLUS COMPOSITE DRESSING PADS	63
				COZAAR (Use losartan potassium)	23
				CREON CPEP	53
				CRESTOR TABS (Use rosuvastatin	

calcium)	22	CURITY GAUZE PADS 3"X3" PADS .	63	CVS GAUZE PAD 3"X3" PADS ...	64
cromolyn sodium (nasal) 5.2				CVS GAUZE PADS 2"X2" 12-PLY	
MG/ACT	100	CURITY GAUZE PADS 4"X4" 12		PADS	64
cromolyn sodium (ophth)	103	PLY PADS	63	CVS GAUZE PADS STERILE 4"X4"	
cromolyn sodium NEBU	9	CURITY GAUZE SPONGE 2"X2" 8		12-PLY PADS	64
crotamiton LOTN	52	PLY PADS	63	CVS GAUZE PADS STERILE 4"X4"	
CURITY ALL PURPOSE SPONGES		CURITY GAUZE SPONGE 2"X2"12		PADS	64
2"X2" 4PLY PADS	63	PLY PADS	63	CVS GLUCOSE CHEW	17
CURITY ALL PURPOSE SPONGES		CURITY GAUZE SPONGE 3"X3" 12		CVS LANCING DEVICE MISC	69
2"X2" PADS	63	PLY PADS	63	CVS PRENATAL	
CURITY ALL PURPOSE SPONGES		CURITY GAUZE SPONGE 4"X4" 12		GUMMY/DHA/FOLIC ACID	99
3"X3" 4PLY PADS	63	PLY PADS	64	CVS PRENATAL TABS 100 MG-2.6	
CURITY ALL PURPOSE SPONGES		CURITY GAUZE SPONGE 4"X4" 16		MG-800 MCG-400 UNIT-4 MCG-1.7	
4 PLY PADS	63	PLY PADS	64	MG-18 MG-27 MG-1.5 MG-25 MG-	
CURITY ALL PURPOSE SPONGES		CURITY GAUZE SPONGE 4"X4" 8		263 MG-11 UNIT-4000 UNIT	99
4"X4" 4PLY PADS	63	PLY PADS	64	CVS SOFT GLUCOSE CHEW	17
CURITY ALL PURPOSE SPONGES		CURITY GAUZE SPONGE 4"X4"16		cyanocobalamin SOLN IJ 1000	
4"X4" 4PLY/SOFT POUCH PADS .	63	PLY PADS	64	MCG/ML	58
CURITY ALL PURPOSE SPONGES		CURITY GAUZE SPONGES 4"X4"		cyclobenzaprine hcl TABS 5 MG, 10	
4"X4" PADS	63	12 PLY PADS	64	MG	100
CURITY AMD		CURITY GAUZE SPONGES 4"X4" 8		CYCLOGYL (Use cyclopentolate hcl)	
ANTIMICROBIALGAUZE SPONGES		PLY PADS	64	.....	102
2"X2" 8 PLY PADS	63	CURITY NON-ADHERENT STRIPS		CYCLOGYL 0.5 %	102
CURITY AMD		3"X3" PADS	64	CYCLOGYL 2 %	102
ANTIMICROBIALGAUZE SPONGES		CURITY		cyclopentolate hcl 0.5 %, 1 %	102
4"X4" 12 PLY PADS	63	SPONGES/CELLULOSEFILLED/2"X		cyclopentolate hcl 2 %	102
CURITY COVER SPONGE 4"X4"		2" PADS	64	cyclophosphamide CAPS	27
PADS	63	CURITY		cyclosporine CAPS	96
CURITY COVER SPONGES 3"X3"		SPONGES/CELLULOSEFILLED/4"X		cyclosporine modified (for	
PADS	63	4" PADS	64	microemulsion) CAPS	96
CURITY COVER SPONGES 4"X4"		CVS ADHESIVE PAD 4"X4" PADS		cyclosporine modified (for	
PADS	63	64		microemulsion) SOLN	96
CURITY DRESSING SPONGES		CVS ADHESIVE PAD 6"X6" PADS		cyclosporine SOLN IV 50 MG/ML .	96
4"X4" 6 PLY PADS	63	64		CYMBALTA CPEP (Use duloxetine	
CURITY GAUZE PADS 2"X2" 12		CVS ADHESIVE PADS SHEER			
PLY PADS	63	2.25"X3" PADS	64		
		CVS DRY MOUTH SPRAY SOLN .	97		

hcl)	16	DAYPRO TABS (Use oxaprozin) ...	3	SC	40
cyproheptadine hcl SYRP	22	DDAVP SOLN IJ 4 MCG/ML (Use		DERMACEA DRAIN SPONGES	
cyproheptadine hcl TABS	22	desmopressin acetate)	55	4"X4" PADS	64
CYTO C POWD OR	114	DDAVP TABS (Use desmopressin		DERMACEA GAUZE SPONGE 2"X2"	
CYTOMEL TABS (Use liothyronine		acetate)	55	12 PLY PADS	64
sodium)	107	DEBROX 6.5 % (Use carbamide		DERMACEA GAUZE SPONGE 2"X2"	
CYTOTEC (Use misoprostol)	109	peroxide (otic))	104	8 PLY PADS	64
D.H.E. 45 SOLN IJ (Use		deferasirox TABS	20	DERMACEA GAUZE SPONGE 3"X3"	
dihydroergotamine mesylate)	93	DELSTRIGO	33	12 PLY PADS	64
dabigatran etexilate mesylate CAPS .		DELSYM COUGH CHILDRENS		DERMACEA GAUZE SPONGE 3"X3"	
11		SUER (Use dextromethorphan		8 PLY PADS	64
DAKINS SOLUTION FULL		polistirex)	41	DERMACEA GAUZE SPONGE 4"X4"	
STRENGTH SOLN EX (Use sodium		DELSYM SUER (Use		12 PLY PADS	64
hypochlorite)	33	dextromethorphan polistirex)	42	DERMACEA GAUZE SPONGE 4"X4"	
DAKINS SOLUTION HALF		DELZICOL CPDR (Use mesalamine)		16 PLY PADS	64
STRENGTH SOLN EX (Use sodium		56		DERMACEA GAUZE SPONGE 4"X4"	
hypochlorite)	33	DENGXAXIA	110	8 PLY PADS	64
DAKINS SOLUTION QUARTER		DEPAKOTE ER TB24 (Use		DERMACEA I.V. DRAIN SPONGES	
STRENGTH SOLN EX (Use sodium		divalproex sodium)	13	2"X2" PADS	64
hypochlorite)	33	DEPAKOTE SPRINKLES CSDR		DERMACEA I.V. DRAIN SPONGES	
dalfampridine	106	(Use divalproex sodium)	13	4"X4" PADS	64
DALIRESP 500 MCG (Use		DEPAKOTE TBEC (Use divalproex		DERMACEA I.V. SPONGES 2"X2"	
roflumilast)	10	sodium)	13	PADS	64
dapagliflozin propanediol	19	DEPEN TITRATABS TABS (Use		DERMACEA NON-WOVEN	
dapagliflozin propanediol-metformin		penicillamine)	96	SPONGES 2"X2" 4 PLY PADS	64
hcl 1000 MG-10 MG	17	DEPLIN 15	53	DERMACEA NON-WOVEN	
dapagliflozin propanediol-metformin		DEPLIN 7.5	53	SPONGES 3"X3" 4 PLY PADS	64
hcl 1000 MG-5 MG	17	DEPO-PROVERA		DERMACEA NON-WOVEN	
dapsone	26	CONTRACEPTIVE SUSP IM (Use		SPONGES 4"X4" 4 PLY PADS	64
DAPTACEL	108	medroxyprogesterone acetate		DERMACEA NON-WOVEN	
darunavir TABS 600 MG	33	(contraceptive))	40	SPONGES 4"X4" 6 PLY PADS	64
darunavir TABS 800 MG	33	DEPO-PROVERA		DERMACEA TYPE VII GAUZE 2"X2"	
DAYHIST ALLERGY 12 HOUR		CONTRACEPTIVE SUSY IM (Use		12 PLY PADS	64
RELIEF TABS	21	medroxyprogesterone acetate		DERMACEA TYPE VII GAUZE 2"X2"	
		(contraceptive))	40	8 PLY PADS	65
		DEPO-SUBQ PROVERA 104 SUSY		DERMACEA TYPE VII GAUZE 3"X3"	

12 PLY PADS	65	desoximetasone OINT 0.25 %	47	42
DERMACEA TYPE VII GAUZE 3"X3" 12PLY PADS	65	DESVENLAFAXINE ER	16	dextromethorphan-doxylamine-acetaminophen LIQD
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS	65	desvenlafaxine succinate	16	42
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	65	DETROL LA CP24 (Use tolterodine tartrate)	109	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
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	65	DETROL TABS (Use tolterodine tartrate)	109	42
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	65	DEX4 QUICK DISSOLVE GLUCOSE CHEW	17	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML
DERMOTIC (Use fluocinolone acetonide (otic))	104	dexamethasone ELIX	41	42
DESCOVY	33	DEXAMETHASONE INTENSOL CONC	41	dextromethorphan-guaifenesin TABS
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	16	dexamethasone sodium phosphate (ophth)	102	42
desipramine hcl TABS 25 MG	16	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	41	dextromethorphan-guaifenesin TB12 600 MG-30 MG
desmopressin acetate SOLN IJ	55	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	41	42
desmopressin acetate spray	55	dexamethasone SOLN	41	dextromethorphan-phenylephrine-acetaminophen CAPS
desmopressin acetate spray refrigerated	55	dexamethasone TABS	41	42
desmopressin acetate TABS	55	dexchlorpheniramine maleate SOLN . 21		dextrose (diabetic use) GEL
desogestrel & ethinyl estradiol	39	DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate) ...	1	17
desogestrel-ethinyl estradiol (biphasic)	39	dexmethylphenidate hcl TABS	1	DHIVY TABS
desogestrel-ethinyl estradiol (triphasic)	39	dextroamphetamine sulfate CP24 10 MG, 15 MG	1	29
desonide CREA	47	dextroamphetamine sulfate CP24 5 MG	1	DHS TAR GEL SHAM (Use coal tar extract)
desonide OINT	47	dextroamphetamine sulfate TABS 5 MG, 10 MG	1	52
DESOWEN CREA (Use desonide)	47	dextromethorphan polistirex LQCR	42	DHS TAR SHAM (Use coal tar extract)
desoximetasone CREA 0.05 %	47	dextromethorphan polistirex SUER		52
desoximetasone CREA 0.25 %	47			DIABETIDERM SUNSCREEN SPF15 LOTN
desoximetasone GEL	47			51
				diaper rash products OINT
				48
				DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))
				11
				DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))
				11
				DIATHRIVE LANCING DEVICE MISC
				69
				diazepam (anticonvulsant) GEL ...
				11
				diazepam SOLN IJ 5 MG/ML, 10

MG/2ML, 50 MG/10ML	9	digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	38	25 MG	59
DIAZEPAM SOLN IJ 5 MG/ML	9	dihydroergotamine mesylate SOLN IJ 1 MG/ML	93	diphenhydramine hcl (sleep) TABS 50 MG	59
diazepam SOLN OR 5 MG/5ML	9	dihydroergotamine mesylate SOLN NA 4 MG/ML	93	diphenhydramine hcl CAPS	21
diazepam TABS	9	DILANTIN (Use phenytoin sodium extended)	13	diphenhydramine hcl ELIX 12.5 MG/5ML	21
diazoxide	17	DILANTIN 30 MG	13	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	21
dibucaine	49	DILANTIN INFATABS CHEW (Use phenytoin)	13	diphenhydramine hcl TABS 25 MG 21	
diclofenac potassium TABS 50 MG	3	DILANTIN-125 SUSP (Use phenytoin)	13	diphenoxylate w/ atropine LIQD ...	19
diclofenac sodium (ophth)	103	DILAUDID TABS (Use hydromorphone hcl)	5	diphenoxylate w/ atropine TABS ...	19
diclofenac sodium (topical) GEL EX 45		diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	37	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP .	108
diclofenac sodium TB24	3	diltiazem hcl coated beads CP24 240 MG	37	dipyridamole	58
diclofenac sodium TBEC	3	diltiazem hcl CP12	37	disopyramide phosphate CAPS	9
dicloxacillin sodium	105	diltiazem hcl CP24	37	disulfiram 250 MG	105
dicyclomine hcl CAPS	108	diltiazem hcl extended release beads	37	DITROPAN XL TB24 5 MG, 10 MG (Use oxybutynin chloride)	109
dicyclomine hcl SOLN OR	108	diltiazem hcl TABS	37	divalproex sodium CSDR	13
dicyclomine hcl TABS	108	dimenhydrinate TABS	20	divalproex sodium TB24	13
DIFFERIN DAILY DEEP CLEANSER LIQD (Use benzoyl peroxide)	44	dimethyl fumarate CDPK	106	divalproex sodium TBEC	13
diflorasone diacetate CREA	47	dimethyl fumarate CPDR	106	docusate calcium	61
diflorasone diacetate OINT	47	DIOVAN HCT (Use valsartan-hydrochlorothiazide)	24	docusate sodium CAPS 100 MG, 250 MG	61
DIFLUCAN SUSR (Use fluconazole) . 20		DIOVAN TABS (Use valsartan) ...	23	docusate sodium LIQD	61
DIFLUCAN TABS 100 MG (Use fluconazole)	20	diphenhydramine hcl (sleep) CAPS 59		docusate sodium SYRP	62
DIFLUCAN TABS 150 MG (Use fluconazole)	20	diphenhydramine hcl (sleep) LIQD	59	DOCUSATE SODIUM SYRP	62
DIFLUCAN TABS 200 MG (Use fluconazole)	20	diphenhydramine hcl (sleep) TABS		docusate sodium TABS	62
DIFLUCAN TABS 50 MG (Use fluconazole)	20			dofetilide	9
diflunisal TABS	5			donepezil hydrochloride TABS 5 MG, 10 MG	105
digoxin SOLN OR 0.05 MG/ML	38				

dorzolamide hcl	103	100/0.3/31G X 5/16"	75	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	75
DORZOLAMIDE HCL	103	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	75	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	75
DORZOLAMIDE HCL/TIMOLOL MALEATE	101	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	75	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	75
dorzolamide hcl-timolol maleate	101	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	75	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	75
DOVATO	33	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	75	drospirenone-ethinyl estradiol	39
DOVONEX CREA (Use calcipotriene)	46	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	75	drospirenone-ethinyl estradiol-levomefolate calcium	39
doxazosin mesylate	23	DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	75	DROXIA CAPS	58
doxepin hcl (sleep)	60	DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	75	DRUG MART ADJUSTABLE LANCING DEVICE MISC	69
doxepin hcl CAPS	16	DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	75	DRYMAX EXTRA PADS	65
doxepin hcl CONC	16	DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	75	DUETACT (Use pioglitazone hcl-glimepiride)	17
doxycycline (monohydrate) CAPS 50 MG, 100 MG	107	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	75	DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)	61
doxycycline (monohydrate) TABS 50 MG, 100 MG	107	DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 5/16"	75	DULCOLAX SUPP (Use bisacodyl)	61
doxycycline hyclate CAPS	107	DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	75	DULCOLAX TBEC (Use bisacodyl)	61
doxycycline hyclate TABS 100 MG 107		DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	75	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	16
doxylamine succinate (sleep)	59	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	75	duloxetine hcl CPEP 40 MG	16
DRAMAMINE TABS (Use dimenhydrinate)	20	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	75	DUREX EXTRA SENSITIVE THIN DEVI	67
DRISDOL CAPS (Use ergocalciferol) 113		DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	75	DUTOPROL TB24 12.5 MG-50 MG 24	
droperidol SOLN 2.5 MG/ML	8	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	75	D-VI-SOL LIQD OR (Use cholecalciferol)	113
DROPLET GENTEEL LANCING DEVICE MISC	69	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	75		
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	74	DROPLET LANCING DEVICE MISC	69		
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	74	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	75		
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	75				
DROPLET INSULIN SYRINGE U-					

E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	62	EASY FLOW WHITE/YELLOW DEVI	92	SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	76
EASIVENT MISC	92	EASY MINI EJECT LANCING DEVICE MISC	69	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .	76
EASIVENT/MASK-LARGE MISC ..	91	EASY MINI LANCING DEVICE MISC	69	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" .	76
EASIVENT/MASK-MEDIUM MISC	91	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	76	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	76
EASIVENT/MASK-SMALL MISC ..	92	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	76	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	76
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	75	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	76	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	76
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	75	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	76	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	76
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	75	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	76	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" .	76
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	75	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	76	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8" .	76
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	75	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	76	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" .	76
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	76	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	76	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" .	76
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" .	76	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	76	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" .	76
EASY FLOW BLACK/BLUE DEVI .	92	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	76	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" .	76
EASY FLOW BLACK/ORANGE DEVI	92	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	76	EASY TOUCH LANCING DEVICE/EJECTOR MISC	69
EASY FLOW BLACK/RED DEVI ..	92	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	76	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	76
EASY FLOW BLACK/WHITE DEVI	92	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	76		
EASY FLOW BLACK/YELLOW DEVI	92	EASY TOUCH INSULIN			
EASY FLOW WHITE/BLUE DEVI .	92				
EASY FLOW WHITE/GREEN DEVI	92				
EASY FLOW WHITE/PINK DEVI ..	92				
EASY FLOW WHITE/WHITE DEVI	92				

EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	76	eletriptan hydrobromide	93	MG/0.4ML	11
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	77	ELFOLATE TABS	53	enoxaparin sodium SOSY 60 MG/0.6ML	11
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" 77		ELIDEL (Use pimecrolimus)	48	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	11
EC-NAPROSYN TBEC (Use naproxen)	3	ELIGARD SC	27	ENSPRYNG	96
econazole nitrate CREA	45	ELIQUIS STARTER PACK TBPB .	11	entecavir TABS	35
ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin)	5	ELIQUIS TABS	11	EPCLUSA TABS (Use sofosbuvir-velpatasvir)	35
ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)	5	ELLA	40	EPIFOAM FOAM	47
ECOTRIN TBEC (Use aspirin)	5	ELLUME COVID-19 HOME TEST KIT	52	epinephrine (anaphylaxis) SOAJ .	112
ED BRON GP LIQD	42	ELOCTATE	57	epinephrine hcl (nasal)	101
EDURANT	33	EMBRACE LANCING DEVICE WITH EJECTOR MISC	69	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	112
efavirenz CAPS 200 MG	33	EMCYT	27	EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	112
efavirenz CAPS 50 MG	33	emollient OINT	48	EPIVIR SOLN (Use lamivudine) ...	33
efavirenz TABS	33	EMSAM	14	EPIVIR TABS 150 MG (Use lamivudine)	33
efavirenz-emtricitabine-tenofovir disoproxil fumarate	33	emtricitabine CAPS	33	EPIVIR TABS 300 MG (Use lamivudine)	33
efavirenz-emtricitabine-tenofovir disoproxil fumarate	33	emtricitabine-tenofovir disoproxil fumarate	33	EPZICOM (Use abacavir sulfate-lamivudine)	33
efavirenz-lamivudine-tenofovir disoproxil fumarate	33	EMTRIVA CAPS (Use emtricitabine) .	33	EQ GAUZE PADS 4"X4" PADS ...	65
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	16	EMTRIVA SOLN	33	EQ SPACE CHAMBER ANTI-STATIC DEVI	92
EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	16	enalapril maleate & hydrochlorothiazide	24	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	92
EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	16	enalapril maleate TABS	23	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI ...	92
EFFIENT (Use prasugrel hcl)	58	ENERGIX-B SUSP 20 MCG/ML .	110	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	92
EFUDEX CREA (Use fluorouracil (topical))	45	ENERGIX-B SUSY	110	EQL DRY MOUTH ORAL RINSE SOLN	97
		enoxaparin sodium SOLN IJ 300 MG/3ML	11		
		enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	11		
		enoxaparin sodium SOSY 30 MG/0.3ML	11		
		enoxaparin sodium SOSY 40			

EQL GAUZE PADS 2"X2"/SMALL PADS	65	(acne aid))	44	ESTRACE TABS (Use estradiol) ..	55
EQL GAUZE PADS 4"X4"/LARGE PADS	65	ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	62	estradiol & norethindrone acetate TABS	55
EQL GAUZE STERILE PADS 3"X3" PADS	65	ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	62	estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	55
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	77	erythromycin (acne aid) GEL	44	estradiol PTTW 0.0375 MG/24HR ..	55
EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	77	erythromycin (acne aid) SOLN	44	estradiol PTWK	55
EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	77	erythromycin (ophth)	102	estradiol TABS	55
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	77	ERYTHROMYCIN	102	estradiol vaginal CREA	111
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	77	erythromycin base CPEP	62	estradiol vaginal TABS	111
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	77	erythromycin base TABS	62	eszopiclone	60
EQL INSULIN SYRINGE/1ML/29G X 1/2"	77	erythromycin base TBEC	62	ethambutol hcl TABS	27
EQL INSULIN SYRINGE/1ML/30G X 5/16"	77	erythromycin ethylsuccinate SUSR ..	62	ethosuximide CAPS	13
EQL INSULIN SYRINGE/1ML/31G X 5/16"	77	erythromycin ethylsuccinate TABS ..	62	ethosuximide SOLN	13
EQL INSULIN SYRINGE/1ML/30G X 5/16"	77	erythromycin stearate TABS 250 MG ..	62	ethynodiol diacet & eth estrad	39
EQL INSULIN SYRINGE/1ML/31G X 5/16"	77	ESBRIET CAPS (Use pirfenidone) ..	107	etodolac CAPS	3
EQL PRENATAL FORMULA TABS 99		ESBRIET TABS (Use pirfenidone) ..	107	etodolac TABS	3
EQUALYTE SOLN (USE ORAL ELECTROLYTES)	95	escitalopram oxalate SOLN	14	etodolac TB24	3
EQUETRO	29	escitalopram oxalate TABS 10 MG ..	15	etonogestrel-ethinyl estradiol	40
ergocalciferol CAPS	113	escitalopram oxalate TABS 20 MG ..	15	etoposide CAPS	29
ergocalciferol SOLN OR	113	escitalopram oxalate TABS 5 MG ..	15	etravirine 100 MG	33
ergoloid mesylates TABS	106	ESGIC TABS (Use butalbital-acetaminophen-cafeine)	4	etravirine 200 MG	33
ERIVEDGE	27	esomeprazole magnesium CPDR 40 MG	109	EUCERIN ADVANCED HYDRATION SPF 50 LOTN	51
erlotinib hcl	27	estazolam	60	EUCERIN AGE DEFENSE SPF 50 LOTN	51
ERYGEL GEL (Use erythromycin		ESTRACE CREA (Use estradiol vaginal)	111	EUCERIN BABY SENSITIVE MINERAL/SPF 50 LOTN 24 %	51

EUCERIN REDNESS RELIEF DAY LOTION SPF 15 LOTN	51	SYRINGE/0.5ML/30G X 5/16"	77	13
EUCERIN SENSITIVE MINERAL/SPF 50 LOTN 24 %	51	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	77	FELDENE CAPS (Use piroxicam) ..
EUCERIN SENSITIVE MINERALFACE/SPF 35 LOTN 24 % .	51	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	77	felodipine
EUCERIN SENSITIVE MINERALFACE/SPF 35 LOTN 24 % .	51	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	77	FEMARA (Use letrozole)
EULEXIN	27	EXELON (Use rivastigmine)	105	FEMCAP DEVI
EVAC POWD (Use psyllium)	60	exemestane	27	fenofibrate micronized 134 MG, 200 MG
everolimus (immunosuppressant) .	96	EXFORGE (Use amlodipine besylate-valsartan)	24	fenofibrate micronized 67 MG
everolimus TABS	28	EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	24	fenofibrate TABS 160 MG
everolimus TBSO	28	EXTAVIA KIT	106	fenofibrate TABS 54 MG
EVISTA (Use raloxifene hcl)	54	ezetimibe	22	FENOFIBRATE TABS
EVOTAZ	33	ezetimibe-simvastatin	22	FENSOLVI SC
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	65	FACE COTZ LOTN	51	ferrous gluconate TABS 27 MG, 240 MG
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	65	famciclovir	36	FERRETT'S TABS
EXCILON DRAIN SPONGE 4"X4" PADS	65	famotidine SUSR	108	ferrous fumarate TABS 324 MG ...
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	65	famotidine TABS	108	ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS
EXCILON I.V. SPONGES 2"X2" 6 PLY PADS	65	FANTASY LUBRICATED MISC ...	67	ferrous gluconate TABS 27 MG, 240 MG
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	77	FANTASY LUBRICATED/SPERMICIDE MISC	67	FERROUS GLUCONATE TABS 324 MG
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	77	FARESTON (Use toremifene citrate)	27	ferrous sulfate dried TBCR 160 MG
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	77	FARYDAK	28	59
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	77	FEIBA	57	ferrous sulfate SOLN 15 MG/ML ..
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	77	felbamate SUSP	13	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	77	felbamate TABS	13	ferrous sulfate TABS 65 MG, 325 MG
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	77	FELBATOL SUSP (Use felbamate)	13	.....
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	77	FELBATOL TABS (Use felbamate)	13	FERROUS SULFATE TBEC (Use ferrous sulfate)

ferrous sulfate TBEC	59	FLOMAX (Use tamsulosin hcl)	57	fluoxetine hcl SOLN	15
FETZIMA CP24	16	FLONASE ALLERGY RELIEF		fluoxetine hcl TABS 10 MG	15
FETZIMA TITRATION PACK C4PK		CHILDRENS SUSP (Use fluticasone		fluoxetine hcl TABS 20 MG	15
16		propionate (nasal))	100	fluoxetine hcl TABS 60 MG	15
FEVERALL INFANTS SUPP	4	FLONASE ALLERGY RELIEF SUSP		FLUOXETINE HYDROCHLORIDE	
FEVERALL JUNIOR STRENGTH		(Use fluticasone propionate (nasal))		TABS (Use fluoxetine hcl)	15
SUPP	4	100		fluphenazine decanoate	32
fexofenadine hcl TABS 180 MG ...	21	FLOVENT DISKUS AEPB (Use		fluphenazine hcl CONC	32
fexofenadine hcl TABS 60 MG	21	fluticasone propionate (inhalation))		fluphenazine hcl ELIX	32
FIBRYGA	57	10		fluphenazine hcl SOLN	32
FIFTY50 SUPERIOR		FLOWFLEX COVID-19 ANTIGEN		fluphenazine hcl TABS	32
COMFORTINSULIN		HOME TEST KIT	52	flurazepam hcl	60
SYRINGE/0.3ML/31G X 5/16"	77	fluconazole SUSR	20	flurbiprofen sodium	103
FIFTY50 SUPERIOR		fluconazole TABS 100 MG	20	flurbiprofen TABS	3
COMFORTINSULIN		fluconazole TABS 150 MG	20	flutamide	27
SYRINGE/0.5ML/31G X 5/16"	77	fluconazole TABS 200 MG	20	fluticasone propionate (inhalation)	
FIFTY50 SUPERIOR		fluconazole TABS 50 MG	20	AEPB	10
COMFORTINSULIN		fludrocortisone acetate TABS	41	fluticasone propionate (nasal) SUSP .	
SYRINGE/1ML/31G X 5/16"	77	flunisolide (nasal) 0.025 %	100	100	
finasteride	57	fluocinolone acetonide (otic)	104	fluticasone propionate CREA 0.05 %	
fingolimod hcl	106	fluocinonide CREA 0.05 %	47	47	
FINTEPLA	12	fluocinonide emulsified base	47	fluticasone propionate hfa 110	
FIRAZYR SOSY (Use icatibant		fluocinonide GEL	47	MCG/ACT, 220 MCG/ACT	10
acetate)	58	fluocinonide OINT	47	fluticasone propionate hfa 44	
FIRMAGON	27	fluocinonide SOLN	47	MCG/ACT	10
FIRVANQ SOLR OR (Use		fluorometholone (ophth) SUSP ...	102	fluticasone propionate OINT	47
vancomycin hcl)	25	fluorouracil (topical) CREA 0.5 % .	45	fluticasone-salmeterol AEPB 100	
flavoxate hcl	109	fluorouracil (topical) CREA 5 % ...	45	MCG/ACT-50 MCG/ACT, 250	
flecainide acetate	9	fluorouracil (topical) SOLN	45	MCG/ACT-50 MCG/ACT, 500	
FLEET ENEMA ENEM (Use sodium		fluoxetine hcl CAPS 10 MG, 20 MG		MCG/ACT-50 MCG/ACT	10
phosphates)	61	15		fluvoxamine maleate CP24	15
FLEET PEDIATRIC ENEM (Use		fluoxetine hcl CAPS 40 MG	15	fluvoxamine maleate TABS 100 MG .	
sodium phosphates)	61	fluoxetine hcl CPDR	15	15	
FLEXICHAMBER DEVI	92				

fluvoxamine maleate TABS 25 MG, 50 MG	15	MONITORING SYSTEM	69	GAUZE PADS 3"X3" PADS	65
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	103	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	69	GAUZE PADS 4"X4" PADS	65
FML OINT	103	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	69	GAUZE PADS PADS	65
FOCALIN TABS (Use dexmethylphenidate hcl)	1	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	69	GAUZE SPONGE TYPE VII MEDI- PAK 2"X2" 8PLY PADS	65
folic acid TABS 1 MG	58	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	69	GELUSIL CHEW (Use alum & mag hydrox-simethicone)	7
folic acid TABS 400 MCG, 800 MCG . 58		FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	69	gemfibrozil TABS	22
FORA GTEL BLOOD KETONE TEST STRIPS	52	furosemide SOLN OR 10 MG/ML, 40 MG/5ML	40	GENERESS FE (Use norethindrone & ethinyl estradiol-fe)	39
FORA LANCING DEVICE MISC ..	69	furosemide TABS	54	gentamicin sulfata (ophth) OINT .	102
FORA LANCING DEVICE/CLEARCAP MISC	69	FUZEON SOLR	33	gentamicin sulfata (ophth) SOLN .	102
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT ..	52	FYCOMPA SUSP	11	gentamicin sulfata (topical) CREA .	44
FORFIVO XL TB24 (Use bupropion hcl)	14	FYCOMPA TABS	11	gentamicin sulfata (topical) OINT ..	44
formaldehyde SOLN 10 %	33	gabapentin CAPS	12	GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	69
FOSAMAX TABS 70 MG (Use alendronate sodium)	54	gabapentin SOLN	12	GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC 69	
fosamprenavir calcium TABS	33	gabapentin TABS 600 MG	12	GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC 69	
FOSFREE TABS (USE MULTIPLE VITAMINS W/ MINERALS)	112	gabapentin TABS 800 MG	12	GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC ..	69
fosinopril sodium & hydrochlorothiazide	24	GABITRIL (Use tiagabine hcl)	13	GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC .	69
fosinopril sodium	23	GALAFOLD	55	GENVOYA	33
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	69	galantamine hydrobromide CP24	105	GEODON (Use ziprasidone hcl) ..	29
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	69	galantamine hydrobromide SOLN 105		GEODON (Use ziprasidone mesylate)	29
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH		galantamine hydrobromide TABS	105	GERI-TUSSIN SYRP	43
		GARDASIL 9 SUSP	110	GILENYA (Use fingolimod hcl) ..	106
		GARDASIL 9 SUSY	110	GILENYA 0.5 MG	106
		GAUZE DRESSING 4"X4" PADS .	65	GILOTRIF	27
		GAUZE PADS 2"X2" PADS	65		

glatiramer acetate SOSY	106	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	78	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	78
GLEEVEC (Use imatinib mesylate) 28		GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	78	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	78
glimepiride 1 MG, 2 MG	19	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	78	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	78
glimepiride 4 MG	19	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	78	GLUCOSE CHEW	17
glipizide TABS	19	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	78	GLUCOTROL XL TB24 (Use glipizide)	19
glipizide TB24	19	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	78	glyburide micronized 1.5 MG, 3 MG, 6 MG	19
glipizide-metformin hcl	17	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	78	glyburide TABS	19
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	77	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	78	glyburide-metformin	17
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	77	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	78	glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM	61
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	77	GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	78	GLYCERIN ADULT SUPP (Use glycerin (laxative))	61
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	77	GLOBAL LANCING DEVICE MISC	70	glycopyrrolate TABS 1 MG, 2 MG	108
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	77	glucagon (rdna)	17	GLYNASE (Use glyburide micronized)	19
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	78	GLUCAGON EMERGENCY KIT (Use glucagon (rdna))	17	GNP GLUCOSE CHEW	17
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	78	GLUCO TO GO CHEW	17	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	78
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	78	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	78	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	78
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	78	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	78	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	78
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	78	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	78	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	78
		GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	78	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	78
		GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	78	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	78
				GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	78

X 5/16"	78	GOLD BOND ADVANCED HEALING OINT	48	haloperidol lactate SOLN	31
GNP INSULIN SYRINGE/1ML/29G X 1/2"	78	GOLD BOND ULTIMATE HEALING OINT	48	haloperidol TABS 0.5 MG, 1 MG, 10 MG	31
GNP INSULIN SYRINGE/1ML/30G X 5/16"	79	GOLYTELY SOLR (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	61	haloperidol TABS 2 MG, 5 MG, 20 MG	31
GNP INSULIN SYRINGE/1ML/31G X 5/16"	79	GOODSENSE LANCING DEVICE MISC	70	HAVRIX	110
GNP INSULIN SYRINGES/0.3ML/30GX5/16"	79	GRASTEK SUBL	2	HEALTH CARE LANCING DEVICE MISC	70
GNP INSULIN SYRINGES/1/2ML/29GX1/2"	79	griseofulvin microsize SUSP	20	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	79
GNP INSULIN SYRINGES/1ML/28GX1/2"	79	griseofulvin microsize TABS	20	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	79
GNP INSULIN SYRINGES/1ML/29GX1/2"	79	griseofulvin ultramicrosize	20	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	79
GNP INSULIN SYRINGES/1ML/30GX5/16"	79	guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 400 MG/20ML	43	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	79
GNP INSULIN SYRINGES/1ML/31GX5/16"	79	guaifenesin SYRP	43	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	79
GNP INSULIN SYRINGES/3ML/31GX5/16"	79	guaifenesin TB12	43	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	79
GNP LANCING SYSTEM DEVICE MISC	70	guaifenesin-codeine SOLN	42	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	79
GNP PRENATAL TABS	99	guaifenesin-codeine SYRP	42	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	79
GNP QUICK DISSOLVE GLUCOSE CHEW	17	guanfacine hcl (adhd)	1	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	70
GNP SHEER ADHESIVE PADS PADS	65	guanfacine hcl	23	H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	70
GNP STERILE GAUZE PADS 2"X2" PADS	65	GYNAZOLE-1	111	HEMANGEOL SOLN OR	37
GNP STERILE GAUZE PADS 3"X3" PADS	65	HADLIMA PUSHTOUCH SOAJ	3	HEMANGIOL SOLN OR	37
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	79	HADLIMA SOSY	3	HEMOPIL M SOLR 1501 -2000 UNIT	58
GOJJI BLOOD KETONE TEST STRIPS	52	HAEGARDA SOLR SC	58	HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	57
GOJJI LANCING DEVICE/CLEAR CAP MISC	70	HALCION 0.25 MG (Use triazolam) 60	60		
		HALDOL DECANOATE 100 (Use haloperidol decanoate)	31		
		HALDOL DECANOATE 50 (Use haloperidol decanoate)	31		
		haloperidol decanoate	31		
		haloperidol lactate CONC	31		

heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	11	hydralazine hcl TABS	25	hydrocortisone butyrate SOLN	47
HEPLISAV-B SOSY	110	HYDREA (Use hydroxyurea)	28	hydrocortisone TABS	41
HEPSERA (Use adefovir dipivoxil) 35		HYDROCELL ADHESIVE DRESSING 4"X4" PADS	65	hydrocortisone vaginal	111
HIBERIX SOLR IJ	109	HYDROCELL DRESSING 4"X4" PADS	65	hydrocortisone w/acetic acid	104
HIBICLENS SOLN EX (Use chlorhexidine gluconate)	33	hydrochlorothiazide CAPS	54	HYDROCORTISONE/ACETIC ACID (Use hydrocortisone w/acetic acid) 104	
HM ADHESIVE PADS ANTIBACTERIAL/SHEER PADS ..	65	hydrochlorothiazide TABS	54	HYDROMORPHONE HCL SUPP ...	5
HM STERILE PADS 2"X2" PADS ..	65	hydrocodone bitartrate T24A	5	hydromorphone hcl TABS	5
HM STERILE PADS PADS	65	hydrocodone bitartrate-homatropine methylbromide SOLN	42	hydroxychloroquine sulfate 200 MG 26	
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	79	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	6	hydroxyurea	28
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	79	hydrocodone-acetaminophen TABS 325 MG-10 MG	6	hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	8
HUGGIES LITTLE SWIMMERS SPF50 LOTN	51	hydrocodone-acetaminophen TABS 325 MG-5 MG	6	hydroxyzine hcl SYRP	8
HUMATE-P SOLR	58	hydrocodone-acetaminophen TABS 325 MG-7.5 MG	6	hydroxyzine hcl TABS	8
HUMULIN 70/30 KWIKPEN SUPN	18	hydrocortisone (intrarectal)	7	hydroxyzine pamoate CAPS	8
HUMULIN 70/30 SUSP	18	hydrocortisone (rectal) EX 1 %	7	hyoscyamine sulfate ELIX	108
HUMULIN N KWIKPEN SUPN	18	hydrocortisone (rectal) EX 2.5 % ...	7	hyoscyamine sulfate SOLN OR 0.125 MG/ML	108
HUMULIN N SUSP	18	hydrocortisone (topical) CREA 0.5 %, 2.5 %	47	hyoscyamine sulfate TB12 0.375 MG 108	
HUMULIN R SOLN IJ	18	hydrocortisone (topical) CREA 1 % 47		hyoscyamine sulfate TBDP 0.125 MG	108
HUMULIN R U-500 (CONCENTRATED) SOLN SC	18	hydrocortisone (topical) LOTN 1 %, 2.5 %	47	HYSINGLA ER T24A	5
HUMULIN R U-500 KWIKPEN SOPN SC	18	hydrocortisone (topical) OINT 0.5 % . 47		HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (Use alum & mag hydrox-simethicone) ...	7
HYCAMTIN CAPS	29	hydrocortisone (topical) OINT 1 %	47	HYZAAR (Use losartan potassium & hydrochlorothiazide)	24
HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)	42	hydrocortisone (topical) OINT 2.5 % . 47		IBRANCE CAPS	28
				ibuprofen CHEW	3
				ibuprofen SUSP	3

ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	3	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	92	INSULIN ASPART PENFILL SOCT 18
icatibant acetate SOLN	58	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	92	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN
icatibant acetate SOSY	58	INCRUSE ELLIPTA	9	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP
ICLUSIG	28	indapamide TABS 1.25 MG, 2.5 MG . 54		INSULIN ASPART SOLN IJ
IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	58	INDERAL LA CP24 (Use propranolol hcl)	37	INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	52	indomethacin CAPS 25 MG, 50 MG 3		INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML
imatinib mesylate	28	indomethacin CPCR	3	INSULIN DEGLUDEC SOLN
imipramine hcl TABS	16	INFANRIX	108	INSULIN GLARGINE SOLN
imipramine pamoate	16	INFANTS ADVIL SUSP (Use ibuprofen)	3	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML
imiquimod 5 %	48	INFANTS SILAPAP SOLN OR	4	INSULIN GLARGINE-YFGN SOLN 18
IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan)	93	INLYTA	27	INSULIN GLARGINE-YFGN SOPN 18
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use sumatriptan succinate)	93	INPEN 100/BLUE/LILLY/HUMALOG DEVI	79	INSULIN LISPRO JUNIOR KWIKPEN SOPN
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	94	INPEN 100/BLUE/NOVOLOG/FIASP DEVI	79	INSULIN LISPRO KWIKPEN SOPN . 18
IMITREX TABS (Use sumatriptan succinate)	94	INPEN 100/GREY/LILLY/HUMALOG DEVI	79	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN
IMODIUM A-D CAPS (Use loperamide hcl)	19	INPEN 100/GREY/NOVOLOG/FIASP DEVI	79	INSULIN LISPRO SOLN IJ
IMODIUM A-D TABS (Use loperamide hcl)	19	INPEN 100/PINK/LILLY/HUMALOG DEVI	79	INSULIN SYRINGE/0.3ML/30G X 5/16"
IMOVAX RABIES (H.D.C.V.) SUSR 110		INPEN 100/PINK/NOVOLOG/FIASP DEVI	79	INSULIN SYRINGE/0.3ML/31G X 5/16"
IMURAN TABS (Use azathioprine) 96		INSPIREASE DRUG DELIVERYSYSTEM MISC	92	INSULIN SYRINGE/0.5ML/27G X 1/2"
IN TOUCH LANCING DEVICE MISC 70		INSPIREASE RESERVOIR BAGS 92		INSULIN SYRINGE/0.5ML/28G X
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	92	INSULIN ASPART FLEXPEN SOPN . 18		

1/2"	79	X 5/16"	80	INVEGA SUSTENNA 234 MG/1.5ML 30
INSULIN SYRINGE/0.5ML/30G X 5/16"	79	INSULIN SYRINGES/U- 100/0.5ML/27GX1/2"	80	INVEGA SUSTENNA 39 MG/0.25ML 30
INSULIN SYRINGE/0.5ML/31G X 5/16"	79	INSULIN SYRINGES/U- 100/0.5ML/28GX1/2"	80	INVEGA SUSTENNA 78 MG/0.5ML 30
INSULIN SYRINGE/1ML/28G X 1/2" 79		INSULIN SYRINGES/U- 100/0.5ML/29GX1/2"	80	INVEGA TRINZA 273 MG/0.88ML 30
INSULIN SYRINGE/1ML/29G X 1/2" 80		INSULIN SYRINGES/U- 100/0.5ML/30GX5/16"	80	INVEGA TRINZA 410 MG/1.32ML 30
INSULIN SYRINGE/1ML/30G X 5/16"	80	INSULIN SYRINGES/U- 100/0.5ML/31GX5/16"	80	INVEGA TRINZA 546 MG/1.75ML 30
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	80	INSULIN SYRINGES/U- 100/1ML/27GX1/2"	80	INVEGA TRINZA 819 MG/2.63ML 30
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	80	INSULIN SYRINGES/U- 100/1ML/28GX1/2"	80	IOPIDINE .....102
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	80	INSULIN SYRINGES/U- 100/1ML/29GX1/2"	80	IPOL INACTIVATED IPV 110
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	80	INSULIN SYRINGES/U- 100/1ML/30GX1/2"	80	ipratropium bromide (nasal) 0.03 % 100
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	80	INSULIN SYRINGES/U- 100/1ML/31GX5/16"	80	ipratropium bromide (nasal) 0.06 % 100
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	80	INSULIN SYRINGES/U- 100/1ML/29GX1/2"	80	ipratropium bromide SOLN 0.02 % . 9
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	80	INSULIN SYRINGES/U- 100/1ML/30GX1/2"	80	ipratropium-albuterol SOLN .....10
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	80	INSULIN SYRINGES/U- 100/1ML/31GX5/16"	80	irbesartan .....23
INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	80	INTELENCE 100 MG (Use etravirine)	34	irbesartan-hydrochlorothiazide ....24
INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	80	INTELENCE 200 MG (Use etravirine)	33	IRON CHEWS PEDIATRIC CHEW 59
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	80	INTELENCE 25 MG	33	ISENTRESS CHEW 100 MG .....34
INSULIN SYRINGE/U-100/1ML/30G X 5/16"	80	INTELISWAB COVID-19 RAPID TEST KIT	52	ISENTRESS CHEW 25 MG 34
INSULIN SYRINGE/U-100/1ML/31G	80	INTUNIV (Use guanfacine hcl (adhd))	1	ISENTRESS HD TABS 34
		INVEGA (Use paliperidone)	30	ISENTRESS PACK 34
		INVEGA HAFYERA	30	ISENTRESS TABS 34
		INVEGA SUSTENNA 117 MG/0.75ML	30	isoniazid SYRP 27
		INVEGA SUSTENNA 156 MG/ML	.30	isoniazid TABS .....27
				ISOPTO ATROPINE SOLN 102
				ISOPTO CARPINE SOLN 1 % (Use pilocarpine hcl) .....102

ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)	8	KALETRA SOLN (Use lopinavir- ritonavir)	34	levetiracetam)	12
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	8	KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	34	KERALYT GEL (Use salicylic acid) 49	
isosorbide mononitrate TABS	8	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	34	KERI AGE DEFY & PROTECT LOTN	51
isosorbide mononitrate TB24	8	KALYDECO PACK	107	KERLIX SPONGES 4" X 4" 12 PLY PADS	66
isotretinoin 10 MG, 20 MG, 40 MG	44	KALYDECO TABS	107	KERLIX SPONGES 4" X 4" 16 PLY PADS	66
isoxsuprine hcl 10 MG	38	KAMELEON LUBRICATED MISC .	67	ketoconazole (topical) CREA	45
ISTODAX SOLR (Use romidepsin)	28	KAPVAY TB12 (Use clonidine hcl (adhd))	1	ketoconazole (topical) SHAM 2 % .	45
ITCH RELIEF CREA	45	KAZANO (Use alogliptin-metformin hcl)	17	KETONE STRP	53
itraconazole CAPS	20	KENDALL HYDROPHILIC FOAMDRESSING 2"X2" PADS . . .	66	KETONE TEST STRIPS STRP . . .	53
IXIARO	110	KENDALL HYDROPHILIC FOAMDRESSING 3"X3" PADS . . .	66	ketoprofen CAPS 50 MG	3
IXINITY SOLR	58	KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS . . .	66	ketoprofen CP24	3
J & J ADHESIVE LARGE PADS . .	65	KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2" PADS	66	ketorolac tromethamine (ophth) 0.4 %	103
J & J GAUZE 2"X2" 8 PLY PADS .	65	KENDALL HYDROPHILIC FOAMPLUS DRESSING 3"X3" PADS	66	ketorolac tromethamine (ophth) 0.5 %	103
J & J GAUZE 4"X4" 12 PLY PADS	65	KEPPRA SOLN IV 500 MG/5ML (Use levetiracetam)	12	ketorolac tromethamine TABS	3
J & J GAUZE 4"X4" 8 PLY PADS .	65	KEPPRA SOLN OR 100 MG/ML (Use levetiracetam)	12	KETOSTIX STRP	53
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	65	KEPPRA TABS 1000 MG (Use levetiracetam)	12	ketotifen fumarate (ophth) 0.035 % 103	
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	65	KEPPRA TABS 250 MG, 750 MG (Use levetiracetam)	12	KIMONO COLORS DEVI	67
J & J GAUZE SPONGES 8-PLY 4" X 4" MISC	66	KEPPRA TABS 500 MG (Use levetiracetam)	12	KIMONO LUBRICATED MISC	67
J & J NON-STICK PADS 100LARGE PADS	66	KEPPRA XR TB24 (Use		KIMONO MAXX/LARGE FLARE MISC	67
JADENU TABS (Use deferasirox) .	20			KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 67	
JAKAFI	28			KIMONO PLUS SPERMICIDE LUBRICATED MISC	67
JENLIVA PRENATAL/POSTNATAL CAPS	99			KIMONO PLUS SPERMICIDE/LUBRICATED MISC	
JULUCA	34				
JYNARQUE TBPK	55				
JYNNEOS	110				

67	60	K-TAB TBCR (Use potassium chloride) .....95
KIMONO PS LUBRICATED MISC .67	KONSYL ORIGINAL DAILY FIBER PACK .....60	K-Y ME & YOU EXTRA LUBRICATED DEVI 67
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 67	KORLYM (Use mifepristone (hyperglycemia)) 17	K-Y ME & YOU INTENSE DEVI ...67
KIMONO SENSATION LUBRICATED MISC .....67	KOVALTRY .....58	KYLEENA 41
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 67	KP PRENATAL MULTIVITAMINS TABS .....99	labetalol hcl TABS 100 MG .....36
KIMONO SPECIAL DEVI .....67	K-PHOS NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic) ..95	labetalol hcl TABS 200 MG .....36
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" .....80	KPN PRENATAL TABS .....99	labetalol hcl TABS 300 MG .....36
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" .....80	KRINTAFEL .....26	lacosamide SOLN OR 12
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" .....80	KROGER AUTOLET LANCING DEVICE MISC 70	lacosamide TABS .....12
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" .....80	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" .....80	lactic acid (ammonium lactate) CREA .....48
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" .....80	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" ....80	lactic acid (ammonium lactate) LOTN 12 %48
KINRIX SUSY .....108	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" ....80	lactulose (encephalopathy) 57
KITABIS PAK NEBU (Use tobramycin) .....2	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" .....80	lactulose SOLN 61
KLARON (Use sulfacetamide sodium (acne)) .....44	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" ....80	LAGEVRIO .....36
KLONOPIN TABS (Use clonazepam) .....11	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" ....81	LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use lamotrigine) .....12
KOATE SOLR .....58	KROGER INSULIN SYRINGE/1ML/29G X 1/2" .....81	LAMICTAL TABS (Use lamotrigine) 12
KOATE-DVI SOLR 500 UNIT, 1000 UNIT .....58	KROGER INSULIN SYRINGE/1ML/30G X 5/16" .....81	LAMICTAL XR TB24 (Use lamotrigine) .....12
KOGENATE FS KIT .....58	KROGER INSULIN SYRINGE/1ML/31G X 5/16" .....81	LAMISIL AT CREA (Use terbinafine hcl (topical)) .....45
KOMBIGLYZE XR (Use saxagliptin-metformin hcl) .....17	KROGER LANCING DEVICE MISC 70	LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical)) .....45
KONSYL DAILY FIBER PACK 100 %		lamivudine SOLN 34

lamotrigine CHEW	12	SYRINGE/0.3ML/31G X 5/16"	81	levetiracetam TABS 250 MG, 750 MG	12
lamotrigine TABS	12	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	81	levetiracetam TABS 500 MG	12
lamotrigine TB24	12	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	81	levetiracetam TB24	12
LANAPHILIC OINT	48	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	81	levobunolol hcl 0.5 %	101
LANCET DEVICE ADJUSTABLE MISC	70	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	81	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	55
LANCET DEVICE WITH EJECTOR MISC	70	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	81	levocarnitine (metabolic modifiers) TABs	55
LANCETS	70	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	81	levocetirizine dihydrochloride TABS 21	
LANCING DEVICE MISC	70	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	81	levofloxacin TABS	56
LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)	38	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	81	levonorgestrel & eth estradiol TABS 39	
lansoprazole CPDR 15 MG	109	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	81	levonorgestrel (emergency oc) 1.5 MG	40
lansoprazole CPDR 30 MG	109	LEADER QUICK DISSOLVE GLUCOSE CHEW	17	levonorgestrel-eth estradiol (triphasic)	39
lansoprazole TBDD	109	LEMTRADA	106	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	39
LANZO MISC	70	LETAIRIS (Use ambrisentan)	38	levonorgestrel-ethinyl estradiol (continuous)	39
lapatinib ditosylate	28	letrozole	27	levonorgestrel-ethinyl estradiol-iron 39	
LASIX TABS (Use furosemide)	54	leucovorin calcium TABS	29	levothyroxine sodium TABS	107
latanoprost SOLN	103	LEUKERAN	27	LEVSIN SOLN IJ 0.5 MG/ML (Use hyoscyamine sulfate)	108
LATANOPROST SOLN	104	leuprolide acetate KIT IJ 1 MG/0.2ML	28	LEXAPRO TABS 10 MG (Use escitalopram oxalate)	15
LATUDA 120 MG (Use lurasidone hcl)	29	levabuterol tartrate	10	LEXAPRO TABS 20 MG (Use escitalopram oxalate)	15
LATUDA 20 MG, 40 MG (Use lurasidone hcl)	29	LEVVID TB12 (Use hyoscyamine sulfate)	108	LEXAPRO TABS 5 MG (Use escitalopram oxalate)	15
LATUDA 60 MG, 80 MG (Use lurasidone hcl)	29	levetiracetam SOLN IV 500 MG/5ML 12		LEXIVA SUSP	34
LEADER ADVANCED LANCING DEVICE MISC	70	levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	12	LEXIVA TABS (Use fosamprenavir	
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	81	levetiracetam TABS 1000 MG	12		
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	81				
LEADER INSULIN					

calcium)	34	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	81	L-METHYLFOLATE CALCIUM TABS	53
LIALDA TBEC (Use mesalamine) .	56	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	81	L-METHYLFOLATE FORTE	53
LIBERTY MINI LANCING DEVICE MISC	70	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	81	I-methylfolate TABS 7.5 MG, 15 MG .	53
lidocaine CREA 4 %	49	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	81	LMX 4 CREA (Use lidocaine)	49
lidocaine hcl (mouth-throat) 2 % ...	97	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	81	LO LOESTRIN FE TABS	39
lidocaine hcl CREA 3 %	49	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	81	LODINE TABS (Use etodolac)	4
lidocaine hcl CREA 4 %	49	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	81	LODOSYN (Use carbidopa)	29
lidocaine hcl GEL 2 %	49	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	81	LOHIST-D LIQD	42
lidocaine hcl PRSY	49	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	81	LOMOTIL TABS (Use diphenoxylate w/ atropine)	19
lidocaine-prilocaine CREA	49	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	81	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	82
LILETTA 20.1 MCG/DAY	41	LITETOUCH INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	81	loperamide hcl CAPS	20
liothyronine sodium TABS	107	LITETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	81	loperamide hcl TABS	20
LIPITOR TABS (Use atorvastatin calcium)	22	LITETOUCH INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	81	LOPID TABS (Use gemfibrozil)	22
lisdexamphetamine dimesylate CAPS	1	LITETOUCH INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	82	lopinavir-ritonavir SOLN	34
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	24	lithium	29	lopinavir-ritonavir TABS 25 MG-100 MG	34
lisinopril & hydrochlorothiazide 25 MG-20 MG	24	lithium carbonate CAPS	29	lopinavir-ritonavir TABS 50 MG-200 MG	34
lisinopril TABS 2.5 MG	23	lithium carbonate TABS	29	LOPRESSOR TABS 100 MG (Use metoprolol tartrate)	37
lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	23	lithium carbonate TBCR	29	LOPRESSOR TABS 50 MG (Use metoprolol tartrate)	37
LITE TOUCH LANCING PEN MISC 70		LITHOBID TBCR (Use lithium carbonate)	29	loratadine & pseudoephedrine TB12 .	42
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	81	LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	100	loratadine & pseudoephedrine TB24 .	42
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	81	LIVE BETTER ADVANCED LANCING DEVICE MISC	70	loratadine SOLN	21
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	81	L-METHYLFOLATE CA/S-ALGAL	53	loratadine TABS	21
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	81			loratadine TBDP 10 MG	21

lorazepam CONC	9	enoxaparin sodium)	11	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" 82
lorazepam SOLN	9	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium) .	11	magnesium citrate
lorazepam TABS 0.5 MG, 2 MG	9	loxapine succinate	31	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML
lorazepam TABS 1 MG	9	L-TRYPTOPHAN TABS	101	magnesium oxide (mg supplement) TABs 400 MG
losartan potassium & hydrochlorothiazide	24	LUNESTA (Use eszopiclone)	60	magnesium oxide TABs 400 MG ...
losartan potassium	23	LUPRON DEPOT (1-MONTH) KIT IM	28	MAGOX 400 TABS (Use magnesium oxide (mg supplement))
LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91- day))	39	LUPRON DEPOT (3-MONTH) KIT IM	28	malathion
LOTENSIN 10 MG, 20 MG (Use benazepril hcl)	23	LUPRON DEPOT (4-MONTH) IM .	28	maraviroc TABs 150 MG
LOTENSIN 40 MG (Use benazepril hcl)	23	LUPRON DEPOT (6-MONTH) IM .	28	maraviroc TABs 300 MG
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide) .	24	lurasidone hcl 120 MG	29	MARPLAN
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG (Use amlodipine besylate-benazepril hcl)	24	lurasidone hcl 20 MG, 40 MG	29	MASONATAL TABS
LOTRIMIN AF CREA (Use clotrimazole (topical))	45	lurasidone hcl 60 MG, 80 MG	29	MATULANE
LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	45	LYSODREN	28	MAVYRET PACK
lovastatin TABS 10 MG, 20 MG ...	22	LYSTEDA TABS (Use tranexamic acid)	59	MAVYRET TABS
lovastatin TABS 40 MG	22	MACROBID (Use nitrofurantoin monohyd macro)	26	MAXALT TABS 10 MG (Use rizatriptan benzoate)
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	11	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" .	82	MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)
LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium) .	11	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	82	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" 82
LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium)	11	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" .	82	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" ..
LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium)	11	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	82	MAXICOMFORT INSULIN SYRINGES 27G X 1/2"
LOVENOX SOSY 60 MG/0.6ML (Use		MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" .	82	MAXITROL OINT (Use neomycin- polymy-dexameth)

MAXI-TUSS PE MAX LIQD	42	memantine hcl TABS	105	metformin hcl TABS 850 MG	17
MAXX LUBRICATED MISC	67	MENACTRA	109	metformin hcl TB24 500 MG	17
MAXX PLUS SPERMICIDE LUBRICATED MISC	67	MENQUADFI	109	metformin hcl TB24 750 MG	17
MAXZIDE TABS (Use triamterene & hydrochlorothiazide)	53	MENVEO SOLN	110	methadone hcl CONC	5
MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)	53	MENVEO SOLR	110	methadone hcl TABS 10 MG	5
meclizine hcl CHEW	20	meperidine hcl SOLN OR 50 MG/5ML	5	methadone hcl TABS 5 MG	5
meclizine hcl TABS 12.5 MG, 25 MG 20		meperidine hcl TABS 50 MG	5	methadone hcl TBSO	5
MEDIC INSULIN		MEPHYTON TABS (Use phytonadione)	113	METHADOSE CONC (Use methadone hcl)	5
SYRINGE/0.3ML/30G X 5/16"	82	meprobamate	8	METHADOSE SUGAR-FREE CONC (Use methadone hcl)	5
MEDIC INSULIN		mercaptopurine TABS	27	methazolamide TABS	53
SYRINGE/0.5ML/30G X 5/16"	82	mesalamine CP24	56	methenamine mandelate	26
MEDROL DOSEPAK TBPK (Use methylprednisolone)	41	mesalamine CPDR	56	methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 10.8 MG- 81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG- 40.8 MG	25
medroxyprogesterone acetate (contraceptive) SUSP IM	41	mesalamine ENEM	56	methimazole TABS	107
medroxyprogesterone acetate (contraceptive) SUSY IM	41	mesalamine TBEC 1.2 GM	56	METHITEST TABS	7
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	105	mesalamine TBEC 800 MG	56	methocarbamol TABS 500 MG, 750 MG	100
mefloquine hcl	26	MESNEX TABS	29	METHOTREXATE	2
megestrol acetate (appetite)	105	MESTINON TABS (Use pyridostigmine bromide)	26	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	27
megestrol acetate SUSP	28	MESTINON TIMESPAN TBCR (Use pyridostigmine bromide)	26	methotrexate sodium TABS 2.5 MG 27	
megestrol acetate TABS	28	METADATE CD CPCR (Use methylphenidate hcl)	1	methsuximide	13
MEKINIST TABS	28	METAMUCIL FREE & NATURAL POWD (Use psyllium)	60	methylphenidate hcl CPCR	1
MEKTOVI	28	METAMUCIL ORIGINAL TEXTURE POWD (Use psyllium)	60	methylphenidate hcl TABS 10 MG, 20 MG	1
melatonin TABS 3 MG, 5 MG	2	METAMUCIL POWD (Use psyllium) . 60			
meloxicam TABS	4	metformin hcl SOLN	17		
melphalan	27	metformin hcl TABS 1000 MG	17		
memantine hcl SOLN	105	metformin hcl TABS 500 MG	17		

methylphenidate hcl TABS 5 MG ... 1	MICARDIS (Use telmisartan) 23	hcl) 23
methylphenidate hcl TBCR 10 MG, 36 MG 2	MICARDIS HCT (Use telmisartan- hydrochlorothiazide) 24	MINIVELLE PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol) 55
methylphenidate hcl TBCR 18 MG, 20 MG, 27 MG, 54 MG 1	MICATIN CREA (Use miconazole nitrate (topical)) 45	MINIVELLE PTTW 0.0375 MG/24HR (Use estradiol) 55
methylprednisolone TABS 4 MG, 8 MG 41	miconazole nitrate (topical) CREA .45	minocycline hcl CAPS 107
methylprednisolone TBPk 41	miconazole nitrate vaginal CREA 2 %111	minoxidil 2.5 MG, 10 MG 25
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML 56	miconazole nitrate vaginal CREA 4 %111	MIRALAX MIX-IN PAX PACK (Use polyethylene glycol 3350) 61
metoclopramide hcl TABS 56	miconazole nitrate vaginal KIT ... 111	MIRALAX PACK (Use polyethylene glycol 3350) 61
metolazone 54	miconazole nitrate vaginal SUPP 100 MG 111	MIRALAX POWD (Use polyethylene glycol 3350) 61
metoprolol & hydrochlorothiazide TABS 24	miconazole nitrate vaginal SUPP 200 MG 111	MIRASORB SPONGES 2" X 2" MISC.....66
metoprolol succinate TB24 200 MG 37	MICROCHAMBER DEVI 92	MIRASORB SPONGES 4" X 4" MISC.....66
metoprolol succinate TB24 25 MG, 50 MG, 100 MG 37	MICROCHAMBER MISC 92	MIRCERA 59
metoprolol tartrate TABS 100 MG .37	MICROLET NEXT MISC 70	MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic)) 39
metoprolol tartrate TABS 25 MG, 50 MG 37	MICROSPACER MISC 92	MIRENA 41
METROCREAM CREA (Use metronidazole (topical)) 52	midazolam hcl SOLN IJ 60	mirtazapine TABS 15 MG 14
METROLOTION LOTN (Use metronidazole (topical)) 52	midazolam hcl SYRP 60	mirtazapine TABS 30 MG 14
metronidazole (topical) CREA 52	midodrine hcl 112	mirtazapine TABS 7.5 MG, 45 MG 14
metronidazole (topical) GEL 0.75 % 52	mifepristone (hyperglycemia) 17	mirtazapine TBDP 15 MG 14
metronidazole (topical) LOTN 52	miglitol 16	mirtazapine TBDP 30 MG 14
metronidazole TABS 25	miglustat 58	mirtazapine TBDP 45 MG 14
metronidazole vaginal 111	MIGRANAL SOLN NA (Use dihydroergotamine mesylate) 93	misoprostol 109
mexiletine hcl 9	MILK OF MAGNESIA CONCENTRATE SUSP 61	MM INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" 82
MIACALCIN IJ (Use calcitonin (salmon)) 54	MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe) 39	MM INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" 82
	MINIPRESS CAPS (Use prazosin	MM INSULIN SYRINGE/U-

100/1/2ML/30G X 5/16"	82	(Use hydrocortisone vaginal)	111	100/1ML/28G X 1/2"	83
MM INSULIN SYRINGE/U- 100/1/2ML/31G X 5/16"	82	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	82	MONOJECT INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	83
MM INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	82	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	82	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	83
MM INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	82	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	82	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	83
MM LANCING DEVICE MISC	70				
M-M-R II SOLR	110	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	82	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	83
M-NATAL PLUS TABS	99				
MODERNA COVID-19 VACCINE SUSP	110	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U- 100/0.5ML/28G X 1/2"	82	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	83
MOI-STIR SOLN	97				
MOLESKIN FOAM PADDING PADS . 66		MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	82	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	83
molindone hcl	32				
mometasone furoate (nasal) SUSP 100		MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	82	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	83
mometasone furoate CREA	47				
mometasone furoate OINT	47	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	82	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	83
mometasone furoate SOLN	47				
MONISTAT 1 COMBO PACK KIT (Use miconazole nitrate vaginal) .	111	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	82	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" 83	
MONISTAT 1 DAY OR NIGHT COMBO PACK KIT (Use miconazole nitrate vaginal)	111	MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	82	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 83	
MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal) .	111	MONOJECT INSULIN SYRINGE/SOFTPACK/U- 100/0.5ML/28G X 1/2"	83	montelukast sodium CHEW	9
MONISTAT 3 CREA (Use miconazole nitrate vaginal)	111	MONOJECT INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	83	montelukast sodium PACK	9
MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal) .	111	MONOJECT INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	83	montelukast sodium TABS	9
MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH		MONOJECT INSULIN SYRINGE/U-		morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML	5
				MORPHINE SULFATE SOLN OR 20 MG/5ML	5

morphine sulfate SOLN OR 20 MG/ML, 100 MG/5ML .....5	MUCINEX TB12 (Use guaifenesin) 43	MINERALS TABS - ASSORTED GENERICs .....113
morphine sulfate SUPP .....6	MULTI PRENATAL TABS 99	MULTIPLE VITAMINS W/ MINERALS TBCR .....113
morphine sulfate TABS 15 MG .....6	MULTI-LANCET DEVICE MISC ...70	MULTIVITAMIN INFANT & TODDLER SOLN OR .....98
morphine sulfate TABS 30 MG .....6	MULTIPLE VITAMIN TABS - ASSORTED BRANDS .....112	MULTIVITAMIN INFANT/TODDLER SOLN OR 98
morphine sulfate TBCR .....6	MULTIPLE VITAMIN TABS - ASSORTED GENERICs 112	MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN 98
MOTRIN CHILDRENS CHEW (Use ibuprofen) .....4	multiple vitamins w/ iron TABS 98	mupirocin OINT 44
MOTRIN INFANTS DROPS SUSP (Use ibuprofen) .....4	MULTIPLE VITAMINS W/ MINERALS CAPS - ASSORTED BRANDS .....112	MYAMBUTOL TABS 400 MG (Use ethambutol hcl) 27
MOUTH KOTE REMINT SOLN ....97	MULTIPLE VITAMINS W/ MINERALS CAPS - ASSORTED GENERICs .....112	MYCOBUTIN (Use rifabutin) .....27
MOUTH KOTE SOLN .....97	MULTIPLE VITAMINS W/ MINERALS CHEW .....112	mycophenolate mofetil CAPS 96
moxifloxacin hcl (ophth) SOLN OP 102	MULTIPLE VITAMINS W/ MINERALS LIQD - ASSORTED BRANDS .....112	mycophenolate mofetil hcl 96
MOZOBIL (Use plerixafor) 59	MULTIPLE VITAMINS W/ MINERALS LIQD - ASSORTED GENERICs .....112	mycophenolate mofetil SUSR 96
MS CONTIN TBCR (Use morphine sulfate) .....6	MULTIPLE VITAMINS W/ MINERALS LOZG .....112	mycophenolate mofetil TABS .....96
MS INSULIN SYRINGE/0.3ML/31G X 5/16" .....83	MULTIPLE VITAMINS W/ MINERALS MISC .....112	mycophenolate sodium 180 MG ...96
MS INSULIN SYRINGE/0.5ML/31G X 5/16" .....83	MULTIPLE VITAMINS W/ MINERALS PACK .....112	mycophenolate sodium 360 MG ...96
MS INSULIN SYRINGE/1ML/31G X 5/16" .....83	MULTIPLE VITAMINS W/ MINERALS POWD .....112	MYDRIACYL SOLN (Use tropicamide) .....102
MUCINEX D MAXIMUM STRENGTH TB12 (Use pseudoephedrine- guaifenesin) .....42	MULTIPLE VITAMINS W/ MINERALS SYRP .....112	MYFORTIC 180 MG (Use mycophenolate sodium) 96
MUCINEX D TB12 (Use pseudoephedrine-guaifenesin) 43	MULTIPLE VITAMINS W/ MINERALS TABS - ASSORTED BRANDS .....112	MYFORTIC 360 MG (Use mycophenolate sodium) 96
MUCINEX DM MAXIMUM STRENGTH TB12 (Use dextromethorphan-guaifenesin) ... 42	MULTIPLE VITAMINS W/ MINERALS TABS - ASSORTED BRANDS .....112	MYLERAN TABS 27
MUCINEX DM TB12 (Use dextromethorphan-guaifenesin) ... 43	MULTIPLE VITAMINS W/ MINERALS TABS - ASSORTED BRANDS .....112	MYLICON INFANTS GAS RELIEF DYE FREE SUSP (Use simethicone) 56
MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin) .....43	MULTIPLE VITAMINS W/ MINERALS TABS - ASSORTED BRANDS .....112	MYLICON INFANTS GAS RELIEF SUSP (Use simethicone) 56
	MULTIPLE VITAMINS W/ MINERALS TABS - ASSORTED BRANDS .....112	MYSOLINE (Use primidone) .....12

MYXREDLIN	19	NATAZIA	39	NEORAL CAPS (Use cyclosporine modified (for microemulsion))	96
nabumetone	4	nateglinide	19	NEORAL SOLN (Use cyclosporine modified (for microemulsion))	96
nadolol TABS 20 MG, 40 MG, 80 MG	37	NATROBA (Use spinosad)	52	NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin) ...	44
naloxone hcl LIQD	20	NATURAL FIBER LAXATIVE POWD 60		NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (Use neomycin-polymyxin w/ pramoxine) 44	
naloxone hcl SOLN 0.4 MG/ML ...	20	NAYZILAM	11	NESINA (Use alogliptin benzoate) 18	
naltrexone hcl	20	NEBULIZER CUP/TUBING DEVI ..	92	NEURONTIN CAPS (Use gabapentin)	12
NAMENDA TABS (Use memantine hcl)	106	nefazodone hcl	15	NEURONTIN SOLN (Use gabapentin)	12
NAMENDA TITRATION PAK TABS (Use memantine hcl)	106	neomycin sulfate TABS	2	NEURONTIN TABS 600 MG (Use gabapentin)	12
NAPROSYN SUSP (Use naproxen) 4		neomycin-bacitracin zn-polymyxin 102		NEURONTIN TABS 800 MG (Use gabapentin)	12
NAPROSYN TABS 500 MG (Use naproxen)	4	neomycin-bacitracin-polymyxin OINT 44		NEUTROGENA BEACH DEFENSESPF 70 LOTN	51
naproxen sodium TABS 220 MG ...	4	neomycin-polymy-dexameth OINT 103		NEUTROGENA HEALTHY DEFENSE DAILY MOISTURIZER PURESSCREEN LOTN	51
naproxen sodium TABS 275 MG, 550 MG	4	neomycin-polymy-dexameth SUSP 103		NEUTROGENA MOISTURE SPF15UNTINTED LOTN	51
naproxen SUSP	4	neomycin-polymyxin w/ pramoxine 44		NEUTROGENA PURE & FREE BABY PURESSCREEN SPF 50 LOTN	51
naproxen TABS	4	neomycin-polymyxin-gramicidin .	102	NEUTROGENA SPORT FACE SUNBLOCK WITH HELIOPLEX SPF70 LOTN	51
naproxen TBEC	4	neomycin-polymyxin-hc (ophth) .	103	NEUTROGENA T/GEL SHAM 0.5 % (Use coal tar extract)	52
naratriptan hcl	94	neomycin-polymyxin-hc (otic) SOLN .	104	NEUTROGENA ULTRA SHEER DRY-TOUCH SPF 45 LOTN	51
NARCAN LIQD (Use naloxone hcl) 20		neomycin-polymyxin-hc (otic) SUSP .	104		
NARDIL (Use phenelzine sulfate) .	14	NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	99		
NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	100	NEONATAL PLUS TABS	99		
NASACORT ALLERGY 24HR CHILDRENS AERO (Use triamcinolone acetonide (nasal)) .	100	NEONATAL PRENATAL VITAMIN TABS	99		
NASALCROM (Use cromolyn sodium (nasal))	100	NEONATAL VITAMIN TABS	99		
NASONEX 24HR SUSP (Use mometasone furoate (nasal))	100				

NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 55 LOTN	51	polacrilex)	107	NIVEA HAND THERAPY LOTN ...	51
NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 70 LOTN	51	NICORETTE MINI LOZG (Use nicotine polacrilex)	106	NIVEA VISAGE UV CARE DAILY FACIAL LOTN	51
NEVANAC	103	NICORETTE STARTER KIT GUM (Use nicotine polacrilex)	106	NIX CREME RINSE LIQD EX (Use permethrin)	52
nevirapine SUSP	34	nicotine MISC XX	107	norelgestromin-ethinyl estradiol ...	40
nevirapine TABS	34	nicotine polacrilex GUM	107	norethin acet & estrad-fe CAPS ...	40
nevirapine TB24 100 MG	34	nicotine polacrilex LOZG	107	norethin acet & estrad-fe CHEW ..	40
nevirapine TB24 400 MG	34	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	107	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	40
NEXAVAR (Use sorafenib tosylate) .	28	NICOTINE TRANSDERMAL SYSTEM KIT	107	norethindrone & eth estradiol	40
NEXCARE ABSOLUTE WATERPROOF PAD PADS	66	NICOTROL INHALER INHA	107	norethindrone & ethinyl estradiol-fe	40
NEXIUM 24HR CPDR (Use esomeprazole magnesium)	109	NICOTROL NS SOLN	107	norethindrone (contraceptive)	41
NEXPLANON	40	nifedipine CAPS	37	norethindrone acet & eth estra	40
NEXTSTELLIS	39	nifedipine TB24 30 MG, 90 MG ...	37	norethindrone acetate TABS	105
niacin (antihyperlipidemic) TABS ..	22	nifedipine TB24 60 MG	37	norethindrone acetate-ethinyl estradiol	55
niacin (antihyperlipidemic) TBCR ..	22	NINLARO	28	norethindrone acetate-ethinyl estradiol-fe	40
niacin CPCR 250 MG, 500 MG ...	114	NITRO-BID OINT	8	norethindrone-eth estradiol (triphasic)	40
niacin TABS 50 MG, 100 MG, 500 MG	114	NITRO-DUR PT24 (Use nitroglycerin)	8	norgestimate-ethinyl estradiol (triphasic)	40
niacin TBCR	114	nitrofurantoin	26	norgestimate-ethinyl estradiol	40
NIACIN TR TBCR	114	nitrofurantoin macrocrystal 50 MG, 100 MG	26	(triphasic)	40
NIASPAN TBCR (Use niacin (antihyperlipidemic))	23	nitrofurantoin monohyd macro ...	26	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	40
nicardipine hcl CAPS	37	nitroglycerin CPCR	8	NORPACE CAPS (Use disopyramide phosphate)	9
NICODERM CQ PT24 TD (Use nicotine)	106	nitroglycerin PT24	8	NORPACE CR CP12 150 MG	9
NICORETTE GUM (Use nicotine polacrilex)	107	nitroglycerin SUBL	8	NORPRAMIN TABS 10 MG (Use desipramine hcl)	16
NICORETTE LOZG (Use nicotine		NITROSTAT SUBL (Use nitroglycerin)	8	NORPRAMIN TABS 25 MG (Use	

desipramine hcl)	16	NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	66	acetaminophen)	4
nortriptyline hcl CAPS	16	NULYTELY (Use peg 3350-potassium chloride-sod bicarbonate-sod chloride)	61	ofloxacin (ophth)	102
nortriptyline hcl SOLN	16	NUMOISYN LIQD	97	ofloxacin (otic)	104
NORVASC TABS (Use amlodipine besylate)	37	NUPLAZID CAPS	29	ofloxacin 300 MG, 400 MG	56
NORVIR CAPS	34	NUPLAZID TABS 10 MG	30	OIL EMULSION DRESSINGS/NON-ADHERENT PADS	66
NORVIR PACK	34	NUVARING (Use etonogestrel-ethinyl estradiol)	40	OINTMENT BASE OINT	48
NORVIR SOLN	34	NUVIGIL (Use armodafinil)	2	olanzapine SOLR	31
NORVIR TABS (Use ritonavir)	34	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT 58		olanzapine TABS 15 MG, 20 MG ..	31
NOVA MAX PLUS KETONE TESTSTRIPS	53	NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT 58		olanzapine TABS 2.5 MG, 5 MG ..	31
NOVA SUREFLEX LANCING DEVICE MISC	70	nystatin (mouth-throat)	97	olanzapine TABS 7.5 MG, 10 MG ..	31
NOVAFERRUM PEDIATRIC MULTIVITAMIN LIQD	98	nystatin (topical) CREA	45	olanzapine TBDP	31
NOVAVAX COVID-19 VACCINE	110	nystatin (topical) OINT	45	olmesartan medoxomil	23
NOVAVAX COVID-19 VACCINE/2023-24	110	nystatin (topical) POWD EX	45	olmesartan medoxomil-amlodipine-hydrochlorothiazide	24
NOVOEIGHT	58	NYSTATIN 100000 UNIT/ML (Use nystatin (mouth-throat))	97	olmesartan medoxomil-hydrochlorothiazide	24
NOVOLIN 70/30 FLEXPEN SUPN	19	nystatin TABS	20	OMBRA TABLE TOP COMPRESSOR DEVI	92
NOVOLIN 70/30 SUSP	19	nystatin-triamcinolone CREA	45	omega-3 fatty acids CAPS	101
NOVOLIN N FLEXPEN SUPN	19	nystatin-triamcinolone OINT	45	omeprazole CPDR 10 MG	109
NOVOLIN N SUSP	19	OBIZUR	58	omeprazole CPDR 20 MG, 40 MG 109	
NOVOLIN R SOLN IJ	19	OCEAN NASAL SPRAY SOLN (Use saline)	100	omeprazole TBEC	109
NOVOPEN ECHO DEVI	83	OCUFLOX (Use ofloxacin (ophth))	102	OMNIFLEX DIAPHRAGM	67
NOVOSEVEN RT	58	ODEFSEY	34	OMNITROPE SOLR SC	54
NP THYROID 120 TABS	107	ODOMZO	27	ON/GO COVID-19 ANTIGEN SELF-TEST KIT	53
NP THYROID 15 TABS	107	OFIRMEV SOLN IV (Use		ondansetron hcl SOLN IJ	20
NP THYROID 30 TABS	107			ondansetron hcl SOLN OR 4 MG/5ML	20
NP THYROID 60 TABS	108			ondansetron hcl SOSY	20
NP THYROID 90 TABS	108				
NU GAUZE 4PLY 4"X4" PADS	66				

ondansetron hcl TABS 24 MG .....20	ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC .....70	ORALAIR SUBL .....2
ondansetron hcl TABS 4 MG, 8 MG 20	ONETOUCH ULTRA CONTROL LIQD .....70	ORKAMBI PACK 107
ondansetron TBDP .....20	ONETOUCH ULTRA CONTROL SOLUTION LIQD .....70	ORKAMBI TABS .....107
ONE FLOW FVC MONITORING SPIROMETER DEVI .....92	ONETOUCH ULTRA STRP .....53	oseltamivir phosphate CAPS 30 MG . 36
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS .99	ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD .....70	oseltamivir phosphate CAPS 45 MG, 75 MG .....36
ONE VITE WOMENS PRENATALVITAMIN TABS .....99	ONETOUCH VERIO TEST STRIPS STRP .....53	oseltamivir phosphate SUSR .....36
ONE-A-DAY ESSENTIAL TABS (USE MULTIPLE VITAMIN) .....113	ONGLYZA (Use saxagliptin hcl) .. 18	OSENI .....17
ONE-A-DAY MENS TABS (USE MULTIPLE VITAMIN) .....113	OPTICHAMBER DIAMOND DEVI .92	OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-12.5 MG, 45 MG-25 MG (Use alogliptin-pioglitazone) .....17
ONE-A-DAY WEIGHT SMART ADVANCED TABS (USE MULTIPLE VITAMINS W/ MINERALS) 113	OPTICHAMBER DIAMOND MISC .92	OTEZLA TABS .....4
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (USE MULTIPLE VITAMINS W/ MINERALS) .....113	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI .....92	OTEZLA TBPK .....4
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS (USE MULTIPLE VITAMINS W/ MINERALS) .....113	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC 92	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 .....2
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS (USE MULTIPLE VITAMINS W/ MINERALS) .....113	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC .....92	OVACE PLUS WASH LIQD (Use sulfacetamide sodium) .....46
ONE-A-DAY WOMENS PETITES TABS (USE MULTIPLE VITAMINS W/ MINERALS) 113	OPTIVITE P.M.T. TABS (USE MULTIPLE VITAMINS W/ MINERALS) .....113	OVACE WASH LIQD (Use sulfacetamide sodium) .....46
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS (USE MULTIPLE VITAMINS W/ MINERALS) .....113	ORAL ELECTROLYTES SOLN - ASSORTED BRANDS 95	OVIDE (Use malathion) .....52
ONETOUCH DELICA PLUS LANCING DEVICE MISC .....70	ORAL ELECTROLYTES SOLN - ASSORTED GENERICS .....95	oxaprozin TABS .....4
	ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN .....97	OXAYDO TABS 5 MG .....6
	ORALAIR ADULT STARTER PACK SUBL .....2	oxazepam CAPS .....9
	ORALAIR CHILDREN/ADOLESCENTS STARTER PACK SUBL .....2	oxcarbazepine SUSP 12
		oxcarbazepine TABS 12
		oxybutynin chloride TABS .....109
		oxybutynin chloride TB24 .....109
		oxycodone hcl CAPS .....6
		oxycodone hcl CONC 100 MG/5ML 6

oxycodone hcl SOLN	6	PARVA-CAL	95	PEDIATRIC MULTIPLE VITAMINSW/ IRON CHEW	98
oxycodone hcl TABS	6	PAXIL CR TB24 (Use paroxetine hcl)	15	PEDIATRIC MULTIVITAMINS W/FL CHEW	98
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	6	PAXIL SUSP (Use paroxetine hcl) .	15	PEDIATRIC MULTIVITAMINS W/FL SOLN	98
oyster shell	95	PAXIL TABS 10 MG (Use paroxetine hcl)	15	pediatric vitamins acd w/ fluoride SOLN	98
OYSTER SHELL CALCIUM/D TABS . 95		PAXIL TABS 20 MG (Use paroxetine hcl)	15	PEDVAX HIB SUSP	110
paliperidone	30	PAXIL TABS 30 MG, 40 MG (Use paroxetine hcl)	15	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	61
PAMELOR CAPS (Use nortriptyline hcl)	16	PAXLOVID 100 MG-150 MG	35	peg 3350-potassium chloride-sod bicarbonate-sod chloride	61
PANOXYL AM SPF30 LOTN	51	pazopanib hcl	28	PENBRAYA	110
pantoprazole sodium TBEC 20 MG 109		PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	98	penicillamine TABS	96
pantoprazole sodium TBEC 40 MG 109		PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	98	penicillin v potassium SOLR	104
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	40	ped multivitamins w/fl & iron SOLN 98		penicillin v potassium TABS	104
PARI MANUAL INTERRUPTER DEVI	92	PEDIA-LAX SUPP	61	PENTACEL	108
PARI TREK S COMBO PACK DEVI . 93		PEDIALYTE ADVANCED CARE SOLN (USE ORAL ELECTROLYTES)	95	pentoxifylline	58
PARLODEL CAPS (Use bromocriptine mesylate)	29	PEDIALYTE FREEZER POPS SOLN (USE ORAL ELECTROLYTES) ...	95	PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine)	108
PARLODEL TABS (Use bromocriptine mesylate)	29	PEDIALYTE SINGLES SOLN (USE ORAL ELECTROLYTES)	95	PEPCID AC TABS (Use famotidine) . 108	
PARNATE (Use tranlycypromine sulfate)	14	PEDIALYTE SOLN (USE ORAL ELECTROLYTES)	95	PEPCID TABS (Use famotidine) .	108
paroxetine hcl SUSP	15	PEDIAPRED SOLN (Use prednisolone sodium phosphate) ..	41	PEPTO BISMOL TABS (Use bismuth subsalicylate)	19
paroxetine hcl TABS 10 MG	15	PEDIARIX SUSY	108	PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	19
paroxetine hcl TABS 20 MG	15	PEDIATRIC MULTIPLE VITAMIN W/MINERALS & C CHEW	98	PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate)	19
paroxetine hcl TABS 30 MG, 40 MG . 15		PEDIATRIC MULTIPLE VITAMIN W/MINERALS & C SOLN	98	PEPTO-BISMOL SUSP (Use bismuth subsalicylate)	19
paroxetine hcl TB24	15			PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	19

PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)	6	200 MG, 300 MG	13	POCKET CHAMBER DEVI	93
PERIDEX (Use chlorhexidine gluconate (mouth-throat))	97	phenytoin SUSP	13	POCKET SPACER DEVI	93
permethrin CREA	52	PHEXXI	111	podofilox SOLN	49
permethrin LIQD EX	52	phytonadione TABS 5 MG	113	polyethylene glycol 3350 PACK ...	61
perphenazine TABS	32	PIFELTRO	34	polyethylene glycol 3350 POWD ..	61
perphenazine-amitriptyline	106	pilocarpine hcl (oral) 5 MG	97	POLYMEM FILM DOT PADS	66
PERSERIS PRSY	30	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 102		POLYMEM NON-ADHESIVE PAD PADS	66
PEXEVA	15	pimecrolimus	48	polymyxin b-trimethoprim	102
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP .	110	pindolol TABS	37	polysaccharide iron complex CAPS 150 MG	59
phenazopyridine hcl TABS 100 MG, 95 MG, 100 MG, 200 MG	57	pioglitazone hcl	19	POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (Use bacitracin-polymyxin b)	45
phenelzine sulfate	14	pioglitazone hcl-glimepiride	17	polyvinyl alcohol 1.4 %	101
phenobarbital ELIX	60	pioglitazone hcl-metformin hcl TABS . 17		POLY-VI-SOL SOLN OR	98
phenobarbital sodium SOLN	60	pirfenidone CAPS	107	POLY-VI-SOL/IRON SOLN	98
phenobarbital TABS	60	pirfenidone TABS	107	POLY-VITA SOLN OR	98
phenylephrine hcl (mydriatic) SOLN 2.5 %	102	piroxicam CAPS	4	POLY-VITA/IRON SOLN	98
phenylephrine hcl (oral) TABS ...	101	PLAN B ONE-STEP (Use levonorgestrel (emergency oc)) ...	40	POLY-VITE PEDIATRIC SOLN OR 98	
phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML 43		PLAQUENIL (Use hydroxychloroquine sulfate)	26	POLY-VITE/IRON SOLN	98
phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	43	PLAVIX 75 MG (Use clopidogrel bisulfate)	58	POMALYST	28
phenylephrine-dm SOLN	43	PLEGRIDY SOPN	106	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	95
phenylephrine-shark liver oil-cocoa butter	7	PLEGRIDY SOSY SC	106	potassium bicarbonate TBEF	95
phenylephrine-shark liver oil-mineral oil-petrolatum	7	PLEGRIDY STARTER PACK SOPN . 106		potassium chloride CPCR 10 MEQ 95	
phenytoin CHEW	13	PLEGRIDY STARTER PACK SOSY SC	106	potassium chloride CPCR 8 MEQ .95	
phenytoin sodium extended 100 MG,		plerixafor	59	potassium chloride microencapsulated crystals er	95
		PNEUMOVAX 23	110	potassium chloride PACK OR 20 MEQ	96
		PNEUMOVAX 23/1 DOSE	110		

POTASSIUM CHLORIDE SOLN IV (Use potassium chloride)	96	SOLN 15 MG/5ML	41	PREMARIN TABS	55
potassium chloride SOLN OR 10 %, 20 %	96	prednisolone sodium phosphate SOLN 20 MG/5ML	41	PREMIUM CONDOMS LUBRICATED MISC	67
potassium chloride TBCR	96	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML	41	PREMPHASE	55
potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG	57	prednisolone SOLN	41	PREMPRO	55
potassium citrate-citric acid PACK	57	prednisolone TABS	41	PRENATAL AND IRON TABS	99
povidone-iodine SOLN 10 %	33	PREDNISONE INTENSOL CONC	41	PRENATAL FORMULA CAPS	99
PRADAXA CAPS (Use dabigatran etexilate mesylate)	11	prednisone SOLN	41	PRENATAL FORTE TABS	99
pramipexole dihydrochloride TABS 29	29	prednisone TABS	41	PRENATAL MULTIVITAMIN TABS 99	99
PRAMOTIC	104	prednisone TBPK	41	PRENATAL ONE DAILY TABS	99
pramoxine hcl (rectal) FOAM EX	7	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	83	PRENATAL PLUS TABS	99
prasugrel hcl	58	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	83	PRENATAL PLUS VITAMIN ANDMINERAL TABS	99
pravastatin sodium	22	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	83	PRENATAL TABS	99
prazosin hcl CAPS	23	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	83	PRENATAL VITAMIN & MINERAL TABS	99
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	83	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	83	PRENATAL VITAMIN TABS	99
PRECISION XTRA	53	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	83	PRENATAL VITAMIN & MINERAL TABS	99
PRECOSE (Use acarbose)	16	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	83	PRENATAL VITAMIN TABS	99
PRED FORTE (Use prednisolone acetate (ophth))	103	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	83	PRENATAL VITAMIN/IRON TABS	99
PRED MILD	103	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	83	PRENATAL VITAMINS PLUS LOW IRON TABS	99
PRED-G SUSP	103	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	83	PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	99
prednicarbate OINT	47	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	83	PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	99
prednisolone acetate (ophth)	103	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	83	PRENATRIX TABS	99
PREDNISOLONE ACETATE P-F 103	103	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	83	PRENATRYL TABS	99
PREDNISOLONE SODIUM PHOSPHATE	103	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	83	PRENATVITE RX TABS	99
prednisolone sodium phosphate	103	PREHEVBRIO	110	PREPLUS TABS	99
		PREMARIN	112	PREVACID 24HR CPDR (Use lansoprazole)	109
				PREVACID CPDR 30 MG (Use lansoprazole)	109

PREVACID SOLUTAB TBDD (Use lansoprazole)	109	SYRINGES/0.5ML/30G X 1/2"	84	SYRINGE/1ML/28G X 1/2"	84
PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental))	97	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" ..	84	PRODIGY LANCING DEVICE MISC .	70
PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental))	97	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" ..	84	PROFILNINE	58
PREVIDENT FLUORIDE GEL (Use sodium fluoride (dental))	97	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	84	progesterone CAPS 100 MG	105
PREVIDENT RINSE SOLN	97	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	84	progesterone CAPS 200 MG	105
PREVNAR 13	110	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	84	PROGLYCEM (Use diazoxide) ...	17
PREVNAR 20	110	PROAIR HFA AERS (Use albuterol sulfate)	10	PROGRAF CAPS (Use tacrolimus)	96
PREZCOBIX	34	probenecid	57	PROGRAF PACK	96
PREZISTA SUSP	34	PROCARDIA XL TB24 30 MG, 90 MG (Use nifedipine)	38	PROGRAF SOLN	96
PREZISTA TABS 150 MG	34	PROCARDIA XL TB24 60 MG (Use nifedipine)	38	promethazine & phenylephrine SYRP	43
PREZISTA TABS 600 MG (Use darunavir)	34	PROCARE SPACER CHAMBER W/ADULT MASK DEVI	93	promethazine hcl SOLN OR 6.25 MG/5ML	22
PREZISTA TABS 75 MG	34	PROCARE SPACER CHAMBER W/CHILD MASK DEVI	93	promethazine hcl SUPP	22
PREZISTA TABS 800 MG (Use darunavir)	34	PROCHAMBER VALVED HOLDINGCHAMBER DEVI	93	promethazine hcl TABS	22
PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)	26	prochlorperazine	32	promethazine w/codeine SOLN ...	43
primaquine phosphate TABS	26	prochlorperazine edisylate 10 MG/2ML	32	promethazine w/codeine SYRP ...	43
primidone	12	prochlorperazine maleate TABS ...	32	promethazine-dm SYRP	43
PRIORIX SUSR	110	PROCTOFOAM FOAM EX (Use pramoxine hcl (rectal))	7	promethazine-phenylephrine-codeine	43
PRISTIQ (Use desvenlafaxine succinate)	16	PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	84	PROMETRIUM CAPS 100 MG (Use progesterone)	105
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	93	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	84	PROMETRIUM CAPS 200 MG (Use progesterone)	105
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	93	PRODIGY INSULIN		propafenone hcl TABS	9
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	93	PRODIGY INSULIN		propranolol hcl CP24	37
PRO COMFORT INSULIN				propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	37

PROSCAR (Use finasteride)	57	SPACER CHAMBER ADULT DEVI 93	QC STERILE PADS PADS	66
PROSHIELD PLUS SKIN			QC TRIACTING DAYTIME	
PROTECTANT CREA	49	PURIXAN SUSP	CHILDRENS SYRP	43
PROTONIX TBEC 20 MG (Use pantoprazole sodium)	109	PX ADVANCED LANCING DEVICE MISC	QC ULTIMATE SUNSCREEN LOTN . 51	
PROTONIX TBEC 40 MG (Use pantoprazole sodium)	109	PX INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"	QUADRACEL SUSP	108
protriptyline hcl	16	PX LANCET AUTO INJECTOR MISC	QUADRACEL SUSY	108
PROVENTIL HFA AERS (Use albuterol sulfate)	10	PX PRENATAL MULTIVITAMINS TABS	QUAKE DEVI	93
PROVERA (Use medroxyprogesterone acetate) ...	105	pyrazinamide	QUARTETTE (Use levonorgestrel- ethinyl estradiol (91-day))	40
PROZAC CAPS 10 MG, 20 MG (Use fluoxetine hcl)	15	pyrethrins-piperonyl butoxide LIQD 4 %-0.33 %	QUESTRAN LIGHT POWD (Use cholestyramine light)	22
PROZAC CAPS 40 MG (Use fluoxetine hcl)	15	pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 % ...	QUESTRAN PACK (Use cholestyramine)	22
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 43		pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	QUESTRAN POWD (Use cholestyramine)	22
pseudoephedrine hcl TABS	101	pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 %	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG	31
pseudoephedrine hcl TB12	101	PYRIDIDIUM TABS (Use phenazopyridine hcl)	quetiapine fumarate TABS 300 MG, 400 MG	31
pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG 43		pyridostigmine bromide TABS 60 MG	quetiapine fumarate TB24	31
pseudoephedrine-ibuprofen TABS	43	pyridostigmine bromide TBCR	QUICKVUE AT-HOME COVID-19 TEST KIT	53
psyllium CAPS 0.52 GM	60	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG	quinapril hcl	23
psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 43 %, 58.6 %, 100 %	60	QC ADVANCED LANCING DEVICE MISC	quinapril-hydrochlorothiazide 12.5 MG-10 MG	25
PTS PANELS KETONE TEST	53	QC ALL PURPOSE DRESSINGS4"X4" PADS	quinapril-hydrochlorothiazide 12.5 MG-20 MG	25
PULMICORT SUSP (Use budesonide (inhalation))	10	QC BORDER ISLAND GAUZE PAD 2"X2" PADS	quinapril-hydrochlorothiazide 25 MG- 20 MG	25
PULMOZYME	107	QC PRENATAL TABS	quinidine gluconate TBCR	9
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	93		quinidine sulfate TABS	9
PURE COMFORT INHALER			QVAR REDIHALER 40 MCG/ACT .10	
			QVAR REDIHALER 80 MCG/ACT .10	

RA ADVANCED HEALING OINT .48	MG/0.3ML, 17.5 MG/0.35ML, 20	RELEXXII TBCR 36 MG 2
RA ARTHRITIS PAIN RELIEF CREA 49	MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML 2	RELION INSULIN SYRINGE 1ML/31GX15/64" 84
RA DRY MOUTH SOLN 97	RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16	RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" 84
RA FIRST AID NON-STICK PADS PADS 66	PLY MISC 66	RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" 84
RA INSULIN SYRINGE/0.5ML/29G X 1/2" 84	RAZADYNE ER CP24 (Use galantamine hydrobromide) 106	RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" 84
RA INSULIN SYRINGE/1ML/29G X 1/2" 84	REALITY INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" 84	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64" 84
RA INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" 84	REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" 84	RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16" 84
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" 84	REALITY INSULIN SYRINGE/U- 100/1ML/28G X 1/2" 84	RELION KETONE TEST STRIPS STRP 53
RA PRENATAL FORMULA/FOLICACID TABS 99	REALITY INSULIN SYRINGE/U- 100/1ML/29G X 1/2" 84	RELION LANCING DEVICE MISC 71
RA PRENATAL TABS 99	REALITY LATEX CONDOMS/LUBRICATED MISC .67	REL PAX (Use eletriptan hydrobromide) 94
RA SHEER ADHESIVE LARGE PADS 66	REALITY LATEX/ULTRA TEXTURED DEVI 68	REMERON SOLTAB TBDP 15 MG (Use mirtazapine) 14
RA STERILE PADS 2"X2" PADS .66	REALITY LATEX/ULTRA THIN DEVI 68	REMERON SOLTAB TBDP 30 MG (Use mirtazapine) 14
RA STERILE PADS 3"X3" PADS .66	REBIF REBIDOSE SOAJ 106	REMERON SOLTAB TBDP 45 MG (Use mirtazapine) 14
RA STERILE PADS 4"X4" PADS .66	REBIF REBIDOSE TITRATIONPACK SOAJ 106	REMERON TABS 15 MG (Use mirtazapine) 14
RABAVERT 110	REBIF SOSY 106	REMERON TABS 30 MG (Use mirtazapine) 14
RAGWITEK SUBL 2	REBIF TITRATION PACK SOSY .106	repaglinide 19
raloxifene hcl 54	RECOMBINATE SOLR 58	RESTORE CONTACT LAYER/NON- ADHERENT 2"X2" PADS 66
ramipril CAPS 23	RECOMBIVAX HB SUSP 110	RESTORE FOAM DRESSING BORDERED 4"X4" PADS 66
ranitidine hcl TABS 75 MG, 150 MG . 108	RECOMBIVAX HB SUSY 110	RESTORE FOAM DRESSING NON- BORDERED 4"X4" PADS 66
RAPAMUNE SOLN (Use sirolimus) 96	REGLAN TABS (Use metoclopramide hcl) 56	
RAPAMUNE TABS (Use sirolimus) 96	RELENZA DISKHALER 36	
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15	RELEXXII TBCR 18 MG, 27 MG, 54 MG 2	

RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	66	RIGHTEST GD500 LANCING DEVICE MISC	71	ROBINUL TABS (Use glycopyrrolate)	108
RESTORE TRIO ABSORBENT DRESSING 3"X3" PADS	66	RIOMET SOLN (Use metformin hcl) .	17	ROCALTROL CAPS (Use calcitriol) .	55
RESTORIL 15 MG (Use temazepam)	60	risedronate sodium TABS 35 MG .	54	roflumilast 500 MCG	10
RESTORIL 30 MG (Use temazepam)	60	risedronate sodium TABS 5 MG, 30 MG	54	romidepsin SOLR	28
RESTORIL 7.5 MG, 22.5 MG (Use temazepam)	60	risedronate sodium TBEC	54	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	29
RETACRIT	59	RISPERDAL CONSTA (Use risperidone microspheres)	30	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	29
RETIN-A CREA (Use tretinoin)	44	RISPERDAL SOLN (Use risperidone)	30	rosuvastatin calcium TABS	22
RETIN-A GEL 0.01 % (Use tretinoin) .	44	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) .	30	ROTARIX SUSP	110
RETIN-A GEL 0.025 % (Use tretinoin)	44	risperidone microspheres	30	ROTARIX SUSR	110
RETROVIR CAPS (Use zidovudine) .	34	risperidone SOLN	30	ROTATEQ SOLN	110
RETROVIR IV INFUSION SOLN ..	34	risperidone TABS	31	ROXICODONE TABS (Use oxycodone hcl)	6
RETROVIR SYRP (Use zidovudine) .	34	risperidone TBDP 0.25 MG	31	rufinamide SUSP	12
REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) .	38	risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	31	rufinamide TABS	12
REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) .	38	RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl)	2	RUKOBIA	34
REVATIO TABS (Use sildenafil citrate (pulmonary hypertension)) .	38	RITALIN TABS 5 MG (Use methylphenidate hcl)	2	RYKINDO SRER	31
REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	34	RITEFLO DEVI	93	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	84
REYATAZ PACK	34	ritonavir TABS	34	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	84
RIASTAP	58	rivastigmine	106	SAFETY INSULIN SYRINGES 1ML/29GX1/2"	84
riboflavin TABS 50 MG, 100 MG .	114	rivastigmine tartrate CAPS	106	SAFETY INSULIN SYRINGES 1ML/30GX1/2"	84
rifabutin	27	RIXUBIS SOLR	58	SAFYRAL (Use drospirenone-ethinyl estradiol-levomefolate calcium)	40
rifampin CAPS	27	rizatriptan benzoate TABS	94	SAIZEN IJ	54
		rizatriptan benzoate TBDP	94	SAIZENPREP	
		ROBINUL FORTE TABS (Use glycopyrrolate)	108	RECONSTITUTIONKIT IJ	54
				SALAGEN 5 MG (Use pilocarpine hcl	

(oral)	97	SYRINGES/U-100/0.5ML/29GX1/2" .	sennosides-docusate sodium TABS
salicylic acid GEL 6 %	49	85	61
saline SOLN	100	SECURESAFE SAFETY INSULIN	SENOKOT S TABS (Use
salsalate	5	SYRINGES/U-100/1ML/29GX1/2" 85	sennosides-docusate sodium) .....61
SANDIMMUNE CAPS (Use		SELECT-LITE LANCING DEVICE	SENOKOT TABS (Use sennosides)
cyclosporine)	96	MISC	61
SANDIMMUNE SOLN IV 50 MG/ML		selegiline hcl CAPS	29
(Use cyclosporine)	96	selegiline hcl TABS	29
SANDIMMUNE SOLN OR	96	selenium sulfide LOTN 1 %	46
SANDOSTATIN LAR DEPOT KIT .55		selenium sulfide LOTN 2.5 %	46
SAPHRIS (Use asenapine maleate) .		selenium sulfide SHAM 1 %	46
31		SELSUN BLUE CARE MENS	SEROQUEL TABS 25 MG, 50 MG,
SAPHRIS 5 MG	31	MAXIMUM STRENGTH LOTN (Use	100 MG, 200 MG (Use quetiapine
SARNA LOTN (Use camphor &		selenium sulfide)	fumarate)
menthol)	45	SELSUN BLUE DAILY LOTN (Use	32
SAVELLA TABS	106	selenium sulfide)	46
SAVELLA TITRATION PACK MISC		SELSUN BLUE LOTN (Use selenium	SEROQUEL TABS 300 MG, 400 MG
106		sulfide)	(Use quetiapine fumarate)
saxagliptin hcl	18	SELSUN BLUE MEDICATED LOTN	31
saxagliptin-metformin hcl	17	(Use selenium sulfide)	31
SB INSULIN SYRINGE/U-		SELSUN BLUE MOISTURIZING	SEROSTIM SC 4 MG, 5 MG, 6 MG
100/0.5ML/29G X 1/2"	84	LOTN (Use selenium sulfide)	54
SB INSULIN SYRINGE/U-		SELZENTRY SOLN	15
100/0.5ML/30G X 5/16"	84	SELZENTRY TABS 150 MG (Use	sertraline hcl CONC
SB INSULIN SYRINGE/U-		maraviroc)	15
100/1ML/29G X 1/2"	84	SELZENTRY TABS 25 MG, 75 MG	sertraline hcl TABS 100 MG
SB INSULIN SYRINGE/U-		34	15
100/1ML/30G X 5/16"	84	SELZENTRY TABS 300 MG (Use	sertraline hcl TABS 25 MG, 50 MG
SB INSULIN SYRINGE/U-		maraviroc)	15
100/1ML/31G X 5/16"	85	SENNA SYRP	SFROWASA ENEM
SEASONIQUE (Use levonorgestrel-		sennosides LIQD	56
ethinyl estradiol (91-day))	40	sennosides SYRP 8.8 MG/5ML ...	SHINGRIX
SECUADO	31	sennosides TABS 8.6 MG, 15 MG,	110
SECURESAFE SAFETY INSULIN		17.2 MG	SHOPKO AUTOLET LANCING
			DEVICE MISC
			71
			sildenafil citrate (pulmonary
			hypertension) SOLN
			38
			sildenafil citrate (pulmonary
			hypertension) SUSR
			38
			sildenafil citrate (pulmonary
			hypertension) TABS
			38
			SILENOR (Use doxepin hcl (sleep)) .
			60
			SILIGENTLE SILICONE
			FOAMDRESSING/BORDERED
			PADS
			66

SILIGENTLE SILICONE FOAMDRESSING/NON-BORDERED PADS	66	SM GLUCOSE CHEW	17	SOF-WICK 4"X4" PADS	67
SILIQ	46	SM IPECAC SYRUP	20	SOLBAR AVO LOTN	51
SILVADENE (Use silver sulfadiazine)	46	SM PRENATAL VITAMINS TABS .	99	SOLBAR PF SPF15 LOTN	51
silver sulfadiazine	46	SM STERILE PADS 2"X2" PADS .	67	SOLQUA 100/33	17
simethicone CHEW 80 MG	56	SM STERILE PADS PADS	67	SOLUS V2 LANCING DEVICE MISC 71	
simethicone SUSP	56	SM TRUEDRAW LANCING DEVICE MISC	71	sorafenib tosylate	28
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	71	SMART DIABETES VANTAGE LANCING DEVICE MISC	71	SORBITOL OR 70 %	61
simvastatin TABS	22	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	7	sotalol hcl (afib/af)	37
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa- levodopa)	29	sodium chloride (gu irrigant) 0.9 %	57	sotalol hcl TABS 240 MG	37
SINGULAIR CHEW (Use montelukast sodium)	9	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	43	sotalol hcl TABS 80 MG, 120 MG, 160 MG	37
SINGULAIR PACK (Use montelukast sodium)	9	sodium chloride SOLN IV 0.9 % ...	96	SOVUNA 200 MG	26
SINGULAIR TABS (Use montelukast sodium)	9	sodium citrate & citric acid	57	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	110
sirolimus SOLN	96	sodium fluoride (dental) CREA	97	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	110
sirolimus TABS	96	sodium fluoride (dental) GEL	97	spinosad	52
SIVEXTRO TABS	26	sodium fluoride (dental) SOLN 0.2 % 97		SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate) ...	9
SKYLA	41	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	95	SPIRO PD DEVI	93
SLO-NIACIN TBCR (Use niacin) .	114	sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML	95	spironolactone & hydrochlorothiazide	53
SLYND	41	sodium hypochlorite SOLN EX	33	spironolactone TABS	54
SM ADHESIVE PADS 2"X3" PADS 66		sodium phosphates ENEM	61	SPORANOX CAPS (Use itraconazole)	21
SM ADHESIVE PADS 3"X4" PADS 66		sodium polystyrene sulfonate POWD 97		SPORANOX PULSEPAK CAPS (Use itraconazole)	20
SM GAUZE PADS 2"X2" PADS ...	67	sodium polystyrene sulfonate SUSP OR 15 GM/60ML	97	SPORT SUNSCREEN SPF 50 LOTN	51
SM GAUZE PADS 3"X3" PADS ...	67	sodium sulfate-potassium sulfate- magnesium sulfate	61	SPRYCEL	28
SM GAUZE PADS 4"X4" PADS ...	67	SOFOSBUVIR/VELPATASVIR TABS	35	ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE CHEW	5

ST JOSEPH ADULT CHEW	5	TABS (Use pseudoephedrine hcl)	101	sunscreens LOTN	51
STAMARIL SUSR	111	sulfacetamide sodium (acne)	44	SUPREP BOWEL PREP KIT (Use	
stavudine CAPS	34	sulfacetamide sodium (ophth) OINT	102	sodium sulfate-potassium sulfate-	
STERILE GAUZE PADS 2"X2" PADS				magnesium sulfate)	61
.....	67	sulfacetamide sodium (ophth) SOLN .	102	SURE COMFORT INSULIN	
STERILE GAUZE PADS 3"X3" PADS				SYRINGE/U-100/0.3ML/29G X 1/2" .	85
.....	67	sulfacetamide sodium LIQD	46	SURE COMFORT INSULIN	
STERILE PADS 2"X2" PADS	67	sulfacetamide sodium w/ sulfur LOTN	10 %-5 %	SYRINGE/U-100/0.3ML/30G X 1/2" .	85
STERILE PADS 3"X3" PADS	67		44	SURE COMFORT INSULIN	
STERILE PADS 4"X4" PADS	67	sulfacetamide sodium w/ sulfur SUSP	10 %-5 %	SYRINGE/U-100/0.3ML/30G X 5/16"	85
STIOLTO RESPIMAT	10		44	.....	85
STIVARGA	28	sulfacetamide sod-prednisolone		SURE COMFORT INSULIN	
STRATTERA (Use atomoxetine hcl) .	1	SOLN	103	SYRINGE/U-100/0.3ML/31G X 5/16 .	85
STRIBILD	34	sulfamethoxazole-trimethoprim SUSP	.....	SURE COMFORT INSULIN	
STROVITE FORTE TABS (USE			25	SYRINGE/U-100/0.3ML/31G X 5/16"	85
MULTIPLE VITAMINS W/		sulfamethoxazole-trimethoprim TABS	.....	.....	85
MINERALS)	113		25	SURE COMFORT INSULIN	
SUBLOCADE SOSY	6	sulfasalazine TABS	56	SYRINGE/U-100/0.5ML/28G X 1/2" .	85
SUBOXONE FILM SL 0.5 MG-2 MG,		sulfasalazine TBEC	56		
1 MG-4 MG (Use buprenorphine hcl-		sulindac TABS	4	SURE COMFORT INSULIN	
naloxone hcl dihydrate)	7	sumatriptan	94	SYRINGE/U-100/0.5ML/29G X 1/2" .	85
SUBOXONE FILM SL 2 MG-8 MG, 3		sumatriptan succinate SOAJ 6		SURE COMFORT INSULIN	
MG-12 MG (Use buprenorphine hcl-		MG/0.5ML	94	SYRINGE/U-100/0.5ML/30G X 1/2" .	85
naloxone hcl dihydrate)	7	sumatriptan succinate SOCT 6			
sucralfate SUSP	109	MG/0.5ML	94	SURE COMFORT INSULIN	
sucralfate TABS	109	sumatriptan succinate SOLN 6		SYRINGE/U-100/0.5ML/30G X 5/16"	85
SUDAFED CHILDRENS LIQD ...	101	MG/0.5ML	94	.....	85
SUDAFED CONGESTION TABS		sumatriptan succinate TABS	94	SURE COMFORT INSULIN	
(Use pseudoephedrine hcl)	101	sunitinib malate	28	SYRINGE/U-100/0.5ML/31G X 5/16 .	85
SUDAFED PE SINUS		SUNSCREEN KIDS SPF50+ LOTN	51	SURE COMFORT INSULIN	
CONGESTION TABS (Use				SYRINGE/U-100/1ML/28G X 1/2" 85	
phenylephrine hcl (oral))	101	SUNSCREEN ULTRA SHEER LOTN	.....	SURE COMFORT INSULIN	
SUDAFED SINUS CONGESTION			51	SYRINGE/U-100/1ML/29G X 1/2" 85	

SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" 85	tacrolimus (topical) OINT 49	TECFIDERA STARTER PACK CDPK (Use dimethyl fumarate) 106
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" 85	tacrolimus CAPS 97	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16" 85
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" 85	TAFINLAR CAPS 28	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16" 85
SURE COMFORT LANCING PEN MISC 71	TAGAMET HB 200 TABS (Use cimetidine) 108	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2" 85
SURGICAL GAUZE SPONGE PADS 67	TAGAMET HB TABS (Use cimetidine) 108	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16" 85
SUSTIVA CAPS 200 MG (Use efavirenz) 34	TALTZ SOAJ 46	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16" 85
SUSTIVA CAPS 50 MG (Use efavirenz) 34	TALTZ SOSY 46	TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2" 85
SUSTIVA TABS (Use efavirenz) ... 35	TAMIFLU CAPS 30 MG (Use oseltamivir phosphate) 36	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2" 85
SUTENT (Use sunitinib malate) .. 28	TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate) 36	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" 85
SYMBICORT (Use budesonide-formoterol fumarate dihydrate) 10	TAMIFLU SUSR (Use oseltamivir phosphate) 36	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16" 85
SYMDEKO 107	tamoxifen citrate TABS 28	TEGADERM FOAM DRESSING 2"X2" PADS 67
SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate) 35	tamsulosin hcl 57	TEGADERM FOAM DRESSING 4"X4" PADS 67
SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate) 35	TARCEVA (Use erlotinib hcl) 27	TEGRETOL SUSP (Use carbamazepine) 12
SYMLINPEN 120 SOPN 16	TARGADOX TABS (Use doxycycline hyclate) 107	TEGRETOL TABS (Use carbamazepine) 12
SYMLINPEN 60 SOPN 16	TARGRETIN (Use bexarotene) ... 28	TEGRETOL-XR TB12 (Use carbamazepine) 12
SYMTUZA 35	TASIGNA 150 MG, 200 MG 28	TEKTURNA (Use aliskiren fumarate) 25
SYNAGIS SOLN 104	TAYTULLA CAPS (Use norethin acet & estrad-fe) 40	TEKTURNA HCT 25
SYNAREL 54	tazarotene CREA 46	telmisartan 23
SYNTHROID TABS (Use levothyroxine sodium) 108	tazarotene GEL 46	telmisartan-amlodipine 25
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS 98	TAZORAC CREA (Use tazarotene) 46	
	TAZORAC CREA 46	
	TAZORAC GEL (Use tazarotene) . 46	
	TDVAX SUSP 108	
	TECFIDERA CPDR (Use dimethyl fumarate) 106	

telmisartan-hydrochlorothiazide ...25	testosterone enanthate SOLN IM ...7	timolol maleate (ophth) SOLG 0.5 % . 101
temazepam 15 MG .....60	TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT SUSP 108	timolol maleate (ophth) SOLN 0.25 %101
temazepam 30 MG .....60	tetrabenazine .....106	timolol maleate (ophth) SOLN 0.5 % . 101
temazepam 7.5 MG, 22.5 MG 60	tetracaine hcl (ophth) 102	timolol maleate (ophth) SOLN .....101
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (Use temozolomide) 27	tetracycline hcl CAPS 500 MG ... 107	timolol maleate (ophth) SOLN .....101
TEMODAR SOLR .....27	tetrahydrozoline hcl (ophth) 0.05 % 102	timolol maleate TABS .....37
TEMOVATE CREA (Use clobetasol propionate) .....47	TGT LANCING DEVICE MISC 71	TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth)) 101
TEMOVATE OINT (Use clobetasol propionate) .....47	THEO-24 CP24 10	TIMOPTIC SOLN 0.25 % (Use timolol maleate (ophth)) 101
temozolomide CAPS .....27	theophylline ELIX 10	TIMOPTIC SOLN 0.5 % (Use timolol maleate (ophth)) 101
TENIVAC INJ 108	theophylline SOLN 10	TIMOPTIC-XE SOLG (Use timolol maleate (ophth)) 101
tenofovir disoproxil fumarate TABS 35	theophylline TB12 .....11	TINACTIN CREA (Use tolnaftate) . 45
TENORETIC 100 (Use atenolol & chlorthalidone) 25	theophylline TB24 .....11	tioconazole vaginal 6.5 % 111
TENORETIC 50 (Use atenolol & chlorthalidone) 25	THERAGAUZE PADS 67	tiotropium bromide monohydrate CAPS .....9
TENORMIN TABS (Use atenolol) . 37	THERAMILL FORTE CAPS (USE MULTIPLE VITAMINS W/ MINERALS) .....113	TIVICAY PD TBSO 35
terazosin hcl .....23	THERANATAL CORE NUTRITION TABs .....100	TIVICAY TABS .....35
terbinafine hcl (topical) CREA 45	thiamine hcl TABS .....114	tizanidine hcl TABS .....100
terbinafine hcl TABS .....20	thiamine mononitrate TABS 100 MG . 114	TOBI NEBU (Use tobramycin) 2
terbutaline sulfate TABS 10	thioridazine hcl 32	TOBI PODHALER CAPS 2
terconazole vaginal CREA 0.4 % .111	thiothixene .....32	TOBRADEX OINT .....103
terconazole vaginal CREA 0.8 % .111	THRESHOLD PEP DEVI 93	TOBRADEX SUSP (Use tobramycin- dexamethasone) .....103
terconazole vaginal SUPP .....111	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG 108	tobramycin (ophth) SOLN 102
teriflunomide 106	tiagabine hcl .....13	tobramycin NEBU 2
testosterone cypionate SOLN IM 100 MG/ML .....7	TIAZAC (Use diltiazem hcl extended release beads) 38	tobramycin sulfate SOLN IJ .....2
testosterone cypionate SOLN IM 200 MG/ML .....7	TICOVAC 111	tobramycin sulfate SOLR 2
	TIKOSYN (Use dofetilide) .....9	tobramycin-dexamethasone SUSP

103	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" .....86	TOTAL BLOCK SPF 65 CLEAR LOTN .....51
TOBREX OINT 102	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" .....86	TRACLEER TABS (Use bosentan) 38
TODAYS HEALTH ADVANCED LANCING DEVICE MISC .....71	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" .....86	TRACLEER TBSO .....38
TOLECTIN 600 TABS 600 MG 4	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" .....86	tramadol hcl TABS 50 MG 6
tolmetin sodium CAPS 4	TOPICORT CREA 0.05 % (Use desoximetasone) .....47	tramadol-acetaminophen .....6
tolmetin sodium TABS 600 MG 4	TOPICORT CREA 0.25 % (Use desoximetasone) .....47	trandolapril 1 MG, 2 MG 23
tolnaftate CREA .....45	TOPICORT GEL (Use desoximetasone) .....47	trandolapril 4 MG 23
tolterodine tartrate CP24 109	TOPICORT OINT 0.25 % (Use desoximetasone) .....47	trandolapril-verapamil hcl 25
tolterodine tartrate TABS 109	topiramate CPSP 15 MG .....13	tranexamic acid TABS 59
TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate) 13	topiramate CPSP 25 MG .....13	TRANXENE T TABS 7.5 MG (Use clorazepate dipotassium) .....9
TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate) 12	topiramate TABS 100 MG 13	tranylcypromine sulfate .....14
TOPAMAX TABS 100 MG (Use topiramate) 13	topiramate TABS 200 MG 13	trazodone hcl TABS 300 MG 15
TOPAMAX TABS 200 MG (Use topiramate) 13	topiramate TABS 25 MG, 50 MG ..13	trazodone hcl TABS 50 MG, 100 MG, 150 MG .....15
TOPAMAX TABS 25 MG, 50 MG (Use topiramate) 13	TOPPER DRESSING SPONGES 4"X4" MISC 67	TRECTOR 27
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" .....85	TOPROL XL TB24 200 MG (Use metoprolol succinate) .....37	TRELSTAR MIXJECT .....28
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" .....85	TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate) 37	tretinoin (chemotherapy) 28
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" .....86	toremifene citrate .....28	tretinoin CREA 0.025 %, 0.05 %, 0.1 %44
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" .....86	torseamide TABS .....54	tretinoin GEL 0.01 %44
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" .....86	TOTAL BLOCK SPF 60 COVERUP LOTN .....51	tretinoin GEL 0.025 % 44
		TRETTEN 58
		TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....27
		triamcinolone acetonide (mouth) ..97
		triamcinolone acetonide (nasal) AERO .....100
		triamcinolone acetonide (topical) CREA 0.025 %48
		triamcinolone acetonide (topical)

CREA 0.1 %	48	trimipramine maleate CAPS	16	SYRINGE/1ML/31G X 5/16"	86
triamcinolone acetonide (topical) CREA 0.5 %	47	TRINTELLIX	15	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	86
triamcinolone acetonide (topical) LOTN	48	TRIUMEQ PD TBSO	35	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/1ML/30G X 1/2"	86
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	48	TRIUMEQ TABS	35	TRUE COVER DEVI	68
triamcinolone acetonide (topical) OINT 0.5 %	48	TRIZIVIR	35	TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	71
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	43	tropicamide SOLN	102	TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	71
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	53	trospium chloride TABS	109	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	71
triamterene & hydrochlorothiazide TABs	53	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	86	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	71
triazolam	60	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	86	TRUE DRAW LANCING DEVICE MISC	71
TRIBENZOR (Use olmesartan medoxomil-amlodipine- hydrochlorothiazide)	25	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	86	TRUEPLUS GLUCOSE CHEW	18
TRICARE TABS	100	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	86	TRUEPLUS GLUCOSE ON THE GO CHEW	18
TRIDESILON CREA 0.05 % (Use desonide)	48	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	86	TRUEPLUS INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	86
trifluoperazine hcl TABS	32	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	86	TRUEPLUS INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	86
trifluridine	102	TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	86	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	86
trihexyphenidyl hcl SOLN	29	TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	86	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	87
trihexyphenidyl hcl TABS	29	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/30G X 5/16"	86	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	87
TRIKAFTA TBPK	107	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/31G X 5/16"	86	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	87
TRILEPTAL SUSP (Use oxcarbazepine)	13	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16"	86	TRUEPLUS INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	87
TRILEPTAL TABS (Use oxcarbazepine)	13	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16"	86	TRUEPLUS INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	87
TRIMETHOPRIM TABS 100 MG (Use trimethoprim)	25	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16"	86		
trimethoprim TABS	25				

TRUEPLUS INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	87	TRUEPLUS INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	87	TRULICITY	18	TRUMENBA	110	TRUSOPT (Use dorzolamide hcl) 103		TRUSTEX COLOR CONDOMS + LUBE MISC	68	TRUSTEX LUBRICATED EXTRALARGE MISC	68	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	68	TRUSTEX LUBRICATED MISC ...	68	TRUSTEX LUBRICATED/RIBBED/STUDED MISC	68	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	68	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	68	TRUSTEX LUBRICATED/SPERMICIDE MISC 68		TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	68	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC	68	TRUSTEX/RIA LUBRICATED MISC . 68		TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	68	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC																																													
	68	TRUVADA (Use emtricitabine- tenofovir disoproxil fumarate)	35	TUDORZA PRESSAIR	9	TUMS CHEW (Use calcium carbonate (antacid))	8	TUMS CHEWY BITES CHEW (Use calcium carbonate (antacid))	8	TUMS E-X 750 CHEW (Use calcium carbonate (antacid))	8	TUMS EXTRA STRENGTH 750 CHEW (Use calcium carbonate (antacid))	8	TUMS LASTING EFFECTS CHEW (Use calcium carbonate (antacid)) ..	8	TUMS SMOOTHIES CHEW (Use calcium carbonate (antacid))	8	TUMS ULTRA 1000 CHEW (Use calcium carbonate (antacid))	8	TWINRIX SUSY	111	TWIRLA	40	TYBLUME CHEW	40	TYBOST	35	TYKERB (Use lapatinib ditosylate) 28		TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use acetaminophen)	4	TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen)	4	TYLENOL CHILDRENS SUSP (Use acetaminophen)	5	TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	5	TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen)	5	TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	5	TYLENOL TABS (Use acetaminophen)	5	TYMLOS	54	TYPHIM VI SOLN	110	TYPHIM VI SOSY	110	TYVASO REFILL SOLN IN	38	TYVASO SOLN IN	38	TYVASO STARTER SOLN IN	38	ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	87	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	87	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	87	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	87	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	87	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	87	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	87	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	87	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	87	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	87	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	87	ULTICARE INSULIN	

SYRINGE/1ML/30G X 1/2" .....87	100/0.5ML/31G X 5/16" .....88	0.3ML/30GX5/16" .....88
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16" .....87	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/1ML/31G X 5/16" .....88	ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16" .....88
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" .....87	ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C .....88	ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2" .....88
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" .....87	ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C .....88	ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2" .....88
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" .....87	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON .....88	ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16" .....88
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" .....87	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO .....88	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2" .....88
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16" .....87	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C .....88	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16" .....88
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" .....87	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS .....88	ULTRA FLO INSULIN SYRINGE 1M/29GX1/2" .....88
ULTICARE INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2" .....87	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C .....88	ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2" .....88
ULTICARE INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" .....87	ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN .....88	ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16" .....89
ULTICARE INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" .....87	ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC .....71	ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16" .....89
ULTICARE INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....88	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....88	ULTRACARE INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" .....89
ULTICARE INSULIN SYRINGE/U- 100/1ML/30G X 1/2" .....88	ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2" .....88	ULTRACARE INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" .....89
ULTICARE INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....88	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2" .....88	ULTRACARE INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....89
ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.3ML/31G X 5/16" .....88	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2" .....88	ULTRACARE INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" .....89
ULTICARE INSULIN SYRINGEULTRAFINE U-	ULTRA FLO INSULIN SYRINGE	ULTRACARE INSULIN SYRINGE/U-

100/1ML/30G X 1/2"	89	URSO 250 TABS (Use ursodiol) ...	56	VANCOGIN CAPS 250 MG (Use vancomycin hcl)	25
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	89	ursodiol CAPS	56	vancomycin hcl CAPS 125 MG	26
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	89	ursodiol TABS 250 MG	56	vancomycin hcl CAPS 250 MG	26
ULTRACET (Use tramadol-acetaminophen)	6	UZEDY SUSY 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	31	vancomycin hcl SOLR IV 1 GM, 1000 MG	26
ULTRAM TABS (Use tramadol hcl) .	6	UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 100 MG/0.28ML	31	vancomycin hcl SOLR IV 500 MG .	26
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" .	89	VAGIFEM TABS (Use estradiol vaginal)	112	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML .	26
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" .	89	valacyclovir hcl 1 GM, 1000 MG ...	36	VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM	26
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" .	89	valacyclovir hcl 500 MG	36	VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	26
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" .	89	VALCHLOR	45	VANDAZOLE	111
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" ...	89	VALCYTE TABS (Use valganciclovir hcl)	35	VANICREAM OINT	48
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" ...	89	valganciclovir hcl TABS	35	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	89
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/29GX1/2" .	89	VALIUM TABS (Use diazepam)	9	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	89
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" .	89	valproate sodium SOLN OR 250 MG/5ML	13	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	89
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" .	89	valproic acid CAPS	13	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	89
UNISOM SLEEPGELS CAPS (Use diphenhydramine hcl (sleep))	59	valsartan TABS	23	VAQTA	111
UNISOM SLEEPTABS (Use doxylamine succinate (sleep))	60	valsartan-hydrochlorothiazide	25	varenicline tartrate TABS	107
urea CREA 40 %	48	VALTRES 1 GM (Use valacyclovir hcl)	36	varenicline tartrate TBPK	107
urea LOTN 40 %	48	VALTRES 500 MG (Use valacyclovir hcl)	36	VARIVAX INJ	111
UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer))	57	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	89	VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	25
UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer))	57	VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" .	89	VASOTEC TABS (Use enalapril maleate)	23
		VALUE PLUS LANCING DEVICE MISC	71	VAXCHORA	110
		VANCOGIN CAPS 125 MG (Use vancomycin hcl)	25	VAXELIS SUSP	108

VAXELIS SUSY	108	SYRINGE0.3ML/31G X 8MM	89	VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))	102
VAXNEUVANCE	110	VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	90	VISTARIL CAPS (Use hydroxyzine pamoate)	8
venlafaxine hcl CP24 150 MG	16	VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	90	vitamin a CAPS 3 MG, 3000 MCG, 10000 UNIT	113
venlafaxine hcl CP24 37.5 MG	16	VERIFINE INSULIN SYRINGE1ML/29G X 12MM	90	vitamin a TABS	113
venlafaxine hcl CP24 75 MG	16	VERIFINE INSULIN SYRINGE1ML/31G X 8MM	90	VITAMIN C POWD OR	114
venlafaxine hcl TABS	16	VERSACLOZ SUSP	32	VITAMIN D3 LIQD OR 5000 UNIT/ML	113
venlafaxine hcl TB24	16	VERSAPAP DEVI	93	VITAMIN E CAPS 200 UNIT	114
VENTAVIS	38	VERSAPAP/UNIVERSAL TUBING DEVI	93	vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT	113
VENTOLIN HFA AERS (Use albuterol sulfate)	10	VIBRAMYCIN CAPS (Use doxycycline hyclate)	107	vitamin e SOLN	114
verapamil hcl CP24 120 MG, 180 MG, 240 MG	38	VICTOZA	18	vitamins w/ lipotropics CAPS	100
verapamil hcl CP24 360 MG	38	VIDA MIA AUTOLET LANCINGDEVICE MISC	71	VITAROCA PLUS TABS (USE MULTIPLE VITAMINS W/ MINERALS)	113
verapamil hcl TABS	38	VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	102	VITATHELY/GINGER TABS	100
verapamil hcl TBCR	38	VIIBRYD STARTER PACK KIT	15	VIVAGUARD LANCING DEVICE MISC	71
VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl)	38	VIIBRYD TABS (Use vilazodone hcl)	16	VIVELLE-DOT PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol)	56
VERELAN CP24 120 MG, 180 MG, 240 MG (Use verapamil hcl)	38	vilazodone hcl TABS	16	VIVELLE-DOT PTTW 0.0375 MG/24HR (Use estradiol)	56
VERELAN CP24 360 MG (Use verapamil hcl)	38	VIMPAT SOLN OR 10 MG/ML (Use lacosamide)	13	VIVITROL	20
VERELAN PM CP24 (Use verapamil hcl)	38	VIMPAT TABS (Use lacosamide)	13	VIVOTIF	110
VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM	89	VIRACEPT TABS 250 MG	35	VOCABRIA	35
VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM	89	VIRACEPT TABS 625 MG	35	VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical))	45
VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM	89	VIREAD POWD	35	VORTEX HOLDING	
VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	89	VIREAD TABS (Use tenofovir disoproxil fumarate)	35		
VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	89	VIREAD TABS 150 MG, 200 MG, 250 MG	35		
VERIFINE INSULIN					

CHAMBER/MASK/CHILDS/FROG DEVI	93	DIAPHRAGM KIT 60	68	XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)	21
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	93	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	68	YASMIN 28 (Use drospirenone- ethinyl estradiol)	40
VORTEX VALVED HOLDING CHAMBER DEVI	93	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	68	YAZ (Use drospirenone-ethinyl estradiol)	40
VOTRIENT (Use pazopanib hcl) ..	28	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	68	YF-VAX INJ	111
VOTRIENT	28	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	68	YUSIMRY	3
VP INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	90	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	68	ZADITOR 0.035 % (Use ketotifen fumarate (ophth))	103
VPRIV	58	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	68	zaleplon	60
VYNDAMAX	38	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	68	ZANAFLEX TABS 4 MG (Use tizanidine hcl)	100
VYNDAQEL	38	WILATE KIT	58	ZARONTIN CAPS (Use ethosuximide)	13
VYTORIN (Use ezetimibe- simvastatin)	22	XALATAN SOLN (Use latanoprost) 104	104	ZARONTIN SOLN (Use ethosuximide)	13
VYVANSE CAPS	1	XALKORI CAPS	28	ZARXIO	59
WALGREENS GLUCOSE CHEW ..	18	XANAX TABS (Use alprazolam)	9	ZAVESCA (Use miglustat)	58
warfarin sodium TABS	11	XARELTO TABS 10 MG	11	ZELBORAF	28
WATER BABIES SPF 50 LOTN (Use sunscreens)	51	XARELTO TABS 15 MG	11	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide)	25
WELLBUTRIN SR TB12 100 MG (Use bupropion hcl)	14	XARELTO TABS 20 MG	11	ZESTORETIC 25 MG-20 MG (Use lisinopril & hydrochlorothiazide) ...	25
WELLBUTRIN SR TB12 150 MG (Use bupropion hcl)	14	XELJANZ TABS	2	ZESTRIL TABS 2.5 MG (Use lisinopril)	23
WELLBUTRIN SR TB12 200 MG (Use bupropion hcl)	14	XELJANZ XR TB24	2	ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (Use lisinopril) 23	23
WELLBUTRIN XL TB24 150 MG (Use bupropion hcl)	14	XELODA (Use capecitabine)	27	ZETIA (Use ezetimibe)	22
WELLBUTRIN XL TB24 300 MG (Use bupropion hcl)	14	XENAZINE (Use tetrabenazine) .	106	ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	90
WESTAB PLUS TABS	100	XEROSTOMIA RELIEF SPRAY SOLN	98	ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	90
white petrolatum-mineral oil	101	XOPENEX HFA (Use levalbuterol tartrate)	10		
WIDE-SEAL SILICONE		XYNTHA	58		
		XYNTHA SOLOFUSE	58		

ZEVXR INSULIN SYRINGE/1ML/30G X 1/2"	90	MG (Use simvastatin)	22	ZYPREXA RELPREV	32
ZEVXR INSULIN SYRINGE/1ML/30G X 5/16"	90	ZOLADEX	28	ZYPREXA SOLR (Use olanzapine)	32
ZIAC 6.25 MG-10 MG, 6.25 MG-5 MG (Use bisoprolol & hydrochlorothiazide)	25	ZOLINZA	28	ZYPREXA TABS 15 MG, 20 MG (Use olanzapine)	32
ZIAC 6.25 MG-2.5 MG (Use bisoprolol & hydrochlorothiazide) ..	25	zolmitriptan SOLN 5 MG	94	ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)	32
ZIAGEN SOLN (Use abacavir sulfate)	35	zolmitriptan TABS	94	ZYPREXA TABS 7.5 MG, 10 MG (Use olanzapine)	32
ZIAGEN TABS (Use abacavir sulfate)	35	zolmitriptan TBDP	94	ZYPREXA ZYDIS TBDP (Use olanzapine)	32
zidovudine CAPS	35	ZOLOFT CONC (Use sertraline hcl) 15		ZYRTEC ALLERGY TABS (Use cetirizine hcl)	21
zidovudine SYRP	35	ZOLOFT TABS 100 MG (Use sertraline hcl)	15	ZYRTEC CHEW 10 MG (Use cetirizine hcl)	22
zidovudine TABS	35	ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	15	ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (Use cetirizine hcl) ..	21
zinc oxide (topical) OINT 20 %	49	zolpidem tartrate TABS	60	ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl)	21
zinc sulfate CAPS	96	ZOMACTON SOLR SC	54	ZYRTEC-D ALLERGY/CONGESTION (Use cetirizine-pseudoephedrine)	43
ziprasidone hcl	30	ZOMIG SOLN (Use zolmitriptan) ..	94	ZYRTEC-D ALLERGY/SINUS (Use cetirizine-pseudoephedrine)	43
ziprasidone mesylate	30	ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan)	94	ZYTIGA (Use abiraterone acetate)	28
ZITHROMAX PACK (Use azithromycin)	62	ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)	13	ZZZQUIL CAPS (Use diphenhydramine hcl (sleep))	60
ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)	62	zonisamide CAPS	13	ZZZQUIL LIQD (Use diphenhydramine hcl (sleep))	60
ZITHROMAX SUSR 200 MG/5ML (Use azithromycin)	62	ZORBTIVE SC	54		
ZITHROMAX TABS 250 MG (Use azithromycin)	62	ZORTRESS (Use everolimus (immunosuppressant))	97		
ZITHROMAX TABS 500 MG (Use azithromycin)	62	ZOVIRAX CREA (Use acyclovir topical)	46		
ZITHROMAX TRI-PAK TABS (Use azithromycin)	62	ZOVIRAX OINT (Use acyclovir topical)	46		
ZITHROMAX Z-PAK TABS (Use azithromycin)	62	ZOVIRAX SUSP (Use acyclovir) ..	36		
		ZUBSOLV SUBL	7		
		ZYCLARA (Use imiquimod)	48		
		ZYCLARA PUMP (Use imiquimod)	48		
ZOCOR TABS 10 MG, 20 MG, 40		ZYLOPRIM (Use allopurinol)	57		