

PREFERRED DRUG LIST

Coordinated Care of Washington, Inc.

Apple Health Medicaid



coordinated care™

Pharmacy Program

Coordinated Care of Washington, Inc. (Coordinated Care) in conjunction with the Washington State Health Care Authority, is committed to providing appropriate, high quality, and cost-effective drug therapy.

Coordinated Care covers most prescription medications and certain over-the-counter (OTC) medications in accordance with the Apple Health Preferred Drug List, which is subject to state requirements including generic substitution, controlled substance limitations, and coverage preference over brand or generic drugs. Some medications may require prior authorization (PA) or have limitations on age, dosage, or quantity.

Preferred Drug List

The Preferred Drug List (PDL) is a list of drugs or products that includes information regarding coverage status and any limitations. The Preferred drugs within a chosen therapeutic class are selected based on clinical evidence of safety, efficacy, and effectiveness. The drugs within a chosen therapeutic class are evaluated by the Drug Use Review Board, which makes recommendations to HCA regarding the selection of preferred drugs. Members can fill most of these drugs or products at retail pharmacies, others may only be covered when supplied by a specialty pharmacy. Drugs or products that need to be supplied by a specialty pharmacy will have a “SP” indicator on the PDL.

Specialty Pharmacy Program

Certain medications are only covered when supplied by Coordinated Care’s specialty pharmacy. AcariaHealth is the preferred specialty pharmacy of Coordinated Care for most specialty drugs. Other specialty drugs may only be available at certain limited distribution pharmacies. Most specialty drugs, such as biopharmaceuticals and injectables, require a PA to be approved for payment by Coordinated Care.

AcariaHealth provides the following services:

- A dedicated, multilingual team available 24 hours a day, 7 days a week to meet the unique needs of each member
- Disease-specific product education and training
- Customized treatment programs and compliance monitoring
- Prior authorization support
- Timely delivery to the physician’s office or the member’s home, as requested

Centene Pharmacy Services

Coordinated Care works with Centene Pharmacy Services to administer the prior authorization (PA) process. Some drugs and products on the PDL require PA.

Dispensing Limits

Drugs or products may be dispensed up to a maximum of a 34-day supply for each new prescription or refill. A total of 80% of the days' supply must elapse before a prescription can be refilled.

Members may also be able to obtain a 90-day (3-month supply) of maintenance drugs from participating pharmacies. Maintenance drugs are used to treat long-term conditions or illnesses. Additional information about the Maintenance Drug Program can be found at www.coordinatedcarehealth.com/for-providers/pharmacy-program/

Appropriate Use and Safety Edits

The health and safety of our members is a priority of Coordinated Care. One of the ways we address member safety is through point-of-sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization.

Additional information about what drugs are part of the Appropriate Use and Safety Edits can be found on Coordinated Care's website at www.coordinatedcarehealth.com/for-providers/pharmacy-program/

Second Opinion Program

The Washington Health Care Authority (HCA) requires that Managed Care Organizations (MCOs) participate in the Second Opinion Program. The HCA developed the second opinion program to improve prescribing practices in children 17 years of age and younger. In collaboration with The Pediatric Mental Health Advisory Group and the Drug Utilization Review Board, HCA has established pediatric mental health guidelines to identify children who may be at high risk due to off-label use of prescription medication, use of multiple medications, high medication dosage, or lack of coordination among multiple prescribing providers.

Members 17 years of age and younger who are prescribed drugs outside of the established pediatric mental health guidelines, will be referred to the HCA to initiate the process of a second opinion review with an HCA-designated mental health specialist from the Second Opinion Network. After the second opinion review has been completed, Coordinated Care will receive a copy of the second opinion from the HCA. The second opinion review will have recommendations issuing an approval or denial.

Prior Authorizations

If a medication is not listed on the PDL or there is a "PA" indicator next to a drug or product, a Prior Authorization (PA) is needed. The PA request should be submitted by the prescriber to Centene Pharmacy Services on the Medication Prior Authorization Form or via [CoverMyMeds](#). The PA form can be faxed to Centene Pharmacy Services at 1-833-645-2734, which can be found on Coordinated Care's website at www.coordinatedcarehealth.com/for-providers/pharmacy-program/.

In addition, prescribers can conduct a telephonic PA by calling 855-757-6565 from 5am – 5pm PST Monday - Friday, for all non-specialty drug requests. Please visit www.coordinatedcarehealth.com/for-providers/pharmacy-program/ for more details.

Coordinated Care will cover the medication if it is determined that:

1. There is a medically necessary reason that the member needs the specific medication.
2. Depending on the medication, other preferred medications on the PDL have not worked.

All reviews are performed by a licensed clinical pharmacist. Once a PA is approved, Centene Pharmacy Services will notify the member and prescriber. If the clinical information provided does not meet the coverage criteria for the requested medication, Coordinated Care will notify the member and their prescriber and provide information regarding the appeal process.

Non-preferred Medications

Some medications that are listed on the PDL may require that other preferred medications be tried and failed first before the member can receive the requested medication. If additional information is needed showing that the preferred medications were tried and failed first, and it is not received, the request will be denied. The member and their prescriber will be notified and provided information regarding the appeal process.

Quantity Limits

There may be limits on how much of a medication a member can get at one time or over a certain time period. If there is a medically necessary reason that the member needs a larger amount, then the prescriber can submit a PA request for a larger quantity. If the PA is not approved, Coordinated Care will notify the member and their prescriber of the denial and provide information regarding the appeal process.

Age Limits

Some medications may have age limit restrictions. These are set in place for certain drugs based on FDA approved labeling and for safety concerns and quality standards of care.

30-Day Emergency Supply Policy

Up to a 30-day supply of a medication can be dispensed while a member is awaiting a PA if a licensed pharmacist has used his or her professional judgment in identifying that the member has an emergency medical condition for which lack of immediate access to pharmaceutical treatment would result in either placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in

serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. Pharmacies needing an emergency fill must call Centene Pharmacy Services at 1-866-716-5099.

Exclusions

The PDL does not cover all drugs and products. Some exclusions may include:

- Drugs or products that are not approved by the FDA
- Drugs or products from a manufacturer that does not have a federal rebate agreement
- Drugs prescribed for weight loss or weight gain
- Drugs prescribed for infertility, frigidity, or impotence
- Drugs prescribed for sexual or erectile dysfunction
- Drugs prescribed for cosmetic purposes or hair growth
- Nutritional supplements
- Drug Efficacy Study Implementation (DESI), Identical, Related, or Similar (IRS), or Less Than Effective (LTE) drugs
- Non-covered OTC drugs
- Drugs and drug-related supplies for multiple patient use
- Drugs prescribed for an indication that is not evidence-based
- Drugs prescribed for a non-medically accepted indication or dosing level

Newly Approved Products

New drugs that come out to the market are reviewed for safety and effectiveness. Access to these medications will be considered through the PA review process. If Coordinated Care does not approve the PA, Coordinated Care will notify the member and their prescriber of the denial and provide information regarding the appeal process.

Over-the-Counter Medications

The PDL covers a variety of Over-the-Counter (OTC) medications. For a list of covered OTC medications, please refer to the PDL. Members can get a prescription for a covered OTC medication from a licensed prescriber that meets all the legal requirements for a prescription.

Generic Drugs

In most cases, when generic drugs are available, the brand-name drug will not be covered without prior authorization from Coordinated Care. Generic drugs have the same active ingredient as brand-name drugs. If the member or their prescriber feels a brand-name drug is medically necessary, the prescriber can submit a PA request. Coordinated Care will cover the brand-name drug according to clinical guidelines if there is a medical reason that the member needs a particular brand name drug. If Coordinated Care does not approve the PA,

Coordinated Care will notify the member and their prescriber of the denial and provide information regarding the appeal process.

Drug Efficacy Study and Implementation Products

Drug Efficacy Study and Implementation (DESI) products and known related drug products are defined as less than effective by the Food and Drug Administration because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established. DESI products are not covered by Coordinated Care.

Filling a Prescription

Members can have prescriptions filled at any Coordinated Care network pharmacy. If a member decides to have a prescription filled at a network pharmacy, they can locate a network pharmacy near them by contacting a Coordinated Care Member Services Representative or utilizing the Find a Provider tool on Coordinated Care's website. At the pharmacy, members will need to provide the pharmacist with the prescription and their Coordinated Care ID card.

Copayments

Washington Apple Health members will not have copayments for drugs filled at a network pharmacy.

Contact Information

Coordinated Care Provider Services:

Phone: 1-877-644-4613

Centene Pharmacy Services Prior Authorization:

Phone: 1-866-716-5099

Fax: 1-833-645-2734

Centene Pharmacy Services Help Desk:

Phone: 1-877-250-6176

Tier Description

Drug Tier	Tier Description
1	Preferred Generic
2	Preferred Brand
NF	Non-formulary
NP	Non-preferred drug
CO	Carve-out (Non-contracted) drug

Legend Description

Legend		Description
AL	Age Limit	Drug is limited to specific age.
MDD	Max Daily Dose	A limit on the number of times the drug can be taken per day.
MPL	Max Package Limit	A limit on the amount of drug covered per prescription.
MFL	Max Fill Limit	There is a limit on the number of times this drug can be refilled.
MDS	Max Days' Supply	There is a limit on the amount of this drug that is covered.
PA	Prior Authorization	Prior Authorization required before prescription can be filled.
QL	Quantity Limit	There is a limit on the amount of drug covered per prescription, or within a specific time frame.
Rx/OTC	Rx/OTC	Product has both Rx and OTC National Drug Codes.
SP	Specialty Drug	Specialty drugs are high-cost drugs used to treat complex or rare conditions and may be limited to a specific pharmacy.
MP	Maintenance Product	Maintenance Products are used to treat long-term conditions or illnesses. Maintenance products can be filled for up to a 90-day supply.

SON	Second Opinion Network	<p>A Second Opinion Network (SON) review is required for members between the ages of 0-17 years old when medication(s) exceed established pediatric mental health guidelines.</p> <p>For more information, please visit: Pediatric Mental Health Guidelines (coordinatedcarehealth.com)</p>
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Dose Form Description

Dose Form	Dose Form Description
AEPB	Aerosol Powder Breath Activated
AEPF	Aerosol, Powder, Breath Activated
AERB	Aerosol, breath activated
AERO	Aerosol
AERP	Aerosol, Powder
AERS	Aerosol, Solution
AJKT	Auto-injector Kit
AUIJ	Auto-injector
BAR	Bar
BEAD	Beads
C12A	Capsule ER 12 Hour Abuse-Deterrent
C24A	Capsule ER 24 Hour Abuse-Deterrent
C2PK	Capsule ER 12 Hour Therapy Pack
C4PK	Capsule ER 24 Hour Therapy Pack
CAPA	Capsule Abuse-Deterrent
CAPS	Capsule
CART	Cartridge
CDPK	Capsule Delayed Release Therapy Pack
CEPK	Capsule Extended Release Therapy Pack

CHEW	Tablet Chewable
CONC	Concentrate
CP12	Capsule ER 12 HR
CP24	Capsule ER 24 HR
CPCR	Capsule ER
CPCW	Capsule Chewable
CPDR	Capsule Delayed Release
CPEA	Capsule Extended Release Abuse-Deterrent
CPEC	Capsule Delayed Release
CPEP	Capsule Enteric Coated Particles
CPPK	Capsule Therapy Pack
CPSP	Capsule Sprinkle
CREA	Cream
CRYS	Crystals
CS12	Capsule ER 12 Hour Sprinkle
CS24	Capsule ER 24 Hour Sprinkle
CSER	Capsule Extended Release Sprinkle
CTKT	Cartridge Kit
DEVI	Device
DISK	Disk
DPRH	Diaphragm
ELIX	Elixir
EMUL	Emulsion
ENEM	Enema
EXTR	Fluid Extract
FILM	Film
FLAK	Flakes
FOAM	Foam
GAS	Gas

GEL	Gel (Jelly)
GRAN	Granules
GREF	Granules Effervescent
GUM	Gum
IMPL	Implant
INHA	Inhaler
INJ	Injectable
INST	Insert
IUD	Intrauterine Device
JTAJ	Jet-injector
JTKT	Jet-injector Kit (Needleless)
KIT	Kit
LEAV	Leaves
LIQD	Liquid
LOTN	Lotion
LOZG	Lozenge
LPOP	Lollipop
LQCR	Liquid ER
LQPK	Liquid Therapy Pack
MISC	Miscellaneous
NEBU	Nebulization solution
OIL	Oil
OINT	Ointment
PACK	Packet
PADS	Pads
PDEF	Powder Efferfescent
PEN	Pen-injector
PLLT	Pellet

PNKT	Pen-injector Kit
POWD	Powder
PRSY	Prefilled Syringe
PSKT	Prefilled Syringe Kit
PSTE	Paste
PT24	Patch 24 Hour
PT72	Patch 72 Hour
PTCH	Patch
PTTW	Patch Biweekly
PTWK	Patch Weekly
PUDG	Pudding
RING	Ring
SHAM	Shampoo
SHEE	Sheet
SOAJ	Solution Auto-injector
SOCT	Solution Cartridge
SOLG	Gel Forming Solution
SOLN	Solution
SOLR	Solution Reconstituted
SOPK	Solution Therapy Pack
SOPN	Solution Pen-injector
SOSY	Solution Prefilled Syringe
SOTJ	Solution Jet-injector
SPRT	Spirit
SRER	Suspension Reconstituted ER
STCK	Stick
STRP	Strip
SUAJ	Suspension Auto-injector
SUBL	Tablet Sublingual

SUCT	Suspension Cartridge
SUER	Suspension Extended Release
SUPK	Suspension Therapy Pack
SUPN	Suspension Pen-injector
SUPP	Suppository
SUSP	Suspension
SUSR	Suspension Reconstituted
SUSY	Suspension Prefilled Syringe
SUTJ	Suspension Jet-injector
SWAB	Swab
SYRP	Syrup
T12A	Tablet ER 12 Hour Abuse-Deterrent
T24A	Tablet ER 24 Hour Abuse-Deterrent
T2PK	Tablet ER 12 Hour Therapy Pack
T4PK	Tablet ER 24 Hour Therapy Pack
TABA	Tablet Abuse-Deterrent
TABS	Tablets
TAMP	Tampon
TAPE	Tape
TAR	Tar
TB12	Tablet ER 12 Hour
TB24	Tablet ER 24 Hour
TBCR	Tablet ER
TBDP	Tablet Dispersible
TBDR	Tablet Delayed Release
TBEA	Tablet Extended Release Abuse-Deterrent
TBEC	Tablet Enteric Coated
TBEF	Tablet Effervescent

TBPK	Tablet Therapy Pack
TBSO	Tablet Soluble
TDPK	Tablet Delayed Release Therapy Pack
TEPK	Tablet Extended Release Therapy Pack
TEST	Diagnostic Test
THPK	Therapy Pack
TINC	Tincture
TPPK	Tablet Dispersible Therapy Pack
TROC	Troche
WAFR	Wafer
WAX	Wax

Please note that the preferred drug list may change throughout the year. If you have any questions, please contact Coordinated Care at 1-877-644-4613 (TTY: 711)

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (amphetamine-dextroamphetamine)	2	SON; AL(At least 5 yrs old); MP
ADDERALL TABS (amphetamine-dextroamphetamine)	NP	SON; AL(At least 5 yrs old); MP; PA
ADZENYS XR-ODT TBED	NP	SON; AL(At least 5 yrs old)
amphetamine sulfate TABS	NP	SON; AL(At least 5 yrs old)
amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG-12.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG-9.375 MG	NP	SON; AL(At least 5 yrs old)
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-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-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	SON; AL(At least 5 yrs old); MP
amphetamine-dextroamphetamine CP24 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	AL(At least 5 yrs old); MP
amphetamine-dextroamphetamine TABS	1	SON; AL(At least 5 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
DESOXYN (methamphetamine hcl)	NF	SON; QL(20 ea daily)
DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate)	NP	SON; AL(At least 5 yrs old); MP; PA
dextroamphetamine sulfate CP24	1	SON; AL(At least 5 yrs old); MP
dextroamphetamine sulfate SOLN	NP	SON; AL(At least 5 yrs old)
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	SON; AL(At least 5 yrs old)
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	NP	SON; AL(At least 5 yrs old - Up to 17 yrs old); PA
DYANAVEL XR CHER	NP	SON; QL(20 ea daily)
DYANAVEL XR SUER	NP	SON; AL(At least 5 yrs old)
EVEKEO ODT TBDP	NP	SON; AL(At least 5 yrs old); PA
EVEKEO TABS (amphetamine sulfate)	NP	SON; AL(At least 5 yrs old)
lisdexamfetamine dimesylate CAPS	1	SON; AL(At least 5 yrs old); MP
lisdexamfetamine dimesylate CAPS 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	1	AL(At least 5 yrs old); MP
lisdexamfetamine dimesylate CHEW	1	SON; AL(At least 5 yrs old); MP
methamphetamine hcl	NP	SON; QL(20 ea daily); PA
MYDAYIS CP24 (amphetamine-dextroamphetamine)	NP	SON; AL(At least 5 yrs old); PA
VYVANSE CAPS	NP	SON; AL(At least 5 yrs old); MP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VYVANSE CHEW	2	SON; AL(At least 5 yrs old); MP	WAKIX 4.45 MG	NP	SON; QL(8 ea daily; 14 ea per 7 day(s) retail); SP; PA
XELSTRYM	NP	SON; QL(20 ea daily); PA	Stimulants - Misc.		
Analeptics			APTENSIO XR CP24 60 MG (<i>methylphenidate hcl</i>)	NP	SON; QL(20 ea daily); AL(At least 5 yrs old); MP; PA
CAFCIT SOLN IV 60 MG/3ML (<i>caffeine citrate</i>)	NF		APTENSIO XR CP24 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>methylphenidate hcl</i>)	NP	SON; AL(At least 5 yrs old); MP; PA
<i>caffeine citrate SOLN OR</i>	1	QL(45 ml per fill retail)	<i>armodafinil 150 MG, 200 MG, 250 MG</i>	1	SON; QL(1 ea daily); AL(At least 18 yrs old); MP; PA
Anti-Obesity Agents			<i>armodafinil 50 MG</i>	1	SON; QL(2 ea daily); AL(At least 18 yrs old); MP; PA
WEGOVY	CO		AZSTARYS	NP	SON; AL(At least 5 yrs old)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents			CONCERTA TBCR (<i>methylphenidate hcl</i>)	2	SON; AL(At least 5 yrs old); MP
<i>atomoxetine hcl</i>	1	SON; AL(At least 5 yrs old); MP	COTEMPLA XR-ODT TBED	NP	SON; AL(At least 5 yrs old); PA
<i>clonidine hcl (adhd) TB12</i>	1	SON; AL(At least 4 yrs old); MP	DAYTRANA PTCH (<i>methylphenidate</i>)	NP	SON; AL(At least 5 yrs old); PA
<i>guanfacine hcl (adhd)</i>	1	SON; AL(At least 4 yrs old); MP	<i>dexmethylphenidate hcl CP24</i>	1	SON; AL(At least 5 yrs old)
INTUNIV (<i>guanfacine hcl (adhd)</i>)	NP	SON; AL(At least 4 yrs old); MP; PA	<i>dexmethylphenidate hcl TABS</i>	1	SON; AL(At least 5 yrs old); MP
KAPVAY TB12 (<i>clonidine hcl (adhd)</i>)	NF	SON; AL(At least 4 yrs old); MP	FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	NP	SON; AL(At least 5 yrs old); MP; PA
QELBREE	2	SON; AL(At least 6 yrs old); PA	FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	2	SON; AL(At least 5 yrs old); MP
STRATTERA (<i>atomoxetine hcl</i>)	NP	SON; AL(At least 5 yrs old); MP; PA	FOCALIN TABS 10 MG (<i>dexmethylphenidate hcl</i>)	NF	
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)			JORNAY PM CP24	NP	SON; AL(At least 5 yrs old); PA
SUNOSI	NP	SON; QL(1 ea daily); PA			
Histamine H3-Receptor Antagonist/Inverse Agonists					
WAKIX 17.8 MG	NP	SON; QL(2 ea daily); SP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
METADATE CD CPCR (methylphenidate hcl)	NF	AL(At least 5 yrs old); MP	NUVIGIL 150 MG, 200 MG, 250 MG (armodafinil)	NP	SON; QL(1 ea daily); AL(At least 18 yrs old); MP; PA
METHYLIN SOLN (methylphenidate hcl)	2	SON; AL(At least 5 yrs old); MP	NUVIGIL 50 MG (armodafinil)	NP	SON; QL(2 ea daily); AL(At least 18 yrs old); MP; PA
methylphenidate hcl CHEW	NP	SON; AL(At least 5 yrs old); MP; PA	PROVIGIL (modafinil)	NP	SON; QL(1 ea daily); AL(At least 18 yrs old); MP; PA
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	SON; AL(At least 5 yrs old); MP	QUILLICHEW ER CHER	NP	SON; QL(20 ea daily); AL(At least 5 yrs old); MP; PA
methylphenidate hcl CP24 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	NP	SON; AL(At least 5 yrs old); MP; PA	QUILLIVANT XR SRER	NP	SON; QL(200 ml daily); AL(At least 5 yrs old); MP; PA
methylphenidate hcl CP24 60 MG	NP	SON; QL(20 ea daily); AL(At least 5 yrs old); MP; PA	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	SON; AL(At least 5 yrs old); MP
methylphenidate hcl CPCR	1	SON; AL(At least 5 yrs old); MP	RELEXXII TBCR 72 MG	NP	SON; AL(At least 5 yrs old)
methylphenidate hcl SOLN	1	SON; AL(At least 5 yrs old); MP	RELEXXII TBCR 45 MG, 63 MG (methylphenidate hcl)	NP	SON; QL(20 ea daily); PA
methylphenidate hcl TABS	1	SON; AL(At least 5 yrs old); MP	RITALIN LA CP24 (methylphenidate hcl)	NP	SON; AL(At least 5 yrs old); MP; PA
methylphenidate hcl TB24	1	SON; AL(At least 5 yrs old); MP	RITALIN TABS (methylphenidate hcl)	NP	SON; AL(At least 5 yrs old); MP; PA
methylphenidate hcl TBCR 72 MG	NP	SON; AL(At least 5 yrs old)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
methylphenidate hcl TBCR 10 MG, 18 MG, 20 MG, 27 MG, 36 MG, 54 MG	1	SON; AL(At least 5 yrs old); MP	Allergenic Extracts		
methylphenidate hcl TBCR 45 MG, 63 MG	NP	SON; QL(20 ea daily); PA	GRASTEK SUBL	2	PA
methylphenidate PTCH	NP	SON; AL(At least 5 yrs old); PA	ODACTRA SUBL	2	PA
modafinil	1	SON; QL(1 ea daily); AL(At least 18 yrs old); MP; PA	ORALAIR ADULT STARTER PACK SUBL	2	PA
			ORALAIR CHILDREN/ADOLESCENTS STARTER PACK SUBL	2	PA
			ORALAIR SUBL	2	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PALFORZIA INITIAL DOSE ESCALATION CSPK	2	SP; PA	<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %</i>	1	
PALFORZIA LEVEL 10 CSPK	2	SP; PA	<i>gentamicin sulfate IJ</i>	1	
PALFORZIA LEVEL 11 (MAINTENANCE) PACK	2	SP; PA	KITABIS PAK NEBU (<i>tobramycin</i>)	2	SP; PA
PALFORZIA LEVEL 11 (TITRATION) PACK	2	SP; PA	<i>neomycin sulfate TABS</i>	1	
PALFORZIA LEVEL 1 CSPK	2	SP; PA	<i>streptomycin sulfate SOLR</i>	1	
PALFORZIA LEVEL 2 CSPK	2	SP; PA	TOBI PODHALER CAPS	NP	SP; PA
PALFORZIA LEVEL 3 CSPK	2	SP; PA	TOBI NEBU (<i>tobramycin</i>)	NP	SP; PA
PALFORZIA LEVEL 4 CSPK	2	SP; PA	TOBI NEBU (<i>tobramycin</i>)	NF	SP
PALFORZIA LEVEL 5 CSPK	2	SP; PA	<i>tobramycin sulfate SOLN IJ</i>	1	
PALFORZIA LEVEL 6 CSPK	2	SP; PA	<i>tobramycin sulfate SOLR</i>	1	
PALFORZIA LEVEL 7 CSPK	2	SP; PA	<i>tobramycin NEBU</i>	1	SP; PA
PALFORZIA LEVEL 8 CSPK	2	SP; PA	<i>tobramycin NEBU</i>	NP	SP; PA
PALFORZIA LEVEL 9 CSPK	2	SP; PA	<i>tobramycin NEBU</i>	2	SP; PA
RAGWITEK SUBL	2	PA	ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
AMEBICIDES			Antirheumatic - Enzyme Inhibitors		
Amebicides			OLUMIANT	NP	SP; PA
SOLOSEC	2	PA	RINVOQ LQ SOLN	NP	SP; PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections			RINVOQ TB24	NP	SP; PA
Aminoglycosides			XELJANZ XR TB24	NP	SP; PA
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1		XELJANZ SOLN	NP	SP; PA
ARIKAYCE	NP	SP; PA	XELJANZ TABS	NP	SP; PA
BETHKIS NEBU (<i>tobramycin</i>)	NP	SP; PA	Antirheumatic Antimetabolites		
			OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	2	SP; PA	ADALIMUMAB-ADBM PSKT	NP	SP; PA
			ADALIMUMAB-FKJP AJKT	NP	SP; PA
			ADALIMUMAB-FKJP PSKT	NP	SP; PA
			ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP; PA
REDITREX SOSY	NP	SP; PA	AMJEVITA SOAJ	NP	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies			AMJEVITA SOSY	NP	SP; PA
ABRILADA 1-PEN KIT AJKT	NP	SP; PA	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP; PA
ABRILADA 2-PEN KIT AJKT	NP	SP; PA	CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT	NP	SP; PA
ABRILADA PSKT	NP	SP; PA	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP	SP; PA
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP; PA	CYLTEZO AJKT	NP	SP; PA
ADALIMUMAB-AATY 1-PEN KIT AJKT	NP	SP; PA	CYLTEZO PSKT	NP	SP; PA
ADALIMUMAB-AATY 2-PEN KIT AJKT	NP	SP; PA	HADLIMA PUSHTOUCH SOAJ	NP	SP; PA
ADALIMUMAB-AATY 2-SYRINGE KIT PSKT	NP	SP; PA	HADLIMA SOSY	NP	SP; PA
ADALIMUMAB-ADAZ SOAJ	NP	SP; PA	HULIO AJKT	NP	SP; PA
ADALIMUMAB-ADAZ SOSY	NP	SP; PA	HULIO PSKT	NP	SP; PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	NP	SP; PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	2	SP; PA
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER AJKT	NP	SP; PA	HUMIRA PEN-CD/UC/HS STARTER PNKT	2	SP; PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP; PA	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	2	SP; PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT	NP	SP; PA	HUMIRA PEN PNKT	2	SP; PA
ADALIMUMAB-ADBM AJKT	NP	SP; PA	HUMIRA PEN-PS/UV STARTER PNKT	2	SP; PA
			HUMIRA PSKT	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	NP	SP; PA
HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK SOSY	NP	SP; PA
HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK SOSY	NP	SP; PA
HYRIMOZ PLAQUE PSORIASIS STARTER PACK SOAJ	NP	SP; PA
HYRIMOZ SOAJ	NP	SP; PA
HYRIMOZ SOSY	NP	SP; PA
IDACIO (2 PEN) AJKT	NP	SP; PA
IDACIO (2 SYRINGE) PSKT	NP	SP; PA
IDACIO STARTER PACKAGE FOR CROHN'S DISEASE AJKT	NP	SP; PA
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	NP	SP; PA
SIMLANDI 1-PEN KIT AJKT	NP	SP; PA
SIMLANDI 2-PEN KIT AJKT	NP	SP; PA
SIMPONI ARIA SOLN	NP	SP; PA
SIMPONI SOAJ	NP	SP; PA
SIMPONI SOSY	NP	SP; PA
YUFLYMA 1-PEN KIT AJKT	NP	SP; PA
YUFLYMA 2-PEN KIT AJKT	NP	SP; PA
YUFLYMA 2-SYRINGE KIT PSKT	NP	SP; PA
YUFLYMA CD/UC/HS STARTER AJKT	NP	SP; PA
YUSIMRY	NP	SP; PA
Gold Compounds		
RIDAURA	2	MP

Drug Name	Drug Tier	Requirements/Limits
Interleukin-1 Blockers		
ARCALYST	NP	SP; PA
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	NP	SP; PA
Interleukin-1beta Blockers		
ILARIS SOLN	NP	QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); SP; PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	NP	SP; PA
ACTEMRA SOLN	NP	SP; PA
ACTEMRA SOSY	NP	SP; PA
KEVZARA SOAJ	NP	SP; PA
KEVZARA SOSY	NP	SP; PA
TOFIDENCE	NP	SP; PA
TYENNE SOLN	NP	SP; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS (<i>ibuprofen</i>)	NF	MP
ALEVE ARTHRITIS TABS (<i>naproxen sodium</i>)	NF	QL(2 ea daily); MP
ALEVE TABS (<i>naproxen sodium</i>)	NF	QL(2 ea daily); MP
ANAPROX DS TABS (<i>naproxen sodium</i>)	NF	MP
ANJESO INJ	NP	PA
ARTHROTEC 50 TBEC (<i>diclofenac w/ misoprostol</i>)	NP	PA
ARTHROTEC 75 TBEC (<i>diclofenac w/ misoprostol</i>)	NP	PA
CELEBREX 200 MG (<i>celecoxib</i>)	NF	MP
CELEBREX (<i>celecoxib</i>)	NP	MP; PA
<i>celecoxib</i>	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CHILDRENS ADVIL SUSP 100 MG/5ML (<i>ibuprofen</i>)	NF	MP; RX/OTC	<i>indomethacin SUPP</i>	1	
CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>ibuprofen</i>)	NF	MP; RX/OTC	<i>indomethacin SUSP</i>	NP	PA
DAYPRO TABS (<i>oxaprozin</i>)	NP	MP; PA	INFANTS ADVIL SUSP (<i>ibuprofen</i>)	NF	MP
<i>diclofenac potassium CAPS</i>	NP	PA	<i>ketoprofen CAPS 25 MG</i>	NP	
<i>diclofenac potassium TABS</i>	1		<i>ketoprofen CP24</i>	NP	MP; PA
<i>diclofenac sodium-capsaicin</i>	NP	PA	<i>ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML</i>	1	PA
<i>diclofenac sodium TB24</i>	1	MP	KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	NP	PA
<i>diclofenac sodium TBEC</i>	1	MP	<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per 30 day(s) retail); AL(At least 17 yrs old)
<i>diclofenac w/ misoprostol TBEC</i>	NP	PA	LODINE TABS (<i>etodolac</i>)	NF	MP
DUEXIS (<i>ibuprofen-famotidine</i>)	NP	PA	<i>meclofenamate sodium CAPS</i>	NP	MP
EC-NAPROSYN TBEC (<i>naproxen</i>)	NF	QL(2 ea daily); MP	<i>mefenamic acid CAPS</i>	NP	MP; PA
<i>etodolac CAPS</i>	NP	MP	<i>meloxicam CAPS</i>	NP	PA
<i>etodolac TABS</i>	NP	MP	<i>meloxicam TABS</i>	1	MP
<i>etodolac TB24</i>	NP	MP; PA	MOTRIN CHILDRENS CHEW (<i>ibuprofen</i>)	NF	
FELDENE CAPS (<i>piroxicam</i>)	NP	MP; PA	MOTRIN INFANTS DROPS SUSP (<i>ibuprofen</i>)	NF	MP
<i>fenoprofen calcium CAPS 400 MG</i>	NP	MP; PA	<i>nabumetone</i>	1	MP
<i>fenoprofen calcium TABS</i>	NP	MP; PA	NALFON CAPS (<i>fenoprofen calcium</i>)	NP	MP; PA
<i>flurbiprofen TABS 100 MG</i>	1	MP	NALFON TABS (<i>fenoprofen calcium</i>)	NP	MP; PA
<i>flurbiprofen TABS 50 MG</i>	2	MP	NAPRELAN TB24 (<i>naproxen sodium</i>)	NP	PA
<i>ibuprofen CHEW</i>	1		NAPROSYN SUSP (<i>naproxen</i>)	NP	MP; PA
<i>ibuprofen-famotidine</i>	NP	PA	NAPROSYN TABS 500 MG (<i>naproxen</i>)	NF	MP
<i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML</i>	1	MP; RX/OTC	<i>naproxen sodium TABS 220 MG</i>	1	QL(2 ea daily); MP
<i>ibuprofen TABS</i>	1	MP	<i>naproxen sodium TABS 275 MG, 550 MG</i>	NP	MP; PA
INDOCIN SUSP (<i>indomethacin</i>)	NF				
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	MP			
<i>indomethacin CPCR</i>	NP	MP			

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium TB24</i>	NP	PA
<i>naproxen-esomeprazole magnesium</i>	NP	PA
<i>naproxen SUSP</i>	NP	MP; PA
<i>naproxen TABS</i>	1	MP
<i>naproxen TBEC</i>	1	QL(2 ea daily); MP
<i>oxaprozin TABS</i>	NP	MP
<i>piroxicam CAPS</i>	NP	MP
RELAFEN DS	NP	PA
<i>sulindac TABS</i>	1	MP
TIVORBEX CAPS (<i>indomethacin</i>)	NF	
TOLECTIN 600 TABS	NP	MP
<i>tolmetin sodium CAPS</i>	NP	MP
<i>tolmetin sodium TABS 600 MG</i>	NP	MP
VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	NP	PA
ZIPSOR CAPS (<i>diclofenac potassium</i>)	NF	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS 30 MG	NP	SP; PA
OTEZLA TBPk	NP	SP; PA
Pyrimidine Synthesis Inhibitors		
ARAVA (<i>leflunomide</i>)	NP	QL(1 ea daily); MP; PA
<i>leflunomide</i>	1	QL(1 ea daily); MP
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	NP	SP; PA
ORENCIA SOLR	NP	SP; PA
ORENCIA SOSY	NP	SP; PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	NP	SP; PA
ENBREL SURECLICK SOAJ	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOLN	2	SP; PA
ENBREL SOSY	2	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
ALLZITAL TABS	NP	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	NP	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	NP	QL(4 ea daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	QL(4 ea daily)
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	NP	
<i>butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG</i>	NP	
<i>butalbital-aspirin-caffeine CAPS</i>	NP	QL(4 ea daily)
ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	NP	QL(4 ea daily); PA
FIORICET CAPS (<i>butalbital-acetaminophen-caffeine</i>)	NP	
Analgesics Other		
<i>acetaminophen CHEW</i>	1	
<i>acetaminophen LIQD 160 MG/5ML</i>	1	
<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	1	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	1	QL(12 ea per fill retail)
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	1		<i>aspirin TBEC 81 MG, 325 MG</i>	1	
<i>acetaminophen TABS 325 MG, 500 MG</i>	1		<i>diflunisal TABS</i>	NP	MP
<i>acetaminophen TBCR</i>	1		ECOTRIN ARTHRITIS PAIN TBEC (<i>aspirin</i>)	NF	
FEVERALL INFANTS SUPP	2		ECOTRIN REGULAR STRENGTH TBEC (<i>aspirin</i>)	NF	
FEVERALL JUNIOR STRENGTH SUPP	1	QL(12 ea per fill retail)	ECOTRIN TBEC (<i>aspirin</i>)	NF	
TYLENOL 8 HOUR ARTHRITIS PAIN TBCR (<i>acetaminophen</i>)	NF		<i>salsalate</i>	NP	MP
TYLENOL 8 HOUR TBCR (<i>acetaminophen</i>)	NF		ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (<i>acetaminophen</i>)	NF		Opioid Agonists		
TYLENOL CHILDRENS PAIN + FEVER SUSP (<i>acetaminophen</i>)	NF		ACTIQ LPOP (<i>fentanyl citrate</i>)	NP	
TYLENOL CHILDRENS SUSP (<i>acetaminophen</i>)	NF		<i>codeine sulfate TABS 30 MG</i>	1	AL(At least 21 yrs old)
TYLENOL EXTRA STRENGTH TABS (<i>acetaminophen</i>)	NF		CODEINE SULFATE TABS	1	AL(At least 21 yrs old)
TYLENOL FOR CHILDREN/ADULTS SUSP (<i>acetaminophen</i>)	NF		CONZIP CP24 (<i>tramadol hcl</i>)	NP	AL(At least 21 yrs old)
TYLENOL INFANTS PAIN+FEVER SUSP (<i>acetaminophen</i>)	NF		DILAUDID LIQD (<i>hydromorphone hcl</i>)	NP	PA
TYLENOL TABS (<i>acetaminophen</i>)	NF		DILAUDID TABS (<i>hydromorphone hcl</i>)	NP	PA
TYLENOL TABS (<i>acetaminophen</i>)	NF		<i>fentanyl citrate LPOP</i>	NP	
TYLENOL TABS (<i>acetaminophen</i>)	NF		<i>fentanyl citrate SOLN IJ 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML</i>	NP	
Salicylates			FENTANYL CITRATE SOLN IJ 100 MCG/2ML, 250 MCG/5ML (<i>fentanyl citrate</i>)	NP	
<i>aspirin CHEW</i>	1		<i>fentanyl citrate TABS</i>	NP	
<i>aspirin TABS 325 MG</i>	1		<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	QL(15 ea per 30 day(s) retail)	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	NP	
FENTORA TABS (<i>fentanyl citrate</i>)	NP		<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	NP	
<i>hydrocodone bitartrate CP12</i>	NP		<i>morphine sulfate SUPP 5 MG</i>	1	QL(24 ea per fill retail)
<i>hydrocodone bitartrate T24A</i>	NP		<i>morphine sulfate SUPP 10 MG, 20 MG, 30 MG</i>	1	
<i>hydromorphone hcl LIQD</i>	NP		<i>morphine sulfate TABS</i>	1	
HYDROMORPHONE HCL SUPP	1		<i>morphine sulfate TBCR</i>	1	QL(3 ea daily)
<i>hydromorphone hcl TABS</i>	1		MS CONTIN TBCR (<i>morphine sulfate</i>)	NP	QL(3 ea daily); PA
<i>hydromorphone hcl TB24</i>	NP		NUCYNTA ER TB12	NP	
HYSINGLA ER T24A	NP	PA	NUCYNTA TABS	NP	
<i>levorphanol tartrate TABS 2 MG</i>	NP		<i>oxycodone hcl CAPS</i>	NP	
<i>levorphanol tartrate TABS 3 MG</i>	NP		<i>oxycodone hcl CONC 100 MG/5ML</i>	NP	
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	NP		<i>oxycodone hcl SOLN</i>	1	
<i>meperidine hcl TABS 50 MG</i>	NP		<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	NP	QL(2 ea daily)
<i>methadone hcl CONC</i>	NP	QL(2 ml daily)	<i>oxycodone hcl TABS 10 MG, 20 MG</i>	1	AL(At least 18 yrs old)
METHADONE HCL POWD	NP		<i>oxycodone hcl TABS 5 MG, 15 MG, 30 MG</i>	1	
<i>methadone hcl SOLN OR</i>	NP		OXYCONTIN T12A	NP	QL(2 ea daily)
METHADONE HCL SOLN IJ	NP		<i>oxymorphone hcl TABS</i>	NP	
<i>methadone hcl TABS</i>	NP		<i>oxymorphone hcl TB12</i>	NP	
<i>methadone hcl TBSO</i>	NP	QL(0.5 ea daily)	QDOLO SOLN (<i>tramadol hcl</i>)	NP	PA
METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	NP	QL(2 ml daily)	ROXICODONE TABS 15 MG, 30 MG (<i>oxycodone hcl</i>)	NP	PA
METHADOSE CONC (<i>methadone hcl</i>)	NP	QL(2 ml daily)	ROXYBOND TABA	NP	
<i>morphine sulfate beads</i>	NP		<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	AL(At least 21 yrs old)
			<i>tramadol hcl SOLN</i>	NP	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl TABS 50 MG</i>	1	AL(At least 21 yrs old)	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	2	
<i>tramadol hcl TABS 25 MG</i>	NP	PA			
<i>tramadol hcl TABS 100 MG</i>	NP				
<i>tramadol hcl TB24</i>	1	AL(At least 21 yrs old)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	
<i>tramadol hcl TB24</i>	NP	AL(At least 21 yrs old)			
TRAMADOL HYDROCHLORIDE SOLN (<i>tramadol hcl</i>)	NP	PA			
ULTRAM TABS (<i>tramadol hcl</i>)	NF	AL(At least 21 yrs old)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	1	
XTAMPZA ER	NP		NALOCET TABS	NP	PA
Opioid Combinations			<i>oxycodone w/ acetaminophen SOLN</i>	NP	PA
<i>acetaminophen w/ codeine SOLN</i>	1	AL(At least 21 yrs old)	<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	AL(At least 21 yrs old)			
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NP				
APADAZ	NP		PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	NP	PA
BENZHYDROCODONE/A CETAMINOPHEN	NP		PROLATE SOLN	NP	PA
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1	AL(At least 21 yrs old)	PROLATE TABS	NP	PA
<i>butalbital-aspirin-caffeine w/cod</i>	1	AL(At least 21 yrs old)	SEGLENTIS	NP	PA
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NP	AL(At least 21 yrs old); PA	<i>tramadol-acetaminophen</i>	1	AL(At least 21 yrs old)
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1		ULTRACET (<i>tramadol-acetaminophen</i>)	NF	AL(At least 21 yrs old)
			Opioid Partial Agonists		
			BELBUCA FILM	NP	
			BRIXADI SOSY	2	SP
			BUPRENEX SOLN (<i>buprenorphine hcl</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>	NP	PA required if > 32mg buprenorphine per day; QL(4 ea daily); PA	SUBLOCADE SOSY 300 MG/1.5ML	2	QL(1.5 ml per 30 day(s) retail); SP
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>	NP	PA required if > 32mg buprenorphine per day; QL(8 ea daily); PA	SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	PA required if > 32mg buprenorphine per day; QL(2.7 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	NP	PA required if > 32mg buprenorphine per day; QL(2.7 ea daily); PA	SUBOXONE FILM SL 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	PA required if > 32mg buprenorphine per day; QL(4 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG</i>	NP	PA required if > 32mg buprenorphine per day; QL(16 ea daily); PA	SUBOXONE FILM SL 0.5 MG-2 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	PA required if > 32mg buprenorphine per day; QL(16 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	1	PA required if > 32mg buprenorphine per day; QL(16 ea daily)	SUBOXONE FILM SL 1 MG-4 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	PA required if > 32mg buprenorphine per day; QL(8 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	1	PA required if > 32mg buprenorphine per day; QL(4 ea daily)	ZUBSOLV SUBL 0.71 MG-2.9 MG	NP	QL(7.9 ea daily); PA
<i>buprenorphine hcl SOLN</i>	NP		ZUBSOLV SUBL 2.9 MG-11.4 MG	NP	QL(2 ea daily); PA
<i>buprenorphine hcl SUBL 2 MG</i>	NP	QL(16 ea daily); PA	ZUBSOLV SUBL 0.18 MG-0.7 MG	NP	QL(32.6 ea daily); PA
<i>buprenorphine hcl SUBL 8 MG</i>	NP	QL(4 ea daily); PA	ZUBSOLV SUBL 0.36 MG-1.4 MG	NP	QL(16.3 ea daily); PA
<i>buprenorphine PTWK 7.5 MCG/HR</i>	1	PA	ZUBSOLV SUBL 1.4 MG-5.7 MG	NP	QL(4 ea daily); PA
<i>buprenorphine PTWK</i>	1		ZUBSOLV SUBL 2.1 MG-8.6 MG	NP	QL(2.7 ea daily); PA
<i>butorphanol tartrate NA 10 MG/ML</i>	NP		ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
BUTRANS PTWK (<i>buprenorphine</i>)	2		Androgens		
<i>pentazocine w/ naloxone hcl</i>	NP		ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 ea daily); MP; PA
SUBLOCADE SOSY 100 MG/0.5ML	2	QL(0.5 ml per 30 day(s) retail); SP	ANDROGEL PUMP GEL TD 1.62 % (<i>testosterone</i>)	NP	QL(150 gm per 30 day(s) retail); PA
			ANDROGEL PUMP GEL TD 1.62 % (<i>testosterone</i>)	NF	QL(150 gm per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
ANDROGEL GEL TD 40.5 MG/2.5GM (<i>testosterone</i>)	NP	QL(150 gm per 30 day(s) retail); PA
ANDROGEL GEL TD 40.5 MG/2.5GM (<i>testosterone</i>)	NF	QL(150 gm per 30 day(s) retail)
ANDROGEL GEL TD 25 MG/2.5GM, 50 MG/5GM (<i>testosterone</i>)	NF	QL(300 gm per 30 day(s) retail); MP
AVEED SOLN	NP	QL(3 ml per 30 day(s) retail); SP; ST
<i>danazol</i> CAPS	1	
FORTESTA GEL TD (<i>testosterone</i>)	NP	QL(120 gm per 30 day(s) retail); PA
JATENZO CAPS	NP	QL(2 ea daily); PA
METHITEST TABS	NP	QL(5 ea daily); PA
<i>methyltestosterone</i> CAPS	NP	QL(5 ea daily); PA
NATESTO GEL NA	NP	QL(22 gm per 30 day(s) retail); PA
TESTIM GEL TD (<i>testosterone</i>)	2	QL(300 gm per 30 day(s) retail); MP; PA
TESTOPEL PLLT	NP	QL(6 ea per 90 day(s) retail); SP; PA
<i>testosterone cypionate</i> SOLN IM 200 MG/ML	2	QL(2 ml per 28 day(s) retail); PA
<i>testosterone cypionate</i> SOLN IM 200 MG/ML	1	QL(10 ml per 56 day(s) retail); 10 ml per 56 days mail); PA
<i>testosterone cypionate</i> SOLN IM 100 MG/ML	1	QL(10 ml per 28 day(s) retail); PA
<i>testosterone cypionate</i> SOLN IM 200 MG/ML	2	QL(20 ml per 56 day(s) retail); PA
<i>testosterone cypionate</i> SOLN IM 100 MG/ML	NP	QL(10 ml per 28 day(s) retail); PA
<i>testosterone cypionate</i> SOLN IM 200 MG/ML	1	QL(2 ml per 28 day(s) retail); PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone enanthate</i> SOLN IM	NP	QL(2 ml per 28 day(s) retail); ST
<i>testosterone</i> GEL TD 1 %	2	QL(300 gm per 30 day(s) retail); MP; PA
<i>testosterone</i> GEL TD 10 MG/ACT	NP	QL(120 gm per 30 day(s) retail); ST
<i>testosterone</i> GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	1	QL(300 gm per 30 day(s) retail); MP; PA
<i>testosterone</i> GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM	NP	QL(150 gm per 30 day(s) retail); ST
<i>testosterone</i> SOLN	NP	QL(180 ml per 30 day(s) retail); PA
TLANDO CAPS	NP	QL(4 ea daily); PA
VOGELXO PUMP GEL TD (<i>testosterone</i>)	NP	QL(300 gm per 30 day(s) retail); PA
VOGELXO GEL TD (<i>testosterone</i>)	NP	QL(300 gm per 30 day(s) retail); MP; PA
XYOSTED SOAJ	NP	QL(2 ml per 28 day(s) retail); ST
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide</i> (intrarectal)	NP	
CORTENEMA (<i>hydrocortisone</i> (intrarectal))	NP	QL(420 ml per fill retail); PA
CORTIFOAM EX 10 %	NP	PA
<i>hydrocortisone</i> (intrarectal)	1	QL(420 ml per fill retail)
UCERIS (<i>budesonide</i> (intrarectal))	NP	PA
Rectal Combinations		

Drug Name	Drug Tier	Requirements/Limits
ANALPRAM HC CREA EX (hydrocortisone acetate w/ pramoxine)	NF	
hydrocortisone acetate w/ pramoxine CREA EX 1 %- 1 %	1	
LIDOCAINE HCL- HYDROCORTISONE ACETATE WITH ALOE GEL	NP	PA
lidocaine-hydrocortisone acetate (rectal) CREA EX	1	
lidocaine-hydrocortisone acetate (rectal) KIT	NP	PA
PROCTOFOAM HC FOAM EX	NP	PA
Rectal Steroids		
ANUSOL-HC EX (hydrocortisone (rectal))	NP	PA
hydrocortisone (rectal) EX	1	
hydrocortisone (rectal) EX 1 %	NP	PA; RX/OTC
hydrocortisone acetate (rectal)	1	
Vasodilating Agents		
nitroglycerin (intra-anal)	1	PA
RECTIV (nitroglycerin (intra-anal))	NP	PA
ANTACIDS		
Antacid Combinations		
MAG-AL LIQD	2	
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	1	
calcium carbonate (antacid) SUSP	1	QL(16.67 ml daily)
CALCIUM CARBONATE SUSP	1	QL(16.67 ml daily)

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CARBONATE TABS 648 MG	1	
TUMS CHEWY BITES CHEW (calcium carbonate (antacid))	NF	
TUMS E-X 750 CHEW (calcium carbonate (antacid))	NF	
TUMS EXTRA STRENGTH 750 CHEW (calcium carbonate (antacid))	NF	
TUMS LASTING EFFECTS CHEW (calcium carbonate (antacid))	NF	
TUMS SMOOTHIES CHEW (calcium carbonate (antacid))	NF	
TUMS ULTRA 1000 CHEW (calcium carbonate (antacid))	NF	
TUMS CHEW (calcium carbonate (antacid))	NF	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	1	
BENZNIDAZOLE	NP	SP; PA
BILTRICIDE (praziquantel)	NP	PA
EGATEN	2	
EMVERM CHEW	NP	QL(1 ea per 14 day(s) retail); PA
ivermectin	NP	PA
praziquantel	NP	PA
STROMEKTOL (ivermectin)	NP	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		

Drug Name	Drug Tier	Requirements/Limits
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	NP	PA
RANEXA TB12 (ranolazine)	NF	MP
ranolazine TB12	1	MP; PA
Nitrates		
GONITRO PACK	NP	
ISORDIL TITRADOSE TABS 40 MG (isosorbide dinitrate)	NP	PA
ISORDIL TITRADOSE TABS 5 MG (isosorbide dinitrate)	2	MP
isosorbide dinitrate TABS	1	MP
isosorbide mononitrate TABS	1	QL(2 ea daily); MP
isosorbide mononitrate TB24	1	QL(1 ea daily); MP
NITRO-BID OINT	1	MP
NITRO-DUR PT24 (nitroglycerin)	NP	MP; PA
NITRO-DUR PT24 0.1 MG/HR, 0.8 MG/HR (nitroglycerin)	NF	MP
NITRO-DUR PT24	2	
nitroglycerin in d5w	1	PA
nitroglycerin CPCR	1	MP
nitroglycerin PT24	1	MP
nitroglycerin SOLN TL 0.4 MG/SPRAY	NP	PA
NITROGLYCERIN SOLN IV	NP	PA
nitroglycerin SUBL	1	MP
NITROLINGUAL SOLN TL (nitroglycerin)	NP	PA
NITROSTAT SUBL (nitroglycerin)	NP	MP; PA
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		

Drug Name	Drug Tier	Requirements/Limits
buspirone hcl 15 MG, 30 MG	1	QL(3 ea daily); MP
buspirone hcl	1	SON; QL(3 ea daily); MP
droperidol SOLN 2.5 MG/ML	1	SON; QL(200 ml daily)
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	1	SON; QL(200 ml daily)
hydroxyzine hcl SYRP	1	SON; QL(200 ml daily)
hydroxyzine hcl TABS 25 MG	1	QL(20 ea daily); MP
hydroxyzine hcl TABS	1	SON; QL(20 ea daily); MP
hydroxyzine pamoate CAPS 25 MG, 50 MG	1	QL(20 ea daily)
hydroxyzine pamoate CAPS	1	SON; QL(20 ea daily)
meprobamate	NP	SON; QL(20 ea daily); PA
VISTARIL CAPS (hydroxyzine pamoate)	NP	SON; QL(20 ea daily); MP; PA
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	NP	SON; QL(200 ml daily); 2 max fill(s) per 30 day(s) retail
alprazolam TABS	1	SON; QL(4 ea daily); 2 max fill(s) per 30 day(s) retail
alprazolam TB24	NP	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail
alprazolam TBDP	NP	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail
ATIVAN SOLN (lorazepam)	NP	SON; QL(200 ml daily); 2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ATIVAN TABS 0.5 MG, 2 MG (<i>lorazepam</i>)	NP	SON; QL(3 ea daily); 2 max fill(s) per 30 day(s) retail; PA	<i>lorazepam</i> TABS 0.5 MG, 2 MG	1	SON; QL(3 ea daily); 2 max fill(s) per 30 day(s) retail
ATIVAN TABS 1 MG (<i>lorazepam</i>)	NP	SON; QL(4 ea daily); 2 max fill(s) per 30 day(s) retail; PA	<i>lorazepam</i> TABS 1 MG	1	SON; QL(4 ea daily); 2 max fill(s) per 30 day(s) retail
<i>chlordiazepoxide hcl</i> CAPS	1	SON; QL(4 ea daily); 2 max fill(s) per 30 day(s) retail	LOREEV XR CS24	NP	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail; PA
<i>clorazepate dipotassium</i> TABS	NP	SON; QL(3 ea daily); 2 max fill(s) per 30 day(s) retail	<i>oxazepam</i> CAPS	NP	SON; QL(4 ea daily); 2 max fill(s) per 30 day(s) retail
<i>diazepam</i> CONC	1	SON; QL(200 ml daily); 2 max fill(s) per 30 day(s) retail	TRANXENE T TABS 7.5 MG (<i>clorazepate dipotassium</i>)	NF	SON; QL(3 ea daily)
<i>diazepam</i> SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML	1	SON; QL(200 ml daily); 2 max fill(s) per 30 day(s) retail; PA	VALIUM TABS (<i>diazepam</i>)	NF	SON; QL(4 ea daily); 2 max fill(s) per 30 day(s) retail
<i>diazepam</i> SOLN OR 5 MG/5ML	1	SON; QL(500 ml per fill retail); 2 max fill(s) per 30 day(s) retail	XANAX XR TB24 (<i>alprazolam</i>)	NP	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail; PA
<i>diazepam</i> TABS	1	SON; QL(4 ea daily); 2 max fill(s) per 30 day(s) retail	XANAX XR TB24 2 MG (<i>alprazolam</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail
<i>lorazepam</i> CONC	1	SON; QL(200 ml daily); 2 max fill(s) per 30 day(s) retail	XANAX XR TB24 3 MG (<i>alprazolam</i>)	NF	QL(20 ea daily); 2 max fill(s) per 30 day(s) retail
<i>lorazepam</i> CONC	NP	SON; QL(200 ml daily); 2 max fill(s) per 30 day(s) retail; PA	XANAX TABS (<i>alprazolam</i>)	NP	SON; QL(4 ea daily); 2 max fill(s) per 30 day(s) retail; PA
<i>lorazepam</i> SOLN	1	SON; QL(200 ml daily); 2 max fill(s) per 30 day(s) retail; PA	ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
			Antiarrhythmics - Misc.		
			<i>adenosine</i> SOLN 6 MG/2ML, 12 MG/4ML	1	PA
			Antiarrhythmics Type I-A		

Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate CAPS</i>	1	MP
NORPACE CR CP12	NP	
NORPACE CAPS (<i>disopyramide phosphate</i>)	NP	MP; PA
<i>procainamide hcl SOLN 100 MG/ML</i>	2	PA
<i>procainamide hcl SOLN</i>	1	PA
<i>quinidine gluconate TBCR</i>	1	MP
<i>quinidine sulfate TABS</i>	NP	
Antiarrhythmics Type I-B		
<i>lidocaine hcl (cardiac) SOSY</i>	1	PA
LIDOCAINE HCL SOLN	1	PA
<i>lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML</i>	1	PA
<i>mexiletine hcl</i>	1	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	MP
<i>propafenone hcl CP12</i>	1	MP
<i>propafenone hcl TABS</i>	1	MP
RYTHMOL SR CP12 (<i>propafenone hcl</i>)	NP	MP; PA
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 50 MG/ML, 450 MG/9ML, 900 MG/18ML</i>	1	PA
<i>amiodarone hcl TABS</i>	NP	MP; PA
<i>amiodarone hcl TABS</i>	1	MP
CORVERT (<i>ibutilide fumarate</i>)	2	PA
<i>dofetilide</i>	1	MP
<i>ibutilide fumarate</i>	1	PA
MULTAQ	NP	
NEXTERONE	2	PA
TIKOSYN (<i>dofetilide</i>)	NP	MP; PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		

Drug Name	Drug Tier	Requirements/Limits
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	2	SP; MP; PA
FASENRA PEN SOAJ	2	SP; PA
FASENRA SOSY	2	SP; PA
NUCALA SOAJ	NP	SP; PA
NUCALA SOLR	NP	SP; MP; PA
NUCALA SOSY	NP	SP; PA
TEZSPIRE SOAJ	NP	SP; PA
TEZSPIRE SOSY	NP	SP; PA
XOLAIR SOAJ	2	SP; PA
XOLAIR SOLR	2	SP; PA
XOLAIR SOSY	2	SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	QL(8 ml daily); MP
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	QL(0.87 gm daily); MP
INCRUSE ELLIPTA	NP	MP
<i>ipratropium bromide SOLN 0.02 %</i>	1	QL(15 ml daily); MP
LONHALA MAGNAIR REFILL KIT SOLN	NP	MP
LONHALA MAGNAIR STARTER KIT SOLN	NP	MP
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	2	MP
SPIRIVA RESPIMAT AERS	NP	MP; PA
<i>tiotropium bromide monohydrate CAPS</i>	1	MP
TUDORZA PRESSAIR	NP	MP
YUPELRI	NP	
Leukotriene Modulators		
ACCOLATE (<i>zafirlukast</i>)	NP	MP; PA
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
montelukast sodium PACK	1	QL(1 ea daily); MP	FLOVENT DISKUS AEPB 50 MCG/BLIST	2	QL(2.4 ea daily); MP
montelukast sodium TABS	1	QL(1 ea daily); MP	(fluticasone propionate (inhalation))		
SINGULAIR CHEW (montelukast sodium)	NP	QL(1 ea daily); MP; PA	FLOVENT HFA 44 MCG/ACT (fluticasone propionate hfa)	2	QL(0.44 gm daily); MP
SINGULAIR PACK (montelukast sodium)	NP	QL(1 ea daily); MP; PA	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT (fluticasone propionate hfa)	2	QL(0.48 gm daily); MP
SINGULAIR TABS (montelukast sodium)	NP	QL(1 ea daily); MP; PA	fluticasone propionate (inhalation) AEPB 100 MCG/ACT, 250 MCG/ACT	2	QL(2 ea daily); MP
zafirlukast	1	MP	fluticasone propionate (inhalation) AEPB 50 MCG/ACT	2	QL(2.4 ea daily); MP
zileuton TB12	NP	MP	fluticasone propionate hfa 44 MCG/ACT	2	QL(0.44 gm daily); MP
ZYFLO TABS	NP	MP; PA	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	2	QL(0.48 gm daily); MP
Selective Phosphodiesterase 4 (PDE4) Inhibitors			PULMICORT FLEXHALER AEPB	2	QL(0.034 ea daily); MP
DALIRESP (roflumilast)	NP	PA	PULMICORT SUSP (budesonide (inhalation))	NP	QL(4 ml daily); AL(At least 1 yrs old - Up to 8 yrs old); MP; PA
roflumilast	1	PA	QVAR REDHALER	NP	MP
Steroid Inhalants			Sympathomimetics		
ALVESCO	NP	MP	ADVAIR DISKUS AEPB (fluticasone-salmeterol)	NP	2 max fill(s) per 30 day(s) retail; PA
ARMONAIR DIGIHALER	NP	PA	ADVAIR HFA AERO (fluticasone-salmeterol)	NP	2 max fill(s) per 30 day(s) retail; PA
ARNUITY ELLIPTA	NP	MP	AIRDUO DIGIHALER 113/14	NP	2 max fill(s) per 30 day(s) retail; PA
ASMANEX HFA AERO	NP		AIRDUO DIGIHALER 232/14	NP	2 max fill(s) per 30 day(s) retail; PA
ASMANEX TWISTHALER 120 METERED DOSES AEPB	NP	MP	AIRDUO DIGIHALER 55/14	NP	2 max fill(s) per 30 day(s) retail; PA
ASMANEX TWISTHALER 14 METERED DOSES AEPB	NP	MP			
ASMANEX TWISTHALER 30 METERED DOSES AEPB	NP	MP			
ASMANEX TWISTHALER 60 METERED DOSES AEPB	NP	MP			
budesonide (inhalation) SUSP	1	QL(4 ml daily); AL(At least 1 yrs old - Up to 8 yrs old); MP			
FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST (fluticasone propionate (inhalation))	2	QL(2 ea daily); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	BROVANA (<i>arformoterol tartrate</i>)	NF	MP
AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	<i>budesonide-formoterol fumarate dihydrate</i>	1	2 max fill(s) per 30 day(s) retail
AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	COMBIVENT RESPIMAT AERS	2	QL(4 gm per fill retail); MP
AIRSUPRA	NP		DUAKLIR PRESSAIR	NP	PA
<i>albuterol sulfate</i> AERS	NP	QL(18 gm per fill retail; 36 gm per 30 day(s) retail)	DULERA	2	2 max fill(s) per 30 day(s) retail
<i>albuterol sulfate</i> AERS	1	QL(6.7 gm per fill retail; 13.4 gm per 30 day(s) retail)	<i>fluticasone furoate-vilanterol</i>	NP	2 max fill(s) per 30 day(s) retail
<i>albuterol sulfate</i> AERS	1	QL(8.5 gm per fill retail; 17 gm per 30 day(s) retail)	<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	2 max fill(s) per 30 day(s) retail
<i>albuterol sulfate</i> NEBU 2.5 MG/0.5ML	1	QL(2 ea daily); MP	<i>fluticasone-salmeterol</i> AEPB	NP	2 max fill(s) per 30 day(s) retail; PA
<i>albuterol sulfate</i> NEBU 0.083 %	1	QL(15 ml daily); MP	<i>fluticasone-salmeterol</i> AERO	2	2 max fill(s) per 30 day(s) retail
<i>albuterol sulfate</i> NEBU 0.63 MG/3ML, 1.25 MG/3ML	1	QL(12.5 ml daily); MP	<i>formoterol fumarate</i> NEBU	NP	MP
<i>albuterol sulfate</i> SYRP	1	MP	<i>ipratropium-albuterol</i> SOLN	1	QL(12 ml daily); MP
<i>albuterol sulfate</i> TABS	1	MP	<i>levalbuterol hcl</i>	NP	MP
ANORO ELLIPTA	2	MP	<i>levalbuterol tartrate</i>	NP	
<i>arformoterol tartrate</i>	NP	MP	PERFOROMIST NEBU (<i>formoterol fumarate</i>)	NP	MP; PA
BEVESPI AEROSPHERE	NP	MP	PROAIR DIGIHALER	NP	PA
BREO ELLIPTA	NP	2 max fill(s) per 30 day(s) retail; PA	PROAIR HFA AERS (<i>albuterol sulfate</i>)	NF	Limit 2 Inhalers per month; QL(8.5 gm per fill retail; 17 gm per 30 day(s) retail)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	PROAIR RESPICLICK AEPB	NP	
BREZTRI AEROSPHERE	NP	2 max fill(s) per 30 day(s) retail	PROVENTIL HFA AERS (<i>albuterol sulfate</i>)	NP	Limit 2 Inhalers per month; QL(6.7 gm per fill retail; 13.4 gm per 30 day(s) retail)
BROVANA (<i>arformoterol tartrate</i>)	NP	MP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS	2	QL(2 ea daily); MP	ELIQUIS TABS	2	QL(2 ea daily); MP
STIOLTO RESPIMAT	2	MP	SAVAYSA	NP	QL(1 ea daily)
STRIVERDI RESPIMAT	NP	MP	XARELTO STARTER PACK TBPK	2	
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	2	2 max fill(s) per 30 day(s) retail	XARELTO SUSR	NP	PA
<i>terbutaline sulfate SOLN</i>	NP		XARELTO TABS 15 MG	2	QL(2 ea daily); AL(At least 18 yrs old); MP
<i>terbutaline sulfate TABS</i>	NP	MP	XARELTO TABS 2.5 MG	2	QL(2 ea daily)
TRELEGY ELLIPTA	NP	2 max fill(s) per 30 day(s) retail	XARELTO TABS 10 MG	2	QL(1 ea daily; 35 ea per 180 day(s) retail); AL(At least 18 yrs old); MP
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	NP	QL(18 gm per fill retail; 36 gm per 30 day(s) retail)	XARELTO TABS 20 MG	2	QL(1 ea daily); AL(At least 18 yrs old); MP
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	NP	QL(8 gm per fill retail; 16 gm per 30 day(s) retail)	Heparins And Heparinoid-Like Agents		
XOPENEX (<i>levalbuterol hcl</i>)	NF	MP	ARIXTRA (<i>fondaparinux sodium</i>)	NP	SP; PA
XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>)	NF	MP	<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(42 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP
XOPENEX HFA (<i>levalbuterol tartrate</i>)	NP		<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	1	QL(6 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP
Xanthines			<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(14 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP
<i>aminophylline SOLN</i>	1	PA	<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	1	QL(9 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP
THEO-24 CP24	NP	MP	<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	1	QL(12 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP
<i>theophylline ELIX</i>	1	MP			
<i>theophylline SOLN</i>	1	QL(475 ml per fill retail); MP			
<i>theophylline TB12</i>	1	MP			
<i>theophylline TB24</i>	1	MP			
ANTICOAGULANTS - Blood Thinners					
Coumarin Anticoagulants					
<i>warfarin sodium TABS</i>	1	MP			
Direct Factor Xa Inhibitors					
ELIQUIS STARTER PACK TBPK	2	QL(4 ea daily); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1	QL(5 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP	HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	1	PA
<i>fondaparinux sodium</i>	NP	SP	HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	2	PA
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	SP	HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	2	PA
FRAGMIN SOSY	NP	SP	LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	QL(42 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP; PA
<i>heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L</i>	1	PA	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	NP	QL(12 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP; PA
<i>heparin (porcine) in sodium chloride SOLN IV 0.9 %-2000 UNIT/L</i>	2	PA	LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	NP	QL(9 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP; PA
<i>heparin sodium (porcine) lock flush</i>	1	PA	LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NP	QL(5 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP; PA
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/0.5ML</i>	2	PA	LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NP	QL(14 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP; PA
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1	PA	LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NP	QL(6 ml per 7 day(s) retail); 3 max fill(s) per 180 day(s) retail; SP; PA
HEPARIN SODIUM/D5W	1	PA	Thrombin Inhibitors		
HEPARIN SODIUM/DEXTROSE 25000 UNIT/500ML-5 %, 5 %-25000 UNIT/250ML	1	PA	<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	MP
HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-25000 UNIT/250ML	1	PA	<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 ea daily); MP
HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	2	PA			
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IJ (<i>heparin (porcine) in sodium chloride</i>)	NF				

Drug Name	Drug Tier	Requirements/Limits
PRADAXA CAPS 110 MG (<i>dabigatran etexilate mesylate</i>)	2	MP
PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	2	QL(2 ea daily); MP
PRADAXA CAPS 75 MG (<i>dabigatran etexilate mesylate</i>)	NF	QL(2 ea daily); MP
PRADAXA PACK	NP	SP; PA
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	2	MP; PA
FYCOMPA TABS	2	MP; PA
Anticonvulsants - Benzodiazepines		
<i>clobazam</i> SUSP	1	SON; QL(200 ml daily)
<i>clobazam</i> TABS	1	SON; QL(20 ea daily)
<i>clonazepam</i> TABS	1	SON; QL(4 ea daily); MP
<i>clonazepam</i> TBDP	NP	SON; QL(20 ea daily); PA
DIASTAT ACUDIAL GEL (<i>diazepam</i> (anticonvulsant))	2	SON; QL(1 ea per fill retail)
DIASTAT PEDIATRIC GEL (<i>diazepam</i> (anticonvulsant))	2	SON; QL(1 ea per fill retail)
<i>diazepam</i> (anticonvulsant) GEL	1	SON; QL(1 ea per fill retail)
KLONOPIN TABS (<i>clonazepam</i>)	NP	SON; QL(4 ea daily); MP; PA
LIBERVANT FILM	NP	PA
NAYZILAM	NP	SON; QL(200 ea daily); PA
ONFI SUSP (<i>clobazam</i>)	NP	SON; QL(200 ml daily); PA
ONFI TABS (<i>clobazam</i>)	NP	SON; QL(20 ea daily); PA
SYMPAZAN FILM	NP	SON; QL(20 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 10 MG DOSE LIQD	2	SON; QL(200 ea daily)
VALTOCO 15 MG DOSE LQPK	2	SON; QL(20 ea daily)
VALTOCO 20 MG DOSE LQPK	2	SON; QL(20 ea daily)
VALTOCO 5 MG DOSE LIQD	2	SON; QL(200 ea daily)
Anticonvulsants - Misc.		
APTIOM	NP	SON; QL(20 ea daily); PA
BANZEL SUSP (<i>rufinamide</i>)	NP	SON; QL(200 ml daily); SP; PA
BANZEL TABS (<i>rufinamide</i>)	NP	SON; QL(20 ea daily); SP; PA
BRIVIACT SOLN IV 50 MG/5ML	2	SON; QL(800 ml daily); SP; PA
BRIVIACT SOLN OR 10 MG/ML	NP	QL(200 ml daily); SP; PA
BRIVIACT TABS	NP	QL(20 ea daily); SP; PA
<i>carbamazepine</i> CHEW	1	SON; QL(20 ea daily); MP
<i>carbamazepine</i> CP12	1	SON; QL(20 ea daily); MP
<i>carbamazepine</i> SUSP	1	SON; QL(200 ml daily); MP
<i>carbamazepine</i> TABS	1	QL(20 ea daily); MP
<i>carbamazepine</i> TABS	1	SON; QL(20 ea daily); MP
<i>carbamazepine</i> TB12	1	SON; QL(20 ea daily); MP
CARBATROL CP12 (<i>carbamazepine</i>)	2	SON; QL(20 ea daily); MP
DIACOMIT CAPS	NP	SP; PA
DIACOMIT PACK	NP	SP; PA
ELEPSIA XR TB24	NP	SON; QL(20 ea daily); PA
EPIDIOLEX	NP	SON; QL(200 ml daily); SP
EPRONTIA SOLN	NP	SON; QL(200 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FINTEPLA	NP	SON; QL(200 ml daily); SP; PA	LAMICTAL ODT TBDP (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA
<i>gabapentin CAPS 100 MG, 400 MG</i>	1	QL(4 ea daily); MP	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA
<i>gabapentin CAPS 300 MG</i>	1	QL(20 ea daily); MP	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA
<i>gabapentin SOLN</i>	1	SON; QL(200 ml daily); MP	LAMICTAL STARTER/TAKING VALPROATE KIT (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA
<i>gabapentin TABS 800 MG</i>	1	QL(4 ea daily); MP	LAMICTAL XR KIT	NP	SON; QL(20 ea daily); PA
<i>gabapentin TABS 600 MG</i>	1	SON; QL(20 ea daily); MP	LAMICTAL XR TB24 (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA
<i>gabapentin TABS 600 MG</i>	1	QL(20 ea daily); MP	LAMICTAL TABS (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>gabapentin TABS 800 MG</i>	1	SON; QL(4 ea daily); MP	<i>lamotrigine CHEW</i>	NP	SON; QL(20 ea daily); PA
KEPPRA XR TB24 (<i>levetiracetam</i>)	NP	SON; QL(20 ea daily); MP; PA	<i>lamotrigine KIT 25 MG</i>	NP	SON; QL(20 ea daily); PA
KEPPRA SOLN IV 500 MG/5ML (<i>levetiracetam</i>)	NP	SON; QL(200 ml daily); PA	<i>lamotrigine TABS</i>	1	SON; QL(20 ea daily); MP
KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>)	NP	SON; QL(30 ml daily); MP; PA	<i>lamotrigine TB24</i>	NP	SON; QL(20 ea daily); PA
KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	NP	SON; QL(20 ea daily); MP; PA	<i>lamotrigine TBDP</i>	NP	SON; QL(20 ea daily); PA
KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NP	SON; QL(4 ea daily); MP; PA	LEVETIRACETAM (<i>levetiracetam in sodium chloride</i>)	1	SON; QL(800 ml daily); PA
<i>lacosamide SOLN IV 200 MG/20ML</i>	NP	QL(800 ml daily); PA	<i>levetiracetam in sodium chloride</i>	1	SON; QL(800 ml daily); PA
<i>lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(200 ml daily); MP	LEVETIRACETAM/SODIUM CHLORIDE	2	SON; QL(800 ml daily); PA
<i>lacosamide SOLN OR 10 MG/ML</i>	1	SON; QL(200 ml daily); MP	<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1	SON; QL(30 ml daily); MP
<i>lacosamide TABS</i>	1	QL(2 ea daily); MP	<i>levetiracetam SOLN IV 500 MG/5ML</i>	1	QL(200 ml daily); PA
<i>lacosamide TABS</i>	1	SON; QL(2 ea daily); MP	<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	SON; QL(4 ea daily); MP
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA			
LAMICTAL ODT KIT (<i>lamotrigine</i>)	NP	SON; QL(20 ea daily); PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam TABS 1000 MG</i>	1	SON; QL(20 ea daily); MP	QUDEXY XR CS24 (<i>topiramate</i>)	NP	SON; QL(20 ea daily); PA
<i>levetiracetam TB24</i>	1	SON; QL(20 ea daily); MP	<i>rufinamide SUSP</i>	NP	QL(200 ml daily); SP; PA
LYRICA CAPS 225 MG, 300 MG (<i>pregabalin</i>)	NP	SON; QL(2 ea daily); PA	<i>rufinamide TABS</i>	NP	SON; QL(20 ea daily); SP; PA
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>pregabalin</i>)	NP	SON; QL(3 ea daily); PA	SPRITAM TB3D	NP	SON; QL(20 ea daily); PA
LYRICA SOLN (<i>pregabalin</i>)	NP	SON; QL(30 ml daily); PA	TEGRETOL SUSP (<i>carbamazepine</i>)	2	SON; QL(200 ml daily); MP
MOTPOLY XR CP24	NP	SON; QL(20 ea daily); PA	TEGRETOL TABS (<i>carbamazepine</i>)	2	SON; QL(20 ea daily); MP
MYSOLINE (<i>primidone</i>)	NP	SON; QL(20 ea daily); MP; PA	TEGRETOL-XR TB12 (<i>carbamazepine</i>)	2	SON; QL(20 ea daily); MP
NEURONTIN CAPS 100 MG, 400 MG (<i>gabapentin</i>)	NP	SON; QL(4 ea daily); MP; PA	TOPAMAX SPRINKLE CPSP 15 MG (<i>topiramate</i>)	NP	SON; QL(6 ea daily); MP; PA
NEURONTIN CAPS 300 MG (<i>gabapentin</i>)	NP	SON; QL(20 ea daily); MP; PA	TOPAMAX SPRINKLE CPSP 25 MG (<i>topiramate</i>)	NP	SON; QL(8 ea daily); MP; PA
NEURONTIN SOLN (<i>gabapentin</i>)	NP	SON; QL(200 ml daily); MP; PA	TOPAMAX TABS (<i>topiramate</i>)	NP	SON; QL(3 ea daily); MP; PA
NEURONTIN TABS 600 MG (<i>gabapentin</i>)	NP	SON; QL(20 ea daily); MP; PA	<i>topiramate CP24</i>	NP	SON; QL(20 ea daily); MP; PA
NEURONTIN TABS 800 MG (<i>gabapentin</i>)	NP	SON; QL(4 ea daily); MP; PA	<i>topiramate CPSP 15 MG</i>	1	QL(6 ea daily); MP
<i>oxcarbazepine SUSP 300 MG/5ML</i>	1	QL(200 ml daily); MP	<i>topiramate CPSP 25 MG</i>	1	QL(8 ea daily); MP
<i>oxcarbazepine SUSP</i>	1	SON; QL(200 ml daily); MP	<i>topiramate CS24</i>	NP	SON; QL(20 ea daily); PA
<i>oxcarbazepine TABS</i>	1	SON; QL(20 ea daily); MP	<i>topiramate TABS</i>	1	SON; QL(3 ea daily); MP
OXTELLAR XR TB24	NP	SON; QL(20 ea daily); PA	TRILEPTAL SUSP (<i>oxcarbazepine</i>)	2	SON; QL(200 ml daily); MP
<i>pregabalin CAPS 225 MG, 300 MG</i>	1	SON; QL(2 ea daily)	TRILEPTAL TABS (<i>oxcarbazepine</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	SON; QL(3 ea daily)	TROKENDI XR CP24 (<i>topiramate</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>pregabalin SOLN</i>	1	SON; QL(30 ml daily)	VIMPAT SOLN OR 10 MG/ML (<i>lacosamide</i>)	NP	SON; QL(200 ml daily); MP; PA
<i>primidone 125 MG</i>	2	SON; QL(20 ea daily)	VIMPAT SOLN IV 200 MG/20ML (<i>lacosamide</i>)	NP	SON; QL(800 ml daily); PA
<i>primidone 50 MG, 250 MG</i>	1	SON; QL(20 ea daily); MP	VIMPAT TABS (<i>lacosamide</i>)	NP	SON; QL(2 ea daily); MP; PA
			ZONEGRAN CAPS 25 MG, 100 MG (<i>zonisamide</i>)	NF	SON; QL(20 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
ZONISADE SUSP	NP	SON; QL(200 ml daily); PA
<i>zonisamide CAPS</i>	1	SON; QL(20 ea daily); MP
ZTALMY	CO	
Carbamates		
<i>felbamate SUSP</i>	1	MP; PA
<i>felbamate TABS</i>	1	MP; PA
FELBATOL SUSP (<i>felbamate</i>)	2	MP; PA
FELBATOL TABS (<i>felbamate</i>)	2	MP; PA
XCOPRI TABS	NP	PA
XCOPRI TBPK	NP	PA
GABA Modulators		
GABITRIL (<i>tiagabine hcl</i>)	2	MP; PA
SABRIL PACK (<i>vigabatrin</i>)	NP	SP; MP; PA
SABRIL TABS (<i>vigabatrin</i>)	NP	SP; MP; PA
<i>tiagabine hcl</i>	1	MP; PA
<i>vigabatrin PACK</i>	NP	SP; MP; PA
<i>vigabatrin TABS</i>	NP	SP; MP; PA
Hydantoins		
CEREBYX (<i>fosphenytoin sodium</i>)	NP	PA
DILANTIN 30 MG	2	MP
DILANTIN (<i>phenytoin sodium extended</i>)	NP	MP; PA
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	NP	MP; PA
DILANTIN-125 SUSP (<i>phenytoin</i>)	NP	MP; PA
<i>fosphenytoin sodium</i>	1	PA
<i>phenytoin sodium extended 200 MG, 300 MG</i>	2	MP
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium SOLN</i>	1	PA
<i>phenytoin CHEW</i>	1	MP
<i>phenytoin SUSP</i>	1	MP
Succinimides		
CELONTIN (<i>methsuximide</i>)	NP	PA
<i>ethosuximide CAPS</i>	1	
<i>ethosuximide SOLN</i>	1	
<i>methsuximide</i>	NP	PA
ZARONTIN CAPS (<i>ethosuximide</i>)	NP	PA
ZARONTIN SOLN (<i>ethosuximide</i>)	NP	PA
Valproic Acid		
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	NP	SON; QL(20 ea daily); MP; PA
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	2	SON; QL(20 ea daily); MP
DEPAKOTE TBEC (<i>divalproex sodium</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>divalproex sodium CSDR</i>	1	SON; QL(20 ea daily); MP
<i>divalproex sodium TB24</i>	1	SON; QL(20 ea daily); MP
<i>divalproex sodium TBEC</i>	1	SON; QL(20 ea daily); MP
<i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i>	1	SON; QL(200 ml daily)
<i>valproate sodium SOLN OR 250 MG/5ML</i>	1	QL(200 ml daily); MP
<i>valproic acid CAPS</i>	1	SON; QL(20 ea daily); MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS 15 MG, 30 MG, 45 MG</i>	1	QL(1 ea daily); MP
<i>mirtazapine TABS</i>	1	SON; QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine TBDP</i>	1	SON; QL(1 ea daily); MP	<i>tranylcypromine sulfate</i>	1	SON; QL(20 ea daily); MP
REMERON SOLTAB TBDP (<i>mirtazapine</i>)	NP	SON; QL(1 ea daily); MP; PA	Selective Serotonin Reuptake Inhibitors (SSRIs)		
REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	NP	SON; QL(1 ea daily); MP; PA	CELEXA TABS 10 MG (<i>citalopram hydrobromide</i>)	NP	SON; QL(4 ea daily); AL(At least 6 yrs old); MP; PA
Antidepressant Combinations			CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>)	NP	SON; QL(2 ea daily); AL(At least 6 yrs old); MP; PA
AUVELITY	NP	SON; QL(20 ea daily); PA	CELEXA TABS 40 MG (<i>citalopram hydrobromide</i>)	NP	SON; QL(1 ea daily); AL(At least 6 yrs old); MP; PA
Antidepressants - Misc.			CITALOPRAM HYDROBROMIDE CAPS	NP	SON; QL(20 ea daily); PA
APLENZIN	NP	SON; QL(20 ea daily); PA	<i>citalopram hydrobromide SOLN</i>	NP	SON; QL(20 ml daily); AL(At least 6 yrs old); MP; PA
<i>bupropion hcl TABS</i>	1	SON; QL(3 ea daily); MP	<i>citalopram hydrobromide TABS 40 MG</i>	1	SON; QL(1 ea daily); AL(At least 6 yrs old); MP
<i>bupropion hcl TB12</i>	1	SON; QL(2 ea daily); MP	<i>citalopram hydrobromide TABS 10 MG</i>	1	SON; QL(4 ea daily); AL(At least 6 yrs old); MP
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	SON; QL(1 ea daily); MP	<i>citalopram hydrobromide TABS 20 MG</i>	1	SON; QL(2 ea daily); AL(At least 6 yrs old); MP
<i>bupropion hcl TB24 450 MG</i>	NP	SON; QL(20 ea daily); PA	<i>citalopram hydrobromide TABS 20 MG</i>	1	QL(2 ea daily); AL(At least 6 yrs old); MP
FORFIVO XL TB24 (<i>bupropion hcl</i>)	NF		<i>escitalopram oxalate SOLN</i>	NP	SON; QL(200 ml daily); PA
FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP	SON; QL(20 ea daily); PA	<i>escitalopram oxalate TABS</i>	1	QL(1 ea daily); MP
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	NP	SON; QL(2 ea daily); MP; PA	<i>escitalopram oxalate TABS</i>	1	SON; QL(1 ea daily); MP
WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	NP	SON; QL(1 ea daily); MP; PA	<i>fluoxetine hcl CAPS 20 MG</i>	1	QL(4 ea daily); MP
GABA Receptor Modulator - Neuroactive Steroid			<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1	SON; QL(4 ea daily); MP
ZURZUVAE	2	SON; QL(20 ea daily); SP; PA	Monoamine Oxidase Inhibitors (MAOIs)		
Monoamine Oxidase Inhibitors (MAOIs)			EMSAM	2	SON; QL(20 ea daily); MP
EMSAM	2	SON; QL(20 ea daily); MP	MARPLAN	NP	SON; QL(20 ea daily); MP
MARPLAN	NP	SON; QL(20 ea daily); MP	NARDIL (<i>phenelzine sulfate</i>)	NP	SON; QL(20 ea daily); MP; PA
NARDIL (<i>phenelzine sulfate</i>)	NP	SON; QL(20 ea daily); MP; PA	PARNATE (<i>tranylcypromine sulfate</i>)	NF	SON; QL(20 ea daily); MP
PARNATE (<i>tranylcypromine sulfate</i>)	NF	SON; QL(20 ea daily); MP	<i>phenelzine sulfate</i>	1	SON; QL(20 ea daily); MP
<i>phenelzine sulfate</i>	1	SON; QL(20 ea daily); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl CAPS 40 MG</i>	1	SON; QL(2 ea daily); MP	ZOLOFT CONC (<i>sertraline hcl</i>)	NP	SON; QL(10 ml daily); MP; PA
<i>fluoxetine hcl CPDR</i>	NP	SON; QL(20 ea daily)	ZOLOFT TABS 25 MG, 50 MG (<i>sertraline hcl</i>)	NP	SON; QL(1.5 ea daily); MP; PA
<i>fluoxetine hcl SOLN</i>	1	SON; MP	ZOLOFT TABS 100 MG (<i>sertraline hcl</i>)	NP	SON; QL(2 ea daily); MP; PA
<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	NP	SON; QL(20 ea daily); PA	Serotonin Modulators		
<i>fluoxetine hcl TABS 10 MG</i>	NP	SON; QL(1 ea daily); MP; PA	<i>nefazodone hcl</i>	NP	SON; QL(4 ea daily); MP; PA
FLUOXETINE HYDROCHLORIDE TABS (<i>fluoxetine hcl</i>)	NP	SON; QL(20 ea daily); PA	<i>trazodone hcl TABS 300 MG</i>	1	SON; QL(2 ea daily); MP
<i>fluvoxamine maleate CP24</i>	NP	SON; QL(20 ea daily); PA	<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	1	SON; QL(20 ea daily); MP
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	SON; QL(2 ea daily); MP	TRINTELLIX	NP	SON; QL(1 ea daily); AL(At least 18 yrs old); MP; PA
<i>fluvoxamine maleate TABS 100 MG</i>	1	SON; QL(3 ea daily); MP	VIIBRYD TABS (<i>vilazodone hcl</i>)	NP	SON; QL(1 ea daily); MP; PA
LEXAPRO TABS (<i>escitalopram oxalate</i>)	NP	SON; QL(1 ea daily); MP; PA	<i>vilazodone hcl TABS</i>	NP	SON; QL(1 ea daily); MP; PA
<i>paroxetine hcl SUSP</i>	NP	SON; QL(40 ml daily); MP; PA	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>paroxetine hcl TABS</i>	1	SON; QL(2 ea daily); MP	CYMBALTA CPEP 20 MG (<i>duloxetine hcl</i>)	NP	SON; QL(3 ea daily); AL(At least 7 yrs old); MP; PA
<i>paroxetine hcl TB24</i>	NP	SON; QL(20 ea daily); PA	CYMBALTA CPEP 30 MG (<i>duloxetine hcl</i>)	NP	SON; QL(2 ea daily); AL(At least 7 yrs old); MP; PA
PAXIL CR TB24 (<i>paroxetine hcl</i>)	NP	SON; QL(20 ea daily); PA	CYMBALTA CPEP 60 MG (<i>duloxetine hcl</i>)	NP	SON; QL(1 ea daily); AL(At least 7 yrs old); MP; PA
PAXIL SUSP (<i>paroxetine hcl</i>)	NP	SON; QL(40 ml daily); MP; PA	DESVENLAFAXINE ER	NP	SON; QL(20 ea daily)
PAXIL TABS (<i>paroxetine hcl</i>)	NP	SON; QL(2 ea daily); MP; PA	<i>desvenlafaxine succinate 25 MG</i>	NP	QL(1 ea daily); MP
PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	NP	SON; QL(4 ea daily); MP; PA	<i>desvenlafaxine succinate 100 MG</i>	NP	SON; QL(4 ea daily); MP
PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	NP	SON; QL(2 ea daily); MP; PA	<i>desvenlafaxine succinate 25 MG, 50 MG</i>	NP	SON; QL(1 ea daily); MP
<i>sertraline hcl CONC</i>	NP	SON; QL(10 ml daily); MP; PA			
<i>sertraline hcl TABS 25 MG, 50 MG</i>	1	SON; QL(1.5 ea daily); MP			
<i>sertraline hcl TABS 100 MG</i>	1	SON; QL(2 ea daily); MP			
SERTRALINE HYDROCHLORIDE CAPS	NP	SON; QL(20 ea daily); PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE CSDR	NP	AL(At least 7 yrs old); PA	<i>venlafaxine hcl TB24</i>	NP	SON; QL(1 ea daily); MP; PA
<i>duloxetine hcl CPEP 20 MG</i>	1	SON; QL(3 ea daily); AL(At least 7 yrs old); MP	Tricyclic Agents		
<i>duloxetine hcl CPEP 30 MG</i>	1	SON; QL(2 ea daily); AL(At least 7 yrs old); MP	<i>amitriptyline hcl TABS</i>	1	SON; QL(20 ea daily); MP
<i>duloxetine hcl CPEP 20 MG</i>	1	QL(3 ea daily); AL(At least 7 yrs old); MP	<i>amitriptyline hcl TABS 25 MG, 50 MG</i>	1	QL(20 ea daily); MP
<i>duloxetine hcl CPEP 60 MG</i>	1	SON; QL(1 ea daily); AL(At least 7 yrs old); MP	<i>amoxapine</i>	1	SON; QL(20 ea daily); MP
<i>duloxetine hcl CPEP 40 MG</i>	NP	SON; QL(1.5 ea daily); AL(At least 7 yrs old); MP; PA	ANAFRANIL (<i>clomipramine hcl</i>)	NP	SON; QL(20 ea daily); PA
EFFEXOR XR CP24 37.5 MG, 150 MG (<i>venlafaxine hcl</i>)	NF		<i>clomipramine hcl</i>	NP	SON; QL(20 ea daily)
EFFEXOR XR CP24 (<i>venlafaxine hcl</i>)	NP	SON; QL(2 ea daily); MP; PA	<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	1	SON; QL(20 ea daily); MP
EFFEXOR XR CP24 37.5 MG, 150 MG (<i>venlafaxine hcl</i>)	NF		<i>desipramine hcl TABS 25 MG</i>	1	SON; QL(2 ea daily)
FETZIMA TITRATION PACK C4PK	NP	SON; QL(20 ea daily)	<i>doxepin hcl CAPS</i>	1	SON; QL(20 ea daily); MP
FETZIMA CP24	NP	SON; QL(20 ea daily)	<i>doxepin hcl CONC</i>	1	SON; QL(200 ml daily); MP
PRISTIQ 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NP	SON; QL(1 ea daily); MP; PA	<i>imipramine hcl TABS</i>	1	SON; QL(20 ea daily); MP
PRISTIQ 100 MG (<i>desvenlafaxine succinate</i>)	NP	SON; QL(4 ea daily); MP; PA	<i>imipramine pamoate</i>	NP	SON; QL(20 ea daily)
VENLAFAXINE BESYLATE ER	NP	SON; QL(20 ea daily); PA	NORPRAMIN TABS 25 MG (<i>desipramine hcl</i>)	NP	SON; QL(2 ea daily); PA
<i>venlafaxine hcl CP24</i>	1	SON; QL(2 ea daily); MP	NORPRAMIN TABS 10 MG (<i>desipramine hcl</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>venlafaxine hcl CP24</i>	1	QL(2 ea daily); MP	<i>nortriptyline hcl CAPS</i>	1	SON; QL(20 ea daily); MP
<i>venlafaxine hcl TABS</i>	1	SON; QL(20 ea daily); MP	<i>nortriptyline hcl SOLN</i>	NP	SON; QL(20 ml daily); MP
			PAMELOR CAPS (<i>nortriptyline hcl</i>)	NP	SON; QL(20 ea daily); MP; PA
			<i>protriptyline hcl</i>	NP	SON; QL(20 ea daily); MP
			<i>trimipramine maleate CAPS</i>	NP	SON; QL(20 ea daily); MP
			ANTIDIABETICS - Drugs to Regulate Blood Sugar		
			Alpha-Glucosidase Inhibitors		
			<i>acarbose</i>	1	MP
			<i>miglitol</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRECOSE (<i>acarbose</i>)	NF	MP	KAZANO (<i>alogliptin-metformin hcl</i>)	NP	QL(2 ea daily); MP
Antidiabetic - Amylin Analogs			KOMBIGLYZE XR 1000 MG-5 MG, 500 MG-5 MG (<i>saxagliptin-metformin hcl</i>)	2	QL(1 ea daily); AL(At least 18 yrs old)
SYMLINPEN 120 SOPN	2	PA	KOMBIGLYZE XR 1000 MG-2.5 MG (<i>saxagliptin-metformin hcl</i>)	2	QL(2 ea daily); AL(At least 18 yrs old)
SYMLINPEN 60 SOPN	2	PA	OSENI 15 MG-12.5 MG, 45 MG-12.5 MG (<i>alogliptin-pioglitazone</i>)	NF	QL(1 ea daily); MP
Antidiabetic - Cellular Therapy			OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (<i>alogliptin-pioglitazone</i>)	NP	QL(1 ea daily); MP; PA
LANTIDRA	CO		<i>pioglitazone hcl-glimepiride</i>	NP	
Antidiabetic Combinations			<i>pioglitazone hcl-metformin hcl</i> TABS	NP	QL(2 ea daily)
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	NP	QL(2 ea daily); PA	QTERN	NP	PA
<i>alogliptin-metformin hcl</i>	NP	QL(2 ea daily); MP	<i>saxagliptin-metformin hcl</i> 1000 MG-5 MG, 500 MG-5 MG	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>alogliptin-pioglitazone</i> 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	NP	QL(1 ea daily); MP; PA	<i>saxagliptin-metformin hcl</i> 1000 MG-2.5 MG	1	QL(2 ea daily); AL(At least 18 yrs old)
<i>dapagliflozin propanediol-metformin hcl</i>	2	MP	SEGLUROMET	NP	
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP	PA	SOLQUA 100/33	NP	PA
<i>glipizide-metformin hcl</i>	1	MP	STEGLUJAN	NP	PA
<i>glyburide-metformin</i>	1	MP	SYNJARDY XR TB24	NP	
GLYXAMBI	NP	PA	SYNJARDY TABS	2	
INVOKAMET XR TB24	NP		TRIJARDY XR	NP	PA
INVOKAMET TABS	2	MP	XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	MP
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily); MP	XIGDUO XR	2	MP
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily); MP	XULTOPHY 100/3.6	NP	PA
JANUMET TABS	2	QL(2 ea daily); MP	Antidiabetic-Antibodies		
JENTADUETO XR TB24 1000 MG-2.5 MG	2	QL(2 ea daily)	TZIELD	CO	
JENTADUETO XR TB24 1000 MG-5 MG	2		Biguanides		
JENTADUETO TABS	2	QL(2 ea daily); AL(At least 18 yrs old); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLUMETZA TB24 (<i>metformin hcl</i>)	NP	PA	<i>mifepristone</i> (<i>hyperglycemia</i>)	1	SP; PA
<i>metformin hcl SOLN</i>	NP	PA	PROGLYCEM (<i>diazoxide</i>)	2	
<i>metformin hcl TABS 1000 MG</i>	1	QL(2 ea daily); MP	SM GLUCOSE CHEW	2	QL(50 ea per 30 day(s) retail)
<i>metformin hcl TABS 500 MG</i>	1	QL(5 ea daily); MP	ZEGALOGUE SOAJ	NP	PA
<i>metformin hcl TABS 625 MG</i>	NP	PA	ZEGALOGUE SOSY	NP	PA
<i>metformin hcl TABS 850 MG</i>	1	QL(3 ea daily); MP	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>metformin hcl TB24 750 MG</i>	1	QL(2 ea daily); MP	<i>alogliptin benzoate</i>	NP	QL(1 ea daily)
<i>metformin hcl TB24 500 MG</i>	1	QL(4 ea daily); MP	JANUVIA	2	QL(1 ea daily); MP
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	PA	NESINA (<i>alogliptin benzoate</i>)	NP	QL(1 ea daily)
RIOMET SOLN	NP	PA	ONGLYZA (<i>saxagliptin hcl</i>)	2	QL(1 ea daily)
Diabetic Other			<i>saxagliptin hcl</i>	1	QL(1 ea daily)
BAQSIMI ONE PACK POWD	2	PA	SITAGLIPTIN	NP	PA
BAQSIMI TWO PACK POWD	2	PA	TRADJENTA	2	QL(1 ea daily); AL(At least 18 yrs old); MP
<i>diazoxide</i>	1		ZITUVIO	NP	PA
GLUCAGEN HYPOKIT	2		Dopamine Receptor Agonists - Antidiabetic		
<i>glucagon (rdna)</i>	1	QL(1 ea per fill retail)	CYCLOSET	NP	PA
GLUCAGON EMERGENCY KIT (<i>glucagon (rdna)</i>)	2	QL(1 ea per fill retail)	Incretin Mimetic Agents		
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	NP	PA	BYDUREON BCISE AUIJ	2	QL(0.122 ml daily)
GVOKE HYPOPEN 1- PACK SOAJ	NP	PA	BYETTA SOPN	2	AL(At least 18 yrs old)
GVOKE HYPOPEN 2- PACK SOAJ	NP	PA	MOUNJARO	NP	PA
GVOKE KIT SOLN	NP	PA	OZEMPIC SOPN 2 MG/3ML	NP	QL(12 ml per 28 day(s) retail); PA
GVOKE PFS SOSY	NP	PA	OZEMPIC SOPN 4 MG/3ML	NP	QL(6 ml per 28 day(s) retail); PA
KORLYM (<i>mifepristone</i> (<i>hyperglycemia</i>))	2	SP; PA	OZEMPIC SOPN 8 MG/3ML	NP	QL(3 ml per 28 day(s) retail); PA
			RYBELSUS TABS	NP	QL(1 ea daily); PA
			TRULICITY	NP	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VICTOZA	2	Limit 9ml per month; QL(0.3 ml daily)	HUMALOG SOLN IJ	NP	QL(1.34 ml daily); MP; PA
Insulin			HUMULIN 70/30 KWIKPEN SUPN	2	QL(1 ml daily)
ADMELOG SOLOSTAR SOPN	NP	QL(1 ml daily)	HUMULIN 70/30 SUSP	2	QL(1.34 ml daily); MP
ADMELOG SOLN IJ	NP	QL(1.34 ml daily); MP	HUMULIN N KWIKPEN SUPN	2	QL(1 ml daily)
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	PA	HUMULIN N SUSP	2	QL(1.34 ml daily); MP
APIDRA SOLOSTAR SOPN	NP	QL(1 ml daily)	HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	MP
APIDRA SOLN	NP	QL(40 ml per 30 day(s) retail)	HUMULIN R U-500 KWIKPEN SOPN SC	2	
BASAGLAR KWIKPEN SOPN	2	QL(1 ml daily)	HUMULIN R SOLN IJ	NP	QL(1.34 ml daily); MP
BASAGLAR TEMPO PEN SOPN	2		HUMULIN R SOLN IJ	2	QL(1.34 ml daily); MP
FIASP FLEXTOUCH SOPN	NP	QL(1 ml daily)	INSULIN ASPART FLEXPEN SOPN	NP	QL(1 ml daily)
FIASP PENFILL SOCT	NP	QL(1 ml daily)	INSULIN ASPART PENFILL SOCT	NP	QL(1 ml daily)
FIASP PUMPCART SOCT	NP	QL(1 ml daily)	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	2	QL(1 ml daily)
FIASP SOLN	NP	QL(1 ml daily); MP	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	2	QL(1.34 ml daily); MP
HUMALOG JUNIOR KWIKPEN SOPN	2	QL(1 ml daily)	INSULIN ASPART SOLN IJ	NP	QL(1 ml daily); MP
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	QL(1 ml daily)	INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	
HUMALOG KWIKPEN SOPN 200 UNIT/ML	NP	QL(1.34 ml daily); PA	INSULIN DEGLUDEC SOLN	NP	
HUMALOG MIX 50/50 KWIKPEN SUPN	2	QL(1 ml daily)	INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	
HUMALOG MIX 50/50 SUSP	2	QL(1.34 ml daily); MP	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	2	QL(1 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(1 ml daily)	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	
HUMALOG MIX 75/25 SUSP	2	QL(1.34 ml daily); MP	INSULIN GLARGINE SOLN	2	MP
HUMALOG TEMPO PEN SOPN	NP	PA			
HUMALOG SOCT	2	QL(1.34 ml daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN GLARGINE-YFGN SOLN	NP	PA	NOVOLIN R SOLN IJ	NP	QL(1.34 ml daily); MP
INSULIN GLARGINE-YFGN SOPN	NP	PA	NOVOLOG FLEXPEN RELION SOPN	NP	QL(1 ml daily)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	QL(1 ml daily)	NOVOLOG FLEXPEN SOPN	2	QL(1 ml daily)
INSULIN LISPRO KWIKPEN SOPN	2	QL(1 ml daily)	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	NP	QL(1 ml daily); PA
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	QL(1 ml daily)	NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	NP	QL(1 ml daily); PA
INSULIN LISPRO SOLN IJ	2	QL(1.34 ml daily); MP	NOVOLOG MIX 70/30 RELION SUSP	2	QL(1.34 ml daily); MP
LANTUS SOLOSTAR SOPN	NP	QL(1 ml daily); PA	NOVOLOG MIX 70/30 SUSP	NP	QL(1.34 ml daily); MP; PA
LANTUS SOLN	NP	MP; PA	NOVOLOG PENFILL SOCT	2	QL(1 ml daily)
LEVEMIR FLEXPEN SOPN	2		NOVOLOG RELION SOLN IJ	NP	QL(1 ml daily); MP
LEVEMIR SOLN	2	MP	NOVOLOG SOLN IJ	2	QL(1 ml daily); MP
LYUMJEV KWIKPEN SOPN	NP		REZVOGLAR KWIKPEN	NP	PA
LYUMJEV TEMPO PEN SOPN	NP	PA	SEMGLEE SOLN	NP	PA
LYUMJEV SOLN	NP		SEMGLEE SOPN	NP	PA
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(1 ml daily)	TOUJEO MAX SOLOSTAR SOPN	NP	
NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(1 ml daily)	TOUJEO SOLOSTAR SOPN	NP	
NOVOLIN 70/30 RELION SUSP	NP	QL(1.34 ml daily); MP	TRESIBA FLEXTOUCH SOPN	NP	
NOVOLIN 70/30 SUSP	NP	QL(1.34 ml daily); MP	TRESIBA SOLN	NP	
NOVOLIN N FLEXPEN RELION SUPN	NP	QL(1 ml daily)	Insulin Sensitizing Agents		
NOVOLIN N FLEXPEN SUPN	NP	QL(1 ml daily)	ACTOS (<i>pioglitazone hcl</i>)	NP	QL(1 ea daily); MP; PA
NOVOLIN N RELION SUSP	NP	QL(1.34 ml daily); MP	<i>pioglitazone hcl</i>	1	QL(1 ea daily); MP
NOVOLIN N SUSP	NP	QL(1.34 ml daily); MP	Meglitinide Analogues		
NOVOLIN R RELION SOLN IJ	NP	QL(1.34 ml daily); MP	<i>nateglinide</i>	1	QL(3 ea daily); MP
			<i>repaglinide</i>	1	MP
			Sodium-Glucose Co-Transporter 2 (SGLT2)		

Drug Name	Drug Tier	Requirements/ Limits
Inhibitors		
<i>dapagliflozin propanediol</i>	2	QL(1 ea daily); MP
FARXIGA	2	QL(1 ea daily); MP
FARXIGA (<i>dapagliflozin propanediol</i>)	2	QL(1 ea daily); MP
INVOKANA	2	MP
JARDIANCE	2	QL(1 ea daily); MP
STEGLATRO	NP	
Sulfonylureas		
AMARYL 1 MG, 2 MG (<i>glimepiride</i>)	NP	QL(1 ea daily); MP; PA
AMARYL 4 MG (<i>glimepiride</i>)	NP	QL(2 ea daily); MP; PA
<i>glimepiride</i> 1 MG, 2 MG	1	QL(1 ea daily); MP
<i>glimepiride</i> 4 MG	1	QL(2 ea daily); MP
<i>glipizide</i> TABS 2.5 MG	NP	PA
<i>glipizide</i> TABS 5 MG, 10 MG	1	MP
<i>glipizide</i> TB24	1	MP
GLUCOTROL XL TB24 (<i>glipizide</i>)	NP	MP; PA
<i>glyburide</i> micronized 1.5 MG, 3 MG, 6 MG	1	MP
<i>glyburide</i> TABS	1	MP
GLYNASE (<i>glyburide</i> micronized)	NP	MP; PA
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	NP	
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate</i> CHEW 262 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>bismuth subsalicylate</i> SUSP 262 MG/15ML, 525 MG/30ML	1	
<i>bismuth subsalicylate</i> TABS	1	
PEPTO-BISMOL MAX STRENGTH SUSP (<i>bismuth subsalicylate</i>)	NF	
PEPTO-BISMOL TO-GO CHEW (<i>bismuth subsalicylate</i>)	NF	
PEPTO-BISMOL CHEW (<i>bismuth subsalicylate</i>)	NF	
PEPTO-BISMOL SUSP (<i>bismuth subsalicylate</i>)	NF	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine</i> LIQD	NP	PA
<i>diphenoxylate w/ atropine</i> TABS	NP	
IMODIUM A-D CAPS (<i>loperamide hcl</i>)	NF	RX/OTC
IMODIUM A-D TABS (<i>loperamide hcl</i>)	NF	
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	NP	PA
<i>loperamide hcl</i> CAPS	NP	RX/OTC
<i>loperamide hcl</i> TABS	1	
MOTOFEN	NP	
<i>opium tincture</i>	NP	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	2	
<i>deferasirox</i> PACK	1	SP
<i>deferasirox</i> TABS	1	SP; MP
<i>deferasirox</i> TBSO	1	SP; MP
<i>deferiprone</i> TABS	NP	SP; PA
EXJADE TBSO (<i>deferasirox</i>)	NP	SP; MP; PA

Drug Name	Drug Tier	Requirements/Limits
FERRIPROX TWICE-A-DAY TABS	NP	SP; PA
FERRIPROX SOLN	NP	SP; MP; PA
FERRIPROX TABS (<i>deferiprone</i>)	NP	SP; MP; PA
JADENU SPRINKLE PACK (<i>deferasirox</i>)	NP	SP; PA
JADENU TABS (<i>deferasirox</i>)	NP	SP; MP; PA
Antidotes and Specific Antagonists		
BAL IN OIL	2	PA
<i>deferoxamine mesylate</i>	1	SP
DEFERAL 500 MG (<i>deferoxamine mesylate</i>)	NP	SP
VISTOGARD	2	
Opioid Antagonists		
KLOXXADO LIQD	2	
<i>naloxone hcl LIQD</i>	1	RX/OTC
<i>naloxone hcl SOCT</i>	1	
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1	
<i>naloxone hcl SOSY 2 MG/2ML</i>	1	
<i>naltrexone hcl</i>	1	SON; QL(20 ea daily)
<i>naltrexone hcl</i>	1	QL(20 ea daily)
NARCAN LIQD (<i>naloxone hcl</i>)	2	RX/OTC
OPVEE NA	2	
REXTOVY LIQD	2	
VIVITROL	2	QL(1 ea per 28 day(s) retail); SP
ZIMHI SOSY	2	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML</i>	NP	PA
<i>granisetron hcl TABS</i>	NP	
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	QL(50 ml per fill retail)
<i>ondansetron hcl SOLN IJ</i>	1	
<i>ondansetron hcl SOSY</i>	1	
<i>ondansetron hcl TABS 24 MG</i>	2	QL(1 ea daily)
<i>ondansetron hcl TABS 4 MG</i>	1	QL(6 ea daily)
<i>ondansetron hcl TABS 8 MG</i>	1	QL(3 ea daily)
<i>ondansetron TBDP 4 MG, 8 MG</i>	1	QL(2 ea daily)
<i>palonosetron hcl SOLN</i>	NP	PA
<i>palonosetron hcl SOSY</i>	NP	PA
PALONOSETRON HYDROCHLORIDE SOLN	NP	PA
SANCUSO PTCH	NP	
SUSTOL PRSY	NP	
Antiemetics - Anticholinergic		
ANTIVERT CHEW (<i>meclizine hcl</i>)	NP	PA; RX/OTC
ANTIVERT TABS 50 MG (<i>meclizine hcl</i>)	2	
DIMENHYDRINATE SOLN	NP	PA
<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC
<i>meclizine hcl TABS 50 MG</i>	2	
<i>scopolamine</i>	1	
TIGAN SOLN	NP	PA
TRANSDERM-SCOP (<i>scopolamine</i>)	NP	PA
<i>trimethobenzamide hcl CAPS</i>	1	
Antiemetics - Miscellaneous		

Drug Name	Drug Tier	Requirements/Limits
AKYNZEO	NP	PA
AKYNZEO SOLN	2	PA
AKYNZEO SOLR	2	PA
BONJESTA TBCR	NP	PA
DICLEGIS TBEC (doxylamine-pyridoxine)	2	PA
doxylamine-pyridoxine TBEC	1	PA
dronabinol CAPS	NP	PA
MARINOL CAPS 2.5 MG (dronabinol)	NP	PA
MARINOL CAPS 5 MG, 10 MG (dronabinol)	NF	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	NP	PA
aprepitant CAPS	1	
aprepitant CAPS	NP	PA
aprepitant MISC	NP	PA
CINVANTI EMUL	NP	PA
EMEND TRIPACK CAPS (aprepitant)	NP	PA
EMEND CAPS 80 MG (aprepitant)	NP	PA
EMEND SOLR (fosaprepitant dimeglumine)	NP	PA
EMEND SUSR	NP	PA
fosaprepitant dimeglumine SOLR	NP	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	NP	PA
CANCIDAS (caspofungin acetate)	NP	PA
caspofungin acetate	1	PA
CASPOFUNGIN ACETATE	1	PA
ERAXIS	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
FLUCONAZOLE/SODIUM CHLORIDE	1	PA
<i>fluconazole SUSR</i>	1	QL(70 ml per fill retail)
<i>fluconazole TABS 200 MG</i>	1	QL(2 ea daily)
<i>fluconazole TABS 150 MG</i>	1	QL(2 ea per fill retail)
<i>fluconazole TABS 100 MG</i>	1	QL(1 ea daily)
<i>fluconazole TABS 50 MG</i>	1	QL(7 ea per fill retail)
<i>itraconazole CAPS</i>	NP	QL(1 ea daily)
<i>itraconazole SOLN</i>	NP	PA
<i>ketoconazole</i>	NP	PA
NOXAFIL PACK	NP	PA
NOXAFIL SOLN (<i>posaconazole</i>)	NP	PA
NOXAFIL SUSP (<i>posaconazole</i>)	NP	MP; PA
NOXAFIL TBEC (<i>posaconazole</i>)	NP	MP; PA
<i>posaconazole SOLN</i>	1	PA
<i>posaconazole SUSP</i>	NP	MP; PA
<i>posaconazole TBEC</i>	NP	MP
<i>posaconazole TBEC</i>	NP	MP; PA
SPORANOX PULSEPAK CAPS (<i>itraconazole</i>)	NF	QL(1 ea daily)
SPORANOX CAPS (<i>itraconazole</i>)	NP	QL(1 ea daily); PA
SPORANOX SOLN (<i>itraconazole</i>)	NP	PA
TOLSURA CAPS	NP	QL(1 ea daily); PA
VFEND IV SOLR (<i>voriconazole</i>)	NP	PA
VFEND SUSR (<i>voriconazole</i>)	NP	PA
VFEND TABS (<i>voriconazole</i>)	NP	PA
VIVJOA	2	PA
<i>voriconazole SOLR</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
VORICONAZOLE SOLR (<i>voriconazole</i>)	1	PA
<i>voriconazole SUSR</i>	NP	PA
<i>voriconazole TABS</i>	NP	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate TABS</i>	1	QL(120 ea per fill retail)
<i>dexchlorpheniramine maleate SOLN</i>	NP	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CHILDRENS LIQD (<i>diphenhydramine hcl</i>)	NF	QL(240 ml per fill retail)
BENADRYL ALLERGY ULTRATABS TABS (<i>diphenhydramine hcl</i>)	NF	QL(4 ea daily)
BENADRYL ALLERGY CAPS (<i>diphenhydramine hcl</i>)	NF	QL(4 ea daily)
BENADRYL ALLERGY TABS (<i>diphenhydramine hcl</i>)	NF	QL(4 ea daily)
<i>carbinoxamine maleate SOLN</i>	NP	
<i>carbinoxamine maleate TABS 4 MG</i>	NP	
<i>clemastine fumarate SYRP</i>	NP	
<i>clemastine fumarate TABS 2.68 MG</i>	NP	
<i>diphenhydramine hcl CAPS</i>	1	QL(4 ea daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1	QL(240 ml per fill retail)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML</i>	1	QL(240 ml per fill retail)
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl TABS 25 MG</i>	1	QL(4 ea daily)
KARBINAL ER SUER	NP	
RYVENT TABS	NP	
Antihistamines - Non-Sedating		
<i>cetirizine hcl SOLN OR</i>	1	RX/OTC
<i>cetirizine hcl TABS</i>	1	QL(1 ea daily)
CLARINEX TABS (<i>desloratadine</i>)	NP	PA
CLARITIN ALLERGY CHILDRENS SOLN (<i>loratadine</i>)	NF	
CLARITIN SOLN (<i>loratadine</i>)	NF	
CLARITIN TABS (<i>loratadine</i>)	NF	
<i>desloratadine TABS</i>	NP	
<i>desloratadine TBDP</i>	NP	PA
<i>levocetirizine dihydrochloride SOLN</i>	NP	RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	NP	RX/OTC
<i>loratadine SOLN</i>	1	
<i>loratadine TABS</i>	1	
XYZAL ALLERGY 24HR CHILDRENS SOLN (<i>levocetirizine dihydrochloride</i>)	NF	RX/OTC
XYZAL ALLERGY 24HR TABS (<i>levocetirizine dihydrochloride</i>)	NF	RX/OTC
ZYRTEC ALLERGY TABS (<i>cetirizine hcl</i>)	NF	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN OR (<i>cetirizine hcl</i>)	NF	RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN IJ (<i>promethazine hcl</i>)	NP	PA
<i>promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML</i>	NP	PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cholestyramine light PACK</i>	1	MP	<i>fenofibrate micronized 134 MG, 200 MG</i>	NP	QL(1 ea daily); PA
<i>cholestyramine light POWD</i>	1	MP	<i>fenofibrate micronized 67 MG</i>	NP	QL(2 ea daily); PA
<i>cholestyramine PACK</i>	1	MP	<i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>	NP	PA
<i>cholestyramine POWD</i>	1	MP	<i>fenofibrate CAPS</i>	NP	PA
<i>colesevelam hcl PACK</i>	NP		<i>fenofibrate TABS 54 MG</i>	1	QL(3 ea daily); MP
<i>colesevelam hcl TABS</i>	NP		<i>fenofibrate TABS 160 MG</i>	1	QL(1 ea daily); MP
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	NP	PA	<i>fenofibrate TABS 40 MG, 48 MG, 120 MG, 145 MG</i>	1	MP
COLESTID FLAVORED PACK (<i>colestipol hcl</i>)	NP	PA	<i>fenofibric acid</i>	NP	PA
COLESTID GRAN (<i>colestipol hcl</i>)	NP	PA	FENOGLIDE TABS (<i>fenofibrate</i>)	NP	MP; PA
COLESTID PACK (<i>colestipol hcl</i>)	NF		FIBRICOR (<i>fenofibric acid</i>)	NP	PA
COLESTID PACK (<i>colestipol hcl</i>)	NP	PA	<i>gemfibrozil TABS</i>	1	QL(2 ea daily); MP
COLESTID TABS (<i>colestipol hcl</i>)	NP	MP; PA	LIPOFEN CAPS (<i>fenofibrate</i>)	NP	PA
<i>colestipol hcl GRAN</i>	NP		LIPOFEN CAPS 50 MG (<i>fenofibrate</i>)	NF	
<i>colestipol hcl PACK</i>	NP		LOPID TABS (<i>gemfibrozil</i>)	NP	QL(2 ea daily); MP; PA
<i>colestipol hcl TABS</i>	1	MP	TRICOR TABS (<i>fenofibrate</i>)	NP	MP; PA
QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NP	MP; PA	TRILIPIX (<i>choline fenofibrate</i>)	NP	PA
QUESTRAN PACK (<i>cholestyramine</i>)	NP	MP; PA	HMG CoA Reductase Inhibitors		
QUESTRAN POWD (<i>cholestyramine</i>)	NP	MP; PA	ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	
WELCHOL PACK (<i>colesevelam hcl</i>)	NP	PA	ATORVALIQ SUSP	NP	PA
WELCHOL PACK (<i>colesevelam hcl</i>)	NF		<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily); MP
WELCHOL TABS (<i>colesevelam hcl</i>)	NF		CRESTOR TABS (<i>rosuvastatin calcium</i>)	NP	PA
WELCHOL TABS (<i>colesevelam hcl</i>)	NP	PA	EZALLOR SPRINKLE CPSP	NP	PA
Fibric Acid Derivatives			FLOLIPID SUSP	2	PA
<i>choline fenofibrate</i>	NP	PA	<i>fluvastatin sodium CAPS</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium TB24</i>	NP	
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	NF	
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	NP	PA
LIPITOR TABS (<i>atorvastatin calcium</i>)	NP	QL(1 ea daily); MP; PA
LIPITOR TABS (<i>atorvastatin calcium</i>)	NF	QL(1 ea daily); MP
LIVALO (<i>pitavastatin calcium</i>)	NP	PA
<i>lovastatin TABS 10 MG, 20 MG</i>	1	QL(1 ea daily); MP
<i>lovastatin TABS 40 MG</i>	1	QL(2 ea daily); MP
<i>pitavastatin calcium</i>	NP	
<i>pravastatin sodium</i>	1	QL(1 ea daily); MP
<i>rosuvastatin calcium TABS</i>	1	
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(1 ea daily); MP
<i>simvastatin TABS 80 MG</i>	1	MP
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	NP	QL(1 ea daily); MP; PA
ZYPITAMAG 2 MG, 4 MG	NP	
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	MP
ZETIA (<i>ezetimibe</i>)	NP	MP; PA
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	2	SP; MP; PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1	MP
NIASPAN TBCR 1000 MG (<i>niacin (antihyperlipidemic)</i>)	NF	MP
Proprotein Convertase Subtilisin/Kexin Type 9		

Drug Name	Drug Tier	Requirements/Limits
Inhibitors		
LEQVIO	NP	QL(4.5 ml per 365 day(s) retail); 2 max fill(s) per 30 day(s) retail; SP; PA
PRALUENT SOAJ	NP	2 max fill(s) per 30 day(s) retail; PA
REPATHA PUSHTRONEX SYSTEM SOCT	2	QL(2 ml per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
REPATHA SURECLICK SOAJ	2	QL(2 ml per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
REPATHA SOSY	2	QL(2 ml per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (<i>quinapril hcl</i>)	NP	QL(1 ea daily); PA
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	NP	QL(2 ea daily); MP; PA
<i>benazepril hcl 40 MG</i>	1	QL(2 ea daily); MP
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	1	QL(1 ea daily); MP
<i>captopril</i>	1	QL(3 ea daily); MP
<i>enalapril maleate SOLN</i>	NP	
<i>enalapril maleate TABS</i>	1	QL(2 ea daily); MP
<i>enalaprilat</i>	1	
EPANED SOLN (<i>enalapril maleate</i>)	NP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium</i>	1	QL(1 ea daily); MP
<i>lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	QL(2 ea daily); MP
<i>lisinopril TABS 2.5 MG</i>	1	QL(1 ea daily); MP
LOTENSIN 10 MG, 20 MG (<i>benazepril hcl</i>)	NP	QL(1 ea daily); MP; PA
LOTENSIN 40 MG (<i>benazepril hcl</i>)	NP	QL(2 ea daily); MP; PA
<i>moexipril hcl</i>	NP	
<i>perindopril erbumine</i>	NP	
QBRELIS SOLN	NP	
<i>quinapril hcl</i>	1	QL(1 ea daily)
<i>ramipril CAPS</i>	1	QL(2 ea daily); MP
<i>trandolapril 1 MG, 2 MG</i>	NP	QL(1 ea daily)
<i>trandolapril 4 MG</i>	NP	QL(2 ea daily)
VASOTEC TABS (<i>enalapril maleate</i>)	NP	QL(2 ea daily); MP; PA
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (<i>lisinopril</i>)	NP	QL(2 ea daily); MP; PA
ZESTRIL TABS 2.5 MG (<i>lisinopril</i>)	NP	QL(1 ea daily); MP; PA
Agents for Pheochromocytoma		
DEMSER (<i>metyrosine</i>)	NP	SP; PA
DIBENZYLIN (<i>phenoxybenzamine hcl</i>)	NF	2 max fill(s) per 30 day(s) retail
<i>metyrosine</i>	NP	SP; PA
<i>phenoxybenzamine hcl</i>	1	2 max fill(s) per 30 day(s) retail
Angiotensin II Receptor Antagonists		
ATACAND (<i>candesartan cilexetil</i>)	NP	PA
AVAPRO (<i>irbesartan</i>)	NP	QL(1 ea daily); MP; PA
BENICAR (<i>olmesartan medoxomil</i>)	NP	MP; PA
BENICAR (<i>olmesartan medoxomil</i>)	NF	MP

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil</i>	NP	
COZAAR (<i>losartan potassium</i>)	NP	QL(1 ea daily); MP; PA
DIOVAN TABS (<i>valsartan</i>)	NP	QL(1 ea daily); MP; PA
EDARBI	NP	
<i>irbesartan</i>	1	QL(1 ea daily); MP
<i>losartan potassium</i>	1	QL(1 ea daily); MP
MICARDIS (<i>telmisartan</i>)	NP	QL(1 ea daily); PA
<i>olmesartan medoxomil</i>	1	MP
<i>telmisartan</i>	NP	QL(1 ea daily)
<i>valsartan SOLN</i>	NP	PA
<i>valsartan TABS</i>	1	QL(1 ea daily); MP
Antiadrenergic Antihypertensives		
CARDURA (<i>doxazosin mesylate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
CARDURA 8 MG (<i>doxazosin mesylate</i>)	NF	
CATAPRES-TTS-1 (<i>clonidine</i>)	NF	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail; MP
CATAPRES-TTS-2 (<i>clonidine</i>)	NF	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail; MP
CATAPRES-TTS-3 (<i>clonidine</i>)	NF	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail; MP
<i>clonidine</i>	1	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 4 yrs old); MP	ACCURETIC 25 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(2 ea daily); MP; PA
<i>clonidine hcl TB24</i>	2	2 max fill(s) per 30 day(s) retail; MP; PA	<i>amlodipine besylate-benazepril hcl</i>	1	QL(1 ea daily); MP; PA
<i>doxazosin mesylate</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>amlodipine besylate-olmesartan medoxomil</i>	NP	PA
<i>guanfacine hcl</i>	1	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 4 yrs old); MP	<i>amlodipine besylate-valsartan</i>	1	MP; PA
<i>methyldopa TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>amlodipine-valsartan-hydrochlorothiazide</i>	NP	PA
MINIPRESS CAPS 1 MG (<i>prazosin hcl</i>)	NF	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail; MP	ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	NP	PA
MINIPRESS CAPS 2 MG, 5 MG (<i>prazosin hcl</i>)	NP	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>atenolol & chlorthalidone</i>	1	QL(1 ea daily); MP
NEXICLON XR TB24 (<i>clonidine hcl</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP	AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA
<i>prazosin hcl CAPS</i>	1	SON; QL(20 ea daily); 2 max fill(s) per 30 day(s) retail; MP	AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>)	NP	PA
<i>terazosin hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP	AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>)	NF	
Antihypertensive Combinations			<i>benazepril & hydrochlorothiazide</i>	1	QL(1 ea daily); MP
ACCURETIC 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(4 ea daily); MP; PA	BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NF	MP
ACCURETIC 12.5 MG-10 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(3 ea daily); MP; PA	BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NP	MP; PA
			<i>bisoprolol & hydrochlorothiazide</i>	1	QL(1 ea daily); MP
			<i>candesartan cilexetil-hydrochlorothiazide</i>	NP	PA
			<i>captopril & hydrochlorothiazide</i>	NP	
			DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA
			EDARBYCLOR	NP	PA
			<i>enalapril maleate & hydrochlorothiazide</i>	1	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EXFORGE (<i>amlodipine besylate-valsartan</i>)	NP	MP; PA	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1	QL(3 ea daily); MP
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	PA	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	NP	QL(2 ea daily); MP; PA
<i>fosinopril sodium & hydrochlorothiazide</i>	1	QL(1 ea daily); MP	<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1	QL(4 ea daily); MP
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA	TEKTURNA HCT 12.5 MG-300 MG, 25 MG-300 MG	NP	PA
<i>irbesartan-hydrochlorothiazide</i>	1	QL(1 ea daily); MP	<i>telmisartan-amlodipine</i>	NP	PA
<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	QL(2 ea daily); MP	<i>telmisartan-hydrochlorothiazide</i>	NP	QL(1 ea daily); PA
<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily); MP	TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NF	
<i>losartan potassium & hydrochlorothiazide</i>	1	QL(1 ea daily); MP	TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NP	QL(1 ea daily); MP; PA
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA	TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NP	QL(1 ea daily); MP; PA
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>)	NP	QL(1 ea daily); MP; PA	TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NF	
<i>metoprolol & hydrochlorothiazide TABS</i>	1	QL(2 ea daily); MP	<i>trandolapril-verapamil hcl</i>	NP	PA
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily); PA	TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NF	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP	PA	TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	PA
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	MP	<i>valsartan-hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily); MP	VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	NP	QL(2 ea daily); MP; PA
			ZESTORETIC 25 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA
			ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	NP	QL(2 ea daily); MP; PA
			ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA

Drug Name	Drug Tier	Requirements/Limits
Antihypertensives - Misc.		
VECAMYL	NP	SP; PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	NP	PA
TEKTURNA (<i>aliskiren fumarate</i>)	NP	PA
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	MP
INSPRA (<i>eplerenone</i>)	NF	MP
INSPRA (<i>eplerenone</i>)	NP	MP; PA
Vasodilators		
<i>hydralazine hcl SOLN</i>	1	PA
<i>hydralazine hcl TABS</i>	1	MP
<i>minoxidil 2.5 MG, 10 MG</i>	1	MP
NIPRIDE RTU (<i>nitroprusside sodium-sodium chloride</i>)	2	PA
<i>nitroprusside sodium</i>	1	PA
<i>nitroprusside sodium-sodium chloride</i>	1	PA
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	NP	PA
<i>bacitracin</i>	1	PA
FLAGYL CAPS (<i>metronidazole</i>)	NP	PA
LIKMEZ SUSP	NP	PA
<i>metronidazole CAPS</i>	1	
<i>metronidazole TABS</i>	1	
NEBUPENT IN (<i>pentamidine isethionate</i>)	2	PA
PENTAM 300 IJ (<i>pentamidine isethionate</i>)	NP	PA
<i>pentamidine isethionate IN</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>tinidazole</i>	1	
<i>trimethoprim TABS</i>	1	
XIFAXAN	2	MP; PA
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	NP	PA
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	NP	PA
<i>methenamine-hyoscamine-methylene blue-sodium phosphate TABS</i>	NP	
<i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal</i>	NP	PA
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal CAPS</i>	NP	
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal TABS 10.8 MG-81 MG-32.4 MG-0.12 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG</i>	NP	
<i>sulfamethoxazole-trimethoprim SOLN</i>	1	PA
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
URIBEL	NP	PA
UROGESIC-BLUE TABS (<i>methenamine-hyoscamine-methylene blue-sodium phosphate</i>)	NP	PA
Antiprotozoal Agents		
ALINIA TABS (<i>nitazoxanide</i>)	NF	
<i>atovaquone</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN PEDIATRIC GRANULES (<i>clindamycin palmitate hydrochloride</i>)	NP	PA
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
LINCOCIN (<i>lincomycin hcl</i>)	2	PA
LINCOCIN (<i>lincomycin hcl</i>)	NF	
<i>lincomycin hcl</i>	1	PA
Monobactams		
CAYSTON	2	SP; PA
Oxazolidinones		
<i>linezolid</i> SUSR	NP	PA
<i>linezolid</i> TABS	1	
SIVEXTRO TABS	NP	QL(6 ea per fill retail)
ZYVOX SUSR (<i>linezolid</i>)	NP	PA
ZYVOX TABS (<i>linezolid</i>)	NP	PA
Urinary Anti-infectives		
<i>fosfomicin tromethamine</i>	NP	PA
HIPREX (<i>methenamine hippurate</i>)	NP	PA
MACROBID (<i>nitrofurantoin monohydrate macro</i>)	NP	PA
MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	NP	PA
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i> 0.5 GM, 1 GM	1	
MONUROL (<i>fosfomicin tromethamine</i>)	NF	
<i>nitrofurantoin</i> 25 MG/5ML	NP	PA
NITROFURANTOIN	NP	PA
<i>nitrofurantoin macrocrystal</i> 50 MG, 100 MG	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal 25 MG</i>	NP	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	2	QL(24 ea per fill retail)
MALARONE (<i>atovaquone-proguanil hcl</i>)	NP	PA
Antimalarials		
<i>chloroquine phosphate TABS 500 MG</i>	1	QL(5 ea per 30 day(s) retail); 180 day(s) max supply per 365 day(s) retail
<i>chloroquine phosphate TABS 250 MG</i>	1	QL(2 ea daily); 180 day(s) max supply per 365 day(s) retail
DARAPRIM (<i>pyrimethamine</i>)	CO	
<i>hydroxychloroquine sulfate 200 MG</i>	1	QL(3 ea daily)
<i>hydroxychloroquine sulfate 100 MG, 300 MG, 400 MG</i>	1	
KRINTAFEL	NP	PA
<i>mefloquine hcl</i>	1	MP
PLAQUENIL (<i>hydroxychloroquine sulfate</i>)	NF	QL(3 ea daily)
<i>primaquine phosphate TABS</i>	1	
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	2	
<i>pyrimethamine</i>	CO	

Drug Name	Drug Tier	Requirements/Limits
QUALAQUIN CAPS (<i>quinine sulfate</i>)	NP	PA
QUALAQUIN CAPS (<i>quinine sulfate</i>)	NF	
<i>quinine sulfate CAPS 324 MG</i>	1	
SOVUNA 300 MG	2	
SOVUNA 200 MG	NP	QL(3 ea daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
BLOXIVERZ SOLN IV (<i>neostigmine methylsulfate</i>)	2	PA
FIRDAPSE	CO	
MESTINON TIMESPAN TBCR (<i>pyridostigmine bromide</i>)	NP	PA
MESTINON SOLN OR (<i>pyridostigmine bromide</i>)	2	PA
MESTINON TABS (<i>pyridostigmine bromide</i>)	NP	PA
<i>neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML</i>	1	PA
NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML	1	PA
<i>neostigmine methylsulfate SOSY</i>	1	PA
NEOSTIGMINE METHYLSULFATE SOSY (<i>neostigmine methylsulfate</i>)	1	PA
<i>pyridostigmine bromide SOLN OR</i>	1	PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TABS 30 MG</i>	2	
<i>pyridostigmine bromide TBCR</i>	1	

Drug Name	Drug Tier	Requirements/Limits
REGONOL SOLN IV	1	PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	1	
<i>ethambutol hcl TABS</i>	1	MP
<i>isoniazid SYRP</i>	1	MP
<i>isoniazid TABS</i>	1	MP
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	NP	MP; PA
MYCOBUTIN (<i>rifabutin</i>)	NP	PA
PRETOMANID	2	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin CAPS</i>	1	
SIRTURO	2	
TRECTOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (<i>melphalan</i>)	NF	
<i>cyclophosphamide CAPS</i>	1	
CYCLOPHOSPHAMIDE TABS	2	
<i>melphalan</i>	2	
TEMODAR CAPS 250 MG (<i>temozolomide</i>)	NF	SP
<i>temozolomide CAPS</i>	1	SP; PA
Antimetabolites		
<i>capecitabine</i>	1	SP; PA
JYLAMVO SOLN	NP	SP; PA
<i>mercaptopurine TABS</i>	1	
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium SOLR</i>	1	
<i>methotrexate sodium TABS 2.5 MG</i>	1	
ONUREG TABS	2	SP; PA
PURIXAN SUSP	2	PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2	
XATMEP SOLN	2	
XELODA (<i>capecitabine</i>)	NP	SP; PA
Antineoplastic - Angiogenesis Inhibitors		
FRUZAQLA	2	SP; PA
INLYTA 5 MG	2	QL(4 ea daily); SP; PA
INLYTA 1 MG	2	QL(8 ea daily); SP; PA
LENVIMA 10 MG DAILY DOSE	2	QL(1 ea daily); SP; PA
LENVIMA 12MG DAILY DOSE	2	QL(3 ea daily); SP; PA
LENVIMA 14 MG DAILY DOSE	2	QL(2 ea daily); SP; PA
LENVIMA 18 MG DAILY DOSE	2	QL(3 ea daily); SP; PA
LENVIMA 20 MG DAILY DOSE	2	QL(2 ea daily); SP; PA
LENVIMA 24 MG DAILY DOSE	2	QL(3 ea daily); SP; PA
LENVIMA 4 MG DAILY DOSE	2	QL(1 ea daily); SP; PA
LENVIMA 8 MG DAILY DOSE	2	QL(2 ea daily); SP; PA
Antineoplastic - Anti-HER2 Agents		
TUKYSA	2	QL(4 ea daily); SP; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	2	SP; PA
VENCLEXTA TABS	2	SP; PA
Antineoplastic - Cellular Immunotherapy		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ABECMA	CO		<i>abiraterone acetate 500 MG</i>	NP	QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); SP; PA
AMTAGVI	CO	SP			
BREYANZI	CO		<i>abiraterone acetate 250 MG</i>	1	QL(120 ea per 30 day(s) retail; 120 ea per 30 days mail); SP; PA
CARVYKTI	CO		AKEEGA	2	SP; PA
KYMRIAH	CO		<i>anastrozole</i>	1	
OMISIRGE	CO		ARIMIDEX (<i>anastrozole</i>)	NP	PA
PROVENGE	CO		AROMASIN (<i>exemestane</i>)	NP	PA
TECARTUS	CO		<i>bicalutamide</i>	1	
TECELRA	CO		CAMCEVI	2	SP; PA
YESCARTA	CO		CASODEX (<i>bicalutamide</i>)	NP	PA
Antineoplastic - EGFR Inhibitors			ELIGARD SC 22.5 MG, 30 MG, 45 MG	2	SP; PA
<i>erlotinib hcl 100 MG, 150 MG</i>	1	QL(1 ea daily); SP; PA	ELIGARD KIT SC 7.5 MG	2	SP; PA
<i>erlotinib hcl 25 MG</i>	1	QL(3 ea daily); SP; PA	EMCYT	2	SP; PA
EXKIVITY	2	QL(4 ea daily); SP; PA	ERLEADA	2	SP; PA
<i>gefitinib</i>	1	QL(1 ea daily); SP; PA	<i>exemestane</i>	1	
GILOTRIF 20 MG	2	QL(2 ea daily); SP; PA	FARESTON (<i>toremifene citrate</i>)	NP	PA
GILOTRIF 30 MG, 40 MG	2	QL(1 ea daily); SP; PA	FEMARA (<i>letrozole</i>)	NP	PA
IRESSA (<i>gefitinib</i>)	NP	QL(1 ea daily); SP; PA	<i>hydroxyprogesterone caproate (antineoplastic)</i>	1	Limit 5ml per month; QL(0.167 ml daily); SP; PA
TAGRISO	2	QL(1 ea daily); SP; PA	<i>letrozole</i>	1	
TARCEVA 100 MG, 150 MG (<i>erlotinib hcl</i>)	NP	QL(1 ea daily); SP; PA	LEUPROLIDE ACETATE INJ	2	PA
TARCEVA 25 MG (<i>erlotinib hcl</i>)	NP	QL(3 ea daily); SP; PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	SP; PA
VIZIMPRO	2	QL(1 ea daily); SP; PA	LUPRON DEPOT (1-MONTH) KIT IM	2	SP; PA
Antineoplastic - Gene Therapy Agents			LUPRON DEPOT (3-MONTH) KIT IM	2	SP; PA
ADSTILADRIN	CO		LUPRON DEPOT (4-MONTH) IM	2	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors					
DAURISMO	2	SP; PA			
ERIVEDGE	2	SP; PA			
ODOMZO	2	SP; PA			
Antineoplastic - Hormonal and Related Agents					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6-MONTH) IM	2	SP; PA	XPOVIO	2	SP; PA
LYSODREN	2	SP; PA	XPOVIO 60 MG TWICE WEEKLY	2	SP; PA
<i>megestrol acetate SUSP</i>	1		XPOVIO 80 MG TWICE WEEKLY	2	SP; PA
<i>megestrol acetate TABS</i>	1		Antineoplastic Combinations		
NILANDRON (<i>nilutamide</i>)	NF		INQOVI	2	SP; PA
<i>nilutamide</i>	1	PA	KISQALI FEMARA 200 DOSE	2	SP; PA
NUBEQA	2	SP; PA	KISQALI FEMARA 400 DOSE	2	SP; PA
ORGOVYX	2	SP; PA	KISQALI FEMARA 600 DOSE	2	SP; PA
ORSERDU	2	SP; PA	LONSURF	2	SP; PA
SOLTAMOX SOLN	NP	PA	Antineoplastic Enzyme Inhibitors		
<i>tamoxifen citrate TABS</i>	1	MP	AFINITOR DISPERZ TBSO (<i>everolimus</i>)	NP	SP; PA
<i>toremifene citrate</i>	NP	PA	AFINITOR TABS (<i>everolimus</i>)	NP	SP; PA
TRELSTAR MIXJECT	2	SP; PA	ALECENSA	2	QL(8 ea daily); SP; PA
XTANDI CAPS	2	SP; PA	ALUNBRIG TABS 90 MG, 180 MG	2	QL(1 ea daily); SP; PA
XTANDI TABS	2	SP; PA	ALUNBRIG TABS 30 MG	2	QL(2 ea daily); SP; PA
YONSA	NP	QL(120 ea per 30 day(s) retail; 120 ea per 30 days mail); SP; PA	ALUNBRIG TBPK	2	QL(1 ea daily); SP; PA
ZYTIGA 500 MG (<i>abiraterone acetate</i>)	NP	QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); SP; PA	AUGTYRO	2	SP; PA
ZYTIGA 250 MG (<i>abiraterone acetate</i>)	NP	QL(120 ea per 30 day(s) retail; 120 ea per 30 days mail); SP; PA	BALVERSA	2	SP; PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors			BOSULIF CAPS	2	SP; PA
WELIREG	2	SP; PA	BOSULIF TABS 400 MG, 500 MG	2	QL(1 ea daily); SP; PA
Antineoplastic - Immunomodulators			BOSULIF TABS 100 MG	2	QL(3 ea daily); SP; PA
POMALYST	2	SP; PA	BRAFTOVI 75 MG	2	SP; PA
Antineoplastic - PDGFR-alpha Inhibitors			BRUKINSA	2	QL(4 ea daily); SP; PA
AYVAKIT	2	QL(1 ea daily); SP; PA	CABOMETYX TABS	2	QL(1 ea daily); SP; PA
Antineoplastic - XPO1 Inhibitors			CALQUENCE	2	SP; PA
			CAPRELSA 100 MG	2	QL(2 ea daily); SP; PA

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

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX 20 MG	2	QL(4 ea daily); SP; PA
SCEMBLIX 40 MG	2	QL(10 ea daily); SP; PA
<i>sorafenib tosylate</i>	1	SP; PA
SPRYCEL	2	QL(1 ea daily); SP; PA
STIVARGA	2	SP; PA
<i>sunitinib malate</i>	1	SP; PA
SUTENT (<i>sunitinib malate</i>)	2	SP; PA
TABRECTA	2	QL(4 ea daily); SP; PA
TAFINLAR CAPS	2	SP; PA
TAFINLAR TBSO	2	SP; PA
TALZENNA	2	SP; PA
TASIGNA 50 MG	2	QL(2 ea daily); SP; PA
TASIGNA 150 MG, 200 MG	2	QL(4 ea daily); SP; PA
TAZVERIK	2	SP; PA
TEPMETKO	2	SP; PA
TIBSOVO	2	SP; PA
TRUQAP	2	SP; PA
TURALIO 125 MG	2	SP; PA
TYKERB (<i>lapatinib ditosylate</i>)	2	QL(6 ea daily); SP; PA
VANFLYTA	2	SP; PA
VERZENIO	2	QL(2 ea daily); SP; PA
VITRAKVI CAPS	2	SP; PA
VITRAKVI SOLN	2	SP; PA
VONJO	2	SP; PA
VOTRIENT (<i>pazopanib hcl</i>)	2	QL(4 ea daily); SP; PA
XALKORI CAPS	2	QL(2 ea daily); SP; PA
XALKORI CPSP	2	SP; PA
XOSPATA	2	QL(3 ea daily); SP; PA
ZEJULA CAPS	2	SP; PA
ZEJULA TABS	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ZELBORAF	2	SP; PA
ZOLINZA	2	SP; PA
ZYDELIG	2	SP; PA
ZYKADIA TABS	2	QL(3 ea daily); SP; PA
Antineoplastic Radiopharmaceuticals		
LUTATHERA	CO	
PLUVICTO	CO	
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	CO	
BESREMI	2	SP; PA
<i>bexarotene</i>	1	SP; PA
HYDREA (<i>hydroxyurea</i>)	NP	PA
<i>hydroxyurea</i>	1	
INTRON A SOLR 10000000 UNIT, 50000000 UNIT	2	SP; PA
MATULANE	NP	SP; PA
TARGRETIN (<i>bexarotene</i>)	NP	SP; PA
<i>tretinoin (chemotherapy)</i>	1	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
IWILFIN	2	SP; PA
<i>leucovorin calcium TABS</i>	1	
MESNEX TABS	2	SP
Mitotic Inhibitors		
<i>etoposide CAPS</i>	1	SP; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	2	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	SON; QL(20 ea daily); MP
LODOSYN (<i>carbidopa</i>)	NP	SON; QL(20 ea daily); MP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NOURIANZ	2	PA	<i>carbidopa-levodopa TBDP</i>	NP	SON; QL(20 ea daily)
Antiparkinson Anticholinergics			DHIVY TABS	NP	QL(20 ea daily); MP; PA
<i>benztropine mesylate SOLN</i>	1	QL(200 ml daily)	DUOPA SUSP	NP	SON; QL(200 ml daily)
<i>benztropine mesylate TABS</i>	1	SON; QL(20 ea daily); MP	GOCOVRI CP24	NP	SON; QL(20 ea daily); SP; PA
<i>trihexyphenidyl hcl SOLN</i>	1	SON; QL(16.7 ml daily); MP	INBRIJA CAPS	NP	PA
<i>trihexyphenidyl hcl TABS</i>	1	SON; QL(20 ea daily); MP	KYNMOBI TITRATION KIT KIT	NP	SON; QL(20 ea daily); PA
Antiparkinson COMT Inhibitors			KYNMOBI FILM	NP	SON; QL(20 ea daily)
COMTAN (<i>entacapone</i>)	NP	MP; PA	MIRAPEX ER TB24 (<i>pramipexole dihydrochloride</i>)	NP	SON; QL(20 ea daily); PA
<i>entacapone</i>	1	MP	NEUPRO	NP	SON; QL(20 ea daily)
ONGENTYS	NP		OSMOLEX ER TB24 129 MG, 193 MG	NP	SON; QL(20 ea daily); PA
TASMAR (<i>tolcapone</i>)	NP	MP; PA	PARLODEL CAPS (<i>bromocriptine mesylate</i>)	NP	SON; QL(20 ea daily); PA
<i>tolcapone</i>	NP	MP	PARLODEL TABS (<i>bromocriptine mesylate</i>)	NP	SON; QL(20 ea daily); PA
Antiparkinson Dopaminergics			<i>pramipexole dihydrochloride TABS</i>	1	SON; QL(3 ea daily); AL(At least 18 yrs old); MP
<i>amantadine hcl CAPS</i>	1	SON; QL(20 ea daily); MP	<i>pramipexole dihydrochloride TB24</i>	NP	SON; QL(20 ea daily)
<i>amantadine hcl SOLN</i>	1	QL(200 ml daily); MP	<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	1	SON; QL(6 ea daily); MP
<i>amantadine hcl SOLN</i>	1	SON; QL(200 ml daily); MP	<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	1	SON; QL(3 ea daily); MP
<i>amantadine hcl TABS</i>	NP	SON; QL(20 ea daily)	<i>ropinirole hydrochloride TB24</i>	NP	SON; QL(20 ea daily)
APOKYN SOCT	NP	SON; QL(20 ml daily); SP; PA	RYTARY CPR	NP	SON; QL(20 ea daily)
<i>apomorphine hydrochloride SOCT</i>	NP	SON; QL(20 ml daily); SP	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	NP	SON; QL(20 ea daily); MP; PA
<i>bromocriptine mesylate CAPS</i>	NP	SON; QL(20 ea daily)	STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA
<i>bromocriptine mesylate TABS 2.5 MG</i>	NP	SON; QL(20 ea daily)			
<i>carbidopa-levodopa-entacapone</i>	NP	SON; QL(20 ea daily)			
<i>carbidopa-levodopa TABS</i>	1	SON; QL(20 ea daily); MP			
<i>carbidopa-levodopa TABS 100 MG-25 MG, 250 MG-25 MG</i>	1	QL(20 ea daily); MP			
<i>carbidopa-levodopa TBCR</i>	1	SON; QL(20 ea daily); MP			

Drug Name	Drug Tier	Requirements/Limits
STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA
STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA
STALEVO 200 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA
STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>)	NP	SON; QL(20 ea daily); PA
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (<i>rasagiline mesylate</i>)	NP	SON; QL(20 ea daily); PA
<i>rasagiline mesylate</i>	NP	QL(20 ea daily)
<i>selegiline hcl CAPS</i>	1	SON; QL(20 ea daily); MP
<i>selegiline hcl TABS</i>	1	SON; QL(20 ea daily); MP
<i>selegiline hcl TABS</i>	1	QL(20 ea daily); MP
XADAGO	NP	SON; QL(20 ea daily)
ZELAPAR TBDP	NP	SON; QL(20 ea daily)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	SON; QL(200 ml daily); MP
<i>lithium</i>	1	QL(200 ml daily); MP
<i>lithium carbonate CAPS</i>	1	SON; QL(20 ea daily); MP
<i>lithium carbonate TABS</i>	1	SON; QL(20 ea daily); MP
<i>lithium carbonate TBCR</i>	1	SON; QL(20 ea daily); MP
LITHOBID TBCR (<i>lithium carbonate</i>)	NP	SON; QL(20 ea daily); MP; PA
Antipsychotics - Misc.		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FANAPT	NP	SON; QL(20 ea daily); AL(At least 18 yrs old)	<i>risperidone microspheres</i>	1	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); SP
FANAPT TITRATION PACK	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA	<i>risperidone SOLN</i>	1	SON; AL(At least 3 yrs old); MP
INVEGA (<i>paliperidone</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA	<i>risperidone TABS</i>	1	AL(At least 3 yrs old); MP
INVEGA HAFYERA	2	SON; AL(At least 18 yrs old - Up to 64 yrs old); SP; PA	<i>risperidone TABS</i>	1	SON; AL(At least 3 yrs old); MP
INVEGA SUSTENNA	2	SON; QL(20 ml daily); AL(At least 18 yrs old - Up to 64 yrs old); SP	<i>risperidone TBDP</i>	1	SON; AL(At least 3 yrs old); MP
INVEGA TRINZA	2	SON; QL(20 ml daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; MP	RYKINDO SRER	2	SON; QL(200 ea daily); SP
<i>paliperidone</i>	NP	QL(20 ea daily); AL(At least 18 yrs old)	UZEDY SUSY	NP	SON; QL(20 ml daily); SP; PA
<i>paliperidone</i>	NP	SON; QL(20 ea daily); AL(At least 18 yrs old)	Butyrophenones		
PERSERIS PRSY	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); SP; PA	HALDOL DECANOATE 100 (<i>haloperidol decanoate</i>)	NP	SON; QL(200 ml daily); PA
RISPERDAL CONSTA (<i>risperidone microspheres</i>)	2	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); SP	HALDOL DECANOATE 50 (<i>haloperidol decanoate</i>)	NP	SON; QL(200 ml daily); PA
RISPERDAL SOLN (<i>risperidone</i>)	NP	SON; AL(At least 3 yrs old); MP; PA	<i>haloperidol decanoate</i>	1	SON; QL(200 ml daily)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	NP	SON; AL(At least 3 yrs old); MP; PA	<i>haloperidol lactate CONC</i>	1	SON; AL(At least 6 yrs old); MP
			<i>haloperidol lactate SOLN</i>	1	SON; QL(200 ml daily)
			<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	1	AL(At least 6 yrs old); MP
			<i>haloperidol TABS</i>	1	SON; AL(At least 6 yrs old); MP
			Dibenzapines		
			ADASUVE	NP	SON; QL(20 ea daily); PA
			<i>asenapine maleate</i>	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clozapine TABS 50 MG</i>	1	AL(At least 13 yrs old)	SAPHRIS 5 MG	NP	QL(20 ea daily); AL(At least 18 yrs old); MP; PA
<i>clozapine TABS</i>	1	SON; AL(At least 13 yrs old)	SECUADO	NP	SON; QL(20 ea daily); PA
<i>clozapine TBDP 12.5 MG, 150 MG, 200 MG</i>	NP	SON; QL(20 ea daily); AL(At least 13 yrs old); PA	SEROQUEL XR TB24 (<i>quetiapine fumarate</i>)	NP	SON; AL(At least 6 yrs old); MP; PA
<i>clozapine TBDP 25 MG, 100 MG</i>	NP	SON; AL(At least 13 yrs old); PA	SEROQUEL TABS (<i>quetiapine fumarate</i>)	NP	SON; AL(At least 6 yrs old); MP; PA
CLOZARIL TABS (<i>clozapine</i>)	NP	SON; AL(At least 13 yrs old); PA	VERSACLOZ SUSP	NP	SON; QL(200 ml daily); AL(At least 13 yrs old); PA
<i>loxapine succinate</i>	1	SON; QL(4 ea daily); MP	ZYPREXA RELPREVV	NP	SON; QL(20 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; PA
<i>olanzapine SOLR</i>	1	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old)	ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	NP	SON; AL(At least 6 yrs old); MP; PA
<i>olanzapine TABS</i>	1	SON; AL(At least 6 yrs old); MP	ZYPREXA SOLR (<i>olanzapine</i>)	NP	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); PA
<i>olanzapine TABS</i>	1	AL(At least 6 yrs old); MP	ZYPREXA TABS (<i>olanzapine</i>)	NP	SON; AL(At least 6 yrs old); MP; PA
<i>olanzapine TBDP</i>	1	SON; AL(At least 6 yrs old); MP	Dihydroindolones		
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	1	SON; AL(At least 6 yrs old); MP	<i>molindone hcl 10 MG</i>	1	SON; QL(4 ea daily); MP
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	1	AL(At least 6 yrs old); MP	<i>molindone hcl 5 MG, 25 MG</i>	1	SON; QL(20 ea daily)
<i>quetiapine fumarate TABS 150 MG</i>	NP	SON; QL(20 ea daily); PA	Phenothiazines		
<i>quetiapine fumarate TB24</i>	1	SON; AL(At least 6 yrs old); MP	<i>chlorpromazine hcl CONC</i>	NP	SON; QL(200 ml daily); PA
SAPHRIS (<i>asenapine maleate</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); MP	<i>chlorpromazine hcl SOLN</i>	1	QL(200 ml daily)
			<i>chlorpromazine hcl TABS 10 MG</i>	1	SON; QL(10 ea daily); MP
			<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	1	SON; QL(3 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate</i>	1	QL(200 ml daily)	ABILIFY MYCITE STARTER KIT 5 MG, 10 MG	NP	SON; QL(20 ea daily); SP; PA
<i>fluphenazine hcl CONC</i>	1	SON; QL(200 ml daily)	ABILIFY MYCITE STARTER KIT 2 MG, 15 MG, 20 MG, 30 MG	NP	SON; QL(20 ea daily); AL(At least 3 yrs old); SP; PA
<i>fluphenazine hcl ELIX</i>	1	SON; QL(200 ml daily)	ABILIFY TABS (<i>aripiprazole</i>)	NP	SON; AL(At least 3 yrs old); MP; PA
<i>fluphenazine hcl SOLN</i>	1	SON; QL(200 ml daily)	<i>aripiprazole SOLN OR</i>	NP	AL(At least 3 yrs old); MP; PA
<i>fluphenazine hcl TABS</i>	1	QL(20 ea daily); MP	<i>aripiprazole TABS</i>	1	AL(At least 3 yrs old); MP
<i>fluphenazine hcl TABS</i>	1	SON; QL(20 ea daily); MP	<i>aripiprazole TABS</i>	1	SON; AL(At least 3 yrs old); MP
<i>perphenazine TABS</i>	1	SON; AL(At least 6 yrs old); MP	<i>aripiprazole TBDP</i>	NP	SON; QL(20 ea daily); AL(At least 3 yrs old); MP; PA
<i>prochlorperazine</i>	NP	PA	ARISTADA	2	SON; QL(20 ml daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; MP
<i>prochlorperazine edisylate 10 MG/2ML</i>	1	SON; QL(200 ml daily); PA	ARISTADA INITIO	NP	SON; QL(20 ml daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; PA
<i>prochlorperazine maleate TABS</i>	1	QL(20 ea daily); MP	REXULTI	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); MP
<i>prochlorperazine maleate TABS</i>	1	SON; QL(20 ea daily); MP	Thioxanthenes		
<i>thioridazine hcl</i>	1	SON; QL(3 ea daily); MP	<i>thiothixene</i>	1	SON; QL(3 ea daily); MP
<i>trifluoperazine hcl TABS</i>	1	SON; QL(3 ea daily); MP	ANTISEPTICS & DISINFECTANTS		
Quinolinone Derivatives			Antiseptics & Disinfectants		
ABILIFY ASIMTUFII PRSY	NP	SON; AL(At least 18 yrs old); SP; PA	<i>formaldehyde SOLN 10 %</i>	1	QL(90 ml per fill retail)
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	NP	AL(At least 18 yrs old); SP; PA	ANTIVIRALS - Drugs to Treat Viral Infections		
ABILIFY MAINTENA PRSY	2	SON; QL(20 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; MP	Antiretrovirals		
ABILIFY MAINTENA SRER	2	SON; QL(200 ea daily); AL(At least 18 yrs old - Up to 64 yrs old); SP; MP			
ABILIFY MYCITE MAINTENANCE KIT	NP	SON; QL(20 ea daily); AL(At least 3 yrs old); SP; PA			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KALETRA TABS 25 MG-100 MG (<i>lopinavir-ritonavir</i>)	2	QL(4 ea daily); MP	PREZISTA SUSP	2	QL(12 ml daily); MP
KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	2	QL(6 ea daily); MP	PREZISTA TABS 800 MG (<i>darunavir</i>)	NP	QL(1 ea daily); MP; PA
<i>lamivudine</i> SOLN	1	QL(30 ml daily); MP	PREZISTA TABS 150 MG	2	QL(3 ea daily); MP
<i>lamivudine</i> TABS 150 MG	1	QL(2 ea daily); MP	PREZISTA TABS 75 MG	2	QL(2 ea daily); MP
<i>lamivudine</i> TABS 300 MG	1	QL(1 ea daily); MP	PREZISTA TABS 600 MG (<i>darunavir</i>)	NP	QL(2 ea daily); MP; PA
<i>lamivudine-zidovudine</i>	1	QL(2 ea daily); MP	RETROVIR IV INFUSION SOLN	CO	
LEXIVA SUSP	2	QL(56 ml daily); MP	RETROVIR CAPS (<i>zidovudine</i>)	NP	QL(6 ea daily); MP; PA
LEXIVA TABS (<i>fosamprenavir calcium</i>)	NP	MP; PA	RETROVIR SYRP (<i>zidovudine</i>)	NP	QL(60 ml daily); MP; PA
<i>lopinavir-ritonavir</i> SOLN	1	MP	REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NP	QL(2 ea daily); MP; PA
<i>lopinavir-ritonavir</i> TABS 50 MG-200 MG	1	QL(6 ea daily); MP	REYATAZ PACK	2	QL(6 ea daily); MP
<i>lopinavir-ritonavir</i> TABS 25 MG-100 MG	1	QL(4 ea daily); MP	<i>ritonavir</i> TABS	1	QL(12 ea daily); MP
<i>maraviroc</i> TABS 150 MG	1	QL(2 ea daily); MP	RUKOBIA	2	MP
<i>maraviroc</i> TABS 300 MG	1	QL(4 ea daily); MP	SELZENTRY SOLN	2	MP
<i>nevirapine</i> SUSP	1	QL(40 ml daily); MP	SELZENTRY TABS 150 MG (<i>maraviroc</i>)	2	QL(2 ea daily); MP
<i>nevirapine</i> TABS	1	MP	SELZENTRY TABS 25 MG, 75 MG	2	QL 2 per day; QL(2 ea daily); MP; SL
<i>nevirapine</i> TB24 100 MG	1	QL(3 ea daily); MP	SELZENTRY TABS 300 MG (<i>maraviroc</i>)	2	QL(4 ea daily); MP
<i>nevirapine</i> TB24 400 MG	1	QL(1 ea daily); MP	<i>stavudine</i> CAPS	2	QL(2 ea daily); MP
NORVIR CAPS	NP	QL(12 ea daily); PA	STRIBILD	2	QL(1 ea daily); MP
NORVIR PACK	2	MP	SUNLENCA SOLN	CO	
NORVIR TABS (<i>ritonavir</i>)	NF	QL(12 ea daily); MP	SUNLENCA TBPK	2	SP; MP
NORVIR TABS (<i>ritonavir</i>)	NP	QL(12 ea daily); MP; PA	SUSTIVA CAPS 200 MG (<i>efavirenz</i>)	NF	QL(1 ea daily); MP
ODEFSEY	2	MP	SUSTIVA CAPS 50 MG (<i>efavirenz</i>)	NF	QL(2 ea daily); MP
PIFELTRO	2	MP	SUSTIVA TABS (<i>efavirenz</i>)	NF	QL(1 ea daily); MP
PREZCOBIX	2	QL(1 ea daily); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	MP; PA	<i>zidovudine TABS</i>	1	QL(2 ea daily); MP
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	MP; PA	Antiviral Combinations		
SYMTUZA	2	MP	PAXLOVID 100 MG-150 MG	CO	
<i>tenofovir disoproxil fumarate TABS</i>	1	QL(1 ea daily); MP	CMV Agents		
TIVICAY PD TBSO	2	MP	<i>cidofovir</i>	1	PA
TIVICAY TABS 10 MG, 25 MG	2	MP	<i>foscarnet sodium 6000 MG/250ML</i>	1	PA
TIVICAY TABS 50 MG	2	QL(2 ea daily); MP	FOSCAVIR 6000 MG/250ML (<i>foscarnet sodium</i>)	NF	
TRIUMEQ PD TBSO	2	MP	<i>ganciclovir sodium SOLR</i>	1	PA
TRIUMEQ TABS	2	QL(1 ea daily); MP	GANCICLOVIR SOLN	2	PA
TRIZIVIR	2	QL(2 ea daily); MP	GANCICLOVIR SOLN	NP	PA
TROGARZO	CO		LIVTENCITY	NP	SP; PA
TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily); MP; PA	PREVYMIS SOLN	2	SP; PA
TYBOST	2	QL(1 ea daily); MP	PREVYMIS TABS	2	SP; PA
VIRACEPT TABS 625 MG	2	QL(4 ea daily); MP	VALCYTE SOLR (<i>valganciclovir hcl</i>)	NP	PA
VIRACEPT TABS 250 MG	2	QL(9 ea daily); MP	VALCYTE TABS (<i>valganciclovir hcl</i>)	NP	QL(2 ea daily); PA
VIREAD POWD	2	QL(720 gm per 90 day(s) retail); MP	<i>valganciclovir hcl SOLR</i>	1	
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily); MP; PA	<i>valganciclovir hcl TABS</i>	1	QL(2 ea daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily); MP	Hepatitis Agents		
VOCABRIA	2	MP	<i>adefovir dipivoxil</i>	NP	
ZIAGEN SOLN (<i>abacavir sulfate</i>)	NP	QL(30 ml daily); MP; PA	BARACLUDE SOLN	NP	
ZIAGEN TABS (<i>abacavir sulfate</i>)	NP	QL(2 ea daily); MP; PA	BARACLUDE TABS (<i>entecavir</i>)	NP	PA
<i>zidovudine CAPS</i>	1	QL(6 ea daily); MP	<i>entecavir TABS</i>	1	
<i>zidovudine SYRP</i>	1	QL(60 ml daily); MP	EPCLUSA PACK	CO	
			EPCLUSA TABS	CO	
			EPCLUSA TABS	CO	
			EPIVIR HBV TABS (<i>lamivudine (hbv)</i>)	NF	
			HARVONI PACK	CO	
			HARVONI TABS	CO	
			HARVONI TABS	CO	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HEPSERA (<i>adefovir dipivoxil</i>)	NF		VALTREX 1 GM (<i>valacyclovir hcl</i>)	NP	QL(21 ea per 21 day(s) retail); PA
<i>lamivudine (hbv) TABS</i>	1		ZOVIRAX SUSP (<i>acyclovir</i>)	NF	QL(400 ml per 30 day(s) retail)
LEDIPASVIR/SOFOSBUVIR TABS	CO		Influenza Agents		
MAVYRET PACK	CO		<i>oseltamivir phosphate CAPS</i>	1	
MAVYRET TABS	CO		<i>oseltamivir phosphate SUSR</i>	1	
PEGASYS SOLN	NP	SP; PA	RAPIVAB	2	PA
PEGASYS SOSY	NP	SP; PA	RELENZA DISKHALER	NP	QL(20 ea per fill retail); AL(At least 5 yrs old)
<i>ribavirin (hepatitis c) CAPS</i>	1	SP	<i>rimantadine hydrochloride TABS</i>	1	
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1	SP	TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	NP	PA
SOFOSBUVIR/VELPATA SVIR TABS	CO		TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	NP	PA
SOVALDI PACK	CO		XOFLUZA 40 MG, 80 MG	NP	PA
SOVALDI TABS	CO		Misc. Antivirals		
VEMLIDY	NP	SP; PA	LAGEVRIO	CO	
VIEKIRA PAK TBPK	CO		Respiratory Syncytial Virus (RSV) Agents		
VOSEVI	CO		<i>ribavirin</i>	1	PA
ZEPATIER	CO		VIRAZOLE (<i>ribavirin</i>)	NP	PA
Herpes Agents			BETA BLOCKERS - Drugs to Treat High Blood Pressure		
<i>acyclovir sodium SOLN</i>	1	PA	Alpha-Beta Blockers		
<i>acyclovir CAPS</i>	1	QL(50 ea per 30 day(s) retail)	<i>carvedilol 25 MG</i>	1	QL(4 ea daily); MP
<i>acyclovir SUSP</i>	1	QL(400 ml per 30 day(s) retail)	<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	1	QL(3 ea daily); MP
<i>acyclovir TABS OR 400 MG</i>	1	QL(3 ea daily)	<i>carvedilol phosphate</i>	NP	QL(1 ea daily); MP; PA
<i>acyclovir TABS OR 800 MG</i>	1	QL(50 ea per 30 day(s) retail)	COREG 25 MG (<i>carvedilol</i>)	NP	QL(4 ea daily); MP; PA
<i>famciclovir</i>	1		COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>carvedilol</i>)	NF	QL(3 ea daily); MP
SITAVIG TABS BU	NP	PA			
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(21 ea per 21 day(s) retail)			
<i>valacyclovir hcl 500 MG</i>	1	QL(60 ea per 30 day(s) retail)			
VALTREX 500 MG (<i>valacyclovir hcl</i>)	NP	QL(60 ea per 30 day(s) retail); PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>carvedilol</i>)	NP	QL(3 ea daily); MP; PA	<i>esmolol hcl-sodium chloride</i>	1	
COREG 25 MG (<i>carvedilol</i>)	NF	QL(4 ea daily); MP	<i>esmolol hcl SOLN 100 MG/10ML</i>	1	PA
COREG CR (<i>carvedilol phosphate</i>)	NF	QL(1 ea daily); MP	ESMOLOL HYDROCHLORIDE INWATER DOUBLE STRENGTH SOLN	2	PA
COREG CR (<i>carvedilol phosphate</i>)	NP	QL(1 ea daily); MP; PA	ESMOLOL HYDROCHLORIDE INWATER SOLN	2	PA
<i>labetalol hcl SOLN</i>	1	PA	KAPSPARGO SPRINKLE CS24	NP	PA
<i>labetalol hcl TABS 200 MG</i>	1	QL(6 ea daily); MP	LOPRESSOR TABS 100 MG (<i>metoprolol tartrate</i>)	NP	QL(2 ea daily); MP; PA
<i>labetalol hcl TABS 300 MG</i>	1	QL(8 ea daily); MP	LOPRESSOR TABS 50 MG (<i>metoprolol tartrate</i>)	NP	QL(3 ea daily); MP; PA
<i>labetalol hcl TABS 100 MG</i>	1	QL(3 ea daily); MP	<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 ea daily); MP
LABELALOL HYDROCHLORIDE/SODIUM CHLORIDE 0.72 %-100 MG/100ML, 0.72 %-200 MG/200ML, 0.72 %-300 MG/300ML	2	PA	<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1	QL(1 ea daily); MP
LABELALOL HYDROCHLORIDE SOSY 10 MG/2ML	2	PA	<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1	PA
Beta Blockers Cardio-Selective			<i>metoprolol tartrate TABS 25 MG, 100 MG</i>	1	QL(2 ea daily); MP
<i>acebutolol hcl CAPS</i>	1	MP	<i>metoprolol tartrate TABS 50 MG</i>	1	QL(3 ea daily); MP
<i>atenolol TABS</i>	1	QL(2 ea daily); MP	<i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	1	
<i>betaxolol hcl</i>	1	MP	<i>nebivolol hcl</i>	NP	
<i>bisoprolol fumarate</i>	1	QL(1 ea daily); MP	TENORMIN TABS (<i>atenolol</i>)	NP	QL(2 ea daily); MP; PA
BREVIBLOC (<i>esmolol hcl-sodium chloride</i>)	NP	PA	TOPROL XL TB24 200 MG (<i>metoprolol succinate</i>)	NP	QL(2 ea daily); MP; PA
BREVIBLOC PREMIXED (<i>esmolol hcl-sodium chloride</i>)	NP	PA	TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>metoprolol succinate</i>)	NP	QL(1 ea daily); MP; PA
BREVIBLOC PREMIXED DOUBLESTRENGTH (<i>esmolol hcl-sodium chloride</i>)	NP	PA	Beta Blockers Non-Selective		
BYSTOLIC 5 MG (<i>nebivolol hcl</i>)	NF		BETAPACE AF (<i>sotalol hcl (afib/afl)</i>)	NP	QL(2 ea daily); MP; PA
BYSTOLIC (<i>nebivolol hcl</i>)	NP	PA			

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dobutamine hcl 12.5 MG/ML, 250 MG/20ML</i>	1	PA	<i>isosorbide dinitrate-hydralazine hcl</i>	NP	PA
DOBUTAMINE HCL/D5W	2	PA	OPSYNVI	NP	SP; PA
DOBUTAMINE HYDROCHLORIDE/DEXT ROSE 5%	2	PA	Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
<i>dopamine hcl 40 MG/ML</i>	1	PA	INPEFA	NP	
DOPAMINE HYDROCHLORIDE (<i>dopamine hcl</i>)	NP	PA	Impotence Agents		
DOPAMINE HYDROCHLORIDE/DEXT ROSE	2	PA	CIALIS 5 MG (<i>tadalafil</i>)	NP	PA
DOPAMINE/D5W	2	PA	<i>tadalafil 5 MG</i>	NP	PA
<i>milrinone lactate</i>	1	PA	Prostaglandin Vasodilators		
<i>milrinone lactate in dextrose</i>	1	PA	ORENITRAM TITRATION KIT MONTH 1 TEPK	NP	SP; PA
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			ORENITRAM TITRATION KIT MONTH 2 TEPK	NP	SP; PA
Cardiac Myosin Inhibitors			ORENITRAM TITRATION KIT MONTH 3 TEPK	NP	SP; PA
CAMZYOS	2	SP; PA	ORENITRAM TBCR	NP	SP; PA
Cardiovascular Agents Misc. - Combinations			TYVASO DPI INSTITUTIONALKIT POWD	2	SP; PA
<i>amlodipine besylate-atorvastatin calcium</i>	NP	PA	TYVASO DPI MAINTENANCE KIT POWD	2	SP; PA
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	NP	PA	TYVASO DPI TITRATION KIT POWD	2	SP; PA
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NP	PA	TYVASO REFILL KIT SOLN IN	2	SP; MP; PA
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NF		TYVASO STARTER KIT SOLN IN	2	SP; MP; PA
ENTRESTO TABS	2	QL(2 ea daily); MP	TYVASO SOLN IN	2	SP; MP; PA
			VENTAVIS	2	SP; MP; PA
			Pulmonary Hypertension - Activin Signaling Inhibitor		
			WINREVAIR	NP	SP; PA
			Pulmonary Hypertension - Endothelin Receptor Antagonists		
			<i>ambrisentan</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>bosentan</i> TABS	1	SP; MP; PA
LETAIRIS (<i>ambrisentan</i>)	NP	SP; PA
OPSUMIT	NP	SP; PA
TRACLEER TABS (<i>bosentan</i>)	NP	SP; MP; PA
TRACLEER TBSO	2	SP; MP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	NP	SP; MP; PA
LIQREV SUSP	NP	SP; PA
REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; MP; PA
<i>sildenafil citrate (pulmonary hypertension)</i> SUSR	NP	SP; PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	1	SP; MP; PA
<i>tadalafil (pulmonary hypertension)</i> TABS	1	SP; MP; PA
TADLIQ SUSP	NP	SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPK	NP	SP; PA
UPTRAVI SOLR	NP	SP; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	NP	SP; PA
UPTRAVI TABS 200 MCG	NP	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS	2	SP; MP; PA
Sinus Node Inhibitors		
CORLANOR SOLN	NP	PA
CORLANOR TABS (<i>ivabradine hcl</i>)	2	MP; PA
Transthyretin Stabilizers		
VYNDAMAX	CO	
VYNDAQEL	CO	
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	2	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil</i> CAPS	1	
<i>cefadroxil</i> SUSR	1	
<i>cefadroxil</i> TABS	1	
CEFAZOLIN SODIUM/DEXTROSE SOLR	1	PA
CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML	1	PA
<i>cefazolin sodium</i> SOLR IJ 2 GM	2	PA
<i>cefazolin sodium</i> SOLR IJ 1 GM, 3 GM, 10 GM, 500 MG	1	PA
CEFAZOLIN SODIUM SOLR IV 2 GM	2	PA
CEFAZOLIN SOLN	2	PA
CEFAZOLIN SOLR IV	2	PA
<i>cephalexin</i> CAPS	1	
<i>cephalexin</i> SUSR	1	
<i>cephalexin</i> TABS	NP	PA
Cephalosporins - 2nd Generation		
CEFACTOR ER TB12	NP	
<i>cefactor</i> CAPS	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	NP	AL(Up to 12 yrs old); PA	CEFTRIAXONE/DEXTROSE	1	PA
CEFOTAN IJ (<i>cefotetan disodium</i>)	NP	PA	TAZICEF 4.4 %-1 GM/50ML	2	PA
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1	PA	Cephalosporins - 4th Generation		
<i>cefoxitin sodium IV</i>	1	PA	<i>cefepime hcl SOLR IJ 1 GM</i>	1	PA
CEFOXITIN SODIUM	1	PA	CEFEPIME/DEXTROSE	2	PA
<i>cefprozil SUSR 250 MG/5ML</i>	1	QL(100 ml per fill retail); AL(Up to 12 yrs old)	CEFEPIME SOLN	1	PA
<i>cefprozil SUSR 125 MG/5ML</i>	1	AL(Up to 12 yrs old)	Cephalosporins - Siderophores		
<i>cefprozil TABS</i>	1	QL(20 ea per fill retail)	FETROJA	2	PA
<i>cefuroxime axetil TABS</i>	1	QL(20 ea per fill retail)	CONTRACEPTIVES - Drugs to Prevent Pregnancy		
<i>cefuroxime sodium IJ 750 MG</i>	1	PA	Combination Contraceptives - Oral		
Cephalosporins - 3rd Generation			BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	2	MP
<i>cefdinir CAPS</i>	1	QL(20 ea per fill retail)	BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	NF	MP
<i>cefdinir SUSR</i>	1		BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	2	MP
<i>cefixime CAPS</i>	1		<i>desogestrel & ethinyl estradiol</i>	1	MP
<i>cefixime SUSR</i>	NP		<i>desogestrel-ethinyl estradiol (biphasic)</i>	1	MP
<i>cefpodoxime proxetil SUSR</i>	NP	PA	<i>desogestrel-ethinyl estradiol (triphasic)</i>	1	MP
<i>cefpodoxime proxetil TABS</i>	NP		<i>drospirenone-ethinyl estradiol</i>	1	MP
<i>ceftazidime IJ 1 GM, 6 GM</i>	1	PA	<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	1	MP
<i>ceftriaxone sodium IJ 250 MG, 500 MG</i>	1	QL(3 ea per fill retail); 1 max fill(s) per 30 day(s) retail; PA	<i>ethynodiol diacet & eth estrad</i>	1	MP
<i>ceftriaxone sodium IJ 1 GM</i>	1	QL(3 ea per fill retail); PA	GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	NF	MP
<i>ceftriaxone sodium IJ 2 GM</i>	1	PA	<i>levonorgestrel & eth estradiol TABS</i>	1	MP
<i>ceftriaxone sodium in dextrose</i>	1	PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	MP	<i>norethindrone-eth estradiol (triphasic)</i>	1	MP
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	1	MP	<i>norgestimate-ethinyl estradiol</i>	1	MP
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	1	MP	<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	MP
<i>levonorgestrel-ethinyl estradiol-iron</i>	1	MP	<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	1	MP
LO LOESTRIN FE TABS	2	MP	QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	2	MP
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	2	MP	SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	2	MP
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	2	MP	SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	2	MP
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	2	MP	TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	2	MP
NATAZIA	2	MP	TYBLUME CHEW	2	MP
NEXTSTELLIS	2	MP	YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	2	MP
<i>norethin acet & estrad-fe CAPS</i>	1	MP	YAZ (<i>drospirenone-ethinyl estradiol</i>)	2	MP
<i>norethin acet & estrad-fe CHEW</i>	1	MP	Combination Contraceptives - Transdermal		
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	2	MP	<i>norelgestromin-ethinyl estradiol</i>	1	MP
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	1	MP	TWIRLA	2	MP
<i>norethindrone & eth estradiol</i>	1	MP	Combination Contraceptives - Vaginal		
<i>norethindrone & ethinyl estradiol-fe</i>	1	MP	ANNOVERA	2	MP
<i>norethindrone acet & eth estra</i>	1	MP	<i>etonogestrel-ethinyl estradiol</i>	1	MP
<i>norethindrone acet & eth estra</i>	2	MP	NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	2	MP
<i>norethindrone acetate-ethinyl estradiol-fe</i>	1	MP	Copper Contraceptives - IUD		
			PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	2	SP; MP
			Emergency Contraceptives		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELLA	2	MP	ALKINDI SPRINKLE CPSP	NP	PA
<i>levonorgestrel (emergency oc) 1.5 MG</i>	1	MP	<i>betamethasone sod phosphate & acetate SUSP</i>	1	PA
PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	NF	MP	<i>budesonide CPEP</i>	1	
Progestin Contraceptives - Implants			<i>budesonide TB24</i>	1	
NEXPLANON	2	SP; MP	CELESTONE SOLUSPAN SUSP (<i>betamethasone sod phosphate & acetate</i>)	NP	PA
Progestin Contraceptives - Injectable			CORTEF TABS (<i>hydrocortisone</i>)	NP	PA
DEPO-PROVERA CONTRACEPTIVE SUSP IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	2	MP	CORTISONE ACETATE TABS	1	
DEPO-PROVERA CONTRACEPTIVE SUSY IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	2	MP	<i>deflazacort SUSP</i>	NP	SP; PA
DEPO-SUBQ PROVERA 104 SUSY SC	2	MP	<i>deflazacort TABS</i>	NP	SP; PA
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	1	MP	DEPO-MEDROL SUSP	2	PA
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	1	MP	DEPO-MEDROL SUSP (<i>methylprednisolone acetate</i>)	NP	PA
Progestin Contraceptives - IUD			DEPO-MEDROL SUSP 80 MG/ML (<i>methylprednisolone acetate</i>)	NF	
KYLEENA	2	SP; MP	DEXAMETHASONE INTENSOL CONC	1	
LILETTA 20.1 MCG/DAY	2	SP; MP	<i>dexamethasone sodium phosphate SOLN IJ 10 MG/ML, 100 MG/10ML</i>	1	PA
MIRENA	2	SP; MP	<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1	QL(150 ml per 30 day(s) retail); PA
SKYLA	2	SP; MP	<i>dexamethasone sodium phosphate SOSY IJ 10 MG/ML</i>	2	PA
Progestin Contraceptives - Oral			<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1	QL(150 ml per 30 day(s) retail); PA
<i>norethindrone (contraceptive)</i>	1	MP	<i>dexamethasone ELIX</i>	1	
OPILL	2	MP	<i>dexamethasone SOLN</i>	1	PA
SLYND	2	MP	<i>dexamethasone TABS</i>	1	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			<i>dexamethasone TBPk</i>	NP	PA
Glucocorticosteroids					
AGAMREE	NP	SP; PA			

Drug Name	Drug Tier	Requirements/Limits
EMFLAZA SUSP	NP	SP; PA
EMFLAZA TABS (deflazacort)	NP	SP; PA
EOHILIA SUSP	2	PA
HEMADY TABS	NP	PA
hydrocortisone TABS	1	
KENALOG-10 SUSP	2	PA
KENALOG-40 SUSP (triamcinolone acetonide)	NP	PA
KENALOG-80 SUSP	2	PA
MEDROL DOSEPAK TBPK (methylprednisolone)	NP	PA
MEDROL TABS	NP	PA
MEDROL TABS (methylprednisolone)	NP	PA
methylprednisolone acetate SUSP	1	PA
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	1	
methylprednisolone TABS	1	
methylprednisolone TBPK	1	
ORAPRED ODT TBDP (prednisolone sodium phosphate)	NF	
ORTIKOS CP24	NP	PA
PEDIAPRED SOLN (prednisolone sodium phosphate)	NP	PA
prednisolone sodium phosphate SOLN 15 MG/5ML	1	QL(240 ml per fill retail)
prednisolone sodium phosphate SOLN 20 MG/5ML	1	QL(150 ml per fill retail)
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 25 MG/5ML	1	
prednisolone sodium phosphate TBDP	1	

Drug Name	Drug Tier	Requirements/Limits
prednisolone SOLN	1	
prednisolone TABS	NP	PA
PREDNISONONE INTENSOL CONC	1	
prednisone SOLN	NP	PA
prednisone TABS	1	
prednisone TBPK	1	
RAYOS TBEC	NP	PA
SOLU-CORTEF	2	PA
SOLU-MEDROL (methylprednisolone sod succ)	NP	PA
SOLU-MEDROL	NP	PA
TARPEYO CPDR	2	SP; PA
triamcinolone acetonide SUSP 40 MG/ML, 400 MG/10ML	1	
UCERIS TB24 (budesonide)	NF	
UCERIS TB24 (budesonide)	2	
ZILRETTA SRER	NP	SP; PA
Mineralocorticoids		
fludrocortisone acetate TABS	1	MP
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
dextromethorphan hbr SYRP 15 MG/5ML	1	
Cough/Cold/Allergy Combinations		
cetirizine- pseudoephedrine	1	
CLARINEX-D 12 HOUR TB12	NP	
CLARITIN-D 12 HOUR TB12 (loratadine & pseudoephedrine)	NF	

Drug Name	Drug Tier	Requirements/Limits
CLARITIN-D 24 HOUR TB24 (<i>loratadine & pseudoephedrine</i>)	NF	QL(1 ea daily)
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ml per fill retail)
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ml per fill retail)
<i>loratadine & pseudoephedrine TB12</i>	1	
<i>loratadine & pseudoephedrine TB24</i>	1	QL(1 ea daily)
ROBITUSSIN COUGH+CHEST CONGESTION DM LIQD (<i>dextromethorphan-guaifenesin</i>)	NF	
ROBITUSSIN HONEY COUGH & CHEST CONGESTION DM LIQD (<i>dextromethorphan-guaifenesin</i>)	NF	
ZYRTEC-D ALLERGY/CONGESTION (<i>cetirizine-pseudoephedrine</i>)	NF	
ZYRTEC-D ALLERGY/SINUS (<i>cetirizine-pseudoephedrine</i>)	NF	
Expectorants		
<i>guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 400 MG/20ML</i>	1	QL(240 ml per 6 day(s) retail)
<i>guaifenesin LIQD 100 MG/5ML, 200 MG/10ML</i>	2	QL(240 ml per 6 day(s) retail)
<i>guaifenesin TB12 1200 MG</i>	2	
<i>guaifenesin TB12 600 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MUCINEX MAXIMUM STRENGTH TB12 (<i>guaifenesin</i>)	NF	
Misc. Respiratory Inhalants		
HYPERSAL NEBU (<i>sodium chloride (inhalant)</i>)	NP	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 %</i>	1	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 %</i>	1	
Mucolytics		
<i>acetylcysteine SOLN</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 25 MG, 35 MG (<i>isotretinoin</i>)	NP	PA
ABSORICA 10 MG, 20 MG, 40 MG (<i>isotretinoin</i>)	NP	QL(2 ea daily); AL(At least 10 yrs old); PA
ABSORICA 30 MG (<i>isotretinoin</i>)	NP	AL(At least 10 yrs old); PA
ABSORICA LD	NP	PA
ACANYA GEL (<i>clindamycin phosphate-benzoyl peroxide</i>)	NP	PA
ACZONE (<i>dapsone (topical)</i>)	NF	
ACZONE 7.5 % (<i>dapsone (topical)</i>)	NP	PA
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	NP	PA
<i>adapalene CREA</i>	1	
<i>adapalene GEL 0.3 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALTRENO LOTN	NP		<i>dapsone (topical) 7.5 %</i>	NP	PA
ARAZLO LOTN	NP		DIFFERIN CREA (<i>adapalene</i>)	NF	
ATRALIN GEL (<i>tretinoin</i>)	NP	PA	DIFFERIN GEL (<i>adapalene</i>)	NF	RX/OTC
AVAR LS CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	PA	EPIDUO FORTE GEL (<i>adapalene-benzoyl peroxide</i>)	NF	
AVAR-E LS CREA (<i>sulfacetamide sodium w/ sulfur</i>)	NP	PA	EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	NF	
BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	NP	PA	ERYGEL GEL (<i>erythromycin (acne aid)</i>)	NP	PA
<i>benzoyl peroxide-erythromycin GEL</i>	1		<i>erythromycin (acne aid) GEL</i>	NP	
CABTREO	NP	PA	<i>erythromycin (acne aid) PADS</i>	NP	PA
CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	NP	PA	<i>erythromycin (acne aid) SOLN</i>	1	
CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	NP	QL(60 ml per fill retail); PA	EVOCLIN FOAM (<i>clindamycin phosphate (topical)</i>)	NF	
<i>clindamycin phosphate (topical) FOAM</i>	NP	PA	FABIOR FOAM	NP	
<i>clindamycin phosphate (topical) GEL</i>	NP	QL(60 gm per fill retail); PA	<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	1	QL(2 ea daily); AL(At least 10 yrs old); PA
<i>clindamycin phosphate (topical) LOTN</i>	NP	PA	<i>isotretinoin 30 MG</i>	1	AL(At least 10 yrs old); PA
<i>clindamycin phosphate (topical) SOLN</i>	1		<i>isotretinoin 25 MG, 35 MG</i>	1	PA
<i>clindamycin phosphate (topical) SWAB</i>	NP	PA	KLARON (<i>sulfacetamide sodium (acne)</i>)	NP	QL(120 ml per fill retail); PA
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		ONEXTON GEL	NP	PA
<i>clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %</i>	1		ONEXTON GEL (<i>clindamycin phosphate-benzoyl peroxide</i>)	NP	PA
<i>clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %</i>	NP	PA	PLEXION CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NF	
<i>clindamycin phosphate-tretinoin</i>	NP	PA	PLEXION CREA (<i>sulfacetamide sodium w/ sulfur</i>)	NF	
<i>dapsone (topical) 5 %</i>	NP		PLEXION LOTN (<i>sulfacetamide sodium w/ sulfur</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RETIN-A MICRO	NP	PA	SUMAXIN PADS	NP	PA
RETIN-A MICRO (<i>tretinoin microsphere</i>)	NP	PA	TAZAROTENE FOAM	NP	
RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>)	NP	PA	<i>tretinoin microsphere</i>	NP	PA
RETIN-A CREA (<i>tretinoin</i>)	NP	QL(45 gm per fill retail); AL(Up to 35 yrs old); PA	<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	QL(45 gm per fill retail); AL(Up to 35 yrs old)
RETIN-A GEL (<i>tretinoin</i>)	2	QL(45 gm per fill retail); AL(Up to 35 yrs old)	<i>tretinoin GEL 0.01 %, 0.025 %</i>	1	QL(45 gm per fill retail); AL(Up to 35 yrs old)
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	NP	PA	<i>tretinoin GEL 0.05 %</i>	1	
<i>sulfacetamide sodium (acne)</i>	NP	QL(120 ml per fill retail)	VELTIN (<i>clindamycin phosphate-tretinoin</i>)	NF	
<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP		WINLEVI	NP	
<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP		ZIANA (<i>clindamycin phosphate-tretinoin</i>)	NP	PA
<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP	PA	ZMA CLEAR SUSP	NP	
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 %</i>	NP		Agents for External Genital and Perianal Warts		
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 10 %-5 %</i>	1		VEREGEN	NP	PA
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	NP	QL(60 gm per fill retail); PA	Antibiotics - Topical		
<i>sulfacetamide sodium w/ sulfur PADS 10 %-4 %</i>	NP	PA	<i>bacitracin (topical) OINT</i>	1	
<i>sulfacetamide sodium w/ sulfur SUSP</i>	NP		<i>bacitracin zinc OINT</i>	1	
<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	NP	PA	<i>bacitracin-polymyxin b OINT</i>	1	
SUMADAN WASH LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	PA	<i>bacitracin-polymyxin b OINT</i>	2	
			CENTANY OINT	NP	PA
			<i>gentamicin sulfate (topical) CREA</i>	1	
			<i>gentamicin sulfate (topical) OINT</i>	1	
			<i>mupirocin calcium (topical)</i>	NP	PA
			<i>mupirocin OINT</i>	1	
			NEO-SYNALAR	NP	
			NEO-SYNALAR KIT	NP	
			POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (<i>bacitracin-polymyxin b</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XEPI	NP		LOTRIMIN AF CREA (<i>clotrimazole (topical)</i>)	NF	QL(45 gm per fill retail); RX/OTC
Antifungals - Topical			LOTRIMIN ULTRA (<i>butenafine hcl</i>)	NF	RX/OTC
<i>ciclopirox olamine CREA</i>	1		<i>luliconazole</i>	NP	PA
<i>ciclopirox olamine SUSP</i>	1		LUZU (<i>luliconazole</i>)	NP	PA
<i>ciclopirox GEL</i>	NP		MENTAX	NP	RX/OTC
<i>ciclopirox KIT</i>	NP	PA	MICATIN CREA (<i>miconazole nitrate (topical)</i>)	NF	
<i>ciclopirox SHAM</i>	1		<i>miconazole nitrate (topical) CREA</i>	1	
<i>ciclopirox SOLN</i>	NP	PA	<i>miconazole-zinc oxide-white petrolatum</i>	NP	PA
<i>clotrimazole (topical) CREA</i>	1	QL(45 gm per fill retail); RX/OTC	<i>naftifine hcl CREA</i>	NP	
<i>clotrimazole (topical) SOLN</i>	1	QL(30 ml per fill retail); RX/OTC	<i>naftifine hcl GEL 2 %</i>	NP	
<i>clotrimazole w/ betamethasone CREA</i>	1		NAFTIN GEL 1 %	NP	
<i>clotrimazole w/ betamethasone LOTN</i>	NP	PA	NAFTIN GEL 2 % (<i>naftifine hcl</i>)	NP	PA
<i>econazole nitrate CREA</i>	NP		<i>nystatin (topical) CREA</i>	1	
ERTACZO	NP	PA	<i>nystatin (topical) OINT</i>	1	
EXTINA FOAM (<i>ketoconazole (topical)</i>)	NF		<i>nystatin (topical) POWD EX</i>	1	
JUBLIA	NP	PA	<i>nystatin-triamcinolone CREA</i>	1	
KERYDIN (<i>tavaborole</i>)	NP	PA	<i>nystatin-triamcinolone OINT</i>	1	
<i>ketoconazole (topical) CREA</i>	1		<i>oxiconazole nitrate CREA</i>	NP	
<i>ketoconazole (topical) FOAM</i>	NP	PA	OXISTAT CREA (<i>oxiconazole nitrate</i>)	NP	PA
<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(120 ml per fill retail)	OXISTAT LOTN	NP	
KETODAN KIT	NP	PA	<i>tavaborole</i>	NP	PA
LOPROX KIT	NP	PA	TINACTIN CREA (<i>tolnaftate</i>)	NF	
LOPROX SHAMPOO SHAM (<i>ciclopirox</i>)	NP	PA	<i>tolnaftate CREA</i>	1	
LOPROX CREA (<i>ciclopirox olamine</i>)	NP	PA	VUSION (<i>miconazole-zinc oxide-white petrolatum</i>)	NP	PA
LOPROX SUSP (<i>ciclopirox olamine</i>)	NP	PA	Anti-inflammatory Agents - Topical		
LOTRIMIN AF JOCK ITCH CREA (<i>clotrimazole (topical)</i>)	NF	QL(45 gm per fill retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac epolamine PTCH EX</i>	NP	PA
<i>diclofenac sodium (topical) GEL EX</i>	1	QL(6.68 gm daily); RX/OTC
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	
<i>diclofenac sodium (topical) SOLN EX 2 %</i>	NP	PA
FLECTOR PTCH EX (<i>diclofenac epolamine</i>)	NP	PA
LICART PT24	NP	PA
PENNSAID SOLN EX	NP	PA
PENNSAID SOLN EX 2 % (<i>diclofenac sodium (topical)</i>)	NP	PA
VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	NF	QL(6.68 gm daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
AMELUZ GEL	2	PA
<i>bexarotene (topical)</i>	1	SP; PA
CARAC CREA (<i>fluorouracil (topical)</i>)	NP	QL(30 gm per fill retail); PA
<i>diclofenac sodium (actinic keratoses) EX</i>	1	PA
EFUDEX CREA (<i>fluorouracil (topical)</i>)	NP	QL(40 gm per fill retail); PA
<i>fluorouracil (topical) CREA 0.5 %</i>	NP	QL(30 gm per fill retail); PA
<i>fluorouracil (topical) CREA 5 %</i>	1	QL(40 gm per fill retail)
<i>fluorouracil (topical) SOLN</i>	1	QL(10 ml per fill retail); PA
LEVULAN KERASTICK SOLR	2	SP; PA
TARGRETIN (<i>bexarotene (topical)</i>)	NP	SP; PA
VALCHLOR	2	SP; PA
Antipruritics - Topical		
<i>doxepin hcl (antipruritic)</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
PRUDOXIN (<i>doxepin hcl (antipruritic)</i>)	NP	PA
ZONALON (<i>doxepin hcl (antipruritic)</i>)	NP	PA
Antipsoriatics		
<i>acitretin</i>	1	
BIMZELX SOAJ	NP	SP; PA
BIMZELX SOSY	NP	SP; PA
<i>calcipotriene CREA</i>	1	QL(60 gm per fill retail)
CALCIPOTRIENE FOAM	NP	PA
<i>calcipotriene OINT</i>	1	
<i>calcipotriene SOLN</i>	1	QL(60 ml per fill retail)
<i>calcitriol (topical)</i>	NP	
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA
COSENTYX UNOREADY SOAJ	NP	SP; PA
COSENTYX SOLN	NP	SP; PA
COSENTYX SOSY	NP	SP; PA
ILUMYA	NP	SP; PA
<i>methoxsalen rapid</i>	NP	
SILIQ	NP	SP; PA
SKYRIZI PEN SOAJ	NP	SP; PA
SKYRIZI SOSY	NP	SP; PA
SORILUX FOAM	NP	PA
SOTYKTU	NP	SP; PA
SPEVIGO SOLN	2	SP; PA
SPEVIGO SOSY	2	SP; PA
STELARA SOSY	NP	SP; PA
TALTZ SOAJ	NP	SP; PA
TALTZ SOSY 80 MG/ML	NP	SP; PA
<i>tazarotene CREA</i>	NP	AL(Up to 21 yrs old)
<i>tazarotene GEL</i>	NP	AL(Up to 21 yrs old)
TAZORAC CREA (<i>tazarotene</i>)	NF	AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/Limits
TAZORAC GEL (<i>tazarotene</i>)	NF	AL(Up to 21 yrs old)
TREMFYA SOPN	NP	SP; PA
TREMFYA SOSY	NP	SP; PA
VECTICAL (<i>calcitriol</i> (<i>topical</i>))	NF	
VTAMA	NP	
ZORYVE 0.3 %	NP	PA
Antiseborrheic Products		
<i>selenium sulfide</i> LOTN 2.5 %	1	QL(120 ml per fill retail)
SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN (<i>selenium sulfide</i>)	NF	
SELSUN BLUE DAILY LOTN (<i>selenium sulfide</i>)	NF	
SELSUN BLUE MEDICATED LOTN (<i>selenium sulfide</i>)	NF	
SELSUN BLUE MOISTURIZING LOTN (<i>selenium sulfide</i>)	NF	
SELSUN BLUE LOTN (<i>selenium sulfide</i>)	NF	
<i>sulfacetamide sodium</i> LIQD	1	
<i>sulfacetamide sodium</i> LIQD	2	
ZORYVE	NP	PA
Antivirals - Topical		
<i>acyclovir topical</i> CREA	NP	PA
<i>acyclovir topical</i> OINT	NP	QL(30 gm per 30 day(s) retail); PA
DENAVIR (<i>penciclovir</i>)	NP	PA
<i>penciclovir</i>	NP	PA
XERESE	NP	PA
ZOVIRAX CREA (<i>acyclovir topical</i>)	NP	PA

Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX OINT (<i>acyclovir topical</i>)	NP	QL(30 gm per 30 day(s) retail); PA
Burn Products		
<i>mafenide acetate</i> PACK	1	PA
SILVADENE (<i>silver sulfadiazine</i>)	NP	PA
<i>silver sulfadiazine</i>	1	
SULFAMYLLON CREA	2	PA
Corticosteroids - Topical		
<i>alclometasone dipropionate</i> CREA	NP	
<i>alclometasone dipropionate</i> OINT	NP	
<i>amcinonide</i> CREA	NP	PA
<i>amcinonide</i> LOTN	NP	PA
APEXICON E CREA	NP	PA
<i>betamethasone dipropionate (topical)</i> CREA	NP	PA
<i>betamethasone dipropionate (topical)</i> LOTN	1	
<i>betamethasone dipropionate (topical)</i> OINT	NP	PA
<i>betamethasone dipropionate augmented</i> CREA	NP	PA
<i>betamethasone dipropionate augmented</i> GEL 0.05 %	NP	PA
<i>betamethasone dipropionate augmented</i> LOTN	NP	PA
<i>betamethasone dipropionate augmented</i> OINT	NP	PA
<i>betamethasone valerate</i> CREA	1	QL(45 gm per fill retail)
<i>betamethasone valerate</i> FOAM	NP	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate LOTN</i>	1	QL(60 ml per fill retail)	CORDRAN CREA (<i>flurandrenolide</i>)	NF	
<i>betamethasone valerate OINT</i>	1		CORDRAN LOTN (<i>flurandrenolide</i>)	NF	
BRYHALI LOTN	NP	PA	DERMA-SMOOTHIE/FS BODY OIL (<i>fluocinolone acetone</i>)	NP	PA
<i>calcipotriene-betamethasone dipropionate OINT</i>	1		DERMA-SMOOTHIE/FS SCALP OIL (<i>fluocinolone acetone</i>)	NF	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP	PA	DERMA-SMOOTHIE/FS SCALP OIL (<i>fluocinolone acetone</i>)	NP	PA
<i>clobetasol propionate emollient base 0.05 %</i>	NP	PA	<i>desonide CREA</i>	1	
<i>clobetasol propionate emulsion</i>	NP	PA	<i>desonide LOTN</i>	NP	PA
<i>clobetasol propionate CREA 0.05 %</i>	1		<i>desonide OINT</i>	1	
<i>clobetasol propionate FOAM</i>	NP	PA	DESOWEN CREA (<i>desonide</i>)	NF	
<i>clobetasol propionate GEL 0.05 %</i>	1		<i>desoximetasone CREA</i>	NP	PA
<i>clobetasol propionate LIQD</i>	NP	PA	<i>desoximetasone GEL</i>	NP	PA
<i>clobetasol propionate LOTN</i>	NP	PA	<i>desoximetasone LIQD</i>	NP	PA
<i>clobetasol propionate OINT 0.05 %</i>	1		<i>desoximetasone OINT</i>	NP	PA
<i>clobetasol propionate SHAM</i>	NP	PA	<i>diflorasone diacetate CREA</i>	NP	PA
<i>clobetasol propionate SOLN 0.05 %</i>	1		<i>diflorasone diacetate OINT</i>	NP	PA
CLOBEX LIQD (<i>clobetasol propionate</i>)	NF		DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	NP	PA
CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	NF		DUOBRII	NP	PA
CLOBEX SHAM (<i>clobetasol propionate</i>)	NF		ENSTILAR FOAM	NP	PA
<i>clocortolone pivalate</i>	NP	PA	EPIFOAM FOAM	NP	PA
CLODAN KIT	NP	PA	<i>fluocinolone acetone CREA</i>	NP	PA
CLODERM (<i>clocortolone pivalate</i>)	NP	PA	<i>fluocinolone acetone OIL</i>	NP	PA
			<i>fluocinolone acetone OINT</i>	NP	PA
			<i>fluocinolone acetone SOLN</i>	NP	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide emulsified base</i>	NP	PA	<i>hydrocortisone valerate CREA</i>	NP	PA
<i>fluocinonide CREA</i>	NP	PA	<i>hydrocortisone valerate OINT</i>	NP	PA
<i>fluocinonide GEL</i>	NP	PA	HYDROCORTISONE CREA	1	
<i>fluocinonide OINT</i>	NP	PA	IMPEKLO LOTN	NP	PA
<i>fluocinonide SOLN</i>	NP	PA	KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	NP	PA
<i>flurandrenolide CREA</i>	NP	PA	LEXETTE FOAM (<i>halobetasol propionate</i>)	NP	PA
<i>flurandrenolide LOTN</i>	NP	PA	LEXETTE FOAM (<i>halobetasol propionate</i>)	NF	
<i>fluticasone propionate CREA 0.05 %</i>	1		LOCOID LIPOCREAM	NP	PA
<i>fluticasone propionate LOTN</i>	NP	PA	LOCOID LOTN (<i>hydrocortisone butyrate</i>)	NP	PA
<i>fluticasone propionate OINT</i>	1		LUXIQ FOAM (<i>betamethasone valerate</i>)	NP	PA
<i>halcinonide CREA</i>	NP	PA	<i>mometasone furoate CREA</i>	1	
<i>halobetasol propionate CREA</i>	1		<i>mometasone furoate OINT</i>	1	
<i>halobetasol propionate FOAM</i>	NP	PA	<i>mometasone furoate SOLN</i>	1	
<i>halobetasol propionate OINT</i>	1		OLUX-E (<i>clobetasol propionate emulsion</i>)	NP	PA
HALOG CREA (<i>halcinonide</i>)	NP	PA	OLUX FOAM (<i>clobetasol propionate</i>)	NF	
HALOG OINT	NP	PA	PANDEL	NP	PA
HALOG SOLN	NP	PA	SERNIVO EMUL	NP	PA
<i>hydrocortisone (topical) CREA</i>	1	RX/OTC	SYNALAR CREAM KIT	NP	PA
<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	NP	PA	SYNALAR OINTMENT KIT	NP	PA
<i>hydrocortisone (topical) OINT</i>	1	RX/OTC	SYNALAR TS	NP	PA
<i>hydrocortisone butyrate hydrophilic lipo base</i>	NP	PA	SYNALAR CREA (<i>fluocinolone acetonide</i>)	NP	PA
<i>hydrocortisone butyrate CREA</i>	NP	PA	SYNALAR OINT (<i>fluocinolone acetonide</i>)	NP	PA
<i>hydrocortisone butyrate LOTN</i>	NP	PA	SYNALAR SOLN (<i>fluocinolone acetonide</i>)	NP	PA
<i>hydrocortisone butyrate OINT</i>	NP	PA			
<i>hydrocortisone butyrate SOLN</i>	NP	PA			

Drug Name	Drug Tier	Requirements/Limits
TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>)	NP	PA
TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	NP	PA
TEXACORT SOLN 2.5 %	NP	PA
TOPICORT CREA (<i>desoximetasone</i>)	NP	PA
TOPICORT GEL (<i>desoximetasone</i>)	NP	PA
TOPICORT LIQD (<i>desoximetasone</i>)	NP	PA
TOPICORT OINT (<i>desoximetasone</i>)	NP	PA
TOVET KIT	NP	PA
<i>triamcinolone acetonide (topical)</i> AERS	NP	PA
<i>triamcinolone acetonide (topical)</i> CREA 0.1 %	1	
<i>triamcinolone acetonide (topical)</i> CREA 0.025 %	1	QL(454 gm per fill retail)
<i>triamcinolone acetonide (topical)</i> CREA 0.5 %	1	QL(15 gm per fill retail)
<i>triamcinolone acetonide (topical)</i> LOTN	1	QL(60 ml per fill retail)
<i>triamcinolone acetonide (topical)</i> OINT 0.025 %, 0.05 %, 0.1 %	1	
<i>triamcinolone acetonide (topical)</i> OINT 0.5 %	1	QL(15 gm per fill retail)
<i>triamcinolone acetonide (topical)</i> OINT 0.05 %	NP	PA
<i>triamcinolone acetonide-dimethicone-silicone</i>	NP	PA
TRIDESILON CREA 0.05 % (<i>desonide</i>)	NF	
ULTRAVATE LOTN	NP	PA
VANOS CREA (<i>fluocinonide</i>)	NP	PA

Drug Name	Drug Tier	Requirements/Limits
Eczema Agents		
ADBRY SOSY	NP	SP; PA
CIBINQO	2	SP; PA
DUPIXENT SOPN	2	SP; PA
DUPIXENT SOSY	2	SP; PA
OPZELURA	2	PA
Emollient/Keratolytic Agents		
DERMAL THERAPY FINGERCARE LOTN (<i>urea</i>)	NF	
ULTRA MIDE 25 LOTN (<i>urea</i>)	NF	
<i>urea CREA 40 %</i>	1	QL(200 gm per fill retail); PA; RX/OTC
<i>urea LOTN 40 %</i>	2	QL(325 gm per fill retail)
Emollients		
<i>lactic acid (ammonium lactate)</i> CREA	1	PA; RX/OTC
<i>lactic acid (ammonium lactate)</i> LOTN 12 %	1	PA; RX/OTC
LACTIC ACID LOTN	2	PA
Hair Growth Agents		
LITFULO	NP	SP; PA
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1	QL(48 ea per 180 day(s) retail)
<i>imiquimod 3.75 %</i>	NP	PA
ZYCLARA (<i>imiquimod</i>)	NP	PA
ZYCLARA PUMP	NP	PA
ZYCLARA PUMP (<i>imiquimod</i>)	NP	PA
Immunosuppressive Agents - Topical		
ELIDEL (<i>pimecrolimus</i>)	NP	QL(30 gm per 28 day(s) retail); PA
HYFTOR	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>pimecrolimus</i>	NP	QL(30 gm per 28 day(s) retail); PA
<i>tacrolimus (topical) OINT</i>	1	QL(30 gm per 28 day(s) retail); PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox GEL</i>	1	
<i>podofilox SOLN</i>	1	QL(4 ml per fill retail)
<i>salicylic acid FOAM</i>	1	
SALVAX FOAM (<i>salicylic acid</i>)	NF	
SALYCIM CREA	1	
YCANTH SOLN	2	PA
Local Anesthetics - Topical		
GEN7T PTCH (<i>lidocaine</i>)	NF	RX/OTC
<i>lidocaine hcl CREA 3 %</i>	1	
<i>lidocaine hcl PRSY</i>	1	QL(30 ml per fill retail)
<i>lidocaine hcl SOLN</i>	1	
<i>lidocaine OINT</i>	1	
<i>lidocaine-prilocaine CREA</i>	1	
<i>lidocaine-prilocaine KIT</i>	NP	PA
<i>lidocaine PTCH 5 %</i>	2	
<i>lidocaine PTCH 5 %</i>	1	
LIDOCARE ARM/NECK/LEG PTCH (<i>lidocaine</i>)	NF	
LIDOCARE BACK/SHOULDER PTCH (<i>lidocaine</i>)	NF	
LIDODERM PTCH (<i>lidocaine</i>)	NF	
LIDODERM PTCH (<i>lidocaine</i>)	NP	PA
LIDOTRAL CREA	NP	PA
PLIAGLIS CREA	NP	PA
QUTENZA	NP	PA
XYLIDERM	NP	PA

Drug Name	Drug Tier	Requirements/Limits
ZTLIDO PTCH	NP	PA
Misc. Topical		
DRYSOL SOLN	2	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	2	
Protectives Against UV Radiation		
SCENESSE	CO	
Rosacea Agents		
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	NP	PA
<i>doxycycline (rosacea)</i>	NP	PA
FINACEA FOAM	2	
FINACEA GEL (<i>azelaic acid</i>)	2	
<i>ivermectin (rosacea)</i>	NP	PA
METROCREAM CREA (<i>metronidazole (topical)</i>)	NF	QL(45 gm per fill retail)
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	NF	
METROLOTION LOTN (<i>metronidazole (topical)</i>)	NF	
<i>metronidazole (topical) CREA</i>	NP	QL(45 gm per fill retail); PA
<i>metronidazole (topical) CREA</i>	1	QL(45 gm per fill retail)
<i>metronidazole (topical) GEL 0.75 %</i>	NP	QL(45 gm per fill retail); PA
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 gm per fill retail)
<i>metronidazole (topical) GEL 1 %</i>	1	
<i>metronidazole (topical) LOTN</i>	1	
MIRVASO (<i>brimonidine tartrate (topical)</i>)	NF	
NORITATE CREA	NP	PA
ORACEA (<i>doxycycline (rosacea)</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RHOFADE	NP	PA	CARESTART COVID-19 ANTIGEN HOME TEST KIT	2	
SOOLANTRA (<i>ivermectin rosacea</i>)	NF		CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	2	
Scabicides & Pediculicides			CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	2	
<i>crotamiton LOTN</i>	NP		CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	2	
<i>malathion</i>	NP	QL(59 ml per fill retail; 118 ml per 30 day(s) retail)	COVID-19 AG TEST KIT	2	
NATROBA (<i>spinosad</i>)	2	QL(120 ml per fill retail; 240 ml per 30 day(s) retail); AL(At least 1 yrs old)	COVID-19 AT-HOME TEST KIT KIT	2	
NIX CREME RINSE LIQD EX (<i>permethrin</i>)	NF		COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	2	
OVIDE (<i>malathion</i>)	NP	QL(59 ml per fill retail; 118 ml per 30 day(s) retail); PA	COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	2	
<i>permethrin CREA</i>	1		COVID-19 TEST SPECIMEN COLLECTION	2	
<i>permethrin LIQD EX</i>	1		COVID-19 TESTING ADMINISTERED BY PHARMACIST	2	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	1		CVS COVID-19 AT HOME TESTKIT KIT	2	
<i>spinosad</i>	1	QL(120 ml per fill retail; 240 ml per 30 day(s) retail); AL(At least 1 yrs old)	DXTERITY COVID-19 HOME TEST	2	
Wound Care Products			ELLUME COVID-19 HOME TEST KIT	2	
FILSUVEZ	CO		EVERLYWELL COVID-19 TESTHOME COLLECTION KIT DTC	2	
VYJUVEK	CO		FASTEP COVID-19 ANTIGEN HOME TEST KIT	2	
DIAGNOSTIC PRODUCTS			FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	2	
Diagnostic Tests			GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	2	
ADVIN COVID-19 ANTIGEN HOME TEST KIT	2				
BINAXNOW COVID-19 AG CARD HOME TEST KIT	2				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	2		PIXEL COVID-19 PCR TEST HOME COLLECTION KIT	2	
GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 ea daily); PA; RX/OTC	QUICKVUE AT-HOME COVID-19 TEST KIT	2	
			RAPID SARS-COV-2 ANTIGENTEST CARD KIT	2	
			RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	2	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 ea daily); RX/OTC
GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	2		SIMPLICITY COVID-19 HOMECOLLECTION TEST KIT	2	
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	2		SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	2	
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	2		TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	2	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 ea daily); RX/OTC
INTELISWAB COVID-19 RAPID TEST KIT	2				
KETONE TEST STRIPS STRP	2		TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	NP	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 ea daily); RX/OTC
KETONE STRP	2				
KETOSTIX STRP	2				
LUCIRA CHECK IT COVID-19TEST KIT KIT	2	RX/OTC			
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	2	RX/OTC			
MYLAB BOX COVID-19 TESTING	2				
OHC COVID-19 ANTIGEN SELF TEST KIT	2				
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	2				
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	2				
PILOT COVID-19 AT-HOME TEST KIT	2				

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	2	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 ea daily); RX/OTC
TRUETRACK TEST STRP	NP	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 ea daily); PA; RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	MP
PERTZYE CPEP	NP	PA
VIOKACE TABS	NP	PA
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide sodium</i>	1	PA
<i>acetazolamide CP12</i>	1	MP
<i>acetazolamide TABS</i>	1	MP
<i>dichlorphenamide</i>	NP	SP
KEVEYIS (<i>dichlorphenamide</i>)	NP	SP; PA
<i>methazolamide TABS</i>	1	MP
Diuretic Combinations		
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	NF	MP
<i>amiloride & hydrochlorothiazide</i>	1	MP
MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA
MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP; PA
<i>spironolactone & hydrochlorothiazide</i>	1	MP
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	QL(1 ea daily); MP
<i>triamterene & hydrochlorothiazide TABS</i>	1	QL(1 ea daily); MP
Loop Diuretics		
<i>bumetanide SOLN 0.25 MG/ML</i>	1	PA
<i>bumetanide TABS</i>	1	MP
BUMEX TABS 0.5 MG (<i>bumetanide</i>)	NF	MP
EDECRIN (<i>ethacrynic acid</i>)	NP	MP; PA
<i>ethacrynate sodium</i>	1	PA
<i>ethacrynic acid</i>	NP	MP
FUROSCIX CTKT	NP	SP; PA
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide SOLN IJ 10 MG/ML</i>	1	PA
<i>furosemide TABS</i>	1	MP
LASIX TABS (<i>furosemide</i>)	NP	MP; PA
SODIUM EDECRIN (<i>ethacrynate sodium</i>)	NP	PA
<i>torseamide TABS</i>	1	QL(1 ea daily); MP
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>spironolactone</i>)	NP	MP; PA
<i>amiloride hcl TABS</i>	1	QL(4 ea daily); MP
CAROSPIR SUSP (<i>spironolactone</i>)	NP	PA
DYRENIUM CAPS (<i>triamterene</i>)	NF	
<i>spironolactone SUSP</i>	NP	
<i>spironolactone TABS</i>	1	MP
<i>triamterene CAPS</i>	NP	
Thiazides and Thiazide-Like Diuretics		
<i>chlorothiazide sodium</i>	1	PA
<i>chlorthalidone 25 MG, 50 MG</i>	1	MP
DIURIL SUSP	NP	
<i>hydrochlorothiazide CAPS</i>	1	MP
<i>hydrochlorothiazide TABS</i>	1	MP
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	MP
<i>metolazone</i>	1	MP
SODIUM DIURIL (<i>chlorothiazide sodium</i>)	NF	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA	CO	

Drug Name	Drug Tier	Requirements/Limits
RECORLEV	CO	
Bone Density Regulators		
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	NP	QL(0.143 ea daily); MP; PA
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	NP	PA
<i>alendronate sodium SOLN</i>	1	QL(10.8 ml daily); MP
<i>alendronate sodium TABS 10 MG</i>	1	QL(1 ea daily); MP
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 ea daily); MP
<i>alendronate sodium TABS 5 MG</i>	2	QL(1 ea daily); MP
AELVIA TBEC (<i>risedronate sodium</i>)	NP	QL(0.143 ea daily); MP; PA
BINOSTO TBEF	NP	PA
<i>calcitonin (salmon) IJ</i>	1	QL(2 ml per 30 day(s) retail); PA
<i>calcitonin (salmon) NA</i>	1	Limit 2 per month; QL(0.25 ml daily); MP
EVENITY	NP	SP; PA
FORTEO SOPN (<i>teriparatide (recombinant)</i>)	NP	Limit 2 per month; QL(0.14 ml daily); SP; MP; PA
FOSAMAX PLUS D	NP	PA
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	NP	QL(0.15 ea daily); MP; PA
<i>ibandronate sodium SOLN</i>	NP	SP; PA
<i>ibandronate sodium TABS</i>	1	MP
MIACALCIN IJ (<i>calcitonin (salmon)</i>)	NP	QL(2 ml per 30 day(s) retail); PA
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	NP	SP; PA
PAMIDRONATE DISODIUM SOLN	NP	SP; PA
PROLIA SOSY	2	SP; PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SYNAREL	2	SP; PA	KUVAN PACK (sapropterin dihydrochloride)	CO	SP
TRIPTODUR	NP	SP; ST	KUVAN TABS (sapropterin dihydrochloride)	CO	SP
Menopausal Symptoms Suppressants			LAMZEDE	CO	
VEOZAH	2	PA	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	1	QL(30 ml daily)
Metabolic Modifiers			levocarnitine (metabolic modifiers) TABS	1	QL(3 ea daily)
ALDURAZYME	CO		LUMIZYME	CO	
betaine	1	SP; PA	MEPSEVII	CO	
BRINEURA	CO		MYALEPT	CO	
BUPHENYL POWD (sodium phenylbutyrate)	CO		NAGLAZYME	CO	
BUPHENYL TABS (sodium phenylbutyrate)	CO		NEXVIAZYME	CO	
calcitriol CAPS	1		nitisinone CAPS	CO	
calcitriol SOLN OR	1		NITYR TABS	CO	
CARBAGLU (carglumic acid)	CO		NULIBRY	CO	
carglumic acid	CO		OLPRUVA THPK	CO	
CARNITOR SF SOLN OR (levocarnitine (metabolic modifiers))	NP	QL(30 ml daily); PA	OPFOLDA	CO	
CARNITOR SOLN OR 1 GM/10ML (levocarnitine (metabolic modifiers))	NF	QL(30 ml daily)	ORFADIN CAPS (nitisinone)	CO	
CARNITOR SOLN OR 1 GM/10ML (levocarnitine (metabolic modifiers))	NP	QL(30 ml daily); PA	ORFADIN SUSP	CO	
CARNITOR TABS (levocarnitine (metabolic modifiers))	NP	QL(3 ea daily); PA	PALYNZIQ	CO	
cinacalcet hcl	1	SP	paricalcitol CAPS	NP	PA
CITRULLINE EASY	CO	RX/OTC	PHEBURANE PLLT	CO	
CRYSVITA	CO		POMBILITI	CO	
CYSTADANE (betaine)	NP	SP; PA	RAVICTI	CO	
doxercalciferol CAPS	NP	PA	RAYALDEE	NP	PA
ELAPRASE	CO		REVCOVI	CO	
ELFABRIO 20 MG/10ML	CO		ROCALTROL CAPS (calcitriol)	NP	PA
FABRAZYME	CO		ROCALTROL SOLN OR (calcitriol)	NP	PA
GALAFOLD	CO		sapropterin dihydrochloride PACK	CO	SP
KANUMA	CO		sapropterin dihydrochloride TABS	CO	SP

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

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

Drug Name	Drug Tier	Requirements/Limits
ORIAHNN	2	PA
PREFEST	NP	
PREMPHASE	2	MP
PREMPRO	2	MP
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	NP	MP; PA
CLIMARA PTWK (<i>estradiol</i>)	NP	MP; PA
DELESTROGEN (<i>estradiol valerate</i>)	NP	PA
DEPO-ESTRADIOL	2	
DIVIGEL GEL (<i>estradiol</i>)	NP	PA
ELESTRIN GEL	NP	
ESTRACE TABS (<i>estradiol</i>)	NP	MP; PA
<i>estradiol valerate</i>	1	
<i>estradiol GEL</i>	NP	
<i>estradiol PTTW</i>	1	MP
<i>estradiol PTWK</i>	1	MP
<i>estradiol TABS</i>	1	MP
ESTROGEL GEL (<i>estradiol</i>)	NF	
EVAMIST SOLN	NP	
MENEST	2	MP
MENOSTAR PTWK	NP	
MINIVELLE PTTW (<i>estradiol</i>)	NP	MP; PA
PREMARIN SOLR	NP	PA
PREMARIN TABS	2	MP
VIVELLE-DOT PTTW (<i>estradiol</i>)	NP	MP; PA
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.0375 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	MP

FLUOROQUINOLONES - Drugs to Treat Bacterial

Drug Name	Drug Tier	Requirements/Limits
Infections		
Fluoroquinolones		
BAXDELA TABS	NP	PA
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1	
<i>ciprofloxacin hcl TABS 100 MG</i>	1	QL(6 ea per fill retail)
CIPRO SUSR	2	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NP	PA
<i>levofloxacin SOLN OR</i>	NP	
<i>levofloxacin TABS</i>	1	QL(1 ea daily; 14 ea per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 300 MG, 400 MG</i>	NP	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. -		
Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY	NP	PA
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	NP	QL(1 ea daily); PA
Antiflatulents		
GAS-X EXTRA STRENGTH CHEW (<i>simethicone</i>)	NF	
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (<i>simethicone</i>)	NF	
MYLICON INFANTS GAS RELIEF SUSP (<i>simethicone</i>)	NF	
PHAZYME MAXIMUM STRENGTH CAPS (<i>simethicone</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
PHAZYME ULTRA STRENGTH CAPS (simethicone)	NF	
simethicone CAPS 125 MG	1	
simethicone CHEW	1	
simethicone SUSP	1	
Bile Acid Synthesis Disorder Agents		
CHOLBAM	NP	QL(5 ea daily); SP; MP
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	NP	QL(1 ea daily); SP
Gallstone Solubilizing Agents		
CHENODAL	NP	SP
RELTONE CAPS	NP	PA
URSO 250 TABS (ursodiol)	NP	QL(7 ea daily); MP; PA
URSO FORTE TABS (ursodiol)	NP	PA
ursodiol CAPS	1	QL(3 ea daily); MP
ursodiol TABS 250 MG	1	QL(7 ea daily); MP
ursodiol TABS 500 MG	1	
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis)	NP	PA
GASTROCROM (cromolyn sodium (mastocytosis))	NP	PA
Gastrointestinal Chloride Channel Activators		
AMITIZA (lubiprostone)	2	MP; PA
lubiprostone	1	MP; PA
Gastrointestinal Stimulants		
GIMOTI SOLN NA	NP	SP; PA
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	1	

Drug Name	Drug Tier	Requirements/Limits
metoclopramide hcl SOLN IJ 5 MG/ML	NP	PA
metoclopramide hcl TABS	1	
metoclopramide hcl TBDP	2	
REGLAN TABS (metoclopramide hcl)	NP	PA
Hepatotropics		
REZDIFFRA	2	SP; PA
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CPSP	CO	
BYLVAY CAPS	CO	
LIVMARLI	CO	
Inflammatory Bowel Agents		
APRISO CP24 (mesalamine)	2	MP
ASACOL HD TBEC (mesalamine)	NF	QL(3 ea daily)
AVSOLA	NP	SP; PA
AZULFIDINE EN-TABS TBEC (sulfasalazine)	NP	MP; PA
AZULFIDINE TABS (sulfasalazine)	NP	MP; PA
balsalazide disodium CAPS	1	QL(9 ea daily)
CANASA SUPP (mesalamine)	NP	PA
CIMZIA STARTER KIT PSKT	NP	SP; PA
CIMZIA KIT	NP	SP; PA
CIMZIA PSKT	NP	SP; PA
COLAZAL CAPS (balsalazide disodium)	NP	QL(9 ea daily); PA
DELZICOL CPDR (mesalamine)	2	QL(6 ea daily); MP
DIPENTUM	NP	
ENTYVIO SOLR	NP	SP; PA
ENTYVIO SOPN	NP	SP; PA
INFLECTRA SOLR	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
INFLIXIMAB	NP	SP; PA
LIALDA TBEC (mesalamine)	2	
mesalamine w/ cleanser	NP	PA
mesalamine CP24	1	MP
mesalamine CPCR	1	QL(8 ea daily); MP
mesalamine CPDR	1	QL(6 ea daily); MP
mesalamine ENEM	1	QL(60 ml daily)
mesalamine SUPP	1	
mesalamine TBEC 800 MG	NP	QL(3 ea daily)
mesalamine TBEC 1.2 GM	1	
OMVOH SOAJ	NP	SP; PA
OMVOH SOLN	NP	SP; PA
OMVOH SOSY	NP	SP; PA
PENTASA CPCR	2	QL(8 ea daily); MP
PENTASA CPCR (mesalamine)	2	QL(8 ea daily); MP
REMICADE	NP	SP; PA
RENFLEXIS	NP	SP; PA
ROWASA (mesalamine w/ cleanser)	NP	PA
SFROWASA ENEM	NP	
SKYRIZI SOCT	NP	SP; PA
SKYRIZI SOLN	NP	SP; PA
STELARA 130 MG/26ML	NP	SP; PA
sulfasalazine TABS	1	MP
sulfasalazine TBEC	1	MP
VELSIPITY	NP	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); SP; PA
ZYMFENTRA 1-PEN AJKT	NP	SP; PA
ZYMFENTRA 2-PEN AJKT	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ZYMFENTRA 2-SYRINGE PSKT	NP	SP; PA
Intestinal Acidifiers		
lactulose (encephalopathy)	1	MP
Irritable Bowel Syndrome (IBS) Agents		
alosecron hcl	NP	PA
IBSRELA	NP	PA
LINZESS	2	QL(1 ea daily); PA
LOTRONEX (alosecron hcl)	NP	PA
VIBERZI	NP	PA
Live Fecal Microbiota		
VOWST	2	SP
Peripheral Opioid Receptor Antagonists		
alvimopan	NP	PA
ENTEREG (alvimopan)	NP	PA
MOVANTIK	2	PA
RELISTOR SOLN	NP	PA
RELISTOR TABS	NP	PA
SYMPROIC	NP	PA
Phosphate Binder Agents		
AURYXIA	NP	PA
calcium acetate (phosphate binder) CAPS	1	MP
calcium acetate (phosphate binder) TABS	NP	MP; PA; RX/OTC
FOSRENOL CHEW (lanthanum carbonate)	NP	MP; PA
FOSRENOL PACK	NP	PA
lanthanum carbonate CHEW	NP	MP; PA
PHOSLYRA SOLN	2	MP
RENAGEL (sevelamer hcl)	NP	MP; PA
RENVELA PACK (sevelamer carbonate)	NP	MP; PA

Drug Name	Drug Tier	Requirements/Limits
RENVELA TABS (sevelamer carbonate)	NP	MP; PA
sevelamer carbonate PACK	NP	MP; PA
sevelamer carbonate TABs	1	MP
sevelamer hcl	NP	MP; PA
VELPHORO	NP	PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	CO	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
ORACIT	NP	
ORAL CITRATE	NP	
pot & sod citrates w/citric ac SOLN	1	
potassium citrate (alkalinizer) TBCR 540 MG	1	QL(1.433 ea daily)
potassium citrate (alkalinizer) TBCR 15 MEQ, 1080 MG, 1620 MG	1	
potassium citrate-citric acid SOLN	1	RX/OTC
sodium citrate & citric acid	1	QL(500 ml per 30 day(s) retail); RX/OTC
UROCIT-K 10 TBCR (potassium citrate alkalinizer))	NP	PA
UROCIT-K 15 TBCR (potassium citrate alkalinizer))	NP	PA
UROCIT-K 5 TBCR (potassium citrate alkalinizer))	NP	QL(1.433 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
Cystinosis Agents		
CYSTAGON CAPS	CO	
PROCYSBI CPDR	CO	
PROCYSBI PACK	CO	
Genitourinary Irrigants		
sodium chloride (gu irrigant) 0.9 %	1	
Hyperoxaluria Agents		
OXLUMO	CO	
RIVFLOZA SOLN	CO	
RIVFLOZA SOSY	CO	
IgA Nephropathy (IgAN) Agents		
FILSPARI	CO	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 ea daily); PA
RIMSO-50	2	PA
Prostatic Hypertrophy Agents		
alfuzosin hcl	1	MP
AVODART (dutasteride)	NF	MP
AVODART (dutasteride)	NP	MP; PA
CARDURA XL	NP	
dutasteride	1	MP
dutasteride-tamsulosin hcl	NP	PA
ENTADFI	NP	PA
finasteride	1	QL(1 ea daily); MP
FLOMAX (tamsulosin hcl)	NP	QL(2 ea daily); MP; PA
JALYN (dutasteride- tamsulosin hcl)	NP	PA
PROSCAR (finasteride)	NP	QL(1 ea daily); MP; PA
RAPAFLO (silodosin)	NP	MP
RAPAFLO 8 MG (silodosin)	NF	MP
silodosin	NP	MP

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

Drug Name	Drug Tier	Requirements/Limits
MITIGARE CAPS (<i>colchicine</i>)	NP	PA
ULORIC (<i>febuxostat</i>)	NP	MP; PA
ZYLOPRIM (<i>allopurinol</i>)	NP	MP; PA
Uricosurics		
<i>probenecid</i>	1	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Aminolevulinate Synthase 1-Directed siRNA		
GIVLAARI	CO	
Antihemophilic Products		
ADVATE	CO	
ADYNOVATE	CO	
AFSTYLA	CO	
ALPHANATE SOLR	CO	
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	CO	
ALPROLIX	CO	
ALTUVIIIIO	CO	
ALTUVIIIIO	CO	
BENEFIX KIT	CO	
BEQVEZ	CO	
COAGADEX	CO	
CORIFACT	CO	
ELOCTATE	CO	
ESPEROCT	CO	
FEIBA	CO	
HEMGENIX	CO	
HEMLIBRA	CO	
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	CO	
HUMATE-P SOLR	CO	
IDELVION	CO	
IXINITY SOLR	CO	
JIVI	CO	

Drug Name	Drug Tier	Requirements/Limits
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	CO	
KOATE SOLR	CO	
KOGENATE FS KIT	CO	
KOVALTRY	CO	
NOVOEIGHT	CO	
NOVOSEVEN RT	CO	
NUWIQ KIT	CO	
NUWIQ SOLR	CO	
OBIZUR	CO	
PROFILNINE	CO	
REBINYN	CO	
RECOMBINATE SOLR	CO	
RIXUBIS SOLR	CO	
ROCTAVIAN	CO	
SEVENFACT	CO	
TRETTEN	CO	
VONVENDI	CO	
WILATE KIT	CO	
XYNTHA	CO	
XYNTHA SOLOFUSE	CO	
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (<i>icatibant acetate</i>)	CO	
<i>icatibant acetate SOLN</i>	CO	
<i>icatibant acetate SOSY</i>	CO	
Complement Inhibitors		
BERINERT KIT	CO	
CINRYZE SOLR IV	CO	
EMPAVELI	CO	
ENJAYMO	CO	
FABHALTA	CO	
HAEGARDA SOLR SC	CO	
RUCONEST	CO	
SOLIRIS	CO	
TAVNEOS	CO	

Drug Name	Drug Tier	Requirements/Limits
ULTOMIRIS	CO	
VEOPOZ	CO	
VOYDEYA TABS	CO	
VOYDEYA TBPK	CO	
ZILBRYSQ	CO	
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	NP	SP; PA
Hematological Enzymes - Misc		
ADZYNMA	CO	SP
Hematorheologic Agents		
<i>pentoxifylline</i>	1	MP
Hemin		
PANHEMATIN 350 MG	2	SP; PA
Human Protein C		
CEPROTIN	2	SP; PA
Plasma Kallikrein Inhibitors		
KALBITOR	CO	
ORLADEYO	CO	
TAKHZYRO SOLN	CO	
TAKHZYRO SOSY	CO	
Plasma Proteins		
RYPLAZIM	CO	
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	NP	MP; PA
<i>anagrelide hcl</i>	1	MP
<i>aspirin-dipyridamole</i>	1	MP
BRILINTA	2	QL(2 ea daily); MP
CABLIVI	CO	SP
<i>cilostazol</i>	1	QL(2 ea daily); MP
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate 300 MG</i>	1	
<i>dipyridamole</i>	1	MP
EFFIENT (<i>prasugrel hcl</i>)	NP	QL(1 ea daily); PA
EFFIENT (<i>prasugrel hcl</i>)	NF	QL(1 ea daily)
KENGREAL	NP	PA
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	NP	QL(1 ea daily); MP; PA
<i>prasugrel hcl</i>	1	QL(1 ea daily)
Protamine		
<i>protamine sulfate</i>	1	PA
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPB	CO	
PYRUKYND TABS	CO	
Thrombolytic Enzymes		
ACTIVASE IV	2	PA
CATHFLO ACTIVASE IJ	2	PA
RETAVASE 10 UNIT	NP	PA
RETAVASE HALF-KIT 10 UNIT	NP	PA
TNKASE	2	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	CO	MP
CEREZYME 400 UNIT	CO	
ELELYSO	CO	
<i>miglustat</i>	CO	MP
VPRIV	CO	
ZAVESCA (<i>miglustat</i>)	CO	MP
Agents for Sickle Cell Disease		
ADAKVEO	CO	
CASGEVY	CO	
DROXIA CAPS	2	MP

Drug Name	Drug Tier	Requirements/Limits
ENDARI (<i>glutamine sickle cell</i>)	2	SP; PA
LYFGENIA	CO	
OXBRYTA TABS	NP	SP; PA
OXBRYTA TBSO	NP	SP; PA
SIKLOS TABS	2	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	
<i>hydroxocobalamin acetate SOLN</i>	1	PA
Folic Acid/Folates		
<i>folic acid SOLN</i>	1	PA
<i>folic acid TABS 1 MG, 800 MCG</i>	1	
Hematopoietic Gene Therapy		
ZYNTGLO	CO	SP
Hematopoietic Growth Factors		
ALVAIZ	2	SP; PA
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	2	SP; PA
ARANESP ALBUMIN FREE SOSY	2	SP; PA
DOPTELET	NP	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
FULPHILA	NP	SP; PA
FYLNETRA	NP	SP; PA
GRANIX SOLN	2	SP; PA
GRANIX SOSY	2	SP; PA
JESDUVROQ	2	PA
LEUKINE SOLR IJ	NP	SP; PA
MIRCERA	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MULPLETA	NP	SP; PA	<i>ferrous fumarate w/ b12-vit c-fa-ifc</i>	1	2 max fill(s) per 30 day(s) retail; MP
NEULASTA ONPRO KIT PSKT	NP	SP; PA	<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
NEULASTA SOSY	NP	SP; PA	GENTLE IRON	2	2 max fill(s) per 30 day(s) retail
NEUPOGEN SOLN	2	SP; PA	ICAR-C (<i>iron-vitamin c</i>)	2	2 max fill(s) per 30 day(s) retail; MP
NEUPOGEN SOSY	2	SP; PA	<i>iron combinations CAPS</i>	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
NIVESTYM SOLN	NP	SP; PA	<i>iron-vitamin c</i>	1	2 max fill(s) per 30 day(s) retail; MP
NIVESTYM SOSY	NP	SP; PA	Iron		
NPLATE	NP	SP; PA	ACCRUFER	NP	2 max fill(s) per 30 day(s) retail; PA
NYVEPRIA	NP	SP; PA	FEOSOL TABS (<i>ferrous sulfate dried</i>)	1	2 max fill(s) per 30 day(s) retail; MP
PROCRIT	NP	SP; PA	FER-IN-SOL SOLN (<i>ferrous sulfate</i>)	2	2 max fill(s) per 30 day(s) retail; MP
PROCRIT	NP	SP; PA	FER-IN-SOL SOLN (<i>ferrous sulfate</i>)	NF	
PROMACTA PACK	NP	SP; PA	<i>ferrous gluconate TABS 27 MG, 240 MG, 324 MG</i>	1	2 max fill(s) per 30 day(s) retail
PROMACTA TABS 12.5 MG, 25 MG	2	QL(1 ea daily); SP; MP; PA	FERROUS GLUCONATE TABS 324 MG	1	2 max fill(s) per 30 day(s) retail
PROMACTA TABS 50 MG, 75 MG	2	SP; MP; PA	<i>ferrous sulfate dried TABS 200 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
REBLOZYL	CO		<i>ferrous sulfate SOLN 15 MG/ML, 220 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail; MP
RELEUKO SOLN	NP	SP; PA	<i>ferrous sulfate TABS 65 MG, 325 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
RELEUKO SOSY	NP	SP; PA	<i>ferrous sulfate TBEC</i>	1	2 max fill(s) per 30 day(s) retail; MP
RETACRIT	2	SP; PA	Hematopoietic Mixtures		
ROLVEDON	NP	SP; PA	<i>fe fumarate-vitamin c-vitamin b12-folic acid</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
STIMUFEND	NP	SP; PA	<i>fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu</i>	1	2 max fill(s) per 30 day(s) retail; MP
UDENYCA ONBODY SOSY	NP	SP; PA	<i>fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu</i>	2	2 max fill(s) per 30 day(s) retail; MP
UDENYCA SOAJ	NP	SP; PA			
UDENYCA SOSY	NP	SP; PA			
ZARXIO	NP	SP; PA			
ZIEXTENZO	NP	SP; PA			

Drug Name	Drug Tier	Requirements/Limits
FERROUS SULFATE TBEC (<i>ferrous sulfate</i>)	1	2 max fill(s) per 30 day(s) retail; MP
INFED	2	PA
INJECTAFER	2	PA
VENOFER	2	PA
Stem Cell Mobilizers		
APHEXDA	2	SP; PA
XOLREMDI	CO	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN OR (<i>aminocaproic acid</i>)	NP	SP; PA
AMICAR TABS 1000 MG (<i>aminocaproic acid</i>)	NP	SP; PA
AMICAR TABS 500 MG (<i>aminocaproic acid</i>)	NP	QL(24 ea per fill retail); SP; PA
<i>aminocaproic acid SOLN IV 250 MG/ML</i>	1	SP; PA
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	1	SP
<i>aminocaproic acid TABS 1000 MG</i>	1	SP
<i>aminocaproic acid TABS 500 MG</i>	1	QL(24 ea per fill retail); SP
CYKLOKAPRON SOLN (<i>tranexamic acid</i>)	2	PA
LYSTEDA TABS (<i>tranexamic acid</i>)	NF	QL(30 ea per 5 day(s) retail); AL(At least 12 yrs old)
TRANEXAMIC ACID/SODIUM CHLORIDE (<i>tranexamic acid-sodium chloride</i>)	2	PA
TRANEXAMIC ACID/SODIUM CHLORIDE	2	PA
<i>tranexamic acid-sodium chloride</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1	PA
<i>tranexamic acid TABS</i>	1	QL(30 ea per 5 day(s) retail); AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
AMYTAL SODIUM	2	PA
NEMBUTAL SODIUM SOLN (<i>pentobarbital sodium</i>)	NF	
<i>pentobarbital sodium SOLN</i>	1	PA
<i>phenobarbital ELIX</i>	1	MP
<i>phenobarbital TABS</i>	1	MP
SEZABY SOLR	2	SP; PA
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
SILENOR (<i>doxepin hcl (sleep)</i>)	NF	SON; QL(20 ea daily); AL(At least 18 yrs old)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
AMBIEN TABS (<i>zolpidem tartrate</i>)	NP	SON; QL(1 ea daily); AL(At least 18 yrs old); PA
DORAL (<i>quazepam</i>)	NF	SON; QL(20 ea daily); AL(At least 18 yrs old)
DORAL (<i>quazepam</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EDLUAR SUBL	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA	<i>quazepam</i>	NP	SON; QL(20 ea daily); AL(At least 18 yrs old)
<i>estazolam</i>	NP	QL(20 ea daily); AL(At least 18 yrs old)	RESTORIL 7.5 MG, 22.5 MG (<i>temazepam</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
<i>eszopiclone</i>	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA	RESTORIL 15 MG, 30 MG (<i>temazepam</i>)	NP	SON; QL(1 ea daily); AL(At least 18 yrs old); PA
<i>flurazepam hcl</i>	NP	SON; QL(1 ea daily); AL(At least 18 yrs old)	<i>temazepam 15 MG, 30 MG</i>	1	SON; QL(1 ea daily); AL(At least 18 yrs old)
HALCION 0.25 MG (<i>triazolam</i>)	NP	SON; QL(1 ea daily); AL(At least 18 yrs old); PA	<i>temazepam 7.5 MG, 22.5 MG</i>	1	SON; QL(20 ea daily); AL(At least 18 yrs old)
LUNESTA (<i>eszopiclone</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA	<i>triazolam</i>	1	SON; QL(1 ea daily); AL(At least 18 yrs old)
LUNESTA (<i>eszopiclone</i>)	NF	SON; QL(20 ea daily); AL(At least 18 yrs old)	<i>zaleplon</i>	NP	QL(1 ea daily); AL(At least 18 yrs old); PA
<i>midazolam hcl SOLN IJ 2 MG/2ML, 5 MG/5ML, 10 MG/2ML, 50 MG/10ML</i>	1	QL(200 ml daily)	ZOLPIDEM TARTRATE CAPS	NP	SON; QL(20 ea daily); PA
<i>midazolam hcl SOLN IJ</i>	1	SON; QL(200 ml daily)	<i>zolpidem tartrate SUBL</i>	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA
<i>midazolam hcl SYRP</i>	NP	SON; QL(200 ml daily)	<i>zolpidem tartrate TABS</i>	1	SON; QL(1 ea daily); AL(At least 18 yrs old)
MIDAZOLAM/SODIUM CHLORIDE 0.9 %-100 MG/100ML, 0.9 %-50 MG/50ML	2		<i>zolpidem tartrate TBCR</i>	1	QL(20 ea daily); AL(At least 18 yrs old)
MIDAZOLAM/SODIUM CHLORIDE (<i>midazolam-sodium chloride</i>)	NP		<i>zolpidem tartrate TBCR</i>	1	SON; QL(20 ea daily); AL(At least 18 yrs old)
<i>midazolam-sodium chloride</i>	1		Orexin Receptor Antagonists		
MIDAZOLAM SOSY IJ 2 MG/2ML	2				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BELSOMRA	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA	Bulk Laxatives		
DAYVIGO	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA	EVAC POWD (<i>psyllium</i>)	NF	
QUVIVIQ	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); PA	HYDROCIL INSTANT POWD (<i>psyllium</i>)	NF	
Selective Melatonin Receptor Agonists			METAMUCIL 4 IN 1 FIBER POWD (<i>psyllium</i>)	NF	
HETLIOZ LQ SUSP	NP	SON; QL(158 ml per 30 day(s) retail; 158 ml per 30 days mail); AL(At least 18 yrs old); SP; PA	METAMUCIL FREE & NATURAL POWD (<i>psyllium</i>)	NF	
HETLIOZ CAPS (<i>tasimelton</i>)	NP	SON; QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 18 yrs old); SP; PA	METAMUCIL ORIGINAL TEXTURE POWD (<i>psyllium</i>)	NF	
<i>ramelton</i>	1	QL(20 ea daily); AL(At least 18 yrs old); MP; PA	METAMUCIL POWD (<i>psyllium</i>)	NF	
<i>ramelton</i>	1	SON; QL(20 ea daily); AL(At least 18 yrs old); MP; PA	<i>psyllium</i> POWD 28.3 %, 30 %, 43 %	1	
ROZEREM (<i>ramelton</i>)	NP	SON; QL(20 ea daily); AL(At least 18 yrs old); MP; PA	Laxative Combinations		
<i>tasimelton</i> CAPS	NP	SON; QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 18 yrs old); SP; PA	CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	NP	
LAXATIVES - Bowel Treatment Drugs			GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP	
			MOVIPREP (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	NP	PA
			<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	NP	
			<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	
			<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
			PLENVU	NP	
			<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NP	
			SUFLAVE	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	NP		DULCOLAX SUPP (<i>bisacodyl</i>)	NF	QL(12 ea per fill retail)
SUTAB	NP		DULCOLAX TBEC (<i>bisacodyl</i>)	NF	QL(1 ea daily)
Laxatives - Miscellaneous			<i>sennosides LIQD</i>	1	
<i>glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 80.7 %</i>	1		<i>sennosides SYRP 8.8 MG/5ML</i>	1	
GLYCERIN ADULT SUPP (<i>glycerin (laxative)</i>)	1		<i>sennosides TABS 17.2 MG</i>	2	
KRISTALOSE PACK	NP		<i>sennosides TABS 8.6 MG, 15 MG, 25 MG</i>	1	
KRISTALOSE PACK	NP		SENOKOT TABS (<i>sennosides</i>)	NF	
<i>lactulose SOLN</i>	1	MP	SENOKOT TABS (<i>sennosides</i>)	2	
MIRALAX POWD (<i>polyethylene glycol 3350</i>)	NF	QL(34 gm daily)	Surfactant Laxatives		
<i>polyethylene glycol 3350 POWD</i>	1	QL(34 gm daily)	<i>benzocaine-docusate sodium ENEM</i>	2	
Saline Laxatives			<i>benzocaine-docusate sodium ENEM</i>	1	
FLEET ENEMA ENEM (<i>sodium phosphates</i>)	NF		<i>docusate calcium</i>	1	
FLEET SALINE ENEMA EXTRAVOLUME ENEM (<i>sodium phosphates</i>)	NF		<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 ea daily)
<i>magnesium citrate 1.745 GM/30ML</i>	1		<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	1	
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	1	QL(990 ml per 30 day(s) retail)	<i>docusate sodium TABS</i>	1	QL(3 ea daily)
OSMOPREP	NP		MACROLIDES - Drugs to Treat Bacterial Infections		
<i>sodium phosphates ENEM 19 GM/118ML-7 GM/118ML</i>	1		Azithromycin		
Stimulant Laxatives			<i>azithromycin PACK</i>	1	QL(20 ea per fill retail); PA
<i>bisacodyl SUPP</i>	1	QL(12 ea per fill retail)	<i>azithromycin SUSR 100 MG/5ML</i>	1	QL(30 ml per fill retail)
<i>bisacodyl TBEC</i>	1	QL(1 ea daily)	<i>azithromycin SUSR 200 MG/5ML</i>	1	QL(60 ml per fill retail)
DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	NF	QL(1 ea daily)	<i>azithromycin TABS 600 MG</i>	1	QL(8 ea per 28 day(s) retail)
			<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail)
			<i>azithromycin TABS 500 MG</i>	1	QL(14 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	NP	QL(14 ea per fill retail); PA
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	NP	QL(6 ea per fill retail); PA
ZITHROMAX PACK (<i>azithromycin</i>)	NP	QL(20 ea per fill retail); PA
ZITHROMAX SUSR 100 MG/5ML (<i>azithromycin</i>)	NP	QL(30 ml per fill retail); PA
ZITHROMAX SUSR 200 MG/5ML (<i>azithromycin</i>)	NP	QL(60 ml per fill retail); PA
ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	NP	QL(14 ea per fill retail); PA
ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	NP	QL(6 ea per fill retail); PA
Clarithromycin		
<i>clarithromycin</i> SUSR 125 MG/5ML	1	
<i>clarithromycin</i> SUSR 250 MG/5ML	1	QL(200 ml per fill retail)
<i>clarithromycin</i> TABS	1	QL(28 ea per fill retail)
<i>clarithromycin</i> TB24	NP	QL(14 ea per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NP	PA
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	PA
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	PA
<i>erythromycin</i> base CPEP	1	
<i>erythromycin</i> base TABS	NP	
<i>erythromycin</i> base TBEC 500 MG	2	
<i>erythromycin</i> base TBEC	1	
<i>erythromycin ethylsuccinate</i> SUSR 400 MG/5ML	NP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate</i> SUSR 200 MG/5ML	1	
<i>erythromycin ethylsuccinate</i> TABS	NP	PA
<i>erythromycin ethylsuccinate</i> TABS	1	
<i>erythromycin stearate</i> TABS 250 MG	NP	
Fidaxomicin		
DIFICID SUSR	NP	PA
DIFICID TABS	NP	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
AMD FOAM DRESSING 4"X4" PADS	2	RX/OTC
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	2	RX/OTC
BAND-AID GAUZE PADS LARGE4" X 4" PADS	2	RX/OTC
BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	2	RX/OTC
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	2	RX/OTC
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	2	RX/OTC
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	2	RX/OTC
COVRSITE COVER DRESSING PADS	2	RX/OTC
COVRSITE PLUS COMPOSITE DRESSING PADS	2	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	2	RX/OTC	DERMACEA DRAIN SPONGES 4"X4" PADS	2	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" PADS	2	RX/OTC	DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	2	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS	2	RX/OTC	DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS	2	RX/OTC
CURITY COVER SPONGE 4"X4" PADS	2	RX/OTC	DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS	2	RX/OTC
CURITY COVER SPONGES 4"X4" PADS	2	RX/OTC	DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	2	RX/OTC
CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	2	RX/OTC	DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	2	RX/OTC
CURITY GAUZE PADS 4"X4" 12 PLY PADS	2	RX/OTC	DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	2	RX/OTC	DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS	2	RX/OTC
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	2	RX/OTC	DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	2	RX/OTC
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	2	RX/OTC	DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	2	RX/OTC
CURITY GAUZE SPONGE 4"X4"16 PLY PADS	2	RX/OTC	DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	2	RX/OTC
CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	2	RX/OTC	DRYMAX EXTRA PADS	2	RX/OTC
CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	2	RX/OTC	EQ GAUZE PADS 4"X4" PADS	2	RX/OTC
CURITY SPONGES/CELLULOSEFILLED/4"X4" PADS	2	RX/OTC	EQL GAUZE PADS 4"X4"/LARGE PADS	2	RX/OTC
CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	2	RX/OTC	EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
CVS GAUZE PADS STERILE 4"X4" PADS	2	RX/OTC	EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EXCILON DRAIN SPONGE 4"X4" PADS	2	RX/OTC	QC ALL PURPOSE DRESSINGS4"X4" PADS	2	RX/OTC
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC	QC STERILE PADS PADS	2	RX/OTC
GAUZE DRESSING 4"X4" PADS	2	RX/OTC	RA STERILE PADS 4"X4" PADS	2	RX/OTC
GAUZE PADS 4"X4" PADS	2	RX/OTC	RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC	2	RX/OTC
GAUZE PADS PADS	2	RX/OTC	RESTORE FOAM DRESSING BORDERED 4"X4" PADS	2	RX/OTC
HM STERILE PADS PADS	2	RX/OTC	RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	2	RX/OTC
HYDROCELL ADHESIVE DRESSING 4"X4" PADS	2	RX/OTC	RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	2	RX/OTC
HYDROCELL DRESSING 4"X4" PADS	2	RX/OTC	SILIGENTLE SILICONE FOAMDRESSING/BORDE RED PADS	2	RX/OTC
J & J GAUZE 4"X4" 12 PLY PADS	2	RX/OTC	SILIGENTLE SILICONE FOAMDRESSING/NON-BORDERED PADS	2	RX/OTC
J & J GAUZE 4"X4" 8 PLY PADS	2	RX/OTC	SM GAUZE PADS 4"X4" PADS	2	RX/OTC
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	2	RX/OTC	SM STERILE PADS PADS	2	RX/OTC
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	2	RX/OTC	SOF-WICK 4"X4" PADS	2	RX/OTC
J & J GAUZE SPONGES 8-PLY4" X 4" MISC	2	RX/OTC	TEGADERM FOAM DRESSING 4"X4" PADS	2	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	2	RX/OTC	TOPPER DRESSING SPONGES 4"X4" MISC	2	RX/OTC
KERLIX SPONGES 4" X 4" 12 PLY PADS	2	RX/OTC	Contraceptives		
KERLIX SPONGES 4" X 4" 16 PLY PADS	2	RX/OTC	AIMSCO LUBRICATED MISC	2	
MIRASORB SPONGES 4" X 4" MISC	2	RX/OTC	CAYA DPRH	2	
NU GAUZE 4PLY 4"X4" PADS	2	RX/OTC	DUREX EXTRA SENSITIVE THIN DEVI	2	
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	2	RX/OTC	DUREX REALFEEL NON-LATEX	2	
POLYMEM NON-ADHESIVE PAD PADS	2	RX/OTC	FANTASY LUBRICATED/SPERMICI DE MISC	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FANTASY LUBRICATED MISC	2		TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	2	
FC2 FEMALE CONDOM	2		TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	2	
FEMCAP DEVI	2		TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	2	
KIMONO LUBRICATED MISC	2		TRUSTEX/RIA LUBRICATED MISC	2	
KIMONO MAXX/LARGE FLARE MISC	2		TRUSTEX/RIA NON-LUBRICATED MISC	2	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	2		WIDE-SEAL SILICONE DIAPHRAGM KIT 60	2	
KIMONO MICRO THIN MISC	2		WIDE-SEAL SILICONE DIAPHRAGM KIT 65	2	
KIMONO SENSATION LUBRICATED MISC	2		WIDE-SEAL SILICONE DIAPHRAGM KIT 70	2	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	2		WIDE-SEAL SILICONE DIAPHRAGM KIT 75	2	
TRUE COVER DEVI	2		WIDE-SEAL SILICONE DIAPHRAGM KIT 80	2	
TRUSTEX LUBRICATED EXTRALARGE MISC	2		WIDE-SEAL SILICONE DIAPHRAGM KIT 85	2	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	2		WIDE-SEAL SILICONE DIAPHRAGM KIT 90	2	
TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	2		WIDE-SEAL SILICONE DIAPHRAGM KIT 95	2	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	2		Diabetic Supplies		
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	2		1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUSTEX LUBRICATED/SPERMICIDE MISC	2		1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUSTEX LUBRICATED MISC	2		ADJUSTABLE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
TRUSTEX NON-LUBRICATED MISC	2		ADVANCED MOBILE LANCET 30G	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADVOCATE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	CHOSEN LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	COMFORT ASSURED LANCETS SUPER THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
AGAMATRIX ULTRA-THIN LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	COMFORT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
AUTO-LANCET MINI MISC	2	QL(1 ea per 180 day(s) retail)	CVS LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
AUTO-LANCET MISC	2	QL(1 ea per 180 day(s) retail)	CVS LANCETS MICRO-THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
AUTOLET IMPRESSION LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	CVS LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	CVS LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
AUTOLET MINI MISC	2	QL(1 ea per 180 day(s) retail)	CVS LANCETS ULTRA-THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
AUTOLET PLUS MISC	2	QL(1 ea per 180 day(s) retail)	CVS LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
CARDIOCOM LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	DIATHRIVE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
CAREONE ADVANCED LANCINGDEVICE MISC	2	QL(1 ea per 180 day(s) retail)	DROPLET GENTEEL LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
CAREONE LANCET SUPER THIN/30G	2	200 / month; QL(6.67 ea daily); RX/OTC	DROPLET LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	2	QL(1 ea per 180 day(s) retail)	DROPLET LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
CARETOUCH TWIST LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	DRUG MART ADJUSTABLE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
CARETOUCH TWIST LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	DRUG MART UNILET LANCETSSUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
CARETOUCH TWIST LANCETS MULTI COLOR/30G	2	200 / month; QL(6.67 ea daily); RX/OTC	DRUG MART UNILET LANCETSULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DRUG MART UNILET MICRO THIN LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS COLOR	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	E-Z JECT LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY MINI LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	E-Z JECT LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 26G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC	E-ZJECT LANCETS MICRO-THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 28G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC	EZ-LETS LANCETS 26G SUPER-SOFT	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 28G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC	FORA LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 30G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC	FORA LANCING DEVICE/CLEARCAP MISC	2	QL(1 ea per 180 day(s) retail)
EASY TOUCH LANCETS 30G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC	FORA LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
EASY TOUCH LANCETS 32G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC	FREDS PHARMACY AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
EASY TOUCH LANCETS 32G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 33G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCING DEVICE/EJECTOR MISC	2	QL(1 ea per 180 day(s) retail)	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	2	QL(1 ea per fill retail; 1 ea per 365 day(s) retail); 1 max fill(s) per 30 day(s) retail; PA
EMBRACE LANCING DEVICE WITH EJECTOR MISC	2	QL(1 ea per 180 day(s) retail)	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	2	QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); PA
EQL COLOR LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC			
E-Z JECT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC			
E-Z JECT LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	2	QL(1 ea per fill retail; 1 ea per 365 day(s) retail); 1 max fill(s) per 30 day(s) retail; PA	GLOBAL LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	2	QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); PA	GNP LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	2	QL(1 ea per fill retail; 1 ea per 365 day(s) retail); 1 max fill(s) per 30 day(s) retail; PA	GNP LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	2	QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); PA	GNP LANCING SYSTEM DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	2	QL(1 ea per fill retail; 1 ea per 365 day(s) retail); 1 max fill(s) per 30 day(s) retail; PA	GNP STERILE LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	2	QL(1 ea per 180 day(s) retail)	GOJJI LANCING DEVICE/CLEAR CAP MISC	2	QL(1 ea per 180 day(s) retail)
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	2	QL(1 ea per 180 day(s) retail)	GOJJI STERILE LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	2	QL(1 ea per 180 day(s) retail)	GOODSENSE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	2	QL(1 ea per 180 day(s) retail)	HEALTH CARE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	2	QL(1 ea per 180 day(s) retail)	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
			HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
			H-E-B INCONTROL ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
			H-E-B INCONTROL LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
			H-E-B INCONTROL LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
			H-E-B INCONTROL LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC

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IN TOUCH LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	LEADER ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
KROGER AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	LIBERTY MINI LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
KROGER HEALTHPRO TWIST LANCETS/26G	2	200 / month; QL(6.67 ea daily); RX/OTC	LITE TOUCH LANCING PEN MISC	2	QL(1 ea per 180 day(s) retail)
KROGER LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	LIVE BETTER ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
KROGER LANCETS MICRO THIN33G	2	200 / month; QL(6.67 ea daily); RX/OTC	LIVE BETTER LANCET ULTRATHIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	LONGS LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS ULTRATHIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC	MEIJER LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	MEIJER LANCETS UNIVERSAL33G	2	200 / month; QL(6.67 ea daily); RX/OTC
LANCET DEVICE ADJUSTABLE MISC	2	QL(1 ea per 180 day(s) retail)	MEIJER SUPER THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
LANCET DEVICE WITH EJECTOR MISC	2	QL(1 ea per 180 day(s) retail)	MICROLET NEXT MISC	2	QL(1 ea per 180 day(s) retail)
LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	MINI LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	MM LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	MONOLET LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	MULTI-LANCET DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	NOVA SUREFLEX LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
LANZO MISC	2	QL(1 ea per 180 day(s) retail)	NOVA SUREFLEX LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)

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ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	QC LANCETS SUPER THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH DELICA PLUS LANCETS FINE 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	QC UNILET LANCETS 28G/ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH DELICA PLUS LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	QC UNILET LANCETS 33G/MICRO THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE	2	200 / month; QL(6.67 ea daily); RX/OTC	RA E-ZJECT LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	RA E-ZJECT LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC	2	QL(1 ea per 180 day(s) retail)	RA E-ZJECT LANCETS THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
PC LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	RA E-ZJECT LANCETS ULTRATHIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
PREFERRED PLUS LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	RELION 2-IN-1 LANCET DEVICES 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
PREFERRED PLUS LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	RELION 2-IN-1 LANCING DEVICE 25G	2	200 / month; QL(6.67 ea daily); RX/OTC
PRODIGY LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	RELION 2-IN-1 LANCING DEVICE 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
PRODIGY TWIST TOP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	RELION LANCETS MICRO-THIN33G	2	200 / month; QL(6.67 ea daily); RX/OTC
PX ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	RELION LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
PX LANCET AUTO INJECTOR MISC	2	QL(1 ea per 180 day(s) retail)	RELION LANCETS ULTRA-THIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC
PX LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	RELION LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
QC ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	RELION ULTRA THIN LANCETS/30G	2	200 / month; QL(6.67 ea daily); RX/OTC
			RELION ULTRA THIN LANCETS30G	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELION ULTRA THIN PLUS LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	SMART SENSE THIN LANCETSUNIVERSAL 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
REXALL LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	SOLUS V2 LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
RIGHTEST GD500 LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	STERILANCE TL	2	200 / month; QL(6.67 ea daily); RX/OTC
RIGHTEST GL300 LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	SURE COMFORT LANCING PEN MISC	2	QL(1 ea per 180 day(s) retail)
SELECT-LITE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	TECHLITE LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
SHOPKO AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	TECHLITE LANCETS 26G	2	200/month; QL(6.67 ea daily); RX/OTC
SHOPKO UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	TGT LANCET MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
SHOPKO UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	TGT LANCET THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	TGT LANCET ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
SM MICRO THIN LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	TGT LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
SM TRUEDRAW LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	TODAYS HEALTH ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
SMART DIABETES VANTAGE LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	2	QL(1 ea per 90 day(s) retail)
SMART SENSE COLOR LANCETS UNIVERSAL 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	2	QL(1 ea per 90 day(s) retail)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	2	
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	2	QL(1 ea per 90 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	2	QL(1 ea per 90 day(s) retail)	UNIVERSAL 1 LANCETS THIN26G	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUEDRAW LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)	UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	VALUE PLUS LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
TRUEPLUS LANCETS 28G SUPER THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	VALUMARK LANCET SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 30G ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	VALUMARK LANCET ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	VIDA MIA AUTOLET LANCINGDEVICE MISC	2	QL(1 ea per 180 day(s) retail)
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	2	QL(1 ea per 180 day(s) retail)	VIDA MIA UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
ULILET CLASSIC LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	VIDA MIA UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
UNILET COMFORTOUCH LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC	VIVAGUARD LANCING DEVICE MISC	2	QL(1 ea per 180 day(s) retail)
UNILET EXCELITE	2	200 / month; QL(6.67 ea daily); RX/OTC	WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	2	200 / month; QL(6.67 ea daily); RX/OTC
UNILET EXCELITE II	2	200 / month; QL(6.67 ea daily); RX/OTC	WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	2	200 / month; QL(6.67 ea daily); RX/OTC
UNILET G.P. SUPERLITE LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC	WALGREENS THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
UNILET GP 28 ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	Misc. Devices		
UNILET LANCETS MICRO-THIN33G	2	200 / month; QL(6.67 ea daily); RX/OTC	ALCOHOL PREP PADS	2	RX/OTC
UNILET LANCETS SUPER-THIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC	ALCOHOL SWABS	2	RX/OTC
UNILET LANCETS ULTRA-THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	BD SWABS SINGLE USE	2	RX/OTC
			CURITY ALCOHOL PREPS/MEDIUM 2 PLY	2	RX/OTC
			CVS ALCOHOL PREP PADS	2	RX/OTC
			CVS PREP PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROPSAFE ALCOHOL PREP PADS	2	RX/OTC	1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	2	QL(5 ea daily)
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	2	RX/OTC	1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	2	QL(5 ea daily); RX/OTC
FIFTY50 ALCOHOL PREP PADS	2	RX/OTC	1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL /29GX12MM	2	QL(5 ea daily); RX/OTC
GNP ALCOHOL SWABS	2	RX/OTC	1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	2	QL(5 ea daily); RX/OTC
HM STERILE ALCOHOL PREP PADS	2	RX/OTC	2-3ML SYRINGE/LUER LOCK TIP	2	RX/OTC
PRO COMFORT ALCOHOL PADS	2	RX/OTC	2-3ML SYRINGE/LUER SLIP TIP	2	RX/OTC
RA ALCOHOL SWABS	2	RX/OTC	3ML LUER LOCK SAFETY SYRINGES	2	RX/OTC
RELION ALCOHOL SWABS	2	RX/OTC	ABOUTTIME PEN NEEDLE 32GX 5/32"	2	QL(5 ea daily); RX/OTC
SM ALCOHOL PREP PADS	2	RX/OTC	ABOUTTIME PEN NEEDLES 30GX 5/16"	2	QL(5 ea daily)
WEBCOL ALCOHOL PREP LARGE 1 PLY	2	RX/OTC	ABOUTTIME PEN NEEDLES 31G X 3/16"	2	QL(5 ea daily); RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY	2	RX/OTC	ABOUTTIME PEN NEEDLES 31G X 5/16"	2	QL(5 ea daily); RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	2	RX/OTC	ADVOCATE INSULIN PEN NEEDLE/32GX4MM	2	QL(5 ea daily); RX/OTC
Parenteral Therapy Supplies			ADVOCATE INSULIN PEN NEEDLES	2	QL(5 ea daily)
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	2	QL(5 ea daily); RX/OTC	ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	2	QL(5 ea daily)
1ST TIER UNIFINE PENTIPS29GX12MM	2	QL(5 ea daily); RX/OTC	ADVOCATE INSULIN PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM	2	QL(5 ea daily); RX/OTC	ADVOCATE INSULIN PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX8MM	2	QL(5 ea daily); RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM	2	QL(5 ea daily); RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM	2	QL(5 ea daily)			
1ST TIER UNIFINE PENTIPS33GX4MM	2	QL(5 ea daily)			
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	2	QL(5 ea daily); RX/OTC			
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	2	QL(5 ea daily); RX/OTC			

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ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX5MM	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX6MM	2	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX8MM	2	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	AUM MINI INSULIN PEN NEEDLE/33GX4MM	2	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	AUM PEN NEEDLE/32GX4MM	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	AUM PEN NEEDLE/32GX5MM	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	AUM PEN NEEDLE/32GX6MM	2	QL(5 ea daily)
AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	AUM PEN NEEDLE/33GX4MM	2	QL(5 ea daily)
AQ INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	2	QL(5 ea daily); RX/OTC
AQ INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	AUM SAFETY PEN NEEDLE/31G X 4MM	2	QL(5 ea daily)
AQINJECT PEN NEEDLE/31G X 3/16"	2	QL(5 ea daily); RX/OTC	AUM SAFETY PEN NEEDLE/31G X 5MM	2	QL(5 ea daily); RX/OTC
AQINJECT PEN NEEDLE/32G X 5/32"	2	QL(5 ea daily); RX/OTC	AURORA PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC
ASSURE ID DUO PRO SAFETYPEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC	AURORA PEN NEEDLES 31G X6MM	2	QL(5 ea daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	2	QL(5 ea daily)	AURORA PEN NEEDLES 31G X8MM	2	QL(5 ea daily); RX/OTC
AUM INSULIN SAFETY PEN NEEDLE/31GX4MM	2	QL(5 ea daily)	AURORA UNIFINE PENTIPS/32GX5/32"	2	QL(5 ea daily); RX/OTC
AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	2	QL(5 ea daily); RX/OTC	AURORA UNIFINE PENTIPS/MINI/31GX3/16"	2	QL(5 ea daily); RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX4MM	2	QL(5 ea daily); RX/OTC	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
			BD BLUNT FILL NEEDLE/18GX 1-1/2"	2	RX/OTC
			BD ECLIPSE 18G X 1-1/2"	2	RX/OTC
			BD ECLIPSE NEEDLE/18G X 1-1/2"	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD HYPODERMIC NEEDLE REGULAR BEVEL THIN WALL 18G X 1-1/2"	2	RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	2	QL(5 ea daily)
BD HYPODERMIC NEEDLES 18GX1.5"	2	RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE LUER-LOK/U-100/1ML	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	2	QL(5 ea daily)	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	2	QL(5 ea daily)	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	2	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	2	QL(5 ea daily)	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	2	QL(5 ea daily)	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	2	QL(5 ea daily); RX/OTC	BD SAFETYGLIDE HYPODERMICNEEDLE 18G X 1-1/2"	2	RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	2	QL(5 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM	2	QL(5 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM	2	QL(5 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	2	QL(5 ea daily); RX/OTC	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
BD LUER-LOK SYRINGE/3ML	2	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
BD NEEDLE BLUNT 5 MICRONFILTER/18G X 1-1/2"	2	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
BD NEEDLE/18G 1-1/2"	2	RX/OTC	BD SLIP TIP SYRINGE/3ML	2	RX/OTC
BD NOKOR NEEDLE ADMIX THIN WALL/18G X 1-1/2"	2	RX/OTC	CAREFINE PEN NEEDLE 32GX4MM	2	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM	2	QL(5 ea daily)	CAREFINE PEN NEEDLES 29GX1/2"	2	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM	2	QL(5 ea daily); RX/OTC	CAREFINE PEN NEEDLES 30GX5/16"	2	QL(5 ea daily)
BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	2	QL(5 ea daily); RX/OTC	CAREFINE PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	QL(5 ea daily); RX/OTC	CAREFINE PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM	2	QL(5 ea daily); RX/OTC	CAREFINE PEN NEEDLES 32GX5MM	2	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(5 ea daily)	CAREFINE PEN NEEDLES 32GX6MM	2	QL(5 ea daily)
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM	2	QL(5 ea daily); RX/OTC	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	2	QL(5 ea daily)
BD PLASTIPAK 3ML SYRINGE/LUER-LOK	2	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	CAREPOINT PRECISION POLYHUB NEEDLE/18GX1-1/2"	2	RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	2	QL(5 ea daily)	CAREPOINT PRECISION SYRINGE/LUER LOCK/3ML	2	RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	CARETOUCH HYPODERMIC NEEDLE/18GX1-1/2"	2	RX/OTC
CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
CAREONE INSULIN SYRINGES/1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 29GX12MM	2	QL(5 ea daily); RX/OTC	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM	2	QL(5 ea daily); RX/OTC	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM	2	QL(5 ea daily); RX/OTC	CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM	2	QL(5 ea daily); RX/OTC	CARETOUCH LUER LOCK SYRINGE/3ML	2	RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	CARETOUCH PEN NEEDLE 29GX1/2"	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	CARETOUCH PEN NEEDLE 33GX5/32"	2	QL(5 ea daily)
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 31G X 6 MM	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 31GX 5MM	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 31GX 8MM	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 32GX 4MM	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 32GX 5MM	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32"	2	QL(5 ea daily)	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	2	QL(5 ea daily)	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	2	QL(5 ea daily)	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily)	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	2	QL(5 ea daily)
			CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	2	QL(5 ea daily)
			CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	2	QL(5 ea daily)
			CLICKFINE PEN NEEDLE 32GX5/32"	2	QL(5 ea daily); RX/OTC
			CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	2	QL(5 ea daily); RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 4MM	2	QL(5 ea daily)
CLICKFINE PEN NEEDLES 31G X 1/4"	2	QL(5 ea daily); RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 5MM	2	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 3/16"	2	QL(5 ea daily); RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 6 MM	2	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16"	2	QL(5 ea daily); RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 8 MM	2	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 4MM	2	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32"	2	QL(5 ea daily); RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 5MM	2	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4"	2	QL(5 ea daily); RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 6MM	2	QL(5 ea daily)
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 8MM	2	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	COMFORT TOUCH PEN NEEDLES/33G X 5/32"	2	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	DIATHRIVE PEN NEEDLE/31 G X 6MM	2	QL(5 ea daily); RX/OTC
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	DIATHRIVE PEN NEEDLE/31 GX 8MM	2	QL(5 ea daily); RX/OTC
COMFORT EZ MICRO/32G X 4MM	2	QL(5 ea daily); RX/OTC	DIATHRIVE PEN NEEDLE/31GX 5MM	2	QL(5 ea daily); RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 30G X 8MM	2	QL(5 ea daily)	DIATHRIVE PEN NEEDLE/32GX 4MM	2	QL(5 ea daily); RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM	2	QL(5 ea daily)	DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
COMFORT EZ SHORT/31G X 8MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
COMFORT EZ/31G X 5MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	2	QL(5 ea daily); RX/OTC
COMFORT EZ/31G X 6MM	2	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)
			DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)	DROPLET PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 32G X 1/4"	2	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 32G X 3/16"	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 32G X 5/16"	2	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 32G X 5/32"	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)	DROPLET PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 32GX5MM	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 32GX6MM	2	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	DROPLET PEN NEEDLES 32GX8MM	2	QL(5 ea daily)
DROPLET PEN NEEDLES 29G X 1/2"	2	QL(5 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 30G X 5/16"	2	QL(5 ea daily)	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31G X 3/16"	2	QL(5 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31G X 5/16"	2	QL(5 ea daily); RX/OTC	DROPSAFE SAFETY PEN NEEDLE/31GX5MM	2	QL(5 ea daily); RX/OTC
			DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4"	2	QL(5 ea daily); RX/OTC	EASY COMFORT PEN NEEDLES31GX3/16"	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS 31GX5MM	2	QL(5 ea daily); RX/OTC	EASY COMFORT PEN NEEDLES31GX5/16"	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM	2	QL(5 ea daily); RX/OTC	EASY COMFORT PEN NEEDLES32GX5/32"	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM	2	QL(5 ea daily); RX/OTC	EASY COMFORT PEN NEEDLES33G X 4MM	2	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS31GX8MM	2	QL(5 ea daily); RX/OTC	EASY COMFORT SAFETY PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM	2	QL(5 ea daily); RX/OTC	EASY COMFORT SAFETY PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	2	QL(5 ea daily); RX/OTC	EASY COMFORT SAFETY PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	EASY GLIDE PEN NEEDLES 33G X 5/32"	2	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	EASY GLIDE SYRINGE/LUER LLOCK/3ML	2	RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	EASY TOUCH 32GX5MM	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	EASY TOUCH 32GX6MM	2	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 18GX1-1/2"	2	RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX1/4"	2	QL(5 ea daily); RX/OTC	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
			EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
			EASY TOUCH HYPODERMIC NEEDLES 18GX1-1/2"	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	EASY TOUCH PEN NEEDLE 30G X 5/16"	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	EASY TOUCH PEN NEEDLES 29GX1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	EASY TOUCH PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	EASY TOUCH PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)	EASY TOUCH PEN NEEDLES 32GX1/4"	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	2	QL(5 ea daily); RX/OTC	EASY TOUCH PEN NEEDLES 32GX3/16"	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	EASY TOUCH PEN NEEDLES 32GX5/32"	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	EASY TOUCH PEN NEEDLES/31G X 3/16"	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)	EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	EQL INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	EQL INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	2	QL(5 ea daily); RX/OTC	EQL INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
EASYPPOINT NEEDLE/18G X 1-1/2"	2	RX/OTC	EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	2	QL(5 ea daily)
EMBRACE PEN NEEDLES/29G X 12MM	2	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	2	QL(5 ea daily); RX/OTC
EMBRACE PEN NEEDLES/30G X 8MM	2	QL(5 ea daily)	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC
EMBRACE PEN NEEDLES/31G X 5MM	2	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC
EMBRACE PEN NEEDLES/31G X 6MM	2	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
EMBRACE PEN NEEDLES/31G X 8MM	2	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
EMBRACE PEN NEEDLES/32G X 4MM	2	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC			
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC			
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	2	QL(5 ea daily); RX/OTC	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	2	QL(5 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM	2	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM	2	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)
FIFTY50 PEN NEEDLES/32GX6MM	2	QL(5 ea daily)	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	2	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	2	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)	GNP INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGES/0.3ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGES/1/2ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	GNP INSULIN SYRINGES/1ML/28GX1/2"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GNP INSULIN SYRINGES/1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/3ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES/31GX5/16"	2	QL(5 ea daily); RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32"	2	QL(5 ea daily); RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES/32GX1/4"	2	QL(5 ea daily)	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES31G X 5MM	2	QL(5 ea daily); RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	2	QL(5 ea daily); RX/OTC	HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	2	QL(5 ea daily); RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	2	QL(5 ea daily); RX/OTC	HEALTHWISE MINI PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	2	QL(5 ea daily)	HEALTHWISE PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	2	QL(5 ea daily); RX/OTC	HEALTHWISE SHORT PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	2	QL(5 ea daily); RX/OTC
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	2	QL(5 ea daily); RX/OTC	HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	2	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	2	QL(5 ea daily); RX/OTC	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	2	QL(5 ea daily); RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	2	QL(5 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	H-E-B INCONTROL PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	2	QL(5 ea daily); RX/OTC	HM ULTICARE SHORT PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	HYPODERMIC NEEDLE 18G X 1-1/2"	2	RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	HYPODERMIC NEEDLES 18GX1-1/2"	2	RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4 MM	2	QL(5 ea daily); RX/OTC	INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4"	2	QL(5 ea daily); RX/OTC	INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/0.5ML/27G X 1/2"	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	2	QL(5 ea daily)	INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGES/U-100/0.5ML/28GX1/2"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGES/U-100/0.5ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGES/U-100/0.5ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGES/U-100/1ML/27GX1/2"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGES/U-100/1ML/28GX1/2"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGES/U-100/1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGES/U-100/1ML/30GX1/2"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	INSULIN SYRINGES/U-100/1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	INSUPEN 29G X 12MM	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	INSUPEN 31G X 5MM	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	INSUPEN 31G X 8MM	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	INSUPEN 32G X 4MM	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	INSUPEN 33GX4MM	2	QL(5 ea daily)
INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	INSUPEN PEN NEEDLES 32G X4MM	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	INSUPEN SENSITIVE 32GX6MM	2	QL(5 ea daily)
INSULIN SYRINGES/U-100/0.5ML/27GX1/2"	2	QL(5 ea daily); RX/OTC	INSUPEN SENSITIVE 32GX8MM	2	QL(5 ea daily)
			INSUPEN ULTRAFIN 30GX8MM	2	QL(5 ea daily)
			INSUPEN ULTRAFIN 31GX6MM	2	QL(5 ea daily); RX/OTC
			INSUPEN ULTRAFIN 31GX8MM	2	QL(5 ea daily); RX/OTC
			KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	KROGER PEN NEEDLES 31G X8MM	2	QL(5 ea daily); RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	KROGER PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	KROGER PEN NEEDLES/31G X1/4"	2	QL(5 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/29G	2	QL(5 ea daily); RX/OTC	KROGER PEN NEEDLES/31G X3/16"	2	QL(5 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/30G	2	QL(5 ea daily); RX/OTC	KROGER PEN NEEDLES/31G X5/16"	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	KROGER PEN NEEDLES/32G X5/32"	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	KROGER PEN NEEDLES/33G X5/32"	2	QL(5 ea daily)
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 29G X12MM	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LEADER INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH PEN NEEDLES 29GX12.7MM	2	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH PEN NEEDLES 31GX8MM SHORT	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH PEN NEEDLES/31G X 3/16"	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH PEN NEEDLES/31G X 5MM/MINI	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MEIJER PEN NEEDLES 29G X12MM	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	MEIJER PEN NEEDLES 31G X6MM	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MEIJER PEN NEEDLES 31G X8MM	2	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS29GX12MM	2	QL(5 ea daily); RX/OTC	MICRODOT PEN NEEDLE/31G X 6 MM	2	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM	2	QL(5 ea daily); RX/OTC	MICRODOT PEN NEEDLE/32G X 4 MM	2	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM	2	QL(5 ea daily); RX/OTC	MICRODOT PEN NEEDLE/33G X 4 MM	2	QL(5 ea daily)
MARATHON MEDICAL PENTIPS32GX4MM	2	QL(5 ea daily); RX/OTC	MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
MAXICOMFORT II PEN NEEDLES/31G X 1/4"	2	QL(5 ea daily); RX/OTC	MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	2	QL(5 ea daily); RX/OTC	MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	2	QL(5 ea daily); RX/OTC	MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	2	QL(5 ea daily); RX/OTC	MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
			MM PEN NEEDLES 31G X 1/4"	2	QL(5 ea daily); RX/OTC
			MM PEN NEEDLES 31G X 3/16"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MM PEN NEEDLES 31G X 5/16"	2	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32"	2	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
MONOJECT BLUNTIP SYRINGE/3ML/CANNULA /IV ACCESS	2	RX/OTC	MONOJECT INSULIN SYRINGE/SOFTPACK/1M L/27G X 1/2"	2	QL(5 ea daily); RX/OTC
MONOJECT HYPO/ALUM HUB/18G X 1-1/2"	2	RX/OTC	MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
MONOJECT HYPO/ALUM HUB/LUER LOCK/SHORT BEVEL/18G X 1-1/2"	2	RX/OTC	MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/18G X 1-1/2"	2	RX/OTC	MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/LL/SHORT BEVEL/18G X 1-1/2"	2	RX/OTC	MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML	2	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	2	QL(5 ea daily)	MONOJECT MAGELLAN SAFETYNEEDLE 18GX1-1/2"	2	RX/OTC
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	2	QL(5 ea daily); RX/OTC	MONOJECT PHARMACY TRAY/LUER LOCK/3ML	2	RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/18GX1-1/2"	2	RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	MONOJECT SYRINGE/LUER LOCK/3ML	2	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	MONOJECT SYRINGE/LUER-LOCK TIP/3ML	2	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT SYRINGE/REG LUER/3ML	2	RX/OTC	MS INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/REGULARTIP/ 3ML	2	RX/OTC	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	2	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	NOVOFINE PEN NEEDLE 32G X 6MM	2	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	NOVOFINE PLUS PEN NEEDLE 32G X 4MM	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	PC UNIFINE PENTIPS 29G X 1/2"	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	PC UNIFINE PENTIPS 31G X 5MM MINI	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	PC UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	PC UNIFINE PENTIPS 31G X 8MM SHORT	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	PEN NEEDLES	2	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	PEN NEEDLES 30GX8MM	2	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	PEN NEEDLES 31G X 3/16"	2	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	PEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC
			PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC
			PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC
			PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC
			PEN NEEDLES 31GX6MM (1/4")	2	QL(5 ea daily); RX/OTC
			PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
			PEN NEEDLES 31GX8MM (5/16")	2	QL(5 ea daily); RX/OTC
			PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES 32G X 5MM	2	QL(5 ea daily); RX/OTC	PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 6MM	2	QL(5 ea daily)	PREFERRED PLUS INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 33G X 5/32"	2	QL(5 ea daily)	PREFERRED PLUS INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
PEN NEEDLES/29G X 1/2"	2	QL(5 ea daily); RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 1/4"	2	QL(5 ea daily); RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 3/16"	2	QL(5 ea daily); RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 5/16"	2	QL(5 ea daily); RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 6MM	2	QL(5 ea daily); RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
PEN NEEDLES/32G X 5/32"	2	QL(5 ea daily); RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	2	QL(5 ea daily); RX/OTC
PENTIPS 29G X 12MM	2	QL(5 ea daily); RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	2	QL(5 ea daily); RX/OTC
PENTIPS 29GX12MM	2	QL(5 ea daily); RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	2	QL(5 ea daily); RX/OTC
PENTIPS 31G X 5MM	2	QL(5 ea daily); RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	2	QL(5 ea daily); RX/OTC
PENTIPS 31G X 8MM	2	QL(5 ea daily); RX/OTC	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	2	QL(5 ea daily); RX/OTC
PENTIPS 31GX5MM	2	QL(5 ea daily); RX/OTC			
PENTIPS 31GX6MM	2	QL(5 ea daily); RX/OTC			
PENTIPS 31GX8MM	2	QL(5 ea daily); RX/OTC			
PENTIPS 32G X 4MM	2	QL(5 ea daily); RX/OTC			
PENTIPS 32GX4MM	2	QL(5 ea daily); RX/OTC			
PENTIPS 32GX6MM	2	QL(5 ea daily)			
PIP PEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC			
PIP PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC			
POLY HUB NEEDLE/18G X 1-1-1/2"	2	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC	PURE COMFORT PEN NEEDLE 32G X6MM	2	QL(5 ea daily)
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC	PURE COMFORT PEN NEEDLE 32G X8MM	2	QL(5 ea daily)
PREVENT SAFETY PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC	PURE COMFORT PEN NEEDLE/32G X 5MM	2	QL(5 ea daily); RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC	PURE COMFORT PEN NEEDLE/32G X4MM	2	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	2	QL(5 ea daily)	PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	2	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM	2	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	2	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	PX EXTRA SHORT PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	PX MINI PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/31G X 8MM	2	QL(5 ea daily); RX/OTC	PX PEN NEEDLE 29GX12MM	2	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM	2	QL(5 ea daily); RX/OTC	PX PEN NEEDLE 31GX8MM	2	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM	2	QL(5 ea daily); RX/OTC	PX SHORTLENGTH PEN NEEDLES/31GX8MM	2	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM	2	QL(5 ea daily)	QC PEN NEEDLES 29G X 12MM	2	QL(5 ea daily); RX/OTC
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	QC PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	QC PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	QC UNIFINE PENTIPS 32GX4MM	2	QL(5 ea daily); RX/OTC
			RA INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
			RA INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	RELION PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	RELION PEN NEEDLES 31G X6MM	2	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 5MM3/16"	2	QL(5 ea daily); RX/OTC	RELION PEN NEEDLES 31G X8MM	2	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 8MM5/16"	2	QL(5 ea daily); RX/OTC	RELION PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC
RAYA SURE PEN NEEDLE 29GX 12MM	2	QL(5 ea daily); RX/OTC	RELION PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC
RAYA SURE PEN NEEDLE 31GX 4MM	2	QL(5 ea daily)	RELION PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
RAYA SURE PEN NEEDLE 31GX 5MM	2	QL(5 ea daily); RX/OTC	RELION PEN NEEDLES 32G X4MM	2	QL(5 ea daily); RX/OTC
RAYA SURE PEN NEEDLE 31GX 6MM	2	QL(5 ea daily); RX/OTC	RELION PEN NEEDLES 32G X5/32"	2	QL(5 ea daily); RX/OTC
RAYA SURE PEN NEEDLE 31GX 8MM	2	QL(5 ea daily); RX/OTC	RELION PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	RELION PEN NEEDLES/31G X1/4"	2	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	RELION SHORT PEN NEEDLES31GX8MM	2	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	SAFETY PEN NEEDLES/30G X5/16"	2	QL(5 ea daily)
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	SB INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	SB INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	SB INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	SB INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	SB INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
RELION MINI PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	SECURESAFE SAFETY INSULIN SYRINGES/U- 100/0.5ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
			SECURESAFE SAFETY INSULIN SYRINGES/U- 100/1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
			SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM	2	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	2	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM	2	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM	2	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOV R/32GX4MM	2	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM	2	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM	2	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOV R/31GX8MM	2	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	2	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	2	QL(5 ea daily)
			SURE COMFORT PEN NEEDLES30GX5/16" SHORT	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	2	QL(5 ea daily); RX/OTC	TECHLITE PEN NEEDLES 29GX 12 MM	2	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	2	QL(5 ea daily); RX/OTC	TECHLITE PEN NEEDLES 31GX 5MM	2	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32"	2	QL(5 ea daily); RX/OTC	TECHLITE PEN NEEDLES/31GX 8MM	2	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	2	QL(5 ea daily); RX/OTC	TECHLITE PEN NEEDLES/32GX 6MM	2	QL(5 ea daily)
SURE COMFORT PEN NEEDLES32GX6MM	2	QL(5 ea daily)	TECHLITE PLUS PEN NEEDLES32G X 4MM	2	QL(5 ea daily); RX/OTC
SYRINGE/LUER LOCK/3ML	2	RX/OTC	TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	2	QL(5 ea daily); RX/OTC
SYRINGE/LUER SLIP/3ML	2	RX/OTC	TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	2	QL(5 ea daily); RX/OTC
SYRINGES/LUER LOCK/WITHOUT NEEDLE/3ML	2	RX/OTC	TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4"	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 5MM	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES31G X 5MM	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 6MM	2	QL(5 ea daily)
TRUE COMFORT PEN NEEDLES31G X 6MM	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	2	QL(5 ea daily)
TRUE COMFORT PEN NEEDLES32G X 4MM	2	QL(5 ea daily); RX/OTC	TRUE COMFORT PRO PEN NEEDLES 33G X 4MM	2	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	2	QL(5 ea daily)	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC	TRUEPLUS PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	TRUEPLUS PEN NEEDLES 31GX5MM	2	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC	TRUEPLUS PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	TRUEPLUS PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	TRUEPLUS PEN NEEDLES 32GX4MM	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
			ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	2	QL(5 ea daily)
			ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	2	QL(5 ea daily)	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE MICRO PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE MICRO PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE MICRO PEN NEEDLES/31G X 1/4"	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE MICRO PEN NEEDLES/31G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE MICRO PEN NEEDLES/32G X 4MM	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTICARE MICRO PEN NEEDLES/32G X 5/32"	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	QL(5 ea daily)	ULTICARE MINI PEN NEEDLES 31GX6MM	2	QL(5 ea daily); RX/OTC
			ULTICARE MINI PEN NEEDLES ULTI-FINE IV	2	QL(5 ea daily); RX/OTC
			ULTICARE MINI PEN NEEDLES/31G X 6MM	2	QL(5 ea daily); RX/OTC
			ULTICARE MINI PEN NEEDLES/32G X 1/4"	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTICARE MINI PEN NEEDLES31GX6MM	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	2	QL(5 ea daily); RX/OTC
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	2	QL(5 ea daily)	ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	2	QL(5 ea daily)
ULTICARE PEN NEEDLES 31GX 5MM/MINI	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM	2	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM	2	QL(5 ea daily)	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	2	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES 31GX8MM	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	2	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA	2	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN	2	QL(5 ea daily); RX/OTC
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	2	QL(5 ea daily)	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	2	QL(5 ea daily)	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	2	QL(5 ea daily)	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	2	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	2	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	2	QL(5 ea daily)			
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	2	QL(5 ea daily); RX/OTC			
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	2	QL(5 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	2	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	2	QL(5 ea daily)
ULTIGUARD SAFEPACK/TINY PEN NEEDLE/32G X 4MM/SHARPS CONTAIN	2	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/TINY PEN NEEDLE/32G X 6MM/SHARPS CONTAIN	2	QL(5 ea daily)	ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 29GX12.7MM	2	QL(5 ea daily)	ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 31GX5MM	2	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 31GX8MM	2	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM	2	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	2	QL(5 ea daily)
ULTILET PEN NEEDLE 32GX4MM/SHORT	2	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16"	2	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX3/16"	2	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	2	QL(5 ea daily); RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	2	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	2	QL(5 ea daily); RX/OTC	ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 33GX4MM	2	QL(5 ea daily)	ULTRA THIN PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLES	2	QL(5 ea daily); RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 31GX8MM	2	QL(5 ea daily); RX/OTC			
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	QL(5 ea daily)	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	2	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	2	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	2	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTRA-THIN II MINI PEN NEEDLES/31GX3/16"	2	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	QL(5 ea daily); RX/OTC	ULTRA-THIN II PEN NEEDLES 29GX1/2"	2	QL(5 ea daily)
ULTRACARE PEN NEEDLES/31G X 1/4"	2	QL(5 ea daily); RX/OTC	ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16"	2	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/31G X 3/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PEN NEEDLE/32G X4MM	2	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS 29GX12MM	2	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14"	2	QL(5 ea daily)	UNIFINE PENTIPS 31G X 3/16"	2	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 3/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS 31GX5MM	2	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS 31GX6MM	2	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/33G X 5/32"	2	QL(5 ea daily)	UNIFINE PENTIPS 31GX8MM	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS 32GX4MM	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS 32GX6MM	2	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	2	QL(5 ea daily); RX/OTC	UNIFINE PENTIPS 33GX4MM	2	QL(5 ea daily)
			UNIFINE PENTIPS PLUS 29GX12MM	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS 31GX5MM	2	QL(5 ea daily); RX/OTC	VALUMARK PEN NEEDLES 29GX12MM	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM	2	QL(5 ea daily); RX/OTC	VALUMARK PEN NEEDLES 31GX 6MM	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM	2	QL(5 ea daily); RX/OTC	VALUMARK PEN NEEDLES 31GX 8MM	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM	2	QL(5 ea daily); RX/OTC	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	2	QL(5 ea daily)
UNIFINE PENTIPS PLUS 33GX 5/32"	2	QL(5 ea daily)	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 33GX4MM	2	QL(5 ea daily)	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC
UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 8MM	2	QL(5 ea daily)	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN PEN NEEDLE 29G X 12MM	2	QL(5 ea daily); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE 31GX5MM	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN PEN NEEDLE 31G X 5MM	2	QL(5 ea daily); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE 31GX6MM	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN PEN NEEDLE 31G X 8MM	2	QL(5 ea daily); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE 31GX8MM	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN PEN NEEDLE 32G X 4MM	2	QL(5 ea daily); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN PEN NEEDLE 32G X 6MM	2	QL(5 ea daily)
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16"	2	QL(5 ea daily)	VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM	2	QL(5 ea daily); RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX5MM	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM	2	QL(5 ea daily); RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX6MM	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM	2	QL(5 ea daily); RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX8MM	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	2	QL(5 ea daily); RX/OTC
UNIFINE ULTRA PEN NEEDLE/32GX4MM	2	QL(5 ea daily); RX/OTC	VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	2	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC			
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	2	QL(5 ea daily); RX/OTC	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	2	QL(5 ea daily); RX/OTC	WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	2	QL(5 ea daily); RX/OTC	ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	2	QL(5 ea daily)
VERIFINE INSULIN SYRINGE1ML/29G X 12MM	2	QL(5 ea daily); RX/OTC	ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE1ML/31G X 8MM	2	QL(5 ea daily); RX/OTC	ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	2	QL(5 ea daily); RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	2	QL(5 ea daily); RX/OTC	ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	2	QL(5 ea daily); RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	2	QL(5 ea daily); RX/OTC	ZEV RX PEN NEEDLES 31G X 5MM	2	QL(5 ea daily); RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC	ZEV RX PEN NEEDLES 31G X 6MM	2	QL(5 ea daily); RX/OTC
VERIFINE PLUS PEN NEEDLE/32G X 4MM	2	QL(5 ea daily); RX/OTC	ZEV RX PEN NEEDLES 31G X 8MM	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM	2	QL(5 ea daily); RX/OTC	ZEV RX PEN NEEDLES 32G X 4MM	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	2	QL(5 ea daily); RX/OTC	Respiratory Therapy Supplies		
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	2	QL(5 ea daily); RX/OTC	ACE AEROSOL CLOUD ENHANCER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
VIDA MIA UNIFINE PENTIPSSHORT 31GX8MM	2	QL(5 ea daily); RX/OTC	ACTIVITY POUCH MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	QL(5 ea daily); RX/OTC	ADULT AEROSOL MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	2	QL(5 ea daily); RX/OTC	ADULT MASK LARGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	2	QL(5 ea daily); RX/OTC	ADULT MASK DEVI	2	RX/OTC
			AEROBIKA DEVI	2	RX/OTC
			AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER MV MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER/FLOWSIGNAL MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	AEROECLIPSE EZ TWIST TUBING MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	AEROECLIPSE MASK LARGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	AEROECLIPSE MASK MEDIUM MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	AEROECLIPSE MASK SMALL MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	AEROTRACH PLUS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 1000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
			ALL FLOW 2000 PFT FILTER DEVI	2	RX/OTC
			ALL FLOW 3000 PFT FILTER DEVI	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALL FLOW 4000 PFT FILTER DEVI	2	RX/OTC	CARETOUCH CPAP & BIPAP HOSE/6FT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	2	RX/OTC	CARETOUCH CPAP MASK WIPES MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	2	RX/OTC	CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	2	QL(1 ml per 360 day(s) retail); RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	2	RX/OTC	CARETOUCH CPAP TUBE CLEANING BRUSH MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	CARETOUCH UNIVERSAL CPAPFILTERS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
BREATHE EASE NEBULIZER MASK/CHILD MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
BREATHE EASE/LARGE MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
BREATHE EASE/SMALL MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	CO MONITOR REPLACEMENT TPIECES MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	CO MONITOR DEVI	2	RX/OTC
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC			
CARETOUCH 2 CPAP HOSE HANGER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	EASY FLOW WHITE/GREEN DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	EASY FLOW WHITE/PINK DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	EASY FLOW WHITE/WHITE DEVI	2	RX/OTC
EASIVENT/MASK-LARGE MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	EASY FLOW WHITE/YELLOW DEVI	2	RX/OTC
EASIVENT/MASK-MEDIUM MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	EBASE CONTROLLER KIT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EASIVENT/MASK-SMALL MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
EASIVENT MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
EASY FLOW 300 MM HOSE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
EASY FLOW 400 MM HOSE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
EASY FLOW AIR NOZZLE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	FILTER AIR PP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	2	RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	2	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/ORANGE DEVI	2	RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	2	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/RED DEVI	2	RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	2	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/WHITE DEVI	2	RX/OTC	FLEXICHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/YELLOW DEVI	2	RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW HEPA FILTER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	FULL KIT NEBULIZER SET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/BLUE DEVI	2	RX/OTC	IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	2	RX/OTC	NEBULIZER MASK ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	2	RX/OTC	NEBULIZER MASK CHILD MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	NOSE CLIP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	OMBRA COMPRESSOR AIR FILTERS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
INSPIREASE RESERVOIR BAGS	2	QL(3 ea per 180 day(s) retail)	OMBRA TABLE TOP COMPRESSOR DEVI	2	RX/OTC
LITETOUCH MASK LARGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	ONE FLOW FVC MONITORING SPIROMETER DEVI	2	RX/OTC
LITETOUCH MASK MEDIUM MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
LITETOUCH MASK SMALL MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
MASK VORTEX/CHILD/FROG	2	QL(1 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
MASK VORTEX/TODDLER/LAD YBUG	2	QL(1 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
MICROCHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
MICROCHAMBER MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	PANDA MASK LARGE	2	QL(1 ea per 360 day(s) retail); RX/OTC
MICROSPACER MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC	PANDA MASK MEDIUM	2	QL(1 ea per 360 day(s) retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PANDA MASK SMALL	2	QL(1 ea per 360 day(s) retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PARI ALTERA NEBULIZER HANDSET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
NEBULIZER CUP/TUBING DEVI	2	RX/OTC	PARI BABY CONVERSION KIT SIZE 1 MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PARI BABY CONVERSION KITSIZE 2 MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PILLOW MASK/ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PARI BABY CONVERSION KITSIZE 3 MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PILLOW MASK/CHILD MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PARI BUBBLES PEDIATRIC AEROSOL MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PILLOW MASK/PEDIATRIC MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	POCKET CHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI	2	QL(1 ea per 360 day(s) retail); RX/OTC	POCKET SPACER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
PARI MANUAL INTERRUPTER DEVI	2	RX/OTC	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
PARI MASK SET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	2	QL(2 ea per 360 day(s) retail); RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PROCARE SPACER CHAMBER W/ADULT MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
PARI SOFT PLASTIC PEDIATRIC MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PROCARE SPACER CHAMBER W/CHILD MASK DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
PARI TREK S COMBO PACK DEVI	2	RX/OTC	PROCHAMBER VALVED HOLDINGCHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
PARI VORTEX ADULT MASK	2	QL(1 ea per 360 day(s) retail); RX/OTC	PRONEB ULTRA FILTER SET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PURE COMFORT 3-BALL BREATH EXERCISER DEVI	2	RX/OTC
PEDIATRIC PANDA MASK	2	QL(1 ea per 360 day(s) retail); RX/OTC	PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
PFLEX MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	QUAKE DEVI	2	RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	REPLACEMENT AIR FILTER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REPLACEMENT FILTERS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	SOOTHENEB NBL 100 CHILD MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	SOOTHENEB NBL 100 MEDICATION CUP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
RITEFLO DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC	SOOTHENEB NBL 100 MESH CAP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	SOOTHENEB NBL100 ADULT MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	SPIRO PD DEVI	2	RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	THRESHOLD IMT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	THRESHOLD PEP DEVI	2	RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	TUBING/WING TIP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	ULTRA NEB NEBULIZER ACCESSORIES KIT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	VERSAPAP/UNIVERSAL TUBING DEVI	2	RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	VERSAPAP DEVI	2	RX/OTC
			VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
			VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
			VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 ea per 360 day(s) retail); RX/OTC
			WINDMILL TRAINER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC

MIGRAINE PRODUCTS - Drugs to Treat Migraine

Drug Name	Drug Tier	Requirements/Limits
Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	2	QL(1 ml per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
AJOVY SOAJ	2	QL(4.5 ml per 90 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
AJOVY SOSY	2	QL(4.5 ml per 90 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EMGALITY SOAJ	2	QL(2 ml per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EMGALITY SOSY 120 MG/ML	2	QL(2 ml per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EMGALITY SOSY 100 MG/ML	2	QL(3 ml per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
NURTEC	NP	QL(16 ea per 30 day(s) retail; 16 ea per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA
QULIPTA	NP	QL(1 ea daily); 2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/Limits
UBRELVY	2	QL(14 ea per 28 day(s) retail; 14 ea per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA
VYEPTI	NP	2 max fill(s) per 30 day(s) retail; PA
ZAVZPRET	NP	2 max fill(s) per 30 day(s) retail; PA
Migraine Combinations		
CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	NP	AL(At least 18 yrs old); PA
<i>ergotamine w/ caffeine SUPP</i>	1	
<i>sumatriptan-naproxen sodium</i>	NP	PA
TREXIMET (<i>sumatriptan-naproxen sodium</i>)	NF	
Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	AL(At least 18 yrs old); PA
MIGRANAL SOLN NA (<i>dihydroergotamine mesylate</i>)	NP	AL(At least 18 yrs old); PA
Migraine Products - NSAIDs		
CAMBIA (<i>diclofenac potassium (migraine)</i>)	NF	
<i>diclofenac potassium (migraine)</i>	1	PA
ELYXYB	2	PA
Serotonin Agonists		
<i>almotriptan malate</i>	NP	QL(6 ea per 30 day(s) retail)
<i>eletriptan hydrobromide</i>	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FROVA (<i>frovatriptan succinate</i>)	NP	PA	<i>rizatriptan benzoate TABS</i>	1	QL(12 ea per 30 day(s) retail); AL(At least 6 yrs old)
<i>frovatriptan succinate</i>	NP		<i>rizatriptan benzoate TBDP</i>	1	
IMITREX 5 MG/ACT, 20 MG/ACT (<i>sumatriptan</i>)	2	QL(6 ea per 30 day(s) retail); AL(At least 12 yrs old)	<i>sumatriptan</i>	1	QL(6 ea per 30 day(s) retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	PA	<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	NP	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old); PA
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old); PA	<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	NP	PA
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	PA	<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	NP	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old); PA
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old); PA	<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	NP	PA
IMITREX TABS (<i>sumatriptan succinate</i>)	NP	QL(9 ea per 30 day(s) retail); AL(At least 12 yrs old); PA	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old)
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	NP	PA	<i>sumatriptan succinate TABS</i>	1	QL(9 ea per 30 day(s) retail); AL(At least 12 yrs old)
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	NP	QL(12 ea per 30 day(s) retail); AL(At least 6 yrs old); PA	TOSYMRA	NP	PA
<i>naratriptan hcl</i>	1	QL(9 ea per 30 day(s) retail); AL(At least 18 yrs old)	ZEMBRACE SYMTOUCH SOAJ	NP	PA
RELPAK 40 MG (<i>eletriptan hydrobromide</i>)	NF		<i>zolmitriptan SOLN 5 MG</i>	NP	AL(At least 12 yrs old)
RELPAK (<i>eletriptan hydrobromide</i>)	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old); PA	<i>zolmitriptan TABS</i>	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)
REYVOW	NP	PA	<i>zolmitriptan TBDP</i>	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)
			ZOMIG SOLN 2.5 MG	NP	
			ZOMIG SOLN (<i>zolmitriptan</i>)	NP	AL(At least 12 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
ZOMIG TABS 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NF	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)
MINERALS & ELECTROLYTES		
Calcium		
<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG</i>	1	QL(2 ea daily)
<i>calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG</i>	2	
<i>calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 400 UNIT-500 MG, 500 MG-5 MCG</i>	1	
<i>calcium carbonate TABS 600 MG, 1250 MG</i>	1	
CALTRATE 600+D3 TABS (<i>calcium carbonate-cholecalciferol</i>)	NF	
CALTRATE BONE HEALTH TABS (<i>calcium carbonate-cholecalciferol</i>)	NF	
<i>oyster shell</i>	1	
Fluoride		
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG</i>	1	MP
<i>sodium fluoride SOLN 0.5 MG/ML</i>	1	MP; RX/OTC
<i>sodium fluoride TABS</i>	2	
SOLUVITA SOLN	2	RX/OTC
Phosphate		
K-PHOS NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NP	QL(8 ea daily); MP; PA
K-PHOS TABS (<i>potassium phosphate monobasic</i>)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	QL(8 ea daily); MP
<i>potassium phosphate monobasic TABS</i>	2	
Potassium		
EFFER-K	2	
K-TAB TBCR 10 MEQ (<i>potassium chloride</i>)	NP	MP; PA
K-TAB TBCR 20 MEQ (<i>potassium chloride</i>)	NP	
POKONZA PACK OR	NP	PA
<i>potassium acetate SOLN 2 MEQ/ML</i>	1	PA
POTASSIUM ACETATE SOLN 2 MEQ/ML	1	PA
<i>potassium bicarbonate TBEF</i>	NP	MP; PA
<i>potassium chloride microencapsulated crystals er</i>	1	MP
<i>potassium chloride CPCR</i>	1	MP
<i>potassium chloride PACK OR 20 MEQ</i>	NP	PA
<i>potassium chloride SOLN IV</i>	1	PA
<i>potassium chloride SOLN IV 2 MEQ/ML</i>	2	PA
<i>potassium chloride SOLN OR 10 %</i>	1	MP
POTASSIUM CHLORIDE SOLN IV (<i>potassium chloride</i>)	1	PA
<i>potassium chloride TBCR 8 MEQ</i>	2	MP
<i>potassium chloride TBCR 20 MEQ</i>	NP	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1	MP
MISCELLANEOUS THERAPEUTIC CLASSES		
Allogeneic Tissue		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RETHYMIC	CO		<i>cyclosporine CAPS</i>	CO	
Chelating Agents			<i>cyclosporine SOLN IV 50 MG/ML</i>	CO	
CUPRIMINE CAPS (<i>penicillamine</i>)	NP	PA	ENSPRYNG	CO	
CUVRIOR	NP	SP; PA	ENVARBUS XR TB24	CO	
DEPEN TITRATABS TABS (<i>penicillamine</i>)	2	PA	<i>everolimus</i> (<i>immunosuppressant</i>)	CO	
<i>penicillamine CAPS</i>	1	PA	GAMIFANT	CO	
<i>penicillamine TABS</i>	1	PA	IMURAN TABS (<i>azathioprine</i>)	NP	MP; PA
SYPRINE (<i>trientine hcl</i>)	NP	SP; PA	LUPKYNIS	NP	QL(6 ea daily); SP; PA
<i>trientine hcl 500 MG</i>	2	SP; PA	<i>mycophenolate mofetil CAPS</i>	CO	
<i>trientine hcl 250 MG</i>	1	SP; PA	<i>mycophenolate mofetil SUSR</i>	CO	
Immunomodulators			<i>mycophenolate mofetil TABS</i>	CO	
JOENJA	CO		<i>mycophenolate sodium</i>	CO	
<i>lenalidomide</i>	1	SP; PA	MYFORTIC (<i>mycophenolate sodium</i>)	CO	
REVLIMID	NP	SP; PA	NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	CO	
REZUROCK	CO		NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	CO	
RYSTIGGO	CO		NULOJIX	CO	
RYSTIGGO	CO		PROGRAF CAPS (<i>tacrolimus</i>)	CO	
THALOMID	2	SP; MP; PA	PROGRAF PACK	CO	
VYVGART	CO		PROGRAF SOLN	CO	
VYVGART HYTRULO	CO		RAPAMUNE SOLN (<i>sirolimus</i>)	CO	
Immunosuppressive Agents			RAPAMUNE TABS (<i>sirolimus</i>)	CO	
ASTAGRAF XL CP24	CO		SANDIMMUNE CAPS (<i>cyclosporine</i>)	CO	
ATGAM	CO	SP	SANDIMMUNE SOLN IV 50 MG/ML	CO	
<i>azathioprine TABS 75 MG, 100 MG</i>	NP	QL(3 ea daily); MP; PA	SANDIMMUNE SOLN OR 100 MG/ML	CO	
<i>azathioprine TABS 50 MG</i>	1	MP			
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	CO				
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	CO				
CELLCEPT TABS (<i>mycophenolate mofetil</i>)	CO				
<i>cyclosporine modified (for microemulsion) CAPS</i>	CO				
<i>cyclosporine modified (for microemulsion) SOLN</i>	CO				

Drug Name	Drug Tier	Requirements/Limits
SIMULECT	CO	
<i>sirolimus SOLN</i>	CO	
<i>sirolimus TABS</i>	CO	
<i>tacrolimus CAPS</i>	CO	
THYMOGLOBULIN	CO	SP
UPLIZNA	CO	
ZORTRESS (<i>everolimus (immunosuppressant)</i>)	CO	
Irrigation Solutions		
<i>irrigation solutions, physiological</i>	1	PA
<i>ringer's irrigation</i>	1	PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE PACK	CO	
VIJOICE TBPk	CO	
Potassium Removing Agents		
LOKELMA	2	
<i>sodium polystyrene sulfonate POWD</i>	1	QL(454 gm per fill retail)
<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	1	
VELTASSA	NP	
Progeria Treatment Agents		
ZOKINVY	CO	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	2	SP; PA
BENLYSTA SOLR	2	SP; PA
BENLYSTA SOSY	2	SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	QL(100 ml per fill retail)
Anti-infectives - Throat		

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole</i>	1	
NYSTATIN (<i>nystatin (mouth-throat)</i>)	1	QL(120 ml per fill retail)
NYSTATIN (<i>nystatin (mouth-throat)</i>)	NF	
<i>nystatin (mouth-throat)</i>	1	QL(120 ml per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
PERIDEX (<i>chlorhexidine gluconate (mouth-throat)</i>)	NP	
Dental Products		
LISTERINE TOTAL CARE ZERO SOLN (<i>sodium fluoride (dental)</i>)	NF	
LISTERINE TOTAL CARE SOLN (<i>sodium fluoride (dental)</i>)	NF	
PREVIDENT 5000 DRY MOUTH GEL (<i>sodium fluoride (dental)</i>)	NP	MP
PREVIDENT 5000 PLUS CREA (<i>sodium fluoride (dental)</i>)	NP	MP
PREVIDENT FLUORIDE GEL (<i>sodium fluoride (dental)</i>)	NP	MP
PREVIDENT RINSE SOLN 0.2 % (<i>sodium fluoride (dental)</i>)	NP	MP
<i>sodium fluoride (dental) CREA</i>	1	MP
<i>sodium fluoride (dental) GEL</i>	1	MP
<i>sodium fluoride (dental) SOLN 0.2 %</i>	1	MP
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetone (mouth)</i>	1	QL(5 gm per fill retail)
Throat Products - Misc.		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cevimeline hcl</i>	1	MP	CENTRUM SILVER 50+MEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
EVOXAC (<i>cevimeline hcl</i>)	NP	MP; PA	CENTRUM SILVER 50+WOMEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
EVOXAC (<i>cevimeline hcl</i>)	NF	MP	CENTRUM SILVER ADULT 50+ TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily); MP	CENTRUM SILVER ADULTS 50+ TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
<i>pilocarpine hcl (oral) 7.5 MG</i>	1		CENTRUM SILVER WOMEN 50+ TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	NF	QL(6 ea daily); MP	CENTRUM SILVER TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
SALAGEN 7.5 MG (<i>pilocarpine hcl (oral)</i>)	NF		CENTRUM WOMEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
MULTIVITAMINS			DERMACINRX MULTITAM TABS	2	RX/OTC
B-Complex w/ Folic Acid			<i>multiple vitamins w/ minerals</i> TABS	1	RX/OTC
<i>b-complex w/ c & folic acid CAPS</i>	2	QL(1 ea daily); RX/OTC	NICADAN TABS	2	RX/OTC
<i>b-complex w/ c & folic acid CAPS</i>	1	QL(1 ea daily); RX/OTC	NICAZEL FORTE TABS	2	RX/OTC
<i>b-complex w/ c & folic acid TABS 60 MG-300 MCG-1 MG-1.5 MG-20 MG-10 MG-10 MG-1.7 MG-6 MCG</i>	2	RX/OTC	NICAZEL TABS	2	RX/OTC
<i>b-complex w/ c & folic acid TABS 100 MG-10 MG-0.3 MG-1 MG-1.5 MG-0.006 MG-10 MG-1.7 MG-20 MG, 500 MG-4 MG-0.5 MG-5 MCG-18 MG-15 MG-100 MG-15 MG, 60 MG-10 MG-300 MCG-1 MG-6 MCG-1.7 MG-20 MG-10 MG-1.5 MG</i>	1	RX/OTC	ONE-A-DAY WEIGHT SMART ADVANCED TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
Multiple Vitamins w/ Minerals			ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
BACMIN TABS	2	RX/OTC	ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
CENTRUM ADULTS TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC			
CENTRUM MEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
ONE-A-DAY WOMENS PETITES TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
ONEVITE TABS	2	RX/OTC
OPTIVITE P.M.T. TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
STROVITE ONE TABS	2	RX/OTC
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	2	RX/OTC
VENTRIXYL TABS	2	RX/OTC
VITAROCA PLUS TABS (<i>multiple vitamins w/ minerals</i>)	NF	RX/OTC
Ped Multi Vitamins w/Fl & FE		
<i>ped multivitamins w/fl & iron SOLN</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	
Ped MV w/ Fluoride		
MULTIVITAMIN WITH FLUORIDE SOLN	1	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.25 MG-600 MCG-4.5 MCG-230 MCG, 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-1 MG-600 MCG-4.5 MCG-230 MCG	2	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
<i>pediatric multivitamins w/fl CHEW</i>	1	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
<i>pediatric multivitamins w/fl CHEW</i>	2	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
<i>pediatric multivitamins w/fl SOLN</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
<i>pediatric vitamins acid w/ fluoride SOLN</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old)
POLY-VI-FLOR CHEW	2	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
Ped MV w/ Iron		
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	1	QL(60 ml per fill retail)
<i>pediatric multiple vitamins w/ iron CHEW</i>	1	
Pediatric Multiple Vitamins		
INFUVITE PEDIATRIC SOLN IV	2	PA
MULTIVITAMIN INFANT/TODDLER SOLN OR	2	
VITALIPID N INFANT EMUL	2	PA
VITLIPID N INFANT EMUL	2	PA
Pediatric Vitamins		
VITAMIN A/C/D INFANT/TODDLER	1	

Drug Name	Drug Tier	Requirements/Limits
Prenatal Vitamins		
CLASSIC PRENATAL TABS	1	QL(1 ea daily); MP
COMPLETE NATAL DHA	1	MP
COMPLETENATE CHEW	1	QL(1 ea daily); MP
CO-NATAL FA TABS	2	QL(1 ea daily); MP; RX/OTC
GNP PRENATAL TABS	1	QL(1 ea daily); MP
M-NATAL PLUS TABS	1	MP; RX/OTC
NATALVIT TABS	2	QL(1 ea daily); MP
NIVA-PLUS TABS	2	MP; RX/OTC
PRENATAL PLUS VITAMIN ANDMINERAL TABS	2	MP; RX/OTC
PRENATAL PLUS TABS	2	MP; RX/OTC
PRENATAL VITAMINS PLUS LOW IRON TABS	1	MP; RX/OTC
PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	1	QL(1 ea daily); MP
PRENATAL TABS 100 MG-2.6 MG-800 MCG-10 MCG-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-200 MG-5 MG-1200 MCG	2	QL(1 ea daily); MP
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	1	MP; RX/OTC
PRENATAL TABS 100 MG-2.6 MG-800 MCG-10 MCG-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-200 MG-5 MG-1200 MCG	1	QL(1 ea daily); MP
PRENATRYL TABS	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SE-NATAL 19 CHEW	1	QL(1 ea daily); MP
SE-NATAL 19 TABS	1	QL(1 ea daily); MP; RX/OTC
THRIVITE RX TABS	2	QL(1 ea daily); MP; RX/OTC
TRINATAL RX 1 TABS	1	QL(1 ea daily); MP
WESNATAL DHA COMPLETE	1	MP
WESTAB PLUS TABS	1	MP; RX/OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 (cyclobenzaprine hcl)	NP	PA
baclofen SOLN OR 5 MG/5ML, 10 MG/5ML	NP	PA
baclofen SUSP	1	PA
baclofen TABS 5 MG, 10 MG, 20 MG	1	
baclofen TABS 15 MG	NP	PA
carisoprodol TABS	NP	QL(4 ea daily); PA
chlorzoxazone TABS	NP	
cyclobenzaprine hcl CP24	NP	PA
cyclobenzaprine hcl TABS 7.5 MG	NP	PA
cyclobenzaprine hcl TABS 5 MG, 10 MG	1	QL(3 ea daily)
FLEQSUVY SUSP (baclofen)	NP	PA
LYVISPAH PACK	NP	PA
metaxalone	1	
methocarbamol SOLN	NP	PA
methocarbamol TABS 500 MG, 750 MG	1	
orphenadrine citrate SOLN	NP	PA
orphenadrine citrate TB12	NP	

Drug Name	Drug Tier	Requirements/Limits
OZOBAX DS SOLN OR (baclofen)	NF	
OZOBAX SOLN OR (baclofen)	NF	
ROBAXIN SOLN (methocarbamol)	NP	PA
SOMA TABS (carisoprodol)	NP	QL(4 ea daily); PA
tizanidine hcl CAPS	NP	PA
tizanidine hcl TABS 2 MG	1	QL(18 ea daily); MP
tizanidine hcl TABS 4 MG	1	QL(9 ea daily); MP
ZANAFLEX CAPS (tizanidine hcl)	NP	PA
ZANAFLEX TABS 4 MG (tizanidine hcl)	NP	QL(9 ea daily); MP; PA
Direct Muscle Relaxants		
DANTRIUM IV SOLR (dantrolene sodium)	2	PA
DANTRIUM CAPS 25 MG (dantrolene sodium)	NP	PA
dantrolene sodium CAPS	NP	
dantrolene sodium SOLR	1	PA
RYANODEX SUSR	2	PA
Fibrodysplasia Ossificans Progressiva (FOP) Agents		
SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG	CO	
SOHONOS 5 MG	CO	SP
Muscle Relaxant Combinations		
NORGESIC FORTE (orphenadrine w/ aspirin & caff)	NP	PA
orphenadrine w/ aspirin & caff	NP	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		

Drug Name	Drug Tier	Requirements/Limits
azelastine hcl-fluticasone propionate SUSP	NP	
DYMISTA SUSP (azelastine hcl-fluticasone propionate)	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		
OCEAN NASAL SPRAY SOLN (saline)	NF	QL(50 ml per fill retail)
saline SOLN	1	QL(50 ml per fill retail)
Nasal Antiallergy		
azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY	1	QL(1 ml daily)
olopatadine hcl (nasal)	NP	
PATANASE (olopatadine hcl (nasal))	NP	PA
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.03 %	1	QL(1.2 ml daily); MP
ipratropium bromide (nasal) 0.06 %	1	QL(0.5 ml daily); MP
Nasal Steroids		
BECONASE AQ	NP	
budesonide (nasal)	1	
FLONASE ALLERGY RELIEF CHILDRENS SUSP (fluticasone propionate (nasal))	NF	QL(18.2 ml per 30 day(s) retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal))	NF	QL(18.2 ml per 30 day(s) retail); RX/OTC
flunisolide (nasal) 0.025 %	NP	QL(25 ml per fill retail)
fluticasone propionate (nasal) SUSP	1	QL(18.2 ml per 30 day(s) retail); RX/OTC
mometasone furoate (nasal) SUSP	NP	QL(17 gm per fill retail); AL(At least 2 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	NF	QL(17 ml per fill retail); AL(At least 2 yrs old)
OMNARIS SUSP	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
<i>triamcinolone acetonide (nasal) AERO</i>	1	QL(17 ml per fill retail); AL(At least 2 yrs old)
<i>triamcinolone acetonide (nasal) AERO</i>	2	QL(17 ml per fill retail); AL(At least 2 yrs old)
XHANCE EXHU	NP	
ZETONNA AERS	NP	
Sympathomimetic Decongestants		
ADRENALIN 0.1 % (<i>epinephrine hcl (nasal)</i>)	NP	
<i>epinephrine hcl (nasal)</i>	1	
<i>phenylephrine hcl (oral) TABS</i>	1	
<i>pseudoephedrine hcl TABS</i>	1	
SUDAFED CONGESTION TABS (<i>pseudoephedrine hcl</i>)	NF	
SUDAFED PE SINUS CONGESTION TABS (<i>phenylephrine hcl (oral)</i>)	NF	
SUDAFED SINUS CONGESTION TABS (<i>pseudoephedrine hcl</i>)	NF	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>edaravone SOLN</i>	CO	
EXSERVAN FILM	NP	SP; PA
QALSODY	CO	
RADICAVA ORS STARTER KIT SUSP	CO	
RADICAVA ORS SUSP	CO	

Drug Name	Drug Tier	Requirements/Limits
RADICAVA SOLN (<i>edaravone</i>)	CO	
RELYVRIO	CO	
RILUTEK TABS (<i>riluzole</i>)	NP	MP; PA
<i>riluzole TABS</i>	1	MP
TIGLUTIK SUSP	NP	SP; PA
Friedrich's Ataxia Agents		
SKYCLARYS	CO	
Muscular Dystrophy Agents		
AMONDYS 45	CO	
DUVYZAT	CO	
ELEVIDYS 10.0-10.4 KG	CO	
ELEVIDYS 10.5-11.4 KG	CO	
ELEVIDYS 11.5-12.4 KG	CO	
ELEVIDYS 12.5-13.4 KG	CO	
ELEVIDYS 13.5-14.4 KG	CO	
ELEVIDYS 14.5-15.4 KG	CO	
ELEVIDYS 15.5-16.4 KG	CO	
ELEVIDYS 16.5-17.4 KG	CO	
ELEVIDYS 17.5-18.4 KG	CO	
ELEVIDYS 18.5-19.4 KG	CO	
ELEVIDYS 19.5-20.4 KG	CO	
ELEVIDYS 20.5-21.4 KG	CO	
ELEVIDYS 21.5-22.4 KG	CO	
ELEVIDYS 22.5-23.4 KG	CO	
ELEVIDYS 23.5-24.4 KG	CO	
ELEVIDYS 24.5-25.4 KG	CO	
ELEVIDYS 25.5-26.4 KG	CO	
ELEVIDYS 26.5-27.4 KG	CO	
ELEVIDYS 27.5-28.4 KG	CO	
ELEVIDYS 28.5-29.4 KG	CO	
ELEVIDYS 29.5-30.4 KG	CO	
ELEVIDYS 30.5-31.4 KG	CO	
ELEVIDYS 31.5-32.4 KG	CO	
ELEVIDYS 32.5-33.4 KG	CO	
ELEVIDYS 33.5-34.4 KG	CO	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 34.5-35.4 KG	CO		VILTEPSO	CO	
ELEVIDYS 35.5-36.4 KG	CO		VYONDYS 53	CO	
ELEVIDYS 36.5-37.4 KG	CO		Rett Syndrome Agents		
ELEVIDYS 37.5-38.4 KG	CO		DAYBUE	CO	
ELEVIDYS 38.5-39.4 KG	CO		Spinal Muscular Atrophy Agents (SMA)		
ELEVIDYS 39.5-40.4 KG	CO		EVRYSDI	CO	
ELEVIDYS 40.5-41.4 KG	CO		SPINRAZA	CO	
ELEVIDYS 41.5-42.4 KG	CO		ZOLGENSMA 10.1-10.5 KG	CO	
ELEVIDYS 42.5-43.4 KG	CO		ZOLGENSMA 10.6-11.0 KG	CO	
ELEVIDYS 43.5-44.4 KG	CO		ZOLGENSMA 11.1-11.5 KG	CO	
ELEVIDYS 44.5-45.4 KG	CO		ZOLGENSMA 11.6-12.0 KG	CO	
ELEVIDYS 45.5-46.4 KG	CO		ZOLGENSMA 12.1-12.5 KG	CO	
ELEVIDYS 46.5-47.4 KG	CO		ZOLGENSMA 12.6-13.0 KG	CO	
ELEVIDYS 47.5-48.4 KG	CO		ZOLGENSMA 13.1-13.5 KG	CO	
ELEVIDYS 48.5-49.4 KG	CO		ZOLGENSMA 13.6-14.0 KG	CO	
ELEVIDYS 49.5-50.4 KG	CO		ZOLGENSMA 14.1-14.5 KG	CO	
ELEVIDYS 50.5-51.4 KG	CO		ZOLGENSMA 14.6-15.0 KG	CO	
ELEVIDYS 51.5-52.4 KG	CO		ZOLGENSMA 15.1-15.5 KG	CO	
ELEVIDYS 52.5-53.4 KG	CO		ZOLGENSMA 15.6-16.0 KG	CO	
ELEVIDYS 53.5-54.4 KG	CO		ZOLGENSMA 16.1-16.5 KG	CO	
ELEVIDYS 54.5-55.4 KG	CO		ZOLGENSMA 16.6-17.0 KG	CO	
ELEVIDYS 55.5-56.4 KG	CO		ZOLGENSMA 17.1-17.5 KG	CO	
ELEVIDYS 56.5-57.4 KG	CO		ZOLGENSMA 17.6-18.0 KG	CO	
ELEVIDYS 57.5-58.4 KG	CO				
ELEVIDYS 58.5-59.4 KG	CO				
ELEVIDYS 59.5-60.4 KG	CO				
ELEVIDYS 60.5-61.4 KG	CO				
ELEVIDYS 61.5-62.4 KG	CO				
ELEVIDYS 62.5-63.4 KG	CO				
ELEVIDYS 63.5-64.4 KG	CO				
ELEVIDYS 64.5-65.4 KG	CO				
ELEVIDYS 65.5-66.4 KG	CO				
ELEVIDYS 66.5-67.4 KG	CO				
ELEVIDYS 67.5-68.4 KG	CO				
ELEVIDYS 68.5-69.4 KG	CO				
ELEVIDYS 69.5 KG PLUS	CO				
EXONDYS 51	CO				

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COSOPT PF (dorzolamide hcl-timolol maleate)	NP	PA	ATROPINE SULFATE SOLN (atropine sulfate (ophthalmic))	NF	MP
dorzolamide hcl-timolol maleate	1	QL(10 ml per fill retail); MP	ATROPINE SULFATE SOLN 1 %	2	MP
dorzolamide hcl-timolol maleate	1		CYCLOGYL (cyclopentolate hcl)	NP	MP; PA
ISTALOL SOLN (timolol maleate (ophth))	NP	MP; PA	CYCLOGYL 0.5 %	2	QL(15 ml per fill retail); MP
levobunolol hcl 0.5 %	1	MP	CYCLOGYL 2 %	2	MP
timolol maleate (ophth) SOLG	1	MP	CYCLOMYDRIL	2	MP
timolol maleate (ophth) SOLN	1	MP	cyclopentolate hcl 1 %	1	MP
timolol maleate (ophth) SOLN 0.25 %	NP	QL(60 ea per fill retail)	ISOPTO ATROPINE SOLN	NP	MP; PA
timolol maleate (ophth) SOLN 0.5 %	NP	MP; PA	MYDRIACYL SOLN (tropicamide)	NP	MP; PA
TIMOPTIC OCUDOSE SOLN 0.25 % (timolol maleate (ophth))	NP	QL(60 ea per fill retail); PA	phenylephrine hcl (mydriatic) SOLN	1	
TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth))	NF		tropicamide SOLN 1 %	1	MP
TIMOPTIC OCUDOSE SOLN 0.5 % (timolol maleate (ophth))	2		tropicamide SOLN 0.5 %	1	QL(15 ml per fill retail); MP
TIMOPTIC SOLN (timolol maleate (ophth))	NP	MP; PA	Miotics		
TIMOPTIC-XE SOLG (timolol maleate (ophth))	NP	MP; PA	PHOSPHOLINE IODIDE	2	
Cholinergic Agonists			pilocarpine hcl SOLN 1 %, 2 %, 4 %	NP	
TYRVAYA	2	PA	VUITY SOLN	2	PA
Cycloplegic Mydriatics			Ophthalmic Adrenergic Agents		
atropine sulfate (ophthalmic) OINT	1	MP	ALPHAGAN P (brimonidine tartrate)	2	MP
atropine sulfate (ophthalmic) SOLN	1	MP	apraclonidine hcl	NP	
ATROPINE SULFATE SOLN 1 %	1	MP	brimonidine tartrate 0.2 %	1	QL(15 ml per fill retail); MP
			brimonidine tartrate 0.1 %, 0.15 %	1	MP
			IOPIDINE	NP	
			SIMBRINZA	2	MP
			Ophthalmic Anti-infectives		
			AZASITE	NP	
			bacitracin (ophthalmic)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b (ophth)</i>	NP	QL(4 gm per fill retail)
BESIVANCE	NP	
CILOXAN OINT	NP	QL(4 gm per fill retail)
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
ERYTHROMYCIN	1	QL(4 gm per fill retail)
<i>erythromycin (ophth)</i>	1	QL(4 gm per fill retail)
<i>gatifloxacin (ophth)</i>	NP	
<i>gentamicin sulfate (ophth) SOLN</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ml per fill retail)
<i>moxifloxacin hcl (ophth) SOLN OP</i>	NP	PA
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	NP	QL(4 gm per fill retail)
<i>neomycin-polymyxin-gramicidin</i>	NP	
OCUFLOX (<i>ofloxacin (ophth)</i>)	NP	PA
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) OINT</i>	NP	PA
<i>sulfacetamide sodium (ophth) SOLN</i>	1	QL(15 ml per fill retail)
<i>tobramycin (ophth) SOLN</i>	1	QL(5 ml per fill retail)
TOBREX OINT	NP	QL(4 gm per fill retail)
<i>trifluridine</i>	1	QL(8 ml per fill retail)
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NP	QL(3 ml per fill retail); PA
XDEMZY	2	
ZIRGAN GEL	NP	PA

Drug Name	Drug Tier	Requirements/Limits
ZYMAXID (<i>gatifloxacin (ophth)</i>)	NP	PA
Ophthalmic Gene Therapy		
LUXTURNA	CO	
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	2 max fill(s) per 30 day(s) retail; PA
<i>cyclosporine (ophth) EMUL</i>	1	2 max fill(s) per 30 day(s) retail
RESTASIS MULTIDOSE EMUL	2	2 max fill(s) per 30 day(s) retail
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	2	2 max fill(s) per 30 day(s) retail
VERKAZIA EMUL	NP	2 max fill(s) per 30 day(s) retail; PA
VEVYE SOLN	NP	2 max fill(s) per 30 day(s) retail; PA
Ophthalmic Integrin Antagonists		
XIIDRA	NP	2 max fill(s) per 30 day(s) retail
Ophthalmic Kinase Inhibitors		
RHOPRESSA	2	
ROCKLATAN	2	
Ophthalmic Local Anesthetics		
AKTEN	NP	
ALCAINE (<i>proparacaine hcl</i>)	NP	PA
<i>proparacaine hcl</i>	1	
<i>tetracaine hcl (ophth)</i>	2	
<i>tetracaine hcl (ophth)</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE	CO	
Ophthalmic Steroids		
ALREX SUSP (<i>loteprednol etabonate</i>)	NP	PA

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

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

Drug Name	Drug Tier	Requirements/Limits
XELPROS EMUL	NP	PA
ZIOPTAN (<i>tafluprost</i>)	NF	
ZIOPTAN (<i>tafluprost</i>)	NP	PA
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	QL(15 ml per fill retail)
<i>carbamide peroxide (otic) 6.5 %</i>	1	
DEBROX 6.5 % (<i>carbamide peroxide (otic)</i>)	NF	
<i>isopropyl alcohol-glycerin</i>	2	
Otic Anti-infectives		
CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	NF	
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
CIPRO HC	2	
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	2	QL(8 ml per fill retail)
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ml per fill retail)
<i>ciprofloxacin-fluocinolone acetamide</i>	NP	
CORTISPORIN-TC	NP	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	QL(10 ml per fill retail)
OTOVEL (<i>ciprofloxacin-fluocinolone acetamide</i>)	NF	
Otic Steroids		
DERMOTIC (<i>fluocinolone acetamide (otic)</i>)	2	
<i>fluocinolone acetamide (otic)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ml per fill retail)
HYDROCORTISONE/ACETIC ACID (<i>hydrocortisone w/acetic acid</i>)	1	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
HYPERRHO S/D SOSY IM 1500 UNIT	2	AL(At least 18 yrs old); SP
RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	AL(At least 18 yrs old); SP
Monoclonal Antibodies		
EVUSHELD	2	
SYNAGIS SOLN	2	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
AMOXICILLIN SUSR (<i>amoxicillin</i>)	1	
<i>amoxicillin TABS</i>	1	
<i>ampicillin sodium IJ 1 GM, 2 GM, 125 MG, 250 MG, 500 MG</i>	1	
<i>ampicillin sodium IV 1 GM</i>	2	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A SUSY	2	PA
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	1	PA
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	NP	PA
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	PA
<i>penicillin g sodium</i>	1	PA
<i>penicillin g sodium</i>	2	PA
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	NP	QL(20 ea per fill retail); PA
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	1	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	1	QL(30 ea per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	NP	QL(40 ea per 30 day(s) retail); PA
<i>ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM</i>	NP	PA
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	NP	PA
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	PA
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	NP	QL(20 ea per fill retail); PA

Drug Name	Drug Tier	Requirements/Limits
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	2	PA
<i>piperacillin sodium-tazobactam sodium</i>	1	PA
<i>piperacillin sodium-tazobactam sodium 12 GM-1.5 GM</i>	2	PA
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (<i>ampicillin & sulbactam sodium</i>)	NP	PA
UNASYN BULK PACK IV (<i>ampicillin & sulbactam sodium</i>)	NP	PA
ZOSYN	2	PA
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (<i>norethindrone acetate</i>)	NP	MP; PA
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP
<i>megestrol acetate (appetite)</i>	1	MP
<i>norethindrone acetate TABS</i>	1	MP
<i>progesterone CAPS 200 MG</i>	1	QL(20 ea per 90 day(s) retail; 20 ea per 90 days mail); MP
<i>progesterone CAPS 100 MG</i>	1	QL(1 ea daily); MP
<i>progesterone OIL</i>	1	
PROMETRIUM CAPS 100 MG (<i>progesterone</i>)	NP	QL(1 ea daily); MP; PA

Drug Name	Drug Tier	Requirements/Limits
PROMETRIUM CAPS 200 MG (<i>progesterone</i>)	NP	QL(20 ea per 90 day(s) retail; 20 ea per 90 days mail); MP; PA
PROVERA (<i>medroxyprogesterone acetate</i>)	NP	MP; PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	MP
<i>disulfiram</i>	1	MP
LUCEMYRA 0.18 MG (<i>lofexidine hcl</i>)	NP	PA
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	NP	SON; QL(200 ml daily); SP; PA
XYREM SOLN	NP	SON; QL(200 ml daily); SP; PA
XYWAV	NP	SON; QL(200 ml daily); SP; PA
Antidementia Agents		
ADLARITY PTWK	NP	PA
ADUHELM	CO	
ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>)	NP	PA
ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	NP	QL(1 ea daily); AL(At least 18 yrs old); MP; PA
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	QL(1 ea daily); AL(At least 18 yrs old); MP
<i>donepezil hydrochloride TABS 23 MG</i>	NP	PA
<i>donepezil hydrochloride TBDP</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	1	QL(1 ea daily); AL(At least 18 yrs old); MP
<i>rivastigmine tartrate CAPS</i>	NP	QL(2 ea daily); AL(At least 18 yrs old); MP
Cerebral Adrenoleukodystrophy (CALD) Agents		
SKYSONA	CO	
Combination Psychotherapeutics		
<i>chlordiazepoxide- amitriptyline</i>	NP	SON; QL(20 ea daily)
LYBALVI	2	SON; QL(20 ea daily); PA
<i>olanzapine-fluoxetine hcl</i>	NP	SON; AL(At least 6 yrs old); PA
<i>perphenazine-amitriptyline</i>	1	SON; AL(At least 6 yrs old); MP
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine- fluoxetine hcl</i>)	NP	SON; AL(At least 6 yrs old); PA
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	NP	SON; QL(55 ea per 365 day(s) retail); PA
SAVELLA TABS	NP	SON; QL(2 ea daily); MP; PA
Metachromatic Leukodystrophy (MLD) Agents		
LENMELDY	CO	
Movement Disorder Drug Therapy		
AUSTEDO PATIENT TITRATION KIT TBPB	2	SON; QL(20 ea daily)
AUSTEDO XR PATIENT TITRATION KIT TEPK	2	SON; QL(20 ea daily); SP
AUSTEDO XR TB24 6 MG, 12 MG, 24 MG	2	SON; QL(20 ea daily); SP
AUSTEDO XR TB24 30 MG, 36 MG, 42 MG, 48 MG	2	SP
AUSTEDO TABS	2	SON; QL(20 ea daily); SP

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

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin (once-daily) TABS</i>	NP	SON; QL(20 ea daily); PA
GRALISE MISC	NP	SON; QL(20 ea daily); PA
GRALISE TABS	NP	SON; QL(20 ea daily); PA
GRALISE TABS (<i>gabapentin (once-daily)</i>)	NP	SON; QL(20 ea daily); PA
LYRICA CR 330 MG (<i>pregabalin (once-daily)</i>)	NF	
LYRICA CR (<i>pregabalin (once-daily)</i>)	NP	SON; QL(20 ea daily); PA
<i>pregabalin (once-daily)</i>	NP	SON; QL(20 ea daily); PA
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS</i>	NP	SON; QL(20 ea daily); PA
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	NP	SON; QL(20 ea daily); MP; PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1	SON; QL(20 ea daily); MP
<i>pimozide</i>	1	SON; QL(20 ea daily); MP
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	SON; QL(20 ea daily); PA
Smoking Deterrents		
APO-VARENICLINE TABS	2	SON; QL(2 ea daily); 180 day(s) max supply per 365 day(s) retail; AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl (smoking deterrent)</i>	1	SON; QL(2 ea daily); 180 day(s) max supply per 365 day(s) retail; AL(At least 18 yrs old)
NICODERM CQ PT24 TD (<i>nicotine</i>)	NF	QL(1 ea daily); 180 day(s) max supply per 365 day(s) retail
NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	NF	QL(20 ea daily); 180 day(s) max supply per 365 day(s) retail
NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	NF	QL(24 ea daily); 180 day(s) max supply per 365 day(s) retail
NICORETTE GUM (<i>nicotine polacrilex</i>)	NF	QL(24 ea daily); 180 day(s) max supply per 365 day(s) retail
NICORETTE LOZG (<i>nicotine polacrilex</i>)	NF	QL(20 ea daily); 180 day(s) max supply per 365 day(s) retail
<i>nicotine polacrilex GUM</i>	1	QL(24 ea daily); 180 day(s) max supply per 365 day(s) retail
<i>nicotine polacrilex LOZG</i>	1	QL(20 ea daily); 180 day(s) max supply per 365 day(s) retail
<i>nicotine polacrilex LOZG</i>	2	QL(20 ea daily); 180 day(s) max supply per 365 day(s) retail
NICOTINE TRANSDERMAL SYSTEM KIT	NP	180 day(s) max supply per 365 day(s) retail; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	1	QL(1 ea daily); 180 day(s) max supply per 365 day(s) retail	BRONCHITOL	2	SP; PA
NICOTROL INHALER INHA	NP	QL(504 ea per 30 day(s) retail); PA	BRONCHITOL TOLERANCE TEST	2	SP; PA
NICOTROL NS SOLN	NP	QL(120 ml per 30 day(s) retail); PA	KALYDECO PACK	2	QL(56 ea per 28 day(s) retail); SP; PA
<i>varenicline tartrate TABS</i>	1	SON; QL(2 ea daily); 180 day(s) max supply per 365 day(s) retail; AL(At least 18 yrs old)	KALYDECO TABS	2	QL(60 ea per 30 day(s) retail); SP; PA
<i>varenicline tartrate TBPK</i>	1	SON; QL(53 ea per fill retail; 53 ea per 180 day(s) retail); AL(At least 18 yrs old)	ORKAMBI PACK	2	QL(56 ea per 28 day(s) retail); SP; PA
Transthyretin Amyloidosis Agents			ORKAMBI TABS	2	QL(112 ea per 28 day(s) retail); SP; PA
AMVUTTRA	CO		PULMOZYME	2	SP; PA
ONPATTRO	CO		SYMDEKO	2	QL(56 ea per 28 day(s) retail); SP; PA
TEGSEDI	CO		TRIKAFTA TBPK	2	QL(84 ea per 28 day(s) retail); SP; PA
WAINUA	CO		TRIKAFTA THPK	2	QL(56 ea per 28 day(s) retail); SP; PA
Vasomotor Symptom Agents			Pulmonary Fibrosis Agents		
<i>paroxetine mesylate (vasomotor)</i>	NP	SON; QL(20 ea daily); PA	ESBRIET CAPS (<i>pirfenidone</i>)	NP	QL(6 ea daily); 2 max fill(s) per 30 day(s) retail; PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			ESBRIET TABS 801 MG (<i>pirfenidone</i>)	NP	QL(3 ea daily); 2 max fill(s) per 30 day(s) retail; PA
Alpha-Proteinase Inhibitor (Human)			ESBRIET TABS 267 MG (<i>pirfenidone</i>)	NP	QL(6 ea daily); 2 max fill(s) per 30 day(s) retail; PA
ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA	OFEV	2	QL(2 ea daily); 2 max fill(s) per 30 day(s) retail; SP; PA
GLASSIA SOLN	2	SP; PA	<i>pirfenidone CAPS</i>	1	QL(6 ea daily); 2 max fill(s) per 30 day(s) retail; PA
PROLASTIN-C SOLN	2	SP; PA			
ZEMAIRA SOLR 1000 MG	2	SP; PA			
ZEMAIRA SOLR 4000 MG, 5000 MG	2	PA			
Cystic Fibrosis Agents					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone TABS 267 MG</i>	1	QL(6 ea daily); 2 max fill(s) per 30 day(s) retail; PA	<i>doxycycline (monohydrate) CAPS 75 MG, 150 MG</i>	NP	
<i>pirfenidone TABS 534 MG</i>	2	2 max fill(s) per 30 day(s) retail; PA	<i>doxycycline (monohydrate) SUSR</i>	NP	
<i>pirfenidone TABS 801 MG</i>	1	QL(3 ea daily); 2 max fill(s) per 30 day(s) retail; PA	<i>doxycycline (monohydrate) TABS</i>	1	
SULFONAMIDES - Drugs to Treat Bacterial Infections			<i>doxycycline hyclate CAPS</i>	1	
Sulfonamides			<i>doxycycline hyclate SOLR</i>	1	PA
<i>sulfadiazine TABS</i>	1		<i>doxycycline hyclate TABS</i>	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections			<i>doxycycline hyclate TBEC</i>	NP	
Aminomethylcyclines			MINOCIN SOLR	2	PA
NUZYRA SOLR	2	PA	<i>minocycline hcl CAPS</i>	1	
NUZYRA TABS	NP		<i>minocycline hcl TABS</i>	NP	
Fluorocyclines			<i>minocycline hcl TB24</i>	NP	PA
XERAVA	2	PA	MINOLIRA TB24	NP	PA
Glycylcyclines			SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (<i>minocycline hcl</i>)	NP	PA
<i>tigecycline</i>	1	PA	<i>tetracycline hcl CAPS</i>	NP	
TIGECYCLINE	1	PA	VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	NP	PA
TYGACIL (<i>tigecycline</i>)	NP	PA	VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	NP	PA
Tetracyclines			XIMINO CP24	NP	
ACTICLATE TABS (<i>doxycycline hyclate</i>)	NF		XIMINO CP24 (<i>minocycline hcl</i>)	NF	
<i>demeclocycline hcl TABS</i>	NP		THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
DORYX MPC TBEC	NP		Antithyroid Agents		
DORYX TBEC 50 MG, 200 MG (<i>doxycycline hyclate</i>)	NP	PA	<i>methimazole TABS</i>	1	MP
DORYX TBEC 80 MG (<i>doxycycline hyclate</i>)	NF		<i>propylthiouracil</i>	1	MP
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1		Thyroid Hormones		
			ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	MP

Drug Name	Drug Tier	Requirements/Limits
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2	
ARMOUR THYROID TABS	2	MP
CYTOMEL TABS (<i>liothyronine sodium</i>)	NP	MP
ERMEZA SOLN OR <i>levothyroxine sodium</i> CAPS	NP	
LEVOTHYROXINE SODIUM SOLN IV	NP	
LEVOTHYROXINE SODIUM SOLN IV	NP	
<i>levothyroxine sodium</i> TABs	1	MP
<i>liothyronine sodium</i> TABs	1	MP
NIVA THYROID TABS	1	MP
NP THYROID 120 TABS	1	MP
NP THYROID 15 TABS	1	MP
NP THYROID 30 TABS	1	MP
NP THYROID 60 TABS	1	MP
NP THYROID 90 TABS	1	MP
SYNTHROID TABS (<i>levothyroxine sodium</i>)	NP	MP; PA
THYQUIDITY SOLN OR	NP	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	MP
TIROSINT CAPS (<i>levothyroxine sodium</i>)	NP	
TIROSINT CAPS	NP	
TIROSINT CAPS	NP	
TIROSINT-SOL SOLN OR	NP	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	2	AL(At least 18 yrs old)
BOOSTRIX SUSP	2	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX SUSY	2	AL(At least 18 yrs old)
DAPTACEL	2	AL(At least 18 yrs old)
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	2	AL(At least 18 yrs old)
INFANRIX	2	AL(At least 18 yrs old)
KINRIX SUSY	2	
PEDIARIX SUSY	2	
PENTACEL	2	
QUADRACEL SUSP	2	
QUADRACEL SUSY	2	
TDVAX SUSP	2	AL(At least 18 yrs old)
TENIVAC INJ	2	AL(At least 18 yrs old)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	2	AL(At least 18 yrs old)
VAXELIS SUSP	2	
VAXELIS SUSY	2	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TDBP (<i>hyoscyamine sulfate</i>)	NF	MP
BELLADONNA/OPIUM	NP	
BENTYL SOLN IM (<i>dicyclomine hcl</i>)	NP	PA
<i>chlordiazepoxide hcl-clidinium bromide</i>	NP	
CUVPOSA SOLN OR (<i>glycopyrrolate</i>)	NP	PA
DARTISLA ODT TDBP	NP	PA
<i>dicyclomine hcl</i> CAPS	1	
<i>dicyclomine hcl</i> SOLN OR	1	QL(40 ml daily)
<i>dicyclomine hcl</i> SOLN IM	1	
<i>dicyclomine hcl</i> TABS	1	
GLYCATÉ TABS	NP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate SOLN IJ</i>	1	
<i>glycopyrrolate SOLN OR 1 MG/5ML</i>	1	PA
<i>glycopyrrolate SOSY IJ</i>	NP	
GLYCOPYRROLATE SOSY IV 0.6 MG/3ML, 1 MG/5ML	NP	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	QL(4 ea daily)
GLYRX-PF SOLN IJ	NP	
<i>hyoscyamine sulfate ELIX</i>	1	MP
<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	1	MP
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	MP
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	MP
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	QL(4 ea daily); MP
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	NP	MP; PA
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	2	MP
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1	MP
LEVBID TB12 (<i>hyoscyamine sulfate</i>)	NF	QL(4 ea daily); MP
LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	NP	MP; PA
LEVSIN SOLN IJ 0.5 MG/ML (<i>hyoscyamine sulfate</i>)	NF	
LEVSIN TABS (<i>hyoscyamine sulfate</i>)	NP	MP; PA
LIBRAX (<i>chlordiazepoxide hcl-clidinium bromide</i>)	NP	PA
<i>methscopolamine bromide</i>	1	
ROBINUL FORTE TABS (<i>glycopyrrolate</i>)	NP	QL(4 ea daily); PA
ROBINUL TABS (<i>glycopyrrolate</i>)	NP	QL(4 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
H-2 Antagonists		
<i>cimetidine hcl OR 300 MG/5ML</i>	NP	QL(27 ml daily); MP; PA
<i>cimetidine TABS</i>	NP	MP
<i>famotidine in nacl SOLN</i>	NP	PA
<i>famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML</i>	NP	PA
<i>famotidine SUSR</i>	1	
<i>famotidine TABS</i>	1	MP
<i>nizatidine CAPS</i>	NP	
PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>)	NF	MP; RX/OTC
PEPCID AC TABS (<i>famotidine</i>)	NF	
PEPCID TABS (<i>famotidine</i>)	NP	MP; PA; RX/OTC
TAGAMET HB 200 TABS (<i>cimetidine</i>)	NF	RX/OTC
TAGAMET HB TABS (<i>cimetidine</i>)	NF	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP (<i>sucralfate</i>)	2	MP
CARAFATE TABS (<i>sucralfate</i>)	NP	QL(4 ea daily); MP; PA
<i>sucralfate SUSP</i>	1	MP
<i>sucralfate TABS</i>	1	QL(4 ea daily); MP
Proton Pump Inhibitors		
ACIPHEX TBEC (<i>rabeprazole sodium</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP
ACIPHEX TBEC (<i>rabeprazole sodium</i>)	NF	QL(1 ea daily); MP
DEXILANT (<i>dexlansoprazole</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREVACID CPDR 30 MG (<i>lansoprazole</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily)	PYLERA (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>)	NP	PA
PRILOSEC PACK	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA	TALICIA	NP	PA
PROTONIX PACK (<i>pantoprazole sodium</i>)	2	Max Limit: 60 days per 365 days; QL(1 ea daily); PA	VOQUEZNA DUAL PAK	NP	
PROTONIX SOLR (<i>pantoprazole sodium</i>)	2	Max Limit: 60 days per 365 days; PA	VOQUEZNA TRIPLE PAK	NP	
PROTONIX TBEC (<i>pantoprazole sodium</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP; PA	ZEGERID CAPS (<i>omeprazole-sodium bicarbonate</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA
<i>rabeprazole sodium TBEC</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); MP	ZEGERID PACK (<i>omeprazole-sodium bicarbonate</i>)	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA
VOQUEZNA	NP		URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Ulcer Drugs - Prostaglandins			Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
CYTOTEC (<i>misoprostol</i>)	NP	MP; PA	<i>darifenacin hydrobromide</i>	NP	MP
<i>misoprostol</i>	1	MP	DETROL LA CP24 (<i>tolterodine tartrate</i>)	NP	QL(1 ea daily); MP; PA
Ulcer Therapy Combinations			DETROL TABS (<i>tolterodine tartrate</i>)	NP	QL(2 ea daily); MP; PA
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	NP	PA	DETROL TABS 2 MG (<i>tolterodine tartrate</i>)	NF	
<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	1		DITROPAN XL TB24 10 MG (<i>oxybutynin chloride</i>)	NF	QL(2 ea daily); MP
HELIDAC THERAPY	2		DITROPAN XL TB24 5 MG (<i>oxybutynin chloride</i>)	NP	QL(2 ea daily); MP; PA
KONVOMEK SUSR	NP	PA	<i>fesoterodine fumarate</i>	1	MP
OMECLAMOX-PAK	NP	PA	GELNIQUE GEL 10 %	NP	PA
<i>omeprazole-sodium bicarbonate CAPS</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); RX/OTC	<i>oxybutynin chloride SOLN</i>	1	
<i>omeprazole-sodium bicarbonate PACK</i>	NP	Max Limit: 60 days per 365 days; QL(1 ea daily); PA	<i>oxybutynin chloride TABS 2.5 MG</i>	2	
			<i>oxybutynin chloride TABS 5 MG</i>	1	QL(3 ea daily); MP
			<i>oxybutynin chloride TB24</i>	1	QL(2 ea daily); MP
			OXYTROL PTTW	NP	PA; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>solifenacin succinate TABS</i>	1	MP	MENVEO SOLN	2	
<i>tolterodine tartrate CP24</i>	NP	QL(1 ea daily); MP	MENVEO SOLR	2	AL(At least 18 yrs old)
<i>tolterodine tartrate TABS</i>	NP	QL(2 ea daily); MP	PEDVAX HIB SUSP	2	AL(At least 18 yrs old)
TOVIAZ (<i>fesoterodine fumarate</i>)	2	MP	PENBRAYA	2	
<i>trospium chloride CP24</i>	NP		PNEUMOVAX 23	2	AL(At least 18 yrs old)
<i>trospium chloride TABS</i>	NP	QL(2 ea daily); MP	PNEUMOVAX 23/1 DOSE	2	AL(At least 18 yrs old)
VESICARE LS SUSP	NP	PA	PREVNAR 13	2	AL(At least 18 yrs old)
VESICARE TABS (<i>solifenacin succinate</i>)	NP	MP; PA	PREVNAR 20	2	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists			TRUMENBA	2	AL(At least 18 yrs old)
GEMTESA	NP		TYPHIM VI SOLN	2	
<i>mirabegron TB24</i>	NP	MP	TYPHIM VI SOSY	2	
MYRBETRIQ SRER	NP	PA	VAXCHORA	2	
MYRBETRIQ TB24 (<i>mirabegron</i>)	NP	MP; PA	VAXNEUVANCE	2	
MYRBETRIQ TB24	NP	MP; PA	VIVOTIF	2	
Urinary Antispasmodics - Cholinergic Agonists			Viral Vaccines		
<i>bethanechol chloride</i>	1	MP	ABRYSVO	2	
Urinary Antispasmodics - Direct Muscle Relaxants			ACAM2000	2	
<i>flavoxate hcl</i>	NP	MP	AFLURIA QUADRIVALENT 2022-2023 SUSP	2	AL(At least 7 yrs old)
VACCINES			AFLURIA QUADRIVALENT 2022-2023 SUSY	2	AL(At least 7 yrs old)
Bacterial Vaccines			AFLURIA QUADRIVALENT 2023-2024 SUSP	2	AL(At least 7 yrs old)
ACTHIB SOLR IM	2	AL(At least 18 yrs old)	AFLURIA QUADRIVALENT 2023-2024 SUSY	2	AL(At least 7 yrs old)
BCG VACCINE	2		AREXVY	2	AL(At least 60 yrs old)
BEXSERO	2	AL(At least 18 yrs old)	COMIRNATY 2023-24 SUSP	2	AL(At least 19 yrs old)
BIOTHRAX	2		COMIRNATY 2023-24 SUSY	2	AL(At least 19 yrs old)
HIBERIX SOLR IJ	2	AL(At least 18 yrs old)	COMIRNATY SUSP	2	AL(At least 19 yrs old)
MENACTRA	2	AL(At least 18 yrs old)			
MENQUADFI	2	AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DENGVAXIA	2		FLULAVAL QUADRIVALENT 2022-2023 SUSY	2	AL(At least 7 yrs old)
ENGERIX-B SUSP 20 MCG/ML	2	3 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)	FLULAVAL QUADRIVALENT 2023-2024 SUSY	2	AL(At least 7 yrs old)
ENGERIX-B SUSY	2	3 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)	FLUMIST NASAL VACCINE 2024-2025	2	QL(1 ea per 180 day(s) retail); AL(At least 7 yrs old)
FLUAD 2024-2025	2	limit 0.5 per 180 days; QL(0.5 ml per fill retail); AL(At least 9 yrs old)	FLUMIST QUADRIVALENT	2	AL(At least 9 yrs old)
FLUAD QUADRIVALENT 2022-2023	2	AL(At least 65 yrs old)	FLUZONE HIGH-DOSE PF 2022-2023	2	AL(At least 65 yrs old)
FLUAD QUADRIVALENT 2023-2024	2	AL(At least 65 yrs old)	FLUZONE HIGH-DOSE PF 2023-2024	2	AL(At least 65 yrs old)
FLUARIX QUADRIVALENT 2022-2023 SUSY	2	AL(At least 7 yrs old)	FLUZONE QUADRIVALENT 2022-2023 SUSP	2	AL(At least 7 yrs old)
FLUARIX QUADRIVALENT 2023-2024 SUSY	2	AL(At least 7 yrs old)	FLUZONE QUADRIVALENT 2022-2023 SUSY	2	AL(At least 7 yrs old)
FLUBLOK QUADRIVALENT 2022-2023	2	AL(At least 18 yrs old)	FLUZONE QUADRIVALENT 2023-2024 SUSP	2	AL(At least 7 yrs old)
FLUBLOK QUADRIVALENT 2023-2024	2	AL(At least 18 yrs old)	FLUZONE QUADRIVALENT 2023-2024 SUSY	2	AL(At least 7 yrs old)
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	2	AL(At least 7 yrs old)	GARDASIL 9 SUSP	2	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	2	AL(At least 7 yrs old)	GARDASIL 9 SUSY	2	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	2	AL(At least 7 yrs old)	HAVRIX	2	AL(At least 18 yrs old)
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	2	AL(At least 7 yrs old)	HEPLISAV-B SOSY	2	3 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	2	AL(At least 7 yrs old)	IMOVAX RABIES (H.D.C.V.) SUSR	2	
			IPOL INACTIVATED IPV	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IXIARO	2		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	2	AL(At least 19 yrs old)
JANSSEN COVID-19 VACCINE	2	AL(At least 19 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	2	AL(At least 19 yrs old)
JYNNEOS	2		PFIZER-BIONTECH COVID-19VACCINE SUSP	2	AL(At least 19 yrs old)
M-M-R II SOLR	2	AL(At least 7 yrs old)	PREHEVBRIO	2	3 max fill(s) per 999 day(s) retail
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	2	AL(At least 19 yrs old)	PRIORIX SUSR	2	
MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	2	AL(At least 19 yrs old)	PROQUAD SUSR	2	
MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	2	AL(At least 19 yrs old)	RABAVERT	2	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	2	AL(At least 19 yrs old)	RECOMBIVAX HB SUSP	2	3 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
MODERNA COVID-19 VACCINE SUSP	2	AL(At least 19 yrs old)	RECOMBIVAX HB SUSY	2	3 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
MRESVIA	2	PA	ROTARIX SUSP	2	
NOVAVAX COVID-19 VACCINE	2	AL(At least 19 yrs old)	ROTARIX SUSR	2	
NOVAVAX COVID-19 VACCINE/2023-24	2	AL(At least 19 yrs old)	ROTATEQ SOLN	2	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	2	AL(At least 19 yrs old)	SHINGRIX	2	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	2	AL(At least 19 yrs old)	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	2	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	2	AL(At least 19 yrs old)	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	2	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	2	AL(At least 19 yrs old)	SPIKEVAX COVID-19 VACCINE SUSP	2	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	2	AL(At least 19 yrs old)	STAMARIL SUSR	2	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	2	AL(At least 19 yrs old)	TICOVAC	2	
			TWINRIX SUSY	2	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
VAQTA	2	AL(At least 18 yrs old)
VARIVAX INJ	2	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
YF-VAX INJ	2	
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		
CLEOCIN CREA (clindamycin phosphate vaginal)	NP	QL(40 gm per fill retail); PA
CLEOCIN SUPP	2	
clindamycin phosphate vaginal CREA	1	QL(40 gm per fill retail)
CLINDESSE	NP	PA
clotrimazole vaginal CREA 1 %	1	QL(45 gm per fill retail)
clotrimazole vaginal CREA 2 %	1	
GYNAZOLE-1	NP	
metronidazole vaginal	1	QL(70 gm per fill retail)
miconazole nitrate vaginal CREA 2 %	1	QL(45 gm per fill retail)
miconazole nitrate vaginal SUPP 200 MG	1	QL(3 ea per fill retail)
MONISTAT 3 CREA (miconazole nitrate vaginal)	NF	QL(45 gm per 30 day(s) retail)
MONISTAT 7 SIMPLY CURE CREA (miconazole nitrate vaginal)	NF	QL(45 gm per fill retail)
NUVESSA	2	
terconazole vaginal CREA 0.4 %	1	QL(45 gm per fill retail)
terconazole vaginal CREA 0.8 %	1	QL(20 gm per fill retail)
terconazole vaginal SUPP	NP	QL(3 ea per fill retail)
VANDAZOLE	NP	QL(70 gm per fill retail); PA

Drug Name	Drug Tier	Requirements/Limits
XACIATO GEL	NP	PA
Vaginal Contraceptive - pH Modulators		
PHEXXI	2	
Vaginal Estrogens		
ESTRACE CREA (estradiol vaginal)	NP	MP; PA
estradiol vaginal CREA	1	MP
estradiol vaginal TABS	1	
ESTRING RING	2	
FEMRING	NP	
PREMARIN	2	MP
VAGIFEM TABS (estradiol vaginal)	NP	PA
Vaginal Progestins		
CRINONE GEL	NP	PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENALIN SOLN IJ 1 MG/ML, 30 MG/30ML (epinephrine (anaphylaxis))	NP	PA
ADRENALIN SOLN IJ	NP	PA
AUVI-Q SOAJ 0.1 MG/0.1ML	NP	PA
AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	NP	QL(2 ea per 25 day(s) retail); PA
epinephrine (anaphylaxis) SOAJ	1	QL(2 ea per 25 day(s) retail)
epinephrine (anaphylaxis) SOAJ	2	QL(2 ea per 25 day(s) retail)
epinephrine (anaphylaxis) SOLN IJ 1 MG/ML	2	
epinephrine (anaphylaxis) SOLN IJ 30 MG/30ML	NP	PA
EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	2	QL(2 ea per 25 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
EPIPEN-JR 2-PAK SOAJ (epinephrine (anaphylaxis))	2	QL(2 ea per 25 day(s) retail)
SYMJEPI SOSY	2	QL(2 ea per 25 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	NP	SP; PA
NORTHERA (<i>droxidopa</i>)	NP	SP; PA
Vasopressors		
AKOVAZ SOLN IV (ephedrine sulfate (pressors))	NP	PA
<i>ephedrine sulfate (pressors) SOLN IV</i>	1	PA
EPHEDRINE SULFATE SOLN IV 50 MG/ML	2	PA
EPINEPHRINE HCL SOLN IJ	2	PA
LEVOPHED IV (norepinephrine bitartrate)	2	PA
<i>midodrine hcl</i>	1	
<i>norepinephrine bitartrate IV</i>	1	PA
NOREPINEPHRINE BITARTRATE IV	2	PA
<i>phenylephrine hcl (pressors) SOLN IV</i>	1	PA
PHENYLEPHRINE HYDROCHLORIDE SOLN IV (<i>phenylephrine hcl (pressors)</i>)	2	PA
VAZCULEP SOLN IV (<i>phenylephrine hcl (pressors)</i>)	2	PA
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD OR (<i>cholecalciferol</i>)	NF	
<i>cholecalciferol CAPS 250 MCG</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cholecalciferol CAPS 50 MCG, 125 MCG</i>	1	
<i>cholecalciferol CAPS 25 MCG, 1000 UNIT</i>	1	QL(100 ea per fill retail)
<i>cholecalciferol LIQD OR 10 MCG/ML</i>	1	
<i>cholecalciferol TABS 25 MCG, 1000 UNIT</i>	1	
D-VI-SOL LIQD OR (<i>cholecalciferol</i>)	NF	
<i>ergocalciferol CAPS</i>	1	MP
MEPHYTON TABS (<i>phytonadione</i>)	NP	
<i>phytonadione TABS 5 MG</i>	1	
VITAMIN D3 TABS (<i>cholecalciferol</i>)	NF	
Water Soluble Vitamins		
<i>niacin TABS 500 MG</i>	1	
<i>pyridoxine hcl TABS 50 MG</i>	1	
<i>thiamine hcl SOLN</i>	1	PA
<i>thiamine hcl TABS 100 MG</i>	1	QL(100 ea per 34 day(s) retail)

INDEX

1ST TIER UNIFINE PENTIPS/MINI/31GX5MM .....109	SYRINGES .....109	(isotretinoin) .....69
1ST TIER UNIFINE PENTIPS29GX12MM .....109	abacavir sulfate SOLN 56	ABSORICA 25 MG, 35 MG (isotretinoin) .....69
1ST TIER UNIFINE PENTIPS31GX6MM 109	abacavir sulfate TABS 56	ABSORICA 30 MG (isotretinoin) ... 69
1ST TIER UNIFINE PENTIPS31GX8MM 109	abacavir sulfate-lamivudine 56	ABSORICA LD 69
1ST TIER UNIFINE PENTIPS32GX4MM 109	ABECMA 47	ACAM2000 .....176
1ST TIER UNIFINE PENTIPS32GX6MM 109	ABELCET .....35	acamprosate calcium 166
1ST TIER UNIFINE PENTIPS33GX4MM 109	ABILIFY ASIMTUFII PRSY 960 MG/3.2ML .....55	ACANYA GEL (clindamycin phosphate-benzoyl peroxide) .....69
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM .....109	ABILIFY ASIMTUFII PRSY 55	acarbose 28
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM .....109	ABILIFY MAINTENA PRSY .....55	ACCOLATE (zafirlukast) 17
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM .....109	ABILIFY MAINTENA SRER .....55	ACCRUFER .....93
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM 109	ABILIFY MYCITE MAINTENANCE KIT .....55	ACCUPRIL (quinapril hcl) .....39
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX12 MM 109	ABILIFY MYCITE STARTER KIT 2 MG, 15 MG, 20 MG, 30 MG 55	ACCURETIC 12.5 MG-10 MG (quinapril-hydrochlorothiazide) 41
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM 109	ABILIFY MYCITE STARTER KIT 5 MG, 10 MG .....55	ACCURETIC 12.5 MG-20 MG (quinapril-hydrochlorothiazide) 41
1ST TIER UNILET COMFORTOUCH LANCETS 28G .....101	ABILIFY TABS (aripiprazole) 55	ACCURETIC 25 MG-20 MG (quinapril-hydrochlorothiazide) 41
1ST TIER UNILET COMFORTOUCH LANCETS 30G .....101	abiraterone acetate 250 MG .....47	ACE AEROSOL CLOUD ENHANCER MISC .....142
2-3ML SYRINGE/LUER LOCK TIP 109	abiraterone acetate 500 MG .....47	acebutolol hcl CAPS .....60
2-3ML SYRINGE/LUER SLIP TIP 109	ABOUTTIME PEN NEEDLE 32GX 5/32" .....109	acetaminophen CHEW .....8
3ML LUER LOCK SAFETY	ABOUTTIME PEN NEEDLES 30GX 5/16" .....109	acetaminophen LIQD 160 MG/5ML .8
Index 1	ABOUTTIME PEN NEEDLES 31G X 3/16" .....109	acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML .....8
	ABOUTTIME PEN NEEDLES 31G X 5/16" .....109	acetaminophen SUPP 120 MG, 650 MG .....8
	ABRILADA 1-PEN KIT AJKT .....5	acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML 8
	ABRILADA 2-PEN KIT AJKT .....5	acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML .....9
	ABRILADA PSKT .....5	acetaminophen TABS 325 MG, 500
	ABRYSVO .....176	
	ABSORICA 10 MG, 20 MG, 40 MG	

MG	9	sodium)	82	ADALIMUMAB-ADBM	
acetaminophen TBCR	9	ACTOPLUS MET TABS 850 MG-15		CROHNS/UC/HS STARTER AJKT .	5
acetaminophen w/ codeine SOLN .	11	MG (pioglitazone hcl-metformin hcl)		ADALIMUMAB-ADBM PSKT	5
acetaminophen w/ codeine TABS 15		29		ADALIMUMAB-ADBM	
MG-300 MG, 30 MG-300 MG, 60		ACTOS (pioglitazone hcl)	32	PSORIASIS/UVEITIS STARTER	
MG-300 MG	11	ACULAR (ketorolac tromethamine		AJKT	5
acetaminophen-caff-dihydrocod		(ophth))	163	ADALIMUMAB-ADBM STARTER	
CAPS 30 MG-320.5 MG-16 MG ...	11	ACULAR LS (ketorolac		PACKAGE FOR CROHNS	
acetazolamide CP12	81	tromethamine (ophth))	163	DISEASE/UC/HS AJKT	5
acetazolamide sodium	81	ACUVAIL	163	ADALIMUMAB-ADBM STARTER	
acetazolamide TABS	81	acyclovir CAPS	59	PACKAGE FOR	
acetic acid (otic)	164	acyclovir sodium SOLN	59	PSORIASIS/UVEITIS AJKT	5
acetylcysteine SOLN	69	acyclovir SUSP	59	ADALIMUMAB-FKJP AJKT	5
ACIPHEX TBEC (rabeprazole		acyclovir TABS OR 400 MG	59	ADALIMUMAB-FKJP PSKT	5
sodium)	173	acyclovir TABS OR 800 MG	59	ADALIMUMAB-RYVK (2 PEN) AJKT .	5
acitretin	73	acyclovir topical CREA	74	5	
ACTEMRA ACTPEN SOAJ	6	acyclovir topical OINT	74	adapalene CREA	69
ACTEMRA SOLN	6	ACZONE (dapsonsone (topical))	69	adapalene GEL 0.3 %	69
ACTEMRA SOSY	6	ACZONE 7.5 % (dapsonsone (topical))		adapalene-benzoyl peroxide GEL 2.5	
ACTHAR GEL	83	69		%-0.1 %	69
ACTHIB SOLR IM	176	ADACEL SUSP	172	adapalene-benzoyl peroxide GEL 2.5	
ACTICLATE TABS (doxycycline		ADAKVEO	92	%-0.3 %	69
hyclate)	171	ADALIMUMAB-AACF (2 PEN) AJKT .		ADASUVE	53
ACTIMMUNE 100 MCG/0.5ML	50	5		ADBRY SOSY	77
ACTIQ LPOP (fentanyl citrate)	9	ADALIMUMAB-AATY 1-PEN KIT		ADCIRCA TABS (tadalafil	
ACTIVASE IV	92	AJKT	5	(pulmonary hypertension))	64
ACTIVELLA TABS 1 MG-0.5 MG		ADALIMUMAB-AATY 2-PEN KIT		ADDERALL TABS (amphetamine-	
(estradiol & norethindrone acetate)		AJKT	5	dextroamphetamine)	1
85		ADALIMUMAB-AATY 2-SYRINGE		ADDERALL XR CP24	
ACTIVITY POUCH MISC	142	KIT PSKT	5	(amphetamine-dextroamphetamine) .	
ACTONEL TABS 150 MG		ADALIMUMAB-ADAZ SOAJ	5	1	
(risedronate sodium)	82	ADALIMUMAB-ADAZ SOSY	5	adefovir dipivoxil	58
ACTONEL TABS 35 MG (risedronate		ADALIMUMAB-ADBM AJKT	5	ADEMPAS	64
				adenosine SOLN 6 MG/2ML, 12	
				MG/4ML	16

ADJUSTABLE LANCING DEVICE MISC	101	ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	109	AEROCHAMBER MINI AEROSOLCHAMBER DEVI	143
ADLARITY PTWK	166	ADVOCATE INSULIN PEN NEEDLES 31GX5MM	109	AEROCHAMBER MV MISC	143
ADMELOG SOLN IJ	31	ADVOCATE INSULIN PEN NEEDLES 31GX8MM	109	AEROCHAMBER PLUS FLOW VU MISC	143
ADMELOG SOLOSTAR SOPN ...	31	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/29GX1/2"	109	AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	143
ADRENALIN 0.1 % (epinephrine hcl (nasal))	158	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/30GX5/16"	109	AEROCHAMBER PLUS FLOW-VU MISC	143
ADRENALIN SOLN IJ 1 MG/ML, 30 MG/30ML (epinephrine (anaphylaxis))	179	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/31GX5/16"	110	AEROCHAMBER PLUS FLOW-VU/ INTERMEDIATE MASK DEVI	143
ADRENALIN SOLN IJ	179	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/29GX1/2"	110	AEROCHAMBER PLUS FLOW- VU/LARGE MASK DEVI	143
ADSTILADRIN	47	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/30GX5/16"	110	AEROCHAMBER PLUS FLOW- VU/LARGE MASK MISC	143
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	171	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/31GX5/16"	110	AEROCHAMBER PLUS FLOW- VU/MASK MISC	143
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG ...	172	ADVOCATE INSULIN SYRINGE/U- 100/1ML/29GX1/2"	110	AEROCHAMBER PLUS FLOW- VU/MEDIUM MASK DEVI	143
ADUHELM	166	ADVOCATE INSULIN SYRINGE/U- 100/1ML/30GX5/16"	110	AEROCHAMBER PLUS FLOW- VU/MEDIUM MASK MISC	143
ADULT AEROSOL MASK MISC .	142	ADVOCATE INSULIN SYRINGE/U- 100/1ML/31GX5/16"	110	AEROCHAMBER PLUS FLOW- VU/SMALL MASK DEVI	143
ADULT MASK DEVI	142	ADVOCATE LANCING DEVICE MISC	102	AEROCHAMBER PLUS FLOW- VU/SMALL MASK MISC	143
ADULT MASK LARGE MISC	142	ADVOCATE RAPID-SAFE LANCING DEVICE MISC	102	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	143
ADVAIR DISKUS AEPB (fluticasone- salmeterol)	18	ADYNOVATE	90	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	143
ADVAIR HFA AERO (fluticasone- salmeterol)	18	ADZENYS XR-ODT TBED	1	AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	143
ADVANCED MOBILE LANCET 30G 101		ADZYNMA	91	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	143
ADVATE	90	AEMCOLO	43	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	143
ADVIL TABS (ibuprofen)	6	AEROBIKA DEVI	142		
ADVIN COVID-19 ANTIGEN HOME TEST KIT	79	AEROCHAMBER HOLDING CHAMBER DEVI	142		
ADVOCATE INSULIN PEN NEEDLE/32GX4MM	109				
ADVOCATE INSULIN PEN NEEDLES	109				

AEROCHAMBER/FLOWSIGNAL MISC	143	AIRDUO DIGIHALER 232/14	18	ALCOHOL PREP PADS	108
AEROECLIPSE EZ TWIST TUBING MISC	143	AIRDUO DIGIHALER 55/14	18	ALCOHOL SWABS	108
AEROECLIPSE MASK LARGE MISC	143	AIRDUO RESPICLICK 113/14 AEPB (fluticasone-salmeterol)	19	ALDACTAZIDE (spironolactone & hydrochlorothiazide)	81
AEROECLIPSE MASK MEDIUM MISC	143	AIRDUO RESPICLICK 232/14 AEPB (fluticasone-salmeterol)	19	ALDACTONE TABS (spironolactone)	82
AEROECLIPSE MASK SMALL MISC	143	AIRDUO RESPICLICK 55/14 AEPB (fluticasone-salmeterol)	19	ALDURAZYME	84
AEROTRACH PLUS MISC	143	AIRS PEDIATRIC AEROSOL MASK MISC	143	ALECENSA	48
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	143	AIRSUPRA	19	alendronate sodium SOLN	82
AFINITOR DISPERZ TBSO (everolimus)	48	AJOVY SOAJ	149	alendronate sodium TABS 10 MG	82
AFINITOR TABS (everolimus)	48	AJOVY SOSY	149	alendronate sodium TABS 35 MG, 70 MG	82
AFLURIA QUADRIVALENT 2022-2023 SUSP	176	AKEEGA	47	alendronate sodium TABS 5 MG	82
AFLURIA QUADRIVALENT 2022-2023 SUSY	176	AKOVAZ SOLN IV (ephedrine sulfate (pressors))	180	ALEVE ARTHRITIS TABS (naproxen sodium)	6
AFLURIA QUADRIVALENT 2023-2024 SUSP	176	AKTEN	162	ALEVE TABS (naproxen sodium)	6
AFLURIA QUADRIVALENT 2023-2024 SUSY	176	AKYNZEO	35	alfuzosin hcl	89
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	31	AKYNZEO SOLN	35	ALINIA TABS (nitazoxanide)	43
AFSTYLA	90	AKYNZEO SOLR	35	aliskiren fumarate	43
AGAMATRIX ULTRA-THIN LANCETS 33G	102	albendazole	14	ALKERAN (melphalan)	46
AGAMREE	67	albuterol sulfate AERS	19	ALKINDI SPRINKLE CPSP	67
AGRYLIN 0.5 MG (anagrelide hcl)	91	albuterol sulfate NEBU 0.083 %	19	ALL FLOW 1000 PFT FILTER DEVI .	143
AIMOVIG	149	albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	19	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	143
AIMSCO LUBRICATED MISC ...	100	albuterol sulfate NEBU 2.5 MG/0.5ML	19	ALL FLOW 2000 PFT FILTER DEVI .	143
AIRDUO DIGIHALER 113/14	18	albuterol sulfate SYRP	19	ALL FLOW 3000 PFT FILTER DEVI .	143
		albuterol sulfate TABS	19	ALL FLOW 4000 PFT FILTER DEVI .	144
		ALCAINE (propracaine hcl)	162	ALL FLOW 5000 PFT FILTER DEVI .	144
		alclometasone dipropionate CREA	74		
		alclometasone dipropionate OINT	74		

ALL FLOW 6000 PFT FILTER DEVI . 144	MG, 10 MG (ramipril) 39	AMICAR TABS 1000 MG (aminocaproic acid) .....94
ALL FLOW 7000 PFT FILTER DEVI . 144	ALTOPREV TB24 20 MG, 40 MG, 60 MG 38	AMICAR TABS 500 MG (aminocaproic acid) .....94
allopurinol .....90	ALTRENO LOTN .....70	amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML 4
ALLOPURINOL .....90	ALTUVIIIIO .....90	amiloride & hydrochlorothiazide .. 81
allopurinol sodium .....90	ALUNBRIG TABS 30 MG .....48	amiloride hcl TABS 82
ALLZITAL TABS 8	ALUNBRIG TABS 90 MG, 180 MG 48	aminocaproic acid SOLN IV 250 MG/ML 94
almotriptan malate 149	ALUNBRIG TBPK .....48	aminocaproic acid SOLN OR 0.25 GM/ML 94
ALOCRIL .....163	ALVAIZ 92	aminocaproic acid TABS 1000 MG 94
alogliptin benzoate 30	ALVESCO 18	aminocaproic acid TABS 500 MG . 94
alogliptin-metformin hcl 29	alvimopan .....88	aminophylline SOLN .....20
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG .....29	amantadine hcl CAPS 51	amiodarone hcl SOLN 50 MG/ML, 450 MG/9ML, 900 MG/18ML 17
ALOMIDE 163	amantadine hcl SOLN 51	amiodarone hcl TABS .....17
ALOPRIM (allopurinol sodium) ....90	amantadine hcl TABS .....51	AMITIZA (lubiprostone) 87
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ... 86	AMARYL 1 MG, 2 MG (glimepiride) 33	amitriptyline hcl TABS 25 MG, 50 MG.....28
alose tron hcl .....88	AMARYL 4 MG (glimepiride) .....33	amitriptyline hcl TABS 28
ALPHAGAN P (brimonidine tartrate) 161	AMBIEN CR TBCR (zolpidem tartrate) .....94	AMJEVITA SOAJ .....5
ALPHANATE SOLR .....90	AMBIEN TABS (zolpidem tartrate) 94	AMJEVITA SOSY 5
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT .....90	AMBISOME (amphotericin b liposome) .....35	amlodipine besylate TABS .....61
ALPRAZOLAM INTENSOL CONC 15	ambrisentan 63	amlodipine besylate-atorvastatin calcium 63
alprazolam TABS 15	amcinonide CREA 74	amlodipine besylate-benazepril hcl 41
alprazolam TB24 .....15	amcinonide LOTN .....74	amlodipine besylate-olmesartan medoxomil .....41
alprazolam TBDP 15	AMD FOAM DRESSING 4"X4" PADS.....98	amlodipine besylate-valsartan 41
ALPROLIX .....90	AMD FOAM DRESSING/TOPSHEET 4"X4" PADS .....98	amlodipine-valsartan-
ALREX SUSP (lorteprednol etabonate) 162	AMELUZ GEL .....73	
ALTACE CAPS 1.25 MG, 2.5 MG, 5	AMICAR SOLN OR (aminocaproic acid) 94	

hydrochlorothiazide	41	amphetamine-dextroamphetamine CP24 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-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	MG/24HR	12
AMONDYS 45	158			ANDROGEL GEL TD 25 MG/2.5GM, 50 MG/5GM (testosterone)	13
amoxapine	28			ANDROGEL GEL TD 40.5 MG/2.5GM (testosterone)	13
amoxicillin & pot clavulanate CHEW . 165		amphetamine-dextroamphetamine TABS	1	ANDROGEL PUMP GEL TD 1.62 % (testosterone)	12
amoxicillin & pot clavulanate SUSR 165		amphotericin b IV	35	ANGELIQ	85
amoxicillin & pot clavulanate TABS 125 MG-250 MG	165	amphotericin b liposome	35	ANJESO INJ	6
amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG 165		ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM	165	ANNOVERA	66
amoxicillin & pot clavulanate TB12 165		ampicillin CAPS 500 MG	165	ANORO ELLIPTA	19
amoxicillin CAPS	165	ampicillin sodium IJ 1 GM, 2 GM, 125 MG, 250 MG, 500 MG	165	ANTIVERT CHEW (meclizine hcl) .	34
amoxicillin CHEW 125 MG, 250 MG . 165		ampicillin sodium IV 1 GM	165	ANTIVERT TABS 50 MG (meclizine hcl)	34
AMOXICILLIN SUSR (amoxicillin) 165		AMPYRA (dalfampridine)	168	ANUSOL-HC EX (hydrocortisone (rectal))	14
amoxicillin SUSR	165	AMRIX CP24 (cyclobenzaprine hcl) 156		ANZEMET TABS 50 MG	34
amoxicillin TABS	165	AMTAGVI	47	APADAZ	11
amoxicillin-clarithromycin w/ lansoprazole THPK	175	AMVUTTRA	170	APEXICON E CREA	74
amphetamine sulfate TABS	1	AMYTAL SODIUM	94	APHEXDA	94
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-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	ANAFRANIL (clomipramine hcl) ..	28	APIDRA SOLN	31
		anagrelide hcl	91	APIDRA SOLOSTAR SOPN	31
		ANALPRAM HC CREA EX (hydrocortisone acetate w/ pramoxine)	14	APLENZIN	26
		ANAPROX DS TABS (naproxen sodium)	6	APOKYN SOCT	51
		ANASPAZ TBDP (hyoscyamine sulfate)	172	apomorphine hydrochloride SOCT	51
		anastrozole	47	APONVIE EMUL	35
		ANCOBON (flucytosine)	35	APO-VARENICLINE TABS	169
		ANDRODERM PT24 2 MG/24HR, 4		apraclonidine hcl	161
				aprepitant CAPS	35
				aprepitant MISC	35
				APRETUDE	56
				APRISO CP24 (mesalamine)	87

APTENSIO XR CP24 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (methylphenidate hcl)	2	ARIMIDEX (anastrozole)	47	aspirin-dipyridamole	91
APTENSIO XR CP24 60 MG (methylphenidate hcl)	2	aripiprazole SOLN OR	55	ASPRUZYO SPRINKLE PACK	15
APTIOM	22	aripiprazole TABS	55	ASSURE ID DUO PRO SAFETY PEN NEEDLES 31G X 5MM	110
APTIVUS CAPS	56	aripiprazole TBDP	55	ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	110
AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	110	ARISTADA	55	ASTAGRAF XL CP24	152
AQ INSULIN SYRINGE/1ML/29G X 1/2"	110	ARISTADA INITIO	55	ATACAND (candesartan cilexetil) .	40
AQ INSULIN SYRINGE/1ML/31G X 5/16"	110	ARIXTRA (fondaparinux sodium) .	20	ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	41
AQINJECT PEN NEEDLE/31G X 3/16"	110	armodafinil 150 MG, 200 MG, 250 MG	2	atazanavir sulfate CAPS	56
AQINJECT PEN NEEDLE/32G X 5/32"	110	armodafinil 50 MG	2	ATELVIA TBEC (risedronate sodium)	82
ARALAST NP SOLR 500 MG, 1000 MG	170	ARMONAIR DIGIHALER	18	atenolol & chlorthalidone	41
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	92	ARMOUR THYROID TABS	172	atenolol TABS	60
ARANESP ALBUMIN FREE SOSY 92		ARNUITY ELLIPTA	18	ATGAM	152
ARAVAL (leflunomide)	8	AROMASIN (exemestane)	47	ATIVAN SOLN (lorazepam)	15
ARAZLO LOTN	70	ARTHROTEC 50 TBEC (diclofenac w/ misoprostol)	6	ATIVAN TABS 0.5 MG, 2 MG (lorazepam)	16
ARCALYST	6	ARTHROTEC 75 TBEC (diclofenac w/ misoprostol)	6	ATIVAN TABS 1 MG (lorazepam) .	16
AREXVY	176	ASACOL HD TBEC (mesalamine) .	87	atomoxetine hcl	2
arformoterol tartrate	19	asenapine maleate	53	ATORVALIQ SUSP	38
ARICEPT TABS 23 MG (donepezil hydrochloride)	166	ASMANEX HFA AERO	18	atorvastatin calcium TABS	38
ARICEPT TABS 5 MG, 10 MG (donepezil hydrochloride)	166	ASMANEX TWISTHALER 120 METERED DOSES AEPB	18	atovaquone	43
ARIKAYCE	4	ASMANEX TWISTHALER 14 METERED DOSES AEPB	18	atovaquone-proguanil hcl	45
		ASMANEX TWISTHALER 30 METERED DOSES AEPB	18	ATRALIN GEL (tretinoin)	70
		ASMANEX TWISTHALER 60 METERED DOSES AEPB	18	atropine sulfate (ophthalmic) OINT 161	
		aspirin CHEW	9	atropine sulfate (ophthalmic) SOLN 161	
		aspirin TABS 325 MG	9	ATROPINE SULFATE SOLN (atropine sulfate (ophthalmic))	161
		aspirin TBEC 81 MG, 325 MG	9	ATROPINE SULFATE SOLN 1 %	

161	5MM	110	hydrochlorothiazide)	41
ATROVENT HFA	AURORA PEN NEEDLES		AVAPRO (irbesartan)	40
AUBAGIO (teriflunomide)	29GX12MM	110	AVAR LS CLEANSER LIQD	
AUGMENTIN ES-600 SUSR	AURORA PEN NEEDLES 31G		(sulfacetamide sodium w/ sulfur) ..	70
(amoxicillin & pot clavulanate)	X6MM	110	AVAR-E LS CREA (sulfacetamide	
AUGMENTIN SUSR 31.25 MG/5ML-	AURORA PEN NEEDLES 31G		sodium w/ sulfur)	70
125 MG/5ML	X8MM	110	AVEED SOLN	13
AUGMENTIN TABS 125 MG-500 MG	AURORA UNIFINE		AVODART (dutasteride)	89
(amoxicillin & pot clavulanate)	PENTIPS/32GX5/32"	110	AVONEX PEN AJKT	168
AUGTYRO	AURORA UNIFINE		AVONEX PSKT	168
AUM INSULIN SAFETY PEN	PENTIPS/MINI/31GX3/16"	110	AVSOLA	87
NEEDLE/31GX4MM	AURYXIA	88	AYGESTIN TABS (norethindrone	
AUM INSULIN SAFETY PEN	AUSTEDO PATIENT TITRATION		acetate)	166
NEEDLE/31GX5MM	KIT TBPK	167	AYVAKIT	48
AUM MINI INSULIN PEN	AUSTEDO TABS	167	AZASITE	161
NEEDLE/32GX4MM	AUSTEDO XR PATIENT TITRATION		azathioprine TABS 50 MG	152
AUM MINI INSULIN PEN	KIT TEPK	167	azathioprine TABS 75 MG, 100 MG	
NEEDLE/32GX5MM	AUSTEDO XR TB24 30 MG, 36 MG,		152	
AUM MINI INSULIN PEN	42 MG, 48 MG	167	azelaic acid GEL	78
NEEDLE/32GX6MM	AUSTEDO XR TB24 6 MG, 12 MG,		azelastine hcl (ophth)	163
AUM MINI INSULIN PEN	24 MG	167	azelastine hcl 0.1 %, 0.15 %, 137	
NEEDLE/32GX8MM	AUTO-LANCET MINI MISC	102	MCG/SPRAY	157
AUM MINI INSULIN PEN	AUTO-LANCET MISC	102	azelastine hcl-fluticasone propionate	
NEEDLE/33GX4MM	AUTOLET IMPRESSION LANCING		SUSP	157
AUM PEN NEEDLE/32GX4MM .	DEVICE MISC	102	AZILECT (rasagiline mesylate) ...	52
AUM PEN NEEDLE/32GX5MM .	AUTOLET LANCING DEVICE MISC .		azithromycin PACK	97
AUM PEN NEEDLE/32GX6MM .	102		azithromycin SUSR 100 MG/5ML .	97
AUM PEN NEEDLE/33GX4MM .	AUTOLET MINI MISC	102	azithromycin SUSR 200 MG/5ML .	97
AUM READYGARD DUO	AUTOLET PLUS MISC	102	azithromycin TABS 250 MG	97
SAFETYPEN	AUVELITY	26	azithromycin TABS 500 MG	97
NEEDLE/32GX4MM/DUAL AUTO	AUVI-Q SOAJ 0.1 MG/0.1ML	179	azithromycin TABS 600 MG	97
PROTEC	AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3		AZO URINARY PAIN RELIEF	
AUM SAFETY PEN NEEDLE/31G X	MG/0.3ML	179		
4MM	AVALIDE (irbesartan-			
AUM SAFETY PEN NEEDLE/31G X				

MAXIMUM STRENGTH TABS (phenazopyridine hcl)	90	estradiol-iron)	65	BD ECLIPSE NEEDLE/18G X 1-1/2"	110
AZOPT (brinzolamide)	163	balsalazide disodium CAPS	87	BD HYPODERMIC NEEDLE REGULAR BEVEL THIN WALL 18G X 1-1/2"	111
AZOR (amlodipine besylate- olmesartan medoxomil)	41	BALVERSA	48	BD HYPODERMIC NEEDLES 18GX1.5"	111
AZSTARYS	2	BAND-AID GAUZE PADS LARGE4" X 4" PADS	98	BD INSULIN SYRINGE LUER- LOK/U-100/1ML	111
AZULFIDINE EN-TABS TBEC (sulfasalazine)	87	BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	98	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	111
AZULFIDINE TABS (sulfasalazine) 87		BANZEL SUSP (rufinamide)	22	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	111
BABY DDROPS LIQD OR (cholecalciferol)	180	BANZEL TABS (rufinamide)	22	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	111
bacitracin (ophthalmic)	161	BAQSIMI ONE PACK POWD	30	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" 111	
bacitracin (topical) OINT	71	BAQSIMI TWO PACK POWD	30	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" 111	
bacitracin	43	BARACLUDE SOLN	58	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" 111	
bacitracin zinc OINT	71	BARACLUDE TABS (entecavir) ...	58	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" 111	
bacitracin-polymyxin b (ophth) ...	162	BASAGLAR KWIKPEN SOPN	31	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" 111	
bacitracin-polymyxin b OINT	71	BASAGLAR TEMPO PEN SOPN .	31	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" 111	
bacitracin-poly-neomycin-hc	163	BAXDELA TABS	86	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" 111	
baclofen SOLN OR 5 MG/5ML, 10 MG/5ML	156	BCG VACCINE	176	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" 111	
baclofen SUSP	156	b-complex w/ c & folic acid CAPS 154		BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" .	111
baclofen TABS 15 MG	156	b-complex w/ c & folic acid TABS 100 MG-10 MG-0.3 MG-1 MG-1.5 MG- 0.006 MG-10 MG-1.7 MG-20 MG, 500 MG-4 MG-0.5 MG-5 MCG-18 MG-15 MG-100 MG-15 MG, 60 MG- 10 MG-300 MCG-1 MG-6 MCG-1.7 MG-20 MG-10 MG-1.5 MG	154	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" .	111
baclofen TABS 5 MG, 10 MG, 20 MG	156	b-complex w/ c & folic acid TABS 60 MG-300 MCG-1 MG-1.5 MG-20 MG- 10 MG-10 MG-1.7 MG-6 MCG ...	154	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	111
BACMIN TABS	154			B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	111
BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	43			B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	111
BACTRIM TABS (sulfamethoxazole- trimethoprim)	43	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" 110		BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ..	111
BAFIERTAM	168	BD BLUNT FILL NEEDLE/18GX 1- 1/2"	110	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ..	111
BAL IN OIL	34	BD ECLIPSE 18G X 1-1/2"	110	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM	111
BALCOLTRA (levonorgestrel-ethinyl					

BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" ..111	12.7MM 112	SYRINGE/0.5ML/29G X 1/2" 112
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM .....111	BD INSULIN SYRINGE/1ML/29G X 12.7MM 112	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" 112
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ..111	BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2" 112	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16" 112
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ..111	BD LUER-LOK SYRINGE/3ML ..112	BD SLIP TIP SYRINGE/3ML 112
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM 111	BD NEEDLE BLUNT 5 MICRONFILTER/18G X 1-1/2" .. 112	BD SWABS SINGLE USE 108
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" 111	BD NEEDLE/18G 1-1/2" 112	BECONASE AQ .....157
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 8MM .....111	BD NOKOR NEEDLE ADMIX THIN WALL/18G X 1-1/2" .....112	BELBUCA FILM .....11
BD INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 8MM 111	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM 112	BELLADONNA/OPIUM 172
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" ....111	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM 112	BELSOMRA .....96
BD INSULIN SYRINGE ULTRA- FINE/1ML/30G X 12.7MM 111	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM 112	BENADRYL ALLERGY CAPS (diphenhydramine hcl) 36
BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM .....111	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" 112	BENADRYL ALLERGY CHILDRENS LIQD (diphenhydramine hcl) .....36
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" 111	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM 112	BENADRYL ALLERGY TABS (diphenhydramine hcl) 36
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" 111	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM .....112	BENADRYL ALLERGY ULTRATABS TABS (diphenhydramine hcl) 36
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" .....111	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM 112	benazepril & hydrochlorothiazide .41
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM 112	BD PLASTIPAK 3ML SYRINGE/LUER-LOK 112	benazepril hcl 40 MG 39
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM 112	BD SAFETYGLIDE HYPODERMICNEEDLE 18G X 1- 1/2" 112	benazepril hcl 5 MG, 10 MG, 20 MG . 39
BD INSULIN SYRINGE/1ML/27G X	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" 112	BENEFIX KIT 90
	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" ...112	BENICAR (olmesartan medoxomil) 40
		BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide) ...41
		BENLYSTA SOAJ 153
		BENLYSTA SOLR .....153
		BENLYSTA SOSY .....153
		BENTYL SOLN IM (dicyclomine hcl) . 172

BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	70	acetate SUSP	67	bimatoprost SOLN	164
BENZHYDROCODONE/ACETAMINOPHEN	11	betamethasone valerate CREA ...	74	BIMZELX SOAJ	73
BENZNIDAZOLE	14	betamethasone valerate FOAM ...	74	BIMZELX SOSY	73
benzocaine-docusate sodium ENEM .	97	betamethasone valerate LOTN ...	75	BINAXNOW COVID-19 AG CARD HOME TEST KIT	79
benzoyl peroxide-erythromycin GEL .	70	betamethasone valerate OINT	75	BINOSTO TBEF	82
benztropine mesylate SOLN	51	BETAPACE AF (sotalol hcl (afib/af))	60	BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	98
benztropine mesylate TABS	51	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	61	BIOTHRAX	176
bepotastine besilate	163	BETASERON KIT	168	bisacodyl SUPP	97
BEPREVE (bepotastine besilate) 163		betaxolol hcl (ophth) SOLN	160	bisacodyl TBEC	97
BEQVEZ	90	betaxolol hcl	60	bismuth subcitrate potassium-metronidazole-tetracycline	175
BERINERT KIT	91	bethanechol chloride	176	bismuth subsalicylate CHEW 262 MG	33
BESIVANCE	162	BETHKIS NEBU (tobramycin)	4	bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/30ML	33
BESREMI	50	BETIMOL	160	bismuth subsalicylate TABS	33
betaine	84	BETOPTIC-S SUSP	160	bisoprolol & hydrochlorothiazide ..	41
betamethasone dipropionate (topical) CREA	74	BEVESPI AEROSPHERE	19	bisoprolol fumarate	60
betamethasone dipropionate (topical) LOTN	74	bexarotene (topical)	73	BLOXIVERZ SOLN IV (neostigmine methylsulfate)	45
betamethasone dipropionate (topical) OINT	74	bexarotene	50	BONJESTA TBCR	35
betamethasone dipropionate augmented CREA	74	BEXSERO	176	BOOSTRIX SUSP	172
betamethasone dipropionate augmented GEL 0.05 %	74	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ...	65	BOOSTRIX SUSY	172
betamethasone dipropionate augmented LOTN	74	bicalutamide	47	bosentan TABS	64
betamethasone dipropionate augmented OINT	74	BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	166	BOSULIF CAPS	48
betamethasone sod phosphate &		BICILLIN L-A SUSY	165	BOSULIF TABS 100 MG	48
		BIDIL (isosorbide dinitrate-hydralazine hcl)	63	BOSULIF TABS 400 MG, 500 MG	48
		BIJUVA	85	BRAFTOVI 75 MG	48
		BIKTARVY	56	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	144
		BILTRICIDE (praziquantel)	14		

BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	144	brimonidine tartrate-timolol maleate	160	BUMEX TABS 0.5 MG (bumetanide)	81
BREATHE EASE NEBULIZER MASK/CHILD MISC	144	BRINEURA	84	BUPHENYL POWD (sodium phenylbutyrate)	84
BREATHE EASE NEBULIZER MASK/INFANT MISC	144	brinzolamide	163	BUPHENYL TABS (sodium phenylbutyrate)	84
BREATHE EASE/LARGE MASK DEVI	144	BRIUMVI	168	BUPRENEX SOLN (buprenorphine hcl)	11
BREATHE EASE/MEDIUM MASK DEVI	144	BRIVIACT SOLN IV 50 MG/5ML ..	22	buprenorphine hcl SOLN	12
BREATHE EASE/SMALL MASK DEVI	144	BRIVIACT SOLN OR 10 MG/ML ..	22	buprenorphine hcl SUBL 2 MG	12
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	144	BRIVIACT TABS	22	buprenorphine hcl SUBL 8 MG	12
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	144	BRIXADI SOSY	11	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG ..	12
BREO ELLIPTA (fluticasone furoate-vilanterol)	19	bromfenac sodium (ophth)	164	buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG	12
BREO ELLIPTA	19	bromocriptine mesylate CAPS	51	buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	12
BREVIBLOC (esmolol hcl-sodium chloride)	60	bromocriptine mesylate TABS 2.5 MG	51	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...	12
BREVIBLOC PREMIXED (esmolol hcl-sodium chloride)	60	BROMSITE (bromfenac sodium (ophth))	164	buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	12
BREVIBLOC PREMIXED DOUBLESTRENGTH (esmolol hcl-sodium chloride)	60	BRONCHITOL	170	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...	12
BREXAFEMME	35	BRONCHITOL TOLERANCE TEST . .	170	buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	12
BREYANZI	47	BROVANA (arformoterol tartrate) .	19	buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	12
BREZTRI AEROSPHERE	19	BRUKINSA	48	buprenorphine PTWK 7.5 MCG/HR	12
BRILINTA	91	BRYHALI LOTN	75	buprenorphine PTWK	12
brimonidine tartrate (topical)	78	BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	144	bupropion hcl (smoking deterrent)	169
brimonidine tartrate 0.1 %, 0.15 %	161	budesonide (inhalation) SUSP	18	bupropion hcl TABS	26
brimonidine tartrate 0.2 %	161	budesonide (intrarectal)	13	bupropion hcl TB12	26
		budesonide (nasal)	157	bupropion hcl TB24 150 MG, 300 MG	26
		budesonide CPEP	67	bupropion hcl TB24 450 MG	26
		budesonide TB24	67	bupirone hcl	15
		budesonide-formoterol fumarate dihydrate	19		
		bumetanide SOLN 0.25 MG/ML ...	81		
		bumetanide TABS	81		

buspiron hcl 15 MG, 30 MG 15	besylate-atorvastatin calcium) 63	1250 MG 151
butalbital-acetaminophen CAPS 50 MG-300 MG 8	CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium) 63	CALCIUM CARBONATE TABS 648 MG 14
butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG 8	CAFCIT SOLN IV 60 MG/3ML (caffeine citrate) 2	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG 151
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG 8	CAFERGOT TABS (ergotamine w/ caffeine) 149	calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 400 UNIT-500 MG, 500 MG-5 MCG 151
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG 8	caffeine citrate SOLN OR 2	calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG 151
butalbital-acetaminophen-caffeine w/ codeine 11	CALAN SR TBCR (verapamil hcl) .61	CALQUENCE 48
butalbital-aspirin-caffeine CAPS 8	calcipotriene CREA 73	CALTRATE 600+D3 TABS (calcium carbonate-cholecalciferol) 151
butalbital-aspirin-caffeine w/cod ... 11	CALCIPOTRIENE FOAM 73	CALTRATE BONE HEALTH TABS (calcium carbonate-cholecalciferol) 151
butorphanol tartrate NA 10 MG/ML 12	calcipotriene OINT 73	
BUTRANS PTWK (buprenorphine) 12	calcipotriene SOLN 73	
BYDUREON BCISE AUIJ 30	calcipotriene-betamethasone dipropionate OINT 75	CAMBIA (diclofenac potassium (migraine)) 149
BYETTA SOPN 30	calcipotriene-betamethasone dipropionate SUSP 75	CAMCEVI 47
BYLVAY (PELLETS) CPSP 87	calcitonin (salmon) IJ 82	CAMZYOS 63
BYLVAY CAPS 87	calcitonin (salmon) NA 82	CANASA SUPP (mesalamine) 87
BYSTOLIC (nebivolol hcl) 60	calcitriol (topical) 73	CANCIDAS (caspofungin acetate) 35
BYSTOLIC 5 MG (nebivolol hcl) ... 60	calcitriol CAPS 84	candesartan cilexetil 40
CABENUVA 56	calcitriol SOLN OR 84	candesartan cilexetil-hydrochlorothiazide 41
cabergoline 85	calcium acetate (phosphate binder) CAPS 88	capecitabine 46
CABLIVI 91	calcium acetate (phosphate binder) TABS 88	CAPLYTA 52
CABOMETYX TABS 48	calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG 14	CAPRELSA 100 MG 48
CABTREO 70	calcium carbonate (antacid) SUSP 14	CAPRELSA 300 MG 49
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine	CALCIUM CARBONATE SUSP ... 14	captopril & hydrochlorothiazide ... 41
	calcium carbonate TABS 600 MG,	captopril 39

73	CARDIZEM CD CP24 360 MG (diltiazem hcl coated beads) .....61	CAREONE INSULIN SYRINGES/1ML/31GX5/16" .....113
CARAFATE SUSP (sucralfate) ...173	CARDIZEM LA TB24 (diltiazem hcl) 61	CAREONE LANCET SUPER THIN/30G 102
CARAFATE TABS (sucralfate) ...173	CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl) .....61	CAREONE UNIFINE PENTIPS 29GX12MM 113
CARBAGLU (carglumic acid) 84	CARDURA (doxazosin mesylate) .40	CAREONE UNIFINE PENTIPS 31GX5MM .....113
carbamazepine CHEW 22	CARDURA 8 MG (doxazosin mesylate) .....40	CAREONE UNIFINE PENTIPS 31GX6MM .....113
carbamazepine CP12 .....22	CARDURA XL .....89	CAREONE UNIFINE PENTIPS 31GX8MM .....113
carbamazepine SUSP 22	CAREFINE PEN NEEDLE 32GX4MM .....112	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM .....113
carbamazepine TABS .....22	CAREFINE PEN NEEDLES 29GX1/2" .....112	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM .....113
carbamazepine TB12 .....22	CAREFINE PEN NEEDLES 30GX5/16" 112	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM .....113
carbamide peroxide (otic) 6.5 % ..164	CAREFINE PEN NEEDLES 31GX6MM .....112	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM .....113
CARBATROL CP12 (carbamazepine) .....22	CAREFINE PEN NEEDLES 31GX8MM .....112	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM .....113
carbidopa .....50	CAREFINE PEN NEEDLES 32GX5MM .....112	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM .....113
carbidopa-levodopa TABS 100 MG- 25 MG, 250 MG-25 MG .....51	CAREFINE PEN NEEDLES 32GX6MM .....112	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32" 113
carbidopa-levodopa TABS .....51	CAREONE ADVANCED LANCINGDEVICE MISC 102	CAREPOINT PRECISION POLYHUB NEEDLE/18GX1-1/2" 113
carbidopa-levodopa TBCR .....51	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" ...112	CAREPOINT PRECISION SYRINGE/LUER LOCK/3ML 113
carbidopa-levodopa TBDP .....51	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" .113	CARESTART COVID-19 ANTIGEN HOME TEST KIT .....79
carbidopa-levodopa-entacapone .51	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" ...113	CARETOUCH 2 CPAP HOSE HANGER MISC .....144
carbinoxamine maleate SOLN .....36	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" .113	CARETOUCH CPAP & BIPAP HOSE/6FT MISC 144
carbinoxamine maleate TABS 4 MG . 36		
carboxymethylcellulose sodium (ophth) SOLN 0.5 %160		
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML 61		
CARDIOCOM LANCING DEVICE MISC .....102		
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (diltiazem hcl coated beads) .....61		
CARDIZEM CD CP24 240 MG (diltiazem hcl coated beads) .....61		

CARETOUCH CPAP MASK WIPES MISC .....144	CARETOUCH TWIST LANCETS 28G .....102	CAYA DPRH .....100
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC 144	CARETOUCH TWIST LANCETS 30G .....102	CAYSTON .....44
CARETOUCH CPAP TUBE CLEANING BRUSH MISC .....144	CARETOUCH TWIST LANCETS MULTI COLOR/30G .....102	cefaclor CAPS .....64
CARETOUCH HYPODERMIC NEEDLE/18GX1-1/2" .....113	CARETOUCH UNIVERSAL CPAPFILTERS MISC .....144	CEFACLOR ER TB12 .....64
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" ....113	carglumic acid .....84	cefaclor SUSR 125 MG/5ML, 375 MG/5ML .....65
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" ....113	carisoprodol TABS .....156	cefadroxil CAPS .....64
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" .....113	CARNITOR SF SOLN OR (levocarnitine (metabolic modifiers)) 84	cefadroxil SUSR .....64
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" .....113	CARNITOR SOLN OR 1 GM/10ML (levocarnitine (metabolic modifiers)) 84	cefadroxil TABS .....64
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" .....113	CARNITOR TABS (levocarnitine (metabolic modifiers)) .....84	CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML .....64
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16" .....113	CAROSPIR SUSP (spironolactone) 82	cefazolin sodium SOLR IJ 1 GM, 3 GM, 10 GM, 500 MG .....64
CARETOUCH LANCING DEVICEWITH EJECTOR MISC ..102	carteolol hcl (ophth) .....160	cefazolin sodium SOLR IJ 2 GM ..64
CARETOUCH LUER LOCK SYRINGE/3ML .....113	carvedilol 25 MG .....59	CEFAZOLIN SODIUM SOLR IV 2 GM .....64
CARETOUCH PEN NEEDLE 29GX1/2" .....113	carvedilol 3.125 MG, 6.25 MG, 12.5 MG .....59	CEFAZOLIN SODIUM/DEXTROSE SOLR .....64
CARETOUCH PEN NEEDLE 33GX5/32" .....113	carvedilol phosphate .....59	CEFAZOLIN SOLN .....64
CARETOUCH PEN NEEDLES 31G X 6 MM .....113	CARVYKTI .....47	CEFAZOLIN SOLR IV .....64
CARETOUCH PEN NEEDLES 31GX 5MM .....113	CASGEVY .....92	cefdinir CAPS .....65
CARETOUCH PEN NEEDLES 31GX 8MM .....113	CASODEX (bicalutamide) .....47	cefdinir SUSR .....65
CARETOUCH PEN NEEDLES 32GX 4MM .....113	casprofungin acetate .....35	cefepime hcl SOLR IJ 1 GM .....65
CARETOUCH PEN NEEDLES 32GX 5MM .....113	CASPOFUNGIN ACETATE .....35	CEFEPIME SOLN .....65
	CATAPRES-TTS-1 (clonidine) ...40	CEFEPIME/DEXTROSE .....65
	CATAPRES-TTS-2 (clonidine) ...40	cefixime CAPS .....65
	CATAPRES-TTS-3 (clonidine) ...40	cefixime SUSR .....65
	CATHFLO ACTIVASE IJ .....92	CEFOTAN IJ (cefotetan disodium) 65
		cefotetan disodium IJ 1 GM, 2 GM 65
		CEFOXITIN SODIUM .....65
		cefoxitin sodium IV .....65
		cefpodoxime proxetil SUSR .....65

cefepodoxime proxetil TABS .....65	CELONTIN (methsuximide) .....25	cetirizine-pseudoephedrine 68
cefprozil SUSR 125 MG/5ML .....65	CENTANY OINT .....71	CETRAXAL (ciprofloxacin hcl (otic)) . 164
cefprozil SUSR 250 MG/5ML .....65	CENTRUM ADULTS TABS (multiple vitamins w/ minerals) 154	cevimeline hcl .....154
cefprozil TABS .....65	CENTRUM MEN TABS (multiple vitamins w/ minerals) 154	CHEMET 33
ceftazidime IJ 1 GM, 6 GM 65	CENTRUM SILVER 50+MEN TABS (multiple vitamins w/ minerals) ... 154	CHENODAL .....87
ceftriaxone sodium IJ 1 GM .....65	CENTRUM SILVER 50+WOMEN TABS (multiple vitamins w/ minerals) 154	CHILDRENS ADVIL SUSP 100 MG/5ML (ibuprofen) .....7
ceftriaxone sodium IJ 2 GM .....65	CENTRUM SILVER ADULT 50+ TABS (multiple vitamins w/ minerals) 154	CHILDRENS MOTRIN SUSP 100 MG/5ML (ibuprofen) .....7
ceftriaxone sodium IJ 250 MG, 500 MG .....65	CENTRUM SILVER ADULTS 50+ TABS (multiple vitamins w/ minerals) 154	chlordiazepoxide hcl CAPS .....16
ceftriaxone sodium in dextrose ...65	CENTRUM SILVER WOMEN 50+ TABS (multiple vitamins w/ minerals) 154	chlordiazepoxide hcl-clidinium bromide 172
CEFTRIAZONE/DEXTROSE .....65	CENTRUM SILVER ADULTS 50+ TABS (multiple vitamins w/ minerals) 154	chlordiazepoxide-amitriptyline ... 167
cefuroxime axetil TABS .....65	CENTRUM SILVER ADULTS 50+ TABS (multiple vitamins w/ minerals) 154	chlorhexidine gluconate (mouth- throat) 153
cefuroxime sodium IJ 750 MG .....65	CENTRUM SILVER ADULTS 50+ TABS (multiple vitamins w/ minerals) 154	chloroquine phosphate TABS 250 MG 45
CELEBREX (celecoxib) .....6	CENTRUM SILVER ADULTS 50+ TABS (multiple vitamins w/ minerals) 154	chloroquine phosphate TABS 500 MG 45
CELEBREX 200 MG (celecoxib) ....6	CENTRUM SILVER WOMEN 50+ TABS (multiple vitamins w/ minerals) 154	chlorothiazide sodium .....82
celecoxib .....6	CENTRUM WOMEN TABS (multiple vitamins w/ minerals) 154	chlorpheniramine maleate TABS .. 36
CELESTONE SOLUSPAN SUSP (betamethasone sod phosphate & acetate) .....67	cephalexin CAPS 64	chlorpromazine hcl CONC .....54
CELEXA TABS 10 MG (citalopram hydrobromide) .....26	cephalexin SUSR 64	chlorpromazine hcl SOLN 54
CELEXA TABS 20 MG (citalopram hydrobromide) .....26	cephalexin TABS .....64	chlorpromazine hcl TABS 10 MG ..54
CELEXA TABS 40 MG (citalopram hydrobromide) .....26	CEPROTIN .....91	chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG 54
CELLCEPT CAPS (mycophenolate mofetil) .....152	CEQUA SOLN .....162	chlorthalidone 25 MG, 50 MG 82
CELLCEPT SUSR (mycophenolate mofetil) .....152	CERDELGA .....92	chlorzoxazone TABS 156
CELLCEPT TABS (mycophenolate mofetil) .....152	CEREBYX (fosphenytoin sodium) 25	CHOLBAM 87
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT 79	CEREZYME 400 UNIT .....92	cholecalciferol CAPS 25 MCG, 1000 UNIT 180
	cetirizine hcl SOLN OR 37	cholecalciferol CAPS 250 MCG .. 180
	cetirizine hcl TABS .....37	

cholecalciferol CAPS 50 MCG, 125 MCG	180	CINQAIR	17	CLARITIN ALLERGY CHILDRENS SOLN (loratadine)	37
cholecalciferol LIQD OR 10 MCG/ML 180		CINRYZE SOLR IV	91	CLARITIN SOLN (loratadine)	37
cholecalciferol TABS 25 MCG, 1000 UNIT	180	CINVANTI EMUL	35	CLARITIN TABS (loratadine)	37
cholestyramine light PACK	38	CIPRO HC	164	CLARITIN-D 12 HOUR TB12 (loratadine & pseudoephedrine) ...	68
cholestyramine light POWD	38	CIPRO SUSR	86	CLARITIN-D 24 HOUR TB24 (loratadine & pseudoephedrine) ...	69
cholestyramine PACK	38	CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	86	CLASSIC PRENATAL TABS	156
cholestyramine POWD	38	CIPRODEX (ciprofloxacin-dexamethasone)	164	CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	79
choline fenofibrate	38	ciprofloxacin hcl (ophth) SOLN ...	162	clemastine fumarate SYRP	36
CHOSEN LANCING DEVICE MISC 102		ciprofloxacin hcl (otic)	164	clemastine fumarate TABS 2.68 MG .	36
CIALIS 5 MG (tadalafil)	63	ciprofloxacin hcl TABS 100 MG ...	86	CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	96
CIBINQO	77	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	86	CLEOCIN (clindamycin hcl)	44
ciclopirox GEL	72	ciprofloxacin-dexamethasone ...	164	CLEOCIN CREA (clindamycin phosphate vaginal)	179
ciclopirox KIT	72	ciprofloxacin-fluocinolone acetoneide .	164	CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride)	44
ciclopirox olamine CREA	72	CITALOPRAM HYDROBROMIDE CAPS	26	CLEOCIN SUPP	179
ciclopirox olamine SUSP	72	citalopram hydrobromide SOLN ...	26	CLEOCIN-T LOTN (clindamycin phosphate (topical))	70
ciclopirox SHAM	72	citalopram hydrobromide TABS 10 MG	26	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	144
ciclopirox SOLN	72	citalopram hydrobromide TABS 20 MG	26	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	144
cidofovir	58	citalopram hydrobromide TABS 40 MG	26	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	144
cilostazol	91	CITRULLINE EASY	84		
CILOXAN OINT	162	CLARINEX TABS (desloratadine) .	37		
CIMDUO	56	CLARINEX-D 12 HOUR TB12	68		
cimetidine hcl OR 300 MG/5ML ..	173	clarithromycin SUSR 125 MG/5ML	98		
cimetidine TABS	173	clarithromycin SUSR 250 MG/5ML	98		
CIMZIA KIT	87	clarithromycin TABS	98		
CIMZIA PSKT	87	clarithromycin TB24	98		
CIMZIA STARTER KIT PSKT	87				
cinacalcet hcl	84				

CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL DEVI .....144	5/16" .....114	32GX5/32" 114
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI 144	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" .....114	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" 114
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM .....113	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" .....114	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" .....115
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM .....114	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" .....114	CLICKFINE PEN NEEDLES 31G X 1/4" .....115
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" .....114	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" .....114	CLICKFINE PEN NEEDLES 31G X 3/16" .....115
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" .....114	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U- 100/1ML/31GX5/16" 114	CLICKFINE PEN NEEDLES 31G X 5/16" .....115
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" .....114	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM . 114	CLICKFINE PEN NEEDLES 31G X 8MM .....115
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" .....114	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM ...114	CLICKFINE PEN NEEDLES 32G X 5/32" .....115
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" .....114	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM ...114	CLICKFINE PEN NEEDLES/31GX1/4" .....115
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" .....114	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM ...114	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" 115
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" .....114	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM ...114	CLIMARA PRO .....85
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" .....114	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM ...114	CLIMARA PTWK (estradiol) 86
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" .....114	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM ...114	CLINDAGEL GEL (clindamycin phosphate (topical)) .....70
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM ...114	clindamycin hcl .....44
	CLEVIPREX 25 MG/50ML, 50 MG/100ML 61	clindamycin palmitate hydrochloride . 44
	CLICKFINE PEN NEEDLE	clindamycin phosphate (topical) FOAM 70
		clindamycin phosphate (topical) GEL 70
		clindamycin phosphate (topical) LOTN .....70
		clindamycin phosphate (topical) SOLN .....70
		clindamycin phosphate (topical)

SWAB	70	CLOBEX SHAM (clobetasol propionate)	75	CO MONITOR REPLACEMENT TPIECES MISC	144
clindamycin phosphate vaginal CREA	179	clocortolone pivalate	75	COAGADDEX	90
clindamycin phosphate-benzoyl peroxide (refrigerate)	70	CLODAN KIT	75	COARTEM	45
clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 % ..	70	CLODERM (clocortolone pivalate) 75		codeine sulfate TABS 30 MG	9
clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %	70	clomipramine hcl	28	CODEINE SULFATE TABS	9
clindamycin phosphate-tretinoin ..	70	clonazepam TABS	22	COLAZAL CAPS (balsalazide disodium)	87
CLINDESSE	179	clonazepam TBDP	22	colchicine CAPS	90
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	79	clonidine	40	colchicine TABS	90
clobazam SUSP	22	clonidine hcl (adhd) TB12	2	colchicine w/ probenecid	90
clobazam TABS	22	clonidine hcl TABS	41	COLCRYS TABS (colchicine)	90
clobetasol propionate CREA 0.05 % ..	75	clonidine hcl TB24	41	colesevelam hcl PACK	38
clobetasol propionate emollient base 0.05 %	75	clopidogrel bisulfate 300 MG	92	colesevelam hcl TABS	38
clobetasol propionate emulsion ...	75	clopidogrel bisulfate 75 MG	91	COLESTID FLAVORED GRAN (colestipol hcl)	38
clobetasol propionate FOAM	75	clorazepate dipotassium TABS ...	16	COLESTID FLAVORED PACK (colestipol hcl)	38
clobetasol propionate GEL 0.05 %	75	clotrimazole (topical) CREA	72	COLESTID GRAN (colestipol hcl) .	38
clobetasol propionate LIQD	75	clotrimazole (topical) SOLN	72	COLESTID PACK (colestipol hcl) .	38
clobetasol propionate LOTN	75	clotrimazole	153	COLESTID TABS (colestipol hcl) .	38
clobetasol propionate OINT 0.05 %	75	clotrimazole vaginal CREA 1 % ..	179	colestipol hcl GRAN	38
clobetasol propionate SHAM	75	clotrimazole vaginal CREA 2 % ..	179	colestipol hcl PACK	38
clobetasol propionate SOLN 0.05 % ..	75	clotrimazole w/ betamethasone CREA	72	colestipol hcl TABS	38
CLOBEX LIQD (clobetasol propionate)	75	clotrimazole w/ betamethasone LOTN	72	COMBIGAN (brimonidine tartrate-timolol maleate)	160
CLOBEX LOTN 0.05 % (clobetasol propionate)	75	clozapine TABS 50 MG	54	COMBIPATCH PTTW	85
		clozapine TABS	54	COMBIVENT RESPIMAT AERS ..	19
		clozapine TBDP 12.5 MG, 150 MG, 200 MG	54	COMBIVIR (lamivudine-zidovudine) .	56
		clozapine TBDP 25 MG, 100 MG ..	54	COMETRIQ KIT	49
		CLOZARIL TABS (clozapine)	54	COMFORT ASSIST INSULIN	
		CO MONITOR DEVI	144		

SYRINGE/0.3ML/31G X 5/16" ... 115	COMFORT TOUCH PEN NEEDLES/32G X 8MM 115	CORDRAN CREA (flurandrenolide) 75
COMFORT ASSURED LANCETS SUPER THIN 28G 102	COMFORT TOUCH PEN NEEDLES/33G X 5/32" 115	CORDRAN LOTN (flurandrenolide) 75
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....115	COMIRNATY 2023-24 SUSP 176	COREG 25 MG (carvedilol) .....59
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16" 115	COMIRNATY 2023-24 SUSY 176	COREG 25 MG (carvedilol) .....60
COMFORT EZ MICRO/32G X 4MM . 115	COMIRNATY SUSP .....176	COREG 3.125 MG, 6.25 MG, 12.5 MG (carvedilol) .....59
COMFORT EZ PRO SAFETY PEN NEEDLES 30G X 8MM 115	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI ..145	COREG 3.125 MG, 6.25 MG, 12.5 MG (carvedilol) .....60
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM 115	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI .....144	COREG CR (carvedilol phosphate) 60
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM 115	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI .....145	CORGARD TABS 20 MG, 40 MG (nadolol) .....61
COMFORT EZ SHORT/31G X 8MM 115	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI .....145	CORGARD TABS 80 MG (nadolol) 61
COMFORT EZ/31G X 5MM .....115	COMPLERA .....56	CORIFACT 90
COMFORT EZ/31G X 6MM .....115	COMPLETE NATAL DHA .....156	CORLANOR SOLN 64
COMFORT LANCETS 102	COMPLETENATE CHEW .....156	CORLANOR TABS (ivabradine hcl) 64
COMFORT TOUCH PEN NEEDLES/31G X 4MM 115	COMTAN (entacapone) .....51	CORTEF TABS (hydrocortisone) ..67
COMFORT TOUCH PEN NEEDLES/31G X 5MM 115	CO-NATAL FA TABS .....156	CORTENEMA (hydrocortisone (intrarectal)) 13
COMFORT TOUCH PEN NEEDLES/31G X 6 MM .....115	CONCERTA TBCR (methylphenidate hcl) .....2	CORTIFOAM EX 10 %13
COMFORT TOUCH PEN NEEDLES/31G X 8 MM .....115	CONJUPRI (levamlodipine maleate) 61	CORTISONE ACETATE TABS ....67
COMFORT TOUCH PEN NEEDLES/32G X 4MM 115	CONZIP CP24 (tramadol hcl) .....9	CORTISPORIN-TC 164
COMFORT TOUCH PEN NEEDLES/32G X 5MM 115	COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS .....98	CORTROPHIN GEL 83
COMFORT TOUCH PEN NEEDLES/32G X 6MM 115	COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS .....98	CORVERT (ibutilide fumarate) ....17
COMFORT TOUCH PEN NEEDLES/32G X 8MM 115	COPAXONE SOSY (glatiramer acetate) .....168	COSENTYX SENSOREADY PEN SOAJ .....73
COMFORT TOUCH PEN NEEDLES/32G X 6MM 115	COPIKTRA .....49	COSENTYX SOLN .....73
		COSENTYX SOSY 73
		COSENTYX UNOREADY SOAJ .. 73

COSOPT (dorzolamide hcl-timolol maleate)	160	crotamiton LOTN	79	SPONGES/CELLULOSEFILLED/4"X 4" PADS	99
COSOPT PF (dorzolamide hcl-timolol maleate)	160	CRYSVITA	84	CUVPOSA SOLN OR (glycopyrrolate)	172
COSOPT PF (dorzolamide hcl-timolol maleate)	161	CUPRIMINE CAPS (penicillamine) 152		CUVRIOR	152
COTELLIC	49	CURITY ALCOHOL PREPS/MEDIUM 2 PLY	108	CVS ALCOHOL PREP PADS ...	108
COTEMPLA XR-ODT TBED	2	CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	99	CVS COVID-19 AT HOME TESTKIT KIT	79
COVID-19 AG TEST KIT	79	CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	98	CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	99
COVID-19 AT-HOME TEST KIT KIT . 79		CURITY ALL PURPOSE SPONGES 4"X4" PADS	99	CVS GAUZE PADS STERILE 4"X4" PADS	99
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	79	CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS	99	CVS LANCETS MICRO THIN 33G 102	
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	79	CURITY COVER SPONGE 4"X4" PADS	99	CVS LANCETS MICRO-THIN 33G 102	
COVID-19 TEST SPECIMEN COLLECTION	79	CURITY COVER SPONGES 4"X4" PADS	99	CVS LANCETS THIN 26G	102
COVID-19 TESTING ADMINISTERED BY PHARMACIST 79		CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	99	CVS LANCETS ULTRA THIN 30G 102	
COVRSITE COVER DRESSING PADS	98	CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	99	CVS LANCETS ULTRA-THIN 30G 102	
COVRSITE PLUS COMPOSITE DRESSING PADS	98	CURITY GAUZE PADS 4"X4" 12 PLY PADS	99	CVS LANCING DEVICE MISC ...	102
COZAAR (losartan potassium) ...	40	CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	99	CVS PREP PADS	108
CREON CPEP	81	CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	99	cyanocobalamin SOLN IJ 1000 MCG/ML	92
CRESEMBA CAPS	35	CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	99	cyclobenzaprine hcl CP24	156
CRESEMBA SOLR	35	CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	99	cyclobenzaprine hcl TABS 5 MG, 10 MG	156
CRESTOR TABS (rosuvastatin calcium)	38	CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	99	cyclobenzaprine hcl TABS 7.5 MG 156	
CRINONE GEL	179	CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	99	CYCLOGYL (cyclopentolate hcl) 161	
cromolyn sodium (mastocytosis) ..	87	CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	99	CYCLOGYL 0.5 %	161
cromolyn sodium (ophth)	164	CURITY		CYCLOGYL 2 %	161
cromolyn sodium NEBU	17			CYCLOMYDRIL	161

cyclopentolate hcl 1 %	161	CYSTAGON CAPS	89	DAYPRO TABS (oxaprozin)	7
cyclophosphamide CAPS	46	CYSTARAN	164	DAYTRANA PTCH (methylphenidate)	2
CYCLOPHOSPHAMIDE TABS	46	CYTOMEL TABS (lithyronine sodium)	172	DAYVIGO	96
cycloserine	46	CYTOTEC (misoprostol)	175	DDAVP SOLN IJ 4 MCG/ML (desmopressin acetate)	85
CYCLOSET	30	dabigatran etexilate mesylate CAPS 110 MG	21	DDAVP TABS (desmopressin acetate)	85
cyclosporine (ophth) EMUL	162	dabigatran etexilate mesylate CAPS 75 MG, 150 MG	21	DEBROX 6.5 % (carbamide peroxide otic)	164
cyclosporine CAPS	152	dalfampridine	168	deferasirox PACK	33
cyclosporine modified (for microemulsion) CAPS	152	DALIRESP (roflumilast)	18	deferasirox TABS	33
cyclosporine modified (for microemulsion) SOLN	152	danazol CAPS	13	deferasirox TBSO	33
cyclosporine SOLN IV 50 MG/ML	152	DANTRIUM CAPS 25 MG (dantrolene sodium)	157	deferiprone TABS	33
CYKLOKAPRON SOLN (tranexamic acid)	94	DANTRIUM IV SOLR (dantrolene sodium)	157	deferoxamine mesylate	34
CYLTEZO AJKT	5	dantrolene sodium CAPS	157	deflazacort SUSP	67
CYLTEZO PSKT	5	dantrolene sodium SOLR	157	deflazacort TABS	67
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	5	dapagliflozin propanediol	33	DELESTROGEN (estradiol valerate)	86
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	5	dapagliflozin propanediol-metformin hcl	29	DELSTRIGO	56
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT	5	dapsone (topical) 5 %	70	DELZICOL CPDR (mesalamine)	87
CYMBALTA CPEP 20 MG (duloxetine hcl)	27	dapsone (topical) 7.5 %	70	demeclocycline hcl TABS	171
CYMBALTA CPEP 30 MG (duloxetine hcl)	27	dapsone	44	DEM SER (metyrosine)	40
CYMBALTA CPEP 60 MG (duloxetine hcl)	27	DAPTACEL	172	DENAVIR (penciclovir)	74
cyproheptadine hcl SYRP	37	DARAPRIM (pyrimethamine)	45	DENGVAXIA	177
cyproheptadine hcl TABS	37	darifenacin hydrobromide	175	DEPAKOTE ER TB24 (divalproex sodium)	25
CYSTADANE (betaine)	84	DARTISLA ODT TBDP	172	DEPAKOTE SPRINKLES CSDR (divalproex sodium)	25
CYSTADROPS	164	darunavir TABS 600 MG	56	DEPAKOTE TBEC (divalproex sodium)	25
		darunavir TABS 800 MG	56	DEPEN TITRATABS TABS (penicillamine)	152
		DAURISMO	47		
		DAYBUE	159		

DEPO-ESTRADIOL	86	4"X4" 16 PLY PADS	99	DESOWEN CREA (desonide)	75
DEPO-MEDROL SUSP (methylprednisolone acetate)	67	DERMACINRX MULTITAM TABS 154		desoximetasone CREA	75
DEPO-MEDROL SUSP 80 MG/ML (methylprednisolone acetate)	67	DERMAL THERAPY FINGERCARE LOTN (urea)	77	desoximetasone GEL	75
DEPO-MEDROL SUSP	67	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)	75	desoximetasone LIQD	75
DEPO-PROVERA CONTRACEPTIVE SUSP IM (medroxyprogesterone acetate (contraceptive))	67	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	75	desoximetasone OINT	75
DEPO-PROVERA CONTRACEPTIVE SUSY IM (medroxyprogesterone acetate (contraceptive))	67	DERMOTIC (fluocinolone acetonide (otic))	164	DESOPYN (methamphetamine hcl) . 1	
DEPO-SUBQ PROVERA 104 SUSY SC	67	DESCOVY 120 MG-15 MG	56	DESVENLAFAXINE ER	27
DERMACEA DRAIN SPONGES 4"X4" PADS	99	DESCOVY 200 MG-25 MG	56	desvenlafaxine succinate 100 MG .	27
DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	99	DEFERAL 500 MG (deferoxamine mesylate)	34	desvenlafaxine succinate 25 MG, 50 MG	27
DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS	99	desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	28	desvenlafaxine succinate 25 MG ..	27
DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS	99	desipramine hcl TABS 25 MG	28	DETROL LA CP24 (tolterodine tartrate)	175
DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	99	desloratadine TABS	37	DETROL TABS (tolterodine tartrate) .	175
DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	99	desloratadine TBDP	37	dexamethasone ELIX	67
DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS	99	desmopressin acetate SOLN IJ ...	85	DEXAMETHASONE INTENSOL CONC	67
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS	99	desmopressin acetate spray	85	dexamethasone sodium phosphate (ophth)	163
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	99	desmopressin acetate spray refrigerated	85	dexamethasone sodium phosphate SOLN IJ 10 MG/ML, 100 MG/10ML	67
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	99	desmopressin acetate TABS	85	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	67
DERMACEA X-RAY SPONGES		desogestrel & ethinyl estradiol	65	dexamethasone sodium phosphate SOSY IJ 10 MG/ML	67
Index 23		desogestrel-ethinyl estradiol (biphasic)	65	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	67
		desogestrel-ethinyl estradiol (triphasic)	65	dexamethasone SOLN	67
		desonide CREA	75		
		desonide LOTN	75		
		desonide OINT	75		

dexamethasone TABS	67	DIATHRIVE PEN NEEDLE/31 G X 6MM	115	diclofenac sodium TBEC	7
dexamethasone TBPK	67	DIATHRIVE PEN NEEDLE/31 GX 8MM	115	diclofenac sodium-capsaicin	7
dexchlorpheniramine maleate SOLN . 36		DIATHRIVE PEN NEEDLE/31GX 5MM	115	diclofenac w/ misoprostol TBEC	7
DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate)	1	DIATHRIVE PEN NEEDLE/32GX 4MM	115	dicloxacillin sodium	166
DEXILANT (dexlansoprazole) ...	173	diazepam (anticonvulsant) GEL ...	22	dicyclomine hcl CAPS	172
dexlansoprazole	174	diazepam CONC	16	dicyclomine hcl SOLN IM	172
dexmethylphenidate hcl CP24	2	diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML	16	dicyclomine hcl SOLN OR	172
dexmethylphenidate hcl TABS	2	diazepam SOLN OR 5 MG/5ML ...	16	dicyclomine hcl TABS	172
dextroamphetamine sulfate CP24 ...	1	diazepam TABS	16	DIFFERIN CREA (adapalene)	70
dextroamphetamine sulfate SOLN ..	1	diazoxide	30	DIFFERIN GEL (adapalene)	70
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1		DIBENZYLINE (phenoxybenzamine hcl)	40	DIFICID SUSR	98
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	dichlorphenamide	81	DIFICID TABS	98
dextromethorphan hbr SYRP 15 MG/5ML	68	DICLEGIS TBEC (doxylamine- pyridoxine)	35	diflorasone diacetate CREA	75
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	69	diclofenac epolamine PTCH EX ...	73	diflorasone diacetate OINT	75
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	69	diclofenac potassium (migraine) .	149	DIFLUCAN SUSR (fluconazole) ...	35
DHIVY TABS	51	diclofenac potassium CAPS	7	DIFLUCAN TABS 100 MG (fluconazole)	35
DIACOMIT CAPS	22	diclofenac potassium TABS	7	DIFLUCAN TABS 150 MG (fluconazole)	35
DIACOMIT PACK	22	diclofenac sodium (actinic keratoses) EX	73	DIFLUCAN TABS 200 MG (fluconazole)	35
DIASTAT ACUDIAL GEL (diazepam (anticonvulsant))	22	diclofenac sodium (ophth)	164	DIFLUCAN TABS 50 MG (fluconazole)	35
DIASTAT PEDIATRIC GEL (diazepam (anticonvulsant))	22	diclofenac sodium (topical) GEL EX 73		diflunisal TABS	9
DIATHRIVE LANCING DEVICE MISC	102	diclofenac sodium (topical) SOLN EX 1.5 %	73	difluprednate	163
		diclofenac sodium (topical) SOLN EX 2 %	73	digoxin SOLN OR 0.05 MG/ML	62
		diclofenac sodium TB24	7	digoxin TABS 0.0625 MG, 62.5 MCG 62	
				digoxin TABS 0.125 MG, 125 MCG, 250 MCG	62
				dihydroergotamine mesylate SOLN NA 4 MG/ML	149

DILANTIN (phenytoin sodium extended)	25	DIOVAN TABS (valsartan)	40	HYDROCHLORIDE/DEXTROSE 5% 63
DILANTIN 30 MG	25	DIPENTUM	87	docusate calcium
DILANTIN INFATABS CHEW (phenytoin)	25	diphenhydramine hcl CAPS	36	docusate sodium CAPS 100 MG, 250 MG
DILANTIN-125 SUSP (phenytoin) ..	25	diphenhydramine hcl ELIX 12.5 MG/5ML	36	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML
DILAUDID LIQD (hydromorphone hcl)	9	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML	36	docusate sodium TABS
DILAUDID TABS (hydromorphone hcl)	9	diphenhydramine hcl SOLN 50 MG/ML	36	dofetilide
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	61	diphenhydramine hcl TABS 25 MG 37		DOJOLVI
diltiazem hcl coated beads CP24 240 MG	61	diphenoxylate w/ atropine LIQD ...	33	donepezil hydrochloride TABS 23 MG
diltiazem hcl coated beads CP24 360 MG	61	diphenoxylate w/ atropine TABS ...	33	donepezil hydrochloride TABS 5 MG, 10 MG
diltiazem hcl CP12	61	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP .	172	donepezil hydrochloride TBDP ...
diltiazem hcl CP24 120 MG, 180 MG 61		DIPROLENE OINT (betamethasone dipropionate augmented)	75	dopamine hcl 40 MG/ML
diltiazem hcl CP24 240 MG	61	dipyridamole	92	DOPAMINE HYDROCHLORIDE (dopamine hcl)
diltiazem hcl extended release beads	61	disopyramide phosphate CAPS ...	17	DOPAMINE HYDROCHLORIDE/DEXTROSE .63
diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	61	disulfiram	166	DOPAMINE/D5W
diltiazem hcl SOLN	61	DITROPAN XL TB24 10 MG (oxybutynin chloride)	175	DOPTelet
DILTIAZEM HCL SOLR	62	DITROPAN XL TB24 5 MG (oxybutynin chloride)	175	DORAL (quazepam)
diltiazem hcl TABS	62	DIURIL SUSP	82	DORYX MPC TBEC
diltiazem hcl TB24	62	divalproex sodium CSDR	25	DORYX TBEC 50 MG, 200 MG (doxycycline hyclate)
DIMENHYDRINATE SOLN	34	divalproex sodium TB24	25	DORYX TBEC 80 MG (doxycycline hyclate)
dimethyl fumarate CDPK	168	divalproex sodium TBEC	25	dorzolamide hcl
dimethyl fumarate CPDR	168	DIVIGEL GEL (estradiol)	86	dorzolamide hcl-timolol maleate .
DIOVAN HCT (valsartan-hydrochlorothiazide)	41	dobutamine hcl 12.5 MG/ML, 250 MG/20ML	63	DOVATO
		DOBUTAMINE HCL/D5W	63	doxazosin mesylate
		DOBUTAMINE		doxepin hcl (antipruritic)

doxepin hcl (sleep)	94	DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 5/16"	115	DROPLET PEN NEEDLES 31G X5/16"	116
doxepin hcl CAPS	28	DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 1/2"	116	DROPLET PEN NEEDLES 31GX5MM	116
doxepin hcl CONC	28	DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 5/16"	116	DROPLET PEN NEEDLES 31GX6MM	116
doxercalciferol CAPS	84	DROPLET INSULIN SYRINGE U- 100/0.5ML/31G X 5/16"	116	DROPLET PEN NEEDLES 31GX8MM	116
doxycycline (monohydrate) CAPS 50 MG, 100 MG	171	DROPLET INSULIN SYRINGE U- 100/1ML/30G X 1/2"	116	DROPLET PEN NEEDLES 32G X 1/4"	116
doxycycline (monohydrate) CAPS 75 MG, 150 MG	171	DROPLET INSULIN SYRINGE U- 100/1ML/30G X 5/16"	116	DROPLET PEN NEEDLES 32G X 3/16"	116
doxycycline (monohydrate) SUSR 171		DROPLET INSULIN SYRINGE U- 100/1ML/31G X 5/16"	116	DROPLET PEN NEEDLES 32G X 5/16"	116
doxycycline (monohydrate) TABS 171		DROPLET INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	116	DROPLET PEN NEEDLES 32G X 5/32"	116
doxycycline (rosacea)	78	DROPLET INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"	116	DROPLET PEN NEEDLES 32GX4MM	116
doxycycline hyclate CAPS	171	DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	116	DROPLET PEN NEEDLES 32GX5MM	116
doxycycline hyclate SOLR	171	DROPLET INSULIN SYRINGE/U- 100/1ML/30G X 1/2"	116	DROPLET PEN NEEDLES 32GX6MM	116
doxycycline hyclate TABS	171	DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	116	DROPLET PEN NEEDLES 32GX8MM	116
doxycycline hyclate TBEC	171	DROPLET LANCING DEVICE MISC 30G	102	DROPSAFE ALCOHOL PREP PADS	109
doxylamine-pyridoxine TBEC	35	DROPLET LANCING DEVICE MISC 102		DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	116
DRIZALMA SPRINKLE CSDR	28	DROPLET PEN NEEDLES 29G X1/2"	116	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	116
dronabinol CAPS	35	DROPLET PEN NEEDLES 29GX12MM	116	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	116
droperidol SOLN 2.5 MG/ML	15	DROPLET PEN NEEDLES 30G X 5/16"	116	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	116
DROPLET GENTEEL LANCING DEVICE MISC	102	DROPLET PEN NEEDLES 31G X3/16"	116		
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	115				
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	115				
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	115				
DROPLET INSULIN SYRINGE U- 100/0.3/31G X 5/16"	115				
DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 1/2"	115				

31GX8MM 1ML	116	DUAVEE	85	fluticasone propionate)	157
DROPSAFE SAFETY PEN NEEDLE/31GX5MM	116	DUETACT (pioglitazone hcl- gliimepiride)	29	DYRENIUM CAPS (triamterene) ..	82
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	116	DUEXIS (ibuprofen-famotidine)	7	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	98
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4"	117	DULCOLAX PINK LAXATIVE TBEC (bisacodyl)	97	EASIVENT MISC	145
drosiprenone-ethinyl estradiol	65	DULCOLAX SUPP (bisacodyl)	97	EASIVENT/MASK-LARGE MISC	145
drosiprenone-ethinyl estradiol- levomefolate calcium	65	DULCOLAX TBEC (bisacodyl)	97	EASIVENT/MASK-MEDIUM MISC	145
DROXIA CAPS	92	DULERA	19	EASIVENT/MASK-SMALL MISC	145
droxidopa	180	duloxetine hcl CPEP 20 MG	28	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" ...	117
DRUG MART ADJUSTABLE LANCING DEVICE MISC	102	duloxetine hcl CPEP 30 MG	28	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" ...	117
DRUG MART UNIFINE PENTIPS 31GX5MM	117	duloxetine hcl CPEP 40 MG	28	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" ...	117
DRUG MART UNIFINE PENTIPS29G X 12MM	117	duloxetine hcl CPEP 60 MG	28	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	117
DRUG MART UNIFINE PENTIPS31GX6MM	117	DUOBRII	75	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	117
DRUG MART UNIFINE PENTIPS31GX8MM	117	DUOPA SUSP	51	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	117
DRUG MART UNIFINE PENTIPS32GX4MM	117	DUPIXENT SOPN	77	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	117
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	117	DUPIXENT SOSY	77	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	117
DRUG MART UNILET LANCETSSUPER THIN 30G	102	DUREX EXTRA SENSITIVE THIN DEVI	100	EASY COMFORT PEN NEEDLES31GX1/4"	117
DRUG MART UNILET LANCETSULTRA THIN 28G	102	DUREX REALFEEL NON-LATEX 100		EASY COMFORT PEN NEEDLES31GX3/16"	117
DRUG MART UNILET LANCETS MICRO THIN LANCETS 33G	103	DUREZOL (difluprednate)	163	EASY COMFORT PEN NEEDLES31GX5/16"	117
DRYMAX EXTRA PADS	99	dutasteride	89	EASY COMFORT PEN NEEDLES32GX5/32"	117
DRYSOL SOLN	78	dutasteride-tamsulosin hcl	89	EASY COMFORT PEN NEEDLES33G X 4MM	117
DUAKLIR PRESSAIR	19	DUVYZAT	158		
		D-VI-SOL LIQD OR (cholecalciferol) .	180		
		DXTERITY COVID-19 HOME TEST .	79		
		DYANAVAL XR CHER	1		
		DYANAVAL XR SUER	1		
		DYMISTA SUSP (azelastine hcl-			

EASY COMFORT SAFETY PEN NEEDLES 31GX5MM .....117	EASY MINI EJECT LANCING DEVICE MISC 103	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16" .....118
EASY COMFORT SAFETY PEN NEEDLES 31GX6MM .....117	EASY MINI LANCING DEVICE MISC.....103	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" .....118
EASY COMFORT SAFETY PEN NEEDLES 32GX4MM .....117	EASY TOUCH 32GX5MM 117	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" .....118
EASY FLOW 300 MM HOSE MISC 145	EASY TOUCH 32GX6MM 117	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" .....118
EASY FLOW 400 MM HOSE MISC 145	EASY TOUCH ALCOHOL PREP PADS/MEDIUM 109	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" . 118
EASY FLOW AIR NOZZLE MISC 145	EASY TOUCH FLIPLOCK NEEDLES 18GX1-1/2" .....117	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" . 118
EASY FLOW BLACK/BLUE DEVI 145	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" 117	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" . 118
EASY FLOW BLACK/ORANGE DEVI.....145	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" 117	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . 118
EASY FLOW BLACK/RED DEVI .145	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" 117	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . 118
EASY FLOW BLACK/WHITE DEVI 145	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" 117	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....118
EASY FLOW BLACK/YELLOW DEVI.....145	EASY TOUCH HYPODERMIC NEEDLES 18GX1-1/2" .....117	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" 118
EASY FLOW HEPA FILTER MISC 145	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" ...118	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" 118
EASY FLOW WHITE/BLUE DEVI 145	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" 118	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8" 118
EASY FLOW WHITE/GREEN DEVI 145	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" ...118	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" 118
EASY FLOW WHITE/PINK DEVI .145	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" .....118	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" 118
EASY FLOW WHITE/WHITE DEVI 145	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2" 118	
EASY FLOW WHITE/YELLOW DEVI 145		
EASY GLIDE PEN NEEDLES 33G X 5/32" .....117		
EASY GLIDE SYRINGE/LUER LLOCK/3ML .....117		

EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" 118	32GX5/32" 118	efavirenz CAPS 50 MG 56
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" 118	EASY TOUCH PEN NEEDLES/31G X 3/16" 118	efavirenz TABS 56
EASY TOUCH LANCETS 26G/PULL-TOP 103	EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16" 118	efavirenz-emtricitabine-tenofovir disoproxil fumarate 56
EASY TOUCH LANCETS 28G/PULL-TOP 103	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" 118	efavirenz-lamivudine-tenofovir disoproxil fumarate 56
EASY TOUCH LANCETS 28G/TWIST 103	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" 119	EFFER-K 151
EASY TOUCH LANCETS 30G/PULL-TOP 103	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" 119	EFFEXOR XR CP24 (venlafaxine hcl) 28
EASY TOUCH LANCETS 30G/TWIST 103	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" 119	EFFEXOR XR CP24 37.5 MG, 150 MG (venlafaxine hcl) 28
EASY TOUCH LANCETS 32G/PULL-TOP 103	EASYPPOINT NEEDLE/18G X 1-1/2" 119	EFFIENT (prasugrel hcl) 92
EASY TOUCH LANCETS 32G/TWIST 103	EBASE CONTROLLER KIT MISC 145	EFUDEX CREA (fluorouracil (topical)) 73
EASY TOUCH LANCETS 33G/TWIST 103	EC-NAPROSYN TBEC (naproxen) . 7	EGATEN 14
EASY TOUCH LANCING DEVICE/EJECTOR MISC 103	econazole nitrate CREA 72	EGRIFTA SV 83
EASY TOUCH PEN NEEDLE 30G X 5/16" 118	ECOTRIN ARTHRITIS PAIN TBEC (aspirin) 9	ELAPRASE 84
EASY TOUCH PEN NEEDLES 29GX1/2" 118	ECOTRIN REGULAR STRENGTH TBEC (aspirin) 9	ELELYSO 92
EASY TOUCH PEN NEEDLES 31GX1/4" 118	ECOTRIN TBEC (aspirin) 9	ELEPSIA XR TB24 22
EASY TOUCH PEN NEEDLES 31GX5/16" 118	edaravone SOLN 158	ELESTRIN GEL 86
EASY TOUCH PEN NEEDLES 32GX1/4" 118	EDARBI 40	eletriptan hydrobromide 149
EASY TOUCH PEN NEEDLES 32GX3/16" 118	EDARBYCLOR 41	ELEVIDYS 10.0-10.4 KG 158
EASY TOUCH PEN NEEDLES 32GX5/16" 118	EDECIN (ethacrynic acid) 81	ELEVIDYS 10.5-11.4 KG 158
EASY TOUCH PEN NEEDLES 32GX3/16" 118	EDLUAR SUBL 95	ELEVIDYS 11.5-12.4 KG 158
EASY TOUCH PEN NEEDLES 32GX5/16" 118	EDURANT 56	ELEVIDYS 12.5-13.4 KG 158
EASY TOUCH PEN NEEDLES 32GX3/16" 118	efavirenz CAPS 200 MG 56	ELEVIDYS 13.5-14.4 KG 158
EASY TOUCH PEN NEEDLES 32GX5/16" 118		ELEVIDYS 14.5-15.4 KG 158
EASY TOUCH PEN NEEDLES 32GX3/16" 118		ELEVIDYS 15.5-16.4 KG 158
EASY TOUCH PEN NEEDLES 32GX5/16" 118		ELEVIDYS 16.5-17.4 KG 158
EASY TOUCH PEN NEEDLES 32GX3/16" 118		ELEVIDYS 17.5-18.4 KG 158
EASY TOUCH PEN NEEDLES 32GX5/16" 118		ELEVIDYS 18.5-19.4 KG 158
EASY TOUCH PEN NEEDLES 32GX3/16" 118		ELEVIDYS 19.5-20.4 KG 158

ELEVIDYS 20.5-21.4 KG	158	ELEVIDYS 50.5-51.4 KG	159	ELOCTATE	90
ELEVIDYS 21.5-22.4 KG	158	ELEVIDYS 51.5-52.4 KG	159	ELYXYB	149
ELEVIDYS 22.5-23.4 KG	158	ELEVIDYS 52.5-53.4 KG	159	EMBRACE LANCING DEVICE WITH EJECTOR MISC	103
ELEVIDYS 23.5-24.4 KG	158	ELEVIDYS 53.5-54.4 KG	159	EMBRACE PEN NEEDLES/29G X 12MM	119
ELEVIDYS 24.5-25.4 KG	158	ELEVIDYS 54.5-55.4 KG	159	EMBRACE PEN NEEDLES/30G X 8MM	119
ELEVIDYS 25.5-26.4 KG	158	ELEVIDYS 55.5-56.4 KG	159	EMBRACE PEN NEEDLES/31G X 5MM	119
ELEVIDYS 26.5-27.4 KG	158	ELEVIDYS 56.5-57.4 KG	159	EMBRACE PEN NEEDLES/31G X 6MM	119
ELEVIDYS 27.5-28.4 KG	158	ELEVIDYS 57.5-58.4 KG	159	EMBRACE PEN NEEDLES/31G X 8MM	119
ELEVIDYS 28.5-29.4 KG	158	ELEVIDYS 58.5-59.4 KG	159	EMBRACE PEN NEEDLES/32G X 4MM	119
ELEVIDYS 29.5-30.4 KG	158	ELEVIDYS 59.5-60.4 KG	159	EMCYT	47
ELEVIDYS 30.5-31.4 KG	158	ELEVIDYS 60.5-61.4 KG	159	EMEND CAPS 80 MG (aprepitant) 35	
ELEVIDYS 31.5-32.4 KG	158	ELEVIDYS 61.5-62.4 KG	159	EMEND SOLR (fosaprepitant dimeglumine)	35
ELEVIDYS 32.5-33.4 KG	158	ELEVIDYS 62.5-63.4 KG	159	EMEND SUSR	35
ELEVIDYS 33.5-34.4 KG	158	ELEVIDYS 63.5-64.4 KG	159	EMEND TRIPACK CAPS (aprepitant)	35
ELEVIDYS 34.5-35.4 KG	159	ELEVIDYS 64.5-65.4 KG	159	EMFLAZA SUSP	68
ELEVIDYS 35.5-36.4 KG	159	ELEVIDYS 65.5-66.4 KG	159	EMFLAZA TABS (deflazacort)	68
ELEVIDYS 36.5-37.4 KG	159	ELEVIDYS 66.5-67.4 KG	159	EMGALITY SOAJ	149
ELEVIDYS 37.5-38.4 KG	159	ELEVIDYS 67.5-68.4 KG	159	EMGALITY SOSY 100 MG/ML ...	149
ELEVIDYS 38.5-39.4 KG	159	ELEVIDYS 68.5-69.4 KG	159	EMGALITY SOSY 120 MG/ML ...	149
ELEVIDYS 39.5-40.4 KG	159	ELEVIDYS 69.5 KG PLUS	159	EMPAVELI	91
ELEVIDYS 40.5-41.4 KG	159	ELFABRIO 20 MG/10ML	84	EMSAM	26
ELEVIDYS 41.5-42.4 KG	159	ELIDEL (pimecrolimus)	77	emtricitabine CAPS	56
ELEVIDYS 42.5-43.4 KG	159	ELIGARD KIT SC 7.5 MG	47	emtricitabine-tenofovir disoproxil fumarate	56
ELEVIDYS 43.5-44.4 KG	159	ELIGARD SC 22.5 MG, 30 MG, 45 MG	47		
ELEVIDYS 44.5-45.4 KG	159	ELIQUIS STARTER PACK TBPK .	20		
ELEVIDYS 45.5-46.4 KG	159	ELIQUIS TABS	20		
ELEVIDYS 46.5-47.4 KG	159	ELLA	67		
ELEVIDYS 47.5-48.4 KG	159	ELLUME COVID-19 HOME TEST KIT	79		
ELEVIDYS 48.5-49.4 KG	159	ELMIRON CAPS	89		
ELEVIDYS 49.5-50.4 KG	159				

EMTRIVA CAPS (emtricitabine) ...56	entecavir TABS 58	EPIVIR HBV TABS (lamivudine (hbv)) .....58
EMTRIVA SOLN .....56	ENTEREG (alvimopan) 88	EPIVIR SOLN (lamivudine) .....56
EMVERM CHEW .....14	ENTRESTO TABS 63	EPIVIR TABS 150 MG (lamivudine) 56
enalapril maleate & hydrochlorothiazide 41	ENTYVIO SOLR 87	EPIVIR TABS 300 MG (lamivudine) 56
enalapril maleate SOLN 39	ENTYVIO SOPN 87	eplerenone 43
enalapril maleate TABS .....39	ENVARBUS XR TB24 .....152	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....92
enalaprilat 39	EOHILIA SUSP 68	EPRONTIA SOLN 22
ENBREL MINI SOCT 8	EPANED SOLN (enalapril maleate) 39	EPZICOM (abacavir sulfate-lamivudine) .....56
ENBREL SOLN 8	EPCLUSA PACK .....58	EQ GAUZE PADS 4"X4" PADS ... 99
ENBREL SOSY 8	EPCLUSA TABS .....58	EQ SPACE CHAMBER ANTI-STATIC DEVI .....145
ENBREL SURECLICK SOAJ 8	ephedrine sulfate (pressors) SOLN IV .....180	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI 145
ENDARI (glutamine (sickle cell)) ..92	EPHEDRINE SULFATE SOLN IV 50 MG/ML .....180	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI ..145
ENGERIX-B SUSP 20 MCG/ML .177	EPIDIOLEX .....22	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI .....145
ENGERIX-B SUSY 177	EPIDUO FORTE GEL (adapalene-benzoyl peroxide) .....70	EQL COLOR LANCETS MICRO THIN 33G 103
ENJAYMO .....91	EPIDUO GEL (adapalene-benzoyl peroxide) .....70	EQL GAUZE PADS 4"X4"/LARGE PADS .....99
enoxaparin sodium SOLN IJ 300 MG/3ML .....20	EPIFOAM FOAM .....75	EQL INSULIN SYRINGE/0.3ML/29G X 1/2" .....119
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....20	epinastine hcl (ophth) .....164	EQL INSULIN SYRINGE/0.3ML/30G X 5/16" 119
enoxaparin sodium SOSY 30 MG/0.3ML .....21	epinephrine (anaphylaxis) SOAJ .179	EQL INSULIN SYRINGE/0.3ML/31G X 5/16" 119
enoxaparin sodium SOSY 40 MG/0.4ML .....20	epinephrine (anaphylaxis) SOLN IJ 1 MG/ML .....179	EQL INSULIN SYRINGE/0.5ML/29G X 1/2" .....119
enoxaparin sodium SOSY 60 MG/0.6ML .....20	epinephrine (anaphylaxis) SOLN IJ 30 MG/30ML .....179	
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML 20	epinephrine hcl (nasal) .....158	
ENSPRYNG .....152	EPINEPHRINE HCL SOLN IJ ....180	
ENSTILAR FOAM .....75	EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis)) .....179	
entacapone .....51	EPIPEN-JR 2-PAK SOAJ (epinephrine (anaphylaxis)) 180	
ENTADFI .....89		

EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	119	erythromycin base CPEP	98	estazolam	95
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	119	erythromycin base TABS	98	ESTRACE CREA (estradiol vaginal) .	179
EQL INSULIN SYRINGE/1ML/29G X 1/2"	119	erythromycin base TBEC 500 MG	98	ESTRACE TABS (estradiol)	86
EQL INSULIN SYRINGE/1ML/30G X 5/16"	119	erythromycin base TBEC	98	estradiol & norethindrone acetate TABS	85
EQL INSULIN SYRINGE/1ML/31G X 5/16"	119	erythromycin ethylsuccinate SUSR 200 MG/5ML	98	estradiol GEL	86
EQUETRO	52	erythromycin ethylsuccinate SUSR 400 MG/5ML	98	estradiol PTTW	86
ERAXIS	35	erythromycin ethylsuccinate TABS	98	estradiol PTWK	86
ergocalciferol CAPS	180	erythromycin stearate TABS 250 MG 98		estradiol TABS	86
ergoloid mesylates TABS	169	ESBRIET CAPS (pirfenidone)	170	estradiol vaginal CREA	179
ergotamine w/ caffeine SUPP	149	ESBRIET TABS 267 MG (pirfenidone)	170	estradiol vaginal TABS	179
ERIVEDGE	47	ESBRIET TABS 801 MG (pirfenidone)	170	estradiol valerate	86
ERLEADA	47	escitalopram oxalate SOLN	26	ESTRING RING	179
erlotinib hcl 100 MG, 150 MG	47	escitalopram oxalate TABS	26	ESTROGEL GEL (estradiol)	86
erlotinib hcl 25 MG	47	ESGIC TABS (butalbital-acetaminophen-caffeine)	8	eszopiclone	95
ERMEZA SOLN OR	172	esmolol hcl SOLN 100 MG/10ML	60	ethacrynate sodium	81
ERTACZO	72	esmolol hcl-sodium chloride	60	ethacrynic acid	81
ertapenem sodium IJ	44	ESMOLOL HYDROCHLORIDE INWATER DOUBLE STRENGTH SOLN	60	ethambutol hcl TABS	46
ERYGEL GEL (erythromycin (acne aid))	70	ESMOLOL HYDROCHLORIDE INWATER SOLN	60	ethosuximide CAPS	25
ERYPED 200 SUSR (erythromycin ethylsuccinate)	98	esomeprazole magnesium CPDR 20 MG	174	ethosuximide SOLN	25
ERYPED 400 SUSR (erythromycin ethylsuccinate)	98	esomeprazole magnesium CPDR 174		ethynodiol diacet & eth estrad	65
erythromycin (acne aid) GEL	70	esomeprazole magnesium PACK 174		etodolac CAPS	7
erythromycin (acne aid) PADS	70	esomeprazole sodium 40 MG	174	etodolac TABS	7
erythromycin (acne aid) SOLN	70	ESPEROCT	90	etodolac TB24	7
erythromycin (ophth)	162			etonogestrel-ethinyl estradiol	66
ERYTHROMYCIN	162			etoposide CAPS	50
				etravirine 100 MG	56
				etravirine 200 MG	56
				EUCRISA	78
				EVAC POWD (psyllium)	96

EVAMIST SOLN	86	EXEL COMFORT POINT INSULIN (topical))	72
EVEKEO ODT TBDP	1	PEN NEEDLES 31G X 6MM	119
EVEKEO TABS (amphetamine sulfate)	1	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	119
EVENITY	82	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	119
EVERLYWELL COVID-19 TESTHOME COLLECTION KIT DTC	79	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	119
everolimus (immunosuppressant) 152		EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	119
everolimus TABS	49	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	119
everolimus TBSO	49	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	119
EVISTA (raloxifene hcl)	83	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	119
EVKEEZA	37	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	120
EVOCLIN FOAM (clindamycin phosphate (topical))	70	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	120
EVOTAZ	56	EXELON 13.3 MG/24HR (rivastigmine)	167
EVOXAC (cevimeline hcl)	154	EXELON 4.6 MG/24HR, 9.5 MG/24HR (rivastigmine)	167
EVRYSDI	159	exemestane	47
EVUSHELD	165	EXFORGE (amlodipine besylate-valsartan)	42
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	119	EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)	42
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	99	EXJADE TBSO (deferasirox)	33
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	99	EXKIVITY	47
EXCILON DRAIN SPONGE 4"X4" PADS	100	EXONDYS 51	159
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	100	EXSERVAN FILM	158
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	119	EXTAVIA KIT	168
		EXTINA FOAM (ketoconazole	
		EYSUVIS SUSP	163
		E-Z JECT LANCETS	103
		E-Z JECT LANCETS 21G	103
		E-Z JECT LANCETS COLOR ...	103
		E-Z JECT LANCETS SUPER THIN 30G	103
		E-Z JECT LANCETS THIN 26G .	103
		EZALLOR SPRINKLE CPSP	38
		ezetimibe	39
		ezetimibe-simvastatin	37
		E-ZJECT LANCETS MICRO-THIN 33G	103
		EZ-LETS LANCETS 26G SUPER-SOFT	103
		FABHALTA	91
		FABIOR FOAM	70
		FABRAZYME	84
		famciclovir	59
		famotidine in nacl SOLN	173
		famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML	173
		famotidine SUSR	173
		famotidine TABS	173
		FANAPT	53
		FANAPT TITRATION PACK	53
		FANTASY LUBRICATED MISC ..	101
		FANTASY LUBRICATED/SPERMICIDE MISC 100	
		FARESTON (toremifene citrate) ..	47
		FARXIGA (dapagliflozin propanediol)	

.....	33	fenofibric acid	38	MG	93
FARXIGA	33	FENOGLIDE TABS (fenofibrate) ..	38	ferrous sulfate dried TABS 200 MG	93
FASENRA PEN SOAJ	17	fenoprofen calcium CAPS 400 MG .	7	ferrous sulfate SOLN 15 MG/ML, 220	93
FASENRA SOSY	17	fenoprofen calcium TABS	7	MG/5ML	93
FASTEP COVID-19 ANTIGEN		FENSOLVI SC	83	ferrous sulfate TABS 65 MG, 325 MG	93
HOME TEST KIT	79	fentanyl citrate LPOP	9	.....	93
FC2 FEMALE CONDOM	101	FENTANYL CITRATE SOLN IJ 100		FERROUS SULFATE TBEC (ferrous	
fe fumarate-vitamin c-vitamin b12-		MCG/2ML, 250 MCG/5ML (fentanyl		sulfate)	94
folic acid	93	citrate)	9	ferrous sulfate TBEC	93
fe fum-iron polysacch complex-fa-b		fentanyl citrate SOLN IJ 100		fesoterodine fumarate	175
complex-c-zn-mn-cu	93	MCG/2ML, 250 MCG/5ML, 500		FETROJA	65
febuxostat	90	MCG/10ML, 1000 MCG/20ML, 2500		FETZIMA CP24	28
FEIBA	90	MCG/50ML	9	FETZIMA TITRATION PACK C4PK	28
felbamate SUSP	25	fentanyl citrate TABS	9	FEVERALL INFANTS SUPP	9
felbamate TABS	25	fentanyl PT72 12 MCG/HR, 25		FEVERALL JUNIOR STRENGTH	
FELBATOL SUSP (felbamate)	25	MCG/HR, 50 MCG/HR, 75 MCG/HR,		SUPP	9
FELBATOL TABS (felbamate)	25	100 MCG/HR	10	FIASP FLEXTOUCH SOPN	31
FELDENE CAPS (piroxicam)	7	fentanyl PT72 37.5 MCG/HR, 62.5		FIASP PENFILL SOCT	31
felodipine	62	MCG/HR, 87.5 MCG/HR	9	FIASP PUMPCART SOCT	31
FEMARA (letrozole)	47	FENTORA TABS (fentanyl citrate) .	10	FIASP SOLN	31
FEMCAP DEVI	101	FEOSOL TABS (ferrous sulfate		FIBRICOR (fenofibric acid)	38
FEMRING	179	dried)	93	FIFTY50 ALCOHOL PREP PADS	
fenofibrate CAPS	38	FER-IN-SOL SOLN (ferrous sulfate) .	93	109	
fenofibrate micronized 134 MG, 200		FERRIPROX SOLN	34	FIFTY50 PEN NEEDLES 31G X3/16"	
MG	38	FERRIPROX TABS (deferiprone) .	34	(5MM)	120
fenofibrate micronized 43 MG, 90		FERRIPROX TWICE-A-DAY TABS	34	FIFTY50 PEN NEEDLES 31G X5/16"	
MG, 130 MG	38	ferrous fumarate w/ b12-vit c-fa-ifc		(8MM)	120
fenofibrate micronized 67 MG	38	93		FIFTY50 PEN NEEDLES 31GX5MM	
fenofibrate TABS 160 MG	38	ferrous fumarate-fa-b complex-c-zn-		.....	120
fenofibrate TABS 40 MG, 48 MG, 120		mg-mn-cu TABS	93	FIFTY50 PEN NEEDLES/31GX8MM	
MG, 145 MG	38	ferrous gluconate TABS 27 MG, 240		.....	120
fenofibrate TABS 54 MG	38	MG, 324 MG	93	FIFTY50 PEN NEEDLES/32GX4MM .	
		FERROUS GLUCONATE TABS 324			

FLULAVAL QUADRIVALENT 2023-2024 SUSY	177	fluphenazine decanoate	55	fluvastatin sodium CAPS	38
FLUMIST NASAL VACCINE 2024-2025	177	fluphenazine hcl CONC	55	fluvastatin sodium TB24	39
FLUMIST QUADRIVALENT	177	fluphenazine hcl ELIX	55	fluvoxamine maleate CP24	27
flunisolide (nasal) 0.025 %	157	fluphenazine hcl SOLN	55	fluvoxamine maleate TABS 100 MG .	27
fluocinolone acetonide (otic)	164	fluphenazine hcl TABS	55	fluvoxamine maleate TABS 25 MG,	50 MG
fluocinolone acetonide CREA	75	flurandrenolide CREA	76	27	
fluocinolone acetonide OIL	75	flurandrenolide LOTN	76	FLUZONE HIGH-DOSE PF 2022-	2023
fluocinolone acetonide OINT	75	flurazepam hcl	95	177	
fluocinolone acetonide SOLN	75	flurbiprofen sodium	164	FLUZONE HIGH-DOSE PF 2023-	2024
fluocinonide CREA	76	flurbiprofen TABS 100 MG	7	177	
fluocinonide emulsified base	76	flurbiprofen TABS 50 MG	7	FLUZONE QUADRIVALENT 2022-	2023 SUSP
fluocinonide GEL	76	fluticasone furoate-vilanterol	19	177	
fluocinonide OINT	76	fluticasone propionate (inhalation)		FLUZONE QUADRIVALENT 2022-	2023 SUSY
fluocinonide SOLN	76	AEPB 100 MCG/ACT, 250 MCG/ACT		177	
fluorometholone (ophth) SUSP ...	163	.....	18	FLUZONE QUADRIVALENT 2023-	2024 SUSP
fluorouracil (topical) CREA 0.5 % ..	73	fluticasone propionate (inhalation)		177	
fluorouracil (topical) CREA 5 % ...	73	AEPB 50 MCG/ACT	18	FLUZONE QUADRIVALENT 2023-	2024 SUSY
fluorouracil (topical) SOLN	73	.....	18	177	
fluoxetine hcl (pmdd) TABS	169	fluticasone propionate (nasal) SUSP .		145	
fluoxetine hcl CAPS 10 MG, 20 MG	26	157		FML FORTE SUSP	163
fluoxetine hcl CAPS 20 MG	26	fluticasone propionate CREA 0.05 %		163	
fluoxetine hcl CAPS 40 MG	27	76		FML LIQUIFILM SUSP	
fluoxetine hcl CPDR	27	fluticasone propionate hfa 110		(fluorometholone (ophth))	163
fluoxetine hcl SOLN	27	MCG/ACT, 220 MCG/ACT	18	FOCALIN TABS	
fluoxetine hcl TABS 10 MG	27	fluticasone propionate hfa 44		(dexmethylphenidate hcl)	2
fluoxetine hcl TABS 20 MG, 60 MG	27	MCG/ACT	18	FOCALIN TABS 10 MG	
27		fluticasone propionate LOTN	76	(dexmethylphenidate hcl)	2
FLUOXETINE HYDROCHLORIDE		fluticasone propionate OINT	76	FOCALIN XR CP24	
TABS (fluoxetine hcl)	27	fluticasone-salmeterol AEPB 100		(dexmethylphenidate hcl)	2
		MCG/ACT-50 MCG/ACT, 250		folic acid SOLN	92
		MCG/ACT-50 MCG/ACT, 500		folic acid TABS 1 MG, 800 MCG ..	92
		MCG/ACT-50 MCG/ACT	19	fondaparinux sodium	21
		fluticasone-salmeterol AEPB	19	FORA LANCETS	103
		fluticasone-salmeterol AERO	19		

FORA LANCING DEVICE MISC . 103	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....120	FULPHILA .....92
FORA LANCING DEVICE/CLEARCAP MISC 103	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM .....120	FUROSCIX CTKT .....81
FORFIVO XL TB24 (bupropion hcl) 26	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM .....120	furosemide SOLN IJ 10 MG/ML ... 82
formaldehyde SOLN 10 %55	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM .....120	furosemide SOLN OR 10 MG/ML, 40 MG/5ML .....81
formoterol fumarate NEBU .....19	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G ... 103	furosemide TABS 82
FORTEO SOPN (teriparatide (recombinant)) 82	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G ....103	FUZEON SOLR .....56
FORTESTA GEL TD (testosterone) 13	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM .....103	FYCOMPA SUSP .....22
FOSAMAX PLUS D 82	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM .....103	FYCOMPA TABS 22
FOSAMAX TABS 70 MG (alendronate sodium) 82	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM .....104	FYLNETRA .....92
fosamprenavir calcium TABS .....56	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....104	gabapentin (once-daily) TABS ... 169
fosaprepitant dimeglumine SOLR . 35	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM .....104	gabapentin CAPS 100 MG, 400 MG . 23
foscarnet sodium 6000 MG/250ML 58	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....104	gabapentin CAPS 300 MG 23
FOSCAVIR 6000 MG/250ML (foscarnet sodium) .....58	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM .....104	gabapentin SOLN .....23
fosfomycin tromethamine 44	FROVA (frovatriptan succinate) . 150	gabapentin TABS 600 MG .....23
fosinopril sodium & hydrochlorothiazide .....42	FRUZAQLA .....46	gabapentin TABS 800 MG .....23
fosinopril sodium .....40	FULL KIT NEBULIZER SET MISC 145	GABITRIL (tiagabine hcl) 25
fosphenytoin sodium .....25		GALAFOLD 84
FOSRENOL CHEW (lanthanum carbonate) .....88		galantamine hydrobromide CP24 167
FOSRENOL PACK .....88		galantamine hydrobromide SOLN 167
FOTIVDA .....49		galantamine hydrobromide TABS 167
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML .....21		GAMIFANT .....152
FRAGMIN SOSY .....21		ganciclovir sodium SOLR .....58
FREDS PHARMACY AUTOLET LANCING DEVICE MISC .....103		GANCICLOVIR SOLN .....58
		GARDASIL 9 SUSP 177
		GARDASIL 9 SUSY 177
		GASTROCROM (cromolyn sodium (mastocytosis)) .....87
		GAS-X EXTRA STRENGTH CHEW (simethicone) 86

gatifloxacin (ophth)	162	DEVICE/PLAYFUL PURPLE MISC 104	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	120	
GATTEX	89	GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC .104	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	120	
GAUZE DRESSING 4"X4" PADS	100	GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC 104	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	120	
GAUZE PADS 4"X4" PADS	100	GENTLE IRON	93	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	120
GAUZE PADS PADS	100	GENVOYA	56	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	120
GAVRETO	49	GEODON (ziprasidone hcl)	52	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .	120
gefitinib	47	GEODON (ziprasidone mesylate) .52	52	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .	120
GELNIQUE GEL 10 %	175	GILENYA (fingolimod hcl)	168	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	120
gemfibrozil TABS	38	GILENYA 0.25 MG	168	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	120
GEMTESA	176	GILENYA 0.5 MG	168	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	120
GEN7T PTCH (lidocaine)	78	GILOTRIF 20 MG	47	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	120
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	79	GILOTRIF 30 MG, 40 MG	47	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	120
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	80	GIMOTI SOLN NA	87	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	120
GENERESS FE (norethindrone & ethinyl estradiol-fe)	65	GIVLAARI	90	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	120
GENOTROPIN CART SC	83	GLASSIA SOLN	170	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	120
GENOTROPIN MINIQUICK PRSY	83	glatiramer acetate SOSY	168	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	120
gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %	4	GLEEVEC 100 MG (imatinib mesylate)	49	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	120
gentamicin sulfate (ophth) SOLN .162		GLEEVEC 400 MG (imatinib mesylate)	49	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	120
gentamicin sulfate (topical) CREA .71		glimepiride 1 MG, 2 MG	33	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	120
gentamicin sulfate (topical) OINT ..71		glimepiride 4 MG	33	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	120
gentamicin sulfate IJ	4	glipizide TABS 2.5 MG	33	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	120
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	104	glipizide TABS 5 MG, 10 MG	33	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	120
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC 104		glipizide TB24	33	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	120
GENTEEL PLUS LANCING		glipizide-metformin hcl	29	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	120

GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2" 120	100/0.5ML/30G X 5/16" .....121	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" 121
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2" 121	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....121	GNP INSULIN SYRINGE/0.3ML/29G X 1/2" .....121
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" 121	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2" 121	GNP INSULIN SYRINGE/0.3ML/30G X 5/16" 121
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" 121	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" .....121	GNP INSULIN SYRINGE/0.3ML/31G X 5/16" 121
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" 121	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16" .....121	GNP INSULIN SYRINGE/0.5ML/28G X 1/2" .....121
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16" 121	GLUCOTROL XL TB24 (glipizide) .33	GNP INSULIN SYRINGE/0.5ML/29G X 1/2" .....121
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" 121	GLUMETZA TB24 (metformin hcl) .30	GNP INSULIN SYRINGE/0.5ML/30G X 5/16" 121
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16" 121	glyburide micronized 1.5 MG, 3 MG, 6 MG 33	GNP INSULIN SYRINGE/0.5ML/31G X 5/16" 121
GLOBAL LANCING DEVICE MISC 104	glyburide TABS 33	GNP INSULIN SYRINGE/1ML/29G X 1/2" .....121
GLOPERBA SOLN OR 90	glyburide-metformin 29	GNP INSULIN SYRINGE/1ML/30G X 5/16" .....121
GLUCAGEN HYPOKIT .....30	GLYCATE TABS .....172	GNP INSULIN SYRINGE/1ML/31G X 5/16" .....121
glucagon (rdna) .....30	glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 80.7 % 97	GNP INSULIN SYRINGES/0.3ML/30GX5/16" ...121
GLUCAGON EMERGENCY KIT (glucagon (rdna)) .....30	GLYCERIN ADULT SUPP (glycerin (laxative)) .....97	GNP INSULIN SYRINGES/1/2ML/29GX1/2" 121
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR .....30	glycopyrrolate SOLN IJ .....173	GNP INSULIN SYRINGES/1ML/28GX1/2" 121
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" 121	glycopyrrolate SOLN OR 1 MG/5ML . 173	GNP INSULIN SYRINGES/1ML/29GX1/2" 122
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....121	glycopyrrolate SOSY IJ .....173	GNP INSULIN SYRINGES/3ML/31GX5/16" .....122
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....121	GLYCOPYRROLATE SOSY IV 0.6 MG/3ML, 1 MG/5ML .....173	GNP LANCETS 21G .....104
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" 121	glycopyrrolate TABS 1 MG, 2 MG 173	GNP LANCETS THIN 26G 104
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" 121	GLYNASE (glyburide micronized) 33	
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" 121	GLYRX-PF SOLN IJ .....173	
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" 121	GLYXAMBI .....29	
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" 121	GNP ALCOHOL SWABS 109	
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" 121	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" .....121	

GNP LANCING SYSTEM DEVICE MISC	104	GOODSENSE LANCING DEVICE MISC	104	guanfacine hcl (adhd)	2
GNP PRENATAL TABS	156	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	122	guanfacine hcl	41
GNP STERILE LANCETS 33G ..	104	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	122	GVOKE HYOPEN 1-PACK SOAJ 30	
GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP ..	80	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	122	GVOKE HYOPEN 2-PACK SOAJ 30	
GNP ULTICARE PEN NEEDLES/31GX5/16"	122	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	122	GVOKE KIT SOLN	30
GNP ULTICARE PEN NEEDLES/32GX 5/32"	122	GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	80	GVOKE PFS SOSY	30
GNP ULTICARE PEN NEEDLES/32GX1/4"	122	GRALISE MISC	169	GYNAZOLE-1	179
GNP ULTICARE PEN NEEDLES31G X 5MM	122	GRALISE TABS (gabapentin (once- daily))	169	HADLIMA PUSH TOUCH SOAJ	5
GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	122	GRALISE TABS	169	HADLIMA SOSY	5
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	122	granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML	34	HAEGARDA SOLR SC	91
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	122	granisetron hcl TABS	34	halcinonide CREA	76
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	122	GRANIX SOLN	92	HALCION 0.25 MG (triazolam)	95
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	122	GRANIX SOSY	92	HALDOL DECANOATE 100 (haloperidol decanoate)	53
GOCOVRI CP24	51	GRASTEK SUBL	3	HALDOL DECANOATE 50 (haloperidol decanoate)	53
GOJJI LANCING DEVICE/CLEAR CAP MISC	104	griseofulvin microsize SUSP	35	halobetasol propionate CREA	76
GOJJI STERILE LANCETS 30G	104	griseofulvin microsize TABS	35	halobetasol propionate FOAM	76
GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ...	96	griseofulvin ultramicrosize	35	halobetasol propionate OINT	76
GONITRO PACK	15	guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 400 MG/20ML	69	HALOG CREA (halcinonide)	76
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	122	guaifenesin LIQD 100 MG/5ML, 200 MG/10ML	69	HALOG OINT	76
		guaifenesin TB12 1200 MG	69	HALOG SOLN	76
		guaifenesin TB12 600 MG	69	haloperidol decanoate	53
				haloperidol lactate CONC	53
				haloperidol lactate SOLN	53
				haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG	53
				haloperidol TABS	53
				HARVONI PACK	58
				HARVONI TABS	58

HAVRIX	177	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	122	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	123
HEALTH CARE LANCING DEVICE MISC	104	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	123	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	123
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	122	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	123	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	123
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	122	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	123	H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	104
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	122	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	123	H-E-B INCONTROL LANCETS MICRO THIN 33G	104
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	122	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G ...	104	H-E-B INCONTROL LANCETS SUPER THIN 30G	104
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" 122		H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	123	H-E-B INCONTROL LANCETS ULTRA THIN 28G	104
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" 122		H-E-B IN CONTROL PEN NEEDLES 31GX5MM	123	H-E-B INCONTROL PEN NEEDLES 29GX12MM	123
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	122	H-E-B IN CONTROL PEN NEEDLES 31GX6MM	123	HELIDAC THERAPY	175
HEALTHWISE MINI PEN NEEDLES 31GX6MM	122	H-E-B IN CONTROL PEN NEEDLES 31GX8MM	123	HEMADY TABS	68
HEALTHWISE PEN NEEDLES 29GX12MM	122	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	123	HEMANGEOL SOLN OR	61
HEALTHWISE SHORT PEN NEEDLES 31GX8MM	122	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4" .	123	HEMGENIX	90
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	122	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	123	HEMLIBRA	90
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	122	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	123	HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	90
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	122	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM .	123	heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L	21
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	104	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM .	123	heparin (porcine) in sodium chloride SOLN IV 0.9 %-2000 UNIT/L	21
				heparin sodium (porcine) lock flush 21	
				heparin sodium (porcine) SOLN IJ	

1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....21	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" 123	PNKT .....5
heparin sodium (porcine) SOLN IJ 5000 UNIT/0.5ML .....21	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....123	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT .....5
HEPARIN SODIUM SOLN IJ 5000 UNIT/ML .....21	HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16") .. 123	HUMIRA PEN-PS/UV STARTER PNKT .....5
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML .....21	HM ULTICARE SHORT PEN NEEDLES 31GX8MM .....123	HUMIRA PSKT .....5
HEPARIN SODIUM/D5W .....21	HORIZANT .....169	HUMULIN 70/30 KWIKPEN SUPN 31
HEPARIN SODIUM/DEXTROSE 25000 UNIT/500ML-5 %, 5 %-25000 UNIT/250ML .....21	HULIO AJKT .....5	HUMULIN 70/30 SUSP .....31
HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML 21	HULIO PSKT .....5	HUMULIN N KWIKPEN SUPN 31
HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-25000 UNIT/250ML 21	HUMALOG JUNIOR KWIKPEN SOPN 31	HUMULIN N SUSP 31
HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-25000 UNIT/250ML 21	HUMALOG KWIKPEN SOPN 100 UNIT/ML .....31	HUMULIN R SOLN IJ .....31
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IJ (heparin (porcine) in sodium chloride) 21	HUMALOG KWIKPEN SOPN 200 UNIT/ML .....31	HUMULIN R U-500 (CONCENTRATED) SOLN SC ....31
HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML .....21	HUMALOG MIX 50/50 KWIKPEN SUPN .....31	HUMULIN R U-500 KWIKPEN SOPN SC .....31
HEPLISAV-B SOSY 177	HUMALOG MIX 50/50 SUSP .....31	HYCAMTIN CAPS 50
HEPSERA (adefovir dipivoxil) ....59	HUMALOG MIX 75/25 KWIKPEN SUPN .....31	hydralazine hcl SOLN .....43
HETLIOZ CAPS (tasimelteon) .....96	HUMALOG MIX 75/25 SUSP .....31	hydralazine hcl TABS .....43
HETLIOZ LQ SUSP .....96	HUMALOG SOCT .....31	HYDREA (hydroxyurea) .....50
HIBERIX SOLR IJ 176	HUMALOG SOLN IJ .....31	HYDROCELL ADHESIVE DRESSING 4"X4" PADS 100
HIPREX (methenamine hippurate) 44	HUMALOG TEMPO PEN SOPN ..31	HYDROCELL DRESSING 4"X4" PADS 100
HM STERILE ALCOHOL PREP PADS .....109	HUMATE-P SOLR 90	hydrochlorothiazide CAPS .....82
HM STERILE PADS PADS .....100	HUMATROPE CART IJ .....83	hydrochlorothiazide TABS .....82
	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML .....5	HYDROCIL INSTANT POWD (psyllium) .....96
	HUMIRA PEN PNKT .....5	hydrocodone bitartrate CP12 10
	HUMIRA PEN-CD/UC/HS STARTER	hydrocodone bitartrate T24A 10
		hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 11

hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG11	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG . 11	hydrocortisone (intrarectal)13	hydrocortisone (rectal) EX 1 % 14	hydrocortisone (rectal) EX 14	hydrocortisone (topical) CREA76	hydrocortisone (topical) LOTN 2 %, 2.5 %76	hydrocortisone (topical) OINT 76	hydrocortisone acetate (rectal)14	hydrocortisone acetate w/ pramoxine CREA EX 1 %-1 %14	hydrocortisone butyrate CREA 76	hydrocortisone butyrate hydrophilic lipo base76	hydrocortisone butyrate LOTN76	hydrocortisone butyrate OINT 76	hydrocortisone butyrate SOLN76	HYDROCORTISONE CREA76	hydrocortisone TABS 68	hydrocortisone valerate CREA76	hydrocortisone valerate OINT 76	hydrocortisone w/acetic acid165	HYDROCORTISONE/ACETIC ACID (hydrocortisone w/acetic acid)165	hydromorphone hcl LIQD 10	HYDROMORPHONE HCL SUPP . 10	hydromorphone hcl TABS 10	hydromorphone hcl TB2410	hydroxocobalamin acetate SOLN .92	hydroxychloroquine sulfate 100 MG, 300 MG, 400 MG45	hydroxychloroquine sulfate 200 MG 45	hydroxyprogesterone caproate (antineoplastic)47	hydroxyurea50	hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML 15	hydroxyzine hcl SYRP 15	hydroxyzine hcl TABS 25 MG15	hydroxyzine hcl TABS 15	hydroxyzine pamoate CAPS 25 MG, 50 MG15	hydroxyzine pamoate CAPS15	HYFTOR77	hyoscyamine sulfate ELIX173	hyoscyamine sulfate SOLN OR 0.125 MG/ML173	hyoscyamine sulfate SUBL 0.125 MG173	hyoscyamine sulfate TABS 0.125 MG173	hyoscyamine sulfate TB12 0.375 MG 173	hyoscyamine sulfate TBDP 0.125 MG173	HYPERRHO S/D SOSY IM 1500 UNIT 165	HYPERSAL NEBU (sodium chloride (inhalant)) 69	HYPODERMIC NEEDLE 18G X 1- 1/2"123	HYPODERMIC NEEDLES 18GX1- 1/2"123	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ6	HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY6	HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY 6	HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ . 6	HYRIMOZ SOAJ 6	HYRIMOZ SOSY6	HYSINGLA ER T24A 10	HYZAAR (losartan potassium & hydrochlorothiazide) 42	ibandronate sodium SOLN 82	ibandronate sodium TABS82	IBRANCE CAPS 49	IBRANCE TABS 49	IBSRELA 88	ibuprofen CHEW 7	ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML 7	ibuprofen TABS 7	ibuprofen-famotidine7	ibutilide fumarate 17	ICAR-C (iron-vitamin c) 93	icatibant acetate SOLN 91	icatibant acetate SOSY91
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ICLUSIG 10 MG	49	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (sumatriptan succinate) . 150	INCRUSE ELLIPTA	17
ICLUSIG 15 MG, 30 MG, 45 MG ..	49	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (sumatriptan succinate)	indapamide TABS 1.25 MG, 2.5 MG . 82	
icosapent ethyl 0.5 GM	37	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate)	INDERAL LA CP24 (propranolol hcl) . 61	
icosapent ethyl 1 GM	37	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate)	INDERAL XL	61
IDACIO (2 PEN) AJKT	6	IMITREX TABS (sumatriptan succinate)	INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT ...	80
IDACIO (2 SYRINGE) PSKT	6	IMODIUM A-D CAPS (loperamide hcl)	INDOCIN SUSP (indomethacin)	7
IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	6	IMODIUM A-D TABS (loperamide hcl)	indomethacin CAPS 25 MG, 50 MG 7 indomethacin CPCR	7
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	6	IMOVAX RABIES (H.D.C.V.) SUSR 177	indomethacin SUPP	7
IDELVION	90	IMPEKLO LOTN	indomethacin SUSP	7
IDHIFA	49	IMURAN TABS (azathioprine)	INFANRIX	172
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	80	IN TOUCH LANCING DEVICE MISC 105	INFANTS ADVIL SUSP (ibuprofen) .7 INFED	94
ILARIS SOLN	6	INBRIJA CAPS	INFLECTRA SOLR	87
ILEVRO	164	IN-CHECK DIAL	INFLIXIMAB	88
ILUMYA	73	INSPIRATORYFLOW TRAINER DEVI	INFUVITE PEDIATRIC SOLN IV .155 INGREZZA CAPS	168
imatinib mesylate 100 MG	49	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	INGREZZA CPPK	168
imatinib mesylate 400 MG	49	INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	INGREZZA CPSP	168
IMBRUVICA CAPS	49	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	INJECTAFER	94
IMBRUVICA SUSP	49	INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	INLYTA 1 MG	46
IMBRUVICA TABS 140 MG, 280 MG, 420 MG	49	INCRELEX	INLYTA 5 MG	46
imipramine hcl TABS	28		INNOPRAN XL	61
imipramine pamoate	28		INNOSPIRE REPLACEMENT FILTER MISC	146
imiquimod 3.75 %	77		INPEFA	63
imiquimod 5 %	77		INQOVI	48
IMITREX 5 MG/ACT, 20 MG/ACT (sumatriptan)	150		INREBIC	49
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (sumatriptan succinate) . 150				

INSPIREASE DRUG DELIVERY SYSTEM MISC	146	KWIKPEN SUPN	32	INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	124
INSPIREASE RESERVOIR BAGS 146		INSULIN LISPRO SOLN IJ	32	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	124
INSPIRA (eplerenone)	43	INSULIN SYRINGE/0.3ML/30G X 5/16"	123	INSULIN SYRINGE/U-100/1ML/29G X 1/2"	124
INSULIN ASPART FLEXPEN SOPN .	31	INSULIN SYRINGE/0.3ML/31G X 5/16"	123	INSULIN SYRINGE/U-100/1ML/30G X 5/16"	124
INSULIN ASPART PENFILL SOCT 31		INSULIN SYRINGE/0.5ML/27G X 1/2"	123	INSULIN SYRINGE/U-100/1ML/31G X 5/16"	124
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	31	INSULIN SYRINGE/0.5ML/28G X 1/2"	123	INSULIN SYRINGES/U-100/0.5ML/27GX1/2"	124
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	31	INSULIN SYRINGE/0.5ML/30G X 5/16"	123	INSULIN SYRINGES/U-100/0.5ML/28GX1/2"	124
INSULIN ASPART SOLN IJ	31	INSULIN SYRINGE/0.5ML/31G X 5/16"	123	INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	124
INSULIN DEGLUDEC FLEXTOUCH SOPN	31	INSULIN SYRINGE/1ML/28G X 1/2"	124	INSULIN SYRINGES/U-100/0.5ML/30GX5/16"	124
INSULIN DEGLUDEC SOLN	31	INSULIN SYRINGE/1ML/29G X 1/2"	124	INSULIN SYRINGES/U-100/0.5ML/31GX5/16"	124
INSULIN GLARGINE MAX SOLOSTAR SOPN	31	INSULIN SYRINGE/1ML/30G X 5/16"	124	INSULIN SYRINGES/U-100/1ML/27GX1/2"	124
INSULIN GLARGINE SOLN	31	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	124	INSULIN SYRINGES/U-100/1ML/28GX1/2"	124
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	31	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	124	INSULIN SYRINGES/U-100/1ML/29GX1/2"	124
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	31	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	124	INSULIN SYRINGES/U-100/1ML/30GX1/2"	124
INSULIN GLARGINE-YFGN SOLN 32		INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	124	INSULIN SYRINGES/U-100/1ML/31GX5/16"	124
INSULIN GLARGINE-YFGN SOPN 32		INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	124	INSUPEN 29G X 12MM	124
INSULIN LISPRO JUNIOR KWIKPEN SOPN	32	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	124	INSUPEN 31G X 5MM	124
INSULIN LISPRO KWIKPEN SOPN .	32	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	124	INSUPEN 31G X 8MM	124
INSULIN LISPRO PROTAMINE/INSULIN LISPRO		INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	124	INSUPEN 32G X 4MM	124
				INSUPEN 33GX4MM	124

INSUPEN PEN NEEDLES 32G X4MM	124	ipratropium bromide (nasal) 0.06 % 157	isradipine CAPS	62
INSUPEN SENSITIVE 32GX6MM 124		ipratropium bromide SOLN 0.02 %	ISTALOL SOLN (timolol maleate (ophth))	161
INSUPEN SENSITIVE 32GX8MM 124		ipratropium-albuterol SOLN	19	ISTURISA
INSUPEN ULTRAFIN 30GX8MM 124		irbesartan	40	itraconazole CAPS
INSUPEN ULTRAFIN 31GX6MM 124		irbesartan-hydrochlorothiazide ...	42	itraconazole SOLN
INSUPEN ULTRAFIN 31GX8MM 124		IRESSA (gefitinib)	47	ivermectin (rosacea)
INTELENCE (etravirine)	56	iron combinations CAPS	93	ivermectin
INTELENCE	56	iron-vitamin c	93	IWILFIN
INTELENCE 200 MG (etravirine) ..	56	irrigation solutions, physiological	153	IXIARO
INTELISWAB COVID-19 RAPID TEST KIT	80	ISENTRESS CHEW 100 MG	56	IXINITY SOLR
INTRON A SOLR 10000000 UNIT, 50000000 UNIT	50	ISENTRESS CHEW 25 MG	56	IYUZEH SOLN
INTUNIV (guanfacine hcl (adhd)) ..	2	ISENTRESS HD TABS	56	J & J GAUZE 4"X4" 12 PLY PADS 100
INVANZ IJ (ertapenem sodium) ...	44	ISENTRESS PACK	56	J & J GAUZE 4"X4" 8 PLY PADS
INVEGA (paliperidone)	53	ISENTRESS TABS	56	100
INVEGA HAFYERA	53	isoniazid SYRP	46	J & J GAUZE SPONGES 12-PLY 4" X 4" MISC
INVEGA SUSTENNA	53	isoniazid TABS	46	100
INVEGA TRINZA	53	isopropyl alcohol-glycerin	164	J & J GAUZE SPONGES 16-PLY 4" X 4" MISC
INVELTYS SUSP	163	ISOPTO ATROPINE SOLN	161	100
INVOKAMET TABS	29	ISORDIL TITRADOSE TABS 40 MG (isosorbide dinitrate)	15	J & J GAUZE SPONGES 8-PLY 4" X 4" MISC
INVOKAMET XR TB24	29	ISORDIL TITRADOSE TABS 5 MG (isosorbide dinitrate)	15	100
INVOKANA	33	isosorbide dinitrate TABS	15	JADENU SPRINKLE PACK (deferasirox)
IOPIDINE	161	isosorbide dinitrate-hydralazine hcl 63		34
IPOL INACTIVATED IPV	177	isosorbide mononitrate TABS	15	JADENU TABS (deferasirox)
ipratropium bromide (nasal) 0.03 % 157		isosorbide mononitrate TB24	15	34
		isotretinoin 10 MG, 20 MG, 40 MG	70	JAKAFI
		isotretinoin 25 MG, 35 MG	70	49
		isotretinoin 30 MG	70	JALYN (dutasteride-tamsulosin hcl) . 89
				JANSSEN COVID-19 VACCINE .178
				JANUMET TABS
				29
				JANUMET XR TB24 1000 MG-100 MG
				29
				JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG
				29

JANUVIA	30	KAPVAY TB12 (clonidine hcl (adhd)) 2	ketoconazole	36
JARDIANCE	33	KARBINAL ER SUER	KETODAN KIT	72
JATENZO CAPS	13	KATERZIA	KETONE STRP	80
JAYPIRCA	49	KAZANO (alogliptin-metformin hcl) 29	KETONE TEST STRIPS STRP ...	80
JENTADUETO TABS	29	KENALOG AERS (triamcinolone acetoneide (topical))	ketoprofen CAPS 25 MG	7
JENTADUETO XR TB24 1000 MG- 2.5 MG	29	KENALOG-10 SUSP	ketoprofen CP24	7
JENTADUETO XR TB24 1000 MG-5 MG	29	KENALOG-40 SUSP (triamcinolone acetoneide)	ketorolac tromethamine (ophth) 0.4 %	164
JESDUVROQ	92	KENALOG-80 SUSP	ketorolac tromethamine (ophth) 0.5 %	164
JIVI	90	KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS ..	ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML	7
JOENJA	152	KENGREAL	KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	7
JORNAY PM CP24	2	KEPPRA SOLN IV 500 MG/5ML (levetiracetam)	ketorolac tromethamine TABS	7
JUBLIA	72	KEPPRA SOLN OR 100 MG/ML (levetiracetam)	KETOSTIX STRP	80
JULUCA	56	KEPPRA TABS 1000 MG (levetiracetam)	ketotifen fumarate (ophth) 0.035 % 164	
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	39	KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)	KEVEYIS (dichlorphenamide)	81
JYLAMVO SOLN	46	KEPPRA XR TB24 (levetiracetam)	KEVZARA SOAJ	6
JYNARQUE TABS	85	KERENDIA	KEVZARA SOSY	6
JYNARQUE TBPK	85	KERLIX SPONGES 4" X 4" 12 PLY PADS	KIMONO LUBRICATED MISC ...	101
JYNNEOS	178	KERLIX SPONGES 4" X 4" 16 PLY PADS	KIMONO MAXX/LARGE FLARE MISC	101
KALBITOR	91	KERYDIN (tavaborole)	KIMONO MICRO THIN MISC	101
KALETRA SOLN (lopinavir-ritonavir) . 56		KESIMPTA	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	101
KALETRA TABS 25 MG-100 MG (lopinavir-ritonavir)	57	ketococonazole (topical) CREA	101	
KALETRA TABS 50 MG-200 MG (lopinavir-ritonavir)	57	ketococonazole (topical) FOAM	KIMONO SENSATION LUBRICATED MISC	101
KALYDECO PACK	170	ketococonazole (topical) SHAM 2 %	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	101
KALYDECO TABS	170		101	
KANUMA	84		KINERET SOSY	6
KAPSPARGO SPRINKLE CS24 ..	60			

KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	124	KORLYM (mifepristone (hyperglycemia))	30	KROGER LANCETS 21G	105
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	125	KOSELUGO	49	KROGER LANCETS MICRO THIN33G	105
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	125	KOVALTRY	91	KROGER LANCETS THIN 26G ..	105
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	125	K-PHOS NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	151	KROGER LANCETS ULTRATHIN30G	105
KINRIX SUSY	172	K-PHOS NO 2	89	KROGER LANCING DEVICE MISC 105	
KISQALI	49	K-PHOS TABS (potassium phosphate monobasic)	151	KROGER PEN NEEDLES 29G X12MM	125
KISQALI FEMARA 200 DOSE	48	KRAZATI	49	KROGER PEN NEEDLES 31G X8MM	125
KISQALI FEMARA 400 DOSE	48	KRINTAFEL	45	KROGER PEN NEEDLES 31GX1/4"	125
KISQALI FEMARA 600 DOSE	48	KRISTALOSE PACK	97	KROGER PEN NEEDLES/31G X1/4"	125
KITABIS PAK NEBU (tobramycin) ..	4	KROGER AUTOLET LANCING DEVICE MISC	105	KROGER PEN NEEDLES/31G X3/16"	125
KLARON (sulfacetamide sodium (acne))	70	KROGER HEALTHPRO TWIST LANCETS/26G	105	KROGER PEN NEEDLES/31G X5/16"	125
KLONOPIN TABS (clonazepam) ..	22	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	125	KROGER PEN NEEDLES/32G X5/32"	125
KLOXXADO LIQD	34	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" ..	125	KROGER PEN NEEDLES/33G X5/32"	125
KMART VALU PLUS INSULIN SYRINGE/1ML/29G	125	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" ..	125	KRYSTEXXA	90
KMART VALU PLUS INSULIN SYRINGE/1ML/30G	125	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	125	K-TAB TBCR 10 MEQ (potassium chloride)	151
KOATE SOLR	91	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" ..	125	K-TAB TBCR 20 MEQ (potassium chloride)	151
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	91	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" ..	125	KUVAN PACK (sapropterin dihydrochloride)	84
KOGENATE FS KIT	91	KROGER INSULIN SYRINGE/1ML/29G X 1/2"	125	KUVAN TABS (sapropterin dihydrochloride)	84
KOMBIGLYZE XR 1000 MG-2.5 MG (saxagliptin-metformin hcl)	29	KROGER INSULIN SYRINGE/1ML/30G X 5/16"	125	KYLEENA	67
KOMBIGLYZE XR 1000 MG-5 MG, 500 MG-5 MG (saxagliptin-metformin hcl)	29	KROGER INSULIN SYRINGE/1ML/31G X 5/16"	125	KYMRIAH	47
KONVOMEK SUSR	175				

KYNMOBI FILM	51	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (lamotrigine) .	23	LANOXIN PEDIATRIC SOLN IJ ...	62
KYNMOBI TITRATION KIT KIT	51	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (lamotrigine)	23	LANOXIN SOLN IJ (digoxin)	62
labetalol hcl SOLN	60	LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine)	23	LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)	62
labetalol hcl TABS 100 MG	60	LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine)	23	lanreotide acetate	85
labetalol hcl TABS 200 MG	60	LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine)	23	LANREOTIDE ACETATE	85
labetalol hcl TABS 300 MG	60	LAMICTAL TABS (lamotrigine)	23	lansoprazole CPDR	174
LABETALOL HYDROCHLORIDE SOSY 10 MG/2ML	60	LAMICTAL XR KIT	23	lansoprazole TBDD	174
LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE 0.72 %-100 MG/100ML, 0.72 %-200 MG/200ML, 0.72 %-300 MG/300ML	60	LAMICTAL XR TB24 (lamotrigine) .	23	lanthanum carbonate CHEW	88
lacosamide SOLN IV 200 MG/20ML .	23	lamivudine (hbv) TABS	59	LANTIDRA	29
lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML	23	lamivudine SOLN	57	LANTUS SOLN	32
lacosamide SOLN OR 10 MG/ML .	23	lamivudine TABS 150 MG	57	LANTUS SOLOSTAR SOPN	32
lacosamide TABS	23	lamivudine TABS 300 MG	57	LANZO MISC	105
LACRISERT	160	lamivudine-zidovudine	57	lapatinib ditosylate	49
lactic acid (ammonium lactate) CREA	77	lamotrigine CHEW	23	LASIX TABS (furosemide)	82
lactic acid (ammonium lactate) LOTN 12 %	77	lamotrigine KIT 25 MG	23	latanoprost SOLN	164
LACTIC ACID LOTN	77	lamotrigine TABS	23	LATUDA (lurasidone hcl)	52
lactulose (encephalopathy)	88	lamotrigine TB24	23	LEADER ADVANCED LANCING DEVICE MISC	105
lactulose SOLN	97	lamotrigine TBDP	23	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	125
LAGEVRIO	59	LAMPIT	44	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" ...	125
LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine) .	23	LAMZEDE	84	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" ...	125
LAMICTAL ODT KIT (lamotrigine) .	23	LANCET DEVICE ADJUSTABLE MISC	105	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	125
LAMICTAL ODT TBDP (lamotrigine) .	23	LANCET DEVICE WITH EJECTOR MISC	105	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	125
		LANCETS	105	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" ...	125
		LANCETS 30G	105	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" ...	125
		LANCETS THIN	105		
		LANCETS ULTRA THIN	105		
		LANCING DEVICE MISC	105		

LEADER INSULIN SYRINGE/1ML/28G X 1/2"	125	LEQVIO	39	levocarnitine (metabolic modifiers) TABS	84
LEADER INSULIN SYRINGE/1ML/29G X 1/2"	125	LESCOL XL TB24 (fluvastatin sodium)	39	levocetirizine dihydrochloride SOLN 37	
LEADER INSULIN SYRINGE/1ML/30G X 5/16"	125	LETAIRIS (ambrisentan)	64	levocetirizine dihydrochloride TABS 37	
LEADER INSULIN SYRINGE/1ML/31G X 5/16"	126	letrozole	47	levofloxacin SOLN OR	86
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	126	leucovorin calcium TABS	50	levofloxacin TABS	86
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	126	LEUKINE SOLR IJ	92	levonorgestrel & eth estradiol TABS 65	
LEADER UNIFINE PENTIPS/MINI/31GX3/16"	126	LEUPROLIDE ACETATE INJ	47	levonorgestrel (emergency oc) 1.5 MG	67
LEADER UNIFINE PENTIPS/NANO/32GX5/32"	126	leuprolide acetate KIT IJ 1 MG/0.2ML	47	levonorgestrel-eth estradiol (triphasic)	66
LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	126	levamlodipine maleate	62	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	66
LEDIPASVIR/SOFOSBUVIR TABS 59		levbuterol hcl	19	levonorgestrel-ethinyl estradiol (continuous)	66
leflunomide	8	levbuterol tartrate	19	levonorgestrel-ethinyl estradiol-iron 66	
LEMTRADA	168	levamlodipine maleate	62	LEVOPHED IV (norepinephrine bitartrate)	180
lenalidomide	152	LEVVID TB12 (hyoscyamine sulfate) 173		levorphanol tartrate TABS 2 MG ...	10
LENMELDY	167	LEVEMIR FLEXPEN SOPN	32	levorphanol tartrate TABS 3 MG ...	10
LENVIMA 10 MG DAILY DOSE ...	46	LEVEMIR SOLN	32	levothyroxine sodium CAPS	172
LENVIMA 12MG DAILY DOSE ...	46	LEVETIRACETAM (levetiracetam in sodium chloride)	23	LEVOTHYROXINE SODIUM SOLN IV	172
LENVIMA 14 MG DAILY DOSE ...	46	levetiracetam in sodium chloride ..	23	levothyroxine sodium TABS	172
LENVIMA 18 MG DAILY DOSE ...	46	levetiracetam SOLN IV 500 MG/5ML 23		LEVSIN SOLN IJ 0.5 MG/ML (hyoscyamine sulfate)	173
LENVIMA 20 MG DAILY DOSE ...	46	levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	23	LEVSIN TABS (hyoscyamine sulfate)	173
LENVIMA 24 MG DAILY DOSE ...	46	levetiracetam TABS 1000 MG	24	LEVSIN/SL SUBL (hyoscyamine sulfate)	173
LENVIMA 4 MG DAILY DOSE	46	levetiracetam TABS 250 MG, 500 MG, 750 MG	23	LEVULAN KERASTICK SOLR	73
LENVIMA 8 MG DAILY DOSE	46	levetiracetam TB24	24		
LEQEMBI	167	LEVETIRACETAM/SODIUM CHLORIDE	23		
		levobunolol hcl 0.5 %	161		
		levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	84		

LEXAPRO TABS (escitalopram oxalate)	27	LIDOCARE ARM/NECK/LEG PTCH (lidocaine)	78	LISTERINE TOTAL CARE SOLN (sodium fluoride (dental))	153
LEXETTE FOAM (halobetasol propionate)	76	LIDOCARE BACK/SHOULDER PTCH (lidocaine)	78	LISTERINE TOTAL CARE ZERO SOLN (sodium fluoride (dental)) ..	153
LEXIVA SUSP	57	LIDODERM PTCH (lidocaine)	78	LITE TOUCH LANCING PEN MISC 105	
LEXIVA TABS (fosamprenavir calcium)	57	LIDOTRAL CREA	78	LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	126
LIALDA TBEC (mesalamine)	88	LIKMEZ SUSP	43	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	126
LIBERTY MINI LANCING DEVICE MISC	105	LILETTA 20.1 MCG/DAY	67	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" ...	126
LIBERVANT FILM	22	LINCOCIN (lincomycin hcl)	44	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" ...	126
LIBRAX (chlordiazepoxide hcl-clidinium bromide)	173	lincomycin hcl	44	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" ...	126
LICART PT24	73	linezolid SUSR	44	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	126
lidocaine hcl (cardiac) SOSY	17	linezolid TABS	44	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	126
lidocaine hcl (mouth-throat) 2 % ..	153	LINZESS	88	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	126
lidocaine hcl CREA 3 %	78	liothyronine sodium TABS	172	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	126
lidocaine hcl PRSY	78	LIPITOR TABS (atorvastatin calcium)	39	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	126
LIDOCAINE HCL SOLN	17	LIPOFEN CAPS (fenofibrate)	38	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	126
lidocaine hcl SOLN	78	LIPOFEN CAPS 50 MG (fenofibrate) .	38	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	126
LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE GEL	14	LIQREV SUSP	64	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	126
lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML	17	lisdexamfetamine dimesylate CAPS 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	1		
lidocaine OINT	78	lisdexamfetamine dimesylate CAPS 1			
lidocaine PTCH 5 %	78	lisdexamfetamine dimesylate CHEW .	1		
lidocaine-hydrocortisone acetate (rectal) CREA EX	14	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	42		
lidocaine-hydrocortisone acetate (rectal) KIT	14	lisinopril & hydrochlorothiazide 25 MG-20 MG	42		
lidocaine-prilocaine CREA	78	lisinopril TABS 2.5 MG	40		
lidocaine-prilocaine KIT	78	lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	40		

LITETOUCH INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	126	LIVE BETTER LANCET ULTRATHIN 28G	105	LOPROX CREA (ciclopirox olamine) .	72
LITETOUCH INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	126	LIVMARLI	87	LOPROX KIT	72
LITETOUCH MASK LARGE MISC 146		LIVTENCITY	58	LOPROX SHAMPOO SHAM (ciclopirox)	72
LITETOUCH MASK MEDIUM MISC . 146		LO LOESTRIN FE TABS	66	LOPROX SUSP (ciclopirox olamine) .	72
LITETOUCH MASK SMALL MISC 146		LOCOID LIPOCREAM	76	loratadine & pseudoephedrine TB12 .	69
LITETOUCH PEN NEEDLES 29GX12.7MM	126	LOCOID LOTN (hydrocortisone butyrate)	76	loratadine & pseudoephedrine TB24 .	69
LITETOUCH PEN NEEDLES 31G X 6MM	126	LODINE TABS (etodolac)	7	loratadine SOLN	37
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	126	LODOSYN (carbidopa)	50	loratadine TABS	37
LITETOUCH PEN NEEDLES 31GX8MM SHORT	126	LOKELMA	153	lorazepam CONC	16
LITETOUCH PEN NEEDLES 31GX8MM SHORT	126	LOMOTIL TABS (diphenoxylate w/ atropine)	33	lorazepam SOLN	16
LITETOUCH PEN NEEDLES/31G X 3/16"	126	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" ...	127	lorazepam TABS 0.5 MG, 2 MG ...	16
LITETOUCH PEN NEEDLES/31G X 5MM/MINI	126	LONGS LANCETS THIN	105	lorazepam TABS 1 MG	16
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	126	LONHALA MAGNAIR REFILL KIT SOLN	17	LORBRENA 100 MG	49
LITFULO	77	LONHALA MAGNAIR STARTER KIT SOLN	17	LORBRENA 25 MG	49
lithium	52	LONSURF	48	LOREEV XR CS24	16
lithium carbonate CAPS	52	loperamide hcl CAPS	33	losartan potassium & hydrochlorothiazide	42
lithium carbonate TABS	52	loperamide hcl TABS	33	losartan potassium	40
lithium carbonate TBCR	52	LOPID TABS (gemfibrozil)	38	LOSEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))	66
LITHOBID TBCR (lithium carbonate) . 52		lopinavir-ritonavir SOLN	57	LOTEMAX GEL (loteprednol etabonate)	163
LITHOSTAT	90	lopinavir-ritonavir TABS 25 MG-100 MG	57	LOTEMAX OINT	163
LIVALO (pitavastatin calcium)	39	lopinavir-ritonavir TABS 50 MG-200 MG	57	LOTEMAX SM GEL	163
LIVE BETTER ADVANCED LANCING DEVICE MISC	105	LOPRESSOR TABS 100 MG (metoprolol tartrate)	60	LOTEMAX SUSP (loteprednol etabonate)	163
		LOPRESSOR TABS 50 MG (metoprolol tartrate)	60	LOTENSIN 10 MG, 20 MG (benazepril hcl)	40

LOTENSIN 40 MG (benazepril hcl) 40	lubiprostone 87	LYNPARZA TABS 49
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 42	LUCEMYRA 0.18 MG (lofexidine hcl) 166	LYRICA CAPS 225 MG, 300 MG (pregabalin) 24
loteprednol etabonate GEL .....163	LUCIRA CHECK IT COVID-19TEST KIT KIT 80	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin) 24
loteprednol etabonate SUSP 163	LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT 80	LYRICA CR (pregabalin (once- daily)) 169
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 42	luliconazole .....72	LYRICA CR 330 MG (pregabalin (once-daily)) 169
LOTRIMIN AF CREA (clotrimazole (topical)) .....72	LUMAKRAS 49	LYRICA SOLN (pregabalin) 24
LOTRIMIN AF JOCK ITCH CREA (clotrimazole (topical)) 72	LUMIGAN SOLN 0.01 % 164	LYSODREN 48
LOTRIMIN ULTRA (butenafine hcl) 72	LUMIZYME 84	LYSTEDA TABS (tranexamic acid) 94
LOTRONEX (alosetron hcl) 88	LUNESTA (eszopiclone) 95	LYTGOBI 49
lovastatin TABS 10 MG, 20 MG ... 39	LUPKYNIS 152	LYUMJEV KWIKPEN SOPN 32
lovastatin TABS 40 MG .....39	LUPRON DEPOT (1-MONTH) KIT IM.....47	LYUMJEV SOLN 32
LOVAZA (omega-3-acid ethyl esters) .....37	LUPRON DEPOT (3-MONTH) KIT IM.....47	LYUMJEV TEMPO PEN SOPN ... 32
LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium) .....21	LUPRON DEPOT (4-MONTH) IM . 47	LYVISPAH PACK .....156
LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium) 21	LUPRON DEPOT (6-MONTH) IM . 48	MACROBID (nitrofurantoin monohyd macro) 44
LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium) .....21	LUPRON DEPOT-PED (1-MONTH) . 83	MACRODANTIN (nitrofurantoin macrocrystal) 44
LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium) .....21	LUPRON DEPOT-PED (3-MONTH) . 83	mafenide acetate PACK 74
LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium) .....21	LUPRON DEPOT-PED (6-MONTH) IM 83	MAG-AL LIQD 14
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ... 21	lurasidone hcl 52	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" . 127
loxapine succinate 54	LUTATHERA 50	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" .....127
	LUXIQ FOAM (betamethasone valerate) .....76	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" . 127
	LUXTURNA 162	MAGELLAN INSULIN SAFETY
	LUZU (luliconazole) 72	
	LYBALVI 167	
	LYFGENIA .....92	

SYRINGE/U-100/0.5ML/30G X 5/16" .....127	MAVENCLAD 168	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" ...127
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" 127	MAVYRET PACK 59	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" ...127
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" 127	MAVYRET TABS .....59	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM .....127
magnesium citrate 1.745 GM/30ML 97	MAXALT TABS 10 MG (rizatriptan benzoate) 150	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM 127
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML 97	MAXALT-MLT TBDP 10 MG (rizatriptan benzoate) .....150	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM 127
MALARONE (atovaquone-proguanil hcl) 45	MAXICOMFORT II PEN NEEDLES/31G X 1/4" 127	MEDROL DOSEPAK TBPK (methylprednisolone) 68
malathion .....79	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" 127	MEDROL TABS (methylprednisolone) 68
MARATHON MEDICAL PENTIPS29GX12MM .....127	MAXI-COMFORT INSULIN SYRINGES 27G X 1/2" 127	MEDROL TABS .....68
MARATHON MEDICAL PENTIPS31GX5MM 127	MAXIDEX SUSP OP .....163	medroxyprogesterone acetate (contraceptive) SUSP IM 67
MARATHON MEDICAL PENTIPS31GX8MM 127	MAXITROL OINT (neomycin-polymy- dexameth) 163	medroxyprogesterone acetate (contraceptive) SUSY IM 67
MARATHON MEDICAL PENTIPS32GX4MM 127	MAXITROL SUSP (neomycin- polymy-dexameth) .....163	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG 166
maraviroc TABS 150 MG 57	MAXZIDE TABS (triamterene & hydrochlorothiazide) 81	mefenamic acid CAPS 7
maraviroc TABS 300 MG 57	MAXZIDE-25 TABS (triamterene & hydrochlorothiazide) 81	mefloquine hcl .....45
MARINOL CAPS 2.5 MG (dronabinol) 35	MAYZENT STARTER PACK TBPK 168	megestrol acetate (appetite) .....166
MARINOL CAPS 5 MG, 10 MG (dronabinol) 35	MAYZENT TABS 0.25 MG 168	megestrol acetate SUSP 48
MARPLAN .....26	MAYZENT TABS 1 MG, 2 MG ... 168	megestrol acetate TABS .....48
MASK VORTEX/CHILD/FROG ..146	meclizine hcl CHEW 34	MEIJER LANCETS THIN 105
MASK VORTEX/TODDLER/LADYBUG .146	meclizine hcl TABS 12.5 MG, 25 MG 34	MEIJER LANCETS UNIVERSAL33G.....105
MATULANE 50	meclizine hcl TABS 50 MG 34	MEIJER PEN NEEDLES 29G X12MM .....127
	meclofenamate sodium CAPS .....7	MEIJER PEN NEEDLES 31G X6MM.....127
		MEIJER PEN NEEDLES 31G X8MM.....127

MEIJER SUPER THIN LANCETS 105	mesalamine SUPP .....88	methadone hcl SOLN OR .....10
MEKINIST SOLR .....49	mesalamine TBEC 1.2 GM 88	methadone hcl TABS 10
MEKINIST TABS .....49	mesalamine TBEC 800 MG .....88	methadone hcl TBSO .....10
MEKTOVI .....49	mesalamine w/ cleanser .....88	METHADOSE CONC (methadone hcl) 10
meloxicam CAPS .....7	MESNEX TABS .....50	METHADOSE SUGAR-FREE CONC (methadone hcl) .....10
meloxicam TABS .....7	MESTINON SOLN OR (pyridostigmine bromide) .....45	methamphetamine hcl .....1
melphalan .....46	MESTINON TABS (pyridostigmine bromide) .....45	methazolamide TABS .....81
memantine hcl CP24 .....167	MESTINON TIMESPAN TBCR (pyridostigmine bromide) .....45	methenamine hippurate .....44
memantine hcl SOLN 2 MG/ML ..167	METADATE CD CPR (methylphenidate hcl) .....3	methenamine mandelate 0.5 GM, 1 GM .....44
memantine hcl TABS .....167	METAMUCIL 4 IN 1 FIBER POWD (psyllium) .....96	methenamine-hyoscamine-methylene blue-sodium phosphate TABS ....43
MENACTRA .....176	METAMUCIL FREE & NATURAL POWD (psyllium) .....96	methenamine-hyosc-methylene blue- benzoic acid-phenyl sal .....43
MENEST .....86	METAMUCIL ORIGINAL TEXTURE POWD (psyllium) .....96	methenamine-hyosc-methylene blue- sod phos-phenyl sal CAPS .....43
MENOSTAR PTWK .....86	METAMUCIL POWD (psyllium) ...96	methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 10.8 MG- 81 MG-32.4 MG-0.12 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG- 40.8 MG .....43
MENQUADFI .....176	metaxalone .....156	methimazole TABS .....171
MENTAX .....72	metformin hcl SOLN .....30	METHITEST TABS .....13
MENVEO SOLN .....176	metformin hcl TABS 1000 MG ....30	methocarbamol SOLN .....156
MENVEO SOLR .....176	metformin hcl TABS 500 MG .....30	methocarbamol TABS 500 MG, 750 MG .....156
meperidine hcl SOLN OR 50 MG/5ML .....10	metformin hcl TABS 625 MG .....30	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML .....46
meperidine hcl TABS 50 MG .....10	metformin hcl TABS 850 MG .....30	methotrexate sodium SOLR .....46
MEPHYTON TABS (phytonadione) 180	metformin hcl TB24 500 MG, 1000 MG .....30	methotrexate sodium TABS 2.5 MG 46
meprobamate .....15	metformin hcl TB24 500 MG .....30	methoxsalen rapid .....73
MEPRON (atovaquone) .....44	metformin hcl TB24 750 MG .....30	
MEPSEVII .....84	methadone hcl CONC .....10	
mercaptopurine TABS .....46	METHADONE HCL POWD .....10	
mesalamine CP24 .....88	METHADONE HCL SOLN IJ .....10	
mesalamine CPR .....88		
mesalamine CPDR .....88		
mesalamine ENEM .....88		

methscopolamine bromide	173	metoclopramide hcl TABS	87	MICAFUNGIN	35
methsuximide	25	metoclopramide hcl TBDP	87	micafungin sodium	35
methylidopa TABS	41	metolazone	82	MICAFUNGIN/SODIUM CHLORIDE	35
methylergonovine maleate TABS	165	metoprolol & hydrochlorothiazide		MICARDIS (telmisartan)	40
METHYLIN SOLN (methylphenidate		TABS	42	MICARDIS HCT (telmisartan-	
hcl)	3	metoprolol succinate TB24 200 MG		hydrochlorothiazide)	42
methylphenidate hcl CHEW	3	60		MICATIN CREA (miconazole nitrate	
methylphenidate hcl CP24 10 MG, 15		metoprolol succinate TB24 25 MG,		(topical))	72
MG, 20 MG, 30 MG, 40 MG, 50 MG	3	50 MG, 100 MG	60	miconazole nitrate (topical) CREA	.72
methylphenidate hcl CP24 10 MG, 20		metoprolol tartrate SOLN IV 5		miconazole nitrate vaginal CREA 2 %	
MG, 30 MG, 40 MG, 60 MG	3	MG/5ML	60	.....	179
methylphenidate hcl CP24 60 MG ..	3	metoprolol tartrate TABS 25 MG, 100		miconazole nitrate vaginal SUPP 200	
3		MG	60	MG	179
methylphenidate hcl CPR	3	metoprolol tartrate TABS 37.5 MG,		miconazole-zinc oxide-white	
methylphenidate hcl PCR	3	75 MG	60	petrolatum	72
methylphenidate hcl SOLN	3	metoprolol tartrate TABS 50 MG ..	60	MICROCHAMBER DEVI	146
methylphenidate hcl TABS	3	METROCREAM CREA		MICROCHAMBER MISC	146
methylphenidate hcl TB24	3	(metronidazole (topical))	78	MICRODOT PEN NEEDLE/31G X 6	
methylphenidate hcl TBCR 10 MG,		METROGEL GEL 1 %		MM	127
18 MG, 20 MG, 27 MG, 36 MG, 54		(metronidazole (topical))	78	MICRODOT PEN NEEDLE/32G X 4	
MG	3	METROLOTION LOTN		MM	127
methylphenidate hcl TBCR 45 MG,		(metronidazole (topical))	78	MICRODOT PEN NEEDLE/33G X 4	
63 MG	3	metronidazole (topical) CREA	78	MM	127
methylphenidate hcl TBCR 72 MG ..	3	metronidazole (topical) GEL 0.75 %		MICROLET NEXT MISC	105
methylphenidate PTCH	3	78		MICROSPACER MISC	146
methylprednisolone acetate SUSP	68	metronidazole (topical) GEL 1 % ..	78	midazolam hcl SOLN IJ 2 MG/2ML, 5	
methylprednisolone sod succ 40 MG,		78		MG/5ML, 10 MG/2ML, 50 MG/10ML .	
125 MG, 500 MG, 1000 MG	68	metronidazole (topical) LOTN	78	95	
methylprednisolone TABS	68	metronidazole CAPS	43	midazolam hcl SOLN IJ	95
methylprednisolone TBP	68	metronidazole TABS	43	midazolam hcl SYRP	95
methyltestosterone CAPS	13	metronidazole vaginal	179	MIDAZOLAM SOSY IJ 2 MG/2ML	.95
metoclopramide hcl SOLN IJ 5		metyrosine	40	MIDAZOLAM/SODIUM CHLORIDE	
MG/ML	87	mexiletine hcl	17	(midazolam-sodium chloride)	95
metoclopramide hcl SOLN OR 5		MIACALCIN IJ (calcitonin (salmon))			
MG/5ML, 10 MG/10ML	87	82			

MIDAZOLAM/SODIUM CHLORIDE 0.9 %-100 MG/100ML, 0.9 %-50 MG/50ML	95	MIRALAX POWD (polyethylene glycol 3350)	97	MM PEN NEEDLES 31G X 5/16" 128
midazolam-sodium chloride	95	MIRAPEX ER TB24 (pramipexole dihydrochloride)	51	MM PEN NEEDLES 32G X 5/32" 128
midodrine hcl	180	MIRASORB SPONGES 4" X 4" MISC	100	M-M-R II SOLR
MIEBO	164	MIRCERA	92	M-NATAL PLUS TABS
MIFEPREX (mifepristone)	85	MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	66	modafinil
mifepristone (hyperglycemia)	30	MIRENA	67	MODERNA COVID-19 VACCINE SUSP
mifepristone	85	mirtazapine TABS 15 MG, 30 MG, 45 MG	25	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP . 178
miglitol	28	mirtazapine TABS	25	MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ..
miglustat	92	mirtazapine TBDP	26	MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5
MIGRANAL SOLN NA (dihydroergotamine mesylate)	149	MIRVASO (brimonidine tartrate (topical))	78	MODERNA COVID-19 VACCINE6MO-5Y SUSP
milrinone lactate	63	misoprostol	175	moexipril hcl
milrinone lactate in dextrose	63	MITIGARE CAPS (colchicine)	90	molindone hcl 10 MG
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	66	MM INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	127	molindone hcl 5 MG, 25 MG
MINI LANCING DEVICE MISC	105	MM INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	127	mometasone furoate (nasal) SUSP 157
MINIELITE FILTER REPLACEMENTS MISC	146	MM INSULIN SYRINGE/U- 100/1/2ML/30G X 5/16"	127	mometasone furoate CREA
MINIPRESS CAPS 1 MG (prazosin hcl)	41	MM INSULIN SYRINGE/U- 100/1/2ML/31G X 5/16"	127	mometasone furoate OINT
MINIPRESS CAPS 2 MG, 5 MG (prazosin hcl)	41	MM INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	127	mometasone furoate SOLN
MINIVELLE PTTW (estradiol)	86	MM INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	127	MONISTAT 3 CREA (miconazole nitrate vaginal)
MINOCIN SOLR	171	MM INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	127	MONISTAT 7 SIMPLY CURE CREA (miconazole nitrate vaginal)
minocycline hcl CAPS	171	MM LANCING DEVICE MISC	105	MONOJECT BLUNTIP SYRINGE/3ML/CANNULA/IV ACCESS
minocycline hcl TABS	171	MM PEN NEEDLES 31G X 1/4" .	127	MONOJECT HYPO/ALUM HUB/18G X 1-1/2"
minocycline hcl TB24	171	MM PEN NEEDLES 31G X 3/16" 127		
MINOLIRA TB24	171			
minoxidil 2.5 MG, 10 MG	43			
mirabegron TB24	176			

MONOJECT HYPO/ALUM HUB/LUER LOCK/SHORT BEVEL/18G X 1-1/2" .....128	SYRINGE/SOFTPACK/1ML/27G X 1/2" 128	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" .....129
MONOJECT HYPO/POLYPROPYLENE HUB/18G X 1-1/2" .....128	MONOJECT INSULIN SYRINGE/SOFTPACK/U- 100/0.5ML/28G X 1/2" 128	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" .....129
MONOJECT HYPO/POLYPROPYLENE HUB/LL/SHORT BEVEL/18G X 1- 1/2" 128	MONOJECT INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" .....128	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" .....129
MONOJECT INSULIN SYRINGE/1ML 128	MONOJECT INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" .....128	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" .....129
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" .....128	MONOJECT INSULIN SYRINGE/U- 100/1ML/28G X 1/2" 128	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" .....129
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" .....128	MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML 128	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" .....129
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" .....128	MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML 128	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" 129
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" .....128	MONOJECT MAGELLAN SAFETYNEEDLE 18GX1-1/2" ...128	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 129
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U- 100/0.5ML/28G X 1/2" 128	MONOJECT PHARMACY TRAY/LUER LOCK/3ML .....128	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 129
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" .....128	MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/18GX1 -1/2" 128	MONOLET LANCETS 105
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" .....128	MONOJECT SYRINGE/LUER LOCK/3ML 128	montelukast sodium CHEW .....17
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" .....128	MONOJECT SYRINGE/LUER-LOCK TIP/3ML 128	montelukast sodium PACK 18
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" .....128	MONOJECT SYRINGE/REG LUER/3ML 129	montelukast sodium TABS .....18
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" .....128	MONOJECT SYRINGE/REGULARTIP/3ML ...129	MONUROL (fosfomycin tromethamine) 44
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" .....128	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" .....129	morphine sulfate beads 10
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" .....128	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" .....129	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG .....10
		morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML 10
		morphine sulfate SUPP 10 MG, 20 MG, 30 MG .....10
		morphine sulfate SUPP 5 MG 10

morphine sulfate TABS	10	SOLN OR	155	MYLICON INFANTS GAS RELIEF SUSP (simethicone)	86
morphine sulfate TBCR	10	MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN 155		MYRBETRIQ SRER	176
MOTEGRITY	86	MULTIVITAMIN WITH FLUORIDE SOLN	155	MYRBETRIQ TB24 (mirabegron)	176
MOTOFEN	33	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG- 10 MG-0.25 MG-600 MCG-4.5 MCG- 230 MCG, 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-1 MG- 600 MCG-4.5 MCG-230 MCG	155	MYRBETRIQ TB24	176
MOTPOLY XR CP24	24			MYSOLINE (primidone)	24
MOTRIN CHILDRENS CHEW (ibuprofen)	7			MYTESI	33
MOTRIN INFANTS DROPS SUSP (ibuprofen)	7			nabumetone	7
MOUNJARO	30			nadolol TABS 20 MG, 40 MG, 80 MG	61
MOVANTIK	88	mupirocin calcium (topical)	71	naftifine hcl CREA	72
MOVIPREP (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid) 96		mupirocin OINT	71	naftifine hcl GEL 2 %	72
moxifloxacin hcl (ophth) SOLN OP 162		MYALEPT	84	NAFTIN GEL 1 %	72
moxifloxacin hcl TABS	86	MYAMBUTOL TABS 400 MG (ethambutol hcl)	46	NAFTIN GEL 2 % (naftifine hcl) ...	72
MRESVIA	178	MYCAMINE	35	NAGLAZYME	84
MS CONTIN TBCR (morphine sulfate)	10	MYCAPSSA CPDR	85	NALFON CAPS (fenoprofen calcium)	7
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	129	MYCOBUTIN (rifabutin)	46	NALFON TABS (fenoprofen calcium) 7	
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	129	mycophenolate mofetil CAPS	152	NALOCET TABS	11
MS INSULIN SYRINGE/1ML/31G X 5/16"	129	mycophenolate mofetil SUSR	152	naloxone hcl LIQD	34
MUCINEX MAXIMUM STRENGTH TB12 (guaifenesin)	69	mycophenolate mofetil TABS	152	naloxone hcl SOCT	34
MULPLETA	93	mycophenolate sodium	152	naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	34
MULTAQ	17	MYDAYIS CP24 (amphetamine- dextroamphetamine)	1	naloxone hcl SOSY 2 MG/2ML	34
MULTI-LANCET DEVICE MISC ..	105	MYDRIACYL SOLN (tropicamide) 161		naltrexone hcl	34
multiple vitamins w/ minerals TABS 154		MYFEMBREE	85	NAMENDA TABS (memantine hcl) 167	
MULTIVITAMIN INFANT/TODDLER		MYFORTIC (mycophenolate sodium)	152	NAMENDA TITRATION PAK TABS (memantine hcl)	167
		MYLAB BOX COVID-19 TESTING 80		NAMENDA XR CP24 (memantine hcl)	167
		MYLICON INFANTS GAS RELIEF DYE FREE SUSP (simethicone) ..	86	NAMZARIC C4PK	167

NAMZARIC CP24	167	146	NERLYNX	49
NAPRELAN TB24 (naproxen sodium)	7	146	NESINA (alogliptin benzoate)	30
.....	7		NEULASTA ONPRO KIT PSKT ...	93
NAPROSYN SUSP (naproxen)	7	NEBUPENT IN (pentamidine	NEULASTA SOSY	93
NAPROSYN TABS 500 MG		isethionate)	NEUPOGEN SOLN	93
(naproxen)	7	nefazodone hcl	NEUPOGEN SOSY	93
naproxen sodium TABS 220 MG ...	7	27	NEUPRO	51
naproxen sodium TABS 275 MG, 550		NEMBUTAL SODIUM SOLN	NEURONTIN CAPS 100 MG, 400	
MG	7	(pentobarbital sodium)	MG (gabapentin)	24
naproxen sodium TB24	8	94	NEURONTIN CAPS 300 MG	
naproxen SUSP	8	neomycin sulfate TABS	(gabapentin)	24
naproxen TABS	8	4	NEURONTIN SOLN (gabapentin) .	24
naproxen TBEC	8	neomycin-bacitracin zn-polymyxin	NEURONTIN TABS 600 MG	
naproxen-esomeprazole magnesium		162	(gabapentin)	24
.....	8	neomycin-polymy-dexameth OINT	NEURONTIN TABS 800 MG	
naratriptan hcl	150	163	(gabapentin)	24
NARCAN LIQD (naloxone hcl)	34	neomycin-polymy-dexameth SUSP	NEVANAC	164
NARDIL (phenelzine sulfate)	26	163	nevirapine SUSP	57
NASACORT ALLERGY 24HR AERO		neomycin-polymyxin-gramicidin .	nevirapine TABS	57
(triamcinolone acetonide (nasal))	158	162	nevirapine TB24 100 MG	57
NATACYN	162	neomycin-polymyxin-hc (ophth) .	nevirapine TB24 400 MG	57
NATALVIT TABS	156	163	NEXAVAR (sorafenib tosylate) ...	49
NATAZIA	66	neomycin-polymyxin-hc (otic) SOLN .	NEXICLON XR TB24 (clonidine hcl) .	41
nateglinide	32	164	NEXIUM 24HR CLEAR MINIS CPDR	
NATESTO GEL NA	13	neomycin-polymyxin-hc (otic) SUSP .	(esomeprazole magnesium)	174
NATROBA (spinosad)	79	164	NEXIUM 24HR CPDR	
NAYZILAM	22	NEORAL CAPS (cyclosporine	(esomeprazole magnesium)	174
nebivolol hcl	60	modified (for microemulsion))	NEXIUM CPDR (esomeprazole	
NEBULIZER AIR TUBE/PLUGS		152	magnesium)	174
MISC	146	NEORAL SOLN (cyclosporine	NEXIUM I.V. 40 MG (esomeprazole	
NEBULIZER CUP/TUBING DEVI	146	modified (for microemulsion))	sodium)	174
NEBULIZER MASK ADULT MISC		152	NEXIUM PACK (esomeprazole	
		neostigmine methylsulfate SOLN IV 5		
		MG/10ML, 10 MG/10ML		
		45		
		NEOSTIGMINE METHYLSULFATE		
		SOLN IV 5 MG/10ML, 10 MG/10ML		
		45		
		NEOSTIGMINE METHYLSULFATE		
		SOSY (neostigmine methylsulfate)		
		45		
		neostigmine methylsulfate SOSY .		
		45		
		NEO-SYNALAR		
		71		
		NEO-SYNALAR KIT		
		71		

magnesium) .....174	(nicotine polacrilex) .....169	nitroglycerin (intra-anal) .....14
NEXIUM PACK .....174	nicotine polacrilex GUM .....169	nitroglycerin CPCR .....15
NEXLETOL .....37	nicotine polacrilex LOZG .....169	nitroglycerin in d5w .....15
NEXLIZET .....37	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....170	nitroglycerin PT24 .....15
NEXPLANON .....67	NICOTINE TRANSDERMAL SYSTEM KIT .....169	NITROGLYCERIN SOLN IV .....15
NEXTERONE .....17	NICOTROL INHALER INHA .....170	nitroglycerin SOLN TL 0.4 MG/SPRAY .....15
NEXTSTELLIS .....66	NICOTROL NS SOLN .....170	nitroglycerin SUBL .....15
NEXVIAZYME .....84	nifedipine CAPS .....62	NITROLINGUAL SOLN TL (nitroglycerin) .....15
NGENLA .....83	nifedipine TB24 30 MG, 90 MG ...62	nitroprusside sodium .....43
niacin (antihyperlipidemic) TBCR ..39	nifedipine TB24 60 MG .....62	nitroprusside sodium-sodium chloride.....43
niacin TABS 500 MG .....180	NILANDRON (nilutamide) .....48	NITROSTAT SUBL (nitroglycerin) .15
NIASPAN TBCR 1000 MG (niacin (antihyperlipidemic)) .....39	nilutamide .....48	NITYR TABS .....84
NICADAN TABS .....154	nimodipine CAPS .....62	NIVA THYROID TABS .....172
nicardipine hcl CAPS .....62	NINLARO .....49	NIVA-PLUS TABS .....156
nicardipine hcl SOLN .....62	NIPRIDE RTU (nitroprusside sodium-sodium chloride) .....43	NIVESTYM SOLN .....93
NICARDIPINE HYDROCHLORIDE SOLN .....62	nisoldipine .....62	NIVESTYM SOSY .....93
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN 0.9 %-40 MG/200ML .....62	nitazoxanide TABS .....44	NIX CREME RINSE LIQD EX (permethrin) .....79
NICAZEL FORTE TABS .....154	nitisinone CAPS .....84	nizatidine CAPS .....173
NICAZEL TABS .....154	NITRO-BID OINT .....15	NOC DURNA SUBL .....85
NICODERM CQ PT24 TD (nicotine) . 169	NITRO-DUR PT24 (nitroglycerin) .15	NORDITROPIN FLEXPPO SOPN .83
NICORETTE GUM (nicotine polacrilex) .....169	NITRO-DUR PT24 0.1 MG/HR, 0.8 MG/HR (nitroglycerin) .....15	norelgestromin-ethinyl estradiol ...66
NICORETTE LOZG (nicotine polacrilex) .....169	NITRO-DUR PT24 .....15	norepinephrine bitartrate IV .....180
NICORETTE MINI LOZG (nicotine polacrilex) .....169	NITROFURANTOIN .....44	NOREPINEPHRINE BITARTRATE IV .....180
NICORETTE STARTER KIT GUM	nitrofurantoin 25 MG/5ML .....44	norethin acet & estrad-fe CAPS ...66
	nitrofurantoin macrocrystal 25 MG .45	norethin acet & estrad-fe CHEW ..66
	nitrofurantoin macrocrystal 50 MG, 100 MG .....44	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30
	nitrofurantoin monohyd macro ....45	

MCG-75 MG	66	NORVASC TABS 10 MG (amlodipine besylate)	62	SOPN	32
norethindrone & eth estradiol	66	NORVIR CAPS	57	NOVOLOG FLEXPEN SOPN	32
norethindrone & ethinyl estradiol-fe 66		NORVIR PACK	57	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	32
norethindrone (contraceptive)	67	NORVIR TABS (ritonavir)	57	NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	32
norethindrone acet & eth estra	66	NOSE CLIP MISC	146	NOVOLOG MIX 70/30 RELION SUSP	32
norethindrone acetate TABS	166	NOURIANZ	51	NOVOLOG MIX 70/30 SUSP	32
norethindrone acetate-ethinyl estradiol	85	NOVA SUREFLEX LANCETS ...	105	NOVOLOG PENFILL SOCT	32
norethindrone acetate-ethinyl estradiol-fe	66	NOVA SUREFLEX LANCING DEVICE MISC	105	NOVOLOG RELION SOLN IJ	32
norethindrone-eth estradiol (triphasic)	66	NOVAVAX COVID-19 VACCINE	178	NOVOLOG SOLN IJ	32
NORGESIC FORTE (orphenadrine w/ aspirin & caff)	157	NOVAVAX COVID-19 VACCINE/2023-24	178	NOVOSEVEN RT	91
norgestimate-ethinyl estradiol (triphasic)	66	NOVOEIGHT	91	NOXAFIL PACK	36
norgestimate-ethinyl estradiol	66	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	129	NOXAFIL SOLN (posaconazole) ..	36
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	66	NOVOFINE PEN NEEDLE 32G X 6MM	129	NOXAFIL SUSP (posaconazole) ..	36
NORITATE CREA	78	NOVOFINE PLUS PEN NEEDLE32G X 4MM	129	NOXAFIL TBEC (posaconazole) ..	36
NORLIQVA SOLN	62	NOVOLIN 70/30 FLEXPEN RELION SUPN	32	NP THYROID 120 TABS	172
NORPACE CAPS (disopyramide phosphate)	17	NOVOLIN 70/30 FLEXPEN SUPN	32	NP THYROID 15 TABS	172
NORPACE CR CP12	17	NOVOLIN 70/30 RELION SUSP ..	32	NP THYROID 30 TABS	172
NORPRAMIN TABS 10 MG (desipramine hcl)	28	NOVOLIN 70/30 SUSP	32	NP THYROID 60 TABS	172
NORPRAMIN TABS 25 MG (desipramine hcl)	28	NOVOLIN N FLEXPEN RELION SUPN	32	NP THYROID 90 TABS	172
NORTHERA (droxidopa)	180	NOVOLIN N FLEXPEN SUPN	32	NPLATE	93
nortriptyline hcl CAPS	28	NOVOLIN N RELION SUSP	32	NU GAUZE 4PLY 4"X4" PADS ...	100
nortriptyline hcl SOLN	28	NOVOLIN N SUSP	32	NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC ...	100
NORVASC TABS (amlodipine besylate)	62	NOVOLIN R RELION SOLN IJ	32	NUBEQA	48
		NOVOLIN R SOLN IJ	32	NUCALA SOAJ	17
		NOVOLOG FLEXPEN RELION		NUCALA SOLR	17
				NUCALA SOSY	17
				NUCYNTA ER TB12	10

NUCYNTA TABS	10	NYVEPRIA	93	olopatadine hcl (nasal)	157
NUEDEXTA	169	OBIZUR	91	olopatadine hcl	164
NULIBRY	84	OCALIVA	87	OLPRUVA THPK	84
NULOJIX	152	OCEAN NASAL SPRAY SOLN (saline)	157	OLUMIANT	4
NUPLAZID CAPS	52	OCREVUS	168	OLUX FOAM (clobetasol propionate) 76	
NUPLAZID TABS 10 MG	52	octreotide acetate SOLN	85	OLUX-E (clobetasol propionate emulsion)	76
NURTEC	149	octreotide acetate SOSY	85	OMBRA COMPRESSOR AIR FILTERS MISC	146
NUTROPIN AQ NUSPIN 10 SOPN 83		OCUFLOX (ofloxacin (ophth)) ...	162	OMBRA TABLE TOP COMPRESSOR DEVI	146
NUTROPIN AQ NUSPIN 20 SOPN 83		ODACTRA SUBL	3	OMECLAMOX-PAK	175
NUTROPIN AQ NUSPIN 5 SOPN .83		ODEFSEY	57	omega-3-acid ethyl esters	37
NUVARING (etonogestrel-ethinyl estradiol)	66	ODOMZO	47	omeprazole CPDR 10 MG	174
NUVESSA	179	OFEV	170	omeprazole CPDR 20 MG, 40 MG 174	
NUVIGIL 150 MG, 200 MG, 250 MG (armodafinil)	3	ofloxacin (ophth)	162	omeprazole TBEC	174
NUVIGIL 50 MG (armodafinil)	3	ofloxacin (otic)	164	omeprazole-sodium bicarbonate CAPS	175
NUWIQ KIT	91	ofloxacin 300 MG, 400 MG	86	omeprazole-sodium bicarbonate PACK	175
NUWIQ SOLR	91	OGSIVEO	49	OMISIRGE	47
NUZYRA SOLR	171	OHC COVID-19 ANTIGEN SELF TEST KIT	80	OMNARIS SUSP	158
NUZYRA TABS	171	OJEMDA SUSR	49	OMNITROPE SOCT	83
NYMALIZE SOLN 6 MG/ML	62	OJEMDA TABS	49	OMNITROPE SOLR SC	83
NYSTATIN (nystatin (mouth-throat)) . 153		OJJAARA	49	OMVOH SOAJ	88
nystatin (mouth-throat)	153	olanzapine SOLR	54	OMVOH SOLN	88
nystatin (topical) CREA	72	olanzapine TABS	54	OMVOH SOSY	88
nystatin (topical) OINT	72	olanzapine TBDP	54	ON/GO COVID-19 ANTIGEN SELF- TEST KIT	80
nystatin (topical) POWD EX	72	olanzapine-fluoxetine hcl	167	ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	80
nystatin TABS	35	olmesartan medoxomil	40		
nystatin-triamcinolone CREA	72	olmesartan medoxomil-amlodipine- hydrochlorothiazide	42		
nystatin-triamcinolone OINT	72	olmesartan medoxomil- hydrochlorothiazide	42		

ondansetron hcl SOLN IJ	34	ONETOUCH DELICA SAFETY LANCING DEVICE 30G	106	OPZELURA	77
ondansetron hcl SOLN OR 4 MG/5ML	34	ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC ...	106	ORACEA (doxycycline (rosacea))	78
ondansetron hcl SOSY	34	ONEVITE TABS	155	ORACIT	89
ondansetron hcl TABS 24 MG	34	ONEXTON GEL (clindamycin phosphate-benzoyl peroxide)	70	ORAL CITRATE	89
ondansetron hcl TABS 4 MG	34	ONEXTON GEL	70	ORALAIR ADULT STARTER PACK SUBL	3
ondansetron hcl TABS 8 MG	34	ONFI SUSP (clobazam)	22	ORALAIR CHILDREN/ADOLESCENTS STARTER PACK SUBL	3
ondansetron TBDP 4 MG, 8 MG ...	34	ONFI TABS (clobazam)	22	ORALAIR SUBL	3
ONE FLOW FVC MONITORING SPIROMETER DEVI	146	ONGENTYS	51	ORAPRED ODT TBDP (prednisolone sodium phosphate)	68
ONE-A-DAY WEIGHT SMART ADVANCED TABS (multiple vitamins w/ minerals)	154	ONGLYZA (saxagliptin hcl)	30	ORENCIA CLICKJECT SOAJ	8
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (multiple vitamins w/ minerals)	154	ONPATTRO	170	ORENCIA SOLR	8
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS (multiple vitamins w/ minerals) ...	154	ONUREG TABS	46	ORENCIA SOSY	8
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS (multiple vitamins w/ minerals)	155	OPFOLDA	84	ORENITRAM TBCR	63
ONE-A-DAY WOMENS PETITES TABS (multiple vitamins w/ minerals) 155		OPILL	67	ORENITRAM TITRATION KIT MONTH 1 TEPK	63
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS (multiple vitamins w/ minerals) ...	155	opium tincture	33	ORENITRAM TITRATION KIT MONTH 2 TEPK	63
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G ...	106	OPSUMIT	64	ORENITRAM TITRATION KIT MONTH 3 TEPK	63
ONETOUCH DELICA PLUS LANCETS FINE 30G	106	OPSYNVI	63	ORFADIN CAPS (nitisinone)	84
ONETOUCH DELICA PLUS LANCING DEVICE MISC	106	OPTICHAMBER DIAMOND DEVI 146		ORFADIN SUSP	84
ONETOUCH DELICA SAFETY LANCING DEVICE	106	OPTICHAMBER DIAMOND MISC 146		ORGOVYX	48
		OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	146	ORIAHNN	86
		OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	146	ORLISSA	83
		OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	146	ORKAMBI PACK	170
		OPTIVITE P.M.T. TABS (multiple vitamins w/ minerals)	155	ORKAMBI TABS	170
		OPVEE NA	34	ORLADEYO	91
				orphenadrine citrate SOLN	156
				orphenadrine citrate TB12	156

orphenadrine w/ aspirin & caff ...	157	OXISTAT CREA (oxiconazole nitrate)	72	OZOBAX DS SOLN OR (baclofen)	157
ORSERDU	48	OXISTAT LOTN	72	OZOBAX SOLN OR (baclofen) ...	157
ORTIKOS CP24	68	OXLUMO	89	PALFORZIA INITIAL DOSE	
oseltamivir phosphate CAPS	59	OXTELLAR XR TB24	24	ESCALATION CSPK	4
oseltamivir phosphate SUSR	59	oxybutynin chloride SOLN	175	PALFORZIA LEVEL 1 CSPK	4
OSENI 15 MG-12.5 MG, 45 MG-12.5		oxybutynin chloride TABS 2.5 MG	175	PALFORZIA LEVEL 10 CSPK	4
MG (alogliptin-pioglitazone)	29	oxybutynin chloride TABS 5 MG .	175	PALFORZIA LEVEL 11	
OSENI 15 MG-25 MG, 30 MG-12.5		oxybutynin chloride TABS 5 MG .	175	(MAINTENANCE) PACK	4
MG, 30 MG-25 MG, 45 MG-25 MG		oxybutynin chloride TB24	175	PALFORZIA LEVEL 11 (TITRATION)	
(alogliptin-pioglitazone)	29	oxycodone hcl CAPS	10	PACK	4
OSMOLEX ER TB24 129 MG, 193		oxycodone hcl CONC 100 MG/5ML	10	PALFORZIA LEVEL 2 CSPK	4
MG	51	oxycodone hcl SOLN	10	PALFORZIA LEVEL 3 CSPK	4
OSMOPREP	97	oxycodone hcl T12A 10 MG, 20 MG,		PALFORZIA LEVEL 4 CSPK	4
OSPHENA	83	40 MG, 80 MG	10	PALFORZIA LEVEL 5 CSPK	4
OTEZLA TABS 30 MG	8	oxycodone hcl TABS 10 MG, 20 MG .	10	PALFORZIA LEVEL 6 CSPK	4
OTEZLA TBPK	8	10		PALFORZIA LEVEL 7 CSPK	4
OTOVEL (ciprofloxacin-fluocinolone		oxycodone hcl TABS 5 MG, 15 MG,	10	PALFORZIA LEVEL 8 CSPK	4
acetamide)	164	30 MG	10	PALFORZIA LEVEL 9 CSPK	4
OTREXUP SOAJ 10 MG/0.4ML, 12.5		oxycodone w/ acetaminophen SOLN	11	paliperidone	53
MG/0.4ML, 15 MG/0.4ML, 17.5		oxycodone w/ acetaminophen TABS		palonosetron hcl SOLN	34
MG/0.4ML, 20 MG/0.4ML, 22.5		325 MG-10 MG, 325 MG-2.5 MG,	11	palonosetron hcl SOSY	34
MG/0.4ML, 25 MG/0.4ML	4	325 MG-5 MG, 325 MG-7.5 MG ...	11	PALONOSETRON	
OVIDE (malathion)	79	OXYCONTIN T12A	10	HYDROCHLORIDE SOLN	34
oxaprozin TABS	8	oxymorphone hcl TABS	10	PALYNZIQ	84
oxazepam CAPS	16	oxymorphone hcl TB12	10	PAMELOR CAPS (nortriptyline hcl)	
OXBRYTA TABS	92	OXYTROL PTTW	175	28	
OXBRYTA TBSO	92	oyster shell	151	pamidronate disodium SOLN 30	
oxcarbazepine SUSP 300 MG/5ML		OZEMPIC SOPN 2 MG/3ML	30	MG/10ML, 90 MG/10ML	82
24		OZEMPIC SOPN 4 MG/3ML	30	PAMIDRONATE DISODIUM SOLN	
oxcarbazepine SUSP	24	OZEMPIC SOPN 8 MG/3ML	30	82	
oxcarbazepine TABS	24			PANDA MASK LARGE	146
OXERVATE	162			PANDA MASK MEDIUM	146
oxiconazole nitrate CREA	72				

PANDA MASK SMALL .....146	paricalcitol CAPS 84	PEDIATRIC
PANDEL .....76	PARLODEL CAPS (bromocriptine mesylate) .....51	MOUTHPIECE/DISPOSABLE MISC . 147
PANHEMATIN 350 MG .....91	PARLODEL TABS (bromocriptine mesylate) .....51	pediatric multiple vitamins w/ iron CHEW .....155
pantoprazole sodium PACK 174	PARNATE (tranylcypromine sulfate) 26	pediatric multivitamins w/fl CHEW 155
pantoprazole sodium SOLR 174	paroxetine hcl SUSP .....27	pediatric multivitamins w/fl SOLN 155
pantoprazole sodium TBEC 174	paroxetine hcl TABS .....27	PEDIATRIC PANDA MASK .....147
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A .....66	paroxetine hcl TB24 .....27	pediatric vitamins acd w/ fluoride SOLN 155
PARI ALTERA NEBULIZER HANDSET MISC .....146	paroxetine mesylate (vasomotor) 170	PEDVAX HIB SUSP .....176
PARI BABY CONVERSION KITSIZE 1 MISC .....146	PATANASE (olopatadine hcl (nasal)) .....157	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....96
PARI BABY CONVERSION KITSIZE 2 MISC .....147	PAXIL CR TB24 (paroxetine hcl) ..27	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR .....96
PARI BABY CONVERSION KITSIZE 3 MISC .....147	PAXIL SUSP (paroxetine hcl) .....27	peg 3350-potassium chloride-sod bicarbonate-sod chloride .....96
PARI BUBBLES PEDIATRIC AEROSOL MASK MISC .....147	PAXIL TABS (paroxetine hcl) .....27	PEGASYS SOLN 59
PARI ERAPID NEBULIZER HANDSET MISC .....147	PAXLOVID 100 MG-150 MG 58	PEGASYS SOSY 59
PARI EXPIRATORY FILTER VALVE SET DEVI .....147	pazopanib hcl .....49	PEMAZYRE 49
PARI MANUAL INTERRUPTER DEVI 147	PC LANCETS SUPER THIN 30G 106	PEN NEEDLES 129
PARI MASK SET MISC .....147	PC UNIFINE PENTIPS 29G X1/2" 129	PEN NEEDLES 29GX12MM .....129
PARI SMARTMASK BABY/ELBOW MISC .....147	PC UNIFINE PENTIPS 31G X5MM MINI 129	PEN NEEDLES 30GX8MM .....129
PARI SOFT PLASTIC ADULT MASK MISC .....147	PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT 129	PEN NEEDLES 31G X 3/16" 129
PARI SOFT PLASTIC PEDIATRIC MASK MISC 147	PC UNIFINE PENTIPS 31G X8MM SHORT .....129	PEN NEEDLES 31G X 5MM ....129
PARI TREK S COMBO PACK DEVI . 147	ped multivitamins w/fl & iron SOLN 155	PEN NEEDLES 31G X 6MM ....129
PARI VORTEX ADULT MASK ...147	PEDIAPRED SOLN (prednisolone sodium phosphate) .....68	PEN NEEDLES 31G X 8MM ....129
	PEDIARIX SUSY 172	PEN NEEDLES 31GX5/16" .....129
		PEN NEEDLES 31GX5MM .....129
		PEN NEEDLES 31GX6MM (1/4") 129
		PEN NEEDLES 31GX8MM (5/16")

129	PENTASA CPCR (mesalamine) ... 88	PERIDEX (chlorhexidine gluconate (mouth-throat)) .....153
PEN NEEDLES 31GX8MM .....129	PENTASA CPCR 88	perindopril erbumine 40
PEN NEEDLES 32G X 4MM .....129	pentazocine w/ naloxone hcl 12	permethrin CREA 79
PEN NEEDLES 32G X 5MM .....130	PENTIPS 29G X 12MM .....130	permethrin LIQD EX 79
PEN NEEDLES 32G X 6MM .....130	PENTIPS 29GX12MM 130	perphenazine TABS 55
PEN NEEDLES 32GX4MM 130	PENTIPS 31G X 5MM 130	perphenazine-amitriptyline .....167
PEN NEEDLES 33G X 5/32" 130	PENTIPS 31G X 8MM 130	PERSERIS PRSY 53
PEN NEEDLES/29G X 1/2" .....130	PENTIPS 31GX5MM .....130	PERTZYE CPEP .....81
PEN NEEDLES/31G X 1/4" .....130	PENTIPS 31GX6MM .....130	PFIZER-BIONTECH COVID-19VACCINE SUSP 178
PEN NEEDLES/31G X 3/16" 130	PENTIPS 31GX8MM .....130	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP .....178
PEN NEEDLES/31G X 5/16" 130	PENTIPS 32G X 4MM 130	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP 178
PEN NEEDLES/31G X 6MM .....130	PENTIPS 32GX4MM .....130	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP 178
PEN NEEDLES/32G X 5/32" 130	PENTIPS 32GX6MM .....130	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP .....178
PENBRAYA 176	pentobarbital sodium SOLN 94	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP .178
penciclovir 74	pentoxifylline .....91	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y ..178
penicillamine CAPS .....152	PEPCID AC MAXIMUM STRENGTH TABS (famotidine) 173	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y .178
penicillamine TABS .....152	PEPCID AC TABS (famotidine) .. 173	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5 178
penicillin g potassium 5000000 UNIT, 20000000 UNIT .....165	PEPCID TABS (famotidine) 173	PFLEX MISC 147
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE .....165	PEPTO-BISMOL CHEW (bismuth subsalicylate) .....33	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC .147
penicillin g sodium 165	PEPTO-BISMOL MAX STRENGTH SUSP (bismuth subsalicylate) 33	PHAZYME MAXIMUM STRENGTH
penicillin v potassium SOLR .....165	PEPTO-BISMOL SUSP (bismuth subsalicylate) .....33	
penicillin v potassium TABS .....165	PEPTO-BISMOL TO-GO CHEW (bismuth subsalicylate) .....33	
PENNSAID SOLN EX 2 % (diclofenac sodium (topical)) .....73	PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen) .....11	
PENNSAID SOLN EX .....73	PERFOROMIST NEBU (formoterol fumarate) .....19	
PENTACEL 172		
PENTAM 300 IJ (pentamidine isethionate) .....43		
pentamidine isethionate IN 43		

CAPS (simethicone)	86	PILLOW MASK/CHILD MISC	147	PIXEL COVID-19 PCR TEST HOME COLLECTION KIT	80
PHAZYME ULTRA STRENGTH CAPS (simethicone)	87	PILLOW MASK/PEDIATRIC MISC 147		PLAN B ONE-STEP (levonorgestrel (emergency oc))	67
PHEBURANE PLLT	84	pilocarpine hcl (oral) 5 MG	154	PLAQUENIL (hydroxychloroquine sulfate)	45
phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG	90	pilocarpine hcl (oral) 7.5 MG	154	PLAVIX 75 MG (clopidogrel bisulfate)	92
phenelzine sulfate	26	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 161		PLEGRIDY SOPN	168
PHENERGAN SOLN IJ (promethazine hcl)	37	PILOT COVID-19 AT-HOME TEST KIT	80	PLEGRIDY SOSY IM	168
phenobarbital ELIX	94	pimecrolimus	78	PLEGRIDY STARTER PACK SOPN . 168	
phenobarbital TABS	94	pimozide	169	PLEGRIDY STARTER PACK SOSY SC	168
phenoxybenzamine hcl	40	pindolol TABS	61	PLENVU	96
phenylephrine hcl (mydriatic) SOLN 161		pioglitazone hcl	32	PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur) ..	70
phenylephrine hcl (oral) TABS ...	158	pioglitazone hcl-glimepiride	29	PLEXION CREA (sulfacetamide sodium w/ sulfur)	70
phenylephrine hcl (pressors) SOLN IV	180	pioglitazone hcl-metformin hcl TABS . 29		PLEXION LOTN (sulfacetamide sodium w/ sulfur)	70
PHENYLEPHRINE HYDROCHLORIDE SOLN IV (phenylephrine hcl (pressors))	180	PIP PEN NEEDLES 31G X 5MM 130		PLIAGLIS CREA	78
phenytoin CHEW	25	PIP PEN NEEDLES 32G X 4MM 130		PLUVICTO	50
phenytoin sodium extended 100 MG, 200 MG, 300 MG	25	piperacillin sodium-tazobactam sodium	166	PNEUMOVAX 23	176
phenytoin sodium extended 200 MG, 300 MG	25	piperacillin sodium-tazobactam sodium 12 GM-1.5 GM	166	PNEUMOVAX 23/1 DOSE	176
phenytoin sodium SOLN	25	PIQRAY 200MG DAILY DOSE ...	49	POCKET CHAMBER DEVI	147
phenytoin SUSP	25	PIQRAY 250MG DAILY DOSE ...	49	POCKET SPACER DEVI	147
PHEXXI	179	PIQRAY 300MG DAILY DOSE ...	49	podofilox GEL	78
PHOSLYRA SOLN	88	pirfenidone CAPS	170	podofilox SOLN	78
PHOSPHOLINE IODIDE	161	pirfenidone TABS 267 MG	171	POKONZA PACK OR	151
phytonadione TABS 5 MG	180	pirfenidone TABS 534 MG	171	POLY HUB NEEDLE/18G X 1-1-1/2"	130
PIFELTRO	57	pirfenidone TABS 801 MG	171	polyethylene glycol 3350 POWD ..	97
PILLOW MASK/ADULT MISC	147	piroxicam CAPS	8		
		pitavastatin calcium	39		

POLYMEM NON-ADHESIVE PAD PADS	100	potassium chloride SOLN IV	151	(ophth))	163
polymyxin b-trimethoprim	162	potassium chloride SOLN OR 10 %	151	PRED MILD	163
POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (bacitracin-polymyxin b)	71	potassium chloride TBCR 20 MEQ	151	prednisolone acetate (ophth)	163
POLY-VI-FLOR CHEW	155	potassium chloride TBCR 8 MEQ, 10 MEQ	151	PREDNISOLONE SODIUM PHOSPHATE	163
polyvinyl alcohol 1.4 %	160	potassium chloride TBCR 8 MEQ	151	prednisolone sodium phosphate SOLN 15 MG/5ML	68
POMALYST	48	potassium citrate (alkalinizer) TBCR 15 MEQ, 1080 MG, 1620 MG	89	prednisolone sodium phosphate SOLN 20 MG/5ML	68
POMBILITI	84	potassium citrate (alkalinizer) TBCR 540 MG	89	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 25 MG/5ML	68
PONVORY 14-DAY STARTER PACK TBPK	168	potassium citrate-citric acid SOLN	89	prednisolone sodium phosphate TBDP	68
PONVORY TABS	168	potassium phosphate monobasic TABS	151	prednisolone SOLN	68
posaconazole SOLN	36	PRADAXA CAPS (dabigatran etexilate mesylate)	22	prednisolone TABS	68
posaconazole SUSP	36	PRADAXA CAPS 110 MG (dabigatran etexilate mesylate) ...	22	PREDNISONE INTENSOL CONC	68
posaconazole TBEC	36	PRADAXA CAPS 75 MG (dabigatran etexilate mesylate)	22	prednisone SOLN	68
pot & sod citrates w/citric ac SOLN	89	PRADAXA PACK	22	prednisone TABS	68
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	151	PRALUENT SOAJ	39	prednisone TBPK	68
potassium acetate SOLN 2 MEQ/ML	151	pramipexole dihydrochloride TABS	51	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .	130
POTASSIUM ACETATE SOLN 2 MEQ/ML	151	pramipexole dihydrochloride TB24	51	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	130
potassium bicarbonate TBEF	151	prasugrel hcl	92	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	130
potassium chloride CPCR	151	pravastatin sodium	39	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	130
potassium chloride microencapsulated crystals er ...	151	praziquantel	14	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	130
potassium chloride PACK OR 20 MEQ	151	prazosin hcl CAPS	41	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	130
POTASSIUM CHLORIDE SOLN IV (potassium chloride)	151	PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" ...	130	PRED FORTE (prednisolone acetate	
potassium chloride SOLN IV 2 MEQ/ML	151	PRECOSE (acarbose)	29		

PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" 130	PREMPHASE 86	GEL (sodium fluoride (dental)) ... 153
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" 130	PREMPRO 86	PREVIDENT 5000 PLUS CREA (sodium fluoride (dental)) .....153
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" 130	PRENATAL PLUS TABS .....156	PREVIDENT FLUORIDE GEL (sodium fluoride (dental)) .....153
PREFERRED PLUS LANCETS SUPER THIN 30G 106	PRENATAL PLUS VITAMIN ANDMINERAL TABS .....156	PREVIDENT RINSE SOLN 0.2 % (sodium fluoride (dental)) .....153
PREFERRED PLUS LANCETS THIN 26G .....106	PRENATAL TABS 100 MG-2.6 MG-800 MCG-10 MCG-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-200 MG-5 MG-1200 MCG .....156	PREVNAR 13 176
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM .....130	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG .....156	PREVNAR 20 176
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT .....130	PRENATAL VITAMINS PLUS LOW IRON TABS .....156	PREVYMIS SOLN 58
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT ..130	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 156	PREVYMIS TABS .....58
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM .....130	PRENATRYL TABS 156	PREZCOBIX .....57
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM .....130	PRETOMANID 46	PREZISTA SUSP .....57
PREFEST 86	PREVACID 24HR CPDR (lansoprazole) .....174	PREZISTA TABS 150 MG .....57
pregabalin (once-daily) 169	PREVACID CPDR 30 MG (lansoprazole) .....175	PREZISTA TABS 600 MG (darunavir) .....57
pregabalin CAPS 225 MG, 300 MG 24	PREVACID SOLUTAB TBDD (lansoprazole) .....174	PREZISTA TABS 75 MG 57
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ... 24	PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4" .....131	PREZISTA TABS 800 MG (darunavir) .....57
pregabalin SOLN .....24	PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16" .....131	PRIFTIN .....46
PREHEVBRIO 178	PREVENT SAFETY PEN NEEDLES 31GX1/4" .....131	PRILOSEC PACK 175
PREMARIN 179	PREVENT SAFETY PEN NEEDLES 31GX5/16" 131	PRIMAQUINE PHOSPHATE TABS (primaquine phosphate) 45
PREMARIN SOLR .....86	PREVIDENT 5000 DRY MOUTH	primaquine phosphate TABS .....45
PREMARIN TABS 86		primidone 125 MG 24

PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	147	MG (nifedipine)	62	PROGRAF PACK	152
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	147	PROCARDIA XL TB24 60 MG (nifedipine)	62	PROGRAF SOLN	152
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	147	PROCARE SPACER CHAMBER W/ADULT MASK DEVI	147	PROLASTIN-C SOLN	170
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" ...	131	PROCARE SPACER CHAMBER W/CHILD MASK DEVI	147	PROLATE SOLN	11
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" .	131	PROCHAMBER VALVED HOLDINGCHAMBER DEVI	147	PROLATE TABS	11
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	131	prochlorperazine	55	PROLENSA (bromfenac sodium (ophth))	164
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" ...	131	prochlorperazine edisylate 10 MG/2ML	55	PROLIA SOSY	82
PRO COMFORT INSULIN SYRINGES/1ML/31G X 1/2"	131	prochlorperazine maleate TABS ...	55	PROMACTA PACK	93
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" ...	131	PROCRIT	93	PROMACTA TABS 12.5 MG, 25 MG .	93
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" ...	131	PROCTOFOAM HC FOAM EX	14	PROMACTA TABS 50 MG, 75 MG	93
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" ...	131	PROCYSBI CPDR	89	promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML	37
PRO COMFORT PEN NEEDLES/31G X 8MM	131	PROCYSBI PACK	89	promethazine hcl SOLN OR 6.25 MG/5ML	37
PRO COMFORT PEN NEEDLES/32G X 4MM	131	PRODIGY INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	131	promethazine hcl SUPP 12.5 MG, 25 MG	37
PRO COMFORT PEN NEEDLES/32G X 5MM	131	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" ...	131	promethazine hcl SUPP 50 MG ...	37
PRO COMFORT PEN NEEDLES/32G X 6MM	131	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	131	promethazine hcl TABS	37
PROAIR DIGIHALER	19	PRODIGY LANCING DEVICE MISC .	106	PROMETRIUM CAPS 100 MG (progesterone)	166
PROAIR HFA AERS (albuterol sulfate)	19	PRODIGY TWIST TOP LANCETS	106	PROMETRIUM CAPS 200 MG (progesterone)	166
PROAIR RESPICLICK AEPB	19	PROFILNINE	91	PRONEB ULTRA FILTER SET MISC	147
probenecid	90	progesterone CAPS 100 MG	166	propafenone hcl CP12	17
procainamide hcl SOLN 100 MG/ML .	17	progesterone CAPS 200 MG	166	propafenone hcl TABS	17
procainamide hcl SOLN	17	progesterone OIL	166	proparacaine hcl	162
PROCARDIA XL TB24 30 MG, 90		PROGLYCEM (diazoxide)	30	propranolol hcl CP24	61
		PROGRAF CAPS (tacrolimus) ...	152	propranolol hcl SOLN IV 1 MG/ML	61
				propranolol hcl SOLN OR 20	

MG/5ML, 40 MG/5ML	61	PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI 147	pyrazinamide	46
propranolol hcl TABS	61	PURE COMFORT PEN NEEDLE 32G X6MM	pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %	79
propylthiouracil	171	PURE COMFORT PEN NEEDLE 32G X8MM	PYRIDIDIUM TABS (phenazopyridine hcl)	90
PROQUAD SUSR	178	PURE COMFORT PEN NEEDLE/32G X 5MM	pyridostigmine bromide SOLN OR	45
PROSCAR (finasteride)	89	PURE COMFORT PEN NEEDLE/32G X4MM	pyridostigmine bromide TABS 30 MG	45
protamine sulfate	92	PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	pyridostigmine bromide TABS 60 MG	45
PROTONIX PACK (pantoprazole sodium)	175	PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM	pyridostigmine bromide TBCR	45
PROTONIX SOLR (pantoprazole sodium)	175	PURIXAN SUSP	pyridoxine hcl TABS 50 MG	180
PROTONIX TBEC (pantoprazole sodium)	175	PX ADVANCED LANCING DEVICE MISC	pyrimethamine	45
protriptyline hcl	28	PX EXTRA SHORT PEN NEEDLES 31GX6MM	PYRUKYND TABS	92
PROVENGE	47	PX INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"	PYRUKYND TAPER PACK TBPK	.92
PROVENTIL HFA AERS (albuterol sulfate)	19	PX LANCET AUTO INJECTOR MISC	QALSODY	158
PROVERA (medroxyprogesterone acetate)	166	PX LANCETS ULTRA THIN	QBRELIS SOLN	40
PROVIGIL (modafinil)	3	PX MINI PEN NEEDLES 31GX5MM 131	QC ADVANCED LANCING DEVICE MISC	106
PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl)	27	PX PEN NEEDLE 29GX12MM ..	QC ALL PURPOSE DRESSINGS4"X4" PADS	100
PROZAC CAPS 40 MG (fluoxetine hcl)	27	PX PEN NEEDLE 31GX8MM	QC LANCETS SUPER THIN	106
PRUDOXIN (doxepin hcl (antipruritic))	73	PX SHORTLENGTH PEN NEEDLES/31GX8MM	QC PEN NEEDLES 29G X 12MM 131	
pseudoephedrine hcl TABS	158	PYLERA (bismuth subcitrate potassium-metronidazole- tetracycline)	QC PEN NEEDLES 31G X 6MM	131
psyllium POWD 28.3 %, 30 %, 43 % . 96			QC PEN NEEDLES 31G X 8MM	131
PULMICORT FLEXHALER AEPB .	18		QC STERILE PADS PADS	100
PULMICORT SUSP (budesonide (inhalation))	18		QC UNIFINE PENTIPS 32GX4MM 131	
PULMOZYME	170		QC UNILET LANCETS 28G/ULTRA THIN	106
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	147		QC UNILET LANCETS 33G/MICRO THIN	106

QDOLO SOLN (tramadol hcl)	10	quinapril-hydrochlorothiazide 12.5 MG-10 MG	42	RABAVERT	178
QELBREE	2	quinapril-hydrochlorothiazide 12.5 MG-20 MG	42	rabeprazole sodium TBEC	175
QINLOCK	49	quinapril-hydrochlorothiazide 25 MG- 20 MG	42	RADICAVA ORS STARTER KIT SUSP	158
QNASL	158	quinidine gluconate TBCR	17	RADICAVA ORS SUSP	158
QNASL CHILDRENS	158	quinidine sulfate TABS	17	RADICAVA SOLN (edaravone) ..	158
QTERN	29	quinine sulfate CAPS 324 MG	45	RAGWITEK SUBL	4
QUADRACEL SUSP	172	QULIPTA	149	raloxifene hcl	83
QUADRACEL SUSY	172	QUTENZA	78	ramelteon	96
QUAKE DEVI	147	QUVIVIQ	96	ramipril CAPS	40
QUALAQUIN CAPS (quinine sulfate) 45		QVAR REDIHALER	18	RANEXA TB12 (ranolazine)	15
QUARTETTE (levonorgestrel-ethinyl estradiol (91-day))	66	RA ALCOHOL SWABS	109	ranolazine TB12	15
quazepam	95	RA E-ZJECT LANCETS 28G	106	RAPAFLO (silodosin)	89
QUDEXY XR CS24 (topiramate) ..	24	RA E-ZJECT LANCETS THIN 26G 106		RAPAFLO 8 MG (silodosin)	89
QUESTRAN LIGHT POWD (cholestyramine light)	38	RA E-ZJECT LANCETS THIN 28G 106		RAPAMUNE SOLN (sirolimus) ...	152
QUESTRAN PACK (cholestyramine) 38		RA E-ZJECT LANCETS ULTRATHIN 30G	106	RAPAMUNE TABS (sirolimus) ...	152
QUESTRAN POWD (cholestyramine)	38	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	131	RAPID SARS-COV-2 ANTIGENTEST CARD KIT	80
quetiapine fumarate TABS 150 MG 54		RA INSULIN SYRINGE/1ML/29G X 1/2"	131	RAPIVAB	59
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	54	RA INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	132	rasagiline mesylate	52
quetiapine fumarate TB24	54	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	132	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	5
QUFLORA FE PEDIATRIC LIQD	155	RA PEN NEEDLES 31G X 5MM3/16"	132	RAVICTI	84
QUICKVUE AT-HOME COVID-19 TEST KIT	80	RA PEN NEEDLES 31G X 8MM5/16"	132	RAYA SURE PEN NEEDLE 29GX 12MM	132
QUILLICHEW ER CHER	3	RA STERILE PADS 4"X4" PADS	100	RAYA SURE PEN NEEDLE 31GX 4MM	132
QUILLIVANT XR SRER	3			RAYA SURE PEN NEEDLE 31GX 5MM	132
quinapril hcl	40			RAYA SURE PEN NEEDLE 31GX	

6MM	132	REFRESH PLUS SOLN (carboxymethylcellulose sodium (ophth))	160	RELION LANCETS THIN 26G ...	106
RAYA SURE PEN NEEDLE 31GX 8MM	132	REFRESH TEARS SOLN (carboxymethylcellulose sodium (ophth))	160	RELION LANCETS ULTRA- THIN30G	106
RAYALDEE	84	REGLAN TABS (metoclopramide hcl)	87	RELION LANCING DEVICE MISC 106	
RAYOS TBEC	68	REGONOL SOLN IV	46	RELION MINI PEN NEEDLES 31GX6MM	132
RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC	100	RELAFEN DS	8	RELION PEN NEEDLES 29GX12MM	132
RAZADYNE ER CP24 (galantamine hydrobromide)	167	RELENZA DISKHALER	59	RELION PEN NEEDLES 31G X6MM	132
REALITY INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	132	RELEUKO SOLN	93	RELION PEN NEEDLES 31G X8MM	132
REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	132	RELEUKO SOSY	93	RELION PEN NEEDLES 31GX5/16" 132	
REALITY INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	132	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	3	RELION PEN NEEDLES 31GX6MM 132	
REALITY INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	132	RELEXXII TBCR 45 MG, 63 MG (methylphenidate hcl)	3	RELION PEN NEEDLES 31GX8MM 132	
REBIF REBIDOSE SOAJ	168	RELEXXII TBCR 72 MG	3	RELION PEN NEEDLES 32G X4MM	132
REBIF REBIDOSE TITRATIONPACK SOAJ	168	RELION 2-IN-1 LANCET DEVICES 30G	106	RELION PEN NEEDLES 32G X5/32"	132
REBIF SOSY	168	RELION 2-IN-1 LANCING DEVICE 25G	106	RELION PEN NEEDLES 32GX4MM 132	
REBIF TITRATION PACK SOSY	168	RELION 2-IN-1 LANCING DEVICE 30G	106	RELION PEN NEEDLES/31G X1/4" . 132	
REBINYN	91	RELION ALCOHOL SWABS	109	RELION SHORT PEN NEEDLES31GX8MM	132
REBLOZYL	93	RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	132	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	80
RECLAST SOLN (zoledronic acid) 83		RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	132	RELION ULTRA THIN LANCETS/30G	106
RECOMBINATE SOLR	91	RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	132	RELION ULTRA THIN LANCETS30G	106
RECOMBIVAX HB SUSP	178	RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	132		
RECOMBIVAX HB SUSY	178	RELION LANCETS MICRO- THIN33G	106		
RECORLEV	82				
RECTIV (nitroglycerin (intra-anal)) 14					
REDITREX SOSY	5				

RELION ULTRA THIN PLUS LANCETS 33G	107	RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	100	(pulmonary hypertension))	64
RELISTOR SOLN	88	RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	100	REVATIO TABS (sildenafil citrate (pulmonary hypertension))	64
RELISTOR TABS	88	RESTORIL 15 MG, 30 MG (temazepam)	95	REVCOSI	84
RELPAK (eletriptan hydrobromide) 150	150	RESTORIL 7.5 MG, 22.5 MG (temazepam)	95	REVLIMID	152
RELPAK 40 MG (eletriptan hydrobromide)	150	RETACRIT	93	REXALL LANCETS ULTRA THIN 107	107
RELTONE CAPS	87	RETAVASE 10 UNIT	92	REXTOVY LIQD	34
RELYVRIO	158	RETAVASE HALF-KIT 10 UNIT	92	REXULTI	55
REMERON SOLTAB TBDP (mirtazapine)	26	RETEVMO CAPS 40 MG	49	REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate)	57
REMERON TABS 15 MG, 30 MG (mirtazapine)	26	RETEVMO CAPS 80 MG	49	REYATAZ PACK	57
REMICADE	88	RETHYMIC	152	REYVOW	150
RENAGEL (sevelamer hcl)	88	RETIN-A CREA (tretinoin)	71	REZDIFFRA	87
RENFLEXIS	88	RETIN-A GEL (tretinoin)	71	REZLIDHIA	49
REVELA PACK (sevelamer carbonate)	88	RETIN-A MICRO (tretinoin microsphere)	71	REZUROCK	152
REVELA TABS (sevelamer carbonate)	89	RETIN-A MICRO	71	REZVOGLAR KWIKPEN	32
repaglinide	32	RETIN-A MICRO PUMP (tretinoin microsphere)	71	REZZAYO	35
REPATHA PUSHTRONEX SYSTEM SOCT	39	RETROVIR CAPS (zidovudine)	57	RHOFADE	79
REPATHA SOSY	39	RETROVIR IV INFUSION SOLN	57	RHOGAM ULTRA-FILTERED PLUS SOSY IM	165
REPATHA SURECLICK SOAJ	39	RETROVIR SYRP (zidovudine)	57	RHOPRESSA	162
REPLACEMENT AIR FILTER MISC	147	REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	148	ribavirin (hepatitis c) CAPS	59
REPLACEMENT FILTERS MISC	148	REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	148	ribavirin (hepatitis c) TABS 200 MG	59
RESTASIS EMUL (cyclosporine (ophth))	162	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	148	ribavirin	59
RESTASIS MULTIDOSE EMUL	162	REVATIO SUSR (sildenafil citrate		RIDAURA	6
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	100			rifabutin	46
				rifampin CAPS	46
				RIGHTEST GD500 LANCING DEVICE MISC	107
				RIGHTEST GL300 LANCETS	107

RILUTEK TABS (riluzole)	158	RIVFLOZA SOLN	89	88
riluzole TABS	158	RIVFLOZA SOSY	89	ROXICODONE TABS 15 MG, 30 MG (oxycodone hcl)
rimantadine hydrochloride TABS ..	59	RIXUBIS SOLR	91	10
RIMSO-50	89	rizatriptan benzoate TABS	150	ROXYBOND TABA
ringer's irrigation	153	rizatriptan benzoate TBDP	150	10
RINVOQ LQ SOLN	4	ROBAXIN SOLN (methocarbamol)		ROZEREM (ramelteon)
RINVOQ TB24	4	157		96
RIOMET SOLN	30	ROBINUL FORTE TABS		ROZLYTREK CAPS
risedronate sodium TABS 150 MG	83	(glycopyrrolate)	173	49
risedronate sodium TABS 35 MG ..	83	ROBINUL TABS (glycopyrrolate) .	173	ROZLYTREK PACK
risedronate sodium TABS 5 MG, 30		ROBITUSSIN COUGH+CHEST		49
MG	83	CONGESTION DM LIQD		RUBRACA
risedronate sodium TBEC	83	(dextromethorphan-guaifenesin) ..	69	49
RISPERDAL CONSTA (risperidone		ROBITUSSIN HONEY COUGH		RUCONEST
microspheres)	53	&CHEST CONGESTION DM LIQD		91
RISPERDAL SOLN (risperidone) ..	53	(dextromethorphan-guaifenesin) ..	69	rufinamide SUSP
RISPERDAL TABS 0.5 MG, 1 MG, 2		ROCALTROL CAPS (calcitriol) ...	84	24
MG, 3 MG, 4 MG (risperidone)	53	ROCALTROL SOLN OR (calcitriol)		rufinamide TABS
risperidone microspheres	53	84		24
risperidone SOLN	53	ROCKLATAN	162	RUKOBIA
risperidone TABS	53	ROCTAVIAN	91	57
risperidone TBDP	53	roflumilast	18	RYALTRIS
RITALIN LA CP24 (methylphenidate		ROLVEDON	93	157
hcl)	3	ropinirole hydrochloride TABS 0.25		RYANODEX SUSR
RITALIN TABS (methylphenidate hcl)		MG, 3 MG, 4 MG	51	157
.....	3	ropinirole hydrochloride TABS 0.5		RYBELSUS TABS
RITEFLO DEVI	148	MG, 1 MG, 2 MG, 5 MG	51	30
ritonavir TABS	57	ropinirole hydrochloride TB24	51	RYDAPT
rivastigmine 13.3 MG/24HR	167	rosuvastatin calcium TABS	39	49
rivastigmine 4.6 MG/24HR, 9.5		ROTARIX SUSP	178	RYKINDO SRER
MG/24HR	167	ROTARIX SUSR	178	53
rivastigmine tartrate CAPS	167	ROTATEQ SOLN	178	RYPLAZIM
		ROWASA (mesalamine w/ cleanser)		91
				RYSTIGGO
				152
				RYTARY CPCR
				51
				RYTHMOL SR CP12 (propafenone
				hcl)
				17
				RYVENT TABS
				37
				SABRIL PACK (vigabatrin)
				25
				SABRIL TABS (vigabatrin)
				25
				SAFETY PEN NEEDLES/30G X5/16"
			
				132
				SAFYRAL (drospirenone-ethinyl
				estradiol-levomefolate calcium) ...
				66
				SAIZEN IJ
				83
				SAIZENPREP
				RECONSTITUTIONKIT IJ
				83

SALAGEN 5 MG (pilocarpine hcl (oral))	154	saxagliptin hcl	30	selegiline hcl TABS	52
SALAGEN 7.5 MG (pilocarpine hcl (oral))	154	saxagliptin-metformin hcl 1000 MG-2.5 MG	29	selenium sulfide LOTN 2.5 %	74
salicylic acid FOAM	78	saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG	29	SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN (selenium sulfide)	74
saline SOLN	157	SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	132	SELSUN BLUE DAILY LOTN (selenium sulfide)	74
salsalate	9	SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	132	SELSUN BLUE LOTN (selenium sulfide)	74
SALVAX FOAM (salicylic acid)	78	SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	132	SELSUN BLUE MEDICATED LOTN (selenium sulfide)	74
SALYCIM CREA	78	SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	132	SELSUN BLUE MOISTURIZING LOTN (selenium sulfide)	74
SAMI THE SEAL REPLACEMENTFILTERS MISC	148	SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	132	SELZENTRY SOLN	57
SAMSCA TABS 15 MG (tolvaptan)	85	SCEMBLIX 20 MG	50	SELZENTRY TABS 150 MG (maraviroc)	57
SAMSCA TABS 30 MG (tolvaptan)	85	SCEMBLIX 40 MG	50	SELZENTRY TABS 25 MG, 75 MG	57
SANCUSO PTCH	34	SCENESSE	78	SELZENTRY TABS 300 MG (maraviroc)	57
SANDIMMUNE CAPS (cyclosporine)	152	scopolamine	34	SEMGLEE SOLN	32
SANDIMMUNE SOLN IV 50 MG/ML	152	SEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	66	SEMGLEE SOPN	32
SANDIMMUNE SOLN OR 100 MG/ML	152	SECUADO	54	SE-NATAL 19 CHEW	156
SANDOSTATIN LAR DEPOT KIT	85	SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	132	SE-NATAL 19 TABS	156
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (octreotide acetate)	85	SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	132	sennosides LIQD	97
SAPHRIS (asenapine maleate)	54	SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	132	sennosides SYRP 8.8 MG/5ML	97
SAPHRIS 5 MG	54	SEGLENTIS	11	sennosides TABS 17.2 MG	97
sapropterin dihydrochloride PACK	84	SEGLUROMET	29	sennosides TABS 8.6 MG, 15 MG, 25 MG	97
sapropterin dihydrochloride TABS	84	SELECT-LITE LANCING DEVICE MISC	107	SENOKOT TABS (sennosides)	97
SAVAYSA	20	selegiline hcl CAPS	52	SENSIPAR (cinacalcet hcl)	85
SAVELLA TABS	167			SEREVENT DISKUS	20
SAVELLA TITRATION PACK MISC	167			SERNIVO EMUL	76

SEROQUEL TABS (quetiapine fumarate)	54	PEN	MISC	148
SEROQUEL XR TB24 (quetiapine fumarate)	54	NEEDLES/MINI/REMOVER/31GX5M M	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	148
SEROSTIM SC 4 MG, 5 MG, 6 MG 83		SHOPKO UNIFINE PENTIPS PLUS PEN	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC ...	148
sertraline hcl CONC	27	NEEDLES/REMOVER/29GX12MM . 133		
sertraline hcl TABS 100 MG	27	SHOPKO UNIFINE PENTIPS PLUS PEN	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	148
sertraline hcl TABS 25 MG, 50 MG 27		NEEDLES/SHORT/REMOVR/31GX8 MM		
SERTRALINE HYDROCHLORIDE CAPS	27	SHOPKO UNILET LANCETS SUPER THIN 30G	SILIGENTLE SILICONE FOAMDRESSING/BORDERED PADS	100
sevelamer carbonate PACK	89	SHOPKO UNILET LANCETS ULTRA THIN 28G	SILIGENTLE SILICONE FOAMDRESSING/NON-BORDERED PADS	100
sevelamer carbonate TABS	89	SIDESTREAM ADULT FACE MASK MISC		
sevelamer hcl	89		SILIQ	73
SEVENFACT	91	SIDESTREAM PEDIATRIC FACEMASK MISC	silodosin	89
SEZABY SOLR	94		SILVADENE (silver sulfadiazine) .	74
SFROWASA ENEM	88	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC .	silver sulfadiazine	74
SHINGRIX	178	148	SIMBRINZA	161
SHOPKO AUTOLET LANCING DEVICE MISC	107	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	simethicone CAPS 125 MG	87
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM ...	133		simethicone CHEW	87
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	133	SIDESTREAM PLUS ADULT FACE MASK MISC	simethicone SUSP	87
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM 133			SIMLANDI 1-PEN KIT AJKT	6
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM ..	133	SIGNIFOR	SIMLANDI 2-PEN KIT AJKT	6
SHOPKO UNIFINE PENTIPS PLUS PEN		SIGNIFOR LAR	SIMPLE DIAGNOSTICS LANCING DEVICE MISC	107
NEEDLES/MICRO/REMOVR/32GX4 MM	133	SIKLOS TABS		
SHOPKO UNIFINE PENTIPS PLUS		sildenafil citrate (pulmonary hypertension) SUSR	SIMPLICITY COVID-19 HOMECOLLECTION TEST KIT ..	80
			SIMPONI ARIA SOLN	6
		sildenafil citrate (pulmonary hypertension) TABS	SIMPONI SOAJ	6
		SILENOR (doxepin hcl (sleep)) ...	SIMPONI SOSY	6
		94	SIMULECT	153
		SILICONE MASK FOR BREATHERITE CHAMBER/ADULT		

simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	39	SM STERILE PADS PADS	100	GM/118ML-7 GM/118ML	97
simvastatin TABS 80 MG	39	SM TRUEDRAW LANCING DEVICE MISC	107	sodium polystyrene sulfonate POWD	153
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	51	SMART DIABETES VANTAGE LANCING DEVICE MISC	107	sodium polystyrene sulfonate SUSP OR 15 GM/60ML	153
SINGULAIR CHEW (montelukast sodium)	18	SMART SENSE COLOR LANCETS UNIVERSAL 33G	107	SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	71
SINGULAIR PACK (montelukast sodium)	18	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	107	sodium sulfate-potassium sulfate-magnesium sulfate	96
SINGULAIR TABS (montelukast sodium)	18	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	107	SOFOSBUVIR/VELPATASVIR TABS	59
sirolimus SOLN	153	SMART SENSE THIN LANCETSUNIVERSAL 26G	107	SOF-WICK 4"X4" PADS	100
sirolimus TABS	153	sodium chloride (gu irrigant) 0.9 %	89	SOGROYA	83
SIRTURO	46	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 %	69	SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG	157
SITAGLIPTIN	30	sodium citrate & citric acid	89	SOHONOS 5 MG	157
SITAVIG TABS BU	59	SODIUM DIURIL (chlorothiazide sodium)	82	solifenacin succinate TABS	176
SIVEXTRO TABS	44	SODIUM EDECRIN (ethacrynate sodium)	82	SOLQUA 100/33	29
SKYCLARYS	158	sodium fluoride (dental) CREA	153	SOLIRIS	91
SKYLA	67	sodium fluoride (dental) GEL	153	SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (minocycline hcl)	171
SKYRIZI PEN SOAJ	73	sodium fluoride (dental) SOLN 0.2 %	153	SOLOSEC	4
SKYRIZI SOCT	88	153		SOLTAMOX SOLN	48
SKYRIZI SOLN	88	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG	151	SOLU-CORTEF	68
SKYRIZI SOSY	73	sodium fluoride SOLN 0.5 MG/ML	151	SOLU-MEDROL (methylprednisolone sod succ)	68
SKYSONA	167	151		SOLU-MEDROL	68
SKYTROFA	83	sodium fluoride TABS	151	SOLUS V2 LANCING DEVICE MISC	107
SLYND	67	SODIUM OXYBATE SOLN	166	SOLUVITA SOLN	151
SM ALCOHOL PREP PADS	109	sodium phenylbutyrate POWD	85	SOMA TABS (carisoprodol)	157
SM GAUZE PADS 4"X4" PADS	100	sodium phenylbutyrate TABS	85	SOMATULINE DEPOT	85
SM GLUCOSE CHEW	30	sodium phosphates ENEM 19			
SM MICRO THIN LANCETS 33G	107				

SOMAVERT	83	spinosad	79	STELARA SOSY	73
SOOLANTRA (ivermectin (rosacea))	79	SPINRAZA	159	STERILANCE TL	107
SOOTHENEB NBL 100 CHILD MASK MISC	148	SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) .	17	STIMUFEND	93
SOOTHENEB NBL 100 MEDICATION CUP MISC	148	SPIRIVA RESPIMAT AERS	17	STIOLTO RESPIMAT	20
SOOTHENEB NBL 100 MESH CAP MISC	148	SPIRO PD DEVI	148	STIVARGA	50
SOOTHENEB NBL100 ADULT MASK MISC	148	spironolactone & hydrochlorothiazide	81	STRATTERA (atomoxetine hcl)	2
sorafenib tosylate	50	spironolactone SUSP	82	STRENSIQ	85
SORILUX FOAM	73	spironolactone TABS	82	streptomycin sulfate SOLR	4
sotalol hcl (afib/af)	61	SPORANOX CAPS (itraconazole) .	36	STRIBILD	57
sotalol hcl TABS 240 MG	61	SPORANOX PULSEPAK CAPS (itraconazole)	36	STRIVERDI RESPIMAT	20
sotalol hcl TABS 80 MG, 120 MG, 160 MG	61	SPORANOX SOLN (itraconazole) .	36	STROMECTOL (ivermectin)	14
SOTYKTU	73	SPRITAM TB3D	24	STROVITE ONE TABS	155
SOTYLIZE SOLN OR	61	SPRYCEL	50	SUBLOCADE SOSY 100 MG/0.5ML . 12	
SOVALDI PACK	59	STALEVO 100 (carbidopa-levodopa- entacapone)	51	SUBLOCADE SOSY 300 MG/1.5ML . 12	
SOVALDI TABS	59	STALEVO 125 (carbidopa-levodopa- entacapone)	52	SUBOXONE FILM SL 0.5 MG-2 MG (buprenorphine hcl-naloxone hcl dihydrate)	12
SOVUNA 200 MG	45	STALEVO 150 (carbidopa-levodopa- entacapone)	52	SUBOXONE FILM SL 1 MG-4 MG (buprenorphine hcl-naloxone hcl dihydrate)	12
SOVUNA 300 MG	45	STALEVO 200 (carbidopa-levodopa- entacapone)	52	SUBOXONE FILM SL 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	12
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	80	STALEVO 50 (carbidopa-levodopa- entacapone)	52	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	12
SPEVIGO SOLN	73	STALEVO 75 (carbidopa-levodopa- entacapone)	52	sucralfate SUSP	173
SPEVIGO SOSY	73	STAMARIL SUSR	178	sucralfate TABS	173
SPIKEVAX COVID-19 VACCINE SUSP	178	stavudine CAPS	57	SUDAFED CONGESTION TABS (pseudoephedrine hcl)	158
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	178	STEGLATRO	33	SUDAFED PE SINUS CONGESTION TABS (phenylephrine	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	178	STEGLUJAN	29		
		STELARA 130 MG/26ML	88		

hcl (oral)) .....158	sulfamethoxazole-trimethoprim SUSP	133
SUDAFED SINUS CONGESTION	.....43	SURE COMFORT AUTOKEEPER
TABS (pseudoephedrine hcl) .....158	sulfamethoxazole-trimethoprim TABS	SAFETY PEN NEEDLES 32GX5/32"
SUFLAVE .....96	.....43	.....133
SULAR 8.5 MG, 17 MG, 34 MG	SULFAMYLON CREA 74	SURE COMFORT INSULIN
(nisoldipine) .....62	sulfasalazine TABS .....88	SYRINGE/U-100/0.3ML/29G X 1/2"
sulfacetamide sodium (acne) 71	sulfasalazine TBEC .....88	133
sulfacetamide sodium (ophth) OINT	sulindac TABS .....8	SURE COMFORT INSULIN
162	SUMADAN WASH LIQD	SYRINGE/U-100/0.3ML/30G X 1/2"
sulfacetamide sodium (ophth) SOLN .	(sulfacetamide sodium w/ sulfur) .. 71	133
162	sumatriptan .....150	SURE COMFORT INSULIN
sulfacetamide sodium LIQD 74	sumatriptan succinate SOAJ 4	SYRINGE/U-100/0.3ML/30G X 5/16"
sulfacetamide sodium w/ sulfur	MG/0.5ML .....150	.....133
CREA 10 %-2 %, 10 %-5 % 71	sumatriptan succinate SOAJ 6	SURE COMFORT INSULIN
sulfacetamide sodium w/ sulfur	MG/0.5ML .....150	SYRINGE/U-100/0.3ML/31G X 5/16
EMUL 10 %-1 % 71	sumatriptan succinate SOCT 4	133
sulfacetamide sodium w/ sulfur	MG/0.5ML .....150	SURE COMFORT INSULIN
FOAM 71	sumatriptan succinate SOCT 6	SYRINGE/U-100/0.3ML/31G X 5/16"
sulfacetamide sodium w/ sulfur LIQD	MG/0.5ML .....150	.....133
10 %-2 %, 10 %-5 %71	sumatriptan succinate SOLN 6	SURE COMFORT INSULIN
sulfacetamide sodium w/ sulfur LIQD	MG/0.5ML .....150	SYRINGE/U-100/0.5ML/28G X 1/2"
9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 % .71	sumatriptan succinate TABS 150	133
sulfacetamide sodium w/ sulfur LOTN	sumatriptan-naproxen sodium ...149	SURE COMFORT INSULIN
10 %-5 %71	SUMAXIN PADS .....71	SYRINGE/U-100/0.5ML/30G X 1/2"
sulfacetamide sodium w/ sulfur PADS	sunitinib malate .....50	133
10 %-4 %71	SUNLENCA SOLN .....57	SURE COMFORT INSULIN
sulfacetamide sodium w/ sulfur SUSP	SUNLENCA TBPK .....57	SYRINGE/U-100/0.5ML/30G X 5/16"
.....71	SUNOSI .....2	.....133
sulfacetamide sodium-sulfur in urea	SUPPRELIN LA .....83	SURE COMFORT INSULIN
vehicle EMUL 10 %-10 %-4 %71	SUPREP BOWEL PREP KIT	SYRINGE/U-100/0.5ML/31G X 5/16
sulfacetamide sod-prednisolone	(sodium sulfate-potassium sulfate-	133
SOLN 163	magnesium sulfate) .....97	SURE COMFORT INSULIN
sulfadiazine TABS .....171	SURE COMFORT AUTOKEEPER	SYRINGE/U-100/1ML/28G X 1/2"
sulfamethoxazole-trimethoprim SOLN	SAFETY PEN NEEDLES 31GX1/4"	133
.....43	SURE COMFORT INSULIN	SURE COMFORT INSULIN
	SYRINGE/U-100/1ML/29G X 1/2"	

133	SYMBYAX 25 MG-3 MG, 25 MG-6	TABRECTA	50
SURE COMFORT INSULIN	MG (olanzapine-fluoxetine hcl) ...	TACLONEX OINT (calcipotriene-	
SYRINGE/U-100/1ML/30G X 1/2"	167	betamethasone dipropionate)	77
133	SYMDEKO	TACLONEX SUSP (calcipotriene-	
SURE COMFORT INSULIN	170	betamethasone dipropionate)	77
SYRINGE/U-100/1ML/30G X 5/16"	SYMFI (efavirenz-lamivudine-	tacrolimus (topical) OINT	78
133	tenofovir disoproxil fumarate)	tacrolimus CAPS	153
SURE COMFORT INSULIN	58	tadalafil (pulmonary hypertension)	
SYRINGE/U-100/1ML/31G X 5/16"	SYMFI LO (efavirenz-lamivudine-	TABS	64
133	tenofovir disoproxil fumarate)	tadalafil 5 MG	63
SURE COMFORT LANCING PEN	58	TADLIQ SUSP	64
MISC	180	TAFINLAR CAPS	50
107	SYMJEPI SOSY	TAFINLAR TBSO	50
SURE COMFORT PEN	29	tafluprost	164
NEEDLES29GX1/2" 12.7MM	29	TAGAMET HB 200 TABS	
133	SYMLINPEN 120 SOPN	(cimetidine)	173
SURE COMFORT PEN	22	TAGAMET HB TABS (cimetidine)	
NEEDLES30GX5/16" SHORT ...	22	173	
133	SYMPAZAN FILM	TAGRISSE	47
SURE COMFORT PEN	88	TAKHZYRO SOLN	91
NEEDLES31GX3/16" (5MM)	58	TAKHZYRO SOSY	91
134	SYMTUZA	TALICIA	175
SURE COMFORT PEN	165	TALTZ SOAJ	73
NEEDLES31GX5/16" (8MM)	76	TALTZ SOSY 80 MG/ML	73
134	SYNALAR CREA (fluocinolone	TALZENNA	50
SURE COMFORT PEN	acetone)	TAMIFLU CAPS (oseltamivir	
NEEDLES32GX5/32" (4MM)	76	phosphate)	59
134	76	TAMIFLU SUSR (oseltamivir	
SURE COMFORT PEN	76	phosphate)	59
NEEDLES32GX6MM	76	tamoxifen citrate TABS	48
134	76	tamsulosin hcl	90
SUSTIVA CAPS 200 MG (efavirenz) .	84	TARCEVA 100 MG, 150 MG	
57	84	(erlotinib hcl)	47
SUSTIVA CAPS 50 MG (efavirenz)	29		
57	29		
SUSTIVA TABS (efavirenz)	172		
57	172		
SUSTOL PRSY	152		
34	152		
SUTAB	134		
97	134		
SUTENT (sunitinib malate)	134		
50	134		
SYMBICORT (budesonide-	134		
formoterol fumarate dihydrate)	134		
20	134		

TARCEVA 25 MG (erlotinib hcl) ... 47	100/0.3ML/31G X 5/16" 134	TEKTURNA HCT 12.5 MG-300 MG, 25 MG-300 MG 42
TARGRETIN (bexarotene (topical)) 73	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2" 134	telmisartan 40
TARGRETIN (bexarotene) 50	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 5/16" 134	telmisartan-amlodipine 42
TARPEYO CPDR 68	TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16" 134	telmisartan-hydrochlorothiazide ... 42
TASCENSO ODT 168	TECHLITE INSULIN SYRINGEU- 100/1ML/29G X 1/2" 134	temazepam 15 MG, 30 MG 95
TASIGNA 150 MG, 200 MG 50	TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2" 134	temazepam 7.5 MG, 22.5 MG 95
TASIGNA 50 MG 50	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16" 134	TEMODAR CAPS 250 MG (temozolomide) 46
tasimelteon CAPS 96	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16" 134	temozolomide CAPS 46
TASMAR (tolcapone) 51	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16" 134	TENIVAC INJ 172
tavaborole 72	TECHLITE LANCETS 107	tenofovir disoproxil fumarate TABS 58
TAVALISSE 91	TECHLITE LANCETS 26G 107	TENORETIC 100 (atenolol & chlorthalidone) 42
TAVNEOS 91	TECHLITE PEN NEEDLES 29GX 12 MM 134	TENORETIC 50 (atenolol & chlorthalidone) 42
TAYTULLA CAPS (norethin acet & estradiol) 66	TECHLITE PEN NEEDLES 31GX 5MM 134	TENORMIN TABS (atenolol) 60
tazarotene CREA 73	TECHLITE PEN NEEDLES/31GX 8MM 134	TEPEZZA 83
TAZAROTENE FOAM 71	TECHLITE PEN NEEDLES/32GX 6MM 134	TEPMETKO 50
tazarotene GEL 73	TECHLITE PLUS PEN NEEDLES 32G X 4MM 134	terazosin hcl 41
TAZICEF 4.4 %-1 GM/50ML 65	TEGADERM FOAM DRESSING 4"X4" PADS 100	terbinafine hcl TABS 35
TAZORAC CREA (tazarotene) 73	TEGRETOL SUSP (carbamazepine) . 24	terbutaline sulfate SOLN 20
TAZORAC GEL (tazarotene) 74	TEGRETOL TABS (carbamazepine) . 24	terbutaline sulfate TABS 20
TAZVERIK 50	TEGRETOL-XR TB12 (carbamazepine) 24	terconazole vaginal CREA 0.4 % .179
TDVAX SUSP 172	TEGSEDIV 170	terconazole vaginal CREA 0.8 % .179
TECARTUS 47	TEKTURNA (aliskiren fumarate) .. 43	terconazole vaginal SUPP 179
TECELRA 47		teriflunomide 168
TECFIDERA CPDR (dimethyl fumarate) 168		teriparatide (recombinant) SOPN .. 83
TECFIDERA STARTER PACK CDPK (dimethyl fumarate) 168		TERIPARATIDE SOPN 83
TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 5/16" 134		TESTIM GEL TD (testosterone) ... 13
TECHLITE INSULIN SYRINGEU-		TESTOPEL PLLT 13

testosterone cypionate SOLN IM 100 MG/ML	13	theophylline TB12	20	timolol maleate (ophth) SOLN 0.25 %	161
testosterone cypionate SOLN IM 200 MG/ML	13	theophylline TB24	20	timolol maleate (ophth) SOLN 0.5 % ..	161
testosterone enanthate SOLN IM ..	13	THERATEARS EXTRA SOLN (carboxymethylcellulose sodium (ophth))	160	timolol maleate (ophth) SOLN	161
testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	13	THERATEARS SOLN (carboxymethylcellulose sodium (ophth))	160	timolol maleate TABS	61
testosterone GEL TD 1 %	13	thiamine hcl SOLN	180	TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth))	161
testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM	13	thiamine hcl TABS 100 MG	180	TIMOPTIC OCUDOSE SOLN 0.25 % (timolol maleate (ophth))	161
testosterone GEL TD 10 MG/ACT ..	13	THIOLA EC TBEC (tiopronin)	90	TIMOPTIC OCUDOSE SOLN 0.5 % (timolol maleate (ophth))	161
testosterone SOLN	13	THIOLA TABS (tiopronin)	90	TIMOPTIC SOLN (timolol maleate (ophth))	161
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	172	thioridazine hcl	55	TIMOPTIC-XE SOLG (timolol maleate (ophth))	161
tetrabenazine	168	thiothixene	55	TINACTIN CREA (tolnaftate)	72
tetrabenazine 25 MG	168	THRESHOLD IMT MISC	148	tinidazole	43
tetracaine hcl (ophth)	162	THRESHOLD PEP DEVI	148	tiopronin TABS	90
tetracycline hcl CAPS	171	THRIVITE RX TABS	156	tiopronin TBEC	90
TEXACORT SOLN 2.5 %	77	THYMOGLOBULIN	153	tiotropium bromide monohydrate CAPS	17
TEZSPIRE SOAJ	17	THYQUIDITY SOLN OR	172	TIROSINT CAPS (levothyroxine sodium)	172
TEZSPIRE SOSY	17	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	172	TIROSINT CAPS	172
TGT LANCET MICRO THIN 33G 107		tiagabine hcl	25	TIROSINT-SOL SOLN OR	172
TGT LANCET THIN 26G	107	TIAZAC (diltiazem hcl extended release beads)	62	TIVICAY PD TBSO	58
TGT LANCET ULTRA THIN 30G 107		TIBSOVO	50	TIVICAY TABS 10 MG, 25 MG	58
TGT LANCING DEVICE MISC ...	107	TICOVAC	178	TIVICAY TABS 50 MG	58
THALITONE	82	TIGAN SOLN	34	TIVORBEX CAPS (indomethacin) ..	8
THALOMID	152	tigecycline	171	tizanidine hcl CAPS	157
THEO-24 CP24	20	TIGECYCLINE	171	tizanidine hcl TABS 2 MG	157
theophylline ELIX	20	TIGLUTIK SUSP	158	tizanidine hcl TABS 4 MG	157
theophylline SOLN	20	TIKOSYN (dofetilide)	17		
		timolol maleate (ophth) SOLG	161		

TLANDO CAPS	13	tolvaptan TABS	85	77
TNKASE	92	TOPAMAX SPRINKLE CPSP 15 MG (topiramate)	24	77
TOBI NEBU (tobramycin)	4	TOPAMAX SPRINKLE CPSP 25 MG (topiramate)	24	77
TOBI PODHALER CAPS	4	TOPAMAX TABS (topiramate)	24	
TOBRADEX OINT	163	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4"	134	topiramate CP24
TOBRADEX ST SUSP	163	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16"	134	topiramate CPSP 15 MG
TOBRADEX SUSP (tobramycin- dexamethasone)	163	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	134	topiramate CPSP 25 MG
tobramycin (ophth) SOLN	162	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	134	topiramate CS24
tobramycin NEBU	4	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	134	topiramate TABS
tobramycin sulfate SOLN IJ	4	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	134	TOPPER DRESSING SPONGES 4"X4" MISC
tobramycin sulfate SOLR	4	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	134	TOPROL XL TB24 200 MG (metoprolol succinate)
tobramycin-dexamethasone SUSP 163		TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	134	TOPROL XL TB24 25 MG, 50 MG, 100 MG (metoprolol succinate)
TOBEX OINT	162	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	134	toremifene citrate
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	107	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	134	torsemide TABS
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	134	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	134	TOSYMRA
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	134	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	134	TOUJEO MAX SOLOSTAR SOPN 32
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	134	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	135	TOUJEO SOLOSTAR SOPN
TOFIDENCE	6	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	135	TOVET KIT
tolcapone	51	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	135	TOVIAZ (fesoterodine fumarate) 176
TOLECTIN 600 TABS	8	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	135	TRACLEER TABS (bosentan)
tolmetin sodium CAPS	8	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	135	TRACLEER TBSO
tolmetin sodium TABS 600 MG	8	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	135	TRADJENTA
tolnaftate CREA	72	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	135	tramadol hcl CP24 100 MG, 200 MG, 300 MG
TOLSURA CAPS	36	TOPICORT CREA (desoximetasone).		tramadol hcl SOLN
tolterodine tartrate CP24	176			tramadol hcl TABS 100 MG
tolterodine tartrate TABS	176			

tramadol hcl TABS 25 MG	11	TRESIBA FLEXTOUCH SOPN	32	triamcinolone acetonide-dimethicone-silicone	77
tramadol hcl TABS 50 MG	11	TRESIBA SOLN	32	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	81
tramadol hcl TB24	11	tretinoin (chemotherapy)	50	triamterene & hydrochlorothiazide TABS	81
TRAMADOL HYDROCHLORIDE SOLN (tramadol hcl)	11	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	71	triamterene CAPS	82
tramadol-acetaminophen	11	tretinoin GEL 0.01 %, 0.025 %	71	triazolam	95
trandolapril 1 MG, 2 MG	40	tretinoin GEL 0.05 %	71	TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide)	42
trandolapril 4 MG	40	tretinoin microsphere	71	TRICOR TABS (fenofibrate)	38
trandolapril-verapamil hcl	42	TRETTEN	91	TRIDESILON CREA 0.05 % (desonide)	77
tranexamic acid SOLN 1000 MG/10ML	94	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	46	trientine hcl 250 MG	152
tranexamic acid TABS	94	TREXIMET (sumatriptan-naproxen sodium)	149	trientine hcl 500 MG	152
TRANEXAMIC ACID/SODIUM CHLORIDE (tranexamic acid-sodium chloride)	94	triamcinolone acetonide (mouth)	153	TRIESENCE	163
TRANEXAMIC ACID/SODIUM CHLORIDE	94	triamcinolone acetonide (nasal) AERO	158	trifluoperazine hcl TABS	55
tranexamic acid-sodium chloride	94	triamcinolone acetonide (topical) AERS	77	trifluridine	162
TRANSDERM-SCOP (scopolamine) 34		triamcinolone acetonide (topical) CREA 0.025 %	77	trihexyphenidyl hcl SOLN	51
TRANXENE T TABS 7.5 MG (clorazepate dipotassium)	16	triamcinolone acetonide (topical) CREA 0.1 %	77	trihexyphenidyl hcl TABS	51
tranylcypromine sulfate	26	triamcinolone acetonide (topical) CREA 0.5 %	77	TRIJARDY XR	29
TRAVATAN Z SOLN (travoprost)	164	triamcinolone acetonide (topical) LOTN	77	TRIKAFTA TBPK	170
travoprost SOLN	164	triamcinolone acetonide (topical) OINT 0.025 %, 0.05 %, 0.1 %	77	TRIKAFTA THPK	170
trazodone hcl TABS 300 MG	27	triamcinolone acetonide (topical) OINT 0.05 %	77	TRILEPTAL SUSP (oxcarbazepine) 24	
trazodone hcl TABS 50 MG, 100 MG, 150 MG	27	triamcinolone acetonide (topical) OINT 0.5 %	77	TRILEPTAL TABS (oxcarbazepine) 24	
TRECATOR	46	triamcinolone acetonide (topical) SUSP 40 MG/ML, 400 MG/10ML	68	TRILIPIX (choline fenofibrate)	38
TRELEGY ELLIPTA	20			trimethobenzamide hcl CAPS	34
TRELSTAR MIXJECT	48			trimethoprim TABS	43
TREMFYA SOPN	74			trimipramine maleate CAPS	28
TREMFYA SOSY	74			TRINATAL RX 1 TABS	156

TRINTELLIX	27	X 1/2"	135	NEEDLES 32G X 4MM	136
TRIPTODUR	84	TRUE COMFORT PRO		TRUE COVER DEVI	101
TRIUMEQ PD TBSO	58	INSULINSYRINGE/U-100/1ML/30G		TRUE METRIX BLOOD	
TRIUMEQ TABS	58	X 1/2"	135	GLUCOSETEST STRIPS STRP ..	80
TRIZIVIR	58	TRUE COMFORT PRO PEN		TRUE METRIX CONTROL	
TROGARZO	58	NEEDLES 31G X 5MM	135	SOLUTION LEVEL 1 SOLN	107
TROKENDI XR CP24 (topiramate) 24		TRUE COMFORT PRO PEN		TRUE METRIX CONTROL	
tropicamide SOLN 0.5 %	161	NEEDLES 31G X 6MM	135	SOLUTION LEVEL 2 SOLN	107
tropicamide SOLN 1 %	161	TRUE COMFORT PRO PEN		TRUE METRIX CONTROL	
tropium chloride CP24	176	NEEDLES 31G X 8MM	135	SOLUTION LEVEL 3 SOLN	107
tropium chloride TABS	176	TRUE COMFORT PRO PEN		TRUE METRIX SELF MONITORING	
TRUE COMFORT INSULIN		NEEDLES 32G X 4MM	135	BLOOD GLUCOSE STRIPS STRP	80
SYRINGE/0.5ML/31G X 5/16" ...	135	TRUE COMFORT PRO PEN		TRUE METRIX SELF MONITORING	
TRUE COMFORT INSULIN		NEEDLES 32G X 6MM	135	BLOOD GLUCOSE STRIPS STRP	81
SYRINGE/1ML/31G X 5/16"	135	TRUE COMFORT PRO PEN		TRUECONTROL GLUCOSE	
TRUE COMFORT PEN		NEEDLES 33G X 4MM	135	CONTROL LEVEL 0 LIQD	107
NEEDLES31G X 5MM	135	TRUE COMFORT SAFETY INSULIN		TRUECONTROL GLUCOSE	
TRUE COMFORT PEN		SYRINGE/0.5ML/30G X 5/16" ...	135	CONTROL LEVEL 1 LIQD	108
NEEDLES31G X 6MM	135	TRUE COMFORT SAFETY INSULIN		TRUEDRAW LANCING DEVICE	
TRUE COMFORT PEN		SYRINGE/0.5ML/31G X 5/16" ...	135	MISC	108
NEEDLES32G X 4MM	135	TRUE COMFORT SAFETY INSULIN		TRUEPLUS 5-BEVEL PEN	
TRUE COMFORT PRO		SYRINGE/1ML/30G X 5/16"	135	NEEDLES 29GX12.7MM	136
INSULINSYRINGE/0.5ML/30G X		TRUE COMFORT SAFETY INSULIN		TRUEPLUS 5-BEVEL PEN	
5/16"	135	SYRINGE/1ML/31G X 5/16"	135	NEEDLES 31GX5MM	136
TRUE COMFORT PRO		TRUE COMFORT SAFETY INSULIN		TRUEPLUS 5-BEVEL PEN	
INSULINSYRINGE/0.5ML/31G X		SYRINGE/U-100/0.5ML/30G X 1/2" .	135	NEEDLES 31GX6MM	136
5/16"	135			TRUEPLUS 5-BEVEL PEN	
TRUE COMFORT PRO		TRUE COMFORT SAFETY INSULIN		NEEDLES 31GX8MM	136
INSULINSYRINGE/1ML/30G X 5/16"		SYRINGE/U-100/1ML/30G X 1/2"	136	TRUEPLUS 5-BEVEL PEN	
.....	135			NEEDLES 32GX4MM	136
TRUE COMFORT PRO		TRUE COMFORT SAFETY PEN		TRUEPLUS 5-BEVEL PEN	
INSULINSYRINGE/1ML/31G X 5/16"		NEEDLES 31G X 5MM	136	TRUEPLUS INSULIN SYRINGE/U-	
.....	135			100/0.3ML/29G X 1/2"	136
TRUE COMFORT PRO		TRUE COMFORT SAFETY PEN		TRUEPLUS INSULIN SYRINGE/U-	
INSULINSYRINGE/U-100/0.5ML/30G		NEEDLES 31G X 6MM	136	100/0.3ML/30G X 5/16"	136

TRUEPLUS INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	136	TRULANCE	86	disoproxil fumarate)	58
TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	136	TRULICITY	30	TUBING/WING TIP MISC	148
TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	136	TRUMENBA	176	TUDORZA PRESSAIR	17
TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	136	TRUQAP	50	TUKYSA	46
TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	136	TRUSOPT (dorzolamide hcl)	164	TUMS CHEW (calcium carbonate (antacid))	14
TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	136	TRUSTEX LUBRICATED EXTRALARGE MISC	101	TUMS CHEWY BITES CHEW (calcium carbonate (antacid))	14
TRUEPLUS INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	136	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	101	TUMS E-X 750 CHEW (calcium carbonate (antacid))	14
TRUEPLUS INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	136	TRUSTEX LUBRICATED MISC ..	101	TUMS EXTRA STRENGTH 750 CHEW (calcium carbonate (antacid)) 14	
TRUEPLUS INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	136	TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	101	TUMS LASTING EFFECTS CHEW (calcium carbonate (antacid))	14
TRUEPLUS INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	136	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	101	TUMS SMOOTHIES CHEW (calcium carbonate (antacid))	14
TRUEPLUS LANCETS 28G	108	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	101	TUMS ULTRA 1000 CHEW (calcium carbonate (antacid))	14
TRUEPLUS LANCETS 28G SUPER THIN	108	TRUSTEX LUBRICATED/SPERMICIDE MISC 101		TURALIO 125 MG	50
TRUEPLUS LANCETS 30G ULTRA THIN	108	TRUSTEX NON-LUBRICATED MISC	101	TWINRIX SUSY	178
TRUEPLUS LANCETS 33G	108	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDDED MISC	101	TWIRLA	66
TRUEPLUS PEN NEEDLES 29GX12MM	136	TRUSTEX/RIA LUBRICATED MISC . 101		TYBLUME CHEW	66
TRUEPLUS PEN NEEDLES 31GX5MM	136	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	101	TYBOST	58
TRUEPLUS PEN NEEDLES 31GX6MM	136	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 101		TYENNE SOLN	6
TRUEPLUS PEN NEEDLES 31GX8MM	136	TRUSTEX/RIA NON-LUBRICATED MISC	101	TYGACIL (tigecycline)	171
TRUEPLUS PEN NEEDLES 32GX4MM	136	TRUVADA (emtricitabine-tenofovir		TYKERB (lapatinib ditosylate)	50
TRUETRACK TEST STRP	81			TYLENOL 8 HOUR ARTHRITISPAIN TBCR (acetaminophen)	9
				TYLENOL 8 HOUR TBCR (acetaminophen)	9
				TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (acetaminophen)	9

TYLENOL CHILDRENS PAIN +FEVER SUSP (acetaminophen) ...9	UDENYCA SOAJ 93	SYRINGE/SHORT/0.5ML/30G X 5/16" .....137
	UDENYCA SOSY .....93	
TYLENOL CHILDRENS SUSP (acetaminophen) 9	ULORIC (febuxostat) .....90	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" .....137
TYLENOL EXTRA STRENGTH TABS (acetaminophen) 9	ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2" 136	ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16" .....137
TYLENOL FOR CHILDREN/ADULTS SUSP (acetaminophen) 9	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2" 136	
TYLENOL INFANTS PAIN+FEVER SUSP (acetaminophen) 9	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2" 136	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" .....137
TYLENOL TABS (acetaminophen) .9	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2" 136	ULTICARE INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2" 137
TYMLOS .....83	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16" ...136	ULTICARE INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" .....137
TYPHIM VI SOLN 176	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2" 137	ULTICARE INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" 137
TYPHIM VI SOSY 176	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2" 137	ULTICARE INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....137
TYRVAYA .....161	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" 137	ULTICARE INSULIN SYRINGE/U- 100/1ML/30G X 1/2" 137
TYSABRI .....168	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" 137	ULTICARE INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....137
TYVASO DPI INSTITUTIONALKIT POWD .....63	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" 137	ULTICARE INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....137
TYVASO DPI MAINTENANCE KIT POWD .....63	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16" ...137	ULTICARE INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....137
TYVASO DPI TITRATION KIT POWD .....63	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" 137	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.3ML/31G X 5/16" .....137
TYVASO REFILL KIT SOLN IN ...63	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2" 137	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.5ML/31G X 5/16" .....137
TYVASO SOLN IN .....63	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" 137	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/1ML/31G X 5/16" .....137
TYVASO STARTER KIT SOLN IN .63	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16" ....137	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/1ML/31G X 5/16" .....137
TZIELD .....29	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" .....137	ULTICARE MICRO PEN NEEDLES 31G X 8MM 137
UBRELVY .....149	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" .....137	ULTICARE MICRO PEN NEEDLES 32G X 4MM 137
UCERIS (budesonide (intrarectal)) 13	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" .....137	ULTICARE MICRO PEN NEEDLES/31G X 1/4" 137
UCERIS TB24 (budesonide) .....68	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" .....137	
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG . 155	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" .....137	
UDENYCA ONBODY SOSY .....93	ULTICARE INSULIN	

ULTICARE MICRO PEN NEEDLES/31G X 5/16"	137	SYRINGE 1ML 30G X 1/2"/SHARPS CON	138	CONTAI	138
ULTICARE MICRO PEN NEEDLES/32G X 4MM	137	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	138	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	138
ULTICARE MICRO PEN NEEDLES/32G X 5/32"	137	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	138	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	138
ULTICARE MINI PEN NEEDLES 31GX6MM	137	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	138	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	138
ULTICARE MINI PEN NEEDLES ULTI-FINE IV	137	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	138	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	138
ULTICARE MINI PEN NEEDLES/31G X 6MM	137	ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	138	ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	139
ULTICARE MINI PEN NEEDLES/32G X 1/4"	137	ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	138	ULTIGUARD SAFEPACK/TINY PEN NEEDLE/32G X 4MM/SHARPS CONTAIN	139
ULTICARE MINI PEN NEEDLES31GX6MM	138	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM	138	ULTIGUARD SAFEPACK/TINY PEN NEEDLE/32G X 6MM/SHARPS CONTAIN	139
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	138	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	138	ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	108
ULTICARE PEN NEEDLES 31GX 5MM/MINI	138	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	138	ULTILET CLASSIC LANCETS ...	108
ULTICARE PEN NEEDLES/29GX 12.7MM	138	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	138	ULTILET PEN NEEDLE 29GX12.7MM	139
ULTICARE SHORT PEN NEEDLES 31GX8MM	138	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA	138	ULTILET PEN NEEDLE 31GX5MM .	139
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	138	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN	138	ULTILET PEN NEEDLE 31GX8MM .	139
ULTICARE SHORT PEN NEEDLES/31G X 8MM	138	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS		ULTILET PEN NEEDLE 32GX4MM .	139
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	138			ULTILET PEN NEEDLE 32GX4MM/SHORT	139
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	138			ULTILET SHORT PEN NEEDLES	

31GX5/16"	139	UNIT/0.3ML/30GX5/16"	139	ULTRACARE PEN NEEDLES/31G X 5/16"	140
ULTILET SHORT PEN NEEDLES31GX3/16"	139	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	139	ULTRACARE PEN NEEDLES/32G X 1/14"	140
ULTOMIRIS	91	ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	139	ULTRACARE PEN NEEDLES/32G X 3/16"	140
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	139	ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	139	ULTRACARE PEN NEEDLES/32G X 5/32"	140
ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	139	ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	139	ULTRACARE PEN NEEDLES/33G X 5/32"	140
ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	139	ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	139	ULTRACET (tramadol- acetaminophen)	11
ULTRA FLO INSULIN PEN NEEDLE 33GX4MM	139	ULTRA MIDE 25 LOTN (urea)	77	ULTRAM TABS (tramadol hcl)	11
ULTRA FLO INSULIN PEN NEEDLES	139	ULTRA NEB NEBULIZER ACCESSORIES KIT MISC	148	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" 140	
ULTRA FLO INSULIN PEN NEELE 31GX8MM	139	ULTRA THIN PEN NEEDLES 32G X 4MM	139	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" 140	
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	139	ULTRACARE INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	139	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" 140	
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	139	ULTRACARE INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	140	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" 140	
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	139	ULTRACARE INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"	140	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" 140	
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	139	ULTRACARE INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	140	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" ..140	
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	139	ULTRACARE INSULIN SYRINGE/U- 100/1ML/30G X 1/2"	140	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" ..140	
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	139	ULTRACARE INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	140	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" 140	
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	139	ULTRACARE INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	140	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" 140	
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	139	ULTRACARE PEN NEEDLES/31G X 1/4"	140	ULTRA-THIN II MINI PEN NEEEDLES/31GX3/16"	140
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	139	ULTRACARE PEN NEEDLES/31G X 3/16"	140	ULTRA-THIN II PEN NEEDLES	

29GX1/2"	140	NEEDLE 30G X 8MM	141	108
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" ..	140	UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM	141	UNIVERSAL 1 LANCETS ULTRA THIN 30G
ULTRAVATE LOTN	77	UNIFINE SAFECONTROL PEN NEEDLE 31GX5MM	141	UPLIZNA
UNASYN BULK PACK IV (ampicillin & sulbactam sodium)	166	UNIFINE SAFECONTROL PEN NEEDLE 31GX6MM	141	UPTRAVI SOLR
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (ampicillin & sulbactam sodium) .	166	UNIFINE SAFECONTROL PEN NEEDLE 31GX8MM	141	UPTRAVI TABS 200 MCG
UNIFINE PEN NEEDLE/32G X4MM .	140	UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	141	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG
UNIFINE PENTIPS 29GX12MM .	140	UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16"	141	UPTRAVI TITRATION PACK TBPK 64
UNIFINE PENTIPS 31G X 3/16" .	140	UNIFINE ULTRA PEN NEEDLE/31GX5MM	141	urea CREA 40 %
UNIFINE PENTIPS 31GX5MM ..	140	UNIFINE ULTRA PEN NEEDLE/31GX6MM	141	urea LOTN 40 %
UNIFINE PENTIPS 31GX6MM ..	140	UNIFINE ULTRA PEN NEEDLE/31GX8MM	141	URIBEL
UNIFINE PENTIPS 31GX8MM ..	140	UNIFINE ULTRA PEN NEEDLE/32GX4MM	141	UROCIT-K 10 TBCR (potassium citrate (alkalinizer))
UNIFINE PENTIPS 32GX4MM ..	140	UNIFINE ULTRA PEN NEEDLE/31GX8MM	141	UROCIT-K 15 TBCR (potassium citrate (alkalinizer))
UNIFINE PENTIPS 32GX6MM ..	140	UNIFINE ULTRA PEN NEEDLE/32GX4MM	141	UROCIT-K 5 TBCR (potassium citrate (alkalinizer))
UNIFINE PENTIPS 33GX4MM ..	140	UNILET COMFORTOUCH LANCET	108	UROGESIC-BLUE TABS (methenamine-hyoscamine- methylene blue-sodium phosphate)
UNIFINE PENTIPS PLUS 29GX12MM	140	UNILET EXCELITE	108	43
UNIFINE PENTIPS PLUS 31GX5MM	141	UNILET EXCELITE II	108	UROXATRAL (alfuzosin hcl)
UNIFINE PENTIPS PLUS 31GX6MM	141	UNILET G.P. SUPERLITE LANCET .	108	URSO 250 TABS (ursodiol)
UNIFINE PENTIPS PLUS 31GX8MM	141	UNILET GP 28 ULTRA THIN	108	URSO FORTE TABS (ursodiol) ...
UNIFINE PENTIPS PLUS 32GX4MM	141	UNILET LANCETS MICRO-THIN33G	108	ursodiol CAPS
UNIFINE PENTIPS PLUS 33GX 5/32"	141	UNILET LANCETS SUPER- THIN30G	108	ursodiol TABS 250 MG
UNIFINE PENTIPS PLUS 33GX4MM	141	UNILET LANCETS ULTRA-THIN 28G	108	ursodiol TABS 500 MG
UNIFINE PROTECT SAFETY PEN		UNIVERSAL 1 LANCETS THIN26G .		UZEDY SUSY
				VAGIFEM TABS (estradiol vaginal) 179
				valacyclovir hcl 1 GM, 1000 MG ...

valacyclovir hcl 500 MG .....59	VALUMARK LANCET ULTRA THIN 28G .....108	VANOS CREA (fluocinonide) .....77
VALCHLOR .....73	VALUMARK PEN NEEDLES 29GX12MM 141	VAQTA 179
VALCYTE SOLR (valganciclovir hcl) . 58	VALUMARK PEN NEEDLES 31GX 6MM .....141	varenicline tartrate TABS .....170
VALCYTE TABS (valganciclovir hcl) . 58	VALUMARK PEN NEEDLES 31GX 8MM .....141	varenicline tartrate TBPK .....170
valganciclovir hcl SOLR .....58	VANCOCIN CAPS 125 MG (vancomycin hcl) .....44	VARIVAX INJ 179
valganciclovir hcl TABS .....58	VANCOCIN CAPS 250 MG (vancomycin hcl) .....44	VASCEPA 0.5 GM (icosapent ethyl) . 37
VALIUM TABS (diazepam) 16	vancomycin hcl CAPS 125 MG ...44	VASCEPA 1 GM (icosapent ethyl) .37
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML .....25	vancomycin hcl CAPS 250 MG ...44	VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide) ...42
valproate sodium SOLN OR 250 MG/5ML .....25	vancomycin hcl SOLR IV 1 GM, 1000 MG 44	VASOTEC TABS (enalapril maleate) 40
valproic acid CAPS 25	vancomycin hcl SOLR IV 500 MG .44	VAXCHORA .....176
valsartan SOLN .....40	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML .44	VAXELIS SUSP .....172
valsartan TABS 40	vancomycin hcl SOLR OR 25 MG/ML.....44	VAXELIS SUSY .....172
valsartan-hydrochlorothiazide ....42	VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM .....44	VAXNEUVANCE .....176
VALTOCO 10 MG DOSE LIQD ....22	VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG 44	VAZCULEP SOLN IV (phenylephrine hcl (pressors)) 180
VALTOCO 15 MG DOSE LQPK ...22	VANDAZOLE .....179	VECAMYL .....43
VALTOCO 20 MG DOSE LQPK ...22	VANFLYTA .....50	VECTICAL (calcitriol (topical)) ....74
VALTOCO 5 MG DOSE LIQD .....22	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" 141	VELPHORO .....89
VALTREX 1 GM (valacyclovir hcl) .59	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" ...141	VELSIPITY 88
VALTREX 500 MG (valacyclovir hcl) . 59	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" 141	VELTASSA .....153
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . 141	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" .....141	VELTIN (clindamycin phosphate- tretinoin) .....71
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" 141		VEMLIDY .....59
VALUE PLUS LANCING DEVICE MISC .....108		VENCLEXTA STARTING PACK TBPK .....46
VALUMARK LANCET SUPER THIN 30G .....108		VENCLEXTA TABS .....46
		VENLAFAXINE BESYLATE ER ..28
		venlafaxine hcl CP24 28
		venlafaxine hcl TABS .....28

venlafaxine hcl TB24	28	VERIFINE INSULIN PEN NEEDLE 32G X 4MM	141	VERSAPAP DEVI	148
VENOFER	94	VERIFINE INSULIN PEN NEEDLE 32G X 6MM	141	VERSAPAP/UNIVERSAL TUBING DEVI	148
VENTAVIS	63	VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM ...	141	VERZENIO	50
VENTOLIN HFA AERS (albuterol sulfate)	20	VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM ..	141	VESICARE LS SUSP	176
VENTRIXYL TABS	155	VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM ...	141	VESICARE TABS (solifenacin succinate)	176
VEOPOZ	91	VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM ...	141	VEVYE SOLN	162
VEOZAH	84	VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM ...	141	VFEND IV SOLR (voriconazole) ...	36
verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG ...	62	VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	141	VFEND SUSR (voriconazole)	36
verapamil hcl CP24 300 MG, 360 MG	62	VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	141	VFEND TABS (voriconazole)	36
verapamil hcl SOLN 2.5 MG/ML ...	62	VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	142	VIBERZI	88
verapamil hcl TABS	62	VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM ...	142	VIBRAMYCIN CAPS (doxycycline hyclate)	171
verapamil hcl TBCR	62	VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	142	VIBRAMYCIN SUSR (doxycycline (monohydrate))	171
VERAPAMIL HYDROCHLORIDE ER CP24 (verapamil hcl)	62	VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	142	VICTOZA	31
VEREGEN	71	VERIFINE INSULIN SYRINGE1ML/29G X 12MM	142	VIDA MIA AUTOLET LANCINGDEVICE MISC	108
VERELAN CP24 120 MG, 180 MG, 240 MG (verapamil hcl)	62	VERIFINE INSULIN SYRINGE1ML/31G X 8MM	142	VIDA MIA UNIFINE PENTIPS32GX4MM	142
VERELAN CP24 360 MG (verapamil hcl)	62	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	142	VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	142
VERELAN PM CP24 100 MG (verapamil hcl)	62	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	142	VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM 142	
VERELAN PM CP24 200 MG (verapamil hcl)	62	VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	142	VIDA MIA UNILET LANCETS SUPER THIN 30G	108
VERELAN PM CP24 300 MG (verapamil hcl)	62	VERIFINE PLUS PEN NEEDLE/32G X 4MM	142	VIDA MIA UNILET LANCETS ULTRA THIN 28G	108
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	141	VERKAZIA EMUL	162	VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	142
VERIFINE INSULIN PEN NEEDLE 31G X 5MM	141	VERQUVO	64	VIEKIRA PAK TBPB	59
VERIFINE INSULIN PEN NEEDLE 31G X 8MM	141	VERSACLOZ SUSP	54	vigabatrin PACK	25

vigabatrin TABS	25	VITAROCA PLUS TABS (multiple vitamins w/ minerals)	155	CHAMBER/MASK/CHILDS/FROG DEVI	148
VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	162	VITLIPID N INFANT EMUL	155	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	148
VIIBRYD TABS (vilazodone hcl) ...	27	VITRAKVI CAPS	50	VORTEX VALVED HOLDING CHAMBER DEVI	148
VIJOICE PACK	153	VITRAKVI SOLN	50	VOSEVI	59
VIJOICE TBPK	153	VIVAGUARD LANCING DEVICE MISC	108	VOTRIENT (pazopanib hcl)	50
vilazodone hcl TABS	27	VIVELLE-DOT PTTW (estradiol) ..	86	VOWST	88
VILTEPSO	159	VIVELLE-DOT PTTW 0.025 MG/24HR, 0.0375 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol) ..	86	VOXZOGO	85
VIMIZIM	85	VIVITROL	34	VOYDEYA TABS	91
VIMOVO (naproxen-esomeprazole magnesium)	8	VIVJOA	36	VOYDEYA TBPK	91
VIMPAT SOLN IV 200 MG/20ML (lacosamide)	24	VIVOTIF	176	VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	142
VIMPAT SOLN OR 10 MG/ML (lacosamide)	24	VIZIMPRO	47	VPRIV	92
VIMPAT TABS (lacosamide)	24	VOCABRIA	58	VRAYLAR CAPS	52
VIOKACE TABS	81	VOGELXO GEL TD (testosterone) ..	13	VRAYLAR CPPK	52
VIRACEPT TABS 250 MG	58	VOGELXO PUMP GEL TD (testosterone)	13	VTAMA	74
VIRACEPT TABS 625 MG	58	VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ..	73	VUITY SOLN	161
VIRAZOLE (ribavirin)	59	VONJO	50	VUMERITY	168
VIREAD POWD	58	VONVENDI	91	VUSION (miconazole-zinc oxide-white petrolatum)	72
VIREAD TABS (tenofovir disoproxil fumarate)	58	VOQUEZNA	175	VYEPTI	149
VIREAD TABS 150 MG, 200 MG, 250 MG	58	VOQUEZNA DUAL PAK	175	VYJUVEK	79
VISTARIL CAPS (hydroxyzine pamoate)	15	VOQUEZNA TRIPLE PAK	175	VYNDAMAX	64
VISTOGARD	34	VORICONAZOLE SOLR (voriconazole)	36	VYNDAQEL	64
VITALIPID N INFANT EMUL	155	voriconazole SOLR	36	VYONDYS 53	159
VITAMIN A/C/D INFANT/TODDLER ..	155	voriconazole SUSR	36	VYTORIN (ezetimibe-simvastatin) ..	37
VITAMIN D3 TABS (cholecalciferol) ..	180	voriconazole TABS	36	VYVANSE CAPS	1
		VORTEX HOLDING		VYVANSE CHEW	2
				VYVGART	152

VYVGART HYTRULO	152	hcl)	26	XANAX XR TB24 2 MG (alprazolam)	16
VYZULTA	164	WELLBUTRIN XL TB24 (bupropion		XANAX XR TB24 3 MG (alprazolam)	16
WAINUA	170	hcl)	26	XARELTO STARTER PACK TBPK	20
WAKIX 17.8 MG	2	WESNATAL DHA COMPLETE ..	156	XARELTO SUSR	20
WAKIX 4.45 MG	2	WESTAB PLUS TABS	156	XARELTO TABS 10 MG	20
WALGREENS COMFORT		white petrolatum-mineral oil	160	XARELTO TABS 15 MG	20
ASSUREDLANCETS MICRO		WIDE-SEAL SILICONE		XARELTO TABS 2.5 MG	20
THIN/33G	108	DIAPHRAGM KIT 60	101	XARELTO TABS 20 MG	20
WALGREENS COMFORT		WIDE-SEAL SILICONE		XATMEP SOLN	46
ASSUREDLANCETS SUPER		DIAPHRAGM KIT 65	101	XCOPRI TABS	25
THIN/28G	108	WIDE-SEAL SILICONE		XCOPRI TBPK	25
WALGREENS THIN LANCETS ..	108	DIAPHRAGM KIT 70	101	XDEMVI	162
warfarin sodium TABS	20	WIDE-SEAL SILICONE		XELJANZ SOLN	4
WEBCOL ALCOHOL PREP LARGE		DIAPHRAGM KIT 75	101	XELJANZ TABS	4
1 PLY	109	WIDE-SEAL SILICONE		XELJANZ XR TB24	4
WEBCOL ALCOHOL PREP LARGE		DIAPHRAGM KIT 80	101	XELODA (capecitabine)	46
2 PLY	109	WIDE-SEAL SILICONE		XELPROS EMUL	164
WEBCOL ALCOHOL PREP		DIAPHRAGM KIT 85	101	XELSTRYM	2
MEDIUM 2 PLY	109	WIDE-SEAL SILICONE		XENAZINE (tetrabenazine)	168
WEGMANS UNIFINE PENTIPS		DIAPHRAGM KIT 90	101	XENPOZYME	85
PLUS 32GX4MM	142	WIDE-SEAL SILICONE		XEPI	72
WEGMANS UNIFINE PENTIPS		DIAPHRAGM KIT 95	101	XERAVA	171
PLUS/MINI/31GX5MM	142	WILATE KIT	91	XERESE	74
WEGMANS UNIFINE PENTIPS		WINDMILL TRAINER MISC	148	XGEVA SOLN	83
PLUS/SHORT/31GX8MM	142	WINLEVI	71	XHANCE EXHU	158
WEGMANS UNIFINE PENTIPS		WINREVAIR	63	XIFAXAN	43
PLUS/ULTRA SHORT/31GX6MM		XACIATO GEL	179	XIGDUO XR (dapagliflozin	
142		XADAGO	52	propanediol-metformin hcl)	29
WEGOVI	2	XALATAN SOLN (latanoprost) ...	164		
WELCHOL PACK (colesevelam hcl) .		XALKORI CAPS	50		
38		XALKORI CPSP	50		
WELCHOL TABS (colesevelam hcl) .		XANAX TABS (alprazolam)	16		
38		XANAX XR TB24 (alprazolam)	16		
WELIREG	48				
WELLBUTRIN SR TB12 (bupropion					

XIGDUO XR	29	XYZAL ALLERGY 24HR CHILDRENS SOLN (levocetirizine dihydrochloride)	37	ZEGERID CAPS (omeprazole-sodium bicarbonate)	175
XIIDRA	162	XYZAL ALLERGY 24HR TABS (levocetirizine dihydrochloride)	37	ZEGERID PACK (omeprazole-sodium bicarbonate)	175
XIMINO CP24 (minocycline hcl) ..	171	YASMIN 28 (drospirenone-ethinyl estradiol)	66	ZEJULA CAPS	50
XIMINO CP24	171	YAZ (drospirenone-ethinyl estradiol) 66		ZEJULA TABS	50
XOFLUZA 40 MG, 80 MG	59	YCANTH SOLN	78	ZELAPAR TBDP	52
XOLAIR SOAJ	17	YESCARTA	47	ZELBORAF	50
XOLAIR SOLR	17	YF-VAX INJ	179	ZEMAIRA SOLR 1000 MG	170
XOLAIR SOSY	17	YONSA	48	ZEMAIRA SOLR 4000 MG, 5000 MG	170
XOLREMDI	94	YUFLYMA 1-PEN KIT AJKT	6	ZEMBRACE SYMTOUCH SOAJ .	150
XOPENEX (levalbuterol hcl)	20	YUFLYMA 2-PEN KIT AJKT	6	ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)	85
XOPENEX CONCENTRATE (levalbuterol hcl)	20	YUFLYMA 2-SYRINGE KIT PSKT ..	6	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	81
XOPENEX HFA (levalbuterol tartrate)	20	YUFLYMA CD/UC/HS STARTER AJKT	6	ZEPATIER	59
XOSPATA	50	YUPELRI	17	ZEPOSIA 7-DAY STARTER PACK CPPK	168
XPHOZAH	85	YUSIMRY	6	ZEPOSIA CAPS	168
XPOVIO	48	zafirlukast	18	ZEPOSIA STARTER KIT CPPK ..	168
XPOVIO 60 MG TWICE WEEKLY 48		zaleplon	95	ZERVIAE	164
XPOVIO 80 MG TWICE WEEKLY 48		ZANAFLEX CAPS (tizanidine hcl) 157		ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide)	42
XTAMPZA ER	11	ZANAFLEX TABS 4 MG (tizanidine hcl)	157	ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide) ...	42
XTANDI CAPS	48	ZARONTIN CAPS (ethosuximide) .	25	ZESTRIL TABS 2.5 MG (lisinopril) .	40
XTANDI TABS	48	ZARONTIN SOLN (ethosuximide) .	25		
XULTOPHY 100/3.6	29	ZARXIO	93		
XYLIDERM	78	ZAVESCA (miglustat)	92		
XYNTHA	91	ZAVZPRET	149		
XYNTHA SOLOFUSE	91	ZEGALOGUE SOAJ	30		
XYOSTED SOAJ	13	ZEGALOGUE SOSY	30		
XYREM SOLN	166				
XYWAV	166				

ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (lisinopril)	40	ZIOPTAN (tafluprost)	164	ZOLGENSMA 12.6-13.0 KG	159
ZETIA (ezetimibe)	39	ziprasidone hcl	52	ZOLGENSMA 13.1-13.5 KG	159
ZETONNA AERS	158	ziprasidone mesylate	52	ZOLGENSMA 13.6-14.0 KG	159
ZEVRX INSULIN SYRINGE/0.5ML/30G X 1/2"	142	ZIPSOR CAPS (diclofenac potassium)	8	ZOLGENSMA 14.1-14.5 KG	159
ZEVRX INSULIN SYRINGE/0.5ML/30G X 5/16"	142	ZIRGAN GEL	162	ZOLGENSMA 14.6-15.0 KG	159
ZEVRX INSULIN SYRINGE/1ML/30G X 1/2"	142	ZITHROMAX PACK (azithromycin) 98	98	ZOLGENSMA 15.1-15.5 KG	159
ZEVRX INSULIN SYRINGE/1ML/30G X 5/16"	142	ZITHROMAX SUSR 100 MG/5ML (azithromycin)	98	ZOLGENSMA 15.6-16.0 KG	159
ZEVRX PEN NEEDLES 31G X 5MM	142	ZITHROMAX SUSR 200 MG/5ML (azithromycin)	98	ZOLGENSMA 16.1-16.5 KG	159
ZEVRX PEN NEEDLES 31G X 6MM	142	ZITHROMAX TABS 250 MG (azithromycin)	98	ZOLGENSMA 16.6-17.0 KG	159
ZEVRX PEN NEEDLES 31G X 8MM	142	ZITHROMAX TABS 500 MG (azithromycin)	98	ZOLGENSMA 17.1-17.5 KG	159
ZEVRX PEN NEEDLES 32G X 4MM	142	ZITHROMAX TRI-PAK TABS (azithromycin)	98	ZOLGENSMA 17.6-18.0 KG	159
ZIAC (bisoprolol & hydrochlorothiazide)	42	ZITHROMAX Z-PAK TABS (azithromycin)	98	ZOLGENSMA 18.1-18.5 KG	160
ZIAGEN SOLN (abacavir sulfate) ..	58	ZITUVIO	30	ZOLGENSMA 18.6-19.0 KG	160
ZIAGEN TABS (abacavir sulfate) ..	58	ZMA CLEAR SUSP	71	ZOLGENSMA 19.1-19.5 KG	160
ZIANA (clindamycin phosphate-tretinoin)	71	ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	39	ZOLGENSMA 19.6-20.0 KG	160
zidovudine CAPS	58	ZOKINVY	153	ZOLGENSMA 2.6-3.0 KG	160
zidovudine SYRP	58	zoledronic acid CONC	83	ZOLGENSMA 20.1-20.5 KG	160
zidovudine TABS	58	zoledronic acid SOLN	83	ZOLGENSMA 20.6-21.0 KG	160
ZIEXTENZO	93	ZOLEDRONIC ACID SOLN	83	ZOLGENSMA 3.1-3.5 KG	160
ZILBRYSQ	91	ZOLGENSMA 10.1-10.5 KG	159	ZOLGENSMA 3.6-4.0 KG	160
zileuton TB12	18	ZOLGENSMA 10.6-11.0 KG	159	ZOLGENSMA 4.1-4.5 KG	160
ZILRETTA SRER	68	ZOLGENSMA 11.1-11.5 KG	159	ZOLGENSMA 4.6-5.0 KG	160
ZIMHI SOSY	34	ZOLGENSMA 11.6-12.0 KG	159	ZOLGENSMA 5.1-5.5 KG	160
		ZOLGENSMA 12.1-12.5 KG	159	ZOLGENSMA 5.6-6.0 KG	160
				ZOLGENSMA 6.1-6.5 KG	160
				ZOLGENSMA 6.6-7.0 KG	160
				ZOLGENSMA 7.1-7.5 KG	160
				ZOLGENSMA 7.6-8.0 KG	160
				ZOLGENSMA 8.1-8.5 KG	160
				ZOLGENSMA 8.6-9.0 KG	160

ZOLGENSMA 9.1-9.5 KG	160	ZOVIRAX CREA (acyclovir topical) 74	ZYPREXA ZYDIS TBDP (olanzapine)	54	
ZOLGENSMA 9.6-10.0 KG	160	ZOVIRAX OINT (acyclovir topical) .74	ZYRTEC ALLERGY TABS (cetirizine hcl)	37	
ZOLINZA	50	ZOVIRAX SUSP (acyclovir)	59	ZYRTEC CHILDRENS ALLERGY SOLN OR (cetirizine hcl)	37
zolmitriptan SOLN 5 MG	150	ZTALMY	25	ZYRTEC-D ALLERGY/CONGESTION (cetirizine-pseudoephedrine)	69
zolmitriptan TABS	150	ZTLIDO PTCH	78	ZYRTEC-D ALLERGY/SINUS (cetirizine-pseudoephedrine)	69
zolmitriptan TBDP	150	ZUBSOLV SUBL 0.18 MG-0.7 MG 12	ZYTIGA 250 MG (abiraterone acetate)	48	
ZOLOFT CONC (sertraline hcl)	27	ZUBSOLV SUBL 0.36 MG-1.4 MG 12	ZYTIGA 500 MG (abiraterone acetate)	48	
ZOLOFT TABS 100 MG (sertraline hcl)	27	ZUBSOLV SUBL 0.71 MG-2.9 MG 12	ZYVOX SUSR (linezolid)	44	
ZOLOFT TABS 25 MG, 50 MG (sertraline hcl)	27	ZUBSOLV SUBL 1.4 MG-5.7 MG . 12	ZYVOX TABS (linezolid)	44	
ZOLPIDEM TARTRATE CAPS	95	ZUBSOLV SUBL 2.1 MG-8.6 MG . 12			
zolpidem tartrate SUBL	95	ZUBSOLV SUBL 2.9 MG-11.4 MG 12			
zolpidem tartrate TABS	95	ZURZUVAE			
zolpidem tartrate TBCR	95	ZYCLARA (imiquimod)			
ZOMACTON SOLR SC	83	ZYCLARA PUMP (imiquimod)			
ZOMIG SOLN (zolmitriptan)	150	ZYCLARA PUMP			
ZOMIG SOLN 2.5 MG	150	ZYDELIG			
ZOMIG TABS 2.5 MG, 5 MG (zolmitriptan)	151	ZYFLO TABS			
ZONALON (doxepin hcl (antipruritic))	73	ZYKADIA TABS			
ZONEGRAN CAPS 25 MG, 100 MG (zonisamide)	24	ZYLET			
ZONISADE SUSP	25	ZYLOPRIM (allopurinol)			
zonisamide CAPS	25	ZYMAXID (gatifloxacin (ophth)) .			
ZORBTIVE SC	83	ZYMFENTRA 1-PEN AJKT			
ZORTRESS (everolimus (immunosuppressant))	153	ZYMFENTRA 2-PEN AJKT			
ZORYVE	74	ZYMFENTRA 2-SYRINGE PSKT .			
ZORYVE 0.3 %	74	ZYNTEGLO			
ZOSYN	166	ZYPITAMAG 2 MG, 4 MG			
		ZYPREXA RELPREVV			
		ZYPREXA SOLR (olanzapine)			
		ZYPREXA TABS (olanzapine)			