



Preferred Drug List

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

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

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

Pharmacy Program

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

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

Preferred Drug List (PDL)

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

Pharmacy Benefit Manager (PBM)

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

Prior Authorizations (PA)

Some drugs on the PDL may require PA. You should talk to your doctor or pharmacist if your pharmacy tells you a PA is needed. A PA request should be sent by your doctor using the secure electronic Prior Authorization portal by Cover My Meds at www.covermymeds.com. A request can also be sent by your doctor or pharmacy to Centene Pharmacy Services on the **Medication Prior Authorization Form**. This form is on the SilverSummit website at www.silversummithealthplan.com. The completed form and doctor notes to show your history should be **faxed to Pharmacy Services at 1-833-645-2736**.

SilverSummit will cover the medicine if:

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

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

Transition Period

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

96-Hour Emergency Supply Policy

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

Step Therapy

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

Dispensing Limits

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

Quantity Limits

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

Age Limit

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

Medical Necessity Requests

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

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

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

Appropriate Use and Safety Edits

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

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

Generic Drugs

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

Over-the-Counter (OTC) Medications

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

Filling a Prescription

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

Maintenance Medications

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

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

Exclusions

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

- Drugs that are considered experimental
- Drugs made by companies that do not participate in Federal rebates
- Drug Efficacy Study and Implementation (DESI) drugs
- Drugs prescribed for anorexia, weight loss or weight gain
- Drugs prescribed for infertility
- Drugs prescribed for erectile dysfunction
- Drugs prescribed for cosmetic purposes or hair growth
- Bulk powders

Drug Efficacy Study and Implementation Drugs

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

Medical Benefits

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

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

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

Newly Approved Products

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

Contact Information

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

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

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

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

AcariaHealth Shipping Questions: 1-855-535-1815

Language Assistance

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

Preferred Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	Tier Definitions
F	Formulary: These drugs are covered on the drug list
NF	Non-Formulary: These drugs are not covered on the drug list
REQUIREMENT or LIMITS	
Requirement/Limits	Requirement/Limit Description
AL	Age Limit: Drug is limited to a specific age
PA	Prior Authorization: Review required before prescription can be filled
QL	Quantity Limit: There is a limit on the amount covered per prescription or within a set time frame.
Rx/OTC	Product has both prescription and over the counter coverage
SP	Specialty Drug: High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.
ST	Step Therapy: Requires trial and failure of one or more preferred products prior to coverage.
CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
Opioid	Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records. Treatment-Naïve* Limits: • Daily Dose Max = 90 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids *Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent
ADHD	First fill of ADHD medicines are limited to max 20 day supply for members age 6 to 12, after 30 days can be filled. Edit resets if no fills in 4 months.
Test Strips	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days

STANDARD ABBREVIATIONS			
Dose Form	Dose Form Description	Dose Form	Dose Form Description
AEPB	Aerosol Powder Breath Activated	CSDR	Capsule Delayed Release Sprinkle
AERB	Aerosol, breath activated	DEVI	Device
AERO	Aerosol	ELIX	Elixir
AJKT	Auto-injector Kit	EMUL	Emulsion
AUIJ	Auto-injector	ENEM	Enema
CAPS	Capsule	GRAN	Granules
CHEW	Tablet Chewable	IJ	Injection
CONC	Concentrate	IMPL	Implant
CP12	Capsule ER 12 HR	INHA	Inhaler
CP24	Capsule ER 24 HR	INJ	Injectable
CPCR	Capsule ER	IUD	Intrauterine Device
CPDR	Capsule Delayed Release	IV	Intravenous
Dose Form	Dose Form Description	Dose Form	Dose Form Description
CPEP	Capsule Enteric Coated Particles	LIQD	Liquid

SilverSummit Healthplan: Preferred Drug List (PDL)



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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	NF	QL(1 EA daily); AL(At least 6 yrs old)
ADDERALL TABS (Use amphetamine-dextroamphetamine)	NF	QL(2 EA daily); AL(At least 3 yrs old)
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	F	QL(1 EA daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine TABS	F	QL(2 EA daily); AL(At least 3 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NF	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 5 MG	F	QL(1 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 10 MG, 15 MG	F	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate TABS 5 MG, 10 MG	F	QL(3 EA daily); AL(At least 3 yrs old)
lisdexamfetamine dimesylate CAPS	F	QL(1 EA daily); PA
lisdexamfetamine dimesylate CHEW	F	QL(1 EA daily); PA
Analeptics		
CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)	NF	
caffeine citrate SOLN PO	F	QL(45 ML per fill retail)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		

Drug Name	Drug Tier	Requirements/Limits
atomoxetine hcl	F	AL(At least 6 yrs old); ST
clonidine hcl (adhd) TB12	F	
guanfacine hcl (adhd)	F	QL(1 EA daily)
INTUNIV (Use guanfacine hcl (adhd))	NF	QL(1 EA daily)
KAPVAY TB12 (Use clonidine hcl (adhd))	NF	
STRATTERA (Use atomoxetine hcl)	NF	AL(At least 6 yrs old); ST
Stimulants - Misc.		
armodafinil	F	PA
CONCERTA TBCR (Use methylphenidate hcl)	NF	
dexmethylphenidate hcl TABS	F	QL(2 EA daily)
FOCALIN TABS (Use dexmethylphenidate hcl)	NF	QL(2 EA daily)
METADATE CD CPCR (Use methylphenidate hcl)	NF	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl CPCR	F	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TABS 5 MG	F	QL(6 EA daily); AL(At least 3 yrs old)
methylphenidate hcl TABS 10 MG, 20 MG	F	QL(3 EA daily); AL(At least 3 yrs old)
methylphenidate hcl TBCR 10 MG, 36 MG	F	QL(2 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 18 MG, 20 MG, 27 MG, 54 MG	F	QL(1 EA daily); AL(At least 6 yrs old)
NUVIGIL (Use armodafinil)	NF	PA
RELEXXII TBCR (Use methylphenidate hcl)	NF	
RITALIN TABS 5 MG (Use methylphenidate hcl)	NF	QL(6 EA daily); AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/Limits
RITALIN TABS 10 MG, 20 MG (<i>Use methylphenidate hcl</i>)	NF	QL(3 EA daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASSTK SUBL	F	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old)
ORALAIR SUBL	F	QL(1 EA daily); AL(At least 10 yrs old - Up to 65 yrs old)
RAGWITEK SUBL	F	QL(1 EA daily); AL(At least 18 yrs old - Up to 65 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - M's		
<i>melatonin</i> TABS 3 MG, 5 MG	F	QL(1 EA daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	F	SP; PA
BETHKIS NEBU (<i>Use tobramycin</i>)	NF	300mg/4ml; QL(1 ML daily); SP; PA
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>Use tobramycin</i>)	NF	300mg/5ml; QL(1 ML daily); SP; PA
<i>neomycin sulfate</i> TABS	F	
TOBI PODHALER CAPS	F	QL(2 EA daily); SP; PA
TOBI NEBU (<i>Use tobramycin</i>)	NF	300mg/5ml; QL(1 ML daily); SP; PA
<i>tobramycin sulfate</i> SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	F	
<i>tobramycin sulfate</i> SOLR	F	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin NEBU</i>	F	300mg/4ml; QL(1 ML daily); SP; PA
<i>tobramycin NEBU</i>	F	300mg/5ml; QL(1 ML daily); SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
XELJANZ XR TB24	F	SP; PA
XELJANZ TABS	F	SP; PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	F	SP
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	F	SP
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-AATY (1 PEN) AJKT	F	SP; PA
ADALIMUMAB-AATY (2 PEN) AJKT	F	SP; PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT	F	SP; PA
ADALIMUMAB-ADAZ SOAJ	F	SP; PA
ADALIMUMAB-ADAZ SOSY	F	SP; PA
ADALIMUMAB-ADBM (2 PEN) AJKT	F	SP; PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	F	SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nabumetone</i>	F		<i>acetaminophen LIQD 160 MG/5ML</i>	F	
NAPROSYN SUSP (<i>Use naproxen</i>)	NF		<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	F	
NAPROSYN TABS 500 MG (<i>Use naproxen</i>)	NF		<i>acetaminophen SUPP 120 MG, 650 MG</i>	F	QL(12 EA per fill retail)
<i>naproxen sodium TABS 275 MG, 550 MG</i>	F		<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	F	
<i>naproxen sodium TABS 220 MG</i>	F	QL(2 EA daily)	<i>acetaminophen TABS 325 MG, 500 MG</i>	F	
<i>naproxen SUSP</i>	F		FEVERALL INFANTS SUPP	F	
<i>naproxen TABS</i>	F		FEVERALL JUNIOR STRENGTH SUPP	F	QL(12 EA per fill retail)
<i>naproxen TBEC</i>	F	QL(2 EA daily)	TYLENOL CHILDRENS CHEWABLES CHEW (<i>Use acetaminophen</i>)	NF	
<i>oxaprozin TABS</i>	F		TYLENOL CHILDRENS PAIN + FEVER SUSP (<i>Use acetaminophen</i>)	NF	
<i>piroxicam CAPS</i>	F		TYLENOL CHILDRENS SUSP (<i>Use acetaminophen</i>)	NF	
<i>sulindac TABS</i>	F		TYLENOL EXTRA STRENGTH TABS (<i>Use acetaminophen</i>)	NF	
Phosphodiesterase 4 (PDE4) Inhibitors			TYLENOL FOR CHILDREN + ADULTS SUSP (<i>Use acetaminophen</i>)	NF	
OTEZLA TABS	F	SP; PA	TYLENOL INFANTS PAIN+FEVER SUSP (<i>Use acetaminophen</i>)	NF	
OTEZLA TBPk	F	SP; PA	TYLENOL TABS (<i>Use acetaminophen</i>)	NF	
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			Salicylates		
Analgesic Combinations			<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	F	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	F	QL(4 EA daily)	<i>aspirin CHEW</i>	F	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	F	QL(4 EA daily)			
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	F				
<i>butalbital-aspirin-caffeine CAPS</i>	F	QL(4 EA daily)			
ESGIC TABS (<i>Use butalbital-acetaminophen-caffeine</i>)	NF	QL(4 EA daily)			
Analgesics Other					
<i>acetaminophen CAPS 500 MG</i>	F				
<i>acetaminophen CHEW</i>	F				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASPIRIN SUPP 300 MG	F	QL(12 EA per fill retail)	<i>methadone hcl TABS 5 MG</i>	F	QL(4 EA daily)
<i>aspirin TABS 325 MG</i>	F		<i>methadone hcl TBSO</i>	F	
<i>aspirin TBEC 81 MG, 325 MG</i>	F		METHADOSE SUGAR-FREE CONC (<i>Use methadone hcl</i>)	NF	
BUFFERIN (<i>Use aspirin buffered (cal carb-mag carb-mag oxide)</i>)	NF		METHADOSE CONC (<i>Use methadone hcl</i>)	NF	
<i>diflunisal TABS</i>	F		<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	F	QL(16.67 ML daily)
ECOTRIN ARTHRTIS PAIN TBEC (<i>Use aspirin</i>)	NF		<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	F	QL(240 ML per fill retail)
ECOTRIN TBEC (<i>Use aspirin</i>)	NF		<i>morphine sulfate SUPP</i>	F	QL(24 EA per fill retail)
<i>salsalate</i>	F		<i>morphine sulfate TABS 15 MG</i>	F	QL(6 EA daily)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>morphine sulfate TABS 30 MG</i>	F	
Opioid Agonists			<i>morphine sulfate TBCR</i>	F	QL(3 EA daily)
<i>codeine sulfate TABS 30 MG</i>	F	QL(2 EA daily); AL(At least 12 yrs old)	MS CONTIN TBCR (<i>Use morphine sulfate</i>)	NF	QL(3 EA daily)
CODEINE SULFATE TABS	F	QL(2 EA daily); AL(At least 12 yrs old)	OXAYDO TABS 5 MG	F	QL(6 EA daily)
DILAUDID TABS (<i>Use hydromorphone hcl</i>)	NF	QL(8 EA daily)	<i>oxycodone hcl CAPS</i>	F	QL(6 EA daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	F	Limit 10 patches per month; QL(0.34 EA daily)	<i>oxycodone hcl CONC 100 MG/5ML</i>	F	QL(6 ML daily)
<i>hydrocodone bitartrate T24A</i>	F		<i>oxycodone hcl SOLN</i>	F	
HYDROMORPHONE HCL SUPP	F	QL(12 EA per fill retail)	<i>oxycodone hcl TABS</i>	F	QL(6 EA daily)
<i>hydromorphone hcl TABS</i>	F	QL(8 EA daily)	ROXICODONE TABS 15 MG, 30 MG (<i>Use oxycodone hcl</i>)	NF	QL(6 EA daily)
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	F	QL(500 ML per fill retail)	<i>tramadol hcl TABS 50 MG</i>	F	QL(8 EA daily); AL(At least 18 yrs old)
<i>meperidine hcl TABS 50 MG</i>	F	QL(6 EA daily)	Opioid Combinations		
<i>methadone hcl CONC</i>	F		<i>acetaminophen w/ codeine SOLN</i>	F	QL(30 ML daily); AL(At least 12 yrs old)
<i>methadone hcl TABS 10 MG</i>	F	QL(10 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	F	QL(6 EA daily); AL(At least 12 yrs old)	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	F	SP
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	F	QL(4 EA daily); AL(At least 12 yrs old)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG</i>	F	QL(3 EA daily)
<i>butalbital-aspirin-caffeine w/cod</i>	F	QL(4 EA daily); AL(At least 12 yrs old)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG, 3 MG-12 MG</i>	F	QL(2 EA daily)
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	F	QL(180 ML daily)	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	F	QL(3 EA daily)
<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	F	QL(135 ML daily)	<i>buprenorphine hcl SUBL</i>	F	
<i>hydrocodone-acetaminophen TABS 325 MG-5 MG</i>	F	QL(12 EA daily)	SUBLOCADE SOSY	F	SP
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>	F	QL(6 EA daily)	SUBOXONE FILM SL 2 MG-8 MG, 3 MG-12 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(2 EA daily)
<i>hydrocodone-acetaminophen TABS 325 MG-7.5 MG</i>	F	QL(8 EA daily)	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(3 EA daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	F	QL(6 EA daily)	ZUBSOLV SUBL	F	
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use <i>oxycodone w/ acetaminophen</i>)	NF	QL(6 EA daily)	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
<i>tramadol-acetaminophen</i>	F	QL(4 EA daily); AL(At least 18 yrs old)	Androgens		
Opioid Partial Agonists			<i>methyltestosterone TABS</i>	F	
BRIXADI (WEEKLY) SOSY	F	SP	<i>testosterone cypionate SOLN IM 200 MG/ML</i>	F	Limit 4mls per month; QL(0.1429 ML daily)
			<i>testosterone cypionate SOLN IM 100 MG/ML</i>	F	QL(0.2858 ML daily)
			<i>testosterone enanthate SOLN IM</i>	F	QL(0.1429 ML daily)
			ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
			Intrarectal Steroids		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CORTENEMA (Use hydrocortisone (intrarectal))	NF	QL(420 ML per fill retail)	alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML	F	QL(24 ML daily)
hydrocortisone (intrarectal)	F	QL(420 ML per fill retail)	alum & mag hydrox-simethicone SUSP 2400 MG/30ML-240 MG/30ML-2400 MG/30ML, 400 MG/5ML-40 MG/5ML-400 MG/5ML, 400 MG/5ML-400 MG/5ML-800 MG/10ML-80 MG/10ML	F	
Rectal Combinations			GELUSIL CHEW (Use alum & mag hydrox-simethicone)	NF	
phenylephrine-shark liver oil-cocoa butter	F	QL(12 EA per fill retail)	HYVEE ADVANCED ANTACID SUSP (Use alum & mag hydrox-simethicone)	NF	
phenylephrine-shark liver oil-mineral oil-petrolatum	F	QL(30 GM per fill retail)	Antacids - Aluminum Salts		
Rectal Local Anesthetics			ALUMINUM HYDROXIDE GEL SUSP	F	
pramoxine hcl (rectal) FOAM EX	F	QL(15 GM per fill retail)	Antacids - Bicarbonate		
PROCTOFOAM FOAM EX (Use pramoxine hcl (rectal))	NF	QL(15 GM per fill retail)	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	F	Limit 496 per month; QL(16.54 EA daily)
Rectal Steroids			Antacids - Calcium Salts		
ANUSOL-HC EX (Use hydrocortisone (rectal))	NF	QL(30 GM per fill retail)	calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	F	
hydrocortisone (rectal) EX 2.5 %	F	QL(30 GM per fill retail)	TUMS CHEWY BITES ULTRA STR CHEW (Use calcium carbonate (antacid))	NF	
PREPARATION H EX 1 %	F	QL(60 GM per fill retail); RX/OTC	TUMS CHEWY BITES CHEW (Use calcium carbonate (antacid))	NF	
PREPARATION H SOOTHING RELIEF EX 1 %	F	QL(60 GM per fill retail); RX/OTC			
ANTACIDS					
Antacid Combinations					
alum & mag hydrox-simethicone CHEW 200 MG-25 MG-200 MG	F				
alum & mag hydrox-simethicone LIQD	F	QL(24 ML daily)			
alum & mag hydrox-simethicone LIQD 400 MG/5ML-40 MG/5ML-400 MG/5ML	F				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TUMS E-X 750 CHEW (Use calcium carbonate antacid))	NF		ISOSORBIDE MONONITRATE TABS	F	QL(2 EA daily)
TUMS EXTRA STRENGTH 750 CHEW (Use calcium carbonate antacid))	NF		<i>isosorbide mononitrate TB24</i>	F	QL(1 EA daily)
TUMS EXTRA STRENGTH CHEW (Use calcium carbonate antacid))	NF		NITRO-BID OINT	F	
TUMS LASTING EFFECTS CHEW (Use calcium carbonate antacid))	NF		NITRO-DUR PT24 (Use nitroglycerin)	NF	
TUMS SMOOTHIES CHEW (Use calcium carbonate antacid))	NF		<i>nitroglycerin CPCR</i>	F	
TUMS ULTRA 1000 CHEW (Use calcium carbonate antacid))	NF		<i>nitroglycerin PT24</i>	F	
TUMS ULTRA STRENGTH CHEW (Use calcium carbonate antacid))	NF		<i>nitroglycerin SUBL</i>	F	
TUMS CHEW (Use calcium carbonate antacid))	NF		NITROSTAT SUBL (Use nitroglycerin)	NF	
Antacids - Magnesium Salts			ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
<i>magnesium oxide TABS 400 MG</i>	F		Antianxiety Agents - Misc.		
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain			<i>buspirone hcl 7.5 MG, 30 MG</i>	F	QL(3 EA daily)
Nitrates			<i>buspirone hcl 15 MG</i>	F	QL(4 EA daily)
ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)	NF		<i>buspirone hcl 5 MG, 10 MG</i>	F	QL(6 EA daily)
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	F		<i>droperidol SOLN 2.5 MG/ML</i>	F	
<i>isosorbide mononitrate TABS</i>	F	QL(2 EA daily)	<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	F	
			<i>hydroxyzine hcl SYRP</i>	F	
			<i>hydroxyzine hcl TABS</i>	F	
			<i>hydroxyzine pamoate CAPS</i>	F	
			<i>meprobamate</i>	F	
			VISTARIL CAPS (Use hydroxyzine pamoate)	NF	
			Benzodiazepines		
			<i>alprazolam TABS</i>	F	QL(4 EA daily)
			ATIVAN SOLN (Use lorazepam)	NF	
			ATIVAN TABS 1 MG (Use lorazepam)	NF	QL(4 EA daily)
			ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam)	NF	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>chlordiazepoxide hcl CAPS</i>	F	QL(4 EA daily)	<i>amiodarone hcl TABS 200 MG</i>	F	
<i>clorazepate dipotassium TABS</i>	F	QL(3 EA daily)	<i>dofetilide</i>	F	
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	F		TIKOSYN (Use <i>dofetilide</i>)	NF	
<i>diazepam SOLN PO 5 MG/5ML</i>	F	QL(500 ML per fill retail)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
DIAZEPAM SOLN IJ 5 MG/ML	F		Anti-Inflammatory Agents		
<i>diazepam TABS</i>	F	QL(4 EA daily)	<i>cromolyn sodium NEBU</i>	F	QL(8 ML daily)
<i>lorazepam CONC</i>	F		Bronchodilators - Anticholinergics		
<i>lorazepam SOLN</i>	F		ATROVENT HFA	F	Limit 1 package per month; QL(0.87 GM daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	F	QL(3 EA daily)	INCRUSE ELLIPTA	F	QL(1 EA daily)
<i>lorazepam TABS 1 MG</i>	F	QL(4 EA daily)	<i>ipratropium bromide SOLN 0.02 %</i>	F	Limit 1 package per month; QL(12.5 ML daily)
<i>oxazepam CAPS</i>	F	QL(4 EA daily)	SPIRIVA HANDIHALER CAPS (Use <i>tiotropium bromide monohydrate</i>)	NF	
VALIUM TABS (Use <i>diazepam</i>)	NF	QL(4 EA daily)	<i>tiotropium bromide monohydrate CAPS</i>	F	
XANAX TABS (Use <i>alprazolam</i>)	NF	QL(4 EA daily)	TUDORZA PRESSAIR	F	Limit 1 package per month; QL(0.034 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms			Leukotriene Modulators		
Antiarrhythmics Type I-A			<i>montelukast sodium CHEW</i>	F	QL(1 EA daily)
<i>disopyramide phosphate CAPS</i>	F		<i>montelukast sodium PACK</i>	F	QL(1 EA daily)
NORPACE CR CP12 150 MG	F		<i>montelukast sodium TABS</i>	F	QL(1 EA daily)
NORPACE CAPS (Use <i>disopyramide phosphate</i>)	NF		SINGULAIR CHEW (Use <i>montelukast sodium</i>)	NF	QL(1 EA daily)
<i>quinidine gluconate TBCR</i>	F		SINGULAIR PACK (Use <i>montelukast sodium</i>)	NF	QL(1 EA daily)
<i>quinidine sulfate TABS</i>	F		SINGULAIR TABS (Use <i>montelukast sodium</i>)	NF	QL(1 EA daily)
Antiarrhythmics Type I-B			Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>mexiletine hcl</i>	F				
Antiarrhythmics Type I-C					
<i>flecainide acetate</i>	F				
<i>propafenone hcl TABS</i>	F				
Antiarrhythmics Type III					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DALIRESP 500 MCG (Use roflumilast)	NF	PA	ALBUTEROL SULFATE NEBU	F	QL(2 ML daily)
roflumilast 500 MCG	F	PA	albuterol sulfate SYRP	F	
Steroid Inhalants			albuterol sulfate TABS	F	
ARNUITY ELLIPTA	F	QL(1 EA daily)	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use umeclidinium-vilanterol)	NF	PA
ASMANEX HFA AERO	F	QL(0.44 GM daily)	budesonide-formoterol fumarate dihydrate	F	Limit 1 package per month; QL(0.367 GM daily)
budesonide (inhalation) SUSP	F	QL(4 ML daily); AL(Up to 6 yrs old)	COMBIVENT RESPIMAT AERS	F	Limit 1 package per month; QL(0.134 GM daily)
FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation))	NF		fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	F	QL(2 EA daily)
FLOVENT HFA (Use fluticasone propionate hfa)	NF		ipratropium-albuterol SOLN	F	QL(12 ML daily)
fluticasone propionate (inhalation) AEPB	F		levalbuterol tartrate	F	QL(0.5 GM daily)
fluticasone propionate hfa 44 MCG/ACT	F	Limit 1 package per month; QL(0.367 GM daily); AL(Up to 12 yrs old)	PROVENTIL HFA AERS (Use albuterol sulfate)	NF	
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	F	Limit 1 package per month; QL(0.4 GM daily); AL(Up to 12 yrs old)	SEREVENT DISKUS	F	QL(2 EA daily)
PULMICORT SUSP (Use budesonide (inhalation))	NF	QL(4 ML daily); AL(Up to 6 yrs old)	STIOLTO RESPIMAT	F	PA
QVAR REDHALER 80 MCG/ACT	F	QL(0.72 GM daily)	SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	NF	Limit 1 package per month
QVAR REDHALER 40 MCG/ACT	F	QL(0.36 GM daily)	terbutaline sulfate TABS	F	
Sympathomimetics			umeclidinium-vilanterol	F	PA
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	NF	QL(2 EA daily)	VENTOLIN HFA AERS (Use albuterol sulfate)	NF	Limit 2 packages per month
albuterol sulfate AERS	F	1 package(s) per 30 day(s) retail	XOPENEX HFA (Use levalbuterol tartrate)	NF	QL(0.5 GM daily)
albuterol sulfate NEBU	F	QL(2 EA daily)	Xanthines		
albuterol sulfate NEBU	F	QL(12.5 ML daily)	THEO-24 CP24	F	
			theophylline ELIX	F	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>theophylline SOLN</i>	F	QL(475 ML per fill retail)	LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NF	QL(42 ML per 7 day(s) retail); SP
<i>theophylline TB12</i>	F		LOVENOX SOSY 30 MG/0.3ML (<i>Use enoxaparin sodium</i>)	NF	QL(5 ML per 7 day(s) retail); SP
<i>theophylline TB24</i>	F		LOVENOX SOSY 60 MG/0.6ML (<i>Use enoxaparin sodium</i>)	NF	QL(9 ML per 7 day(s) retail); SP
ANTICOAGULANTS - Blood Thinners			LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>Use enoxaparin sodium</i>)	NF	QL(14 ML per 7 day(s) retail); SP
Coumarin Anticoagulants			LOVENOX SOSY 40 MG/0.4ML (<i>Use enoxaparin sodium</i>)	NF	QL(6 ML per 7 day(s) retail); SP
<i>warfarin sodium TABS</i>	F		LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>Use enoxaparin sodium</i>)	NF	QL(12 ML per 7 day(s) retail); SP
Direct Factor Xa Inhibitors			Thrombin Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPk	F	QL(2.47 EA daily)	<i>dabigatran etexilate mesylate CAPS</i>	F	
ELIQUIS TABS	F	QL(2 EA daily)	PRADAXA CAPS (<i>Use dabigatran etexilate mesylate</i>)	NF	
<i>rivaroxaban TABS 2.5 MG</i>	F		ANTICONVULSANTS - Drugs to Treat Seizures		
XARELTO TABS 20 MG	F	QL(1 EA daily)	AMPA Glutamate Receptor Antagonists		
XARELTO TABS 10 MG	F	QL(1 EA daily; 35 EA per 180 day(s) retail)	FYCOMPA SUSP	F	
XARELTO TABS 15 MG	F	QL(2 EA daily)	FYCOMPA TABS	F	
XARELTO TABS 2.5 MG (<i>Use rivaroxaban</i>)	NF		Anticonvulsants - Benzodiazepines		
Heparins And Heparinoid-Like Agents			<i>clonazepam TABS</i>	F	QL(4 EA daily)
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	F	QL(42 ML per 7 day(s) retail); SP	DIASTAT ACUDIAL GEL (<i>Use diazepam (anticonvulsant)</i>)	NF	
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	F	QL(5 ML per 7 day(s) retail); SP	DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	NF	
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	F	QL(9 ML per 7 day(s) retail); SP	<i>diazepam (anticonvulsant) GEL</i>	F	
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	F	QL(12 ML per 7 day(s) retail); SP	KLONOPIN TABS (<i>Use clonazepam</i>)	NF	QL(4 EA daily)
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	F	QL(6 ML per 7 day(s) retail); SP	NAYZILAM	F	QL(10 EA per 30 day(s) retail)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	F	QL(14 ML per 7 day(s) retail); SP			
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	F				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Anticonvulsants - Misc.			LAMICTAL XR TB24 (<i>Use lamotrigine</i>)	NF	ST
APTIOM	F		LAMICTAL CHEW (<i>Use lamotrigine</i>)	NF	
BANZEL SUSP (<i>Use rufinamide</i>)	NF	SP; PA	LAMICTAL TABS (<i>Use lamotrigine</i>)	NF	
BANZEL TABS (<i>Use rufinamide</i>)	NF	SP; PA	<i>lamotrigine CHEW</i>	F	
BRIVIACT SOLN PO 10 MG/ML	F	SP	<i>lamotrigine TABS</i>	F	
BRIVIACT TABS	F	SP	<i>lamotrigine TB24</i>	F	ST
<i>carbamazepine CHEW 100 MG</i>	F		<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	F	QL(30 ML daily)
<i>carbamazepine CP12</i>	F		<i>levetiracetam SOLN IV 500 MG/5ML</i>	F	
<i>carbamazepine SUSP</i>	F		<i>levetiracetam TABS 500 MG</i>	F	QL(6 EA daily)
<i>carbamazepine TABS</i>	F		<i>levetiracetam TABS 1000 MG</i>	F	
<i>carbamazepine TB12</i>	F		<i>levetiracetam TABS 250 MG, 750 MG</i>	F	QL(4 EA daily)
CARBATROL CP12 (<i>Use carbamazepine</i>)	NF		<i>levetiracetam TB24</i>	F	
FINTEPLA	F	SP	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>Use pregabalin</i>)	NF	QL(3 EA daily)
<i>gabapentin CAPS</i>	F	QL(9 EA daily)	LYRICA CAPS 225 MG, 300 MG (<i>Use pregabalin</i>)	NF	QL(2 EA daily)
<i>gabapentin SOLN</i>	F		MYSOLINE (<i>Use primidone</i>)	NF	
<i>gabapentin TABS 600 MG</i>	F	QL(6 EA daily)	NEURONTIN CAPS (<i>Use gabapentin</i>)	NF	QL(9 EA daily)
<i>gabapentin TABS 800 MG</i>	F	QL(4 EA daily)	NEURONTIN SOLN (<i>Use gabapentin</i>)	NF	
KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NF		NEURONTIN TABS 600 MG (<i>Use gabapentin</i>)	NF	QL(6 EA daily)
KEPPRA SOLN IV 500 MG/5ML (<i>Use levetiracetam</i>)	NF		NEURONTIN TABS 800 MG (<i>Use gabapentin</i>)	NF	QL(4 EA daily)
KEPPRA SOLN PO 100 MG/ML (<i>Use levetiracetam</i>)	NF	QL(30 ML daily)	<i>oxcarbazepine SUSP</i>	F	
KEPPRA TABS 500 MG (<i>Use levetiracetam</i>)	NF	QL(6 EA daily)	<i>oxcarbazepine TABS</i>	F	
KEPPRA TABS 250 MG, 750 MG (<i>Use levetiracetam</i>)	NF	QL(4 EA daily)	<i>pregabalin CAPS 225 MG, 300 MG</i>	F	QL(2 EA daily)
KEPPRA TABS 1000 MG (<i>Use levetiracetam</i>)	NF				
<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	F				
<i>lacosamide TABS</i>	F	QL(2 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	F	QL(3 EA daily)
<i>primidone</i>	F	
<i>rufinamide SUSP</i>	F	SP; PA
<i>rufinamide TABS</i>	F	SP; PA
TEGRETOL SUSP (<i>Use carbamazepine</i>)	NF	
TEGRETOL TABS (<i>Use carbamazepine</i>)	NF	
TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	NF	
TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>)	NF	QL(6 EA daily)
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NF	QL(8 EA daily)
TOPAMAX TABS 100 MG (<i>Use topiramate</i>)	NF	QL(4 EA daily)
TOPAMAX TABS 25 MG, 50 MG (<i>Use topiramate</i>)	NF	QL(6 EA daily)
TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	NF	QL(3 EA daily)
<i>topiramate CPSP 15 MG</i>	F	QL(6 EA daily)
<i>topiramate CPSP 50 MG</i>	F	QL(2 EA daily)
<i>topiramate CPSP 25 MG</i>	F	QL(8 EA daily)
<i>topiramate TABS 200 MG</i>	F	QL(3 EA daily)
<i>topiramate TABS 100 MG</i>	F	QL(4 EA daily)
<i>topiramate TABS 25 MG, 50 MG</i>	F	QL(6 EA daily)
TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	NF	
TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	NF	
VIMPAT SOLN PO 10 MG/ML (<i>Use lacosamide</i>)	NF	
VIMPAT TABS (<i>Use lacosamide</i>)	NF	QL(2 EA daily)
ZONEGRAN CAPS 25 MG, 100 MG (<i>Use zonisamide</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>zonisamide CAPS</i>	F	
Carbamates		
<i>felbamate SUSP</i>	F	
<i>felbamate TABS</i>	F	
FELBATOL SUSP (<i>Use felbamate</i>)	NF	
FELBATOL TABS (<i>Use felbamate</i>)	NF	
GABA Modulators		
GABITRIL (<i>Use tiagabine hcl</i>)	NF	
<i>tiagabine hcl</i>	F	
Hydantoins		
DILANTIN (<i>Use phenytoin sodium extended</i>)	NF	
DILANTIN 30 MG	F	
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	NF	
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	NF	
DILANTIN SUSP (<i>Use phenytoin</i>)	NF	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	F	
<i>phenytoin CHEW</i>	F	
<i>phenytoin SUSP</i>	F	
Succinimides		
CELONTIN (<i>Use methsuximide</i>)	NF	
<i>ethosuximide CAPS</i>	F	
<i>ethosuximide SOLN</i>	F	
<i>methsuximide</i>	F	
ZARONTIN CAPS (<i>Use ethosuximide</i>)	NF	
ZARONTIN SOLN (<i>Use ethosuximide</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Valproic Acid			APLENZIN	F	
DEPAKOTE ER TB24 (Use divalproex sodium)	NF		bupropion hcl TABS	F	QL(3 EA daily)
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	NF		bupropion hcl TB12 200 MG	F	QL(2 EA daily)
DEPAKOTE TBEC (Use divalproex sodium)	NF		bupropion hcl TB12 100 MG	F	QL(4 EA daily)
divalproex sodium CSDR	F		bupropion hcl TB12 150 MG	F	QL(3 EA daily)
divalproex sodium TB24	F		bupropion hcl TB24 300 MG	F	QL(1 EA daily)
divalproex sodium TBEC	F		bupropion hcl TB24 150 MG	F	QL(3 EA daily)
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	F		bupropion hcl TB24 450 MG	F	
valproic acid CAPS	F		FORFIVO XL TB24 (Use bupropion hcl)	NF	
ANTIDEPRESSANTS - Drugs to Treat Depression			WELLBUTRIN SR TB12 200 MG (Use bupropion hcl)	NF	QL(2 EA daily)
Alpha-2 Receptor Antagonists (Tetracyclics)			WELLBUTRIN SR TB12 100 MG (Use bupropion hcl)	NF	QL(4 EA daily)
mirtazapine TABS 30 MG	F	QL(1.5 EA daily)	WELLBUTRIN SR TB12 150 MG (Use bupropion hcl)	NF	QL(3 EA daily)
mirtazapine TABS 15 MG	F	QL(3 EA daily)	WELLBUTRIN XL TB24 300 MG (Use bupropion hcl)	NF	QL(1 EA daily)
mirtazapine TABS 7.5 MG, 45 MG	F	QL(1 EA daily)	WELLBUTRIN XL TB24 150 MG (Use bupropion hcl)	NF	QL(3 EA daily)
mirtazapine TBDP 30 MG	F	QL(1.5 EA daily)	Monoamine Oxidase Inhibitors (MAOIs)		
mirtazapine TBDP 45 MG	F	QL(1 EA daily)	EMSAM	F	
mirtazapine TBDP 15 MG	F	QL(3 EA daily)	MARPLAN	F	
REMERON SOLTAB TBDP 45 MG (Use mirtazapine)	NF	QL(1 EA daily)	NARDIL (Use phenelzine sulfate)	NF	
REMERON SOLTAB TBDP 15 MG (Use mirtazapine)	NF	QL(3 EA daily)	PARNATE (Use tranylcypromine sulfate)	NF	
REMERON SOLTAB TBDP 30 MG (Use mirtazapine)	NF	QL(1.5 EA daily)	phenelzine sulfate	F	
REMERON TABS 15 MG (Use mirtazapine)	NF	QL(3 EA daily)	tranylcypromine sulfate	F	
REMERON TABS 30 MG (Use mirtazapine)	NF	QL(1.5 EA daily)	Selective Serotonin Reuptake Inhibitors (SSRIs)		
Antidepressants - Misc.					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CELEXA TABS 10 MG (Use citalopram hydrobromide)	NF	QL(4 EA daily)	fluvoxamine maleate CP24	F	
CELEXA TABS 40 MG (Use citalopram hydrobromide)	NF	QL(1 EA daily)	fluvoxamine maleate TABS 25 MG, 50 MG	F	QL(2 EA daily)
CELEXA TABS 20 MG (Use citalopram hydrobromide)	NF	QL(2 EA daily)	fluvoxamine maleate TABS 100 MG	F	QL(3 EA daily)
citalopram hydrobromide SOLN	F	QL(8 ML daily)	LEXAPRO TABS 20 MG (Use escitalopram oxalate)	NF	QL(1 EA daily)
citalopram hydrobromide TABS 40 MG	F	QL(1 EA daily)	LEXAPRO TABS 10 MG (Use escitalopram oxalate)	NF	QL(2 EA daily)
citalopram hydrobromide TABS 10 MG	F	QL(4 EA daily)	LEXAPRO TABS 5 MG (Use escitalopram oxalate)	NF	QL(4 EA daily)
citalopram hydrobromide TABS 20 MG	F	QL(2 EA daily)	paroxetine hcl SUSP	F	QL(40 ML daily)
escitalopram oxalate SOLN	F		paroxetine hcl TABS 30 MG, 40 MG	F	QL(2 EA daily)
escitalopram oxalate TABS 5 MG	F	QL(4 EA daily)	paroxetine hcl TABS 20 MG	F	QL(3 EA daily)
escitalopram oxalate TABS 20 MG	F	QL(1 EA daily)	paroxetine hcl TABS 10 MG	F	QL(6 EA daily)
escitalopram oxalate TABS 10 MG	F	QL(2 EA daily)	paroxetine hcl TB24	F	
fluoxetine hcl CAPS 10 MG, 20 MG	F	QL(4 EA daily)	PAXIL CR TB24 (Use paroxetine hcl)	NF	
fluoxetine hcl CAPS 40 MG	F	QL(2 EA daily)	PAXIL SUSP (Use paroxetine hcl)	NF	QL(40 ML daily)
fluoxetine hcl CPDR	F		PAXIL TABS 30 MG, 40 MG (Use paroxetine hcl)	NF	QL(2 EA daily)
fluoxetine hcl SOLN	F	QL(20 ML daily; 30 Day(s) limit); AL(At least 7 yrs old)	PAXIL TABS 20 MG (Use paroxetine hcl)	NF	QL(3 EA daily)
fluoxetine hcl TABS 60 MG	F		PAXIL TABS 10 MG (Use paroxetine hcl)	NF	QL(6 EA daily)
fluoxetine hcl TABS 10 MG	F	QL(1 EA daily); AL(At least 13 yrs old)	PEXEVA 10 MG, 20 MG, 30 MG	F	
fluoxetine hcl TABS 20 MG	F	QL(4 EA daily)	PROZAC CAPS 10 MG, 20 MG (Use fluoxetine hcl)	NF	QL(4 EA daily)
FLUOXETINE HCL TABS (Use fluoxetine hcl)	NF		PROZAC CAPS 40 MG (Use fluoxetine hcl)	NF	QL(2 EA daily)
			sertraline hcl CONC	F	QL(10 ML daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sertraline hcl TABS 100 MG</i>	F	QL(2 EA daily)	FETZIMA TITRATION C4PK	F	1 max fill(s) per 180 day(s) retail
<i>sertraline hcl TABS 25 MG, 50 MG</i>	F	QL(4 EA daily)	FETZIMA CP24	F	QL(1 EA daily)
ZOLOFT CONC (<i>Use sertraline hcl</i>)	NF	QL(10 ML daily)	PRISTIQ (<i>Use desvenlafaxine succinate</i>)	NF	
ZOLOFT TABS 25 MG, 50 MG (<i>Use sertraline hcl</i>)	NF	QL(4 EA daily)	<i>venlafaxine hcl CP24 75 MG</i>	F	QL(5 EA daily)
ZOLOFT TABS 100 MG (<i>Use sertraline hcl</i>)	NF	QL(2 EA daily)	<i>venlafaxine hcl CP24 150 MG</i>	F	QL(2 EA daily)
Serotonin Modulators			<i>venlafaxine hcl CP24 37.5 MG</i>	F	QL(4 EA daily)
<i>nefazodone hcl</i>	F		<i>venlafaxine hcl TABS</i>	F	
<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	F		<i>venlafaxine hcl TB24</i>	F	QL(1 EA daily)
<i>trazodone hcl TABS 300 MG</i>	F	QL(2 EA daily)	Tricyclic Agents		
TRINTELLIX	F	QL(1 EA daily); PA	<i>amitriptyline hcl TABS</i>	F	
VIIBRYD STARTER PACK KIT	F	PA	<i>amoxapine</i>	F	
VIIBRYD TABS (<i>Use vilazodone hcl</i>)	NF	QL(1 EA daily); PA	ANAFRANIL (<i>Use clomipramine hcl</i>)	NF	
<i>vilazodone hcl TABS</i>	F	QL(1 EA daily); PA	<i>clomipramine hcl</i>	F	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	F	
CYMBALTA CPEP (<i>Use duloxetine hcl</i>)	NF	QL(1 EA daily)	<i>desipramine hcl TABS 25 MG</i>	F	QL(2 EA daily)
DESVENLAFAXINE ER	F		<i>doxepin hcl CAPS</i>	F	
<i>desvenlafaxine succinate</i>	F		<i>doxepin hcl CONC</i>	F	
<i>duloxetine hcl CPEP 40 MG</i>	F		<i>imipramine hcl TABS</i>	F	
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	F	QL(1 EA daily)	<i>imipramine pamoate</i>	F	
EFFEXOR XR CP24 37.5 MG (<i>Use venlafaxine hcl</i>)	NF	QL(4 EA daily)	NORPRAMIN TABS 25 MG (<i>Use desipramine hcl</i>)	NF	QL(2 EA daily)
EFFEXOR XR CP24 150 MG (<i>Use venlafaxine hcl</i>)	NF	QL(2 EA daily)	NORPRAMIN TABS 10 MG (<i>Use desipramine hcl</i>)	NF	
EFFEXOR XR CP24 75 MG (<i>Use venlafaxine hcl</i>)	NF	QL(5 EA daily)	<i>nortriptyline hcl CAPS</i>	F	
			<i>nortriptyline hcl SOLN</i>	F	QL(20 ML daily)
			PAMELOR CAPS (<i>Use nortriptyline hcl</i>)	NF	
			<i>protriptyline hcl</i>	F	
			<i>trimipramine maleate CAPS</i>	F	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	F	
<i>miglitol</i>	F	
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG (Use <i>pioglitazone hcl-metformin hcl</i>)	NF	QL(2 EA daily)
<i>alogliptin-metformin hcl</i>	F	QL(2 EA daily)
<i>alogliptin-pioglitazone</i> 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	F	QL(1 EA daily)
<i>dapagliflozin propanediol-metformin hcl</i> 1000 MG-5 MG	F	QL(2 EA daily)
<i>dapagliflozin propanediol-metformin hcl</i> 1000 MG-10 MG	F	QL(1 EA daily)
DUETACT (Use <i>pioglitazone hcl-glimepiride</i>)	NF	QL(1 EA daily)
<i>glipizide-metformin hcl</i>	F	
<i>glyburide-metformin</i>	F	
KAZANO (Use <i>alogliptin-metformin hcl</i>)	NF	QL(2 EA daily)
KOMBIGLYZE XR (Use <i>saxagliptin-metformin hcl</i>)	NF	QL(1 EA daily)
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use <i>alogliptin-pioglitazone</i>)	NF	QL(1 EA daily)
<i>pioglitazone hcl-glimepiride</i>	F	QL(1 EA daily)
<i>pioglitazone hcl-metformin hcl</i> TABS	F	QL(2 EA daily)
<i>saxagliptin-metformin hcl</i>	F	QL(1 EA daily)
SITAGLIPTIN BASE-METFORMIN HCL TABS	F	QL(2 EA daily)
SOLQUA	F	QL(0.6 ML daily); PA

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR (Use <i>dapagliflozin propanediol-metformin hcl</i>)	NF	
Biguanides		
GLUMETZA TB24 (Use <i>metformin hcl</i>)	NF	
<i>metformin hcl</i> SOLN	F	
<i>metformin hcl</i> TABS 500 MG	F	QL(5 EA daily)
<i>metformin hcl</i> TABS 850 MG	F	QL(3 EA daily)
<i>metformin hcl</i> TABS 1000 MG	F	QL(2 EA daily)
<i>metformin hcl</i> TB24 500 MG	F	QL(4 EA daily)
<i>metformin hcl</i> TB24 750 MG	F	QL(2 EA daily)
RIOMET SOLN (Use <i>metformin hcl</i>)	NF	
Diabetic Other		
<i>dextrose (diabetic use)</i> GEL	F	
<i>diazoxide</i>	F	QL(100 Day(s) limit)
<i>glucagon (rdna)</i>	F	QL(1 EA per fill retail)
GLUCAGON EMERGENCY (Use <i>glucagon (rdna)</i>)	NF	QL(1 EA per fill retail)
PROGLYCEM (Use <i>diazoxide</i>)	NF	QL(100 Day(s) limit)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	F	QL(1 EA daily)
NESINA (Use <i>alogliptin benzoate</i>)	NF	QL(1 EA daily)
ONGLYZA (Use <i>saxagliptin hcl</i>)	NF	QL(1 EA daily)
<i>saxagliptin hcl</i>	F	QL(1 EA daily)
SITAGLIPTIN	F	QL(1 EA daily)
Incretin Mimetic Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>liraglutide</i>	F	QL(0.3 ML daily); AL(At least 10 yrs old)
TRULICITY	F	QL(0.072 ML daily); AL(At least 10 yrs old); PA
VICTOZA (<i>Use liraglutide</i>)	NF	QL(0.3 ML daily); AL(At least 10 yrs old)
Insulin		
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	F	
HUMULIN 70/30 KWIKPEN SUPN	F	QL(1 ML daily)
HUMULIN 70/30 SUSP	F	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN N KWIKPEN SUPN	F	QL(1 ML daily)
HUMULIN N SUSP	F	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	F	QL(1.34 ML daily)
HUMULIN R U-500 KWIKPEN SOPN SC	F	QL(1.34 ML daily)
HUMULIN R SOLN IJ	F	Limit 40mls per month; QL(1.34 ML daily)
INSULIN GLARGINE-YFGN SOLN	F	QL(1 ML daily)
INSULIN GLARGINE-YFGN SOPN	F	QL(1 ML daily)
INSULIN LISPRO (1 UNIT DIAL) SOPN	F	QL(1 ML daily)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	F	QL(1 ML daily)
INSULIN LISPRO PROT & LISPRO SUPN	F	QL(1 ML daily)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLUCOTROL XL TB24 (Use glipizide)	NF		IMODIUM A-D TABS (Use loperamide hcl)	NF	QL(8 EA daily)
glyburide micronized 1.5 MG, 3 MG, 6 MG	F		LOMOTIL TABS (Use diphenoxylate w/ atropine)	NF	
glyburide TABS	F		loperamide hcl CAPS	F	QL(8 EA daily); RX/OTC
GLYNASE (Use glyburide micronized)	NF		loperamide hcl TABS	F	QL(8 EA daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea			ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidiarrheal/Probiotic Agents - Misc.			Antidotes - Chelating Agents		
bismuth subsalicylate CHEW 262 MG	F		CHEMET	F	
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	F		deferasirox TABS	F	SP; PA
bismuth subsalicylate TABS	F		JADENU TABS (Use deferasirox)	NF	SP; PA
PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate)	NF		Antidotes and Specific Antagonists		
PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	NF		SM IPECAC SYRUP	F	
PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	NF		Opioid Antagonists		
PEPTO-BISMOL SUSP 262 MG/15ML (Use bismuth subsalicylate)	NF		naloxone hcl LIQD	F	RX/OTC
PEPTO-BISMOL TABS (Use bismuth subsalicylate)	NF		naloxone hcl SOLN 0.4 MG/ML	F	QL(2 ML per 90 day(s) retail)
Antiperistaltic Agents			naltrexone hcl	F	
diphenoxylate w/ atropine LIQD	F		NARCAN LIQD (Use naloxone hcl)	NF	RX/OTC
diphenoxylate w/ atropine TABS	F		VIVITROL	F	SP
IMODIUM A-D CAPS (Use loperamide hcl)	NF	QL(8 EA daily); RX/OTC	ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
			5-HT3 Receptor Antagonists		
			ondansetron hcl SOLN PO 4 MG/5ML	F	QL(50 ML per fill retail)
			ondansetron hcl SOLN IJ	F	
			ondansetron hcl SOSY	F	
			ondansetron hcl TABS 24 MG	F	QL(1 EA per 14 day(s) retail)
			ondansetron hcl TABS 4 MG, 8 MG	F	QL(2 EA daily)
			ondansetron TBDP 4 MG, 8 MG	F	QL(2 EA daily)
			Antiemetics - Anticholinergic		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>itraconazole CAPS</i>	F	QL(1 EA daily); PA
SPORANOX CAPS (<i>Use itraconazole</i>)	NF	QL(1 EA daily); PA
ANTIHIISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	F	QL(60 ML daily)
<i>chlorpheniramine maleate TABS</i>	F	QL(120 EA per fill retail)
CHLOR-TRIMETON SYRP (<i>Use chlorpheniramine maleate</i>)	NF	QL(60 ML daily)
CHLOR-TRIMETON TABS (<i>Use chlorpheniramine maleate</i>)	NF	QL(120 EA per fill retail)
<i>dexchlorpheniramine maleate SOLN</i>	F	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CHILDRENS LIQD (<i>Use diphenhydramine hcl</i>)	NF	QL(240 ML per fill retail)
BENADRYL ALLERGY ULTRATABS TABS (<i>Use diphenhydramine hcl</i>)	NF	QL(4 EA daily)
BENADRYL ALLERGY CAPS (<i>Use diphenhydramine hcl</i>)	NF	QL(4 EA daily)
BENADRYL ALLERGY TABS (<i>Use diphenhydramine hcl</i>)	NF	QL(4 EA daily)
<i>clemastine fumarate TABS 1.34 MG</i>	F	QL(2 EA daily)
DAYHIST ALLERGY 12 HOUR RELIEF TABS	F	QL(2 EA daily)
<i>diphenhydramine hcl CAPS</i>	F	QL(4 EA daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	F	QL(240 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	F	QL(240 ML per fill retail)	<i>loratadine TBDP 10 MG</i>	F	
<i>diphenhydramine hcl TABS 25 MG</i>	F	QL(4 EA daily)	XYZAL ALLERGY 24HR TABS (<i>Use levocetirizine dihydrochloride</i>)	NF	RX/OTC
Antihistamines - Non-Sedating			ZYRTEC ALLERGY TABS (<i>Use cetirizine hcl</i>)	NF	QL(1 EA daily)
ALLEGRA ALLERGY TABS 180 MG (<i>Use fexofenadine hcl</i>)	NF	QL(1 EA daily)	ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (<i>Use cetirizine hcl</i>)	NF	QL(1 EA daily)
ALLEGRA ALLERGY TABS 60 MG (<i>Use fexofenadine hcl</i>)	NF	QL(2 EA daily)	ZYRTEC CHILDRENS ALLERGY SOLN PO (<i>Use cetirizine hcl</i>)	NF	QL(240 ML per fill retail); AL(Up to 12 yrs old); RX/OTC
<i>cetirizine hcl CHEW</i>	F	QL(1 EA daily)	ZYRTEC CHEW 10 MG (<i>Use cetirizine hcl</i>)	NF	QL(1 EA daily)
<i>cetirizine hcl SOLN PO</i>	F	QL(240 ML per fill retail); AL(Up to 12 yrs old); RX/OTC	Antihistamines - Phenothiazines		
<i>cetirizine hcl SYRP PO</i>	F	QL(240 ML per fill retail); AL(Up to 12 yrs old); RX/OTC	<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	F	QL(240 ML per fill retail); AL(At least 2 yrs old)
<i>cetirizine hcl TABS</i>	F	QL(1 EA daily)	<i>promethazine hcl SUPP</i>	F	QL(12 EA per fill retail); AL(At least 2 yrs old)
CLARITIN ALLERGY CHILDRENS SOLN (<i>Use loratadine</i>)	NF	QL(240 ML per fill retail)	<i>promethazine hcl TABS</i>	F	AL(At least 2 yrs old)
CLARITIN REDITABS JUNIORS TBDP (<i>Use loratadine</i>)	NF		Antihistamines - Piperidines		
CLARITIN REDITABS TBDP (<i>Use loratadine</i>)	NF		<i>ciproheptadine hcl SYRP</i>	F	
CLARITIN SOLN (<i>Use loratadine</i>)	NF	QL(240 ML per fill retail)	<i>ciproheptadine hcl TABS</i>	F	
CLARITIN TABS (<i>Use loratadine</i>)	NF		ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
<i>fexofenadine hcl TABS 60 MG</i>	F	QL(2 EA daily)	Antihyperlipidemics - Combinations		
<i>fexofenadine hcl TABS 180 MG</i>	F	QL(1 EA daily)	<i>ezetimibe-simvastatin</i>	F	ST
<i>levocetirizine dihydrochloride TABS</i>	F	RX/OTC	VYTORIN (<i>Use ezetimibe-simvastatin</i>)	NF	ST
<i>loratadine SOLN</i>	F	QL(240 ML per fill retail)	Bile Acid Sequestrants		
<i>loratadine TABS</i>	F		<i>cholestyramine light PACK</i>	F	
			<i>cholestyramine light POWD</i>	F	
			<i>cholestyramine PACK</i>	F	
			<i>cholestyramine POWD</i>	F	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COLESTID FLAVORED GRAN (Use colestipol hcl)	NF		rosuvastatin calcium TABS	F	QL(1 EA daily)
COLESTID GRAN (Use colestipol hcl)	NF		simvastatin TABS	F	QL(1 EA daily)
COLESTID TABS (Use colestipol hcl)	NF		ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)	NF	QL(1 EA daily)
colestipol hcl GRAN	F		Intestinal Cholesterol Absorption Inhibitors		
colestipol hcl TABS	F		ezetimibe	F	ST
QUESTRAN LIGHT POWD (Use cholestyramine light)	NF		ZETIA (Use ezetimibe)	NF	ST
QUESTRAN PACK (Use cholestyramine)	NF		Nicotinic Acid Derivatives		
QUESTRAN POWD (Use cholestyramine)	NF		niacin (antihyperlipidemic) TABS	F	
Fibric Acid Derivatives			niacin (antihyperlipidemic) TBCR	F	
ANTARA 90 MG (Use fenofibrate micronized)	NF		ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
fenofibrate micronized 134 MG, 200 MG	F	QL(1 EA daily)	ACE Inhibitors		
fenofibrate micronized 67 MG	F	QL(2 EA daily)	ACCUPRIL (Use quinapril hcl)	NF	QL(1 EA daily)
fenofibrate TABS 54 MG	F	QL(3 EA daily)	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril)	NF	QL(2 EA daily)
fenofibrate TABS 160 MG	F	QL(1 EA daily)	benazepril hcl 5 MG, 10 MG, 20 MG	F	QL(1 EA daily)
FENOGLIDE TABS (Use fenofibrate)	NF		benazepril hcl 40 MG	F	QL(2 EA daily)
gemfibrozil TABS	F	QL(2 EA daily)	captopril	F	QL(3 EA daily)
LOPID TABS (Use gemfibrozil)	NF	QL(2 EA daily)	enalapril maleate TABS	F	QL(2 EA daily)
HMG CoA Reductase Inhibitors			fosinopril sodium	F	QL(1 EA daily)
atorvastatin calcium TABS	F	QL(1 EA daily)	lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	F	QL(2 EA daily)
CRESTOR TABS (Use rosuvastatin calcium)	NF	QL(1 EA daily)	lisinopril TABS 2.5 MG	F	QL(1 EA daily)
LIPITOR TABS (Use atorvastatin calcium)	NF	QL(1 EA daily)	LOTENSIN 40 MG (Use benazepril hcl)	NF	QL(2 EA daily)
lovastatin TABS 10 MG, 20 MG	F	QL(1 EA daily)	LOTENSIN 10 MG, 20 MG (Use benazepril hcl)	NF	QL(1 EA daily)
lovastatin TABS 40 MG	F	QL(2 EA daily)	quinapril hcl	F	QL(1 EA daily)
pravastatin sodium	F	QL(1 EA daily)	ramipril CAPS	F	QL(2 EA daily)
			trandolapril 1 MG, 2 MG	F	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>trandolapril 4 MG</i>	F	QL(2 EA daily)	<i>methyldopa TABS</i>	F	
VASOTEC TABS (<i>Use enalapril maleate</i>)	NF	QL(2 EA daily)	MINIPRESS CAPS (<i>Use prazosin hcl</i>)	NF	
ZESTRIL TABS 2.5 MG (<i>Use lisinopril</i>)	NF	QL(1 EA daily)	<i>prazosin hcl CAPS</i>	F	
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (<i>Use lisinopril</i>)	NF	QL(2 EA daily)	<i>terazosin hcl</i>	F	
Angiotensin II Receptor Antagonists			Antihypertensive Combinations		
ATACAND (<i>Use candesartan cilexetil</i>)	NF		ACCURETIC 12.5 MG-10 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NF	QL(3 EA daily)
AVAPRO 150 MG, 300 MG (<i>Use irbesartan</i>)	NF	QL(1 EA daily)	ACCURETIC 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NF	QL(4 EA daily)
BENICAR (<i>Use olmesartan medoxomil</i>)	NF	ST	<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG, 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG</i>	F	QL(1 EA daily)
<i>candesartan cilexetil</i>	F		<i>amlodipine besylate-olmesartan medoxomil</i>	F	ST
COZAAR (<i>Use losartan potassium</i>)	NF	QL(1 EA daily)	<i>amlodipine besylate-valsartan</i>	F	ST
DIOVAN TABS (<i>Use valsartan</i>)	NF	QL(1 EA daily)	<i>amlodipine-valsartan-hydrochlorothiazide</i>	F	ST
<i>irbesartan</i>	F	QL(1 EA daily)	ATACAND HCT (<i>Use candesartan cilexetil-hydrochlorothiazide</i>)	NF	
<i>losartan potassium</i>	F	QL(1 EA daily)	<i>atenolol & chlorthalidone</i>	F	QL(1 EA daily)
MICARDIS (<i>Use telmisartan</i>)	NF	QL(1 EA daily)	AVALIDE (<i>Use irbesartan-hydrochlorothiazide</i>)	NF	QL(1 EA daily)
<i>olmesartan medoxomil</i>	F	ST	AZOR (<i>Use amlodipine besylate-olmesartan medoxomil</i>)	NF	ST
<i>telmisartan</i>	F	QL(1 EA daily)	<i>benazepril & hydrochlorothiazide</i>	F	QL(1 EA daily)
<i>valsartan TABS</i>	F	QL(1 EA daily)	BENICAR HCT (<i>Use olmesartan medoxomil-hydrochlorothiazide</i>)	NF	ST
Antiadrenergic Antihypertensives			<i>bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG</i>	F	QL(1 EA daily)
CARDURA (<i>Use doxazosin mesylate</i>)	NF		<i>candesartan cilexetil-hydrochlorothiazide</i>	F	
CATAPRES-TTS-1 PTWK (<i>Use clonidine</i>)	NF				
CATAPRES-TTS-2 PTWK (<i>Use clonidine</i>)	NF				
CATAPRES-TTS-3 PTWK (<i>Use clonidine</i>)	NF				
<i>clonidine hcl TABS</i>	F				
<i>clonidine PTWK</i>	F				
<i>doxazosin mesylate</i>	F				
<i>guanfacine hcl</i>	F				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>captopril & hydrochlorothiazide</i>	F		<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	F	ST
DIOVAN HCT (Use valsartan-hydrochlorothiazide)	NF	QL(1 EA daily)	<i>olmesartan medoxomil-hydrochlorothiazide</i>	F	ST
<i>enalapril maleate & hydrochlorothiazide</i>	F	QL(2 EA daily)	<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	F	QL(4 EA daily)
EXFORGE (Use amlodipine besylate-valsartan)	NF	ST	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	F	QL(2 EA daily)
EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	NF	ST	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	F	QL(3 EA daily)
<i>fosinopril sodium & hydrochlorothiazide</i>	F	QL(1 EA daily)	TEKTURNA HCT	F	
HYZAAR (Use losartan potassium & hydrochlorothiazide)	NF	QL(1 EA daily)	<i>telmisartan-amlodipine</i>	F	
<i>irbesartan-hydrochlorothiazide</i>	F	QL(1 EA daily)	<i>telmisartan-hydrochlorothiazide</i>	F	QL(1 EA daily)
<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	F	QL(2 EA daily)	TENORETIC 100 (Use atenolol & chlorthalidone)	NF	QL(1 EA daily)
<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	F	QL(1 EA daily)	TENORETIC 50 (Use atenolol & chlorthalidone)	NF	QL(1 EA daily)
<i>losartan potassium & hydrochlorothiazide</i>	F	QL(1 EA daily)	<i>trandolapril-verapamil hcl</i>	F	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide)	NF	QL(1 EA daily)	TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NF	ST
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG (Use amlodipine besylate-benazepril hcl)	NF	QL(1 EA daily)	<i>valsartan-hydrochlorothiazide</i>	F	QL(1 EA daily)
<i>metoprolol & hydrochlorothiazide TABS</i>	F	QL(2 EA daily)	VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	NF	QL(2 EA daily)
MICARDIS HCT (Use telmisartan-hydrochlorothiazide)	NF	QL(1 EA daily)	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide)	NF	QL(2 EA daily)
			ZESTORETIC 25 MG-20 MG (Use lisinopril & hydrochlorothiazide)	NF	QL(1 EA daily)
			ZIAC 6.25 MG-2.5 MG (Use bisoprolol & hydrochlorothiazide)	NF	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZIAC 6.25 MG-10 MG, 6.25 MG-5 MG (<i>Use bisoprolol & hydrochlorothiazide</i>)	NF	QL(1 EA daily)	<i>vancomycin hcl CAPS 125 MG</i>	F	QL(4 EA daily)
Direct Renin Inhibitors			<i>vancomycin hcl CAPS 250 MG</i>	F	QL(8 EA daily)
<i>aliskiren fumarate</i>	F		<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	F	QL(300 ML per fill retail)
TEKTURNA (<i>Use aliskiren fumarate</i>)	NF		<i>vancomycin hcl SOLR IV 500 MG</i>	F	Limit 14 per month; QL(0.467 EA daily)
Vasodilators			<i>vancomycin hcl SOLR IV 1 GM</i>	F	QL(14 EA per fill retail)
<i>hydralazine hcl TABS</i>	F		VANCOMYCIN HCL SOLR IV 1 GM	F	QL(14 EA per fill retail)
<i>minoxidil 2.5 MG, 10 MG</i>	F		VANCOMYCIN HCL SOLR IV 500 MG	F	Limit 14 per month; QL(0.467 EA daily)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections			Leprostatics		
Anti-infective Agents - Misc.			<i>dapsone</i>	F	
<i>metronidazole TABS</i>	F		Lincosamides		
<i>trimethoprim TABS</i>	F		CLEOCIN (<i>Use clindamycin palmitate hydrochloride</i>)	NF	Limit 1 package per claim; QL(100 ML per fill retail)
Anti-infective Misc. - Combinations			<i>clindamycin hcl 150 MG, 300 MG</i>	F	
BACTRIM DS TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF		<i>clindamycin palmitate hydrochloride</i>	F	Limit 1 package per claim; QL(100 ML per fill retail)
BACTRIM TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF		Oxazolidinones		
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal TABS 81.6 MG</i>	F		SIVEXTRO TABS	F	QL(6 EA per fill retail); PA
<i>sulfamethoxazole-trimethoprim SUSP</i>	F		Urinary Anti-infectives		
<i>sulfamethoxazole-trimethoprim TABS</i>	F		MACROBID (<i>Use nitrofurantoin monohyd macro</i>)	NF	
URETRON D/S TABS 81.6 MG	F		<i>methenamine mandelate</i>	F	
Glycopeptides			<i>nitrofurantoin</i>	F	QL(40 ML daily)
FIRVANQ SOLR PO (<i>Use vancomycin hcl</i>)	NF	QL(300 ML per fill retail)			
VANCOCIN CAPS 250 MG (<i>Use vancomycin hcl</i>)	NF	QL(8 EA daily)			
VANCOCIN CAPS 125 MG (<i>Use vancomycin hcl</i>)	NF	QL(4 EA daily)			

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

Drug Name	Drug Tier	Requirements/ Limits
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	F	
<i>isoniazid SYRP</i>	F	
<i>isoniazid TABS</i>	F	
MYAMBUTOL TABS 400 MG (<i>Use ethambutol hcl</i>)	NF	
MYCOBUTIN (<i>Use rifabutin</i>)	NF	
<i>pyrazinamide</i>	F	
<i>rifabutin</i>	F	
<i>rifampin CAPS</i>	F	
TRECTOR	F	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (<i>Use melphalan</i>)	NF	
<i>cyclophosphamide CAPS</i>	F	
LEUKERAN	F	
<i>melphalan</i>	F	
MYLERAN TABS	F	
TEMODAR SOLR	F	SP; PA
<i>temozolomide CAPS</i>	F	SP; PA
Antimetabolites		
<i>capecitabine</i>	F	SP; PA
<i>mercaptopurine SUSP 2000 MG/100ML</i>	F	AL(Up to 8 yrs old)
<i>mercaptopurine TABS</i>	F	
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	F	
<i>methotrexate sodium TABS 2.5 MG</i>	F	
PURIXAN SUSP 2000 MG/100ML (<i>Use mercaptopurine</i>)	NF	AL(Up to 8 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	F	
XELODA (Use capecitabine)	NF	SP; PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	F	SP; PA
Antineoplastic - EGFR Inhibitors		
erlotinib hcl	F	SP; PA
GILOTRIF	F	SP; PA
TARCEVA (Use erlotinib hcl)	NF	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE	F	SP; PA
ODOMZO	F	SP; PA
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate	F	SP; PA
anastrozole	F	
ARIMIDEX (Use anastrozole)	NF	
AROMASIN (Use exemestane)	NF	Try anastrozole or letrozole first; ST
bicalutamide	F	QL(1 EA daily)
CASODEX (Use bicalutamide)	NF	QL(1 EA daily)
ELIGARD SC	F	SP; PA
EMCYT	F	SP
exemestane	F	Try anastrozole or letrozole first; ST
FARESTON (Use toremifene citrate)	NF	PA
FEMARA (Use letrozole)	NF	
letrozole	F	
leuprolide acetate KIT IJ 1 MG/0.2ML	F	SP; PA
LYSODREN	F	SP
megestrol acetate SUSP	F	
megestrol acetate TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
tamoxifen citrate TABS	F	
toremifene citrate	F	PA
ZOLADEX	F	SP; PA
ZYTIGA (Use abiraterone acetate)	NF	SP; PA
Antineoplastic - Immunomodulators		
POMALYST	F	SP; PA
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO (Use everolimus)	NF	SP; PA
AFINITOR TABS (Use everolimus)	NF	SP; PA
BOSULIF TABS 100 MG, 500 MG	F	SP; PA
BRAFTOVI 75 MG	F	SP; PA
COTELLIC	F	SP; PA
dasatinib	F	SP; PA
everolimus TABS	F	SP; PA
everolimus TBSO	F	SP; PA
GLEEVEC TABS (Use imatinib mesylate)	NF	SP; PA
IBRANCE CAPS	F	SP; PA
ICLUSIG	F	QL(1 EA daily); SP; PA
imatinib mesylate TABS	F	SP; PA
ISTODAX SOLR (Use romidepsin)	NF	SP; PA
JAKAFI	F	QL(2 EA daily); SP; PA
lapatinib ditosylate	F	SP; PA
MEKINIST TABS	F	SP; PA
MEKTOVI	F	SP; PA
NEXAVAR (Use sorafenib tosylate)	NF	SP; PA
NINLARO	F	SP; PA
pazopanib hcl	F	SP; PA
romidepsin SOLR	F	SP; PA
sorafenib tosylate	F	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SPRYCEL (<i>Use dasatinib</i>)	NF	SP; PA	<i>carbidopa</i>	F	
STIVARGA	F	SP; PA	LODOSYN (<i>Use carbidopa</i>)	NF	
<i>sunitinib malate</i>	F	SP; PA	Antiparkinson Anticholinergics		
SUTENT (<i>Use sunitinib malate</i>)	NF	SP; PA	<i>benztropine mesylate SOLN</i>	F	
TAFINLAR CAPS	F	SP; PA	<i>benztropine mesylate TABS</i>	F	
TASIGNA 150 MG, 200 MG	F	SP; PA	<i>trihexyphenidyl hcl SOLN</i>	F	QL(16.67 ML daily)
TYKERB (<i>Use lapatinib ditosylate</i>)	NF	SP; PA	<i>trihexyphenidyl hcl TABS</i>	F	
VOTRIENT (<i>Use pazopanib hcl</i>)	NF	SP; PA	Antiparkinson Dopaminergics		
XALKORI CAPS	F	SP; PA	<i>amantadine hcl CAPS</i>	F	
ZELBORAF	F	SP; PA	<i>amantadine hcl SOLN</i>	F	
ZOLINZA	F	SP; PA	<i>bromocriptine mesylate CAPS</i>	F	
Antineoplastics Misc.			<i>bromocriptine mesylate TABS 2.5 MG</i>	F	
<i>bexarotene</i>	F	SP; PA	<i>carbidopa-levodopa TABS</i>	F	
HYDREA (<i>Use hydroxyurea</i>)	NF		<i>carbidopa-levodopa TBCR</i>	F	
<i>hydroxyurea</i>	F		DHIVY TABS	F	
MATULANE	F	SP	PARLODEL CAPS (<i>Use bromocriptine mesylate</i>)	NF	
TARGRETIN (<i>Use bexarotene</i>)	NF	SP; PA	PARLODEL TABS (<i>Use bromocriptine mesylate</i>)	NF	
<i>tretinoin (chemotherapy)</i>	F	SP	<i>pramipexole dihydrochloride TABS</i>	F	QL(3 EA daily)
Chemotherapy Rescue/Antidote/Protective Agents			<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	F	QL(3 EA daily)
<i>leucovorin calcium TABS</i>	F		<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	F	QL(6 EA daily)
<i>mesna TABS</i>	F	SP	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>Use carbidopa-levodopa</i>)	NF	
MESNEX TABS	F	SP	Antiparkinson Monoamine Oxidase Inhibitors		
Mitotic Inhibitors			<i>selegiline hcl CAPS</i>	F	
<i>etoposide CAPS</i>	F	SP	<i>selegiline hcl TABS</i>	F	
Topoisomerase I Inhibitors					
HYCAMTIN CAPS	F	SP; PA			
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease					
Antiparkinson Adjunctive Therapy					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			ERZOFRI 78 MG/0.5ML	F	Limit 1 syringe per month; QL(0.018 ML daily); SP
Antimanic Agents			ERZOFRI 39 MG/0.25ML	F	Limit 1 syringe per month; QL(0.009 ML daily); SP
<i>lithium</i>	F		ERZOFRI 117 MG/0.75ML	F	Limit 1 syringe per month; QL(0.027 ML daily); SP
<i>lithium carbonate CAPS</i>	F		ERZOFRI 156 MG/ML	F	Limit 1 syringe per month; QL(0.036 ML daily); SP
<i>lithium carbonate TABS</i>	F		INVEGA (<i>Use paliperidone</i>)	NF	
<i>lithium carbonate TBCR</i>	F		INVEGA HAFYERA	F	Limit 1 syringe per 168 days; 1 package(s) per 168 day(s) retail; AL(At least 18 yrs old); SP
LITHOBID TBCR (<i>Use lithium carbonate</i>)	NF		INVEGA SUSTENNA 156 MG/ML	F	Limit 1 syringe per month; QL(0.036 ML daily); SP
Antipsychotics - Misc.			INVEGA SUSTENNA 234 MG/1.5ML	F	Limit 1 syringe per month; QL(0.054 ML daily); SP
EQUETRO	F		INVEGA SUSTENNA 39 MG/0.25ML	F	Limit 1 syringe per month; QL(0.009 ML daily); SP
GEODON (<i>Use ziprasidone mesylate</i>)	NF		INVEGA SUSTENNA 78 MG/0.5ML	F	Limit 1 syringe per month; QL(0.018 ML daily); SP
GEODON (<i>Use ziprasidone hcl</i>)	NF	QL(2 EA daily); AL(At least 18 yrs old)	INVEGA SUSTENNA 117 MG/0.75ML	F	Limit 1 syringe per month; QL(0.027 ML daily); SP
LATUDA 20 MG, 40 MG (<i>Use lurasidone hcl</i>)	NF	QL(1 EA daily)			
LATUDA 60 MG, 80 MG (<i>Use lurasidone hcl</i>)	NF	QL(2 EA daily)			
LATUDA 120 MG (<i>Use lurasidone hcl</i>)	NF				
<i>lurasidone hcl 120 MG</i>	F				
<i>lurasidone hcl 60 MG, 80 MG</i>	F	QL(2 EA daily)			
<i>lurasidone hcl 20 MG, 40 MG</i>	F	QL(1 EA daily)			
NUPLAZID CAPS	F	QL(1 EA daily)			
NUPLAZID TABS 10 MG	F	QL(1 EA daily)			
<i>ziprasidone hcl</i>	F	QL(2 EA daily); AL(At least 18 yrs old)			
<i>ziprasidone mesylate</i>	F				
Benzisoxazoles					
ERZOFRI 234 MG/1.5ML	F	Limit 1 syringe per month; QL(0.054 ML daily); SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INVEGA TRINZA 273 MG/0.88ML	F	Limit 1 syringe every 3 months; QL(0.88 ML per fill retail); 1 max fill(s) per 90 day(s) retail; SP	<i>risperidone microspheres</i>	F	Limit 2 vials per month; QL(0.072 EA daily); SP
INVEGA TRINZA 410 MG/1.32ML	F	Limit 1 syringe every 3 months; QL(1.4 ML per fill retail); 1 max fill(s) per 90 day(s) retail; SP	<i>risperidone SOLN</i>	F	QL(4 ML daily); AL(At least 5 yrs old)
INVEGA TRINZA 819 MG/2.63ML	F	Limit 1 syringe every 3 months; QL(2.7 ML per fill retail); 1 max fill(s) per 90 day(s) retail; SP	<i>risperidone TABS</i>	F	QL(4 EA daily); AL(At least 5 yrs old)
INVEGA TRINZA 546 MG/1.75ML	F	Limit 1 syringe every 3 months; QL(1.8 ML per fill retail); 1 max fill(s) per 90 day(s) retail; SP	<i>risperidone TBDP 0.25 MG</i>	F	QL(1 EA daily); AL(At least 5 yrs old)
<i>paliperidone</i>	F		<i>risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	F	QL(2 EA daily); AL(At least 5 yrs old)
PERSERIS PRSY	F	Limit 1 syringe per 28 days; 1 package(s) per 28 day(s) retail; AL(Up to 18 yrs old); SP	RYKINDO SRER	F	Limit 1 vial per 14 days; 1 package(s) per 14 day(s) retail; AL(At least 18 yrs old); SP
RISPERDAL CONSTA (Use <i>risperidone microspheres</i>)	NF	Limit 2 vials per month; QL(0.072 EA daily); SP	UZEDY SUSY 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	F	Limit 1 syringe per 56 days; 1 package(s) per 56 day(s) retail; AL(At least 18 yrs old); SP
RISPERDAL SOLN (Use <i>risperidone</i>)	NF	QL(4 ML daily); AL(At least 5 yrs old)	UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 100 MG/0.28ML, 125 MG/0.35ML	F	Limit 1 syringe per 28 days; 1 package(s) per 28 day(s) retail; AL(At least 18 yrs old); SP
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use <i>risperidone</i>)	NF	QL(4 EA daily); AL(At least 5 yrs old)	Butyrophenones		
			HALDOL DECANOATE (Use <i>haloperidol decanoate</i>)	NF	
			<i>haloperidol decanoate</i>	F	
			<i>haloperidol lactate CONC</i>	F	
			<i>haloperidol lactate SOLN</i>	F	
			<i>haloperidol TABS 0.5 MG, 1 MG, 10 MG</i>	F	QL(3 EA daily)
			<i>haloperidol TABS 2 MG, 5 MG, 20 MG</i>	F	
			Dibenzapines		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>asenapine maleate</i>	F		SEROQUEL TABS 300 MG, 400 MG (<i>Use quetiapine fumarate</i>)	NF	QL(2 EA daily)
<i>clozapine TABS 100 MG</i>	F	QL(9 EA daily); AL(At least 18 yrs old)	VERSACLOZ SUSP	F	
<i>clozapine TABS 25 MG, 50 MG, 200 MG</i>	F	QL(3 EA daily); AL(At least 18 yrs old)	ZYPREXA RELPREVV	F	Limit 2 vials per month; QL(0.072 EA daily); SP
<i>clozapine TBDP 12.5 MG, 25 MG, 150 MG, 200 MG</i>	F	QL(3 EA daily)	ZYPREXA ZYDIS TBDP (<i>Use olanzapine</i>)	NF	QL(1 EA daily); AL(At least 13 yrs old)
<i>clozapine TBDP 100 MG</i>	F	QL(9 EA daily)	ZYPREXA SOLR (<i>Use olanzapine</i>)	NF	
CLOZARIL TABS 100 MG (<i>Use clozapine</i>)	NF	QL(9 EA daily); AL(At least 18 yrs old)	ZYPREXA TABS 2.5 MG, 5 MG (<i>Use olanzapine</i>)	NF	QL(4 EA daily); AL(At least 13 yrs old)
CLOZARIL TABS 25 MG, 50 MG, 200 MG (<i>Use clozapine</i>)	NF	QL(3 EA daily); AL(At least 18 yrs old)	ZYPREXA TABS 15 MG, 20 MG (<i>Use olanzapine</i>)	NF	QL(1 EA daily); AL(At least 13 yrs old)
<i>loxapine succinate</i>	F	QL(4 EA daily)	ZYPREXA TABS 7.5 MG, 10 MG (<i>Use olanzapine</i>)	NF	QL(2 EA daily); AL(At least 13 yrs old)
<i>olanzapine SOLR</i>	F		Dihydroindolones		
<i>olanzapine TABS 7.5 MG, 10 MG</i>	F	QL(2 EA daily); AL(At least 13 yrs old)	<i>molindone hcl</i>	F	
<i>olanzapine TABS 15 MG, 20 MG</i>	F	QL(1 EA daily); AL(At least 13 yrs old)	Phenothiazines		
<i>olanzapine TABS 2.5 MG, 5 MG</i>	F	QL(4 EA daily); AL(At least 13 yrs old)	<i>chlorpromazine hcl SOLN 25 MG/ML</i>	F	
<i>olanzapine TBDP</i>	F	QL(1 EA daily); AL(At least 13 yrs old)	<i>chlorpromazine hcl TABS 10 MG</i>	F	QL(10 EA daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	F	QL(4 EA daily)	<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	F	QL(3 EA daily)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	F	QL(2 EA daily)	<i>fluphenazine decanoate</i>	F	
<i>quetiapine fumarate TB24</i>	F		<i>fluphenazine hcl CONC</i>	F	
SAPHRIS (<i>Use asenapine maleate</i>)	NF		<i>fluphenazine hcl ELIX</i>	F	
SECUADO	F		<i>fluphenazine hcl SOLN</i>	F	
SEROQUEL XR TB24 (<i>Use quetiapine fumarate</i>)	NF		<i>fluphenazine hcl TABS</i>	F	
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (<i>Use quetiapine fumarate</i>)	NF	QL(4 EA daily)	<i>perphenazine TABS</i>	F	QL(4 EA daily)
			<i>prochlorperazine</i>	F	
			<i>prochlorperazine edisylate 10 MG/2ML</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>prochlorperazine maleate TABS</i>	F	
<i>thioridazine hcl</i>	F	QL(3 EA daily)
<i>trifluoperazine hcl TABS</i>	F	QL(3 EA daily)
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	F	Limit 1 syringe per 56 days; 1 package(s) per 56 day(s) retail; AL(At least 18 yrs old); SP
ABILIFY MAINTENA PRSY	F	QL(0.04 EA daily); SP
ABILIFY MAINTENA SRER	F	QL(0.04 EA daily); SP
ABILIFY TABS (<i>Use aripiprazole</i>)	NF	QL(1 EA daily)
<i>aripiprazole SOLN PO</i>	F	QL(25 ML daily); AL(At least 6 yrs old)
<i>aripiprazole TABS</i>	F	QL(1 EA daily)
<i>aripiprazole TBDP</i>	F	QL(1 EA daily)
ARISTADA 882 MG/3.2ML	F	Limit 1 syringe per month; QL(0.114 ML daily); SP
ARISTADA 1064 MG/3.9ML	F	Limit 1 syringe per month; QL(0.139 ML daily); SP
ARISTADA 441 MG/1.6ML	F	Limit 1 syringe per month; QL(0.057 ML daily); SP
ARISTADA 662 MG/2.4ML	F	Limit 1 syringe per month; QL(0.086 ML daily); SP
ARISTADA INITIO	F	Limit 1 syringe per month; QL(0.086 ML daily); SP
Thioxanthenes		
<i>thiothixene</i>	F	QL(3 EA daily)
ANTISEPTICS & DISINFECTANTS		

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMPLERA	F	QL(1 EA daily)	INTELENCE 100 MG (Use <i>etravirine</i>)	NF	QL(4 EA daily)
<i>darunavir TABS 600 MG</i>	F	QL(2 EA daily)	INTELENCE 200 MG (Use <i>etravirine</i>)	NF	QL(2 EA daily)
<i>darunavir TABS 800 MG</i>	F	QL(1 EA daily)	ISENTRESS HD TABS	F	QL(2 EA daily)
DELSTRIGO	F	QL(1 EA daily)	ISENTRESS CHEW 100 MG	F	QL(6 EA daily)
DESCOVY	F	QL(1 EA daily)	ISENTRESS CHEW 25 MG	F	QL(12 EA daily)
DOVATO	F		ISENTRESS PACK	F	QL(2 EA daily)
EDURANT	F	QL(1 EA daily)	ISENTRESS TABS	F	QL(2 EA daily)
<i>efavirenz CAPS 200 MG</i>	F	QL(1 EA daily)	JULUCA	F	
<i>efavirenz CAPS 50 MG</i>	F	QL(2 EA daily)	KALETRA SOLN	F	Limit 1 package per claim; QL(160 ML per fill retail)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	F	QL(1 EA daily)	KALETRA TABS 25 MG-100 MG (Use <i>lopinavir-ritonavir</i>)	NF	QL(4 EA daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	F	QL(1 EA daily)	KALETRA TABS 50 MG-200 MG (Use <i>lopinavir-ritonavir</i>)	NF	QL(6 EA daily)
<i>efavirenz TABS</i>	F	QL(1 EA daily)	<i>lamivudine SOLN</i>	F	QL(30 ML daily)
<i>emtricitabine CAPS</i>	F	QL(1 EA daily)	<i>lamivudine TABS 300 MG</i>	F	QL(1 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate</i>	F	QL(1 EA daily)	<i>lamivudine TABS 150 MG</i>	F	QL(2 EA daily)
EMTRIVA CAPS (Use <i>emtricitabine</i>)	NF	QL(1 EA daily)	<i>lamivudine-zidovudine</i>	F	QL(2 EA daily)
EMTRIVA SOLN	F	QL(24 ML daily)	LEXIVA SUSP	F	QL(56 ML daily)
EPIVIR SOLN (Use <i>lamivudine</i>)	NF	QL(30 ML daily)	LEXIVA TABS (Use <i>fosamprenavir calcium</i>)	NF	QL(4 EA daily)
EPIVIR TABS 150 MG (Use <i>lamivudine</i>)	NF	QL(2 EA daily)	<i>lopinavir-ritonavir SOLN</i>	F	Limit 1 package per claim; QL(160 ML per fill retail)
EPIVIR TABS 300 MG (Use <i>lamivudine</i>)	NF	QL(1 EA daily)	<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	F	QL(4 EA daily)
EPZICOM (Use <i>abacavir sulfate-lamivudine</i>)	NF	QL(1 EA daily)	<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	F	QL(6 EA daily)
<i>etravirine 100 MG</i>	F	QL(4 EA daily)	<i>maraviroc TABS 150 MG</i>	F	QL(2 EA daily)
<i>etravirine 200 MG</i>	F	QL(2 EA daily)	<i>maraviroc TABS 300 MG</i>	F	QL(4 EA daily)
EVOTAZ	F	QL(1 EA daily)	<i>nevirapine SUSP</i>	F	QL(40 ML daily)
<i>fosamprenavir calcium TABS</i>	F	QL(4 EA daily)			
FUZEON SOLR	F	SP			
GENVOYA	F	QL(1 EA daily)			
INTELENCE 25 MG	F	QL(4 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
<i>nevirapine TABS</i>	F	QL(2 EA daily)
<i>nevirapine TB24 400 MG</i>	F	QL(1 EA daily)
<i>nevirapine TB24 100 MG</i>	F	QL(3 EA daily)
NORVIR CAPS	F	QL(12 EA daily)
NORVIR PACK	F	QL(12 EA daily)
NORVIR TABS (<i>Use ritonavir</i>)	NF	QL(12 EA daily)
ODEFSEY	F	QL(1 EA daily)
PIFELTRO	F	QL(1 EA daily)
PREZCOBIX	F	
PREZISTA SUSP	F	QL(12 ML daily)
PREZISTA TABS 800 MG (<i>Use darunavir</i>)	NF	QL(1 EA daily)
PREZISTA TABS 150 MG	F	QL(3 EA daily)
PREZISTA TABS 75 MG	F	QL(2 EA daily)
PREZISTA TABS 600 MG (<i>Use darunavir</i>)	NF	QL(2 EA daily)
RETROVIR CAPS (<i>Use zidovudine</i>)	NF	QL(6 EA daily)
RETROVIR SOLN	F	
RETROVIR SYRP (<i>Use zidovudine</i>)	NF	QL(60 ML daily)
REYATAZ CAPS 200 MG, 300 MG (<i>Use atazanavir sulfate</i>)	NF	QL(2 EA daily)
REYATAZ PACK	F	QL(6 EA daily)
<i>ritonavir TABS</i>	F	QL(12 EA daily)
RUKOBIA	F	
SELZENTRY SOLN	F	
SELZENTRY TABS 150 MG (<i>Use maraviroc</i>)	NF	QL(2 EA daily)
SELZENTRY TABS 25 MG, 75 MG	F	QL 2 per day; QL(2 EA daily); SL
SELZENTRY TABS 300 MG (<i>Use maraviroc</i>)	NF	QL(4 EA daily)
<i>stavudine CAPS</i>	F	QL(2 EA daily)
STRIBILD	F	QL(1 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PAXLOVID (150/100)	F	Limit 1 treatment course per 90 days; QL(4 EA daily); 1 max fill(s) per 90 day(s) retail; AL(At least 12 yrs old)	<i>acyclovir TABS PO 800 MG</i>	F	Limit 50 per month; QL(1.67 EA daily)
			<i>famciclovir</i>	F	
			<i>valacyclovir hcl 500 MG</i>	F	QL(2 EA daily)
			<i>valacyclovir hcl 1 GM</i>	F	QL(42 EA per 21 day(s) retail)
PAXLOVID (300/100)	F	Limit 1 treatment course per 90 days; QL(6 EA daily); 1 max fill(s) per 90 day(s) retail; AL(At least 12 yrs old)	VALTREX 1 GM (<i>Use valacyclovir hcl</i>)	NF	QL(42 EA per 21 day(s) retail)
			VALTREX 500 MG (<i>Use valacyclovir hcl</i>)	NF	QL(2 EA daily)
CMV Agents			Influenza Agents		
VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NF	QL(2 EA daily)	<i>oseltamivir phosphate CAPS 30 MG</i>	F	QL(20 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>valganciclovir hcl TABS</i>	F	QL(2 EA daily)	<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	F	QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
Hepatitis Agents			<i>oseltamivir phosphate SUSR</i>	F	QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>adefovir dipivoxil</i>	F		RELENZA DISKHALER	F	Limit 1 package per month; QL(0.67 EA daily); AL(At least 6 yrs old)
BARACLUDE TABS (<i>Use entecavir</i>)	NF		TAMIFLU CAPS 45 MG, 75 MG (<i>Use oseltamivir phosphate</i>)	NF	QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>entecavir TABS</i>	F		TAMIFLU CAPS 30 MG (<i>Use oseltamivir phosphate</i>)	NF	QL(20 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
EPCLUSA TABS (<i>Use sofosbuvir-velpatasvir</i>)	NF	SP	TAMIFLU SUSR (<i>Use oseltamivir phosphate</i>)	NF	QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
MAVYRET PACK	F	QL(6 EA daily); SP; PA			
MAVYRET TABS	F	QL(3 EA daily); SP; PA			
SOFOSBUVIR-VELPATASVIR TABS	F	QL(1 EA daily); SP; PA			
Herpes Agents					
<i>acyclovir CAPS</i>	F	Limit 50 per month; QL(1.67 EA daily)			
<i>acyclovir SUSP</i>	F	Limit 400ml per month; QL(13.34 ML daily)			
<i>acyclovir TABS PO 400 MG</i>	F	QL(3 EA daily)			

Drug Name	Drug Tier	Requirements/Limits
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 25 MG</i>	F	QL(4 EA daily)
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	F	QL(3 EA daily)
<i>carvedilol phosphate</i>	F	QL(1 EA daily)
COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>Use carvedilol</i>)	NF	QL(3 EA daily)
COREG 25 MG (<i>Use carvedilol</i>)	NF	QL(4 EA daily)
COREG CR (<i>Use carvedilol phosphate</i>)	NF	QL(1 EA daily)
<i>labetalol hcl TABS 100 MG</i>	F	QL(3 EA daily)
<i>labetalol hcl TABS 200 MG, 400 MG</i>	F	QL(6 EA daily)
<i>labetalol hcl TABS 300 MG</i>	F	QL(8 EA daily)
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	F	
<i>atenolol TABS</i>	F	QL(2 EA daily)
<i>bisoprolol fumarate</i>	F	QL(1 EA daily)
LOPRESSOR TABS 50 MG (<i>Use metoprolol tartrate</i>)	NF	QL(4 EA daily)
LOPRESSOR TABS 100 MG (<i>Use metoprolol tartrate</i>)	NF	QL(4.5 EA daily)
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	F	QL(4 EA daily)
<i>metoprolol succinate TB24 200 MG</i>	F	QL(2 EA daily)
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	F	QL(4 EA daily)
<i>metoprolol tartrate TABS 100 MG</i>	F	QL(4.5 EA daily)

Drug Name	Drug Tier	Requirements/Limits
TENORMIN TABS (<i>Use atenolol</i>)	NF	QL(2 EA daily)
TOPROL XL TB24 200 MG (<i>Use metoprolol succinate</i>)	NF	QL(2 EA daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>Use metoprolol succinate</i>)	NF	QL(4 EA daily)
Beta Blockers Non-Selective		
BETAPACE AF (<i>Use sotalol hcl (afib/afl)</i>)	NF	QL(2 EA daily)
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>Use sotalol hcl</i>)	NF	QL(2 EA daily)
CORGARD TABS 20 MG, 40 MG (<i>Use nadolol</i>)	NF	QL(2 EA daily)
HEMANGEOL SOLN PO	F	SP; PA
INDERAL LA CP24 (<i>Use propranolol hcl</i>)	NF	QL(2 EA daily)
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	F	QL(2 EA daily)
<i>pindolol TABS</i>	F	
<i>propranolol hcl CP24</i>	F	QL(2 EA daily)
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	F	
<i>propranolol hcl TABS</i>	F	
<i>sotalol hcl (afib/afl)</i>	F	QL(2 EA daily)
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	F	QL(2 EA daily)
<i>sotalol hcl TABS 240 MG</i>	F	
<i>timolol maleate TABS</i>	F	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	F	QL(1 EA daily)
CALAN SR TBCR (<i>Use verapamil hcl</i>)	NF	QL(2 EA daily)
CARDIZEM CD CP24 240 MG (<i>Use diltiazem hcl coated beads</i>)	NF	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads)	NF	QL(1 EA daily)
CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	NF	QL(3 EA daily)
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	F	QL(1 EA daily)
diltiazem hcl coated beads CP24 240 MG	F	QL(2 EA daily)
diltiazem hcl extended release beads	F	QL(1 EA daily)
diltiazem hcl CP12	F	QL(2 EA daily)
diltiazem hcl CP24	F	
diltiazem hcl TABS	F	QL(3 EA daily)
felodipine	F	QL(1 EA daily)
nicardipine hcl CAPS	F	
nifedipine CAPS	F	QL(4 EA daily)
nifedipine TB24 60 MG	F	QL(2 EA daily)
nifedipine TB24 30 MG, 90 MG	F	QL(1 EA daily)
NORVASC TABS (Use amlodipine besylate)	NF	QL(1 EA daily)
PROCARDIA XL TB24 30 MG, 90 MG (Use nifedipine)	NF	QL(1 EA daily)
PROCARDIA XL TB24 60 MG (Use nifedipine)	NF	QL(2 EA daily)
TIAZAC (Use diltiazem hcl extended release beads)	NF	QL(1 EA daily)
VERAPAMIL HCL ER CP24 (Use verapamil hcl)	NF	
verapamil hcl CP24 360 MG	F	QL(1 EA daily)
verapamil hcl CP24 120 MG, 180 MG, 240 MG	F	QL(2 EA daily)
verapamil hcl TABS	F	QL(3 EA daily)
verapamil hcl TBCR	F	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
VERELAN PM CP24 (Use verapamil hcl)	NF	
VERELAN CP24 360 MG (Use verapamil hcl)	NF	QL(1 EA daily)
VERELAN CP24 120 MG, 180 MG, 240 MG (Use verapamil hcl)	NF	QL(2 EA daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN PO 0.05 MG/ML	F	
digoxin TABS 125 MCG, 250 MCG	F	
LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)	NF	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Prostaglandin Vasodilators		
TYVASO REFILL KIT SOLN IN	F	SP; PA
TYVASO STARTER KIT SOLN IN	F	SP; PA
TYVASO SOLN IN	F	SP; PA
VENTAVIS IN	F	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	F	QL(1 EA daily); SP; PA
bosentan TABS	F	SP; PA
LETAIRIS (Use ambrisentan)	NF	QL(1 EA daily); SP; PA
TRACLEER TABS (Use bosentan)	NF	SP; PA
TRACLEER TBSO	F	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
REVATIO SOLN (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	SP; PA
REVATIO SUSR (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	SP; PA
REVATIO TABS (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	SP; PA
<i>sildenafil citrate (pulmonary hypertension)</i> SOLN	F	SP; PA
<i>sildenafil citrate (pulmonary hypertension)</i> SUSR	F	SP; PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	F	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	F	QL(1 EA daily); SP; PA
VYNDAQEL	F	QL(4 EA daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil</i> CAPS	F	
<i>cefadroxil</i> SUSR	F	
<i>cefadroxil</i> TABS	F	
<i>cephalexin</i> CAPS 250 MG, 500 MG	F	
<i>cephalexin</i> SUSR	F	
Cephalosporins - 2nd Generation		
<i>cefaclor</i> CAPS	F	
<i>cefaclor</i> SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefprozil</i> SUSR	F	Limit 1 package per claim; QL(100 ML per fill retail); AL(Up to 12 yrs old)
<i>cefprozil</i> TABS	F	QL(20 EA per fill retail)
<i>cefuroxime axetil</i> TABS	F	QL(20 EA per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir</i> CAPS	F	QL(20 EA per fill retail)
<i>cefdinir</i> SUSR	F	Limit 1 package per claim; QL(100 ML per fill retail)
<i>cefixime</i> CAPS	F	
<i>ceftriaxone sodium</i> IJ 250 MG	F	QL(3 EA per fill retail)
<i>ceftriaxone sodium</i> IJ 1 GM, 500 MG	F	
SUPRAX CAPS (<i>Use cefixime</i>)	NF	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA (<i>Use levonorgestrel-ethinyl estradiol-iron</i>)	NF	QL(1 EA daily)
BEYAZ (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	QL(1 EA daily)
<i>desogestrel & ethinyl estradiol</i>	F	QL(1 EA daily)
<i>desogestrel-ethinyl estradiol (biphasic)</i>	F	QL(1 EA daily)
<i>desogestrel-ethinyl estradiol (triphasic)</i>	F	QL(1 EA daily)
<i>drospirenone-ethinyl estradiol</i>	F	QL(1 EA daily)
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	F	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ethynodiol diacet & eth estrad</i>	F	QL(1 EA daily)	<i>norethindrone acetate-ethinyl estradiol-fe</i>	F	
GENERESS FE (Use <i>norethindrone & ethinyl estradiol-fe</i>)	NF		<i>norethindrone-eth estradiol (triphasic)</i>	F	QL(1 EA daily)
<i>levonorgestrel & eth estradiol TABS</i>	F	QL(1 EA daily)	<i>norgestimate-ethinyl estradiol</i>	F	QL(1 EA daily)
<i>levonorgestrel-eth estradiol (triphasic)</i>	F	QL(1 EA daily)	<i>norgestimate-ethinyl estradiol (triphasic)</i>	F	QL(1 EA daily)
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	F	QL(1 EA daily)	<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	F	QL(1 EA daily)
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	F	QL(1 EA daily)	QUARTETTE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	QL(1 EA daily)
<i>levonorgestrel-ethinyl estradiol-iron</i>	F	QL(1 EA daily)	SAFYRAL (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	QL(1 EA daily)
LO LOESTRIN FE TABS	F	QL(1 EA daily)	SEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	QL(1 EA daily)
LOSEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	QL(1 EA daily)	TAYTULLA CAPS (Use <i>norethin acet & estrad-fe</i>)	NF	QL(1 EA daily)
MINASTRIN 24 FE CHEW (Use <i>norethin acet & estrad-fe</i>)	NF	QL(1 EA daily)	TYBLUME CHEW	F	QL(1 EA daily)
MIRCETTE (Use <i>desogestrel-ethinyl estradiol (biphasic)</i>)	NF	QL(1 EA daily)	YASMIN 28 (Use <i>drospirenone-ethinyl estradiol</i>)	NF	QL(1 EA daily)
NATAZIA	F	QL(1 EA daily)	YAZ (Use <i>drospirenone-ethinyl estradiol</i>)	NF	QL(1 EA daily)
NEXTSTELLIS	F	QL(1 EA daily)	Combination Contraceptives - Transdermal		
<i>norethin acet & estrad-fe CAPS</i>	F	QL(1 EA daily)	<i>norelgestromin-ethinyl estradiol</i>	F	QL(0.11 EA daily)
<i>norethin acet & estrad-fe CHEW</i>	F	QL(1 EA daily)	TWIRLA	F	QL(1 EA daily)
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	F	QL(1 EA daily)	Combination Contraceptives - Vaginal		
<i>norethindrone & eth estradiol</i>	F	QL(1 EA daily)	ANNOVERA	F	QL(1 EA daily)
<i>norethindrone & ethinyl estradiol-fe</i>	F		<i>etonogestrel-ethinyl estradiol</i>	F	13 max fill(s) per 365 day(s) retail
<i>norethindrone acet & eth estra TABS</i>	F	QL(1 EA daily)	NUVARING (Use <i>etonogestrel-ethinyl estradiol</i>)	NF	13 max fill(s) per 365 day(s) retail
			Copper Contraceptives - IUD		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PARAGARD INTRAUTERINE COPPER	F	SP	SKYLA	F	QL(1 EA per 365 day(s) retail); SP
Emergency Contraceptives			Progestin Contraceptives - Oral		
ELLA	F	QL(6 EA per 365 day(s) retail)	<i>norethindrone (contraceptive)</i>	F	QL(1 EA daily)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	F	QL(6 EA per 365 day(s) retail)	SLYND	F	QL(1 EA daily)
PLAN B ONE-STEP (Use <i>levonorgestrel (emergency oc)</i>)	NF	QL(6 EA per 365 day(s) retail)	CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Progestin Contraceptives - Implants			Glucocorticosteroids		
NEXPLANON	F	QL(1 EA per 365 day(s) retail); SP	CORTEF TABS (Use <i>hydrocortisone</i>)	NF	
Progestin Contraceptives - Injectable			CORTISONE ACETATE TABS	F	
DEPO-PROVERA SUSP IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(1 ML per fill retail)	DEXAMETHASONE INTENSOL CONC	F	
DEPO-PROVERA SUSY IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(1 ML per fill retail)	<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	F	QL(5 ML daily)
DEPO-SUBQ PROVERA 104 SUSY SC	F	QL(1 ML per fill retail)	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	F	QL(5 ML daily)
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	F	QL(1 ML per fill retail)	<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	F	QL(5 ML daily)
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	F	QL(1 ML per fill retail)	<i>dexamethasone ELIX</i>	F	
Progestin Contraceptives - IUD			<i>dexamethasone SOLN</i>	F	
KYLEENA	F	QL(1 EA per 365 day(s) retail); SP	<i>dexamethasone TABS</i>	F	
LILETTA (52 MG)	F	QL(1 EA per 365 day(s) retail); SP	<i>hydrocortisone TABS</i>	F	
MIRENA (52 MG)	F	QL(1 EA per 365 day(s) retail); SP	MEDROL TBPB (Use <i>methylprednisolone</i>)	NF	
			<i>methylprednisolone TABS 4 MG, 8 MG</i>	F	
			<i>methylprednisolone TBPB</i>	F	
			MILLIPRED TABS	F	
			PEDIAPRED SOLN (Use <i>prednisolone sodium phosphate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	F	QL(150 ML per fill retail)	<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	F	AL(At least 18 yrs old)
<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	F	QL(240 ML per fill retail)	Cough/Cold/Allergy Combinations		
<i>prednisolone sodium phosphate SOLN 5 MG/5ML</i>	F		ADVIL COLD/SINUS TABS (Use pseudoephedrine-ibuprofen)	NF	
<i>prednisolone SOLN</i>	F		<i>brompheniramine & phenyleph ELIX</i>	F	QL(120 ML per fill retail)
<i>prednisolone TABS</i>	F		<i>brompheniramine & pseudoeph ELIX</i>	F	QL(120 ML per fill retail)
PREDNISON INTENSOL CONC	F		<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	F	QL(120 ML per fill retail)
<i>prednisone SOLN</i>	F		<i>cetirizine-pseudoephedrine</i>	F	QL(2 EA daily)
<i>prednisone TABS</i>	F		CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	NF	QL(2 EA daily)
<i>prednisone TBPk</i>	F		CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	NF	QL(1 EA daily)
Mineralocorticoids			<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	F	
<i>fludrocortisone acetate TABS</i>	F		<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	F	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	F	
Antitussives			<i>dextromethorphan-guaifenesin TABS 400 MG-20 MG</i>	F	
<i>benzonatate 200 MG</i>	F	QL(1 EA daily); AL(At least 10 yrs old)	<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	F	
<i>benzonatate 100 MG</i>	F	AL(At least 10 yrs old)			
DELSYM COUGH CHILDRENS SUER (Use dextromethorphan polistirex)	NF				
DELSYM SUER (Use dextromethorphan polistirex)	NF				
<i>dextromethorphan polistirex SUER</i>	F				
HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)	NF	AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	F		<i>promethazine-phenylephrine-codeine</i>	F	
ED BRON GP LIQD	F		<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	F	
<i>guaifenesin-codeine SOLN</i>	F	QL(240 ML per fill retail)	<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG</i>	F	
<i>guaifenesin-codeine SYRP</i>	F	QL(240 ML per fill retail)	<i>pseudoephedrine-ibuprofen TABS</i>	F	
LOHIST-D LIQD	F		QC TRIACTING DAYTIME CHILDRENS SYRP	F	
<i>loratadine & pseudoephedrine TB12</i>	F	QL(2 EA daily)	TRIAMINIC COLD/COUGH DAY TIME SYRP	F	
<i>loratadine & pseudoephedrine TB24</i>	F	QL(1 EA daily)	ZYRTEC-D ALLERGY & CONGESTION (Use <i>cetirizine-pseudoephedrine</i>)	NF	QL(2 EA daily)
MAXI-TUSS PE MAX LIQD	F		ZYRTEC-D ALLERGY & SINUS (Use <i>cetirizine-pseudoephedrine</i>)	NF	QL(2 EA daily)
MUCINEX D MAX STRENGTH TB12 (Use <i>pseudoephedrine-guaifenesin</i>)	NF		Expectorants		
MUCINEX DM TB12 (Use <i>dextromethorphan-guaifenesin</i>)	NF		GERI-TUSSIN SYRP	F	
MUCINEX D TB12 (Use <i>pseudoephedrine-guaifenesin</i>)	NF		<i>guaifenesin LIQD</i>	F	
<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	F		<i>guaifenesin TB12</i>	F	
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	F	QL(240 ML per fill retail)	MUCINEX MAXIMUM STRENGTH TB12 (Use <i>guaifenesin</i>)	NF	
<i>phenylephrine-dm SOLN</i>	F	QL(240 ML per fill retail)	MUCINEX TB12 (Use <i>guaifenesin</i>)	NF	
<i>promethazine & phenylephrine SYRP</i>	F		Misc. Respiratory Inhalants		
<i>promethazine w/codeine SOLN</i>	F	QL(240 ML per fill retail); AL(At least 18 yrs old)	<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	F	
<i>promethazine w/codeine SYRP</i>	F	QL(240 ML per fill retail); AL(At least 18 yrs old)	Mucolytics		
<i>promethazine-dm SYRP</i>	F		<i>acetylcysteine SOLN</i>	F	
			DERMATOLOGICALS - Drugs to Treat Skin Conditions		
			Acne Products		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ABSORICA 10 MG, 20 MG, 40 MG (<i>Use isotretinoin</i>)	NF	QL(2 EA daily); AL(At least 12 yrs old - Up to 22 yrs old); PA	RETIN-A CREA (<i>Use tretinoin</i>)	NF	QL(20 GM per fill retail); AL(Up to 21 yrs old)
BENZAC AC WASH LIQD 5 % (<i>Use benzoyl peroxide</i>)	NF	RX/OTC	RETIN-A GEL 0.025 % (<i>Use tretinoin</i>)	NF	QL(20 GM per fill retail); AL(Up to 21 yrs old)
<i>benzoyl peroxide BAR</i>	F		RETIN-A GEL 0.01 % (<i>Use tretinoin</i>)	NF	QL(15 GM per fill retail); AL(Up to 21 yrs old)
<i>benzoyl peroxide CREA 10 %</i>	F		<i>sulfacetamide sodium (acne)</i>	F	QL(120 ML per fill retail)
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	F		<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	F	QL(60 GM per fill retail)
<i>benzoyl peroxide LIQD 4 %, 5 %, 10 %</i>	F		<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	F	QL(30 GM per fill retail)
<i>benzoyl peroxide LOTN 5 %, 10 %</i>	F		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	F	QL(20 GM per fill retail); AL(Up to 21 yrs old)
CLEOCIN-T LOTN (<i>Use clindamycin phosphate (topical)</i>)	NF	QL(60 ML per fill retail)	<i>tretinoin GEL 0.01 %</i>	F	QL(15 GM per fill retail); AL(Up to 21 yrs old)
CLINDAGEL GEL (<i>Use clindamycin phosphate (topical)</i>)	NF		<i>tretinoin GEL 0.025 %</i>	F	QL(20 GM per fill retail); AL(Up to 21 yrs old)
<i>clindamycin phosphate (topical) GEL</i>	F		Antibiotics - Topical		
<i>clindamycin phosphate (topical) LOTN</i>	F	QL(60 ML per fill retail)	<i>bacitracin (topical) OINT</i>	F	QL(30 GM per fill retail)
<i>clindamycin phosphate (topical) SOLN</i>	F		<i>bacitracin zinc OINT</i>	F	QL(30 GM per fill retail)
DIFFERIN CLEANSER LIQD (<i>Use benzoyl peroxide</i>)	NF	RX/OTC	<i>bacitracin-polymyxin b OINT</i>	F	
ERYGEL GEL (<i>Use erythromycin (acne aid)</i>)	NF	QL(60 GM per fill retail)	<i>gentamicin sulfate (topical) CREA</i>	F	QL(30 GM per fill retail)
<i>erythromycin (acne aid) GEL</i>	F	QL(60 GM per fill retail)	<i>gentamicin sulfate (topical) OINT</i>	F	QL(30 GM per fill retail)
<i>erythromycin (acne aid) SOLN</i>	F		<i>mupirocin OINT</i>	F	QL(30 GM per fill retail)
<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	F	QL(2 EA daily); AL(At least 12 yrs old - Up to 22 yrs old); PA	<i>neomycin-bacitracin-polymyxin OINT</i>	F	QL(30 GM per fill retail)
KLARON (<i>Use sulfacetamide sodium (acne)</i>)	NF	QL(120 ML per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin w/ pramoxine</i>	F	QL(30 GM per fill retail)	LOTRIMIN AF CREA (Use clotrimazole (topical))	NF	QL(30 GM per fill retail); RX/OTC
NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin)	NF	QL(30 EA per fill retail)	MICATIN CREA (Use miconazole nitrate (topical))	NF	QL(45 GM per fill retail)
NEOSPORIN PLUS PAIN RELIEF MS (Use neomycin-polymyxin w/ pramoxine)	NF	QL(30 GM per fill retail)	<i>miconazole nitrate (topical) CREA</i>	F	QL(45 GM per fill retail)
POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (Use bacitracin-polymyxin b)	NF		<i>nystatin (topical) CREA</i>	F	QL(30 GM per fill retail)
Antifungals - Topical			<i>nystatin (topical) OINT</i>	F	QL(30 GM per fill retail)
<i>clotrimazole (topical) CREA</i>	F	QL(30 GM per fill retail); RX/OTC	<i>nystatin (topical) POWD EX</i>	F	QL(60 GM per fill retail)
<i>clotrimazole (topical) SOLN</i>	F	QL(30 ML per fill retail); RX/OTC	<i>nystatin-triamcinolone CREA</i>	F	QL(30 GM per fill retail)
<i>clotrimazole w/ betamethasone CREA</i>	F	QL(45 GM per fill retail)	<i>nystatin-triamcinolone OINT</i>	F	QL(30 GM per fill retail)
<i>clotrimazole w/ betamethasone LOTN</i>	F	QL(30 ML per fill retail)	<i>terbinafine hcl (topical) CREA</i>	F	QL(30 GM per fill retail)
<i>econazole nitrate CREA</i>	F	QL(30 GM per fill retail)	TINACTIN CREA (Use tolnaftate)	NF	QL(30 GM per fill retail)
<i>ketoconazole (topical) CREA</i>	F	Limit 1 package per claim; QL(60 GM per fill retail)	<i>tolnaftate CREA</i>	F	QL(30 GM per fill retail)
<i>ketoconazole (topical) SHAM 2 %</i>	F	QL(120 ML per fill retail)	Antihistamines-Topical		
LAMISIL AT ATHLETES FOOT CREA (Use terbinafine hcl (topical))	NF	QL(30 GM per fill retail)	ITCH RELIEF CREA	F	
LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical))	NF	QL(30 GM per fill retail)	Anti-inflammatory Agents - Topical		
LAMISIL AT CREA (Use terbinafine hcl (topical))	NF	QL(30 GM per fill retail)	<i>diclofenac sodium (topical) GEL EX</i>	F	QL(6.68 GM daily); RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	NF	QL(30 GM per fill retail); RX/OTC	VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical))	NF	QL(6.68 GM daily); RX/OTC
			Antineoplastic or Premalignant Lesion Agents - Topical		
			CARAC CREA	F	
			EFUDEX CREA (Use fluorouracil (topical))	NF	QL(40 GM per fill retail)
			<i>fluorouracil (topical) CREA 5 %</i>	F	QL(40 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil (topical) CREA 0.5 %</i>	F		<i>selenium sulfide LOTN 2.5 %</i>	F	QL(120 ML per fill retail)
<i>fluorouracil (topical) SOLN</i>	F	QL(10 ML per fill retail)	<i>selenium sulfide LOTN 1 %</i>	F	QL(240 ML per fill retail)
VALCHLOR	F	SP; PA	<i>selenium sulfide SHAM 1 %</i>	F	QL(240 ML per fill retail)
Antipruritics - Topical			SELSUN BLUE CARE MENS MAX STR LOTN (Use <i>selenium sulfide</i>)	NF	QL(240 ML per fill retail)
<i>camphor & menthol LOTN</i>	F	QL(222 ML per fill retail)	SELSUN BLUE DAILY LOTN (Use <i>selenium sulfide</i>)	NF	QL(240 ML per fill retail)
SARNA LOTN (Use <i>camphor & menthol</i>)	NF	QL(222 ML per fill retail)	SELSUN BLUE MEDICATED LOTN (Use <i>selenium sulfide</i>)	NF	QL(240 ML per fill retail)
Antipsoriatics			SELSUN BLUE MOISTURIZING LOTN (Use <i>selenium sulfide</i>)	NF	QL(240 ML per fill retail)
<i>calcipotriene CREA</i>	F	QL(60 GM per fill retail)	SELSUN BLUE LOTN (Use <i>selenium sulfide</i>)	NF	QL(240 ML per fill retail)
<i>calcipotriene SOLN</i>	F	QL(60 ML per fill retail)	<i>sulfacetamide sodium LIQD</i>	F	QL(360 ML per fill retail)
DOVONEX CREA (Use <i>calcipotriene</i>)	NF	QL(60 GM per fill retail)	Antivirals - Topical		
SILIQ	F	SP; PA	<i>acyclovir topical CREA</i>	F	QL(5 GM per fill retail)
TALTZ SOAJ	F	SP; PA	<i>acyclovir topical OINT</i>	F	Limit 1 package per month; QL(1 GM daily)
TALTZ SOSY	F	SP; PA	ZOVIRAX CREA (Use <i>acyclovir topical</i>)	NF	QL(5 GM per fill retail)
<i>tazarotene CREA</i>	F	QL(60 GM per fill retail); AL(Up to 21 yrs old); PA	ZOVIRAX OINT (Use <i>acyclovir topical</i>)	NF	Limit 1 package per month; QL(1 GM daily)
<i>tazarotene GEL</i>	F	QL(60 GM per fill retail); AL(Up to 21 yrs old); PA	Burn Products		
TAZORAC CREA (Use <i>tazarotene</i>)	NF	QL(60 GM per fill retail); AL(Up to 21 yrs old); PA	SILVADENE (Use <i>silver sulfadiazine</i>)	NF	QL(50 GM per fill retail)
TAZORAC GEL (Use <i>tazarotene</i>)	NF	QL(60 GM per fill retail); AL(Up to 21 yrs old); PA	<i>silver sulfadiazine</i>	F	QL(50 GM per fill retail)
Antiseborrheic Products			Corticosteroids - Topical		
OVACE PLUS WASH LIQD (Use <i>sulfacetamide sodium</i>)	NF	QL(360 ML per fill retail)	APEXICON E CREA	F	QL(60 GM per fill retail)
OVACE WASH LIQD (Use <i>sulfacetamide sodium</i>)	NF	QL(360 ML per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate (topical) CREA</i>	F	1 package(s) per fill retail	<i>diflorasone diacetate OINT</i>	F	QL(60 GM per fill retail)
<i>betamethasone dipropionate augmented CREA</i>	F	QL(50 GM per fill retail)	EPIFOAM FOAM	F	
<i>betamethasone valerate CREA</i>	F	QL(45 GM per fill retail)	<i>fluocinonide emulsified base</i>	F	QL(60 GM per fill retail)
<i>betamethasone valerate LOTN</i>	F	QL(60 ML per fill retail)	<i>fluocinonide CREA 0.05 %</i>	F	QL(60 GM per fill retail)
<i>betamethasone valerate OINT</i>	F	QL(45 GM per fill retail)	<i>fluocinonide GEL</i>	F	QL(60 GM per fill retail)
<i>clobetasol propionate emollient base 0.05 %</i>	F	QL(60 GM per fill retail)	<i>fluocinonide OINT</i>	F	QL(60 GM per fill retail)
<i>clobetasol propionate CREA 0.05 %</i>	F	QL(45 GM per fill retail)	<i>fluocinonide SOLN</i>	F	QL(60 ML per fill retail)
<i>clobetasol propionate GEL 0.05 %</i>	F	QL(60 GM per fill retail)	<i>fluticasone propionate CREA 0.05 %</i>	F	Limit 1 package per month; QL(2 GM daily)
<i>clobetasol propionate OINT 0.05 %</i>	F	QL(60 GM per fill retail)	<i>fluticasone propionate OINT</i>	F	QL(60 GM per fill retail)
<i>clobetasol propionate SOLN 0.05 %</i>	F	QL(25 ML per fill retail)	<i>hydrocortisone (topical) CREA 1 %</i>	F	QL(60 GM per fill retail); RX/OTC
<i>desonide CREA</i>	F	QL(2 GM daily); 1 package(s) per fill retail	<i>hydrocortisone (topical) CREA 0.5 %, 2.5 %</i>	F	QL(30 GM per fill retail)
<i>desonide OINT</i>	F	QL(2 GM daily); 1 package(s) per fill retail	<i>hydrocortisone (topical) LOTN 1 %, 2.5 %</i>	F	QL(60 GM per fill retail)
DESOWEN CREA (Use desonide)	NF	QL(2 GM daily); 1 package(s) per fill retail	<i>hydrocortisone (topical) OINT 2.5 %</i>	F	Limit 1 package per month; QL(1 GM daily)
<i>desoximetasone CREA 0.05 %</i>	F	QL(60 GM per fill retail)	<i>hydrocortisone (topical) OINT 1 %</i>	F	Limit 1 package per month; QL(2 GM daily); RX/OTC
<i>desoximetasone CREA 0.25 %</i>	F	QL(2 GM daily)	<i>hydrocortisone (topical) OINT 0.5 %</i>	F	
<i>desoximetasone GEL</i>	F	QL(2 GM daily)	<i>hydrocortisone butyrate SOLN</i>	F	QL(60 ML per fill retail)
<i>desoximetasone OINT 0.25 %</i>	F	QL(2 GM daily)	<i>mometasone furoate CREA</i>	F	QL(45 GM per fill retail)
<i>diflorasone diacetate CREA</i>	F	QL(60 GM per fill retail)	<i>mometasone furoate OINT</i>	F	QL(45 GM per fill retail)
			<i>mometasone furoate SOLN</i>	F	QL(60 ML per fill retail)
			TOPICORT CREA 0.05 % (Use desoximetasone)	NF	QL(60 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOPICORT CREA 0.25 % (Use desoximetasone)	NF	QL(2 GM daily)	imiquimod 5 %	F	QL(48 EA per 180 day(s) retail)
TOPICORT GEL (Use desoximetasone)	NF	QL(2 GM daily)	ZYCLARA (Use imiquimod)	NF	
TOPICORT OINT 0.25 % (Use desoximetasone)	NF	QL(2 GM daily)	ZYCLARA PUMP (Use imiquimod)	NF	
triamcinolone acetonide (topical) CREA 0.025 %	F	QL(454 GM per fill retail)	Immunosuppressive Agents - Topical		
triamcinolone acetonide (topical) CREA 0.5 %	F	QL(15 GM per fill retail)	ELIDEL (Use pimecrolimus)	NF	Limit 1 package per month; QL(1 GM daily); PA
triamcinolone acetonide (topical) CREA 0.1 %	F	QL(30 GM per fill retail)	pimecrolimus	F	Limit 1 package per month; QL(1 GM daily); PA
triamcinolone acetonide (topical) LOTN	F	QL(60 ML per fill retail)	PROTOPIC OINT (Use tacrolimus (topical))	NF	Limit 1 package per month; QL(1 GM daily); PA
triamcinolone acetonide (topical) OINT 0.5 %	F	QL(15 GM per fill retail)	tacrolimus (topical) OINT	F	Limit 1 package per month; QL(1 GM daily); PA
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	F	QL(80 GM per fill retail)	Keratolytic/Antimitotic/Vesicant Agents		
TRIDESILON CREA 0.05 % (Use desonide)	NF	QL(2 GM daily); 1 package(s) per fill retail	KERALYT GEL (Use salicylic acid)	NF	QL(40 GM per fill retail)
Diaper Rash Products			podofilox SOLN	F	QL(4 ML per fill retail)
diaper rash products OINT	F		salicylic acid GEL 6 %	F	QL(40 GM per fill retail)
Emollient/Keratolytic Agents			Local Anesthetics - Topical		
urea CREA 40 %	F	QL(210 GM per fill retail); RX/OTC	capsaicin CREA 0.1 %	F	QL(42.5 GM per fill retail)
urea LOTN 40 %	F	QL(240 GM per fill retail)	capsaicin CREA 0.025 %	F	
Emollients			capsaicin CREA 0.075 %	F	QL(60 GM per fill retail)
emollient OINT	F		CAPZASIN-HP CREA (Use capsaicin)	NF	QL(42.5 GM per fill retail)
lactic acid (ammonium lactate) CREA	F	QL(140 GM per fill retail); RX/OTC	dibucaine	F	QL(30 GM per fill retail)
lactic acid (ammonium lactate) LOTN 12 %	F	Limit 1 package per month; QL(13.34 GM daily); RX/OTC	lidocaine hcl CREA 4 %	F	QL(65 GM per fill retail)
Immunomodulating Agents - Topical			lidocaine hcl CREA 3 %	F	QL(30 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl GEL 2 %</i>	F	QL(30 ML per fill retail)	<i>crotamiton LOTN</i>	F	QL(60 GM per fill retail)
<i>lidocaine hcl PRSY</i>	F	QL(30 ML per fill retail)	ELIMITE CREA (Use <i>permethrin</i>)	NF	QL(60 GM per fill retail)
<i>lidocaine CREA 4 %</i>	F	QL(30 GM per fill retail)	<i>malathion</i>	F	QL(59 ML per fill retail)
<i>lidocaine-prilocaine CREA</i>	F	QL(30 GM per fill retail)	NATROBA (Use <i>spinosad</i>)	NF	QL(120 ML per fill retail); AL(At least 1 yrs old)
LMX 4 CREA (Use <i>lidocaine</i>)	NF	QL(30 GM per fill retail)	NIX CREME RINSE LIQD EX (Use <i>permethrin</i>)	NF	
Misc. Topical			OVIDE (Use <i>malathion</i>)	NF	QL(59 ML per fill retail)
<i>dimethicone (topical) CREA 1 %</i>	F		<i>permethrin CREA</i>	F	QL(60 GM per fill retail)
<i>zinc oxide (topical) OINT 20 %</i>	F	QL(60 GM per fill retail)	<i>permethrin LIQD EX</i>	F	
Protectives Against UV Radiation			<i>pyrethrins-piperonyl butoxide LIQD 4 %-0.33 %</i>	F	QL(60 ML per fill retail)
SHADE SUNBLOCK SPF45 LOTN (Use <i>sunscreens</i>)	NF		<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	F	
SHADE UVAGUARD SPF15 LOTN (Use <i>sunscreens</i>)	NF		<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	F	
<i>sunscreens LOTN</i>	F		<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	F	QL(60 ML per fill retail)
WATER BABIES SPF30 LOTN (Use <i>sunscreens</i>)	NF		<i>spinosad</i>	F	QL(120 ML per fill retail); AL(At least 1 yrs old)
WATER BABIES SPF50 LOTN (Use <i>sunscreens</i>)	NF		Tar Products		
Rosacea Agents			<i>coal tar extract SHAM 0.5 %</i>	F	
METROCREAM CREA (Use <i>metronidazole (topical)</i>)	NF	QL(45 GM per fill retail)	DHS TAR GEL SHAM (Use <i>coal tar extract</i>)	NF	
METROLOTION LOTN (Use <i>metronidazole (topical)</i>)	NF		DHS TAR SHAM (Use <i>coal tar extract</i>)	NF	
<i>metronidazole (topical) CREA</i>	F	QL(45 GM per fill retail)	DIAGNOSTIC PRODUCTS		
<i>metronidazole (topical) GEL 0.75 %</i>	F	QL(45 GM per fill retail)	Diagnostic Tests		
<i>metronidazole (topical) LOTN</i>	F		BINAXNOW COVID-19 AG HOME TEST KIT	F	QL(2 EA per 30 day(s) retail)
Scabicides & Pediculicides					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CHEMSTRIP K STRP	F		ONETOUCH ULTRA TEST STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
CLINITEST RAPID COVID-19 TEST KIT	F	QL(2 EA per 30 day(s) retail)			
COVID-19 AT-HOME TEST KIT	F	QL(2 EA per 30 day(s) retail)			
COVID-19 OTC ANTIGEN 1-PACK KIT	F	QL(2 EA per 30 day(s) retail)			
COVID-19 OTC ANTIGEN 2-PACK KIT	F	QL(2 EA per 30 day(s) retail)			
ELLUME COVID-19 HOME TEST KIT	F	QL(2 EA per 30 day(s) retail)	ONETOUCH ULTRA STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
FLOWFLEX COVID-19 AG HOME TEST KIT	F	QL(2 EA per 30 day(s) retail)			
FORA GTEL BLOOD KETONE TEST	F	QL(1 EA daily)			
FORA TEST N'GO ADV-VOICE-6 CON	F	QL(1 EA daily)			
GOJJI BLOOD KETONE TEST	F	QL(1 EA daily)	ONETOUCH VERIO STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
IHEALTH COVID-19 RAPID TEST KIT	F	QL(2 EA per 30 day(s) retail)			
INTELISWAB COVID-19 RAPID TEST KIT	F	QL(2 EA per 30 day(s) retail)			
KETONE TEST STRP	F				
KETOSTIX STRP	F				
NOVA MAX PLUS KETONE TEST	F	QL(1 EA daily)			
ON/GO COVID-19 ANTIGEN TEST KIT	F	QL(2 EA per 30 day(s) retail)	PRECISION XTRA KETONE	F	QL(1 EA daily)
ONETOUCH ULTRA BLUE TEST STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC	QUICKVUE AT-HOME COVID-19 TEST KIT	F	QL(2 EA per 30 day(s) retail)
			RELION KETONE TEST STRP	F	
			DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
			Dietary Management Products		
			ELFOLATE TABS	F	
			<i>l</i> -methylfolate TABS 7.5 MG, 15 MG	F	
			L-METHYLFOLATE TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	F	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide CP12	F	
acetazolamide TABS	F	
methazolamide TABS	F	
Diuretic Combinations		
ALDACTAZIDE (Use spironolactone & hydrochlorothiazide)	NF	
amiloride & hydrochlorothiazide	F	QL(1 EA daily)
MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)	NF	QL(1 EA daily)
MAXZIDE TABS (Use triamterene & hydrochlorothiazide)	NF	QL(1 EA daily)
spironolactone & hydrochlorothiazide	F	
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	F	QL(1 EA daily)
triamterene & hydrochlorothiazide TABS	F	QL(1 EA daily)
Loop Diuretics		
bumetanide TABS	F	
BUMEX TABS 0.5 MG (Use bumetanide)	NF	
furosemide SOLN PO 8 MG/ML, 10 MG/ML	F	
furosemide TABS	F	
LASIX TABS (Use furosemide)	NF	

Drug Name	Drug Tier	Requirements/ Limits
torseamide TABS	F	QL(1 EA daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (Use spironolactone)	NF	
amiloride hcl TABS	F	QL(4 EA daily)
spironolactone TABS	F	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	F	
hydrochlorothiazide CAPS	F	
hydrochlorothiazide TABS	F	
indapamide TABS 1.25 MG, 2.5 MG	F	
metolazone	F	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG (Use risedronate sodium)	NF	Limit 4 per month; QL(0.134 EA daily); PA
alendronate sodium SOLN	F	
alendronate sodium TABS 5 MG, 10 MG	F	QL(1 EA daily)
alendronate sodium TABS 35 MG, 70 MG	F	Limit 4 per month; QL(0.15 EA daily)
ATELVIA TBEC (Use risedronate sodium)	NF	QL(0.15 EA daily); PA
calcitonin (salmon) NA	F	QL(0.143 ML daily)
calcitonin (salmon) IJ	F	Limit 1 package per month; QL(0.067 ML daily; 2 ML per fill retail)
FOSAMAX TABS 70 MG (Use alendronate sodium)	NF	Limit 4 per month; QL(0.15 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MIACALCIN IJ (<i>Use calcitonin (salmon)</i>)	NF	Limit 1 package per month; QL(0.067 ML daily; 2 ML per fill retail)	GALAFOLD	F	QL(0.5 EA daily); SP; PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	F	QL(1 EA daily); PA	<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	F	QL(30 ML daily)
<i>risedronate sodium TABS 35 MG</i>	F	Limit 4 per month; QL(0.134 EA daily); PA	<i>levocarnitine (metabolic modifiers) TABS</i>	F	QL(3 EA daily)
<i>risedronate sodium TBEC</i>	F	QL(0.15 EA daily); PA	ROCALtrol CAPS (<i>Use calcitriol</i>)	NF	
TYMLOS	F	SP; PA	Posterior Pituitary Hormones		
Growth Hormones			DDAVP PF SOLN IJ (<i>Use desmopressin acetate</i>)	NF	SP; PA
OMNITROPE SOLR SC	F	SP; PA	DDAVP SOLN IJ 4 MCG/ML (<i>Use desmopressin acetate</i>)	NF	SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	F	SP; PA	DDAVP TABS (<i>Use desmopressin acetate</i>)	NF	QL(3 EA daily)
ZOMACTON SOLR SC	F	SP; PA	<i>desmopressin acetate spray</i>	F	QL(5 ML per fill retail); PA
ZORBTIVE SC	F	SP; PA	<i>desmopressin acetate spray refrigerated 0.01 %</i>	F	QL(5 ML per fill retail)
Hormone Receptor Modulators			<i>desmopressin acetate SOLN IJ</i>	F	SP; PA
EVISTA (<i>Use raloxifene hcl</i>)	NF	QL(1 EA daily)	<i>desmopressin acetate TABS</i>	F	QL(3 EA daily)
<i>raloxifene hcl</i>	F	QL(1 EA daily)	Somatostatic Agents		
LHRH/GnRH Agonist Analog Pituitary Suppressants			<i>octreotide acetate KIT</i>	F	SP; PA
FENSOLVI (6 MONTH) SC	F	SP; PA	SANDOSTATIN LAR DEPOT KIT (<i>Use octreotide acetate</i>)	NF	SP; PA
SYNAREL	F	SP; PA	Vasopressin Receptor Antagonists		
Metabolic Modifiers			JYNARQUE TBPK	F	SP; PA
<i>calcitriol CAPS</i>	F		ESTROGENS - Hormone Replacement/Modifying Drugs		
CARNITOR SF SOLN PO (<i>Use levocarnitine (metabolic modifiers)</i>)	NF	QL(30 ML daily)	Estrogen Combinations		
CARNITOR SOLN PO 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	NF	QL(30 ML daily)	ACTIVELLA TABS 1 MG-0.5 MG (<i>Use estradiol & norethindrone acetate</i>)	NF	QL(1 EA daily)
CARNITOR TABS (<i>Use levocarnitine (metabolic modifiers)</i>)	NF	QL(3 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMBIPATCH PTTW	F	Limit 8 patches per month; QL(0.29 EA daily)	VIVELLE-DOT PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol)	NF	Limit 8 patches per month; QL(0.29 EA daily)
<i>estradiol & norethindrone acetate TABS</i>	F	QL(1 EA daily)	FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
<i>norethindrone acetate-ethinyl estradiol</i>	F		Fluoroquinolones		
PREMPHASE	F	QL(1 EA daily)	<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	F	
PREMPRO	F	QL(1 EA daily)	<i>ciprofloxacin hcl TABS 100 MG</i>	F	QL(6 EA per fill retail)
Estrogens			CIPRO TABS 250 MG, 500 MG (Use <i>ciprofloxacin hcl</i>)	NF	
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	F	Limit 8 patches per month; QL(0.29 EA daily)	<i>levofloxacin TABS</i>	F	QL(1 EA daily; 14 EA per fill retail)
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use <i>estradiol</i>)	NF	Limit 4 patches per month; QL(0.143 EA daily)	<i>ofloxacin 300 MG, 400 MG</i>	F	QL(56 EA per fill retail)
ESTRACE TABS (Use <i>estradiol</i>)	NF		GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
<i>estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</i>	F	Limit 8 patches per month; QL(0.29 EA daily)	Antiflatulents		
<i>estradiol PTTW 0.0375 MG/24HR</i>	F	QL(0.29 EA daily)	MYLICON INFANTS GAS RELIEF SUSP (Use <i>simethicone</i>)	NF	QL(30 ML per fill retail)
<i>estradiol PTWK</i>	F	Limit 4 patches per month; QL(0.143 EA daily)	<i>simethicone CHEW 80 MG</i>	F	
<i>estradiol TABS</i>	F		<i>simethicone SUSP</i>	F	QL(30 ML per fill retail)
MINIVELLE PTTW 0.0375 MG/24HR (Use <i>estradiol</i>)	NF	QL(0.29 EA daily)	Bile Acid Synthesis Disorder Agents		
MINIVELLE PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use <i>estradiol</i>)	NF	Limit 8 patches per month; QL(0.29 EA daily)	CHOLBAM	F	SP; PA
PREMARIN TABS	F	QL(1 EA daily)	Gallstone Solubilizing Agents		
VIVELLE-DOT PTTW 0.0375 MG/24HR (Use <i>estradiol</i>)	NF	QL(0.29 EA daily)	URSO 250 TABS (Use <i>ursodiol</i>)	NF	QL(7 EA daily)
			<i>ursodiol CAPS</i>	F	QL(3 EA daily)
			<i>ursodiol TABS 250 MG</i>	F	QL(7 EA daily)
			Gastrointestinal Stimulants		

Drug Name	Drug Tier	Requirements/ Limits
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	F	
<i>metoclopramide hcl TABS</i>	F	
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NF	
Inflammatory Bowel Agents		
APRISO CP24 (<i>Use mesalamine</i>)	NF	
ASACOL HD TBEC (<i>Use mesalamine</i>)	NF	QL(3 EA daily)
AVSOLA	F	SP; PA
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NF	
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NF	
<i>balsalazide disodium CAPS</i>	F	QL(9 EA daily)
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NF	QL(9 EA daily)
DELZICOL CPDR (<i>Use mesalamine</i>)	NF	
LIALDA TBEC (<i>Use mesalamine</i>)	NF	
<i>mesalamine CP24</i>	F	
<i>mesalamine CPDR</i>	F	
<i>mesalamine ENEM</i>	F	QL(60 ML daily)
<i>mesalamine TBEC 1.2 GM</i>	F	
<i>mesalamine TBEC 800 MG</i>	F	QL(3 EA daily)
<i>sulfasalazine TABS</i>	F	
<i>sulfasalazine TBEC</i>	F	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	F	
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	F	
<i>potassium citrate-citric acid PACK</i>	F	
<i>sodium citrate & citric acid</i>	F	QL(16.67 ML daily); RX/OTC
UROCIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NF	
UROCIT-K 5 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NF	
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	F	
Prostatic Hypertrophy Agents		
<i>finasteride</i>	F	QL(1 EA daily)
PROSCAR (<i>Use finasteride</i>)	NF	QL(1 EA daily)
<i>tamsulosin hcl</i>	F	QL(2 EA daily)
Urinary Analgesics		
AZO URINARY PAIN RELIEF TABS (<i>Use phenazopyridine hcl</i>)	NF	
<i>phenazopyridine hcl TABS 95 MG, 100 MG, 200 MG</i>	F	
PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	F	
Gout Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>allopurinol 100 MG, 300 MG</i>	F	
<i>colchicine TABS</i>	F	Limit 6 per claim; QL(6 EA per fill retail)
COLCRYS TABS (<i>Use colchicine</i>)	NF	Limit 6 per claim; QL(6 EA per fill retail)
ZYLOPRIM (<i>Use allopurinol</i>)	NF	
Uricosurics		
<i>probenecid</i>	F	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	F	SP
ADYNOVATE	F	SP
AFSTYLA 1500 UNIT, 2500 UNIT	F	SP
ALPHANATE SOLR	F	SP
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	F	SP
ALPROLIX	F	SP
BENEFIX KIT	F	SP
CORIFACT	F	SP
ELOCTATE	F	SP
FEIBA	F	SP
FIBRYGA	F	SP
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	F	SP
HUMATE-P SOLR	F	SP
IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	F	SP
IXINITY SOLR	F	SP
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	F	SP
KOATE SOLR	F	SP

Drug Name	Drug Tier	Requirements/ Limits
KOGENATE FS KIT	F	SP
KOVALTRY	F	SP
NOVOEIGHT	F	SP
NOVOSEVEN RT	F	SP
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT	F	SP
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT	F	SP
OBIZUR	F	SP
PROFILNINE	F	SP
RECOMBINATE SOLR	F	SP
RIASTAP	F	SP
RIXUBIS SOLR	F	SP
TRETTEN	F	SP
WILATE KIT	F	SP
XYNTHA	F	SP
XYNTHA SOLOFUSE	F	SP
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (<i>Use icatibant acetate</i>)	NF	SP; PA
<i>icatibant acetate SOSY</i>	F	SP; PA
Complement Inhibitors		
HAEGARDA SOLR SC	F	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	F	
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (<i>Use anagrelide hcl</i>)	NF	
<i>anagrelide hcl</i>	F	
BRILINTA	F	QL(2 EA daily)
<i>cilostazol</i>	F	QL(2 EA daily)
<i>clopidogrel bisulfate 75 MG</i>	F	QL(1 EA daily)
<i>dipyridamole</i>	F	

Drug Name	Drug Tier	Requirements/Limits
EFFIENT (<i>Use prasugrel hcl</i>)	NF	QL(1 EA daily)
PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	NF	QL(1 EA daily)
<i>prasugrel hcl</i>	F	QL(1 EA daily)
<i>ticagrelor 90 MG</i>	F	QL(2 EA daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	F	SP; PA
CEREZYME 400 UNIT	F	SP; PA
<i>miglustat</i>	F	SP; PA
VPRIV	F	SP; PA
ZAVESCA (<i>Use miglustat</i>)	NF	SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	F	
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	F	
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	F	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	F	QL(1 EA daily)
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN	F	SP; PA
ARANESP (ALBUMIN FREE) SOSY	F	SP; PA
MIRCERA	F	SP; PA
RETACRIT	F	SP; PA
ZARXIO	F	SP; PA
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	F	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
HEMATINIC PLUS VIT/MINERALS TABS	F	QL(1 EA daily)
Iron		
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	NF	100 / 30 days ; QL(3.4 ML daily)
FERRETT'S TABS	F	QL(2 EA daily)
<i>ferrous fumarate TABS</i>	F	
<i>ferrous gluconate TABS</i>	F	
FERROUS GLUCONATE TABS 324 MG	F	AL(Up to 50 yrs old)
<i>ferrous sulfate dried TBCR</i>	F	
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	F	QL(16 ML daily)
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	F	100 / 30 days ; QL(3.4 ML daily)
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	F	
<i>ferrous sulfate TBEC</i>	F	
FERROUS SULFATE TBEC (<i>Use ferrous sulfate</i>)	NF	
IRON CHEWS PEDIATRIC CHEW	F	
<i>polysaccharide iron complex CAPS</i>	F	QL(1 EA daily)
Stem Cell Mobilizers		
MOZOBIL (<i>Use plerixafor</i>)	NF	SP; PA
<i>plerixafor</i>	F	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 1000 MG (<i>Use aminocaproic acid</i>)	NF	SP
AMICAR TABS 500 MG (<i>Use aminocaproic acid</i>)	NF	QL(24 EA per fill retail); SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>aminocaproic acid TABS 500 MG</i>	F	QL(24 EA per fill retail); SP	<i>doxepin hcl (sleep)</i>	F	Try 2 preferred hypnotics first; ST
<i>tranexamic acid TABS</i>	F	QL(30 EA per 5 day(s) retail); AL(At least 12 yrs old - Up to 49 yrs old)	<i>SILENOR (Use doxepin hcl (sleep))</i>	NF	Try 2 preferred hypnotics first; ST
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			Non-Barbiturate Hypnotics		
Antihistamine Hypnotics			<i>AMBIEN TABS (Use zolpidem tartrate)</i>	NF	QL(1 EA daily)
<i>diphenhydramine hcl (sleep) CAPS</i>	F		<i>estazolam</i>	F	
<i>diphenhydramine hcl (sleep) LIQD</i>	F		<i>eszopiclone</i>	F	Try 2 preferred hypnotics first; ST
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	F	QL(1 EA daily)	<i>flurazepam hcl</i>	F	QL(1 EA daily)
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	F		<i>HALCION 0.25 MG (Use triazolam)</i>	NF	QL(1 EA daily)
<i>doxylamine succinate (sleep)</i>	F		<i>LUNESTA (Use eszopiclone)</i>	NF	Try 2 preferred hypnotics first; ST
<i>UNISOM SLEEPGELS CAPS (Use diphenhydramine hcl (sleep))</i>	NF		<i>midazolam hcl SOLN IJ</i>	F	
<i>UNISOM SLEEPTABS (Use doxylamine succinate (sleep))</i>	NF		<i>midazolam hcl SYRP</i>	F	
<i>ZZZQUIL CAPS (Use diphenhydramine hcl (sleep))</i>	NF		<i>RESTORIL 15 MG (Use temazepam)</i>	NF	QL(1 EA daily); AL(At least 18 yrs old)
<i>ZZZQUIL LIQD (Use diphenhydramine hcl (sleep))</i>	NF		<i>RESTORIL 7.5 MG, 22.5 MG (Use temazepam)</i>	NF	Try 2 preferred hypnotics first; ST
Barbiturate Hypnotics			<i>RESTORIL 30 MG (Use temazepam)</i>	NF	QL(2 EA daily); AL(At least 18 yrs old)
<i>AMYTAL SODIUM</i>	F		<i>temazepam 7.5 MG, 22.5 MG</i>	F	Try 2 preferred hypnotics first; ST
<i>phenobarbital sodium SOLN</i>	F		<i>temazepam 30 MG</i>	F	QL(2 EA daily); AL(At least 18 yrs old)
<i>phenobarbital ELIX</i>	F		<i>temazepam 15 MG</i>	F	QL(1 EA daily); AL(At least 18 yrs old)
<i>phenobarbital TABS</i>	F		<i>triazolam</i>	F	QL(1 EA daily)
Hypnotics - Tricyclic Agents			<i>zaleplon</i>	F	QL(1 EA daily); AL(At least 18 yrs old)
			<i>zolpidem tartrate TABS</i>	F	QL(1 EA daily)
LAXATIVES - Bowel Treatment Drugs					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Bulk Laxatives			GLYCERIN (ADULT) SUPP (Use glycerin (laxative))	NF	
calcium polycarbophil TABS	F	QL(10 EA daily)	glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM	F	
EVAC POWD (Use psyllium)	NF		lactulose SOLN	F	
KONSYL DAILY FIBER PACK 100 %	F		MIRALAX MIX-IN PAX PACK (Use polyethylene glycol 3350)	NF	
KONSYL ORIGINAL DAILY FIBER PACK	F		MIRALAX PACK (Use polyethylene glycol 3350)	NF	
METAMUCIL FREE & NATURAL POWD (Use psyllium)	NF		MIRALAX POWD (Use polyethylene glycol 3350)	NF	QL(34 GM daily)
METAMUCIL POWD (Use psyllium)	NF		PEDIA-LAX SUPP	F	
NATURAL FIBER LAXATIVE POWD	F		polyethylene glycol 3350 PACK	F	
psyllium CAPS 0.52 GM	F		polyethylene glycol 3350 POWD	F	QL(34 GM daily)
psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %	F		SORBITOL PO 70 %	F	
Laxative Combinations			Saline Laxatives		
GOLYTELY SOLR (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	NF	QL(4000 ML per fill retail)	FLEET ENEMA ENEM (Use sodium phosphates)	NF	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	F	QL(4000 ML per fill retail)	FLEET PEDIATRIC ENEM (Use sodium phosphates)	NF	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	F	QL(4000 ML per fill retail)	FLEET SALINE ENEMA ENEM (Use sodium phosphates)	NF	
sennosides-docusate sodium TABS	F	QL(4 EA daily)	magnesium citrate 1.745 GM/30ML	F	
SENOKOT S TABS (Use sennosides-docusate sodium)	NF	QL(4 EA daily)	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	F	QL(33 ML daily)
sodium sulfate-potassium sulfate-magnesium sulfate	F		MILK OF MAGNESIA CONCENTRATE SUSP	F	
SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate-magnesium sulfate)	NF		sodium phosphates ENEM	F	
Laxatives - Miscellaneous			Stimulant Laxatives		
			bisacodyl SUPP	F	QL(12 EA per fill retail)
			bisacodyl TBEC	F	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)	NF	QL(1 EA daily)	azithromycin TABS 600 MG	F	Limit 8 per 28 days; QL(0.286 EA daily)
DULCOLAX SUPP (Use bisacodyl)	NF	QL(12 EA per fill retail)	ZITHROMAX TRI-PAK TABS (Use azithromycin)	NF	QL(4 EA daily)
DULCOLAX TBEC (Use bisacodyl)	NF	QL(1 EA daily)	ZITHROMAX Z-PAK TABS (Use azithromycin)	NF	QL(6 EA per fill retail)
SENNA SYRP	F		ZITHROMAX PACK	F	
sennosides LIQD	F		ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)	NF	Limit 1 package per claim; QL(15 ML per fill retail)
sennosides SYRP 8.8 MG/5ML	F		ZITHROMAX SUSR 200 MG/5ML (Use azithromycin)	NF	Limit 1 package per claim; QL(30 ML per fill retail)
sennosides TABS 8.6 MG, 15 MG, 17.2 MG	F		ZITHROMAX TABS 500 MG (Use azithromycin)	NF	QL(4 EA daily)
SENOKOT TABS (Use sennosides)	NF		ZITHROMAX TABS 250 MG (Use azithromycin)	NF	QL(6 EA per fill retail)
Surfactant Laxatives			Clarithromycin		
COLACE CAPS 100 MG (Use docusate sodium)	NF	QL(3 EA daily)	clarithromycin SUSR 125 MG/5ML	F	Limit 1 package per claim; QL(100 ML per fill retail)
docusate calcium	F		clarithromycin SUSR 250 MG/5ML	F	
docusate sodium CAPS 100 MG, 250 MG	F	QL(3 EA daily)	clarithromycin TABS	F	QL(28 EA per fill retail)
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	F		clarithromycin TB24	F	QL(14 EA per fill retail)
DOCUSATE SODIUM SYRP	F		Erythromycins		
docusate sodium TABS	F		E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	NF	
MACROLIDES - Drugs to Treat Bacterial Infections			ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	NF	
Azithromycin			ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	NF	
azithromycin PACK	F		erythromycin base CPEP	F	
azithromycin SUSR 200 MG/5ML	F	Limit 1 package per claim; QL(30 ML per fill retail)	erythromycin base TABS	F	
azithromycin SUSR 100 MG/5ML	F	Limit 1 package per claim; QL(15 ML per fill retail)	erythromycin base TBEC	F	
azithromycin TABS 250 MG	F	QL(6 EA per fill retail)			
azithromycin TABS 500 MG	F	QL(4 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin ethylsuccinate SUSR</i>	F		CURITY AMD ANTIMICROBIAL SPNGE PADS	F	RX/OTC
<i>erythromycin ethylsuccinate TABS</i>	F		CURITY COVER SPONGE PADS	F	
<i>erythromycin stearate TABS 250 MG</i>	F		CURITY DRESSING SPONGES PADS	F	RX/OTC
MEDICAL DEVICES AND SUPPLIES			CURITY GAUZE SPONGE PADS	F	RX/OTC
Bandages-Dressings-Tape			CURITY GAUZE PADS	F	
ADHESIVE/LARGE/3"X4" PADS	F		CURITY NON-ADHERENT STRIPS PADS	F	
ADHESIVE/MEDIUM/2"X3" PADS	F		CURITY SPONGES PADS	F	RX/OTC
AMD FOAM DRESSING TOPSHEET PADS	F	RX/OTC	CVS ADHESIVE PAD 4"X4" PADS	F	
AMD FOAM DRESSING PADS	F	RX/OTC	CVS ADHESIVE PAD 6"X6" PADS	F	
BAND-AID ALL-IN-ONE GAUZE LG PADS	F		CVS ADHESIVE PADS 2.25"X3" PADS	F	
BAND-AID GAUZE LARGE PADS	F	RX/OTC	CVS ANTIBACTERIAL GAUZE PADS	F	RX/OTC
BAND-AID GAUZE MEDIUM PADS	F		CVS GAUZE PAD STERILE PADS	F	RX/OTC
BAND-AID GAUZE SMALL PADS	F	RX/OTC	CVS GAUZE STERILE PADS	F	RX/OTC
BAND-AID HURT-FREE NON-STICK PADS	F		CVS GAUZE PADS	F	RX/OTC
BAND-AID TRU-ABSORB GAUZE PADS	F	RX/OTC	DERMACEA DRAIN SPONGES PADS	F	RX/OTC
BIOGUARD GAUZE SPONGES PADS	F	RX/OTC	DERMACEA GAUZE SPONGE PADS	F	RX/OTC
COPA ISLAND BORDERED FOAM PADS	F	RX/OTC	DERMACEA IV DRAIN SPONGES PADS	F	RX/OTC
COPA PLUS HYDROPHILIC FOAM PADS	F	RX/OTC	DERMACEA IV SPONGES PADS	F	RX/OTC
COVRSITE COVER DRESSING PADS	F	RX/OTC	DERMACEA NON-WOVEN SPONGES PADS	F	RX/OTC
COVRSITE PLUS COMPOSITE DRESS PADS	F	RX/OTC	DERMACEA TYPE VII GAUZE PADS	F	RX/OTC
CURITY ALL PURPOSE SPONGES PADS	F	RX/OTC	DERMACEA X-RAY SPONGES PADS	F	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RESTORE TRIO ABSORBENT DRESS PADS	F		KIMONO PS PLUS MISC	F	
SILIGENTLE FOAM DRESSING PADS	F	RX/OTC	KIMONO PS MISC	F	
SM ADHESIVE PADS 2"X3" PADS	F		KIMONO SENSATION PLUS MISC	F	
SM STERILE PADS	F	RX/OTC	KIMONO SENSATION MISC	F	
SOF-WICK PADS	F	RX/OTC	KIMONO SPECIAL DEVI	F	
STERILE GAUZE PADS	F	RX/OTC	KIMONO MISC	F	
STERILE PADS	F		K-Y ME & YOU EXTRA LUBRICATED DEVI	F	
SURGICAL GAUZE SPONGE PADS	F	RX/OTC	K-Y ME & YOU INTENSE DEVI	F	
TEGADERM FOAM PADS	F	RX/OTC	MAXX PLUS MISC	F	
THERAGAUZE PADS	F	RX/OTC	MAXX MISC	F	
TOPPER DRESSING SPONGES MISC	F	RX/OTC	OMNIFLEX DIAPHRAGM	F	
Contraceptives			REALITY LATEX CONDOMS MISC	F	
AIMSCO LUBRICATED MISC	F		REALITY LATEX/ULTRA TEXTURED DEVI	F	
CAYA DPRH	F		REALITY LATEX/ULTRA THIN DEVI	F	
DUREX EXTRA SENSITIVE THIN DEVI	F		TROJAN MAGNUM MISC	F	
DUREX EXTRA SENSITIVE THIN MISC	F		TROJAN ULTRA THIN/SPERMICIDAL MISC	F	
DUREX TROPICAL MISC	F		TROJAN ULTRA THIN MISC	F	
FANTASY LUBRICATED/SPERMICIDE MISC	F		TROJAN-ENZ LUBRICATED MISC	F	
FANTASY LUBRICATED MISC	F		TROJAN-ENZ/SPERMICIDAL MISC	F	
FEMCAP DEVI	F		TRUE COVER DEVI	F	
KAMELEON LUBRICATED MISC	F		TRUSTEX COLOR CONDOMS + LUBE MISC	F	
KIMONO COLORS DEVI	F		TRUSTEX LUB/RIBBED/STUDDED MISC	F	
KIMONO MAXX-LARGE FLARE MISC	F		TRUSTEX LUB/SPERMICIDE EX ST MISC	F	
KIMONO MICRO THIN PLUS MISC	F				
KIMONO PLUS MISC	F				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUB/SPERMICIDE XL MISC	F		ACCU-CHEK SAFE-T PRO LANCETS	F	QL(5 EA daily); RX/OTC
TRUSTEX LUBRICATED EX LARGE MISC	F		ACCU-CHEK SOFTCLIX LANCETS	F	QL(5 EA daily); RX/OTC
TRUSTEX LUBRICATED EXTRA ST MISC	F		ACTI-LANCE 28G	F	QL(5 EA daily); RX/OTC
TRUSTEX LUBRICATED/SPERMICIDE MISC	F		ACTI-LANCE LITE LANCETS 28G	F	QL(5 EA daily); RX/OTC
TRUSTEX LUBRICATED MISC	F		ACTI-LANCE SPECIAL LANCETS 17G	F	QL(5 EA daily); RX/OTC
TRUSTEX NATURAL CONDOMS + LUBE MISC	F		ACTI-LANCE UNIVERSAL 23G	F	QL(5 EA daily); RX/OTC
TRUSTEX RIA LUB/SPERMICIDE MISC	F		ADJUSTABLE LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
TRUSTEX RIA LUBRICATED MISC	F		ADVANCED MOBILE LANCET	F	QL(5 EA daily); RX/OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	F		ADVOCATE LANCETS	F	QL(5 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 60	F		ADVOCATE LANCETS 30G	F	QL(5 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 65	F		ADVOCATE LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
WIDE-SEAL DIAPHRAGM 70	F		ADVOCATE RAPID-SAFE LANCING MISC	F	QL(1 EA per 180 day(s) retail)
WIDE-SEAL DIAPHRAGM 75	F		ADVOCATE SAFETY LANCETS	F	QL(5 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 80	F		ADVOCATE SAFETY LANCETS 26G	F	QL(5 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 85	F		AGAMATRIX ULTRA-THIN LANCETS	F	QL(5 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 90	F		AIMSCO TWIST LANCETS 32G	F	QL(5 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 95	F		AIMSCO TWIST LANCETS 33G	F	QL(5 EA daily); RX/OTC
Diabetic Supplies			AQUALANCE LANCETS 30G	F	QL(5 EA daily); RX/OTC
1ST TIER UNILET COMFORTOUCH	F	QL(5 EA daily); RX/OTC	ASSURE COMFORT LANCETS 28G	F	QL(5 EA daily); RX/OTC
ACCU-CHEK FASTCLIX LANCETS	F	QL(5 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS HIGH	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS LOW	F	QL(5 EA daily); RX/OTC	BD MICROTAINER LANCETS	F	QL(5 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS MICRO	F	QL(5 EA daily); RX/OTC	CARDIOCOM LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
ASSURE HAEMOLANCE PLUS NORMAL	F	QL(5 EA daily); RX/OTC	CAREONE ADVANCED LANCING DEV MISC	F	QL(1 EA per 180 day(s) retail)
ASSURE HAEMOLANCE PLUS PED	F	QL(5 EA daily); RX/OTC	CAREONE LANCET SUPER THIN 30G	F	QL(5 EA daily); RX/OTC
ASSURE LANCE LANCETS	F	QL(5 EA daily); RX/OTC	CAREONE LANCET THIN 23G	F	QL(5 EA daily); RX/OTC
ASSURE LANCE LANCETS 21G	F	QL(5 EA daily); RX/OTC	CARESENS LANCETS	F	QL(5 EA daily); RX/OTC
ASSURE LANCE PLUS SAFETY 25G	F	QL(5 EA daily); RX/OTC	CARESENS LANCETS 30G	F	QL(5 EA daily); RX/OTC
ASSURE LANCE PLUS SAFETY 30G	F	QL(5 EA daily); RX/OTC	CARETOUCH LANCING/EJECTOR MISC	F	QL(1 EA per 180 day(s) retail)
ASSURE LANCE SAFETY LANCET 28G	F	QL(5 EA daily); RX/OTC	CARETOUCH SAFETY LANCETS	F	QL(5 EA daily); RX/OTC
AURORA LANCET SUPER THIN 30G	F	QL(5 EA daily); RX/OTC	CARETOUCH SAFETY LANCETS 26G	F	QL(5 EA daily); RX/OTC
AURORA LANCET THIN 23G	F	QL(5 EA daily); RX/OTC	CARETOUCH TWIST LANCETS 28G	F	QL(5 EA daily); RX/OTC
AUTO-LANCET MINI MISC	F	QL(1 EA per 180 day(s) retail)	CARETOUCH TWIST LANCETS 30G	F	QL(5 EA daily); RX/OTC
AUTO-LANCET MISC	F	QL(1 EA per 180 day(s) retail)	CARETOUCH TWIST LANCETS 33G	F	QL(5 EA daily); RX/OTC
AUTOLET LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)	CARETOUCH TWIST MC LANCETS 30G	F	QL(5 EA daily); RX/OTC
AUTOLET LITE LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)	CHOSEN LANCETS 30G	F	QL(5 EA daily); RX/OTC
AUTOLET MINI MISC	F	QL(1 EA per 180 day(s) retail)	CHOSEN LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
AUTOLET PLUS MISC	F	QL(1 EA per 180 day(s) retail)	CHOSEN SAFETY LANCETS 28G	F	QL(5 EA daily); RX/OTC
BD LANCET ULTRAFINE 30G	F	QL(5 EA daily); RX/OTC	CLEANLET LANCETS 28G	F	QL(5 EA daily); RX/OTC
BD LANCET ULTRAFINE 33G	F	QL(5 EA daily); RX/OTC	CLEVER CHEK LANCETS	F	QL(5 EA daily); RX/OTC
			CLEVER CHOICE COMFORT EZ	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE LANCETS 21G	F	QL(5 EA daily); RX/OTC	DIATHRIVE LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
CLEVER CHOICE LANCETS 23G	F	QL(5 EA daily); RX/OTC	DROPLET GENTEEL LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
CLEVER CHOICE LANCETS 28G	F	QL(5 EA daily); RX/OTC	DROPLET LANCETS ULTRA THIN 30G	F	QL(5 EA daily); RX/OTC
COAGUCHEK LANCETS	F	QL(5 EA daily); RX/OTC	DROPLET LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
COMFORT ASSURED LANCETS 28G	F	QL(5 EA daily); RX/OTC	DROPLET PERSONAL LANCETS 30G	F	QL(5 EA daily); RX/OTC
COMFORT ASSURED LANCETS 33G	F	QL(5 EA daily); RX/OTC	DROPSAFE ACTI-LANCE 23G	F	QL(5 EA daily); RX/OTC
COMFORT LANCETS	F	QL(5 EA daily); RX/OTC	DRUG MART LANCETS THIN 26G	F	QL(5 EA daily); RX/OTC
COMFORT TOUCH LANCETS 31G	F	QL(5 EA daily); RX/OTC	DRUG MART LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
COMFORT TOUCH PLUS LANCETS 28G	F	QL(5 EA daily); RX/OTC	DRUG MART ON-THE-GO LANCET 30G	F	QL(5 EA daily); RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	F	QL(5 EA daily); RX/OTC	DRUG MART UNILET LANCETS 28G	F	QL(5 EA daily); RX/OTC
COMFORT TOUCH TWIST LANCET 30G	F	QL(5 EA daily); RX/OTC	DRUG MART UNILET LANCETS 30G	F	QL(5 EA daily); RX/OTC
CVS LANCETS 21G	F	QL(5 EA daily); RX/OTC	DRUG MART UNILET LANCETS 33G	F	QL(5 EA daily); RX/OTC
CVS LANCETS MICRO THIN 33G	F	QL(5 EA daily); RX/OTC	EASY COMFORT LANCETS	F	QL(5 EA daily); RX/OTC
CVS LANCETS ORIGINAL	F	QL(5 EA daily); RX/OTC	EASY COMFORT LANCETS TWIST TOP	F	QL(5 EA daily); RX/OTC
CVS LANCETS THIN 26G	F	QL(5 EA daily); RX/OTC	EASY MINI EJECT LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
CVS LANCETS ULTRA THIN 30G	F	QL(5 EA daily); RX/OTC	EASY MINI LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
CVS LANCETS ULTRA-THIN 30G	F	QL(5 EA daily); RX/OTC	EASY TOUCH LANCETS 21G	F	QL(5 EA daily); RX/OTC
CVS LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)	EASY TOUCH LANCETS 23G	F	QL(5 EA daily); RX/OTC
CVS ULTRA THIN LANCETS	F	QL(5 EA daily); RX/OTC	EASY TOUCH LANCETS 26G	F	QL(5 EA daily); RX/OTC
DIATHRIVE LANCET ULTRA THIN 30	F	QL(5 EA daily); RX/OTC			
DIATHRIVE LANCETS	F	QL(5 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 28G	F	QL(5 EA daily); RX/OTC	E-Z JECT LANCET SUPER THIN 30G	F	QL(5 EA daily); RX/OTC
EASY TOUCH LANCETS 28G/TWIST	F	QL(5 EA daily); RX/OTC	E-Z JECT LANCETS	F	QL(5 EA daily); RX/OTC
EASY TOUCH LANCETS 30G	F	QL(5 EA daily); RX/OTC	E-Z JECT LANCETS 21G	F	QL(5 EA daily); RX/OTC
EASY TOUCH LANCETS 30G/TWIST	F	QL(5 EA daily); RX/OTC	E-Z JECT LANCETS THIN 26G	F	QL(5 EA daily); RX/OTC
EASY TOUCH LANCETS 32G	F	QL(5 EA daily); RX/OTC	EZ-LETS LANCETS 21G	F	QL(5 EA daily); RX/OTC
EASY TOUCH LANCETS 32G/TWIST	F	QL(5 EA daily); RX/OTC	EZ-LETS LANCETS 26G	F	QL(5 EA daily); RX/OTC
EASY TOUCH LANCETS 33G/TWIST	F	QL(5 EA daily); RX/OTC	EZ-LETS LANCETS 28G	F	QL(5 EA daily); RX/OTC
EASY TOUCH LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)	EZ-LETS LANCETS 30G	F	QL(5 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 21G	F	QL(5 EA daily); RX/OTC	FIFTY50 SAFETY SEAL LANCETS	F	QL(5 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 23G	F	QL(5 EA daily); RX/OTC	FIFTY50 UNILET LANCETS 33G	F	QL(5 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 26G	F	QL(5 EA daily); RX/OTC	FINE 30	F	QL(5 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 28G	F	QL(5 EA daily); RX/OTC	FINGERSTIX LANCETS	F	QL(5 EA daily); RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	F	QL(5 EA daily); RX/OTC	FORA LANCETS	F	QL(5 EA daily); RX/OTC
EMBRACE LANCING DEVICE/EJECTOR MISC	F	QL(1 EA per 180 day(s) retail)	FORA LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
EMBRACE PRESSURE ACTIVATED 21G	F	QL(5 EA daily); RX/OTC	FREDS PHARMACY AUTOLET LANCING MISC	F	QL(1 EA per 180 day(s) retail)
EMBRACE PRESSURE ACTIVATED 28G	F	QL(5 EA daily); RX/OTC	FREDS PHARMACY UNILET LANC 28G	F	QL(5 EA daily); RX/OTC
EQL COLOR LANCETS 21G	F	QL(5 EA daily); RX/OTC	FREDS PHARMACY UNILET LANC 30G	F	QL(5 EA daily); RX/OTC
EQL COLOR LANCETS MICRO 33G	F	QL(5 EA daily); RX/OTC	FREESTYLE LANCETS	F	QL(5 EA daily); RX/OTC
EQL SUPER THIN LANCETS 30G	F	QL(5 EA daily); RX/OTC	FREESTYLE LIBRE 14 DAY READER	F	QL(1 EA per 365 day(s) retail); AL(At least 18 yrs old); PA
EQL THIN LANCETS 26G	F	QL(5 EA daily); RX/OTC	FREESTYLE LIBRE 14 DAY SENSOR	F	QL(2 EA per 28 day(s) retail); AL(At least 18 yrs old); PA
E-Z JECT LANCET MICRO-THIN 33G	F	QL(5 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE 2 PLUS SENSOR	F	QL(2 EA per 28 day(s) retail); AL(At least 2 yrs old); PA	GENTEEL PLUS LANCING DEV(PINK) MISC	F	QL(1 EA per 180 day(s) retail)
FREESTYLE LIBRE 2 READER	F	QL(1 EA per 365 day(s) retail); AL(At least 4 yrs old); PA	GENTLE-LET GP LANCETS	F	QL(5 EA daily); RX/OTC
FREESTYLE LIBRE 2 SENSOR	F	QL(2 EA per 28 day(s) retail); AL(At least 4 yrs old); PA	GENTLE-LET LANCETS	F	QL(5 EA daily); RX/OTC
FREESTYLE LIBRE 3 PLUS SENSOR	F	QL(2 EA per 28 day(s) retail); AL(At least 2 yrs old); PA	GLOBAL INJECT EASE LANCETS 28G	F	QL(5 EA daily); RX/OTC
FREESTYLE LIBRE 3 READER	F	QL(1 EA per 365 day(s) retail); AL(At least 4 yrs old); PA	GLOBAL INJECT EASE LANCETS 30G	F	QL(5 EA daily); RX/OTC
FREESTYLE LIBRE 3 SENSOR	F	QL(2 EA per 28 day(s) retail); AL(At least 18 yrs old); PA	GLOBAL LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
FREESTYLE LIBRE READER	F	QL(1 EA per 365 day(s) retail); AL(At least 18 yrs old); PA	GLUCOCOM LANCETS 28G	F	QL(5 EA daily); RX/OTC
FREESTYLE UNISTICK II LANCETS	F	QL(5 EA daily); RX/OTC	GLUCOCOM LANCETS 30G	F	QL(5 EA daily); RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	F	QL(5 EA daily); RX/OTC	GLUCOCOM LANCETS 33G	F	QL(5 EA daily); RX/OTC
GENTEEL PLUS LANCING (BLACK) MISC	F	QL(1 EA per 180 day(s) retail)	GNP LANCETS 21G	F	QL(5 EA daily); RX/OTC
GENTEEL PLUS LANCING (PURPLE) MISC	F	QL(1 EA per 180 day(s) retail)	GNP LANCETS THIN 26G	F	QL(5 EA daily); RX/OTC
GENTEEL PLUS LANCING (WHITE) MISC	F	QL(1 EA per 180 day(s) retail)	GNP LANCING SYSTEM DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
GENTEEL PLUS LANCING DEV(BLUE) MISC	F	QL(1 EA per 180 day(s) retail)	GNP STERILE LANCETS 28G	F	QL(5 EA daily); RX/OTC
			GNP STERILE LANCETS 30G	F	QL(5 EA daily); RX/OTC
			GNP STERILE LANCETS 33G	F	QL(5 EA daily); RX/OTC
			GOJJI LANCING DEVICE/CLEAR CAP MISC	F	QL(1 EA per 180 day(s) retail)
			GOJJI STERILE LANCETS	F	QL(5 EA daily); RX/OTC
			GOODSENSE COLOR LANCETS 33G	F	QL(5 EA daily); RX/OTC
			GOODSENSE LANCETS 26G UNIV	F	QL(5 EA daily); RX/OTC
			GOODSENSE LANCETS 30G	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE LANCETS 30G UNIV	F	QL(5 EA daily); RX/OTC
GOODSENSE LANCETS 33G	F	QL(5 EA daily); RX/OTC
GOODSENSE LANCETS 33G UNIV	F	QL(5 EA daily); RX/OTC
GOODSENSE LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
HAEMOLANCE	F	QL(5 EA daily); RX/OTC
HAEMOLANCE LOW FLOW LANCETS	F	QL(5 EA daily); RX/OTC
HAEMOLANCE PLUS	F	QL(5 EA daily); RX/OTC
HAEMOLANCE PLUS HIGH FLOW	F	QL(5 EA daily); RX/OTC
HAEMOLANCE PLUS LOW FLOW	F	QL(5 EA daily); RX/OTC
HAEMOLANCE PLUS MAX FLOW	F	QL(5 EA daily); RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	F	QL(5 EA daily); RX/OTC
HEALTH CARE LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
HEALTHY ACCENTS LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
HEALTHY ACCENTS UNILET LANCETS	F	QL(5 EA daily); RX/OTC
H-E-B INCONTROL ADV LANCING MISC	F	QL(1 EA per 180 day(s) retail)
H-E-B INCONTROL LANCETS 28G	F	QL(5 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 30G	F	QL(5 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 33G	F	QL(5 EA daily); RX/OTC
HY-VEE LANCETS	F	QL(5 EA daily); RX/OTC
HY-VEE THIN LANCETS	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
IHEALTH LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
IN TOUCH LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
IN TOUCH STERILE LANCETS 30G	F	QL(5 EA daily); RX/OTC
KINNEY LANCETS	F	QL(5 EA daily); RX/OTC
KINNEY THIN LANCETS	F	QL(5 EA daily); RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
KROGER HEALTHPRO LANCET 26G	F	QL(5 EA daily); RX/OTC
KROGER LANCETS	F	QL(5 EA daily); RX/OTC
KROGER LANCETS 21G	F	QL(5 EA daily); RX/OTC
KROGER LANCETS MICRO THIN 33G	F	QL(5 EA daily); RX/OTC
KROGER LANCETS SUPER THIN	F	QL(5 EA daily); RX/OTC
KROGER LANCETS THIN	F	QL(5 EA daily); RX/OTC
KROGER LANCETS THIN 26G	F	QL(5 EA daily); RX/OTC
KROGER LANCETS ULTRATHIN 30G	F	QL(5 EA daily); RX/OTC
KROGER LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
LANCET DEVICE WITH EJECTOR MISC	F	QL(1 EA per 180 day(s) retail)
LANCET DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
LANCETS	F	QL (5 ea daily)
LANCETS	F	QL(5 EA daily); RX/OTC
LANCETS 28G THIN	F	QL(5 EA daily); RX/OTC
LANCETS 30G	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LANCETS 33G	F	QL(5 EA daily); RX/OTC	LONGS LANCETS STANDARD	F	QL(5 EA daily); RX/OTC
LANCETS MICRO THIN 33G	F	QL(5 EA daily); RX/OTC	LONGS LANCETS THIN	F	QL(5 EA daily); RX/OTC
LANCETS SUPER THIN	F	QL(5 EA daily); RX/OTC	LONGS LANCETS ULTRA THIN	F	QL(5 EA daily); RX/OTC
LANCETS SUPER THIN 28G	F	QL(5 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET	F	QL(5 EA daily); RX/OTC
LANCETS THIN	F	QL(5 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET EXTRA	F	QL(5 EA daily); RX/OTC
LANCETS ULTRA THIN	F	QL(5 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET NORM	F	QL(5 EA daily); RX/OTC
LANCETS ULTRA THIN 30G	F	QL(5 EA daily); RX/OTC	MEDLANCE EXTRA 21G	F	QL(5 EA daily); RX/OTC
LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)	MEDLANCE LITE 25G	F	QL(5 EA daily); RX/OTC
LANZO MISC	F	QL(1 EA per 180 day(s) retail)	MEDLANCE PLUS EXTRA 21G	F	QL(5 EA daily); RX/OTC
LEADER ADVANCED LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)	MEDLANCE PLUS LANCETS	F	QL(5 EA daily); RX/OTC
LIBERTY MEDICAL LANCETS	F	QL(5 EA daily); RX/OTC	MEDLANCE PLUS LITE 25G	F	QL(5 EA daily); RX/OTC
LIBERTY MINI LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)	MEDLANCE PLUS SPECIAL 0.8MM	F	QL(5 EA daily); RX/OTC
LIFESCAN UNISTIK 2	F	QL(5 EA daily); RX/OTC	MEDLANCE PLUS SUPERLITE 30G	F	QL(5 EA daily); RX/OTC
LIFESCAN UNISTIK II LANCETS	F	QL(5 EA daily); RX/OTC	MEDLANCE PLUS UNIVERSAL 21G	F	QL(5 EA daily); RX/OTC
LITE TOUCH LANCETS	F	QL(5 EA daily); RX/OTC	MEDLANCE UNIVERSAL 21G	F	QL(5 EA daily); RX/OTC
LITE TOUCH LANCING PEN MISC	F	QL(1 EA per 180 day(s) retail)	MEIJER LANCETS	F	QL(5 EA daily); RX/OTC
LITETOUCH LANCETS	F	QL(5 EA daily); RX/OTC	MEIJER LANCETS THIN	F	QL(5 EA daily); RX/OTC
LIVE BETTER ADV LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)	MEIJER LANCETS UNIVERSAL 21G	F	QL(5 EA daily); RX/OTC
LIVE BETTER LANCET SUPER THIN	F	QL(5 EA daily); RX/OTC	MEIJER LANCETS UNIVERSAL 30G	F	QL(5 EA daily); RX/OTC
LIVE BETTER LANCET ULTRA THIN	F	QL(5 EA daily); RX/OTC	MEIJER LANCETS UNIVERSAL 33G	F	QL(5 EA daily); RX/OTC
			MEIJER SUPER THIN LANCETS	F	QL(5 EA daily); RX/OTC
			MICROLET LANCETS	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MICROLET NEXT LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
MINI LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
MM LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
MM TWIST LANCETS	F	QL(5 EA daily); RX/OTC
MOBILE LANCETS 30G	F	QL(5 EA daily); RX/OTC
MONOLET LANCETS	F	QL(5 EA daily); RX/OTC
MONOLET OPD LANCETS	F	QL(5 EA daily); RX/OTC
MONOLETTOR SAFETY LANCETS	F	QL(5 EA daily); RX/OTC
MPD SAFETY LANCET 21G	F	QL(5 EA daily); RX/OTC
MPD SAFETY LANCET 23G	F	QL(5 EA daily); RX/OTC
MPD SAFETY LANCET 28G	F	QL(5 EA daily); RX/OTC
MPD SAFETY LANCET 30G	F	QL(5 EA daily); RX/OTC
MULTI-LANCET DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
MYGLUCOHEALTH LANCETS 30G	F	QL(5 EA daily); RX/OTC
NOVA SAFETY LANCETS 23G	F	QL(5 EA daily); RX/OTC
NOVA SAFETY LANCETS 28G	F	QL(5 EA daily); RX/OTC
NOVA SUREFLEX LANCETS	F	QL(5 EA daily); RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
ONETOUCH CLUB LANCETS FINE PT	F	QL(5 EA daily); RX/OTC
ONETOUCH DELICA LANCETS 33G	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH DELICA PLUS LANCET30G	F	QL(5 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET33G	F	QL(5 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCING MISC	F	QL(1 EA per 180 day(s) retail)
ONETOUCH DELICA SAFETY LANCING	F	QL(5 EA daily); RX/OTC
ONETOUCH FINEPOINT LANCETS	F	QL(5 EA daily); RX/OTC
ONETOUCH ULTRA CONTROL LIQD	F	
ONETOUCH ULTRASOFT 2 LANCETS	F	QL(5 EA daily); RX/OTC
ONETOUCH ULTRASOFT LANCETS	F	QL(5 EA daily); RX/OTC
ONETOUCH VERIO LIQD	F	
PC LANCETS SUPER THIN 30G	F	QL(5 EA daily); RX/OTC
PERFECT LANCETS 28G	F	QL(5 EA daily); RX/OTC
PERFECT LANCETS 30G	F	QL(5 EA daily); RX/OTC
PERFECT POINT SAFETY LANCETS	F	QL(5 EA daily); RX/OTC
PHARMACIST CHOICE LANCETS	F	QL(5 EA daily); RX/OTC
PHARMACY COUNTER LANCETS	F	QL(5 EA daily); RX/OTC
PIP LANCETS 28G	F	QL(5 EA daily); RX/OTC
PIP LANCETS 30G	F	QL(5 EA daily); RX/OTC
PRECISION THINS GP LANCETS	F	QL(5 EA daily); RX/OTC
PREFERRED PLUS LANCETS COLORED	F	QL(5 EA daily); RX/OTC
PREFERRED PLUS LANCETS THIN	F	QL(5 EA daily); RX/OTC
PRO COMFORT LANCETS 30G	F	QL(5 EA daily); RX/OTC
PRO COMFORT LANCETS 31G	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT SAFETY LANCETS 30G	F	QL(5 EA daily); RX/OTC	RA E-ZJECT LANCETS THIN 28G	F	QL(5 EA daily); RX/OTC
PRODIGY LANCETS 28G	F	QL(5 EA daily); RX/OTC	RA E-ZJECT LANCETS ULTRA THIN	F	QL(5 EA daily); RX/OTC
PRODIGY LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)	READYLANCE SAFETY LANCETS	F	QL(5 EA daily); RX/OTC
PRODIGY SAFETY LANCETS 26G	F	QL(5 EA daily); RX/OTC	REALITY LANCETS	F	QL(5 EA daily); RX/OTC
PRODIGY TWIST TOP LANCETS 28G	F	QL(5 EA daily); RX/OTC	REALITY TRIGGER LANCETS	F	QL(5 EA daily); RX/OTC
PSS SELECT GP LANCETS	F	QL(5 EA daily); RX/OTC	RELION LANCET DEVICES 30G	F	QL(5 EA daily); RX/OTC
PSS SELECT SAFETY LANCETS	F	QL(5 EA daily); RX/OTC	RELION LANCETS	F	QL(5 EA daily); RX/OTC
PURE COMFORT LANCETS 30G	F	QL(5 EA daily); RX/OTC	RELION LANCETS MICRO-THIN 33G	F	QL(5 EA daily); RX/OTC
PX ADVANCED LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)	RELION LANCETS THIN 26G	F	QL(5 EA daily); RX/OTC
PX LANCET AUTO INJECTOR MISC	F	QL(1 EA per 180 day(s) retail)	RELION LANCETS ULTRA-THIN 30G	F	QL(5 EA daily); RX/OTC
PX LANCETS MICROTHIN 33G	F	QL(5 EA daily); RX/OTC	RELION LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
PX LANCETS ULTRA THIN	F	QL(5 EA daily); RX/OTC	RELION ULTRA THIN LANCETS 30G	F	QL(5 EA daily); RX/OTC
PX LANCETS ULTRA THIN 28G	F	QL(5 EA daily); RX/OTC	RELION ULTRA THIN PLUS LANCETS	F	QL(5 EA daily); RX/OTC
QC ADVANCED LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)	REXALL LANCETS ULTRA THIN 30G	F	QL(5 EA daily); RX/OTC
QC LANCETS SUPER THIN 30G	F	QL(5 EA daily); RX/OTC	RIGHTEST GD500 LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
QC LANCETS ULTRA THIN	F	QL(5 EA daily); RX/OTC	RIGHTEST GL300 LANCETS	F	QL(5 EA daily); RX/OTC
QC UNILET LANCETS 28G	F	QL(5 EA daily); RX/OTC	SAFE-T-LANCE	F	QL(5 EA daily); RX/OTC
QC UNILET LANCETS MICRO THIN	F	QL(5 EA daily); RX/OTC	SAFE-T-LANCE PLUS	F	QL(5 EA daily); RX/OTC
RA E-ZJECT LANCETS 28G	F	QL(5 EA daily); RX/OTC	SAFETY LANCET 30G/PRESSURE ACT	F	QL(5 EA daily); RX/OTC
RA E-ZJECT LANCETS THIN 26G	F	QL(5 EA daily); RX/OTC	SAFETY LANCETS	F	QL(5 EA daily); RX/OTC
			SAFETY LANCETS 21G	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SAFETY LANCETS 23G	F	QL(5 EA daily); RX/OTC	SMART SENSE SUPER THIN LANCETS	F	QL(5 EA daily); RX/OTC
SAFETY LANCETS 28G	F	QL(5 EA daily); RX/OTC	SMART SENSE THIN LANCETS 26G	F	QL(5 EA daily); RX/OTC
SAPS HEALTH PLUS LANCETS	F	QL(5 EA daily); RX/OTC	SMARTTEST LANCETS 28G	F	QL(5 EA daily); RX/OTC
SAPS HEALTH TWIST TOP LANCETS	F	QL(5 EA daily); RX/OTC	SOLUS V2 LANCETS 28G	F	QL(5 EA daily); RX/OTC
SAPS TWIST TOP LANCETS	F	QL(5 EA daily); RX/OTC	SOLUS V2 LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
SAPSCARE TWIST TOP LANCETS	F	QL(5 EA daily); RX/OTC	SOLUS V2 TWIST LANCETS 30G	F	QL(5 EA daily); RX/OTC
SB LANCETS THIN	F	QL(5 EA daily); RX/OTC	STERILANCE TL	F	QL(5 EA daily); RX/OTC
SB LANCETS ULTRA THIN	F	QL(5 EA daily); RX/OTC	SUPER THIN LANCETS	F	QL(5 EA daily); RX/OTC
SELECT-LITE LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)	SURE COMFORT LANCETS 18G	F	QL(5 EA daily); RX/OTC
SHOPKO AUTOLET LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)	SURE COMFORT LANCETS 21G	F	QL(5 EA daily); RX/OTC
SHOPKO ON-THE-GO LANCETS 30G	F	QL(5 EA daily); RX/OTC	SURE COMFORT LANCETS 23G	F	QL(5 EA daily); RX/OTC
SHOPKO UNILET LANCETS 28G	F	QL(5 EA daily); RX/OTC	SURE COMFORT LANCETS 28G	F	QL(5 EA daily); RX/OTC
SHOPKO UNILET LANCETS 30G	F	QL(5 EA daily); RX/OTC	SURE COMFORT LANCETS 30G	F	QL(5 EA daily); RX/OTC
SIMPLE DIAGNOSTICS LANCING DEV MISC	F	QL(1 EA per 180 day(s) retail)	SURE COMFORT LANCING PEN MISC	F	QL(1 EA per 180 day(s) retail)
SINGLE-LET	F	QL(5 EA daily); RX/OTC	SURELITE LANCETS	F	QL(5 EA daily); RX/OTC
SM LANCETS 33G	F	QL(5 EA daily); RX/OTC	TECHLITE AST LANCETS	F	QL(5 EA daily); RX/OTC
SM TRUEDRAW LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)	TECHLITE LANCETS	F	QL(5 EA daily); RX/OTC
SMART DIABETES VANTAGE LANCING MISC	F	QL(1 EA per 180 day(s) retail)	TECHLITE LANCETS 26G	F	QL(5 EA daily); RX/OTC
SMART SENSE COLOR LANCETS 33G	F	QL(5 EA daily); RX/OTC	TECHLITE LANCETS 30G	F	QL(5 EA daily); RX/OTC
SMART SENSE STANDARD LANCETS	F	QL(5 EA daily); RX/OTC	TGT LANCET MICRO THIN 33G	F	QL(5 EA daily); RX/OTC
			TGT LANCET THIN 26G	F	QL(5 EA daily); RX/OTC
			TGT LANCET ULTRA THIN 30G	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TGT LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
THINLETS GP LANCETS	F	QL(5 EA daily); RX/OTC
TODAYS HEALTH LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
TODAYS HEALTH THIN LANCETS 28G	F	QL(5 EA daily); RX/OTC
TODAYS HEALTH THIN LANCETS 30G	F	QL(5 EA daily); RX/OTC
TOPCARE LANCETS MICRO-THIN 33G	F	QL(5 EA daily); RX/OTC
TRAVEL LANCETS	F	QL(5 EA daily); RX/OTC
TRAVEL LANCETS ADVANCED 28G	F	QL(5 EA daily); RX/OTC
TRUE COMFORT SAFETY LANCETS	F	QL(5 EA daily); RX/OTC
TRUE COMFORT TWIST TOP LANCETS	F	QL(5 EA daily); RX/OTC
TRUE METRIX LEVEL 1 SOLN	F	
TRUE METRIX LEVEL 2 SOLN	F	
TRUE METRIX LEVEL 3 SOLN	F	
TRUEDRAW LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
TRUEPLUS LANCETS 26G	F	QL(5 EA daily); RX/OTC
TRUEPLUS LANCETS 28G	F	QL(5 EA daily); RX/OTC
TRUEPLUS LANCETS 30G	F	QL(5 EA daily); RX/OTC
TRUEPLUS LANCETS 33G	F	QL(5 EA daily); RX/OTC
TRUEPLUS SAFETY LANCETS 28G	F	QL(5 EA daily); RX/OTC
TWIST TOP LANCETS 30G	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTI-LANCE AUTOMATIC MISC	F	QL(1 EA per 180 day(s) retail)
ULTILET CLASSIC LANCETS	F	QL(5 EA daily); RX/OTC
ULTILET LANCETS	F	QL(5 EA daily); RX/OTC
ULTILET SAFETY LANCETS	F	QL(5 EA daily); RX/OTC
ULTILET SAFETY LANCETS 23G	F	QL(5 EA daily); RX/OTC
ULTRA THIN LANCETS 31G	F	QL(5 EA daily); RX/OTC
ULTRA-CARE LANCETS 30G	F	QL(5 EA daily); RX/OTC
ULTRA-THIN II AUTO LANCET	F	QL(5 EA daily); RX/OTC
ULTRA-THIN II LANCETS	F	QL(5 EA daily); RX/OTC
UNILET COMFORTOUCH LANCET	F	QL(5 EA daily); RX/OTC
UNILET EXCELITE	F	QL(5 EA daily); RX/OTC
UNILET EXCELITE II	F	QL(5 EA daily); RX/OTC
UNILET G.P. LANCET	F	QL(5 EA daily); RX/OTC
UNILET G.P. SUPERLITE LANCET	F	QL(5 EA daily); RX/OTC
UNILET GP 28 ULTRA THIN	F	QL(5 EA daily); RX/OTC
UNILET LANCET	F	QL(5 EA daily); RX/OTC
UNILET MICRO-THIN 33G	F	QL(5 EA daily); RX/OTC
UNILET SUPERLITE LANCET	F	QL(5 EA daily); RX/OTC
UNILET SUPER-THIN 30G	F	QL(5 EA daily); RX/OTC
UNILET ULTRA-THIN 28G	F	QL(5 EA daily); RX/OTC
UNISTIK 1	F	QL(5 EA daily); RX/OTC
UNISTIK 2	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNISTIK 2 COMFORT	F	QL(5 EA daily); RX/OTC	UNIVERSAL 1 LANCETS ULTRA THIN	F	QL(5 EA daily); RX/OTC
UNISTIK 2 EXTRA	F	QL(5 EA daily); RX/OTC	VALUE PLUS LANCET STANDARD 21G	F	QL(5 EA daily); RX/OTC
UNISTIK 2 NEONATAL	F	QL(5 EA daily); RX/OTC	VALUE PLUS LANCETS SUPER THIN	F	QL(5 EA daily); RX/OTC
UNISTIK 2 NORMAL	F	QL(5 EA daily); RX/OTC	VALUE PLUS LANCETS THIN 26G	F	QL(5 EA daily); RX/OTC
UNISTIK 2 SUPER	F	QL(5 EA daily); RX/OTC	VALUE PLUS LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
UNISTIK 3	F	QL(5 EA daily); RX/OTC	VALUMARK LANCET SUPER THIN 30G	F	QL(5 EA daily); RX/OTC
UNISTIK 3 COMFORT	F	QL(5 EA daily); RX/OTC	VALUMARK LANCET ULTRA THIN 28G	F	QL(5 EA daily); RX/OTC
UNISTIK 3 EXTRA	F	QL(5 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 21G	F	QL(5 EA daily); RX/OTC
UNISTIK 3 GENTLE	F	QL(5 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 23G	F	QL(5 EA daily); RX/OTC
UNISTIK 3 NEONATAL	F	QL(5 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 28G	F	QL(5 EA daily); RX/OTC
UNISTIK 3 NORMAL	F	QL(5 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 30G	F	QL(5 EA daily); RX/OTC
UNISTIK CZT COMFORT	F	QL(5 EA daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 28G	F	QL(5 EA daily); RX/OTC
UNISTIK CZT NORMAL	F	QL(5 EA daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	F	QL(5 EA daily); RX/OTC
UNISTIK NORMAL	F	QL(5 EA daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 33G	F	QL(5 EA daily); RX/OTC
UNISTIK PRO SAFETY LANCET	F	QL(5 EA daily); RX/OTC	VIDA MIA AUTOLET LANCING DEV MISC	F	QL(1 EA per 180 day(s) retail)
UNISTIK SAFETY LANCETS 28G	F	QL(5 EA daily); RX/OTC	VIDA MIA UNILET LANCETS 28G	F	QL(5 EA daily); RX/OTC
UNISTIK SAFETY LANCETS 30G	F	QL(5 EA daily); RX/OTC	VIDA MIA UNILET LANCETS 30G	F	QL(5 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	F	QL(5 EA daily); RX/OTC	VIVAGUARD LANCETS 30G	F	QL(5 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	F	QL(5 EA daily); RX/OTC	VIVAGUARD LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
UNISTIK TOUCH SAFETY LANC 28G	F	QL(5 EA daily); RX/OTC			
UNISTIK TOUCH SAFETY LANC 30G	F	QL(5 EA daily); RX/OTC			
UNIVERSAL 1 LANCETS THIN 26G	F	QL(5 EA daily); RX/OTC			
UNIVERSAL 1 LANCETS THIN 33G	F	QL(5 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIVAGUARD SAFETY LANCETS 28G	F	QL(5 EA daily); RX/OTC	BD INSULIN SYRINGE ULTRAFINE	F	QL(5 EA daily)
WALGREENS ADV TRAVEL LANCETS	F	QL(5 EA daily); RX/OTC	BD PEN MINI MISC	F	QL(1 EA per 180 day(s) retail); RX/OTC
WALGREENS LANCETS	F	QL(5 EA daily); RX/OTC	BD PEN NEEDLE MICRO U/F	F	QL(5 EA daily)
WALGREENS LANCETS MICRO THIN	F	QL(5 EA daily); RX/OTC	BD PEN NEEDLE MINI U/F	F	QL(5 EA daily); RX/OTC
WALGREENS LANCETS SUPER THIN	F	QL(5 EA daily); RX/OTC	BD PEN NEEDLE NANO 2ND GEN	F	QL(5 EA daily); RX/OTC
WALGREENS THIN LANCETS	F	QL(5 EA daily); RX/OTC	BD PEN NEEDLE NANO U/F	F	QL(5 EA daily); RX/OTC
WALGREENS ULTRA THIN LANCETS	F	QL(5 EA daily); RX/OTC	BD PEN NEEDLE ORIGINAL U/F	F	QL(5 EA daily)
ZEVRX TWIST TOP LANCETS 30G	F	QL(5 EA daily); RX/OTC	BD PEN NEEDLE SHORT U/F	F	QL(5 EA daily); RX/OTC
Misc. Devices			BD PEN MISC	F	QL(1 EA per 180 day(s) retail); RX/OTC
ALCOHOL SWABS	F	QL (400 ea per fill retail); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
Parenteral Therapy Supplies			BD SAFETY-LOK INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
ADVOCATE INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	BD VEO INSULIN SYRINGE U/F	F	QL(5 EA daily); RX/OTC
AQ INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	CAREONE INSULIN SYRINGE	F	QL(5 EA daily)
ASSURE ID INSULIN SAFETY SYR	F	QL(5 EA daily); RX/OTC	CARETOUCH INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
AUTOPEN DEVI	F	QL(1 EA per 180 day(s) retail); RX/OTC	CEQR SIMPLICITY 2U DEVI	F	QL(1 EA per 180 day(s) retail); RX/OTC
BD INSULIN SYR ULTRAFINE II	F	QL(5 EA daily); RX/OTC	COMFORT ASSIST INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	COMFORT EZ INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE HALF-UNIT	F	QL(5 EA daily); RX/OTC	DROPLET INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE MICROFINE	F	QL(5 EA daily); RX/OTC	DROPSAFE SAFETY SYRINGE/NEEDLE	F	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE U/F	F	QL(5 EA daily); RX/OTC	EASY COMFORT INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE U/F 1/2UNIT	F	QL(5 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH FLIPLOCK INSULIN SY	F	QL(5 EA daily); RX/OTC	HEALTHWISE INSULIN SYR/NEEDLE	F	QL(5 EA daily); RX/OTC
EASY TOUCH INSULIN SAFETY SYR	F	QL(5 EA daily); RX/OTC	HM ULTICARE INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
EASY TOUCH INSULIN SYRINGE	F	QL(5 EA daily)	INPEN 100-BLUE-LILLY-HUMALOG DEVI	F	QL(1 EA per 180 day(s) retail); RX/OTC
EASY TOUCH SHEATHLOCK SYRINGE	F	QL(5 EA daily); RX/OTC	INPEN 100-BLUE-NOVOLOG-FIASP DEVI	F	QL(1 EA per 180 day(s) retail); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	F	QL(5 EA daily); RX/OTC	INPEN 100-GREY-LILLY-HUMALOG DEVI	F	QL(1 EA per 180 day(s) retail); RX/OTC
EMBECTA INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	INPEN 100-GREY-NOVOLOG-FIASP DEVI	F	QL(1 EA per 180 day(s) retail); RX/OTC
EMBECTA INSULIN SYRINGE U/F	F	QL(5 EA daily)	INPEN 100-PINK-LILLY-HUMALOG DEVI	F	QL(1 EA per 180 day(s) retail); RX/OTC
EMBECTA INSULIN SYRINGE U-100	F	QL(5 EA daily)	INPEN 100-PINK-NOVOLOG-FIASP DEVI	F	QL(1 EA per 180 day(s) retail); RX/OTC
EQL INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
FIFTY50 SUPERIOR COMFORT SYR	F	QL(5 EA daily); RX/OTC	INSULIN SYRINGE-NEEDLE U-100	F	QL(5 EA daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	F	QL(5 EA daily); RX/OTC	KINRAY INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYR	F	QL(5 EA daily); RX/OTC	KROGER INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
GLOBAL INSULIN SYRINGES	F	QL(5 EA daily); RX/OTC	LEADER INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
GLUCOPRO INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	LITETOUCH INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	LONGS INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES	F	QL(5 EA daily); RX/OTC	MAGELLAN INSULIN SAFETY SYR	F	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 28GX1/2"	F	QL(5 EA daily); RX/OTC	MAXI-COMFORT INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 29GX1/2"	F	QL(5 EA daily); RX/OTC	MAXICOMFORT SYR 27G X 1/2"	F	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 30GX5/16"	F	QL(5 EA daily); RX/OTC	MEDIC INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 31GX5/16"	F	QL(5 EA daily); RX/OTC			
GNP ULTRA COM INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MM INSULIN SYRINGE/NEEDLE	F	QL(5 EA daily); RX/OTC	ULTICARE INSULIN SAFETY SYR	F	QL(5 EA daily); RX/OTC
MONOJECT INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	ULTICARE INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
MONOJECT ULTRA COMFORT SYRINGE	F	QL(5 EA daily); RX/OTC	ULTIGUARD SAFEPAK SYR/NEEDLE	F	QL(5 EA daily)
MS INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	ULTRA COMFORT INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
NOVOPEN ECHO DEVI	F	QL(1 EA per 180 day(s) retail); RX/OTC	ULTRA FLO INSULIN SYR 1/2 UNIT	F	QL(5 EA daily); RX/OTC
PRECISION SURE-DOSE SYRINGE	F	QL(5 EA daily); RX/OTC	ULTRA FLO INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	ULTRACARE INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
PRO COMFORT INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	ULTRA-THIN II INS SYR SHORT	F	QL(5 EA daily); RX/OTC
PRODIGY INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
PX INSULIN SYRINGE	F	QL(5 EA daily)	VALUE HEALTH INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
RA INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	VANISHPOINT INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
REALITY INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	VERIFINE INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
RELION INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	VP INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
SB INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	ZEV RX INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
SECURESAFE INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	Respiratory Therapy Supplies		
SURE COMFORT INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	ADULT MASK DEVI	F	RX/OTC
TECHLITE INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	AEROBIKA DEVI	F	RX/OTC
TOPCARE ULTRA COMFORT INS SYR	F	QL(5 EA daily); RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
TRUE COMFORT INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	AEROCHAMBER MINI CHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
TRUE COMFORT PRO INSULIN SYR	F	QL(5 EA daily); RX/OTC	AEROCHAMBER MV MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
TRUEPLUS INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLO-VU INTERM DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC	AEROVENT PLUS DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC	ALL FLOW 1000 PFT FILTER DEVI	F	RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	F	RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC	ALL FLOW 3000 PFT FILTER DEVI	F	RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	ALL FLOW 4000 PFT FILTER DEVI	F	RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	F	RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	F	RX/OTC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	F	RX/OTC
AEROCHAMBER PLUS FLO-VU MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	BREATHE COMFORT CHAMBER/CHILD DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	BREATHE EASE LARGE DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	BREATHE EASE MEDIUM DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	BREATHE EASE SMALL DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	BREATHERRITE VALVED MDI CHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	CLEVER CHOICE HOLDING CHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	CO MONITOR DEVI	F	RX/OTC
			COMPACT SPACE CHAMBER/LG MASK DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
			COMPACT SPACE CHAMBER/MED MASK DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMPACT SPACE CHAMBER/SM MASK DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC S DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK LARGE MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	FLEXICHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK MEDIUM MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	IN-CHECK DIAL FLOW TRAINER DEVI	F	RX/OTC
EASIVENT MASK SMALL MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	IN-CHECK INSPIRATORY FLOW MTR DEVI	F	RX/OTC
EASIVENT MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	INSPIRACHAMBER/LARGE DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	F	RX/OTC	INSPIRACHAMBER/MEDIUM DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/ORANGE DEVI	F	RX/OTC	INSPIRACHAMBER/MOUTHPIECE DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/RED DEVI	F	RX/OTC	INSPIRACHAMBER/SMALL DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/WHITE DEVI	F	RX/OTC	INSPIREASE RESERVOIR BAGS	F	QL(3 EA per 180 day(s) retail)
EASY FLOW BLACK/YELLOW DEVI	F	RX/OTC	INSPIREASE MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/BLUE DEVI	F	RX/OTC	MICROCHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/GREEN DEVI	F	RX/OTC	MICROCHAMBER MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/PINK DEVI	F	RX/OTC	MICROSPACER MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/WHITE DEVI	F	RX/OTC	NEBULIZER CUP/TUBING DEVI	F	RX/OTC
EASY FLOW WHITE/YELLOW DEVI	F	RX/OTC	OMBRA TABLE TOP COMPRESSOR DEVI	F	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC	ONE FLOW SPIROMETER DEVI	F	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OPTICHAMBER DIAMOND DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC	PURE COMFORT SPACER CHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC	QUAKE DEVI	F	RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	RITEFLO DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	SPIRO PD DEVI	F	RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	THRESHOLD PEP DEVI	F	RX/OTC
PARI MANUAL INTERRUPTER DEVI	F	RX/OTC	VERSAPAP W/UNIVERSAL TUBING DEVI	F	RX/OTC
PARI TREK S COMBO PACK DEVI	F	RX/OTC	VERSAPAP DEVI	F	RX/OTC
POCKET CHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC	VORTEX HOLD CHMBR/MASK/CHILD DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
POCKET SPACER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC	VORTEX HOLD CHMBR/MASK/TODDLER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER ADULT MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER CHILD MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER INFANT DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
PROCARE SPACER/ADULT MASK DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC	Migraine Products		
PROCARE SPACER/CHILD MASK DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC	<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	F	AL(At least 18 yrs old)
PROCHAMBER VHC DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC	<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	F	
PURE COMFORT 3-BALL BREATHE EX DEVI	F	RX/OTC	MIGRANAL SOLN NA (Use <i>dihydroergotamine mesylate</i>)	NF	
			Serotonin Agonists		
			<i>eletriptan hydrobromide</i>	F	Limit 6 per month; QL(0.2 EA daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMITREX 5 MG/ACT, 20 MG/ACT (Use <i>sumatriptan</i>)	NF	Limit 6 per month; QL(0.2 EA daily); AL(At least 12 yrs old)	<i>sumatriptan</i>	F	Limit 6 per month; QL(0.2 EA daily); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NF	Limit 2 per month; QL(0.067 ML daily); AL(At least 12 yrs old)	<i>sumatriptan succinate</i> SOAJ 6 MG/0.5ML	F	Limit 2 syringes per month; QL(0.067 ML daily); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NF	Limit 2 syringes per month; QL(0.067 ML daily); AL(At least 12 yrs old)	<i>sumatriptan succinate</i> SOCT 6 MG/0.5ML	F	Limit 2 per month; QL(0.067 ML daily); AL(At least 12 yrs old)
IMITREX TABS (Use <i>sumatriptan succinate</i>)	NF	Limit 9 per month; QL(0.3 EA daily); AL(At least 12 yrs old)	<i>sumatriptan succinate</i> SOLN 6 MG/0.5ML	F	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)
MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i>)	NF	QL(0.4 EA daily)	<i>sumatriptan succinate</i> TABS	F	Limit 9 per month; QL(0.3 EA daily); AL(At least 12 yrs old)
MAXALT TABS 10 MG (Use <i>rizatriptan benzoate</i>)	NF	Limit 12 per month; QL(0.4 EA daily); AL(At least 6 yrs old)	<i>zolmitriptan</i> SOLN 5 MG	F	Limit 6 per month; QL(0.2 EA daily); AL(At least 12 yrs old)
<i>naratriptan hcl</i>	F	Limit 9 per month; QL(0.3 EA daily); AL(At least 18 yrs old)	<i>zolmitriptan</i> TABS	F	Limit 6 per month; QL(0.2 EA daily); AL(At least 18 yrs old)
RELPAX (Use <i>eletriptan hydrobromide</i>)	NF	Limit 6 per month; QL(0.2 EA daily); AL(At least 18 yrs old)	<i>zolmitriptan</i> TBDP	F	Limit 6 per month; QL(0.2 EA daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate</i> TABS	F	Limit 12 per month; QL(0.4 EA daily); AL(At least 6 yrs old)	ZOMIG SOLN 5 MG (Use <i>zolmitriptan</i>)	NF	Limit 6 per month; QL(0.2 EA daily); AL(At least 12 yrs old)
<i>rizatriptan benzoate</i> TBDP	F	QL(0.4 EA daily)	MINERALS & ELECTROLYTES		
			Calcium		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CALCIUM 600 +D HIGH POTENCY TABS	F	QL(2 EA daily)	ORAL ELECTROLYTES SOLN - ASSORTED GENERICS	F	
CALCIUM CARB-CHOLECALCIFEROL CHEW	F		<i>oral electrolytes SOLN</i>	F	
CALCIUM CARBONATE CHEW	F		PEDIALYTE ADVANCED CARE SOLN (USE ORAL ELECTROLYTES)	NF	
<i>calcium carbonate-cholecalciferol TABS</i>	F		PEDIALYTE ADVANCED CARE SOLN (<i>Use oral electrolytes</i>)	NF	
<i>calcium carbonate TABS 1250 MG, 500 MG</i>	F		PEDIALYTE FREEZER POPS SOLN (USE ORAL ELECTROLYTES)	NF	
<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	F	QL(2 EA daily)	PEDIALYTE FREEZER POPS SOLN (<i>Use oral electrolytes</i>)	NF	
<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	F		PEDIALYTE SINGLES SOLN (USE ORAL ELECTROLYTES)	NF	
<i>calcium citrate TABS</i>	F		PEDIALYTE SINGLES SOLN (<i>Use oral electrolytes</i>)	NF	
CALCIUM CHEW	F		PEDIALYTE SOLN (USE ORAL ELECTROLYTES)	NF	
CALTRATE 600+D3 TABS (<i>Use calcium carbonate-cholecalciferol</i>)	NF		PEDIALYTE SOLN (<i>Use oral electrolytes</i>)	NF	
CALTRATE BONE HEALTH TABS (<i>Use calcium carbonate-cholecalciferol</i>)	NF		Fluoride		
CHEWABLE CALCIUM/D3 WAFR	F		<i>sodium fluoride CHEW</i>	F	AL(Up to 15 yrs old)
<i>oyster shell</i>	F		<i>sodium fluoride SOLN</i>	F	AL(Up to 15 yrs old); RX/OTC
OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	F		SOLUVITA SOLN	F	AL(Up to 15 yrs old); RX/OTC
PARVA-CAL 200 UNIT-500 MG	F		Magnesium		
Electrolyte Mixtures			<i>magnesium oxide (mg supplement) TABS</i>	F	
EQUALYTE SOLN (USE ORAL ELECTROLYTES)	NF		MAGOX 400 TABS (<i>Use magnesium oxide (mg supplement)</i>)	NF	
EQUALYTE SOLN (<i>Use oral electrolytes</i>)	NF		Phosphate		
ORAL ELECTROLYTES SOLN - ASSORTED BRANDS	F				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
K-PHOS-NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	NF	QL(8 EA daily)	penicillamine TABS	F	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	F	QL(8 EA daily)	Immunosuppressive Agents		
Potassium			azathioprine TABS 75 MG, 100 MG	F	QL(3 EA daily)
K-TAB TBCR 10 MEQ, 20 MEQ (Use potassium chloride)	NF		azathioprine TABS 50 MG	F	
potassium bicarbonate TBEF	F		CELLCEPT INTRAVENOUS (Use mycophenolate mofetil hcl)	NF	
potassium chloride microencapsulated crystals er	F		CELLCEPT CAPS (Use mycophenolate mofetil)	NF	QL(2 EA daily)
potassium chloride CPCR 8 MEQ	F	QL(1 EA daily)	CELLCEPT SUSR (Use mycophenolate mofetil)	NF	QL(15 ML daily)
potassium chloride CPCR 10 MEQ	F		CELLCEPT TABS (Use mycophenolate mofetil)	NF	QL(4 EA daily)
potassium chloride PACK PO 20 MEQ	F		cyclosporine modified (for microemulsion) CAPS	F	QL(4 EA daily)
potassium chloride SOLN PO 10 %, 20 %, 10 %	F		cyclosporine modified (for microemulsion) SOLN	F	QL(8 ML daily)
POTASSIUM CHLORIDE SOLN IV (Use potassium chloride)	NF		cyclosporine CAPS	F	QL(4 EA daily)
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	F		cyclosporine SOLN IV 50 MG/ML	F	
Sodium			ENSPRYNG	F	SP; PA
sodium chloride SOLN IV 0.9 %	F		everolimus (immunosuppressant)	F	
SODIUM CHLORIDE SOLN IV 0.9 %	F		IMURAN TABS (Use azathioprine)	NF	
Zinc			mycophenolate mofetil hcl	F	
zinc sulfate CAPS	F		mycophenolate mofetil CAPS	F	QL(2 EA daily)
MISCELLANEOUS THERAPEUTIC CLASSES			mycophenolate mofetil SUSR	F	QL(15 ML daily)
Chelating Agents			mycophenolate mofetil TABS	F	QL(4 EA daily)
DEPEN TITRATABS TABS (Use penicillamine)	NF		mycophenolate sodium 180 MG	F	QL(2 EA daily)
			mycophenolate sodium 360 MG	F	QL(4 EA daily)
			MYFORTIC 180 MG (Use mycophenolate sodium)	NF	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
MYFORTIC 360 MG (<i>Use mycophenolate sodium</i>)	NF	QL(4 EA daily)
NEORAL CAPS (<i>Use cyclosporine modified (for microemulsion)</i>)	NF	QL(4 EA daily)
NEORAL SOLN (<i>Use cyclosporine modified (for microemulsion)</i>)	NF	QL(8 ML daily)
PROGRAF CAPS (<i>Use tacrolimus</i>)	NF	QL(3 EA daily)
PROGRAF PACK	F	
PROGRAF SOLN	F	
RAPAMUNE SOLN (<i>Use sirolimus</i>)	NF	
RAPAMUNE TABS (<i>Use sirolimus</i>)	NF	
SANDIMMUNE CAPS (<i>Use cyclosporine</i>)	NF	QL(4 EA daily)
SANDIMMUNE SOLN IV 50 MG/ML	F	
SANDIMMUNE SOLN PO 100 MG/ML	F	QL(8 ML daily)
<i>sirolimus SOLN</i>	F	
<i>sirolimus TABS</i>	F	
<i>tacrolimus CAPS</i>	F	QL(3 EA daily)
ZORTRESS (<i>Use everolimus (immunosuppressant)</i>)	NF	
Potassium Removing Agents		
<i>sodium polystyrene sulfonate POWD</i>	F	QL(454 GM per fill retail)
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	F	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	F	QL(100 ML per fill retail)
Anti-infectives - Throat		

Drug Name	Drug Tier	Requirements/ Limits
NYSTATIN (<i>Use nystatin (mouth-throat)</i>)	NF	QL(120 ML per fill retail)
<i>nystatin (mouth-throat)</i>	F	QL(120 ML per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	F	
PERIDEX (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NF	
Dental Products		
PREVIDENT 5000 DRY MOUTH GEL (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 ML per fill retail)
PREVIDENT 5000 PLUS CREA (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail)
PREVIDENT GEL (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail)
PREVIDENT SOLN (<i>Use sodium fluoride (dental)</i>)	NF	
<i>sodium fluoride (dental) CREA</i>	F	QL(60 GM per fill retail)
<i>sodium fluoride (dental) GEL</i>	F	QL(60 GM per fill retail)
<i>sodium fluoride (dental) SOLN 0.2 %</i>	F	
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	F	QL(5 GM per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	F	QL(900 ML per fill retail); RX/OTC
BIOTENE DRY MOUTH MOIST SPRAY SOLN	F	QL(900 ML per fill retail); RX/OTC
CAPHOSOL SOLN	F	QL(900 ML per fill retail); RX/OTC
CVS DRY MOUTH SOLN	F	QL(900 ML per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EQL DRY MOUTH ORAL RINSE SOLN	F	QL(900 ML per fill retail); RX/OTC	CENTRUM MEN TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
MOI-STIR SOLN	F	QL(900 ML per fill retail); RX/OTC	CENTRUM SILVER 50+MEN TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
MOUTH KOTE REMINT SOLN	F	QL(900 ML per fill retail); RX/OTC	CENTRUM SILVER 50+WOMEN TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
MOUTH KOTE SOLN	F	QL(900 ML per fill retail); RX/OTC	CENTRUM SILVER ADULT 50+ TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
NUMOISYN LIQD	F	QL(900 ML per fill retail); RX/OTC	CENTRUM SILVER WOMEN 50+ TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
ORAL RELIEF SPRAY SOLN	F	QL(900 ML per fill retail); RX/OTC	CENTRUM SILVER TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	F	QL(6 EA daily)	CENTRUM WOMEN TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
RA DRY MOUTH SOLN	F	QL(900 ML per fill retail); RX/OTC	CENTRUM LIQD (Use multiple vitamins w/ minerals)	NF	RX/OTC
SALAGEN 5 MG (Use <i>pilocarpine hcl (oral)</i>)	NF	QL(6 EA daily)	FOSFREE TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
MULTIVITAMINS			<i>multiple vitamins w/ minerals CAPS</i>	F	RX/OTC
B-Complex Vitamins			<i>multiple vitamins w/ minerals LIQD</i>	F	RX/OTC
<i>b-complex vitamins CAPS</i>	F	QL(1 EA daily)	<i>multiple vitamins w/ minerals TABS</i>	F	QL(1 EA daily); RX/OTC
<i>b-complex vitamins TABS</i>	F	QL(1 EA daily)	ONE-A-DAY WEIGHT SMART ADVANCE TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
B-Complex w/ Folic Acid			ONE-A-DAY WOMENS 50 PLUS TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
<i>b-complex w/ c & folic acid CAPS</i>	F	QL(1 EA daily); RX/OTC			
Multiple Vitamins w/ Iron					
<i>multiple vitamins w/ iron TABS</i>	F	QL(1 EA daily)			
Multiple Vitamins w/ Minerals					
CENTRUM ADULT LIQD (Use multiple vitamins w/ minerals)	NF	RX/OTC			
CENTRUM ADULTS TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	PEDIATRIC MULTIVITAMINS W/FL CHEW	F	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
ONE-A-DAY WOMENS HEALTHY SKIN TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	PEDIATRIC MULTIVITAMINS W/FL SOLN	F	QL(50 ml perfill retail); AL(Up to 13 yrs old); RX/OTC
ONE-A-DAY WOMENS MIND & BODY TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	<i>pediatric vitamins acd w/ fluoride SOLN</i>	F	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
ONE-A-DAY WOMENS PETITES TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	SOLUVITA ACD WITH FLUORIDE SOLN	F	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
OPTIVITE P.M.T. TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	VITAMINS ACD-FLUORIDE SOLN	F	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
VITAROCA PLUS TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	Ped MV w/ Iron		
Multivitamins			BPROTECTED PEDIA POLY-VITE/FE SOLN	F	QL(50 ML per fill retail)
<i>multiple vitamin TABS</i>	F	QL(1 EA daily); RX/OTC	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	F	QL(50 ML per fill retail)
ONE-A-DAY ESSENTIAL TABS (Use multiple vitamin)	NF	QL(1 EA daily); RX/OTC	MULTIVITAMIN DROPS/IRON SOLN	F	QL(50 ML per fill retail)
ONE-A-DAY MENS TABS (Use multiple vitamin)	NF	QL(1 EA daily); RX/OTC	PC PEDIATRIC POLY-VITA/FE DROP SOLN	F	QL(50 ML per fill retail)
Ped Multi Vitamins w/FI & FE			<i>pediatric multiple vitamins w/ iron CHEW</i>	F	
<i>ped multivitamins w/fl & iron SOLN</i>	F	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	PEDIATRIC MULTIPLE VITAMINSW/ IRON CHEW	F	
Ped Multiple Vitamins w/ Minerals			POLY-VITA/IRON SOLN	F	QL(50 ML per fill retail)
PEDIATRIC MULTIPLE VITAMIN W/MINERALS & C CHEW	F		POLY-VITE/IRON SOLN	F	QL(50 ML per fill retail)
PEDIATRIC MULTIPLE VITAMIN W/MINERALS & C SOLN	F	AL(Up to 18 yrs old); RX/OTC	Pediatric Multiple Vitamins		
Ped MV w/ Fluoride			BPROTECTED PEDIA POLY-VITE SOLN PO	F	QL(50 ML per fill retail)
			MULTIVITAMIN INFANT & TODDLER SOLN PO	F	QL(50 ML per fill retail)
			NOVAMV PEDIATRIC MULTI-VITAMIN LIQD	F	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	F	QL(50 ML per fill retail)	PRENATVITE RX TABS	F	QL(1 EA daily); RX/OTC
POLY-VI-SOL SOLN PO	F	QL(50 ML per fill retail)	PX PRENATAL MULTIVITAMINS TABS	F	QL(1 EA daily)
POLY-VITA SOLN PO	F	QL(50 ML per fill retail)	QC PRENATAL TABS	F	QL(1 EA daily)
POLY-VITE PEDIATRIC SOLN PO	F	QL(50 ML per fill retail)	RA PRENATAL FORMULA TABS	F	QL(1 EA daily)
Prenatal Vitamins			RA PRENATAL TABS	F	QL(1 EA daily)
CLASSIC PRENATAL TABS	F	QL(1 EA daily)	SM PRENATAL VITAMINS TABS	F	QL(1 EA daily)
CVS PRENATAL GUMMY 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-1800 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-113.5 MG-5 MG-35 MG	F		Vitamins w/ Lipotropics		
EQL PRENATAL FORMULA TABS	F	QL(1 EA daily)	<i>vitamins w/ lipotropics CAPS</i>	F	QL(1 EA daily)
FT PRENATAL TABS	F	QL(1 EA daily)	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
GNP PRENATAL TABS	F	QL(1 EA daily)	Central Muscle Relaxants		
JENLIVA PRENATAL/POSTNATAL CAPS	F	QL(1 EA daily)	<i>baclofen TABS</i>	F	
KP PRENATAL MULTIVITAMINS TABS	F	QL(1 EA daily)	<i>chlorzoxazone TABS 500 MG</i>	F	
KPN PRENATAL TABS	F	QL(1 EA daily)	<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	F	QL(3 EA daily)
MASONATAL TABS	F	QL(1 EA daily)	<i>methocarbamol TABS 500 MG, 750 MG</i>	F	
PRENATAL (W/IRON & FA) TABS	F	QL(1 EA daily); RX/OTC	<i>tizanidine hcl TABS</i>	F	
PRENATAL FORTE TABS	F	QL(1 EA daily); RX/OTC	ZANAFLEX TABS 4 MG (Use <i>tizanidine hcl</i>)	NF	
PRENATAL VITAMIN AND MINERAL TABS	F	QL(1 EA daily)	NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	F	QL(1 EA daily)	Nasal Agents - Misc.		
PRENATAL/IRON TABS	F	QL(1 EA daily)	FT SALINE NASAL SPRAY SOLN	F	QL(90 ML per fill retail)
PRENATAL TABS	F	QL(1 EA daily)	LITTLE REMEDIES SALINE SOLN	F	QL(90 ML per fill retail)
			OCEAN NASAL SPRAY SOLN (Use <i>saline</i>)	NF	QL(90 ML per fill retail)
			<i>saline SOLN 0.65 %</i>	F	QL(90 ML per fill retail)
			Nasal Antiallergy		

Drug Name	Drug Tier	Requirements/ Limits
<i>azelastine hcl</i>	F	Limit 1 package per month; QL(1 ML daily); RX/OTC
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	F	QL(26 ML per fill retail)
NASALCROM (Use <i>cromolyn sodium (nasal)</i>)	NF	QL(26 ML per fill retail)
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.06 %</i>	F	Limit 1 package per month; QL(0.5 ML daily)
<i>ipratropium bromide (nasal) 0.03 %</i>	F	Limit 1 package per month; QL(1.2 ML daily)
Nasal Steroids		
FLONASE ALLERGY REL CHILDRENS SUSP (Use <i>fluticasone propionate (nasal)</i>)	NF	QL(16 ML per fill retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use <i>fluticasone propionate (nasal)</i>)	NF	QL(16 ML per fill retail); RX/OTC
<i>flunisolide (nasal)</i>	F	QL(25 ML per fill retail)
<i>fluticasone propionate (nasal) SUSP</i>	F	QL(16 ML per fill retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	F	QL(17 GM per fill retail); AL(At least 2 yrs old); RX/OTC
NASACORT ALLERGY 24HR AERO (Use <i>triamcinolone acetonide (nasal)</i>)	NF	QL(17 ML per fill retail); AL(At least 2 yrs old)
NASONEX 24HR SUSP (Use <i>mometasone furoate (nasal)</i>)	NF	QL(17 ML per fill retail); AL(At least 2 yrs old); RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	F	QL(17 ML per fill retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
Sympathomimetic Decongestants		
<i>epinephrine hcl (nasal)</i>	F	
<i>phenylephrine hcl (oral) TABS</i>	F	QL(24 EA per fill retail)
<i>pseudoephedrine hcl TABS</i>	F	
<i>pseudoephedrine hcl TB12</i>	F	QL(2 EA daily)
SUDAFED CHILDRENS LIQD	F	
SUDAFED PE SINUS CONGESTION TABS (Use <i>phenylephrine hcl (oral)</i>)	NF	QL(24 EA per fill retail)
SUDAFED SINUS CONGESTION TABS (Use <i>pseudoephedrine hcl</i>)	NF	
SUDAFED TABS (Use <i>pseudoephedrine hcl</i>)	NF	
NUTRIENTS		
Misc. Nutritional Substances		
<i>omega-3 fatty acids CAPS 1000 MG, 1200 MG</i>	F	QL(6 EA daily)
Proteins		
ARGININE TABS	F	
L-TRYPTOPHAN TABS	F	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>artificial tear solution</i>	F	
<i>polyvinyl alcohol 1.4 %</i>	F	QL(15 ML per fill retail)
<i>white petrolatum-mineral oil</i>	F	QL(4 GM per fill retail)
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	F	QL(10 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>carteolol hcl (ophth)</i>	F	Limit 1 package per month; QL(0.5 ML daily)
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NF	QL(10 ML per fill retail)
DORZOLAMIDE HCL-TIMOLOL MAL	F	QL(10 ML per fill retail)
<i>dorzolamide hcl-timolol maleate</i>	F	QL(10 ML per fill retail)
<i>levobunolol hcl 0.5 %</i>	F	QL(10 ML per fill retail)
<i>timolol maleate (ophth) SOLG 0.5 %</i>	F	
<i>timolol maleate (ophth) SOLN</i>	F	QL(60 EA per fill retail)
<i>timolol maleate (ophth) SOLN 0.5 %</i>	F	QL(15 ML per fill retail)
<i>timolol maleate (ophth) SOLN 0.25 %</i>	F	QL(10 ML per fill retail)
TIMOPTIC OCUDOSE SOLN (<i>Use timolol maleate (ophth)</i>)	NF	QL(60 EA per fill retail)
TIMOPTIC SOLN 0.5 % (<i>Use timolol maleate (ophth)</i>)	NF	QL(15 ML per fill retail)
TIMOPTIC SOLN 0.25 % (<i>Use timolol maleate (ophth)</i>)	NF	QL(10 ML per fill retail)
TIMOPTIC-XE SOLG (<i>Use timolol maleate (ophth)</i>)	NF	
Cycloplegic Mydriatics		
<i>atropine sulfate (ophthalmic) OINT</i>	F	QL(4 GM per fill retail)
<i>atropine sulfate (ophthalmic) SOLN</i>	F	QL(15 ML per fill retail)
ATROPINE SULFATE SOLN 1 %	F	QL(15 EA per fill retail)
ATROPINE SULFATE SOLN 1 % (<i>Use atropine sulfate (ophthalmic)</i>)	NF	QL(15 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
CYCLOGYL (<i>Use cyclopentolate hcl</i>)	NF	QL(15 ML per fill retail)
<i>cyclopentolate hcl 1 %</i>	F	QL(15 ML per fill retail)
ISOPTO ATROPINE SOLN	F	QL(15 ML per fill retail)
MYDRIACYL SOLN (<i>Use tropicamide</i>)	NF	QL(15 ML per fill retail)
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	F	QL(15 ML per fill retail)
PHENYLEPHRINE HCL SOLN (<i>Use phenylephrine hcl (mydriatic)</i>)	NF	QL(15 ML per fill retail)
<i>tropicamide SOLN</i>	F	QL(15 ML per fill retail)
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	F	
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl</i>	F	
<i>brimonidine tartrate 0.2 %</i>	F	QL(15 ML per fill retail)
IOPIDINE	F	
Ophthalmic Anti-infectives		
<i>bacitracin-polymyxin b (ophth)</i>	F	QL(4 GM per fill retail)
ERYTHROMYCIN	F	QL(4 GM per fill retail)
<i>erythromycin (ophth)</i>	F	QL(4 GM per fill retail)
<i>gentamicin sulfate (ophth) SOLN</i>	F	QL(15 ML per fill retail)
<i>moxifloxacin hcl (ophth) SOLN OP</i>	F	QL(3 ML per fill retail)
<i>neomycin-bacitracin zn-polymyxin</i>	F	QL(4 GM per fill retail)
<i>neomycin-polymyxin-gramicidin</i>	F	QL(10 ML per fill retail)
OCUFLOX (<i>Use ofloxacin (ophth)</i>)	NF	QL(10 ML per fill retail)
<i>ofloxacin (ophth)</i>	F	QL(10 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>polymyxin b-trimethoprim</i>	F	QL(10 ML per fill retail)
POLYTRIM (Use <i>polymyxin b-trimethoprim</i>)	NF	QL(10 ML per fill retail)
<i>sulfacetamide sodium (ophth) OINT</i>	F	
<i>sulfacetamide sodium (ophth) SOLN</i>	F	QL(15 ML per fill retail)
<i>tobramycin (ophth) SOLN</i>	F	QL(5 ML per fill retail)
TOBREX OINT	F	QL(4 GM per fill retail)
<i>trifluridine</i>	F	QL(8 ML per fill retail)
VIGAMOX SOLN OP (Use <i>moxifloxacin hcl (ophth)</i>)	NF	QL(3 ML per fill retail)
Ophthalmic Decongestants		
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	F	Limit 1 package per month; QL(0.5 ML daily)
VISINE RED EYE COMFORT (Use <i>tetrahydrozoline hcl (ophth)</i>)	NF	Limit 1 package per month; QL(0.5 ML daily)
Ophthalmic Local Anesthetics		
<i>tetracaine hcl (ophth)</i>	F	
Ophthalmic Steroids		
<i>dexamethasone sodium phosphate (ophth)</i>	F	QL(5 ML per fill retail)
<i>fluorometholone (ophth) SUSP</i>	F	QL(15 ML per fill retail)
FML LIQUIFILM SUSP (Use <i>fluorometholone (ophth)</i>)	NF	QL(15 ML per fill retail)
MAXITROL OINT (Use <i>neomycin-polymy-dexameth</i>)	NF	QL(4 GM per fill retail)
MAXITROL SUSP (Use <i>neomycin-polymy-dexameth</i>)	NF	QL(5 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymy-dexameth OINT</i>	F	QL(4 GM per fill retail)
<i>neomycin-polymy-dexameth SUSP</i>	F	QL(5 ML per fill retail)
<i>neomycin-polymyxin-hc (ophth)</i>	F	QL(8 ML per fill retail)
PRED FORTE (Use <i>prednisolone acetate (ophth)</i>)	NF	
PRED MILD	F	QL(10 ML per fill retail)
<i>prednisolone acetate (ophth)</i>	F	
PREDNISOLONE ACETATE P-F	F	
PREDNISOLONE SODIUM PHOSPHATE	F	Limit 1 package per month; QL(0.34 ML daily)
<i>sulfacetamide sod-prednisolone SOLN</i>	F	QL(10 ML per fill retail)
TOBRADEX OINT	F	QL(4 GM per fill retail)
TOBRADEX SUSP (Use <i>tobramycin-dexamethasone</i>)	NF	QL(10 ML per fill retail)
<i>tobramycin-dexamethasone SUSP</i>	F	QL(10 ML per fill retail)
Ophthalmics - Misc.		
ACULAR (Use <i>ketorolac tromethamine (ophth)</i>)	NF	QL(10 ML per fill retail)
ACULAR LS (Use <i>ketorolac tromethamine (ophth)</i>)	NF	
ALOCRIIL	F	Try ketotifen ophth. first; QL(5 ML per fill retail); ST
ALOMIDE	F	Try ketotifen ophth. first; QL(10 ML per fill retail); ST

Drug Name	Drug Tier	Requirements/ Limits
<i>azelastine hcl (ophth)</i>	F	Try ketotifen ophth. first; QL(6 ML per fill retail); ST
AZOPT (Use <i>brinzolamide</i>)	NF	QL(15 ML per fill retail)
<i>brinzolamide</i>	F	QL(15 ML per fill retail)
<i>cromolyn sodium (ophth)</i>	F	QL(10 ML per fill retail)
<i>diclofenac sodium (ophth)</i>	F	QL(5 ML per fill retail)
<i>dorzolamide hcl</i>	F	QL(10 ML per fill retail)
DORZOLAMIDE HCL	F	QL(10 ML per fill retail)
<i>flurbiprofen sodium</i>	F	QL(3 ML per fill retail)
<i>ketorolac tromethamine (ophth) 0.4 %</i>	F	
<i>ketorolac tromethamine (ophth) 0.5 %</i>	F	QL(10 ML per fill retail)
<i>ketotifen fumarate (ophth) 0.035 %</i>	F	QL(10 ML per fill retail)
NEVANAC	F	QL(3 ML per fill retail)
ZADITOR 0.035 % (Use <i>ketotifen fumarate (ophth)</i>)	NF	QL(10 ML per fill retail)
Prostaglandins - Ophthalmic		
<i>latanoprost SOLN</i>	F	QL(3 ML per fill retail)
LATANOPROST SOLN	F	QL(3 ML per fill retail)
XALATAN SOLN (Use <i>latanoprost</i>)	NF	QL(3 ML per fill retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	F	QL(15 ML per fill retail)
<i>carbamide peroxide (otic) 6.5 %</i>	F	Limit 1 package per month; QL(0.5 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
DEBROX 6.5 % (Use <i>carbamide peroxide (otic)</i>)	NF	Limit 1 package per month; QL(0.5 ML daily)
Otic Anti-infectives		
<i>ofloxacin (otic)</i>	F	QL(10 ML per fill retail)
Otic Combinations		
CIPRODEX (Use <i>ciprofloxacin-dexamethasone</i>)	NF	QL(7.5 ML per 30 day(s) retail)
<i>ciprofloxacin-dexamethasone</i>	F	QL(7.5 ML per 30 day(s) retail)
<i>neomycin-polymyxin-hc (otic) SOLN</i>	F	QL(10 ML per fill retail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	F	QL(10 ML per fill retail)
PRAMOTIC	F	
<i>pramoxine-hc-chloroxylonol</i>	F	Limit 1 package per month; QL(0.34 ML daily)
Otic Steroids		
DERMOTIC (Use <i>fluocinolone acetonide (otic)</i>)	NF	Limit 1 package per month; QL(0.67 ML daily)
<i>fluocinolone acetonide (otic)</i>	F	Limit 1 package per month; QL(0.67 ML daily)
<i>hydrocortisone w/acetic acid</i>	F	QL(10 ML per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	F	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Monoclonal Antibodies			<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	F	QL(30 EA per fill retail)
SYNAGIS SOLN	F	SP; PA	<i>amoxicillin & pot clavulanate TB12</i>	F	Limit 40 per 30 days; QL(1.34 EA daily)
PENICILLINS - Drugs to Treat Bacterial Infections			AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NF	Limit 2 packages per claim; QL(400 ML per fill retail)
Aminopenicillins			AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	F	
<i>amoxicillin CAPS</i>	F		AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NF	QL(20 EA per fill retail)
<i>amoxicillin CHEW 125 MG, 250 MG</i>	F		Penicillinase-Resistant Penicillins		
<i>amoxicillin SUSR</i>	F		<i>dicloxacillin sodium</i>	F	
AMOXICILLIN SUSR (Use <i>amoxicillin</i>)	NF		PROGESTINS - Hormone Replacement/Modifying Drugs		
<i>amoxicillin TABS 875 MG</i>	F		Progestins		
<i>ampicillin CAPS 500 MG</i>	F		AYGESTIN TABS (Use <i>norethindrone acetate</i>)	NF	
Natural Penicillins			<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	F	
<i>penicillin v potassium SOLR</i>	F		<i>megestrol acetate (appetite)</i>	F	
<i>penicillin v potassium TABS</i>	F		<i>norethindrone acetate TABS</i>	F	
Penicillin Combinations			<i>progesterone CAPS</i>	F	QL(1 EA daily)
<i>amoxicillin & pot clavulanate CHEW</i>	F	QL(20 EA per fill retail)	PROMETRIUM CAPS (Use <i>progesterone</i>)	NF	QL(1 EA daily)
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	F	Limit 1 package per claim; QL(150 ML per fill retail)	PROVERA 5 MG, 10 MG (Use <i>medroxyprogesterone acetate</i>)	NF	
<i>amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML</i>	F		PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML</i>	F	Limit 2 packages per claim; QL(400 ML per fill retail)			
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	F	Limit 1 package per claim; QL(100 ML per fill retail)			
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	F	QL(20 EA per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Agents for Chemical Dependency			<i>rivastigmine</i>	F	QL(1 EA daily); PA
<i>disulfiram 250 MG</i>	F		<i>rivastigmine tartrate CAPS</i>	F	QL(2 EA daily); PA
<i>lofexidine hcl</i>	F	QL(224 EA per 14 day(s) retail)	Combination Psychotherapeutics		
LUCEMYRA (Use <i>lofexidine hcl</i>)	NF	QL(224 EA per 14 day(s) retail)	<i>perphenazine-amitriptyline</i>	F	QL(4 EA daily)
Antidementia Agents			Fibromyalgia Agents		
ARICEPT TABS 5 MG, 10 MG (Use <i>donepezil hydrochloride</i>)	NF	QL(1 EA daily)	SAVELLA TITRATION PACK MISC	F	QL(55 EA per 365 day(s) retail); PA
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	F	QL(1 EA daily)	SAVELLA TABS	F	QL(2 EA daily); PA
EXELON (Use <i>rivastigmine</i>)	NF	QL(1 EA daily); PA	Movement Disorder Drug Therapy		
<i>galantamine hydrobromide CP24</i>	F	QL(1 EA daily)	<i>tetrabenazine</i>	F	SP; PA
<i>galantamine hydrobromide SOLN</i>	F	QL(6 ML daily)	XENAZINE (Use <i>tetrabenazine</i>)	NF	SP; PA
<i>galantamine hydrobromide TABS</i>	F	QL(2 EA daily)	Multiple Sclerosis Agents		
<i>memantine hcl SOLN</i>	F	QL(10 ML daily)	AMPYRA (Use <i>dalfampridine</i>)	NF	SP; PA
<i>memantine hcl TABS</i>	F	Titration Pak: Limit 1 package per 28 days; QL(1.75 EA daily)	AUBAGIO (Use <i>teriflunomide</i>)	NF	QL(1 EA daily); SP
<i>memantine hcl TABS 5 MG</i>	F	5mg; QL(2 EA daily)	AVONEX PEN AJKT	F	SP; PA
<i>memantine hcl TABS 10 MG</i>	F	10mg; QL(2 EA daily)	AVONEX PREFILLED PSKT	F	SP; PA
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i>)	NF	Titration Pak: Limit 1 package per 28 days; QL(1.75 EA daily)	COPAXONE SOSY (Use <i>glatiramer acetate</i>)	NF	SP
NAMENDA TABS 10 MG (Use <i>memantine hcl</i>)	NF	10mg; QL(2 EA daily)	<i>dalfampridine</i>	F	SP; PA
NAMENDA TABS 5 MG (Use <i>memantine hcl</i>)	NF	5mg; QL(2 EA daily)	<i>dimethyl fumarate CDPK</i>	F	SP
RAZADYNE ER CP24 (Use <i>galantamine hydrobromide</i>)	NF	QL(1 EA daily)	<i>dimethyl fumarate CPDR</i>	F	SP
			EXTAVIA KIT	F	SP; PA
			<i> fingolimod hcl</i>	F	QL(1 EA daily); SP
			GILENYA (Use <i> fingolimod hcl</i>)	NF	QL(1 EA daily); SP
			<i> glatiramer acetate SOSY</i>	F	SP
			PLEGRIDY STARTER PACK SOAJ	F	SP; PA
			PLEGRIDY STARTER PACK SOSY SC	F	SP; PA
			PLEGRIDY SOAJ	F	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
PLEGRIDY SOSY IM	F	SP; PA
REBIF REBIDOSE TITRATION PACK SOAJ	F	SP; PA
REBIF REBIDOSE SOAJ	F	SP; PA
REBIF TITRATION PACK SOSY	F	SP; PA
REBIF SOSY	F	SP; PA
TECFIDERA CDPK (<i>Use dimethyl fumarate</i>)	NF	SP
TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	NF	SP
<i>teriflunomide</i>	F	QL(1 EA daily); SP
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	F	
Smoking Deterrents		
APO-VARENICLINE TABS	F	QL(2 EA daily)
<i>bupropion hcl (smoking deterrent)</i>	F	QL(2 EA daily)
CHANTIX STARTING MONTH PAK TBPk (<i>Use varenicline tartrate</i>)	NF	
NICODERM CQ PT24 TD (<i>Use nicotine</i>)	NF	
NICORETTE MINI LOZG (<i>Use nicotine polacrilex</i>)	NF	
NICORETTE STARTER KIT GUM (<i>Use nicotine polacrilex</i>)	NF	
NICORETTE GUM (<i>Use nicotine polacrilex</i>)	NF	
NICORETTE LOZG (<i>Use nicotine polacrilex</i>)	NF	
<i>nicotine polacrilex GUM</i>	F	
<i>nicotine polacrilex LOZG</i>	F	
NICOTINE KIT	F	
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
NICOTROL NS SOLN	F	
NICOTROL INHA	F	
<i>varenicline tartrate TABS</i>	F	QL(2 EA daily)
<i>varenicline tartrate TBPk</i>	F	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	F	SP; PA
KALYDECO TABS	F	SP; PA
ORKAMBI PACK	F	SP; PA
ORKAMBI TABS	F	SP; PA
PULMOZYME	F	SP; PA
SYMDEKO	F	SP; PA
TRIKAFTA TBPk	F	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS (<i>Use pirfenidone</i>)	NF	SP; PA
ESBRIET TABS (<i>Use pirfenidone</i>)	NF	SP; PA
<i>pirfenidone CAPS</i>	F	SP; PA
<i>pirfenidone TABS</i>	F	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	F	
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	F	
<i>doxycycline hyclate CAPS</i>	F	
<i>doxycycline hyclate TABS 100 MG</i>	F	
<i>minocycline hcl CAPS</i>	F	
TARGADOX TABS (<i>Use doxycycline hyclate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>tetracycline hcl CAPS 500 MG</i>	F	
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	F	
<i>propylthiouracil</i>	F	
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	F	
ARMOUR THYROID TABS	F	
CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NF	
<i>levothyroxine sodium TABS</i>	F	
<i>liothyronine sodium TABS</i>	F	
NIVA THYROID TABS	F	
NP THYROID TABS	F	
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	NF	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	F	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	F	
BOOSTRIX SUSP	F	
BOOSTRIX SUSY	F	
DAPTACEL	F	
INFANRIX	F	
KINRIX SUSY	F	
PEDIARIX SUSY	F	
PENTACEL	F	
QUADRACEL SUSP	F	

Drug Name	Drug Tier	Requirements/ Limits
QUADRACEL SUSY	F	
TDVAX SUSP	F	
TENIVAC INJ	F	
TETANUS-DIPHThERIA TOXOIDS TD SUSP	F	
VAXELIS SUSP	F	
VAXELIS SUSY	F	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (<i>Use hyoscyamine sulfate</i>)	NF	
<i>dicyclomine hcl CAPS</i>	F	
<i>dicyclomine hcl SOLN PO</i>	F	QL(40 ML daily)
<i>dicyclomine hcl TABS</i>	F	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	F	QL(4 EA daily)
<i>hyoscyamine sulfate ELIX</i>	F	
<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	F	
<i>hyoscyamine sulfate TB12 0.375 MG</i>	F	QL(4 EA daily)
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	F	
LEVBIID TB12 (<i>Use hyoscyamine sulfate</i>)	NF	QL(4 EA daily)
ROBINUL-FORTE TABS (<i>Use glycopyrrolate</i>)	NF	QL(4 EA daily)
ROBINUL TABS (<i>Use glycopyrrolate</i>)	NF	QL(4 EA daily)
H-2 Antagonists		
<i>cimetidine hcl PO 300 MG/5ML</i>	F	QL(27 ML daily)
<i>cimetidine TABS</i>	F	RX/OTC
<i>famotidine SUSR</i>	F	
<i>famotidine TABS</i>	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PEPCID AC MAXIMUM STRENGTH TABS (<i>Use famotidine</i>)	NF	RX/OTC	PREVACID SOLUTAB TBDD (<i>Use lansoprazole</i>)	NF	
PEPCID AC TABS (<i>Use famotidine</i>)	NF		PREVACID CPDR 30 MG (<i>Use lansoprazole</i>)	NF	
PEPCID TABS (<i>Use famotidine</i>)	NF	RX/OTC	PROTONIX TBEC 20 MG (<i>Use pantoprazole sodium</i>)	NF	QL(1 EA daily)
TAGAMET HB 200 TABS (<i>Use cimetidine</i>)	NF	RX/OTC	PROTONIX TBEC 40 MG (<i>Use pantoprazole sodium</i>)	NF	QL(2 EA daily)
TAGAMET HB TABS (<i>Use cimetidine</i>)	NF	RX/OTC	Ulcer Drugs - Prostaglandins		
Misc. Anti-Ulcer			CYTOTEC (<i>Use misoprostol</i>)	NF	
CARAFATE SUSP (<i>Use sucralfate</i>)	NF	QL(420 ML per fill retail); AL(Up to 6 yrs old)	<i>misoprostol</i>	F	
CARAFATE TABS (<i>Use sucralfate</i>)	NF	QL(4 EA daily)	Ulcer Therapy Combinations		
<i>sucralfate SUSP</i>	F	QL(420 ML per fill retail); AL(Up to 6 yrs old)	<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	F	14 day(s) max supply per 365 day(s) retail
<i>sucralfate TABS</i>	F	QL(4 EA daily)	URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Proton Pump Inhibitors			Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>esomeprazole magnesium CPDR 40 MG</i>	F		DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	NF	QL(1 EA daily)
<i>lansoprazole CPDR 15 MG</i>	F	QL(4 EA daily); RX/OTC	DETROL TABS (<i>Use tolterodine tartrate</i>)	NF	QL(2 EA daily)
<i>lansoprazole CPDR 30 MG</i>	F		DITROPAN XL TB24 5 MG (<i>Use oxybutynin chloride</i>)	NF	QL(2 EA daily)
<i>lansoprazole TBDD</i>	F		<i>oxybutynin chloride TABS</i>	F	QL(3 EA daily)
<i>omeprazole CPDR 20 MG, 40 MG</i>	F	QL(2 EA daily)	<i>oxybutynin chloride TB24</i>	F	QL(2 EA daily)
<i>omeprazole CPDR 10 MG</i>	F		<i>tolterodine tartrate CP24</i>	F	QL(1 EA daily)
<i>omeprazole TBEC</i>	F	QL(1 EA daily)	<i>tolterodine tartrate TABS</i>	F	QL(2 EA daily)
<i>pantoprazole sodium TBEC 40 MG</i>	F	QL(2 EA daily)	<i>trospium chloride TABS</i>	F	QL(2 EA daily)
<i>pantoprazole sodium TBEC 20 MG</i>	F	QL(1 EA daily)	Urinary Antispasmodics - Cholinergic Agonists		
PREVACID 24HR CPDR (<i>Use lansoprazole</i>)	NF	QL(4 EA daily); RX/OTC	<i>bethanechol chloride</i>	F	
			Urinary Antispasmodics - Direct Muscle Relaxants		
			<i>flavoxate hcl</i>	F	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VACCINES			DENGVAIXA	F	
Bacterial Vaccines			ENGERIX-B SUSP 20 MCG/ML	F	3 max fill(s) per 999 day(s) retail
ACTHIB SOLR IM	F		ENGERIX-B SUSY	F	3 max fill(s) per 999 day(s) retail
BCG VACCINE	F		ERVEBO	F	
BEXSERO	F		FLUAD	F	
BIOTHRAX	F	AL(At least 18 yrs old - Up to 65 yrs old)	FLUARIX SUSY	F	
CAPVAXIVE	F		FLUBLOK SOSY	F	
HIBERIX SOLR IJ	F		FLUCELVAX SUSP	F	
MENACTRA	F		FLUCELVAX SUSY	F	
MENQUADFI	F		FLULAVAL SUSY	F	
MENVEO SOLN	F		FLUMIST	F	
MENVEO SOLR	F		FLUZONE HIGH-DOSE SUSY	F	
PEDVAX HIB SUSP	F		FLUZONE SUSP	F	
PENBRAYA	F		FLUZONE SUSY	F	
PNEUMOVAX 23 SOLN	F		GARDASIL 9 SUSP	F	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
PNEUMOVAX 23 SOSY	F		GARDASIL 9 SUSY	F	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
PREVNAR 13	F		HAVRIX IM 720 EL U/0.5ML	F	
PREVNAR 20	F		HAVRIX 1440 EL U/ML	F	
TRUMENBA	F		HEPLISAV-B SOSY	F	3 max fill(s) per 999 day(s) retail
TYPHIM VI SOLN	F		IMOVAX RABIES SUSR	F	
TYPHIM VI SOSY	F		IPOLE	F	
VAXCHORA	F		IXCHIQ	F	
VAXNEUVANCE	F		IXIARO	F	
VIVOTIF	F		JYNNEOS	F	
Viral Vaccines			M-M-R II SOLR	F	
ABRYSVO	F	AL(At least 60 yrs old)	MODERNA COVID-19 VAC 6M-11Y SUSY	F	
ACAM2000	F				
AFLURIA PRESERVATIVE FREE SUSY	F				
AFLURIA SUSP	F				
AREXVY	F	AL(At least 60 yrs old)			
COMIRNATY SUSP	F				
COMIRNATY SUSY	F				

Drug Name	Drug Tier	Requirements/ Limits
MRESVIA	F	AL(At least 60 yrs old)
NOVAVAX COVID-19 VACCINE SUSP	F	
NOVAVAX COVID-19 VACCINE SUSY	F	
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	F	
PREHEVBRIO	F	3 max fill(s) per 999 day(s) retail
PRIORIX SUSR	F	
PROQUAD SUSR	F	
RABAVERT	F	
RECOMBIVAX HB SUSP	F	3 max fill(s) per 999 day(s) retail
RECOMBIVAX HB SUSY	F	3 max fill(s) per 999 day(s) retail
ROTARIX SUSP	F	
ROTARIX SUSR	F	
ROTATEQ SOLN	F	
SHINGRIX	F	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
SPIKEVAX SUSP	F	
SPIKEVAX SUSY	F	
STAMARIL SUSR	F	
TICOVAC	F	
TWINRIX SUSY	F	
VAQTA	F	
VARIVAX SUSR	F	2 max fill(s) per 999 day(s) retail
YF-VAX INJ	F	
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		

Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NF	QL(40 GM per fill retail)
<i>clindamycin phosphate vaginal CREA</i>	F	QL(40 GM per fill retail)
<i>clotrimazole vaginal CREA 2 %</i>	F	QL(21 GM per fill retail)
<i>clotrimazole vaginal CREA 1 %</i>	F	QL(45 GM per fill retail)
GYNAZOLE-1	F	
GYNE-LOTTRIMIN 3 CREA (<i>Use clotrimazole vaginal</i>)	NF	QL(21 GM per fill retail)
GYNE-LOTTRIMIN CREA (<i>Use clotrimazole vaginal</i>)	NF	QL(45 GM per fill retail)
<i>metronidazole vaginal</i>	F	QL(70 GM per fill retail)
<i>miconazole nitrate vaginal CREA 2 %</i>	F	QL(45 GM per fill retail)
<i>miconazole nitrate vaginal KIT</i>	F	QL(1 EA per fill retail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	F	QL(3 EA per fill retail)
<i>miconazole nitrate vaginal SUPP 100 MG</i>	F	QL(7 EA per fill retail)
MONISTAT 1 COMBO PACK KIT (<i>Use miconazole nitrate vaginal</i>)	NF	
MONISTAT 1 DAY OR NIGHT KIT (<i>Use miconazole nitrate vaginal</i>)	NF	
MONISTAT 3 COMBINATION PACK KIT (<i>Use miconazole nitrate vaginal</i>)	NF	QL(1 EA per fill retail)
MONISTAT 3 CREA	F	Limit 1 package per month; QL(1.5 GM daily)
MONISTAT 7 SIMPLY CURE CREA (<i>Use miconazole nitrate vaginal</i>)	NF	QL(45 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>terconazole vaginal CREA 0.4 %</i>	F	QL(45 GM per fill retail)	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NF	QL(4 EA per 365 day(s) retail)
<i>terconazole vaginal CREA 0.8 %</i>	F	QL(20 GM per fill retail)	EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NF	
<i>terconazole vaginal SUPP</i>	F	QL(3 EA per fill retail)	Vasopressors		
<i>tioconazole vaginal 6.5 %</i>	F	QL(5 GM per fill retail)	<i>midodrine hcl</i>	F	
VANDAZOLE	F	QL(70 GM per fill retail)	VITAMINS		
Vaginal Anti-inflammatory Agents			Multiple Vitamins w/ Minerals		
<i>hydrocortisone vaginal</i>	F	QL(60 GM per fill retail)	CENTRUM ADULTS TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
MONISTAT CARE INSTANT ITCH RLF (Use <i>hydrocortisone vaginal</i>)	NF	QL(60 GM per fill retail)	CENTRUM LIQD (USE MULTIPLE VITAMINS W/ MINERALS)	NF	RX/OTC
Vaginal Contraceptive - pH Modulators			CENTRUM MEN TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
PHEXXI	F		CENTRUM SILVER 50+MEN TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
Vaginal Estrogens			CENTRUM SILVER ADULT 50+ TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
ESTRACE CREA (Use <i>estradiol vaginal</i>)	NF	Limit 1 package per month; QL(1.5 GM daily)	CENTRUM SILVER TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
<i>estradiol vaginal CREA</i>	F	Limit 1 package per month; QL(1.5 GM daily)	CENTRUM TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
<i>estradiol vaginal TABS</i>	F		CENTRUM WOMEN TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
PREMARIN	F	Limit 1 package per month; QL(1.5 GM daily)	FOSFREE TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
VAGIFEM TABS (Use <i>estradiol vaginal</i>)	NF		MULTIPLE VITAMIN TABS - ASSORTED BRANDS	F	QL(1 ea daily)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions					
Anaphylaxis Therapy Agents					
<i>epinephrine (anaphylaxis) SOAJ</i>	F	QL(4 EA per 365 day(s) retail)			
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	NF				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIPLE VITAMIN TABS - ASSORTED GENERICS	F	QL(1 ea daily)	ONE-A-DAY WEIGHT SMART ADVANCED TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
MULTIPLE VITAMINS W/ MINERALS CAPS - ASSORTED BRANDS	F	RX/OTC	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
MULTIPLE VITAMINS W/ MINERALS CAPS - ASSORTED GENERICS	F	RX/OTC	ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
MULTIPLE VITAMINS W/ MINERALS CHEW	F		ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
MULTIPLE VITAMINS W/ MINERALS LIQD - ASSORTED BRANDS	F	RX/OTC	ONE-A-DAY WOMENS PETITES TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
MULTIPLE VITAMINS W/ MINERALS LIQD - ASSORTED GENERICS	F	RX/OTC	ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
MULTIPLE VITAMINS W/ MINERALS LOZG	F		OPTIVITE P.M.T. TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
MULTIPLE VITAMINS W/ MINERALS MISC	F		STROVITE FORTE TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
MULTIPLE VITAMINS W/ MINERALS PACK	F		THERAMILL FORTE CAPS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	RX/OTC
MULTIPLE VITAMINS W/ MINERALS POWD	F		VITAROCA PLUS TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
MULTIPLE VITAMINS W/ MINERALS SYRP	F		Oil Soluble Vitamins		
MULTIPLE VITAMINS W/ MINERALS TABS - ASSORTED BRANDS	F	QL(1 ea daily); RX/OTC	BABY DDROPS LIQD PO (Use <i>cholecalciferol</i>)	NF	
MULTIPLE VITAMINS W/ MINERALS TABS - ASSORTED GENERICS	F	QL(1 ea daily); RX/OTC	<i>cholecalciferol</i> CAPS 1.25 MG, 50000 UNIT	F	Limit 8 per month; QL(0.267 EA daily)
MULTIPLE VITAMINS W/ MINERALS TBCR	F				
ONE-A-DAY ESSENTIAL TABS (USE MULTIPLE VITAMIN)	F	QL(1 ea daily)			
ONE-A-DAY MENS TABS (USE MULTIPLE VITAMIN)	NF	QL(1 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits
<i>cholecalciferol CAPS</i>	F	
<i>cholecalciferol CHEW 400 UNIT</i>	F	
<i>cholecalciferol LIQD PO</i>	F	
<i>cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG</i>	F	
DRISDOL CAPS (Use <i>ergocalciferol</i>)	NF	
D-VI-SOL LIQD PO (Use <i>cholecalciferol</i>)	NF	
<i>ergocalciferol CAPS</i>	F	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	F	
<i>phytonadione TABS 5 MG</i>	F	
<i>vitamin a CAPS 10000 UNIT, 3 MG, 3000 MCG, 10000 UNIT</i>	F	
<i>vitamin a TABS 10000 UNIT</i>	F	
VITAMIN D3 LIQD PO 125 MCG/ML	F	
<i>vitamin e CAPS</i>	F	QL(2 EA daily)
VITAMIN E CAPS	F	QL(2 EA daily)
<i>vitamin e SOLN</i>	F	
VITAMIN E SOLN 15 MG/0.67ML	F	
Water Soluble Vitamins		
<i>ascorbic acid CHEW 500 MG</i>	F	
ASCORBIC ACID POWD PO	F	
<i>ascorbic acid TABS</i>	F	100 / 30 days; QL(100 EA per 34 day(s) retail)
<i>biotin CAPS 5 MG, 5000 MCG</i>	F	
CYTO C POWD PO	F	
NIACIN ER CPCR	F	
NIACIN ER TBCR	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>niacin CPCR 250 MG, 500 MG</i>	F	
<i>niacin TABS 50 MG, 100 MG, 500 MG</i>	F	
<i>niacin TBCR</i>	F	
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG</i>	F	
<i>riboflavin TABS 50 MG, 100 MG</i>	F	100 / 30 days; QL(100 EA per 34 day(s) retail)
SLO-NIACIN TBCR (Use <i>niacin</i>)	NF	
<i>thiamine hcl TABS</i>	F	100 / 30 days; QL(100 EA per 34 day(s) retail)
<i>thiamine mononitrate TABS 100 MG</i>	F	100 / 30 days; QL(100 EA per 34 day(s) retail)
VITAMIN C POWD PO	F	

INDEX

1ST TIER UNILET COMFORTOUCH	62	acetaminophen SUPP 120 MG, 650 MG	4	tromethamine (ophth))	89
abacavir sulfate SOLN	32	acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	4	ACULAR LS (Use ketorolac tromethamine (ophth))	89
abacavir sulfate TABS	32	acetaminophen TABS 325 MG, 500 MG	4	acyclovir CAPS	35
abacavir sulfate-lamivudine	32	acetaminophen w/ codeine SOLN ..	5	acyclovir SUSP	35
ABILIFY ASIMTUFII PRSY	32	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6	acyclovir TABS PO 400 MG	35
ABILIFY MAINTENA PRSY	32	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6	acyclovir TABS PO 800 MG	35
ABILIFY MAINTENA SRER	32	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6	acyclovir topical CREA	45
ABILIFY TABS (Use aripiprazole) .	32	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6	acyclovir topical OINT	45
abiraterone acetate	27	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6	ADACEL SUSP	94
ABRYSVO	96	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6	ADALIMUMAB-AATY (1 PEN) AJKT .	2
ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin)	43	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6	ADALIMUMAB-AATY (2 PEN) AJKT .	2
ACAM2000	96	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6	ADALIMUMAB-AATY (2 SYRINGE) PSKT	2
acarbose	17	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6	ADALIMUMAB-ADAZ SOAJ	2
ACCU-CHEK FASTCLIX LANCETS .	62	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6	ADALIMUMAB-ADAZ SOSY	2
ACCU-CHEK SAFE-T PRO LANCETS	62	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6	ADALIMUMAB-ADBM (2 PEN) AJKT	2
ACCU-CHEK SOFTCLIX LANCETS	62	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6	ADALIMUMAB-ADBM (2 SYRINGE) PSKT	2
ACCUPRIL (Use quinapril hcl)	22	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6	ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	3
ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	23	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6	ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	3
ACCURETIC 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide)	23	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6	ADALIMUMAB-FKJP (2 PEN) AJKT .	3
acebutolol hcl CAPS	36	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6	ADALIMUMAB-FKJP (2 SYRINGE) PSKT	3
acetaminophen CAPS 500 MG	4	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6	ADDERALL TABS (Use amphetamine-dextroamphetamine) .	1
acetaminophen CHEW	4	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6	ADDERALL XR CP24 (Use amphetamine-dextroamphetamine) .	1
acetaminophen LIQD 160 MG/5ML .	4	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6		
acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	4	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	6		

adefovir dipivoxil	35	MTHPIECE DEVI	76	AFINITOR TABS (Use everolimus)	27
ADHESIVE/LARGE/3"X4" PADS ..	59	AEROCHAMBER PLUS FLO-VU		AFLURIA PRESERVATIVE FREE	
ADHESIVE/MEDIUM/2"X3" PADS	59	INTERM DEVI	77	SUSY	96
ADJUSTABLE LANCING DEVICE		AEROCHAMBER PLUS FLO-VU		AFLURIA SUSP	96
MISC	62	LARGE DEVI	77	AFREZZA POWD 4 UNIT, 8 UNIT,	
ADTHYZA TABS 15 MG, 30 MG, 60		AEROCHAMBER PLUS FLO-VU		12 UNIT	18
MG, 90 MG, 120 MG	94	LARGE MISC	77	AFSTYLA 1500 UNIT, 2500 UNIT	.54
ADULT MASK DEVI	76	AEROCHAMBER PLUS FLO-VU		AGAMATRIX ULTRA-THIN	
ADVAIR DISKUS AEPB (Use		MEDIUM DEVI	77	LANCETS	62
fluticasone-salmeterol)	10	AEROCHAMBER PLUS FLO-VU		AGRYLIN 0.5 MG (Use anagrelide	
ADVANCED MOBILE LANCET ...	62	MEDIUM MISC	77	hcl)	54
ADVATE	54	AEROCHAMBER PLUS FLO-VU		AIMSCO LUBRICATED MISC	61
ADVIL COLD/SINUS TABS (Use		MISC	77	AIMSCO TWIST LANCETS 32G ..	62
pseudoephedrine-ibuprofen)	41	AEROCHAMBER PLUS FLO-VU		AIMSCO TWIST LANCETS 33G ..	62
ADVIL TABS (Use ibuprofen)	3	SMALL DEVI	77	albuterol sulfate AERS	10
ADVOCATE INSULIN SYRINGE ..	74	AEROCHAMBER PLUS FLO-VU		albuterol sulfate NEBU	10
ADVOCATE LANCETS	62	SMALL MISC	77	ALBUTEROL SULFATE NEBU	10
ADVOCATE LANCETS 30G	62	AEROCHAMBER PLUS FLO-VU		albuterol sulfate SYRP	10
ADVOCATE LANCING DEVICE		W/MASK MISC	77	albuterol sulfate TABS	10
MISC	62	AEROCHAMBER PLUS FLOW VU		ALCOHOL SWABS	74
ADVOCATE RAPID-SAFE LANCING		MISC	77	ALDACTAZIDE (Use spironolactone	
MISC	62	AEROCHAMBER W/FLOWSIGNAL		& hydrochlorothiazide)	50
ADVOCATE SAFETY LANCETS ..	62	MISC	77	ALDACTONE TABS (Use	
ADVOCATE SAFETY LANCETS		AEROCHAMBER Z-STAT PLUS		spironolactone)	50
26G	62	CHAMBR MISC	77	alendronate sodium SOLN	50
ADYNOVATE	54	AEROCHAMBER Z-STAT		alendronate sodium TABS 35 MG, 70	
AEROBIKA DEVI	76	PLUS/LARGE MISC	77	MG	50
AEROCHAMBER HOLDING		AEROCHAMBER Z-STAT		alendronate sodium TABS 5 MG, 10	
CHAMBER DEVI	76	PLUS/MEDIUM MISC	77	MG	50
AEROCHAMBER MINI CHAMBER		AEROCHAMBER Z-STAT		ALEVE TABS (Use naproxen	
DEVI	76	PLUS/SMALL MISC	77	sodium)	3
AEROCHAMBER MV MISC	76	AEROVENT PLUS DEVI	77	aliskiren fumarate	25
AEROCHAMBER PLS FLOVU		AFINITOR DISPERZ TBSO (Use			
		everolimus)	27		

ALKERAN (Use melphalan)	26	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril)	22	AMICAR TABS 500 MG (Use aminocaproic acid)	55
ALL FLOW 1000 PFT FILTER DEVI . 77		alum & mag hydrox-simethicone CHEW 200 MG-25 MG-200 MG	7	amiloride & hydrochlorothiazide . .	50
ALL FLOW 2000 PFT FILTER DEVI . 77		alum & mag hydrox-simethicone LIQD 400 MG/5ML-40 MG/5ML-400 MG/5ML	7	amiloride hcl TABS	50
ALL FLOW 3000 PFT FILTER DEVI . 77		alum & mag hydrox-simethicone LIQD	7	aminocaproic acid TABS 500 MG .	56
ALL FLOW 4000 PFT FILTER DEVI . 77		alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML	7	amiodarone hcl TABS 200 MG	9
ALL FLOW 5000 PFT FILTER DEVI . 77		alum & mag hydrox-simethicone SUSP 2400 MG/30ML-240 MG/30ML-2400 MG/30ML, 400 MG/5ML-40 MG/5ML-400 MG/5ML, 400 MG/5ML-400 MG/5ML-40 MG/5ML, 800 MG/10ML-80 MG/10ML-800 MG/10ML	7	amitriptyline hcl TABS	16
ALL FLOW 6000 PFT FILTER DEVI . 77		ALUMINUM HYDROXIDE GEL SUSP	7	amlodipine besylate TABS	36
ALL FLOW 7000 PFT FILTER DEVI . 77		amantadine hcl CAPS	28	amlodipine besylate-benazepril hcl 10 MG-2.5 MG, 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG	23
ALLEGRA ALLERGY TABS 180 MG (Use fexofenadine hcl)	21	amantadine hcl SOLN	28	amlodipine besylate-olmesartan medoxomil	23
ALLEGRA ALLERGY TABS 60 MG (Use fexofenadine hcl)	21	AMARYL 1 MG, 2 MG (Use glimepiride)	18	amlodipine besylate-valsartan	23
allopurinol 100 MG, 300 MG	54	AMARYL 4 MG (Use glimepiride) . .	18	amlodipine-valsartan-hydrochlorothiazide	23
ALOCRIAL	89	AMBIEN TABS (Use zolpidem tartrate)	56	amoxapine	16
alogliptin benzoate	17	ambrisentan	37	amoxicillin & pot clavulanate CHEW . 91	
alogliptin-metformin hcl	17	AMD FOAM DRESSING PADS . . . 59		amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML	91
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	17	AMD FOAM DRESSING TOPSHEET PADS	59	amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML	91
ALOMIDE	89	AMICAR TABS 1000 MG (Use aminocaproic acid)	55	amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML	91
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR . . . 52				amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML	91
ALPHANATE SOLR	54			amoxicillin & pot clavulanate TABS 125 MG-250 MG	91
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	54			amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG 91	
alprazolam TABS	8			amoxicillin & pot clavulanate TB12 91	
ALPROLIX	54			amoxicillin CAPS	91

amoxicillin CHEW 125 MG, 250 MG . 91	APLENZIN14	AROMASIN (Use exemestane) ...27
AMOXICILLIN SUSR (Use amoxicillin)91	APO-VARENICLINE TABS93	artificial tear solution87
amoxicillin SUSR91	apraclonidine hcl88	ASACOL HD TBEC (Use mesalamine)53
amoxicillin TABS 875 MG91	APRETUDE32	ascorbic acid CHEW 500 MG100
amoxicillin-clarithromycin w/ lansoprazole THPK95	APRISO CP24 (Use mesalamine) .53	ASCORBIC ACID POWD PO100
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG1	APTIOM12	ascorbic acid TABS100
amphetamine-dextroamphetamine TABS1	APTIVUS CAPS32	asenapine maleate31
ampicillin CAPS 500 MG91	AQ INSULIN SYRINGE74	ASMANEX HFA AERO10
AMPYRA (Use dalfampridine)92	AQUALANCE LANCETS 30G62	aspirin buffered (cal carb-mag carb- mag oxide)4
AMYTAL SODIUM56	AQUORAL SOLN83	aspirin CHEW4
ANAFRANIL (Use clomipramine hcl) 16	ARANESP (ALBUMIN FREE) SOLN . 55	ASPIRIN SUPP 300 MG5
anagrelide hcl54	ARANESP (ALBUMIN FREE) SOSY . 55	aspirin TABS 325 MG5
ANAPROX DS TABS (Use naproxen sodium)3	AREXVY96	aspirin TBEC 81 MG, 325 MG5
ANASPAZ TBDP (Use hyoscyamine sulfate)94	ARGININE TABS87	ASSURE COMFORT LANCETS 28G62
anastrozole27	ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride)92	ASSURE HAEMOLANCE PLUS HIGH62
ANNOVERA39	ARIKAYCE2	ASSURE HAEMOLANCE PLUS LOW63
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use umeclidinium- vilanterol)10	ARIMIDEX (Use anastrozole)27	ASSURE HAEMOLANCE PLUS MICRO63
ANTARA 90 MG (Use fenofibrate micronized)22	aripiprazole SOLN PO32	ASSURE HAEMOLANCE PLUS NORMAL63
ANTIVERT CHEW (Use meclizine hcl)20	aripiprazole TABS32	ASSURE HAEMOLANCE PLUS PED63
ANUSOL-HC EX (Use hydrocortisone (rectal))7	aripiprazole TBDP32	ASSURE ID INSULIN SAFETY SYR 74
APEXICON E CREA45	ARISTADA 1064 MG/3.9ML32	ASSURE LANCE LANCETS63
	ARISTADA 441 MG/1.6ML32	ASSURE LANCE LANCETS 21G .63
	ARISTADA 662 MG/2.4ML32	ASSURE LANCE PLUS SAFETY 25G63
	ARISTADA 882 MG/3.2ML32	
	ARISTADA INITIO32	
	armodafinil1	
	ARMOUR THYROID TABS94	
	ARNUITY ELLIPTA10	

ASSURE LANCE PLUS SAFETY 30G	63	(Use amoxicillin & pot clavulanate) 91	azithromycin TABS 600 MG	58
ASSURE LANCE SAFETY LANCET 28G	63	AURORA LANCET SUPER THIN 30G	AZO URINARY PAIN RELIEF TABS (Use phenazopyridine hcl)	53
ATACAND (Use candesartan cilexetil)	23	AURORA LANCET THIN 23G	AZOPT (Use brinzolamide)	90
ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	23	AUTO-LANCET MINI MISC	AZOR (Use amlodipine besylate-olmesartan medoxomil)	23
atazanavir sulfate CAPS	32	AUTO-LANCET MISC	AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	53
ATELVIA TBEC (Use risedronate sodium)	50	AUTOLET LANCING DEVICE MISC . 63	AZULFIDINE TABS (Use sulfasalazine)	53
atenolol & chlorthalidone	23	AUTOLET LITE LANCING DEVICE MISC	BABY DDROPS LIQD PO (Use cholecalciferol)	99
atenolol TABS	36	AUTOLET MINI MISC	bacitracin (topical) OINT	43
ATIVAN SOLN (Use lorazepam)	8	AUTOLET PLUS MISC	bacitracin zinc OINT	43
ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam)	8	AUTOPEN DEVI	bacitracin-polymyxin b (ophth)	88
ATIVAN TABS 1 MG (Use lorazepam)	8	AVALIDE (Use irbesartan-hydrochlorothiazide)	bacitracin-polymyxin b OINT	43
atomoxetine hcl	1	AVAPRO 150 MG, 300 MG (Use irbesartan)	baclofen TABS	86
atorvastatin calcium TABS	22	AVONEX PEN AJKT	BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ...	25
atropine sulfate (ophthalmic) OINT 88		AVONEX PREFILLED PSKT	BACTRIM TABS (Use sulfamethoxazole-trimethoprim) ...	25
atropine sulfate (ophthalmic) SOLN 88		AVSOLA	BALCOLTRA (Use levonorgestrel-ethinyl estradiol-iron)	38
ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic)) 88		AYGESTIN TABS (Use norethindrone acetate)	balsalazide disodium CAPS	53
ATROPINE SULFATE SOLN 1 % .88		azathioprine TABS 50 MG	BAND-AID ALL-IN-ONE GAUZE LG PADS	59
ATROVENT HFA	9	azathioprine TABS 75 MG, 100 MG 82	BAND-AID GAUZE LARGE PADS 59	
AUBAGIO (Use teriflunomide)	92	azelastine hcl (ophth)	BAND-AID GAUZE MEDIUM PADS 59	
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	91	azelastine hcl	BAND-AID GAUZE SMALL PADS .59	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	91	azithromycin PACK	BAND-AID HURT-FREE NON-STICK PADS	59
AUGMENTIN TABS 125 MG-500 MG		azithromycin SUSR 100 MG/5ML . 58	BAND-AID TRU-ABSORB GAUZE PADS	59
		azithromycin SUSR 200 MG/5ML . 58		
		azithromycin TABS 250 MG		
		azithromycin TABS 500 MG		

BANZEL SUSP (Use rufinamide) ..12	SYRINGE74	benztropine mesylate TABS28
BANZEL TABS (Use rufinamide) ..12	BD SAFETY-LOK INSULIN	BETADINE SOLN (Use povidone-iodine)32
BARACLUDE TABS (Use entecavir) .35	SYRINGE74	
BCG VACCINE96	BD VEO INSULIN SYRINGE U/F .74	betamethasone dipropionate (topical) CREA46
b-complex vitamins CAPS84	BENADRYL ALLERGY CAPS (Use diphenhydramine hcl)20	betamethasone dipropionate augmented CREA46
b-complex vitamins TABS84	BENADRYL ALLERGY CHILDRENS LIQD (Use diphenhydramine hcl) ..20	betamethasone valerate CREA46
b-complex w/ c & folic acid CAPS .84	BENADRYL ALLERGY TABS (Use diphenhydramine hcl)20	betamethasone valerate LOTN46
BD INSULIN SYR ULTRAFINE II .74	BENADRYL ALLERGY ULTRATABS TABS (Use diphenhydramine hcl) .20	betamethasone valerate OINT46
BD INSULIN SYRINGE74	benazepril & hydrochlorothiazide .23	BETAPACE AF (Use sotalol hcl (afib/af))36
BD INSULIN SYRINGE HALF-UNIT .74	benazepril hcl 40 MG22	BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)36
BD INSULIN SYRINGE MICROFINE74	benazepril hcl 5 MG, 10 MG, 20 MG .22	betaxolol hcl (ophth) SOLN87
BD INSULIN SYRINGE U/F74	BENEFIX KIT54	bethanechol chloride95
BD INSULIN SYRINGE U/F 1/2UNIT74	BENICAR (Use olmesartan medoxomil)23	BETHKIS NEBU (Use tobramycin) .2
BD INSULIN SYRINGE ULTRAFINE74	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ..23	bexarotene28
BD LANCET ULTRAFINE 30G ...63	BENZAC AC WASH LIQD 5 % (Use benzoyl peroxide)43	BEXSERO96
BD LANCET ULTRAFINE 33G ...63	benzonatate 100 MG41	BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium)38
BD MICROTAINER LANCETS ...63	benzonatate 200 MG41	bicalutamide27
BD PEN MINI MISC74	benzoyl peroxide BAR43	BIKTARVY32
BD PEN MISC74	benzoyl peroxide CREA 10 %43	BINAXNOW COVID-19 AG HOME TEST KIT48
BD PEN NEEDLE MICRO U/F74	benzoyl peroxide GEL 2.5 %, 5 %, 10 %43	BIOGUARD GAUZE SPONGES PADS59
BD PEN NEEDLE MINI U/F74	benzoyl peroxide LIQD 4 %, 5 %, 10 %43	BIOTENE DRY MOUTH MOIST SPRAY SOLN83
BD PEN NEEDLE NANO 2ND GEN .74	benzoyl peroxide LOTN 5 %, 10 % 43	BIOTHRAX96
BD PEN NEEDLE NANO U/F74	benztropine mesylate SOLN28	biotin CAPS 5 MG, 5000 MCG ...100
BD PEN NEEDLE ORIGINAL U/F 74		bisacodyl SUPP57
BD PEN NEEDLE SHORT U/F ...74		bisacodyl TBEC57
BD SAFETYGLIDE INSULIN		

bismuth subsalicylate CHEW 262 MG19	BRIXADI (WEEKLY) SOSY6	bupropion hcl TB24 150 MG14
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML19	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML6	bupropion hcl TB24 300 MG14
bismuth subsalicylate TABS19	bromocriptine mesylate CAPS28	bupropion hcl TB24 450 MG14
bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG23	bromocriptine mesylate TABS 2.5 MG28	buspirone hcl 15 MG8
bisoprolol fumarate36	brompheniramine & phenyleph ELIX . 41	buspirone hcl 5 MG, 10 MG8
BOOSTRIX SUSP94	brompheniramine & pseudoeph ELIX 41	buspirone hcl 7.5 MG, 30 MG8
BOOSTRIX SUSY94	brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML41	butalbital-acetaminophen TABS 50 MG-325 MG4
bosentan TABS37	budesonide (inhalation) SUSP10	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG4
BOSULIF TABS 100 MG, 500 MG 27	budesonide-formoterol fumarate dihydrate10	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG4
BPROTECTED PEDIA POLY-VITE SOLN PO85	BUFFERIN (Use aspirin buffered (cal carb-mag carb-mag oxide))5	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG6
BPROTECTED PEDIA POLY- VITE/FE SOLN85	bumetanide TABS50	butalbital-aspirin-caffeine CAPS4
BRAFTOVI 75 MG27	BUMEX TABS 0.5 MG (Use bumetanide)50	butalbital-aspirin-caffeine w/cod6
BREATHE COMFORT CHAMBER/ADULT DEVI77	buprenorphine hcl SUBL6	CABENUVA32
BREATHE COMFORT CHAMBER/CHILD DEVI77	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG6	CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)1
BREATHE EASE LARGE DEVI ...77	buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG, 3 MG-12 MG6	caffeine citrate SOLN PO1
BREATHE EASE MEDIUM DEVI ..77	buprenorphine hcl-naloxone hcl dihydrate SUBL6	CALAN SR TBCR (Use verapamil hcl)36
BREATHE EASE SMALL DEVI ...77	bupropion hcl (smoking deterrent) 93	calcipotriene CREA45
BREATHERITE VALVED MDI CHAMBER DEVI77	bupropion hcl TABS14	calcipotriene SOLN45
BRILINTA54	bupropion hcl TB12 100 MG14	calcitonin (salmon) IJ50
brimonidine tartrate 0.2 %88	bupropion hcl TB12 150 MG14	calcitonin (salmon) NA50
brinzolamide90	bupropion hcl TB12 200 MG14	calcitriol CAPS51
BRIVIACT SOLN PO 10 MG/ML ...12		CALCIUM 600 +D HIGH POTENCY TABS81
BRIVIACT TABS12		calcium acetate (phosphate binder) CAPS53
		CALCIUM CARB-

CHOLECALCIFEROL CHEW 81	CAPZASIN-HP CREA (Use capsaicin) 47	CAREONE LANCET THIN 23G ... 63
calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG 7	CARAC CREA 44	CARESENS LANCETS 63
CALCIUM CARBONATE CHEW .. 81	CARAFATE SUSP (Use sucralfate) 95	CARESENS LANCETS 30G 63
calcium carbonate TABS 1250 MG, 500 MG 81	CARAFATE TABS (Use sucralfate) 95	CARETOUCH INSULIN SYRINGE 74
calcium carbonate-cholecalciferol TABS 81	carbamazepine CHEW 100 MG ... 12	CARETOUCH LANCING/EJECTOR MISC 63
calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT 81	carbamazepine CP12 12	CARETOUCH SAFETY LANCETS 63
calcium carbonate-vitamin d TABS 600 MG-200 UNIT 81	carbamazepine SUSP 12	CARETOUCH SAFETY LANCETS 26G 63
CALCIUM CHEW 81	carbamazepine TABS 12	CARETOUCH TWIST LANCETS 28G 63
calcium citrate TABS 81	carbamazepine TB12 12	CARETOUCH TWIST LANCETS 30G 63
calcium polycarbophil TABS 57	carbamide peroxide (otic) 6.5 % ... 90	CARETOUCH TWIST LANCETS 33G 63
CALTRATE 600+D3 TABS (Use calcium carbonate-cholecalciferol) 81	CARBATROL CP12 (Use carbamazepine) 12	CARETOUCH TWIST MC LANCETS 30G 63
CALTRATE BONE HEALTH TABS (Use calcium carbonate-cholecalciferol) 81	carbidopa 28	CARNITOR SF SOLN PO (Use levocarnitine (metabolic modifiers)) 51
camphor & menthol LOTN 45	carbidopa-levodopa TABS 28	CARNITOR SOLN PO 1 GM/10ML (Use levocarnitine (metabolic modifiers)) 51
candesartan cilexetil 23	carbidopa-levodopa TBCR 28	CARNITOR TABS (Use levocarnitine (metabolic modifiers)) 51
candesartan cilexetil-hydrochlorothiazide 23	CARDIOCOM LANCING DEVICE MISC 63	carteolol hcl (ophth) 88
capecitabine 26	CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads) 37	carvedilol 25 MG 36
CAPHOSOL SOLN 83	CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads) 36	carvedilol 3.125 MG, 6.25 MG, 12.5 MG 36
capsaicin CREA 0.025 % 47	CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl) 37	carvedilol phosphate 36
capsaicin CREA 0.075 % 47	CARDURA (Use doxazosin mesylate) 23	CASODEX (Use bicalutamide) ... 27
capsaicin CREA 0.1 % 47	CAREONE ADVANCED LANCING DEV MISC 63	CATAPRES-TTS-1 PTWK (Use clonidine) 23
captopril & hydrochlorothiazide ... 24	CAREONE INSULIN SYRINGE ... 74	
captopril 22	CAREONE LANCET SUPER THIN 30G 63	
CAPVAXIVE 96		

CATAPRES-TTS-2 PTWK (Use clonidine)	23	mycophenolate mofetil)	82	TABS (Use multiple vitamins w/ minerals)	84
CATAPRES-TTS-3 PTWK (Use clonidine)	23	CELLCEPT INTRAVENOUS (Use mycophenolate mofetil hcl)	82	CENTRUM SILVER TABS (USE MULTIPLE VITAMINS W/ MINERALS)	98
CAYA DPRH	61	CELLCEPT SUSR (Use mycophenolate mofetil)	82	CENTRUM SILVER TABS (Use multiple vitamins w/ minerals)	84
cefaclor CAPS	38	CELLCEPT TABS (Use mycophenolate mofetil)	82	CENTRUM SILVER WOMEN 50+ TABS (Use multiple vitamins w/ minerals)	84
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	38	CELONTIN (Use methsuximide) ..	13	CENTRUM TABS (USE MULTIPLE VITAMINS W/ MINERALS)	98
cefadroxil CAPS	38	CENTRUM ADULT LIQD (Use multiple vitamins w/ minerals)	84	CENTRUM WOMEN TABS (USE MULTIPLE VITAMINS W/ MINERALS)	98
cefadroxil SUSR	38	CENTRUM ADULTS TABS (USE MULTIPLE VITAMINS W/ MINERALS)	98	CENTRUM WOMEN TABS (Use multiple vitamins w/ minerals)	84
cefadroxil TABS	38	CENTRUM ADULTS TABS (Use multiple vitamins w/ minerals)	84	cephalexin CAPS 250 MG, 500 MG	38
cefdinir CAPS	38	CENTRUM LIQD (USE MULTIPLE VITAMINS W/ MINERALS)	98	cephalexin SUSR	38
cefdinir SUSR	38	CENTRUM LIQD (Use multiple vitamins w/ minerals)	84	CEQUR SIMPLICITY 2U DEVI	74
cefixime CAPS	38	CENTRUM MEN TABS (USE MULTIPLE VITAMINS W/ MINERALS)	98	CERDELGA	55
cefprozil SUSR	38	CENTRUM MEN TABS (Use multiple vitamins w/ minerals)	84	CEREZYME 400 UNIT	55
cefprozil TABS	38	CENTRUM SILVER 50+MEN TABS (USE MULTIPLE VITAMINS W/ MINERALS)	98	cetirizine hcl CHEW	21
ceftriaxone sodium IJ 1 GM, 500 MG	38	CENTRUM SILVER 50+MEN TABS (Use multiple vitamins w/ minerals)	84	cetirizine hcl SOLN PO	21
ceftriaxone sodium IJ 250 MG	38	CENTRUM SILVER 50+WOMEN TABS (Use multiple vitamins w/ minerals)	84	cetirizine hcl SYRP PO	21
cefuroxime axetil TABS	38	CENTRUM SILVER ADULT 50+ TABS (USE MULTIPLE VITAMINS W/ MINERALS)	98	cetirizine hcl TABS	21
CELEBREX 400 MG (Use celecoxib)	3	CENTRUM SILVER ADULT 50+ TABS (USE MULTIPLE VITAMINS W/ MINERALS)	98	cetirizine-pseudoephedrine	41
CELEBREX 50 MG, 100 MG, 200 MG (Use celecoxib)	3	CENTRUM SILVER ADULT 50+ TABS (USE MULTIPLE VITAMINS W/ MINERALS)	98	CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate) ...	93
celecoxib 400 MG	3			CHEMET	19
celecoxib 50 MG, 100 MG, 200 MG	3			CHEMSTRIP K STRP	49
CELEXA TABS 10 MG (Use citalopram hydrobromide)	15			CHEWABLE CALCIUM/D3 WAFR	81
CELEXA TABS 20 MG (Use citalopram hydrobromide)	15			CHILDRENS ADVIL SUSP 100	
CELEXA TABS 40 MG (Use citalopram hydrobromide)	15				
CELLCEPT CAPS (Use					

MG/5ML (Use ibuprofen)3	cholestyramine light PACK 21	SOLN (Use loratadine) 21
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)3	cholestyramine light POWD 21	CLARITIN REDITABS JUNIORS TBDP (Use loratadine) 21
chlordiazepoxide hcl CAPS 9	cholestyramine PACK 21	CLARITIN REDITABS TBDP (Use loratadine) 21
chlorhexidine gluconate (mouth- throat) 83	cholestyramine POWD 21	CLARITIN SOLN (Use loratadine) .21
chlorhexidine gluconate SOLN EX 4 % 32	CHOSEN LANCETS 30G 63	CLARITIN TABS (Use loratadine) . 21
chloroquine phosphate TABS 250 MG 26	CHOSEN LANCING DEVICE MISC 63	CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine) 41
chloroquine phosphate TABS 500 MG 26	CHOSEN SAFETY LANCETS 28G 63	CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine) 41
chlorpheniramine maleate SYRP ..20	cilostazol 54	CLASSIC PRENATAL TABS 86
chlorpheniramine maleate TABS .. 20	CIMDUO 32	CLEANLET LANCETS 28G 63
chlorpromazine hcl SOLN 25 MG/ML 31	cimetidine hcl PO 300 MG/5ML ... 94	clemastine fumarate TABS 1.34 MG . 20
chlorpromazine hcl TABS 10 MG ..31	cimetidine TABS 94	CLEOCIN (Use clindamycin palmitate hydrochloride) 25
chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG 31	CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl) 52	CLEOCIN CREA (Use clindamycin phosphate vaginal) 97
chlorthalidone 25 MG, 50 MG 50	CIPRODEX (Use ciprofloxacin- dexamethasone) 90	CLEOCIN-T LOTN (Use clindamycin phosphate (topical)) 43
CHLOR-TRIMETON SYRP (Use chlorpheniramine maleate) 20	ciprofloxacin hcl TABS 100 MG ... 52	CLEVER CHEK LANCETS 63
CHLOR-TRIMETON TABS (Use chlorpheniramine maleate) 20	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG 52	CLEVER CHOICE COMFORT EZ 63
chlorzoxazone TABS 500 MG 86	ciprofloxacin-dexamethasone 90	CLEVER CHOICE HOLDING CHAMBER DEVI 77
CHOLBAM 52	citalopram hydrobromide SOLN ... 15	CLEVER CHOICE LANCETS 21G 64
cholecalciferol CAPS 1.25 MG, 50000 UNIT 99	citalopram hydrobromide TABS 10 MG 15	CLEVER CHOICE LANCETS 23G 64
cholecalciferol CAPS 100	citalopram hydrobromide TABS 20 MG 15	CLEVER CHOICE LANCETS 28G 64
cholecalciferol CHEW 400 UNIT . 100	citalopram hydrobromide TABS 40 MG 15	CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1
cholecalciferol LIQD PO 100	clarithromycin SUSR 125 MG/5ML 58	
cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG 100	clarithromycin SUSR 250 MG/5ML 58	
	clarithromycin TABS 58	
	clarithromycin TB24 58	
	CLARITIN ALLERGY CHILDRENS	

MG/24HR (Use estradiol)	52	clotrimazole vaginal CREA 1 %	97	COLESTID TABS (Use colestipol hcl)	22
CLINDAGEL GEL (Use clindamycin phosphate (topical))	43	clotrimazole vaginal CREA 2 %	97	colestipol hcl GRAN	22
clindamycin hcl 150 MG, 300 MG	25	clotrimazole w/ betamethasone CREA	44	colestipol hcl TABS	22
clindamycin palmitate hydrochloride	25	clotrimazole w/ betamethasone LOTN	44	COMBIPATCH PTTW	52
clindamycin phosphate (topical) GEL	43	clozapine TABS 100 MG	31	COMBIVENT RESPIMAT AERS	10
clindamycin phosphate (topical) LOTN	43	clozapine TABS 25 MG, 50 MG, 200 MG	31	COMBIVIR (Use lamivudine-zidovudine)	32
clindamycin phosphate (topical) SOLN	43	clozapine TBDP 100 MG	31	COMFORT ASSIST INSULIN SYRINGE	74
clindamycin phosphate vaginal CREA	97	clozapine TBDP 12.5 MG, 25 MG, 150 MG, 200 MG	31	COMFORT ASSURED LANCETS 28G	64
CLINITEST RAPID COVID-19 TEST KIT	49	CLOZARIL TABS 100 MG (Use clozapine)	31	COMFORT ASSURED LANCETS 33G	64
clobetasol propionate CREA 0.05 %	46	CLOZARIL TABS 25 MG, 50 MG, 200 MG (Use clozapine)	31	COMFORT EZ INSULIN SYRINGE	74
clobetasol propionate emollient base 0.05 %	46	CO MONITOR DEVI	77	COMFORT LANCETS	64
clobetasol propionate GEL 0.05 %	46	COAGUCHEK LANCETS	64	COMFORT TOUCH LANCETS 31G	64
clobetasol propionate OINT 0.05 %	46	coal tar extract SHAM 0.5 %	48	COMFORT TOUCH PLUS LANCETS 28G	64
clobetasol propionate SOLN 0.05 %	46	COARTEM	26	COMFORT TOUCH PLUS LANCETS 30G	64
clomipramine hcl	16	codeine sulfate TABS 30 MG	5	COMFORT TOUCH TWIST LANCET 30G	64
clonazepam TABS	11	CODEINE SULFATE TABS	5	COMIRNATY SUSP	96
clonidine hcl (adhd) TB12	1	COLACE CAPS 100 MG (Use docusate sodium)	58	COMIRNATY SUSY	96
clonidine hcl TABS	23	COLAZAL CAPS (Use balsalazide disodium)	53	COMPACT SPACE CHAMBER DEVI	78
clonidine PTWK	23	colchicine TABS	54	COMPACT SPACE CHAMBER/LG MASK DEVI	77
clopidogrel bisulfate 75 MG	54	colchicine w/ probenecid	53	COMPACT SPACE CHAMBER/MED MASK DEVI	77
clorazepate dipotassium TABS	9	COLCRYS TABS (Use colchicine)	54	COMPACT SPACE CHAMBER/SM MASK DEVI	78
clotrimazole (topical) CREA	44	COLESTID FLAVORED GRAN (Use colestipol hcl)	22		
clotrimazole (topical) SOLN	44	COLESTID GRAN (Use colestipol hcl)	22		

COMPLERA33	23	CVS LANCETS 21G 64
CONCERTA TBCR (Use methylphenidate hcl) 1	CREON CPEP 50	CVS LANCETS MICRO THIN 33G 64
COPA ISLAND BORDERED FOAM PADS59	CRESTOR TABS (Use rosuvastatin calcium) 22	CVS LANCETS ORIGINAL 64
COPA PLUS HYDROPHILIC FOAM PADS59	cromolyn sodium (nasal) 5.2 MG/ACT87	CVS LANCETS THIN 26G 64
COPAXONE SOSY (Use glatiramer acetate) 92	cromolyn sodium (ophth)90	CVS LANCETS ULTRA THIN 30G 64
COREG 25 MG (Use carvedilol) ...36	cromolyn sodium NEBU9	CVS LANCETS ULTRA-THIN 30G 64
COREG 3.125 MG, 6.25 MG, 12.5 MG (Use carvedilol)36	crotamiton LOTN48	CVS LANCING DEVICE MISC 64
COREG CR (Use carvedilol phosphate)36	CURITY ALL PURPOSE SPONGES PADS59	CVS PRENATAL GUMMY 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-1800 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-113.5 MG-5 MG-35 MG 86
CORGARD TABS 20 MG, 40 MG (Use nadolol)36	CURITY AMD ANTIMICROBIAL SPNGE PADS 59	CVS ULTRA THIN LANCETS64
CORIFACT 54	CURITY COVER SPONGE PADS 59	cyanocobalamin SOLN IJ 1000 MCG/ML55
CORTEF TABS (Use hydrocortisone)40	CURITY DRESSING SPONGES PADS59	cyclobenzaprine hcl TABS 5 MG, 10 MG 86
CORTENEMA (Use hydrocortisone (intrarectal))7	CURITY GAUZE PADS59	CYCLOGYL (Use cyclopentolate hcl)88
CORTISONE ACETATE TABS40	CURITY GAUZE SPONGE PADS 59	cyclopentolate hcl 1 %88
COSOPT (Use dorzolamide hcl-timolol maleate)88	CURITY NON-ADHERENT STRIPS PADS59	cyclophosphamide CAPS26
COTELLIC27	CURITY SPONGES PADS 59	cyclosporine CAPS 82
COVID-19 AT-HOME TEST KIT ...49	CVS ADHESIVE PAD 4"X4" PADS 59	cyclosporine modified (for microemulsion) CAPS 82
COVID-19 OTC ANTIGEN 1-PACK KIT49	CVS ADHESIVE PADS 2.25"X3" PADS59	cyclosporine modified (for microemulsion) SOLN 82
COVID-19 OTC ANTIGEN 2-PACK KIT49	CVS ANTIBACTERIAL GAUZE PADS59	cyclosporine SOLN IV 50 MG/ML . 82
COVRSITE COVER DRESSING PADS59	CVS DRY MOUTH SOLN83	CYMBALTA CPEP (Use duloxetine hcl) 16
COVRSITE PLUS COMPOSITE DRESS PADS59	CVS GAUZE PAD STERILE PADS 59	cyproheptadine hcl SYRP 21
COZAAR (Use losartan potassium)	CVS GAUZE PADS59	cyproheptadine hcl TABS21
	CVS GAUZE STERILE PADS 59	

CYTO C POWD PO	100	DEBROX 6.5 % (Use carbamide peroxide (otic))	90	SPONGES PADS	59
CYTOMEL TABS (Use liothyronine sodium)	94	deferasirox TABS	19	DERMACEA TYPE VII GAUZE PADS	59
CYTOTEC (Use misoprostol)	95	DELSTRIGO	33	DERMACEA X-RAY SPONGES PADS	59
dabigatran etexilate mesylate CAPS . 11		DELSYM COUGH CHILDRENS SUER (Use dextromethorphan polistirex)	41	DERMOTIC (Use fluocinolone acetonide (otic))	90
DAKINS (1/2 STRENGTH) SOLN EX (Use sodium hypochlorite)	32	DELSYM SUER (Use dextromethorphan polistirex)	41	DESCOVY	33
DAKINS (1/4 STRENGTH) SOLN EX (Use sodium hypochlorite)	32	DELZICOL CPDR (Use mesalamine) 53		desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	16
DAKINS (FULL STRENGTH) SOLN EX (Use sodium hypochlorite)	32	DENGVAIXA	96	desipramine hcl TABS 25 MG	16
dalfampridine	92	DEPAKOTE ER TB24 (Use divalproex sodium)	14	desmopressin acetate SOLN IJ ...	51
DALIRESP 500 MCG (Use roflumilast)	10	DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	14	desmopressin acetate spray	51
dapagliflozin propanediol	18	DEPAKOTE TBEC (Use divalproex sodium)	14	desmopressin acetate spray refrigerated 0.01 %	51
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	17	DEPEN TITRATABS TABS (Use penicillamine)	82	desmopressin acetate TABS	51
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	17	DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive))	40	desogestrel & ethinyl estradiol	38
dapsone	25	DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive))	40	desogestrel-ethinyl estradiol (biphasic)	38
DAPTACEL	94	DEPO-SUBQ PROVERA 104 SUSY SC	40	desogestrel-ethinyl estradiol (triphasic)	38
darunavir TABS 600 MG	33	DERMACEA DRAIN SPONGES PADS	59	desonide CREA	46
darunavir TABS 800 MG	33	DERMACEA GAUZE SPONGE PADS	59	desonide OINT	46
dasatinib	27	DERMACEA IV DRAIN SPONGES PADS	59	DESOWEN CREA (Use desonide) 46	
DAYHIST ALLERGY 12 HOUR RELIEF TABS	20	DERMACEA IV SPONGES PADS	59	desoximetasone CREA 0.05 %	46
DAYPRO TABS (Use oxaprozin) ...	3	DERMACEA NON-WOVEN		desoximetasone CREA 0.25 %	46
DDAVP PF SOLN IJ (Use desmopressin acetate)	51			desoximetasone GEL	46
DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	51			desoximetasone OINT 0.25 %	46
DDAVP TABS (Use desmopressin acetate)	51			DESVENLAFAXINE ER	16
				desvenlafaxine succinate	16
				DETROL LA CP24 (Use tolterodine tartrate)	95
				DETROL TABS (Use tolterodine	

tartrate)95	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML41	diclofenac sodium (ophth)90
dexamethasone ELIX40	dextromethorphan-guaifenesin TABS 400 MG-20 MG41	diclofenac sodium (topical) GEL EX 44
DEXAMETHASONE INTENSOL CONC40	dextromethorphan-guaifenesin TB12 600 MG-30 MG41	diclofenac sodium TB243
dexamethasone sodium phosphate (ophth)89	dextromethorphan-phenylephrine- acetaminophen CAPS42	diclofenac sodium TBEC3
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML40	dextrose (diabetic use) GEL17	dicloxacillin sodium91
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..40	DHIVY TABS28	dicyclomine hcl CAPS94
dexamethasone sodium phosphate SOSY IJ 4 MG/ML40	DHS TAR GEL SHAM (Use coal tar extract)48	dicyclomine hcl SOLN PO94
dexamethasone SOLN40	DHS TAR SHAM (Use coal tar extract)48	dicyclomine hcl TABS94
dexamethasone TABS40	diaper rash products OINT47	DIFFERIN CLEANSER LIQD (Use benzoyl peroxide)43
dexchlorpheniramine maleate SOLN . 20	DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))11	diflorasone diacetate CREA46
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate) ...1	DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))11	diflorasone diacetate OINT46
dexmethylphenidate hcl TABS1	DIATHRIVE LANCET ULTRA THIN 3064	DIFLUCAN SUSR (Use fluconazole) . 20
dextroamphetamine sulfate CP24 10 MG, 15 MG1	DIATHRIVE LANCETS64	DIFLUCAN TABS 100 MG (Use fluconazole)20
dextroamphetamine sulfate CP24 5 MG1	DIATHRIVE LANCING DEVICE MISC64	DIFLUCAN TABS 150 MG (Use fluconazole)20
dextroamphetamine sulfate TABS 5 MG, 10 MG1	diazepam (anticonvulsant) GEL ...11	DIFLUCAN TABS 200 MG (Use fluconazole)20
dextromethorphan polistirex SUER 41	diazepam SOLN IJ 5 MG/ML, 10 MG/2ML9	diflunisal TABS5
dextromethorphan-doxylamine- acetaminophen LIQD41	DIAZEPAM SOLN IJ 5 MG/ML9	digoxin SOLN PO 0.05 MG/ML37
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML- 15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML41	diazepam SOLN PO 5 MG/5ML9	digoxin TABS 125 MCG, 250 MCG 37
	diazepam TABS9	dihydroergotamine mesylate SOLN IJ 1 MG/ML79
	diazoxide17	dihydroergotamine mesylate SOLN NA 4 MG/ML79
	dibucaine47	DILANTIN (Use phenytoin sodium extended)13
	diclofenac potassium TABS 50 MG .3	DILANTIN 30 MG13
		DILANTIN INFATABS CHEW (Use phenytoin)13

DILANTIN SUSP (Use phenytoin) . 13	diphenhydramine hcl TABS 25 MG 21	doxepin hcl CAPS16
DILANTIN-125 SUSP (Use phenytoin)13	diphenoxylate w/ atropine LIQD ... 19	doxepin hcl CONC 16
DILAUDID TABS (Use hydromorphone hcl)5	diphenoxylate w/ atropine TABS ...19	doxycycline (monohydrate) CAPS 50 MG, 100 MG 93
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG 37	dipyridamole54	doxycycline (monohydrate) TABS 50 MG, 100 MG 93
diltiazem hcl coated beads CP24 240 MG 37	disopyramide phosphate CAPS9	doxycycline hyclate CAPS93
diltiazem hcl CP1237	disulfiram 250 MG92	doxycycline hyclate TABS 100 MG 93
diltiazem hcl CP2437	DITROPAN XL TB24 5 MG (Use oxybutynin chloride)95	doxylamine succinate (sleep)56
diltiazem hcl extended release beads37	divalproex sodium CSDR 14	DRAMAMINE TABS (Use dimenhydrinate)20
diltiazem hcl TABS37	divalproex sodium TB24 14	DRISDOL CAPS (Use ergocalciferol) 100
dimenhydrinate TABS20	divalproex sodium TBEC14	
dimethicone (topical) CREA 1 % .. 48	docusate calcium58	droperidol SOLN 2.5 MG/ML8
dimethyl fumarate CDPK92	docusate sodium CAPS 100 MG, 250 MG 58	DROPLET GENTEEL LANCING DEVICE MISC 64
dimethyl fumarate CPDR 92	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML58	DROPLET INSULIN SYRINGE ... 74
DIOVAN HCT (Use valsartan-hydrochlorothiazide) 24	DOCUSATE SODIUM SYRP58	DROPLET LANCETS ULTRA THIN 30G64
DIOVAN TABS (Use valsartan) ...23	docusate sodium TABS58	
diphenhydramine hcl (sleep) CAPS 56	dofetilide 9	DROPLET LANCING DEVICE MISC . 64
diphenhydramine hcl (sleep) LIQD 56	donepezil hydrochloride TABS 5 MG, 10 MG92	DROPLET PERSONAL LANCETS 30G64
diphenhydramine hcl (sleep) TABS 25 MG56	dorzolamide hcl90	DROPSAFE ACTI-LANCE 23G ...64
diphenhydramine hcl (sleep) TABS 50 MG56	DORZOLAMIDE HCL 90	DROPSAFE SAFETY SYRINGE/NEEDLE 74
diphenhydramine hcl CAPS 20	DORZOLAMIDE HCL-TIMOLOL MAL88	
diphenhydramine hcl ELIX 12.5 MG/5ML20	dorzolamide hcl-timolol maleate .. 88	drospirenone-ethinyl estradiol38
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML21	DOVATO 33	drospirenone-ethinyl estradiol-levomefolate calcium38
	DOVONEX CREA (Use calcipotriene)45	DROXIA CAPS55
	doxazosin mesylate23	DRUG MART LANCETS THIN 26G . 64
	doxepin hcl (sleep) 56	DRUG MART LANCING DEVICE

MISC	64	EASY COMFORT INSULIN SYRINGE	74	EASY TOUCH LANCETS 28G	65
DRUG MART ON-THE-GO LANCET 30G	64	EASY COMFORT LANCETS	64	EASY TOUCH LANCETS 28G/TWIST	65
DRUG MART UNILET LANCETS 28G	64	EASY COMFORT LANCETS TWIST TOP	64	EASY TOUCH LANCETS 30G	65
DRUG MART UNILET LANCETS 30G	64	EASY FLOW BLACK/BLUE DEVI ..	78	EASY TOUCH LANCETS 30G/TWIST	65
DRUG MART UNILET LANCETS 33G	64	EASY FLOW BLACK/ORANGE DEVI	78	EASY TOUCH LANCETS 32G	65
DRYMAX EXTRA PADS	60	EASY FLOW BLACK/RED DEVI ..	78	EASY TOUCH LANCETS 32G/TWIST	65
DUETACT (Use pioglitazone hcl- glimepiride)	17	EASY FLOW BLACK/WHITE DEVI 78		EASY TOUCH LANCETS 33G/TWIST	65
DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)	58	EASY FLOW BLACK/YELLOW DEVI	78	EASY TOUCH LANCING DEVICE MISC	65
DULCOLAX SUPP (Use bisacodyl) 58		EASY FLOW WHITE/BLUE DEVI ..	78	EASY TOUCH SAFETY LANCETS 21G	65
DULCOLAX TBEC (Use bisacodyl) 58		EASY FLOW WHITE/GREEN DEVI 78		EASY TOUCH SAFETY LANCETS 23G	65
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	16	EASY FLOW WHITE/PINK DEVI ..	78	EASY TOUCH SAFETY LANCETS 26G	65
duloxetine hcl CPEP 40 MG	16	EASY FLOW WHITE/WHITE DEVI 78		EASY TOUCH SAFETY LANCETS 28G	65
DUREX EXTRA SENSITIVE THIN DEVI	61	EASY FLOW WHITE/YELLOW DEVI 78		EASY TOUCH SHEATHLOCK SYRINGE	75
DUREX EXTRA SENSITIVE THIN MISC	61	EASY MINI EJECT LANCING DEVICE MISC	64	EC-NAPROSYN TBEC (Use naproxen)	3
DUREX TROPICAL MISC	61	EASY MINI LANCING DEVICE MISC	64	econazole nitrate CREA	44
D-VI-SOL LIQD PO (Use cholecalciferol)	100	EASY TOUCH FLIPLOCK INSULIN SY	75	ECOTRIN ARTHRTIS PAIN TBEC (Use aspirin)	5
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	58	EASY TOUCH INSULIN SAFETY SYR	75	ECOTRIN TBEC (Use aspirin)	5
EASIVENT MASK LARGE MISC ..	78	EASY TOUCH INSULIN SYRINGE 75		ED BRON GP LIQD	42
EASIVENT MASK MEDIUM MISC	78	EASY TOUCH LANCETS 21G	64	EDURANT	33
EASIVENT MASK SMALL MISC ..	78	EASY TOUCH LANCETS 23G	64	efavirenz CAPS 200 MG	33
EASIVENT MISC	78	EASY TOUCH LANCETS 26G	64	efavirenz CAPS 50 MG	33
				efavirenz TABS	33

efavirenz-emtricitabine-tenofovir disoproxil fumarate	33	EMBRACE LANCING DEVICE/EJECTOR MISC	65	ENSPRYNG	82
efavirenz-lamivudine-tenofovir disoproxil fumarate	33	EMBRACE PRESSURE ACTIVATED 21G	65	entecavir TABS	35
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	16	EMBRACE PRESSURE ACTIVATED 28G	65	EPCLUSA TABS (Use sofosbuvir- velpatasvir)	35
EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	16	EMCYT	27	EPIFOAM FOAM	46
EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	16	emollient OINT	47	epinephrine (anaphylaxis) SOAJ ..	98
EFFIENT (Use prasugrel hcl)	55	EMSAM	14	epinephrine hcl (nasal)	87
EFUDEX CREA (Use fluorouracil (topical))	44	emtricitabine CAPS	33	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	98
eletriptan hydrobromide	79	emtricitabine-tenofovir disoproxil fumarate	33	EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	98
ELFOLATE TABS	49	EMTRIVA CAPS (Use emtricitabine) .	33	EPIVIR SOLN (Use lamivudine) ...	33
ELIDEL (Use pimecrolimus)	47	EMTRIVA SOLN	33	EPIVIR TABS 150 MG (Use lamivudine)	33
ELIGARD SC	27	enalapril maleate & hydrochlorothiazide	24	EPIVIR TABS 300 MG (Use lamivudine)	33
ELIMITE CREA (Use permethrin) .	48	enalapril maleate TABS	22	EPZICOM (Use abacavir sulfate- lamivudine)	33
ELIQUIS DVT/PE STARTER PACK TBPK	11	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	85	EQ GAUZE PADS	60
ELIQUIS TABS	11	ENERGIX-B SUSP 20 MCG/ML ..	96	EQ SPACE CHAMBER ANTI- STATIC DEVI	78
ELLA	40	ENERGIX-B SUSY	96	EQ SPACE CHAMBER ANTI- STATIC L DEVI	78
ELLUME COVID-19 HOME TEST KIT	49	enoxaparin sodium SOLN IJ 300 MG/3ML	11	EQ SPACE CHAMBER ANTI- STATIC M DEVI	78
ELOCTATE	54	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	11	EQ SPACE CHAMBER ANTI- STATIC S DEVI	78
EMBECTA INS SYR U/F 1/2 UNIT 75	75	enoxaparin sodium SOSY 30 MG/0.3ML	11	EQ SPACE CHAMBER ANTI- STATIC S DEVI	78
EMBECTA INSULIN SYRINGE ...	75	enoxaparin sodium SOSY 40 MG/0.4ML	11	EQL COLOR LANCETS 21G	65
EMBECTA INSULIN SYRINGE U/F .	75	enoxaparin sodium SOSY 60 MG/0.6ML	11	EQL COLOR LANCETS MICRO 33G	65
EMBECTA INSULIN SYRINGE U- 100	75	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	11	EQL DRY MOUTH ORAL RINSE SOLN	84
EMBRACE LANCETS ULTRA THIN 30G	65			EQL GAUZE PADS	60
				EQL GAUZE STERILE PADS	60

EQL INSULIN SYRINGE	75	erythromycin ethylsuccinate TABS	59	estradiol vaginal TABS	98
EQL PRENATAL FORMULA TABS	86	erythromycin stearate TABS 250 MG	59	eszopiclone	56
EQL SUPER THIN LANCETS 30G	65	ERZOFRI 117 MG/0.75ML	29	ethambutol hcl TABS	26
EQL THIN LANCETS 26G	65	ERZOFRI 156 MG/ML	29	ethosuximide CAPS	13
EQUALYTE SOLN (USE ORAL		ERZOFRI 234 MG/1.5ML	29	ethosuximide SOLN	13
ELECTROLYTES)	81	ERZOFRI 39 MG/0.25ML	29	ethynodiol diacet & eth estrad	39
EQUALYTE SOLN (Use oral		ERZOFRI 78 MG/0.5ML	29	etodolac CAPS	3
electrolytes)	81	ESBRIET CAPS (Use pirfenidone)	93	etodolac TABS	3
EQUETRO	29	ESBRIET TABS (Use pirfenidone)	93	etodolac TB24	3
ergocalciferol CAPS	100	escitalopram oxalate SOLN	15	etonogestrel-ethinyl estradiol	39
ergocalciferol SOLN PO 200		escitalopram oxalate TABS 10 MG	15	etoposide CAPS	28
MCG/ML	100	escitalopram oxalate TABS 20 MG	15	etravirine 100 MG	33
ergoloid mesylates TABS	93	escitalopram oxalate TABS 5 MG .	15	etravirine 200 MG	33
ERIVEDGE	27	ESGIC TABS (Use butalbital-		EVAC POWD (Use psyllium)	57
erlotinib hcl	27	acetaminophen-caffeine)	4	everolimus (immunosuppressant) .	82
ERVEBO	96	esomeprazole magnesium CPDR 40		everolimus TABS	27
ERYGEL GEL (Use erythromycin		MG	95	everolimus TBSO	27
(acne aid))	43	estazolam	56	EVISTA (Use raloxifene hcl)	51
ERYPED 200 SUSR (Use		ESTRACE CREA (Use estradiol		EVOTAZ	33
erythromycin ethylsuccinate)	58	vaginal)	98	EXCILON AMD DRAIN SPONGES	
ERYPED 400 SUSR (Use		ESTRACE TABS (Use estradiol) ..	52	PADS	60
erythromycin ethylsuccinate)	58	estradiol & norethindrone acetate		EXCILON AMD NON-WOVEN	
erythromycin (acne aid) GEL	43	TABS	52	SPONGES PADS	60
erythromycin (acne aid) SOLN	43	estradiol PTTW 0.025 MG/24HR,		EXCILON DRAIN SPONGES PADS .	60
erythromycin (ophth)	88	0.05 MG/24HR, 0.075 MG/24HR, 0.1		60	
ERYTHROMYCIN	88	MG/24HR	52	EXCILON IV SPONGES PADS	60
erythromycin base CPEP	58	estradiol PTTW 0.0375 MG/24HR .	52	EXELON (Use rivastigmine)	92
erythromycin base TABS	58	estradiol PTWK	52	exemestane	27
erythromycin base TBEC	58	estradiol TABS	52	EXFORGE (Use amlodipine	
erythromycin ethylsuccinate SUSR		estradiol vaginal CREA	98	besylate-valsartan)	24
59				EXFORGE HCT (Use amlodipine-	
				valsartan-hydrochlorothiazide)	24

EXTAVIA KIT	92	felodipine	37	FETZIMA TITRATION C4PK	16
E-Z JECT LANCET MICRO-THIN 33G	65	FEMARA (Use letrozole)	27	FEVERALL INFANTS SUPP	4
E-Z JECT LANCET SUPER THIN 30G	65	FEMCAP DEVI	61	FEVERALL JUNIOR STRENGTH SUPP	4
E-Z JECT LANCETS	65	fenofibrate micronized 134 MG, 200 MG	22	fexofenadine hcl TABS 180 MG ...	21
E-Z JECT LANCETS 21G	65	fenofibrate micronized 67 MG	22	fexofenadine hcl TABS 60 MG	21
E-Z JECT LANCETS THIN 26G ..	65	fenofibrate TABS 160 MG	22	FIBRYGA	54
ezetimibe	22	fenofibrate TABS 54 MG	22	FIFTY50 SAFETY SEAL LANCETS .	65
ezetimibe-simvastatin	21	FENOGLIDE TABS (Use fenofibrate) 22		FIFTY50 SUPERIOR COMFORT SYR	75
EZ-LETS LANCETS 21G	65	FENSOLVI (6 MONTH) SC	51	FIFTY50 UNILET LANCETS 33G .	65
EZ-LETS LANCETS 26G	65	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	5	finasteride	53
EZ-LETS LANCETS 28G	65	FER-IN-SOL SOLN (Use ferrous sulfate)	55	FINE 30	65
EZ-LETS LANCETS 30G	65	FERRETTS TABS	55	FINGERSTIX LANCETS	65
famciclovir	35	ferrous fumarate TABS	55	fingolimod hcl	92
famotidine SUSR	94	ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS	55	FINTEPLA	12
famotidine TABS	94	FERROUS GLUCONATE TABS 324 MG	55	FIRAZYR SOSY (Use icatibant acetate)	54
FANTASY LUBRICATED MISC ...	61	ferrous gluconate TABS	55	FIRVANQ SOLR PO (Use vancomycin hcl)	25
FANTASY LUBRICATED/SPERMICIDE MISC 61		ferrous sulfate dried TBCR	55	flavoxate hcl	95
FARESTON (Use toremifene citrate)	27	ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	55	flecainide acetate	9
FARXIGA (Use dapagliflozin propanediol)	18	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	55	FLEET ENEMA ENEM (Use sodium phosphates)	57
FEIBA	54	ferrous sulfate TABS 325 MG, 65 MG, 325 MG	55	FLEET PEDIATRIC ENEM (Use sodium phosphates)	57
felbamate SUSP	13	FERROUS SULFATE TBEC (Use ferrous sulfate)	55	FLEET SALINE ENEMA ENEM (Use sodium phosphates)	57
felbamate TABS	13	ferrous sulfate TBEC	55	FLEXICHAMBER DEVI	78
FELBATOL SUSP (Use felbamate) 13		FETZIMA CP24	16	FLONASE ALLERGY REL CHILDRENS SUSP (Use fluticasone propionate (nasal))	87
FELBATOL TABS (Use felbamate) 13					
FELDENE CAPS (Use piroxicam) ..	3				

FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal)) 87	fluorouracil (topical) CREA 5 % ... 44	MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT 10
FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation)) 10	fluorouracil (topical) SOLN 45	fluvoxamine maleate CP24 15
FLOVENT HFA (Use fluticasone propionate hfa) 10	fluoxetine hcl CAPS 10 MG, 20 MG 15	fluvoxamine maleate TABS 100 MG . 15
FLOWFLEX COVID-19 AG HOME TEST KIT 49	fluoxetine hcl CAPS 40 MG 15	fluvoxamine maleate TABS 25 MG, 50 MG 15
FLUAD 96	fluoxetine hcl CPDR 15	FLUZONE HIGH-DOSE SUSY 96
FLUARIX SUSY 96	fluoxetine hcl SOLN 15	FLUZONE SUSP 96
FLUBLOK SOSY 96	FLUOXETINE HCL TABS (Use fluoxetine hcl) 15	FLUZONE SUSY 96
FLUCELVAX SUSP 96	fluoxetine hcl TABS 10 MG 15	FML LIQUIFILM SUSP (Use fluorometholone (ophth)) 89
FLUCELVAX SUSY 96	fluoxetine hcl TABS 20 MG 15	FOCALIN TABS (Use dexmethylphenidate hcl) 1
fluconazole SUSR 20	fluoxetine hcl TABS 60 MG 15	folic acid TABS 1 MG 55
fluconazole TABS 100 MG 20	fluphenazine decanoate 31	folic acid TABS 400 MCG, 800 MCG . 55
fluconazole TABS 150 MG 20	fluphenazine hcl CONC 31	FORA GTEL BLOOD KETONE TEST 49
fluconazole TABS 200 MG 20	fluphenazine hcl ELIX 31	FORA LANCETS 65
fluconazole TABS 50 MG 20	fluphenazine hcl SOLN 31	FORA LANCING DEVICE MISC .. 65
fludrocortisone acetate TABS 41	fluphenazine hcl TABS 31	FORA TEST N'GO ADV-VOICE-6 CON 49
FLULAVAL SUSY 96	flurazepam hcl 56	FORFIVO XL TB24 (Use bupropion hcl) 14
FLUMIST 96	flurbiprofen sodium 90	formaldehyde SOLN 10 % 32
flunisolide (nasal) 87	flurbiprofen TABS 3	FOSAMAX TABS 70 MG (Use alendronate sodium) 50
fluocinolone acetonide (otic) 90	fluticasone propionate (inhalation) AEPB 10	fosamprenavir calcium TABS 33
fluocinonide CREA 0.05 % 46	fluticasone propionate (nasal) SUSP . 87	FOSFREE TABS (USE MULTIPLE VITAMINS W/ MINERALS) 98
fluocinonide emulsified base 46	fluticasone propionate CREA 0.05 % 46	FOSFREE TABS (Use multiple vitamins w/ minerals) 84
fluocinonide GEL 46	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT 10	fosinopril sodium &
fluocinonide OINT 46	fluticasone propionate hfa 44 MCG/ACT 10	
fluocinonide SOLN 46	fluticasone propionate OINT 46	
fluorometholone (ophth) SUSP 89	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250	
fluorouracil (topical) CREA 0.5 % .. 45		

hydrochlorothiazide	24	FYCOMPA TABS	11	GENTEEL PLUS LANCING DEV(BLUE) MISC	66
fosinopril sodium	22	gabapentin CAPS	12	GENTEEL PLUS LANCING DEV(PINK) MISC	66
FREDS PHARMACY AUTOLET LANCING MISC	65	gabapentin SOLN	12	GENTLE-LET GP LANCETS	66
FREDS PHARMACY UNILET LANC 28G	65	gabapentin TABS 600 MG	12	GENTLE-LET LANCETS	66
FREDS PHARMACY UNILET LANC 30G	65	gabapentin TABS 800 MG	12	GENVOYA	33
FREESTYLE LANCETS	65	GABITRIL (Use tiagabine hcl)	13	GEODON (Use ziprasidone hcl) ..	29
FREESTYLE LIBRE 14 DAY READER	65	GALAFOLD	51	GEODON (Use ziprasidone mesylate)	29
FREESTYLE LIBRE 14 DAY SENSOR	65	galantamine hydrobromide CP24 ..	92	GERI-TUSSIN SYRP	42
FREESTYLE LIBRE 2 PLUS SENSOR	66	galantamine hydrobromide SOLN ..	92	GILENYA (Use fingolimod hcl)	92
FREESTYLE LIBRE 2 READER ..	66	galantamine hydrobromide TABS ..	92	GILOTRIF	27
FREESTYLE LIBRE 2 SENSOR ..	66	GARDASIL 9 SUSP	96	glatiramer acetate SOSY	92
FREESTYLE LIBRE 3 PLUS SENSOR	66	GARDASIL 9 SUSY	96	GLEEVEC TABS (Use imatinib mesylate)	27
FREESTYLE LIBRE 3 READER ..	66	GAUZE DRESSING PADS	60	glimepiride 1 MG, 2 MG	18
FREESTYLE LIBRE 3 SENSOR ..	66	GAUZE PADS PADS	60	glimepiride 4 MG	18
FREESTYLE LIBRE READER	66	GAUZE TYPE VII MEDI-PAK PADS . 60		glipizide TABS	18
FREESTYLE UNISTICK II LANCETS	66	GELUSIL CHEW (Use alum & mag hydrox-simethicone)	7	glipizide TB24	18
FT ADHESIVE PADS/SHEER PADS 60		gemfibrozil TABS	22	glipizide-metformin hcl	17
FT PRENATAL TABS	86	GENERESS FE (Use norethindrone & ethinyl estradiol-fe)	39	GLOBAL EASY GLIDE INSULIN SYR	75
FT SALINE NASAL SPRAY SOLN	86	gentamicin sulfate (ophth) SOLN ..	88	GLOBAL INJECT EASE INSULIN SYR	75
furosemide SOLN PO 8 MG/ML, 10 MG/ML	50	gentamicin sulfate (topical) CREA .	43	GLOBAL INJECT EASE LANCETS 28G	66
furosemide TABS	50	gentamicin sulfate (topical) OINT ..	43	GLOBAL INJECT EASE LANCETS 30G	66
FUZEON SOLR	33	GENTEEL BUTTERFLY TOUCH LANCET	66	GLOBAL INSULIN SYRINGES ...	75
FYCOMPA SUSP	11	GENTEEL PLUS LANCING (BLACK) MISC	66	GLOBAL LANCING DEVICE MISC 66	
		GENTEEL PLUS LANCING (PURPLE) MISC	66	glucagon (rdna)	17
		GENTEEL PLUS LANCING (WHITE) MISC	66		

GLUCAGON EMERGENCY (Use glucagon (rdna))	17	MISC	66	guaifenesin TB12	42
GLUCOCOM LANCETS 28G	66	GNP PRENATAL TABS	86	guaifenesin-codeine SOLN	42
GLUCOCOM LANCETS 30G	66	GNP SHEER ADHESIVE PADS	60	guaifenesin-codeine SYRP	42
GLUCOCOM LANCETS 33G	66	GNP STERILE GAUZE PADS	60	guanfacine hcl (adhd)	1
GLUCOPRO INSULIN SYRINGE	75	GNP STERILE LANCETS 28G	66	guanfacine hcl	23
GLUCOTROL XL TB24 (Use glipizide)	19	GNP STERILE LANCETS 30G	66	GYNAZOLE-1	97
GLUMETZA TB24 (Use metformin hcl)	17	GNP STERILE LANCETS 33G	66	GYNE-LOTRIMIN 3 CREA (Use clotrimazole vaginal)	97
glyburide micronized 1.5 MG, 3 MG, 6 MG	19	GNP ULTRA COM INSULIN SYRINGE	75	GYNE-LOTRIMIN CREA (Use clotrimazole vaginal)	97
glyburide TABS	19	GOJJI BLOOD KETONE TEST	49	HADLIMA PUSHTOUCH SOAJ	3
glyburide-metformin	17	GOJJI LANCING DEVICE/CLEAR CAP MISC	66	HADLIMA SOSY	3
GLYCERIN (ADULT) SUPP (Use glycerin (laxative))	57	GOJJI STERILE LANCETS	66	HAEGARDA SOLR SC	54
glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM	57	GOLYTELY SOLR (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	57	HAEMOLANCE	67
glycopyrrolate TABS 1 MG, 2 MG	94	GOODSENSE COLOR LANCETS 33G	66	HAEMOLANCE LOW FLOW LANCETS	67
GLYNASE (Use glyburide micronized)	19	GOODSENSE LANCETS 26G UNIV	66	HAEMOLANCE PLUS	67
GNP INSULIN SYRINGE	75	GOODSENSE LANCETS 30G	66	HAEMOLANCE PLUS HIGH FLOW	67
GNP INSULIN SYRINGES	75	GOODSENSE LANCETS 30G UNIV	67	HAEMOLANCE PLUS LOW FLOW	67
GNP INSULIN SYRINGES 28GX1/2"	75	GOODSENSE LANCETS 30G UNIV	67	HAEMOLANCE PLUS MAX FLOW	67
GNP INSULIN SYRINGES 29GX1/2"	75	GOODSENSE LANCETS 33G	67	HAEMOLANCE PLUS PEDIATRIC FLOW	67
GNP INSULIN SYRINGES 30GX5/16"	75	GOODSENSE LANCETS 33G UNIV	67	HALCION 0.25 MG (Use triazolam)	56
GNP INSULIN SYRINGES 31GX5/16"	75	GOODSENSE LANCING DEVICE MISC	67	HALDOL DECANOATE (Use haloperidol decanoate)	30
GNP LANCETS 21G	66	GRASTEK SUBL	2	haloperidol decanoate	30
GNP LANCETS THIN 26G	66	griseofulvin microsize SUSP	20	haloperidol decanoate	30
GNP LANCING SYSTEM DEVICE		griseofulvin microsize TABS	20	haloperidol lactate CONC	30
		griseofulvin ultramicrosize	20	haloperidol lactate SOLN	30
		guaifenesin LIQD	42	haloperidol TABS 0.5 MG, 1 MG, 10	

MG 30	PADS 60	hydrocodone-acetaminophen TABS 325 MG-10 MG 6
haloperidol TABS 2 MG, 5 MG, 20 MG 30	HM STERILE PADS PADS 60	hydrocodone-acetaminophen TABS 325 MG-5 MG 6
HAVRIX 1440 EL U/ML 96	HM ULTICARE INSULIN SYRINGE . 75	hydrocodone-acetaminophen TABS 325 MG-7.5 MG 6
HAVRIX IM 720 EL U/0.5ML 96	HUMATE-P SOLR 54	hydrocortisone (intrarectal) 7
HEALTH CARE LANCING DEVICE MISC 67	HUMULIN 70/30 KWIKPEN SUPN 18	hydrocortisone (rectal) EX 2.5 % ... 7
HEALTHWISE INSULIN SYR/NEEDLE 75	HUMULIN 70/30 SUSP 18	hydrocortisone (topical) CREA 0.5 %, 2.5 % 46
HEALTHY ACCENTS LANCING DEVICE MISC 67	HUMULIN N KWIKPEN SUPN 18	hydrocortisone (topical) CREA 1 % 46
HEALTHY ACCENTS UNILET LANCETS 67	HUMULIN N SUSP 18	hydrocortisone (topical) LOTN 1 %, 2.5 % 46
H-E-B INCONTROL ADV LANCING MISC 67	HUMULIN R SOLN IJ 18	hydrocortisone (topical) OINT 0.5 % . 46
H-E-B INCONTROL LANCETS 28G . 67	HUMULIN R U-500 (CONCENTRATED) SOLN SC ... 18	hydrocortisone (topical) OINT 1 % .46
H-E-B INCONTROL LANCETS 30G . 67	HUMULIN R U-500 KWIKPEN SOPN SC 18	hydrocortisone (topical) OINT 2.5 % . 46
H-E-B INCONTROL LANCETS 33G . 67	HYCANTIN CAPS 28	hydrocortisone butyrate SOLN 46
HEMANGEOL SOLN PO 36	HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide) 41	hydrocortisone TABS 40
HEMATINIC PLUS VIT/MINERALS TABS 55	hydralazine hcl TABS 25	hydrocortisone vaginal 98
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT 54	HYDREA (Use hydroxyurea) 28	hydrocortisone w/acetic acid 90
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML 11	HYDROCELL ADHESIVE DRESSING PADS 60	HYDROMORPHONE HCL SUPP ... 5
HEPLISAV-B SOSY 96	HYDROCELL DRESSING PADS .. 60	hydromorphone hcl TABS 5
HIBERIX SOLR IJ 96	hydrochlorothiazide CAPS 50	hydroxychloroquine sulfate 200 MG 26
HIBICLENS SOLN EX (Use chlorhexidine gluconate) 32	hydrochlorothiazide TABS 50	hydroxyurea 28
HM ADHESIVE ANTIBACTERIAL	hydrocodone bitartrate T24A 5	hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML 8
	hydrocodone bitartrate-homatropine methylbromide SOLN 41	hydroxyzine hcl SYRP 8
	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 6	hydroxyzine hcl TABS 8
	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML 6	hydroxyzine pamoate CAPS 8

hyoscyamine sulfate ELIX	94	6 MG/0.5ML (Use sumatriptan succinate)	80	DEVI	75
hyoscyamine sulfate SOLN PO 0.125 MG/ML	94	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	80	INPEN 100-GREY-LILLY-HUMALOG DEVI	75
hyoscyamine sulfate TB12 0.375 MG 94		IMITREX TABS (Use sumatriptan succinate)	80	INPEN 100-GREY-NOVOLOG-FIASP DEVI	75
hyoscyamine sulfate TBDP 0.125 MG	94	IMODIUM A-D CAPS (Use loperamide hcl)	19	INPEN 100-PINK-LILLY-HUMALOG DEVI	75
HYVEE ADVANCED ANTACID SUSP (Use alum & mag hydrox-simethicone)	7	IMODIUM A-D TABS (Use loperamide hcl)	19	INPEN 100-PINK-NOVOLOG-FIASP DEVI	75
HY-VEE LANCETS	67	IMOVAX RABIES SUSR	96	INSPIRACHAMBER/LARGE DEVI	78
HY-VEE THIN LANCETS	67	IMURAN TABS (Use azathioprine)	82	INSPIRACHAMBER/MEDIUM DEVI	78
HYZAAR (Use losartan potassium & hydrochlorothiazide)	24	IN TOUCH LANCING DEVICE MISC 67		INSPIRACHAMBER/MOUTHPIECE DEVI	78
IBRANCE CAPS	27	IN TOUCH STERILE LANCETS 30G	67	INSPIRACHAMBER/SMALL DEVI	78
ibuprofen CHEW	3	IN-CHECK DIAL FLOW TRAINER DEVI	78	INSPIREASE MISC	78
ibuprofen SUSP	3	IN-CHECK INSPIRATORY FLOW MTR DEVI	78	INSPIREASE RESERVOIR BAGS	78
ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	3	INCRUSE ELLIPTA	9	INSULIN GLARGINE-YFGN SOLN	18
icatibant acetate SOSY	54	indapamide TABS 1.25 MG, 2.5 MG . 50		INSULIN GLARGINE-YFGN SOPN	18
ICLUSIG	27	INDERAL LA CP24 (Use propranolol hcl)	36	INSULIN LISPRO (1 UNIT DIAL) SOPN	18
IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	54	indomethacin CAPS 25 MG, 50 MG 3		INSULIN LISPRO JUNIOR KWIKPEN SOPN	18
IHEALTH COVID-19 RAPID TEST KIT	49	indomethacin CPCR	3	INSULIN LISPRO PROT & LISPRO SUPN	18
IHEALTH LANCING DEVICE MISC 67		INFANRIX	94	INSULIN LISPRO SOLN IJ	18
imatinib mesylate TABS	27	INFANTS ADVIL SUSP (Use ibuprofen)	3	INSULIN SYRINGE	75
imipramine hcl TABS	16	INLYTA	27	INSULIN SYRINGE-NEEDLE U-100	75
imipramine pamoate	16	INPEN 100-BLUE-LILLY-HUMALOG DEVI	75	INTELENCE 100 MG (Use etravirine)	33
imiquimod 5 %	47	INPEN 100-BLUE-NOVOLOG-FIASP		INTELENCE 200 MG (Use etravirine).	

33	ISENTRESS CHEW 100 MG33	JADENU TABS (Use deferasirox) . 19
INTELENCE 25 MG33	ISENTRESS CHEW 25 MG 33	JAKAFI 27
INTELISWAB COVID-19 RAPID TEST KIT49	ISENTRESS HD TABS 33	JENLIVA PRENATAL/POSTNATAL CAPS86
INTUNIV (Use guanfacine hcl (adhd))1	ISENTRESS PACK 33	JULUCA33
INVEGA (Use paliperidone)29	ISENTRESS TABS 33	JYNARQUE TBPK51
INVEGA HAFYERA29	isoniazid SYRP26	JYNNEOS96
INVEGA SUSTENNA 117 MG/0.75ML29	isoniazid TABS26	KALETRA SOLN33
INVEGA SUSTENNA 156 MG/ML .29	ISOPTO ATROPINE SOLN88	KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)33
INVEGA SUSTENNA 234 MG/1.5ML 29	ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)8	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)33
INVEGA SUSTENNA 39 MG/0.25ML 29	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG8	KALYDECO PACK93
INVEGA SUSTENNA 78 MG/0.5ML 29	isosorbide mononitrate TABS8	KALYDECO TABS93
INVEGA TRINZA 273 MG/0.88ML 30	ISOSORBIDE MONONITRATE TABs8	KAMELEON LUBRICATED MISC .61
INVEGA TRINZA 410 MG/1.32ML 30	isosorbide mononitrate TB248	KAPVAY TB12 (Use clonidine hcl (adhd))1
INVEGA TRINZA 546 MG/1.75ML 30	isotretinoin 10 MG, 20 MG, 40 MG 43	KAZANO (Use alogliptin-metformin hcl) 17
INVEGA TRINZA 819 MG/2.63ML 30	ISTODAX SOLR (Use romidepsin) 27	KENDALL HYDROPHILIC FOAM DRESS PADS60
IOPIDINE88	ITCH RELIEF CREA44	KENDALL HYDROPHILIC FOAM PLUS PADS60
IPOL96	itraconazole CAPS20	KEPPRA SOLN IV 500 MG/5ML (Use levetiracetam) 12
ipratropium bromide (nasal) 0.03 % 87	IXCHIQ96	KEPPRA SOLN PO 100 MG/ML (Use levetiracetam)12
ipratropium bromide (nasal) 0.06 % 87	IXIARO96	KEPPRA TABS 1000 MG (Use levetiracetam)12
ipratropium bromide SOLN 0.02 % . 9	IXINITY SOLR 54	KEPPRA TABS 250 MG, 750 MG (Use levetiracetam) 12
ipratropium-albuterol SOLN10	J & J ADHESIVE LARGE PADS ...60	KEPPRA TABS 500 MG (Use levetiracetam)12
irbesartan23	J & J GAUZE PADS60	KEPPRA XR TB24 (Use
irbesartan-hydrochlorothiazide24	J & J GAUZE SPONGES 12-PLY MISC60	
IRON CHEWS PEDIATRIC CHEW 55	J & J GAUZE SPONGES 16-PLY MISC60	
	J & J GAUZE SPONGES 8-PLY MISC60	
	J & J NON-STICK LARGE PADS .60	

levetiracetam)12	KINRAY INSULIN SYRINGE75	KROGER LANCETS MICRO THIN 33G67
KERALYT GEL (Use salicylic acid) 47	KINRIX SUSY94	KROGER LANCETS SUPER THIN 67
KERLIX SPONGES PADS60	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use tobramycin)2	KROGER LANCETS THIN67
ketoconazole (topical) CREA44	KLARON (Use sulfacetamide sodium (acne))43	KROGER LANCETS THIN 26G ..67
ketoconazole (topical) SHAM 2 % .44	KLONOPIN TABS (Use clonazepam)11	KROGER LANCETS ULTRATHIN 30G67
KETONE TEST STRP49	KOATE SOLR54	KROGER LANCING DEVICE MISC 67
ketoprofen CAPS 50 MG3	KOATE-DVI SOLR 500 UNIT, 1000 UNIT54	K-TAB TBCR 10 MEQ, 20 MEQ (Use potassium chloride)82
ketoprofen CP243	KOGENATE FS KIT54	K-Y ME & YOU EXTRA LUBRICATED DEVI61
ketorolac tromethamine (ophth) 0.4 %90	KOMBIGLYZE XR (Use saxagliptin-metformin hcl)17	K-Y ME & YOU INTENSE DEVI ...61
ketorolac tromethamine (ophth) 0.5 %90	KONSYL DAILY FIBER PACK 100 %57	KYLEENA40
ketorolac tromethamine TABS3	KONSYL ORIGINAL DAILY FIBER PACK57	labetalol hcl TABS 100 MG36
KETOSTIX STRP49	KOVALTRY54	labetalol hcl TABS 200 MG, 400 MG .36
ketotifen fumarate (ophth) 0.035 % 90	KP PRENATAL MULTIVITAMINS TABS86	labetalol hcl TABS 300 MG36
KIMONO COLORS DEVI61	K-PHOS-NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic) ..82	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML12
KIMONO MAXX-LARGE FLARE MISC61	KPN PRENATAL TABS86	lacosamide TABS12
KIMONO MICRO THIN PLUS MISC .61	KRINTAFEL26	lactic acid (ammonium lactate) CREA47
KIMONO MISC61	KROGER AUTOLET LANCING DEVICE MISC67	lactic acid (ammonium lactate) LOTN 12 %47
KIMONO PLUS MISC61	KROGER HEALTHPRO LANCET 26G67	lactulose (encephalopathy)53
KIMONO PS MISC61	KROGER INSULIN SYRINGE75	lactulose SOLN57
KIMONO PS PLUS MISC61	KROGER LANCETS67	LAMICTAL CHEW (Use lamotrigine) .12
KIMONO SENSATION MISC61	KROGER LANCETS 21G67	LAMICTAL TABS (Use lamotrigine) 12
KIMONO SENSATION PLUS MISC 61		LAMICTAL XR TB24 (Use
KIMONO SPECIAL DEVI61		
KINNEY LANCETS67		
KINNEY THIN LANCETS67		

lamotrigine)12	lansoprazole CPDR 30 MG95	levetiracetam TB24 12
LAMISIL AT ATHLETES FOOT CREA (Use terbinafine hcl (topical)) 44	lansoprazole TBDD 95	levobunolol hcl 0.5 % 88
LAMISIL AT CREA (Use terbinafine hcl (topical))44	LANZO MISC 68	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML51
LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical))44	lapatinib ditosylate27	levocarnitine (metabolic modifiers) TABS51
lamivudine SOLN 33	LASIX TABS (Use furosemide)50	levocetirizine dihydrochloride TABS 21
lamivudine TABS 150 MG 33	latanoprost SOLN90	levofloxacin TABS 52
lamivudine TABS 300 MG 33	LATANOPROST SOLN90	levonorgestrel & eth estradiol TABS 39
lamivudine-zidovudine33	LATUDA 120 MG (Use lurasidone hcl) 29	levonorgestrel (emergency oc) 1.5 MG 40
lamotrigine CHEW 12	LATUDA 20 MG, 40 MG (Use lurasidone hcl) 29	levonorgestrel-eth estradiol (triphasic)39
lamotrigine TABS 12	LATUDA 60 MG, 80 MG (Use lurasidone hcl) 29	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG 39
lamotrigine TB2412	LEADER ADVANCED LANCING DEVICE MISC 68	levonorgestrel-ethinyl estradiol (continuous) 39
LANCET DEVICE MISC67	LEADER INSULIN SYRINGE75	levonorgestrel-ethinyl estradiol-iron 39
LANCET DEVICE WITH EJECTOR MISC67	LETAIRIS (Use ambrisentan)37	levothyroxine sodium TABS 94
LANCETS 67	letrozole 27	LEXAPRO TABS 10 MG (Use escitalopram oxalate) 15
LANCETS 28G THIN67	leucovorin calcium TABS 28	LEXAPRO TABS 20 MG (Use escitalopram oxalate) 15
LANCETS 30G67	LEUKERAN 26	LEXAPRO TABS 5 MG (Use escitalopram oxalate) 15
LANCETS 33G68	leuprolide acetate KIT IJ 1 MG/0.2ML27	LEXIVA SUSP 33
LANCETS MICRO THIN 33G68	levabuterol tartrate10	LEXIVA TABS (Use fosamprenavir calcium)33
LANCETS SUPER THIN68	LEVBID TB12 (Use hyoscyamine sulfate) 94	LIALDA TBEC (Use mesalamine) .53
LANCETS SUPER THIN 28G68	levetiracetam SOLN IV 500 MG/5ML 12	LIBERTY MEDICAL LANCETS ...68
LANCETS THIN68	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML 12	LIBERTY MINI LANCING DEVICE MISC68
LANCETS ULTRA THIN 68	levetiracetam TABS 1000 MG12	
LANCETS ULTRA THIN 30G68	levetiracetam TABS 250 MG, 750 MG 12	
LANCING DEVICE MISC68	levetiracetam TABS 500 MG 12	
LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)37		
lansoprazole CPDR 15 MG95		

lidocaine CREA 4 %	48	lithium carbonate TBCR	29	MG	33
lidocaine hcl (mouth-throat) 2 %	83	LITHOBID TBCR (Use lithium carbonate)	29	LOPRESSOR TABS 100 MG (Use metoprolol tartrate)	36
lidocaine hcl CREA 3 %	47	LITTLE REMEDIES SALINE SOLN 86		LOPRESSOR TABS 50 MG (Use metoprolol tartrate)	36
lidocaine hcl CREA 4 %	47	LIVE BETTER ADV LANCING DEVICE MISC	68	loratadine & pseudoephedrine TB12	42
lidocaine hcl GEL 2 %	48	LIVE BETTER LANCET SUPER THIN	68	loratadine & pseudoephedrine TB24	42
lidocaine hcl PRSY	48	LIVE BETTER LANCET ULTRA THIN	68	loratadine SOLN	21
lidocaine-prilocaine CREA	48	l-methylfolate TABS 7.5 MG, 15 MG	49	loratadine TABS	21
LIFESCAN UNISTIK 2	68	L-METHYLFOLATE TABS	49	loratadine TBDP 10 MG	21
LIFESCAN UNISTIK II LANCETS	68	LMX 4 CREA (Use lidocaine)	48	lorazepam CONC	9
LILETTA (52 MG)	40	LO LOESTRIN FE TABS	39	lorazepam SOLN	9
liothyronine sodium TABS	94	LODINE TABS (Use etodolac)	3	lorazepam TABS 0.5 MG, 2 MG	9
LIPITOR TABS (Use atorvastatin calcium)	22	LODOSYN (Use carbidopa)	28	lorazepam TABS 1 MG	9
liraglutide	18	lofexidine hcl	92	losartan potassium & hydrochlorothiazide	24
lisdexamphetamine dimesylate CAPS 1		LOHIST-D LIQD	42	losartan potassium	23
lisdexamphetamine dimesylate CHEW 1		LOMOTIL TABS (Use diphenoxylate w/ atropine)	19	LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	39
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	24	LONGS INSULIN SYRINGE	75	LOTENSIN 10 MG, 20 MG (Use benazepril hcl)	22
lisinopril & hydrochlorothiazide 25 MG-20 MG	24	LONGS LANCETS STANDARD	68	LOTENSIN 40 MG (Use benazepril hcl)	22
lisinopril TABS 2.5 MG	22	LONGS LANCETS THIN	68	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide)	24
lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	22	LONGS LANCETS ULTRA THIN	68	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG (Use amlodipine besylate-benazepril hcl)	24
LITE TOUCH LANCETS	68	loperamide hcl CAPS	19	LOTRIMIN AF CREA (Use clotrimazole (topical))	44
LITE TOUCH LANCING PEN MISC 68		loperamide hcl TABS	19	LOTRIMIN AF JOCK ITCH CREA	
LITETOUCH INSULIN SYRINGE	75	LOPID TABS (Use gemfibrozil)	22		
LITETOUCH LANCETS	68	lopinavir-ritonavir SOLN	33		
lithium	29	lopinavir-ritonavir TABS 25 MG-100 MG	33		
lithium carbonate CAPS	29	lopinavir-ritonavir TABS 50 MG-200			
lithium carbonate TABS	29				

(Use clotrimazole (topical))	44	57	MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)	50	
lovastatin TABS 10 MG, 20 MG	22	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	57	meclizine hcl CHEW	20
lovastatin TABS 40 MG	22	magnesium oxide (mg supplement) TABS	81	meclizine hcl TABS 12.5 MG, 25 MG	20
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	11	magnesium oxide TABS 400 MG	8	MEDIC INSULIN SYRINGE	75
LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium)	11	MAGOX 400 TABS (Use magnesium oxide (mg supplement))	81	MEDICHOICE SAFETY LANCET	68
LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium)	11	malathion	48	MEDICHOICE SAFETY LANCET EXTRA	68
LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium)	11	maraviroc TABS 150 MG	33	MEDICHOICE SAFETY LANCET NORM	68
LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)	11	maraviroc TABS 300 MG	33	MEDLANCE EXTRA 21G	68
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium)	11	MARPLAN	14	MEDLANCE LITE 25G	68
loxapine succinate	31	MASONATAL TABS	86	MEDLANCE PLUS EXTRA 21G	68
L-TRYPTOPHAN TABS	87	MATULANE	28	MEDLANCE PLUS LANCETS	68
LUCEMYRA (Use lofexidine hcl)	92	MAVYRET PACK	35	MEDLANCE PLUS LITE 25G	68
LUNESTA (Use eszopiclone)	56	MAVYRET TABS	35	MEDLANCE PLUS SPECIAL 0.8MM	68
lurasidone hcl 120 MG	29	MAXALT TABS 10 MG (Use rizatriptan benzoate)	80	MEDLANCE PLUS SUPERLITE 30G	68
lurasidone hcl 20 MG, 40 MG	29	MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	80	MEDLANCE PLUS UNIVERSAL 21G	68
lurasidone hcl 60 MG, 80 MG	29	MAXI-COMFORT INSULIN SYRINGE	75	MEDLANCE UNIVERSAL 21G	68
LYRICA CAPS 225 MG, 300 MG (Use pregabalin)	12	MAXICOMFORT SYR 27G X 1/2"	75	MEDROL TBPK (Use methylprednisolone)	40
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (Use pregabalin)	12	MAXITROL OINT (Use neomycin-polymy-dexameth)	89	medroxyprogesterone acetate (contraceptive) SUSP IM	40
LYSODREN	27	MAXITROL SUSP (Use neomycin-polymy-dexameth)	89	medroxyprogesterone acetate (contraceptive) SUSY IM	40
MACROBID (Use nitrofurantoin monohyd macro)	25	MAXI-TUSS PE MAX LIQD	42	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	91
MAGELLAN INSULIN SAFETY SYR	75	MAXX MISC	61	mefloquine hcl	26
magnesium citrate 1.745 GM/30ML		MAXX PLUS MISC	61	megestrol acetate (appetite)	91
		MAXZIDE TABS (Use triamterene & hydrochlorothiazide)	50	megestrol acetate SUSP	27

megestrol acetate TABS27	mesalamine ENEM 53	25
MEIJER LANCETS68	mesalamine TBEC 1.2 GM 53	methimazole TABS 94
MEIJER LANCETS THIN 68	mesalamine TBEC 800 MG53	methocarbamol TABS 500 MG, 750
MEIJER LANCETS UNIVERSAL 21G	mesna TABS28	MG 86
.....68	MESNEX TABS28	methotrexate sodium SOLN 1
MEIJER LANCETS UNIVERSAL 30G	MESTINON TABS (Use	GM/40ML, 50 MG/2ML, 250
.....68	pyridostigmine bromide) 26	MG/10ML, 1000 MG/40ML 26
MEIJER LANCETS UNIVERSAL 33G	MESTINON TBCR (Use	methotrexate sodium TABS 2.5 MG
.....68	pyridostigmine bromide) 26	26
MEIJER SUPER THIN LANCETS 68	METADATE CD CPCR (Use	methsuximide13
MEKINIST TABS27	methylphenidate hcl) 1	methyldopa TABS23
MEKTOVI 27	METAMUCIL FREE & NATURAL	methylergonovine maleate TABS .90
melatonin TABS 3 MG, 5 MG2	POWD (Use psyllium)57	methylphenidate hcl CPCR 1
meloxicam TABS3	METAMUCIL POWD (Use psyllium) .	methylphenidate hcl TABS 10 MG,
melphalan 26	57	20 MG 1
memantine hcl SOLN92	metformin hcl SOLN 17	methylphenidate hcl TABS 5 MG ... 1
memantine hcl TABS 10 MG 92	metformin hcl TABS 1000 MG17	methylphenidate hcl TBCR 10 MG,
memantine hcl TABS 5 MG92	metformin hcl TABS 500 MG 17	36 MG 1
memantine hcl TABS 92	metformin hcl TABS 850 MG 17	methylphenidate hcl TBCR 18 MG,
MENACTRA96	metformin hcl TB24 500 MG17	20 MG, 27 MG, 54 MG 1
MENQUADFI96	metformin hcl TB24 750 MG17	methylprednisolone TABS 4 MG, 8
MENVEO SOLN 96	methadone hcl CONC5	MG 40
MENVEO SOLR 96	methadone hcl TABS 10 MG5	methylprednisolone TBPk40
meperidine hcl SOLN PO 50	methadone hcl TABS 5 MG5	methyltestosterone TABS6
MG/5ML 5	methadone hcl TBSO 5	metoclopramide hcl SOLN PO 5
meperidine hcl TABS 50 MG5	METHADOSE CONC (Use	MG/5ML, 10 MG/10ML53
meprobamate8	methadone hcl)5	metoclopramide hcl TABS53
mercaptopurine SUSP 2000	METHADOSE SUGAR-FREE CONC	metolazone50
MG/100ML26	(Use methadone hcl)5	metoprolol & hydrochlorothiazide
mercaptopurine TABS26	methazolamide TABS50	TABS24
mesalamine CP24 53	methenamine mandelate25	metoprolol succinate TB24 200 MG
mesalamine CPDR53	methenamine-hyosc-methylene blue-	36
	sod phos-phenyl sal TABS 81.6 MG .	metoprolol succinate TB24 25 MG,
		50 MG, 100 MG36

metoprolol tartrate TABS 100 MG .36	MICROSPACER MISC 78	mirtazapine TABS 15 MG14
metoprolol tartrate TABS 25 MG, 50 MG 36	midazolam hcl SOLN IJ56	mirtazapine TABS 30 MG14
METROCREAM CREA (Use metronidazole (topical))48	midazolam hcl SYRP 56	mirtazapine TABS 7.5 MG, 45 MG 14
METROLOTION LOTN (Use metronidazole (topical))48	midodrine hcl 98	mirtazapine TBDP 15 MG14
metronidazole (topical) CREA48	miglitol 17	mirtazapine TBDP 30 MG14
metronidazole (topical) GEL 0.75 % 48	miglustat55	mirtazapine TBDP 45 MG14
metronidazole (topical) LOTN 48	MIGRANAL SOLN NA (Use dihydroergotamine mesylate)79	misoprostol 95
metronidazole TABS25	MILK OF MAGNESIA CONCENTRATE SUSP 57	MM INSULIN SYRINGE/NEEDLE 76
metronidazole vaginal97	MILLIPRED TABS 40	MM LANCING DEVICE MISC69
mexiletine hcl9	MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe)39	MM TWIST LANCETS 69
MIACALCIN IJ (Use calcitonin (salmon))51	MINI LANCING DEVICE MISC69	M-M-R II SOLR 96
MICARDIS (Use telmisartan) 23	MINIPRESS CAPS (Use prazosin hcl) 23	MOBILE LANCETS 30G 69
MICARDIS HCT (Use telmisartan-hydrochlorothiazide) 24	MINIVELLE PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol)52	MODERNA COVID-19 VAC 6M-11Y SUSY96
MICATIN CREA (Use miconazole nitrate (topical)) 44	MINIVELLE PTTW 0.0375 MG/24HR (Use estradiol) 52	MOI-STIR SOLN84
miconazole nitrate (topical) CREA .44	minocycline hcl CAPS 93	MOLESKIN FOAM PADS60
miconazole nitrate vaginal CREA 2 %97	minoxidil 2.5 MG, 10 MG 25	molindone hcl31
miconazole nitrate vaginal KIT97	MIRALAX MIX-IN PAX PACK (Use polyethylene glycol 3350)57	mometasone furoate (nasal) SUSP 87
miconazole nitrate vaginal SUPP 100 MG 97	MIRALAX PACK (Use polyethylene glycol 3350)57	mometasone furoate CREA 46
miconazole nitrate vaginal SUPP 200 MG 97	MIRALAX POWD (Use polyethylene glycol 3350)57	mometasone furoate OINT 46
MICROCHAMBER DEVI78	MIRASORB SPONGES MISC60	mometasone furoate SOLN 46
MICROCHAMBER MISC 78	MIRCERA 55	MONISTAT 1 COMBO PACK KIT (Use miconazole nitrate vaginal) ..97
MICROLET LANCETS68	MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic))39	MONISTAT 1 DAY OR NIGHT KIT (Use miconazole nitrate vaginal) ..97
MICROLET NEXT LANCING DEVICE MISC 69	MIRENA (52 MG)40	MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal) .97
		MONISTAT 3 CREA97
		MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal) ..97

MONISTAT CARE INSTANT ITCH RLF (Use hydrocortisone vaginal) 98	MRESVIA97	MINERALS LIQD - ASSORTED GENERIC99
MONOJECT INSULIN SYRINGE .76	MS CONTIN TBCR (Use morphine sulfate)5	multiple vitamins w/ minerals LIQD 84
MONOJECT ULTRA COMFORT SYRINGE76	MS INSULIN SYRINGE76	MULTIPLE VITAMINS W/ MINERALS LOZG99
MONOLET LANCETS69	MUCINEX D MAX STRENGTH TB12 (Use pseudoephedrine-guaifenesin) . 42	MULTIPLE VITAMINS W/ MINERALS MISC99
MONOLET OPD LANCETS69	MUCINEX D TB12 (Use pseudoephedrine-guaifenesin) 42	MULTIPLE VITAMINS W/ MINERALS PACK99
MONOLETTOR SAFETY LANCETS 69	MUCINEX DM TB12 (Use dextromethorphan-guaifenesin) ... 42	MULTIPLE VITAMINS W/ MINERALS POWD99
montelukast sodium CHEW9	MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin)42	MULTIPLE VITAMINS W/ MINERALS SYRP99
montelukast sodium PACK9	MUCINEX TB12 (Use guaifenesin) 42	MULTIPLE VITAMINS W/ MINERALS TABS - ASSORTED BRANDS99
montelukast sodium TABS9	MULTI-LANCET DEVICE MISC ...69	MULTIPLE VITAMINS W/ MINERALS TABS - ASSORTED GENERIC99
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML5	MULTIPLE VITAMIN TABS - ASSORTED BRANDS98	multiple vitamins w/ minerals TABS 84
morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML5	MULTIPLE VITAMIN TABS - ASSORTED GENERIC99	MULTIPLE VITAMINS W/ MINERALS TBCR99
morphine sulfate SUPP5	multiple vitamin TABS85	MULTIVITAMIN DROPS/IRON SOLN85
morphine sulfate TABS 15 MG5	multiple vitamins w/ iron TABS 84	MULTIVITAMIN INFANT & TODDLER SOLN PO85
morphine sulfate TABS 30 MG5	MULTIPLE VITAMINS W/ MINERALS CAPS - ASSORTED BRANDS99	mupirocin OINT43
morphine sulfate TBCR5	MULTIPLE VITAMINS W/ MINERALS CAPS - ASSORTED GENERIC99	MYAMBUTOL TABS 400 MG (Use ethambutol hcl)26
MOTRIN CHILDRENS CHEW (Use ibuprofen)3	multiple vitamins w/ minerals CAPS 84	MYCOBUTIN (Use rifabutin)26
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)3	MULTIPLE VITAMINS W/ MINERALS CHEW99	mycophenolate mofetil CAPS82
MOUTH KOTE REMINT SOLN84	MULTIPLE VITAMINS W/ MINERALS LIQD - ASSORTED BRANDS99	mycophenolate mofetil hcl82
MOUTH KOTE SOLN84	MULTIPLE VITAMINS W/ MINERALS LIQD - ASSORTED BRANDS99	mycophenolate mofetil SUSR82
moxifloxacin hcl (ophth) SOLN OP 88		
MOZOBIL (Use plerixafor)55		
MPD SAFETY LANCET 21G69		
MPD SAFETY LANCET 23G69		
MPD SAFETY LANCET 28G69		
MPD SAFETY LANCET 30G69		

mycophenolate mofetil TABS82	naproxen SUSP 4	neomycin-polymyxin-hc (otic) SOLN . 90
mycophenolate sodium 180 MG ...82	naproxen TABS 4	neomycin-polymyxin-hc (otic) SUSP . 90
mycophenolate sodium 360 MG ...82	naproxen TBEC 4	NEORAL CAPS (Use cyclosporine modified (for microemulsion))83
MYDRIACYL SOLN (Use tropicamide)88	naratriptan hcl80	NEORAL SOLN (Use cyclosporine modified (for microemulsion))83
MYFORTIC 180 MG (Use mycophenolate sodium) 82	NARCAN LIQD (Use naloxone hcl) 19	NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin) ...44
MYFORTIC 360 MG (Use mycophenolate sodium) 83	NARDIL (Use phenelzine sulfate) .14	NEOSPORIN PLUS PAIN RELIEF MS (Use neomycin-polymyxin w/ pramoxine)44
MYGLUCOHEALTH LANCETS 30G 69	NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))87	NESINA (Use alogliptin benzoate) 17
MYLERAN TABS 26	NASALCROM (Use cromolyn sodium (nasal))87	NEURONTIN CAPS (Use gabapentin) 12
MYLICON INFANTS GAS RELIEF SUSP (Use simethicone) 52	NASONEX 24HR SUSP (Use mometasone furoate (nasal))87	NEURONTIN SOLN (Use gabapentin) 12
MYSOLINE (Use primidone)12	NATAZIA 39	NEURONTIN TABS 600 MG (Use gabapentin) 12
MYXREDLIN 18	nateglinide18	NEURONTIN TABS 800 MG (Use gabapentin) 12
nabumetone 4	NATROBA (Use spinosad)48	NEVANAC90
nadolol TABS 20 MG, 40 MG, 80 MG36	NATURAL FIBER LAXATIVE POWD 57	nevirapine SUSP33
naloxone hcl LIQD 19	NAYZILAM 11	nevirapine TABS34
naloxone hcl SOLN 0.4 MG/ML19	NEBULIZER CUP/TUBING DEVI .78	nevirapine TB24 100 MG34
naltrexone hcl 19	nefazodone hcl16	nevirapine TB24 400 MG34
NAMENDA TABS 10 MG (Use memantine hcl)92	neomycin sulfate TABS 2	NEXAVAR (Use sorafenib tosylate) . 27
NAMENDA TABS 5 MG (Use memantine hcl)92	neomycin-bacitracin zn-polymyxin 88	NEXCARE ABSOLUTE WATERPROOF PADS60
NAMENDA TITRATION PAK TABS (Use memantine hcl)92	neomycin-bacitracin-polymyxin OINT 43	NEXPLANON40
NAPROSYN SUSP (Use naproxen) 4	neomycin-polymy-dexameth OINT 89	NEXTSTELLIS 39
NAPROSYN TABS 500 MG (Use naproxen)4	neomycin-polymy-dexameth SUSP 89	niacin (antihyperlipidemic) TABS ..22
naproxen sodium TABS 220 MG ...4	neomycin-polymyxin w/ pramoxine 44	
naproxen sodium TABS 275 MG, 550 MG4	neomycin-polymyxin-gramicidin ..88	
	neomycin-polymyxin-hc (ophth) ...89	

niacin (antihyperlipidemic) TBCR ..22	nitrofurantoin macrocrystal 50 MG, 100 MG26	MCG-0.3 MG39
niacin CPCR 250 MG, 500 MG ...100	nitrofurantoin monohyd macro26	NORPACE CAPS (Use disopyramide phosphate) 9
NIACIN ER CPCR100	nitroglycerin CPCR8	NORPACE CR CP12 150 MG 9
NIACIN ER TBCR100	nitroglycerin PT248	NORPRAMIN TABS 10 MG (Use desipramine hcl) 16
niacin TABS 50 MG, 100 MG, 500 MG100	nitroglycerin SUBL8	NORPRAMIN TABS 25 MG (Use desipramine hcl) 16
niacin TBCR100	NITROSTAT SUBL (Use nitroglycerin)8	nortriptyline hcl CAPS16
nicardipine hcl CAPS37	NIVA THYROID TABS94	nortriptyline hcl SOLN16
NICODERM CQ PT24 TD (Use nicotine)93	NIX CREME RINSE LIQD EX (Use permethrin)48	NORVASC TABS (Use amlodipine besylate) 37
NICORETTE GUM (Use nicotine polacrilex)93	norelgestromin-ethinyl estradiol ...39	NORVIR CAPS34
NICORETTE LOZG (Use nicotine polacrilex)93	norethin acet & estrad-fe CAPS ...39	NORVIR PACK34
NICORETTE MINI LOZG (Use nicotine polacrilex)93	norethin acet & estrad-fe CHEW ...39	NORVIR TABS (Use ritonavir)34
NICORETTE STARTER KIT GUM (Use nicotine polacrilex)93	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG39	NOVA MAX PLUS KETONE TEST 49
NICOTINE KIT93	norethindrone & eth estradiol39	NOVA SAFETY LANCETS 23G ..69
nicotine polacrilex GUM93	norethindrone & ethinyl estradiol-fe 39	NOVA SAFETY LANCETS 28G ..69
nicotine polacrilex LOZG93	norethindrone (contraceptive)40	NOVA SUREFLEX LANCETS69
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR93	norethindrone acet & eth estra TABS 39	NOVA SUREFLEX LANCING DEVICE MISC69
NICOTROL INHA93	norethindrone acetate TABS91	NOVAMV PEDIATRIC MULTI-VITAMIN LIQD85
NICOTROL NS SOLN93	norethindrone acetate-ethinyl estradiol52	NOVAVAX COVID-19 VACCINE SUSP97
nifedipine CAPS37	norethindrone acetate-ethinyl estradiol-fe39	NOVAVAX COVID-19 VACCINE SUSY97
nifedipine TB24 30 MG, 90 MG ...37	norethindrone-eth estradiol (triphasic)39	NOVOEIGHT54
nifedipine TB24 60 MG37	norgestimate-ethinyl estradiol (triphasic)39	NOVOLIN 70/30 FLEXPEN SUPN 18
NINLARO27	norgestimate-ethinyl estradiol39	NOVOLIN 70/30 SUSP18
NITRO-BID OINT8	norgestrel & ethinyl estradiol 30	NOVOLIN N FLEXPEN SUPN18
NITRO-DUR PT24 (Use nitroglycerin)8		NOVOLIN N SUSP18
nitrofurantoin25		

NOVOLIN R SOLN IJ	18	88	ondansetron hcl SOSY	19	
NOVOPEN ECHO DEVI	76	ODEFSEY	34	ondansetron hcl TABS 24 MG	19
NOVOSEVEN RT	54	ODOMZO	27	ondansetron hcl TABS 4 MG, 8 MG	19
NP THYROID TABS	94	ofloxacin (ophth)	88	ondansetron TBDP 4 MG, 8 MG	19
NU GAUZE 4PLY PADS	60	ofloxacin (otic)	90	ONE FLOW SPIROMETER DEVI	78
NU GAUZE GENERAL-USE		ofloxacin 300 MG, 400 MG	52	ONE-A-DAY ESSENTIAL TABS	
SPONGES MISC	60	OIL EMULSIONS DRESSING/NON-		(USE MULTIPLE VITAMIN)	99
NUMOISYN LIQD	84	ADH PADS	60	ONE-A-DAY ESSENTIAL TABS (Use	
NUPLAZID CAPS	29	olanzapine SOLR	31	multiple vitamin)	85
NUPLAZID TABS 10 MG	29	olanzapine TABS 15 MG, 20 MG	31	ONE-A-DAY MENS TABS (USE	
NUVARING (Use etonogestrel-		olanzapine TABS 2.5 MG, 5 MG	31	MULTIPLE VITAMIN)	99
ethinyl estradiol)	39	olanzapine TABS 7.5 MG, 10 MG	31	ONE-A-DAY MENS TABS (Use	
NUVIGIL (Use armodafinil)	1	olanzapine TBDP	31	multiple vitamin)	85
NUWIQ KIT 250 UNIT, 500 UNIT,		olmesartan medoxomil	23	ONE-A-DAY WEIGHT SMART	
1000 UNIT, 1500 UNIT, 2000 UNIT		olmesartan medoxomil-amlodipine-		ADVANCE TABS (Use multiple	
54		hydrochlorothiazide	24	vitamins w/ minerals)	84
NUWIQ SOLR 250 UNIT, 500 UNIT,		olmesartan medoxomil-		ONE-A-DAY WEIGHT SMART	
1000 UNIT, 1500 UNIT, 2000 UNIT		hydrochlorothiazide	24	ADVANCED TABS (USE MULTIPLE	
54		OMBRA TABLE TOP		VITAMINS W/ MINERALS)	99
NYSTATIN (Use nystatin (mouth-		COMPRESSOR DEVI	78	ONE-A-DAY WOMENS 50 PLUS	
throat))	83	omega-3 fatty acids CAPS 1000 MG,		TABS (Use multiple vitamins w/	
nystatin (mouth-throat)	83	1200 MG	87	minerals)	84
nystatin (topical) CREA	44	omeprazole CPDR 10 MG	95	ONE-A-DAY WOMENS 50+	
nystatin (topical) OINT	44	omeprazole CPDR 20 MG, 40 MG	95	ADVANTAGE TABS (USE	
nystatin (topical) POWD EX	44	omeprazole TBEC	95	MULTIPLE VITAMINS W/	
nystatin TABS	20	OMNIFLEX DIAPHRAGM	61	MINERALS)	99
nystatin-triamcinolone CREA	44	OMNITROPE SOLR SC	51	ONE-A-DAY WOMENS 50+	
nystatin-triamcinolone OINT	44	ON/GO COVID-19 ANTIGEN TEST		ADVANTAGE TABS (Use multiple	
OBIZUR	54	KIT	49	vitamins w/ minerals)	85
OCEAN NASAL SPRAY SOLN (Use		ondansetron hcl SOLN IJ	19	ONE-A-DAY WOMENS 50+	
saline)	86	ondansetron hcl SOLN PO 4		HEALTHY ADVANTAGE TABS (USE	
octreotide acetate KIT	51	MG/5ML	19	MULTIPLE VITAMINS W/	
OCUFLOX (Use ofloxacin (ophth))				MINERALS)	99

ONE-A-DAY WOMENS HEALTHY SKIN TABS (Use multiple vitamins w/ minerals)	85	LANCETS	69	MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone)	17
ONE-A-DAY WOMENS MIND & BODY TABS (Use multiple vitamins w/ minerals)	85	ONETOUCH ULTRASOFT LANCETS	69	OTEZLA TABS	4
ONE-A-DAY WOMENS PETITES TABS (USE MULTIPLE VITAMINS W/ MINERALS)	99	ONETOUCH VERIO LIQD	69	OTEZLA TBPK	4
ONE-A-DAY WOMENS PETITES TABS (Use multiple vitamins w/ minerals)	85	ONETOUCH VERIO STRP	49	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	2
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS (USE MULTIPLE VITAMINS W/ MINERALS)	99	ONGLYZA (Use saxagliptin hcl) ..	17	OVACE PLUS WASH LIQD (Use sulfacetamide sodium)	45
ONETOUCH CLUB LANCETS FINE PT	69	OPTICHAMBER DIAMOND DEVI ..	79	OVACE WASH LIQD (Use sulfacetamide sodium)	45
ONETOUCH DELICA LANCETS 33G	69	OPTICHAMBER DIAMOND MISC ..	79	OVIDE (Use malathion)	48
ONETOUCH DELICA PLUS LANCET30G	69	OPTICHAMBER DIAMOND-LG MASK DEVI	79	oxaprozin TABS	4
ONETOUCH DELICA PLUS LANCET33G	69	OPTICHAMBER DIAMOND-MD MASK MISC	79	OXAYDO TABS 5 MG	5
ONETOUCH DELICA PLUS LANCING MISC	69	OPTICHAMBER DIAMOND-SM MASK MISC	79	oxazepam CAPS	9
ONETOUCH DELICA SAFETY LANCING	69	OPTIVITE P.M.T. TABS (USE MULTIPLE VITAMINS W/ MINERALS)	99	oxcarbazepine SUSP	12
ONETOUCH FINEPOINT LANCETS	69	OPTIVITE P.M.T. TABS (Use multiple vitamins w/ minerals)	85	oxcarbazepine TABS	12
ONETOUCH ULTRA BLUE TEST STRP	49	ORAL ELECTROLYTES SOLN - ASSORTED BRANDS	81	oxybutynin chloride TABS	95
ONETOUCH ULTRA CONTROL LIQD	69	ORAL ELECTROLYTES SOLN - ASSORTED GENERICS	81	oxybutynin chloride TB24	95
ONETOUCH ULTRA STRP	49	oral electrolytes SOLN	81	oxycodone hcl CAPS	5
ONETOUCH ULTRA TEST STRP ..	49	ORAL RELIEF SPRAY SOLN	84	oxycodone hcl CONC 100 MG/5ML 5	
ONETOUCH ULTRASOFT 2		ORALAIR SUBL	2	oxycodone hcl SOLN	5
		ORKAMBI PACK	93	oxycodone hcl TABS	5
		ORKAMBI TABS	93	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	6
		oseltamivir phosphate CAPS 30 MG . 35		oyster shell	81
		oseltamivir phosphate CAPS 45 MG, 75 MG	35	OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	81
		oseltamivir phosphate SUSR	35	paliperidone	30
		OSENI 15 MG-25 MG, 30 MG-12.5		PAMELOR CAPS (Use nortriptyline hcl)	16

pantoprazole sodium TBEC 20 MG 95	pazopanib hcl27	PEDIATRIC MULTIPLE VITAMINSW/ IRON CHEW 85
pantoprazole sodium TBEC 40 MG 95	PC LANCETS SUPER THIN 30G .69	PEDIATRIC MULTIVITAMINS W/FL CHEW85
PARAGARD INTRAUTERINE COPPER40	PC PEDIATRIC POLY-VITA/FE DROP SOLN85	PEDIATRIC MULTIVITAMINS W/FL SOLN85
PARI MANUAL INTERRUPTER DEVI79	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO86	pediatric vitamins acd w/ fluoride SOLN85
PARI TREK S COMBO PACK DEVI . 79	ped multivitamins w/fl & iron SOLN 85	PEDVAX HIB SUSP 96
PARLODEL CAPS (Use bromocriptine mesylate)28	PEDIA-LAX SUPP 57	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR57
PARLODEL TABS (Use bromocriptine mesylate)28	PEDIALYTE ADVANCED CARE SOLN (USE ORAL ELECTROLYTES)81	peg 3350-potassium chloride-sod bicarbonate-sod chloride57
PARNATE (Use tranlycypromine sulfate)14	PEDIALYTE ADVANCED CARE SOLN (Use oral electrolytes)81	PENBRAYA 96
paroxetine hcl SUSP15	PEDIALYTE FREEZER POPS SOLN (USE ORAL ELECTROLYTES) ..81	penicillamine TABS82
paroxetine hcl TABS 10 MG15	PEDIALYTE FREEZER POPS SOLN (Use oral electrolytes)81	penicillin v potassium SOLR91
paroxetine hcl TABS 20 MG15	PEDIALYTE SINGLES SOLN (USE ORAL ELECTROLYTES)81	penicillin v potassium TABS91
paroxetine hcl TABS 30 MG, 40 MG . 15	PEDIALYTE SINGLES SOLN (Use oral electrolytes)81	PENTACEL94
paroxetine hcl TB2415	PEDIALYTE SOLN (USE ORAL ELECTROLYTES)81	pentoxifylline54
PARVA-CAL 200 UNIT-500 MG ...81	PEDIALYTE SOLN (Use oral electrolytes)81	PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine) 95
PAXIL CR TB24 (Use paroxetine hcl)15	PEDIAPRED SOLN (Use prednisolone sodium phosphate) ..40	PEPCID AC TABS (Use famotidine) . 95
PAXIL SUSP (Use paroxetine hcl) .15	PEDIARIX SUSY94	PEPCID TABS (Use famotidine) ...95
PAXIL TABS 10 MG (Use paroxetine hcl)15	PEDIATRIC MULTIPLE VITAMIN W/MINERALS & C CHEW 85	PEPTO-BISMOL CHEW (Use bismuth subsalicylate) 19
PAXIL TABS 20 MG (Use paroxetine hcl)15	PEDIATRIC MULTIPLE VITAMIN W/MINERALS & C SOLN85	PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate) 19
PAXIL TABS 30 MG, 40 MG (Use paroxetine hcl)15	pediatric multiple vitamins w/ iron CHEW85	PEPTO-BISMOL SUSP 262 MG/15ML (Use bismuth subsalicylate)19
PAXLOVID (150/100)35		PEPTO-BISMOL TABS (Use bismuth subsalicylate)19
PAXLOVID (300/100)35		PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)19

PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)	6	phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	42	PLAVIX 75 MG (Use clopidogrel bisulfate)	55
PERFECT LANCETS 28G	69	phenylephrine-dm SOLN	42	PLEGRIDY SOAJ	92
PERFECT LANCETS 30G	69	phenylephrine-shark liver oil-cocoa butter	7	PLEGRIDY SOSY IM	93
PERFECT POINT SAFETY LANCETS	69	phenylephrine-shark liver oil-mineral oil-petrolatum	7	PLEGRIDY STARTER PACK SOAJ .	92
PERIDEX (Use chlorhexidine gluconate (mouth-throat))	83	phenytoin CHEW	13	PLEGRIDY STARTER PACK SOSY SC	92
permethrin CREA	48	phenytoin sodium extended 100 MG, 200 MG, 300 MG	13	plerixafor	55
permethrin LIQD EX	48	phenytoin SUSP	13	PNEUMOVAX 23 SOLN	96
perphenazine TABS	31	PHEXXI	98	PNEUMOVAX 23 SOSY	96
perphenazine-amitriptyline	92	phytonadione TABS 5 MG	100	POCKET CHAMBER DEVI	79
PERSERIS PRSY	30	PIFELTRO	34	POCKET SPACER DEVI	79
PEXEVA 10 MG, 20 MG, 30 MG ..	15	pilocarpine hcl (oral) 5 MG	84	podofilox SOLN	47
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	97	pilocarpine hcl SOLN 1 %, 2 %, 4 % .	88	polyethylene glycol 3350 PACK ...	57
PHARMACIST CHOICE LANCETS .	69	pimecrolimus	47	polyethylene glycol 3350 POWD ..	57
PHARMACY COUNTER LANCETS .	69	pindolol TABS	36	POLYMEM FILM DOT PADS	60
phenazopyridine hcl TABS 95 MG, 100 MG, 200 MG	53	pioglitazone hcl	18	POLYMEM NON-ADHESIVE PADS .	60
phenelzine sulfate	14	pioglitazone hcl-glimepiride	17	polymyxin b-trimethoprim	89
phenobarbital ELIX	56	pioglitazone hcl-metformin hcl TABS .	17	polysaccharide iron complex CAPS	55
phenobarbital sodium SOLN	56	PIP LANCETS 28G	69	POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (Use bacitracin-polymyxin b)	44
phenobarbital TABS	56	PIP LANCETS 30G	69	POLYTRIM (Use polymyxin b-trimethoprim)	89
phenylephrine hcl (mydriatic) SOLN 2.5 %	88	pirfenidone CAPS	93	polyvinyl alcohol 1.4 %	87
phenylephrine hcl (oral) TABS	87	pirfenidone TABS	93	POLY-VI-SOL SOLN PO	86
PHENYLEPHRINE HCL SOLN (Use phenylephrine hcl (mydriatic))	88	piroxicam CAPS	4	POLY-VITA SOLN PO	86
phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML		PLAN B ONE-STEP (Use levonorgestrel (emergency oc)) ...	40	POLY-VITA/IRON SOLN	85
		PLAQUENIL (Use hydroxychloroquine sulfate)	26	POLY-VITE PEDIATRIC SOLN PO	86

POLY-VITE/IRON SOLN	85	PRECISION THINS GP LANCETS	69	PREMARIN TABS	52
POMALYST	27	PRECISION XTRA KETONE	49	PREMPHASE	52
pot phosphate monobasic w/ sod		PRED FORTE (Use prednisolone		PREMPRO	52
phosphate dibasic & monobasic ..	82	acetate (ophth))	89	PRENATAL (W/IRON & FA) TABS	86
potassium bicarbonate TBEF	82	PRED MILD	89	PRENATAL FORTE TABS	86
potassium chloride CPCR 10 MEQ		prednisolone acetate (ophth)	89	PRENATAL TABS	86
82		PREDNISOLONE ACETATE P-F ..	89	PRENATAL VITAMIN AND	
potassium chloride CPCR 8 MEQ ..	82	PREDNISOLONE SODIUM		MINERAL TABS	86
potassium chloride		PHOSPHATE	89	PRENATAL VITAMINS TABS 120	
microencapsulated crystals er	82	prednisolone sodium phosphate		MG-2.6 MG-800 MCG-400 UNIT-8	
potassium chloride PACK PO 20		SOLN 15 MG/5ML	41	MCG-1.7 MG-20 MG-28 MG-200	
MEQ	82	prednisolone sodium phosphate		MG-1.8 MG-25 MG-4000 UNIT-30	
POTASSIUM CHLORIDE SOLN IV		SOLN 20 MG/5ML	41	UNIT	86
(Use potassium chloride)	82	prednisolone sodium phosphate		PRENATAL/IRON TABS	86
potassium chloride SOLN PO 10 %,		SOLN 5 MG/5ML	41	PRENATVITE RX TABS	86
20 %, 10 %	82	prednisolone SOLN	41	PREPARATION H EX 1 %	7
potassium chloride TBCR 8 MEQ, 10		prednisolone TABS	41	PREPARATION H SOOTHING	
MEQ, 20 MEQ	82	PREDNISONE INTENSOL CONC	41	RELIEF EX 1 %	7
potassium citrate (alkalinizer) TBCR .	53	prednisone SOLN	41	PREVACID 24HR CPDR (Use	
potassium citrate-citric acid PACK .	53	prednisone TABS	41	lansoprazole)	95
povidone-iodine SOLN 10 %	32	prednisone TBPK	41	PREVACID CPDR 30 MG (Use	
PRADAXA CAPS (Use dabigatran		PREFERRED PLUS INSULIN		lansoprazole)	95
etexilate mesylate)	11	SYRINGE	76	PREVACID SOLUTAB TBDD (Use	
pramipexole dihydrochloride TABS		PREFERRED PLUS LANCETS		lansoprazole)	95
28		COLORS	69	PREVIDENT 5000 DRY MOUTH	
PRAMOTIC	90	PREFERRED PLUS LANCETS THIN		GEL (Use sodium fluoride (dental))	83
pramoxine hcl (rectal) FOAM EX	7		69	PREVIDENT 5000 PLUS CREA (Use	
pramoxine-hc-chloroxylenol	90	pregabalin CAPS 225 MG, 300 MG		sodium fluoride (dental))	83
prasugrel hcl	55	12		PREVIDENT GEL (Use sodium	
pravastatin sodium	22	pregabalin CAPS 25 MG, 50 MG, 75		fluoride (dental))	83
prazosin hcl CAPS	23	MG, 100 MG, 150 MG, 200 MG ...	13	PREVIDENT SOLN (Use sodium	
PRECISION SURE-DOSE SYRINGE		PREHEVBRIO	97	fluoride (dental))	83
.....	76	PREMARIN	98	PREVNAR 13	96

PREVNAR 20	96	DEVI	79	promethazine-dm SYRP	42
PREZCOBIX	34	PROCARE SPACER/CHILD MASK		promethazine-phenylephrine-codeine	
PREZISTA SUSP	34	DEVI	79		42
PREZISTA TABS 150 MG	34	PROCHAMBER VHC DEVI	79	PROMETRIUM CAPS (Use	
PREZISTA TABS 600 MG (Use		prochlorperazine	31	progesterone)	91
darunavir)	34	prochlorperazine edisylate 10		propafenone hcl TABS	9
PREZISTA TABS 75 MG	34	MG/2ML	31	propranolol hcl CP24	36
PREZISTA TABS 800 MG (Use		prochlorperazine maleate TABS ...	32	propranolol hcl SOLN PO 20	
darunavir)	34	PROCTOFOAM FOAM EX (Use		MG/5ML, 40 MG/5ML	36
PRIMAQUINE PHOSPHATE TABS		pramoxine hcl (rectal))	7	propranolol hcl TABS	36
(Use primaquine phosphate)	26	PRODIGY INSULIN SYRINGE ...	76	propylthiouracil	94
primaquine phosphate TABS	26	PRODIGY LANCETS 28G	70	PROQUAD SUSR	97
primidone	13	PRODIGY LANCING DEVICE MISC .		PROSCAR (Use finasteride)	53
PRIORIX SUSR	97	70		PROTONIX TBEC 20 MG (Use	
PRISTIQ (Use desvenlafaxine		PRODIGY SAFETY LANCETS 26G .		pantoprazole sodium)	95
succinate)	16	70		PROTONIX TBEC 40 MG (Use	
PRO COMFORT INSULIN SYRINGE		PRODIGY TWIST TOP LANCETS		pantoprazole sodium)	95
.....	76	28G	70	PROTOPIC OINT (Use tacrolimus	
PRO COMFORT LANCETS 30G .	69	PROFILNINE	54	(topical))	47
PRO COMFORT LANCETS 31G .	69	progesterone CAPS	91	protriptyline hcl	16
PRO COMFORT SAFETY LANCETS		PROGLYCEM (Use diazoxide) ...	17	PROVENTIL HFA AERS (Use	
30G	70	PROGRAF CAPS (Use tacrolimus)		albuterol sulfate)	10
PRO COMFORT SPACER ADULT		83		PROVERA 5 MG, 10 MG (Use	
MISC	79	PROGRAF PACK	83	medroxyprogesterone acetate)	91
PRO COMFORT SPACER CHILD		PROGRAF SOLN	83	PROZAC CAPS 10 MG, 20 MG (Use	
MISC	79	promethazine & phenylephrine SYRP		fluoxetine hcl)	15
PRO COMFORT SPACER INFANT			42	PROZAC CAPS 40 MG (Use	
DEVI	79	promethazine hcl SOLN PO 6.25		fluoxetine hcl)	15
probenecid	54	MG/5ML, 12.5 MG/10ML	21	pseudoephed-bromphen-dm SYRP	
PROCARDIA XL TB24 30 MG, 90		promethazine hcl SUPP	21	10 MG/5ML-30 MG/5ML-2 MG/5ML	
MG (Use nifedipine)	37	promethazine hcl TABS	21	42	
PROCARDIA XL TB24 60 MG (Use		promethazine w/codeine SOLN ...	42	pseudoephedrine hcl TABS	87
nifedipine)	37	promethazine w/codeine SYRP ...	42	pseudoephedrine hcl TB12	87
PROCARE SPACER/ADULT MASK				pseudoephedrine-guaifenesin TB12	

1200 MG-120 MG, 600 MG-60 MG 42	4 %-0.33 %48	cholestyramine)22
pseudoephedrine-ibuprofen TABS 42	pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 %48	QUESTRAN POWD (Use cholestyramine)22
PSS SELECT GP LANCETS70	PYRIDIDIUM TABS (Use phenazopyridine hcl)53	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG31
PSS SELECT SAFETY LANCETS 70	pyridostigmine bromide TABS 60 MG26	quetiapine fumarate TABS 300 MG, 400 MG31
psyllium CAPS 0.52 GM57	pyridostigmine bromide TBCR26	quetiapine fumarate TB2431
psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %57	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG100	QUICKVUE AT-HOME COVID-19 TEST KIT49
PULMICORT SUSP (Use budesonide (inhalation))10	QC ADVANCED LANCING DEVICE MISC70	quinapril hcl22
PULMOZYME93	QC ALL PURPOSE DRESSINGS PADS60	quinapril-hydrochlorothiazide 12.5 MG-10 MG24
PURE COMFORT 3-BALL BREATHE EX DEVI79	QC BORDER ISLAND GAUZE PADS60	quinapril-hydrochlorothiazide 12.5 MG-20 MG24
PURE COMFORT LANCETS 30G 70	QC LANCETS SUPER THIN 30G 70	quinapril-hydrochlorothiazide 25 MG- 20 MG24
PURE COMFORT SPACER CHAMBER DEVI79	QC LANCETS ULTRA THIN70	quinidine gluconate TBCR9
PURIXAN SUSP 2000 MG/100ML (Use mercaptopurine)26	QC PRENATAL TABS86	quinidine sulfate TABS9
PX ADVANCED LANCING DEVICE MISC70	QC STERILE PADS PADS60	QVAR REDHALER 40 MCG/ACT .10
PX INSULIN SYRINGE76	QC TRIACTING DAYTIME CHILDRENS SYRP42	QVAR REDHALER 80 MCG/ACT .10
PX LANCET AUTO INJECTOR MISC70	QC UNILET LANCETS 28G70	RA DRY MOUTH SOLN84
PX LANCETS MICROTHIN 33G ..70	QC UNILET LANCETS MICRO THIN70	RA E-ZJECT LANCETS 28G70
PX LANCETS ULTRA THIN70	QUADRACEL SUSP94	RA E-ZJECT LANCETS THIN 26G 70
PX LANCETS ULTRA THIN 28G .70	QUADRACEL SUSY94	RA E-ZJECT LANCETS THIN 28G 70
PX PRENATAL MULTIVITAMINS TABS86	QUAKE DEVI79	RA E-ZJECT LANCETS ULTRA THIN70
pyrazinamide26	QUARTETTE (Use levonorgestrel- ethinyl estradiol (91-day))39	RA FIRST AID NON-STICK PADS 60
pyrethrins-piperonyl butoxide LIQD 4 %-0.33 %48	QUESTRAN LIGHT POWD (Use cholestyramine light)22	RA INSULIN SYRINGE76
pyrethrins-piperonyl butoxide SHAM	QUESTRAN PACK (Use	RA PRENATAL FORMULA TABS .86
		RA PRENATAL TABS86

RA SHEER ADHESIVE LARGE PADS60	REBIF TITRATION PACK SOSY ..93	mirtazapine)14
RA STERILE PADS60	RECOMBINATE SOLR 54	repaglinide18
RABAVERT97	RECOMBIVAX HB SUSP97	RESTORE CONTACT LAYER PADS60
RAGWITEK SUBL2	RECOMBIVAX HB SUSY97	RESTORE FOAM DRESSING PADS60
raloxifene hcl 51	REGLAN TABS (Use metoclopramide hcl) 53	RESTORE ODOR ABSORBING DRESS PADS60
ramipril CAPS22	RELENZA DISKHALER35	RESTORE TRIO ABSORBENT DRESS PADS61
RAPAMUNE SOLN (Use sirolimus) 83	RELEXII TBCR (Use methylphenidate hcl) 1	RESTORIL 15 MG (Use temazepam)56
RAPAMUNE TABS (Use sirolimus) 83	RELION INSULIN SYRINGE76	RESTORIL 30 MG (Use temazepam)56
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/0.6ML2	RELION KETONE TEST STRP ... 49	RESTORIL 7.5 MG, 22.5 MG (Use temazepam)56
RAY-TEC X-RAY DETECTABLE SPNGE MISC60	RELION LANCET DEVICES 30G .70	RETACRIT 55
RAZADYNE ER CP24 (Use galantamine hydrobromide)92	RELION LANCETS70	RETIN-A CREA (Use tretinoin)43
READYLANCE SAFETY LANCETS . 70	RELION LANCETS MICRO-THIN 33G70	RETIN-A GEL 0.01 % (Use tretinoin) 43
REALITY INSULIN SYRINGE76	RELION LANCETS THIN 26G ...70	RETIN-A GEL 0.025 % (Use tretinoin)43
REALITY LANCETS70	RELION LANCETS ULTRA-THIN 30G70	RETROVIR CAPS (Use zidovudine) . 34
REALITY LATEX CONDOMS MISC . 61	RELION LANCING DEVICE MISC 70	RETROVIR SOLN 34
REALITY LATEX/ULTRA TEXTURED DEVI61	RELION ULTRA THIN LANCETS 30G70	RETROVIR SYRP (Use zidovudine) . 34
REALITY LATEX/ULTRA THIN DEVI 61	RELION ULTRA THIN PLUS LANCETS 70	REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) .38
REALITY TRIGGER LANCETS ...70	RELPAK (Use eletriptan hydrobromide)80	REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) .38
REBIF REBIDOSE SOAJ93	REMERON SOLTAB TBDP 15 MG (Use mirtazapine)14	REVATIO TABS (Use sildenafil citrate (pulmonary hypertension)) .38
REBIF REBIDOSE TITRATION PACK SOAJ93	REMERON SOLTAB TBDP 30 MG (Use mirtazapine)14	REXALL LANCETS ULTRA THIN 30G70
REBIF SOSY93	REMERON SOLTAB TBDP 45 MG (Use mirtazapine)14	
	REMERON TABS 15 MG (Use mirtazapine)14	
	REMERON TABS 30 MG (Use	

REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	34	ritonavir TABS	34	ACT	70
REYATAZ PACK	34	rivaroxaban TABS 2.5 MG	11	SAFETY LANCETS	70
RIASTAP	54	rivastigmine	92	SAFETY LANCETS 21G	70
riboflavin TABS 50 MG, 100 MG .	100	rivastigmine tartrate CAPS	92	SAFETY LANCETS 23G	71
rifabutin	26	RIXUBIS SOLR	54	SAFETY LANCETS 28G	71
rifampin CAPS	26	rizatriptan benzoate TABS	80	SAFYRAL (Use drospirenone-ethinyl estradiol-levomefolate calcium) . . .	39
RIGHTEST GD500 LANCING DEVICE MISC	70	rizatriptan benzoate TBDP	80	SALAGEN 5 MG (Use pilocarpine hcl (oral))	84
RIGHTEST GL300 LANCETS	70	ROBINUL TABS (Use glycopyrrolate)	94	salicylic acid GEL 6 %	47
RIOMET SOLN (Use metformin hcl) .	17	ROBINUL-FORTE TABS (Use glycopyrrolate)	94	saline SOLN 0.65 %	86
risedronate sodium TABS 35 MG .	51	ROCALtrol CAPS (Use calcitriol) 51	51	salsalate	5
risedronate sodium TABS 5 MG, 30 MG	51	roflumilast 500 MCG	10	SANDIMMUNE CAPS (Use cyclosporine)	83
risedronate sodium TBEC	51	romidepsin SOLR	27	SANDIMMUNE SOLN IV 50 MG/ML .	83
RISPERDAL CONSTA (Use risperidone microspheres)	30	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	28	SANDIMMUNE SOLN PO 100 MG/ML	83
RISPERDAL SOLN (Use risperidone)	30	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	28	SANDOSTATIN LAR DEPOT KIT (Use octreotide acetate)	51
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) 30	30	rosuvastatin calcium TABS	22	SAPHRIS (Use asenapine maleate) .	31
risperidone microspheres	30	ROTARIX SUSP	97	SAPS HEALTH PLUS LANCETS .	71
risperidone SOLN	30	ROTARIX SUSR	97	SAPS HEALTH TWIST TOP LANCETS	71
risperidone TABS	30	ROTATEQ SOLN	97	SAPS TWIST TOP LANCETS	71
risperidone TBDP 0.25 MG	30	ROXICODONE TABS 15 MG, 30 MG (Use oxycodone hcl)	5	SAPSCARE TWIST TOP LANCETS 71	71
risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	30	rufinamide SUSP	13	SARNA LOTN (Use camphor & menthol)	45
RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl)	2	rufinamide TABS	13	SAVELLA TABS	92
RITALIN TABS 5 MG (Use methylphenidate hcl)	1	RUKOBIA	34	SAVELLA TITRATION PACK MISC 92	92
RITEFLO DEVI	79	RYKINDO SRER	30	saxagliptin hcl	17
		SAFE-T-LANCE	70		
		SAFE-T-LANCE PLUS	70		
		SAFETY LANCET 30G/PRESSURE			

saxagliptin-metformin hcl	17	sennosides LIQD	58	SHOPKO UNILET LANCETS 30G	71
SB INSULIN SYRINGE	76	sennosides SYRP 8.8 MG/5ML	58	sildenafil citrate (pulmonary hypertension) SOLN	38
SB LANCETS THIN	71	sennosides TABS 8.6 MG, 15 MG, 17.2 MG	58	sildenafil citrate (pulmonary hypertension) SUSR	38
SB LANCETS ULTRA THIN	71	sennosides-docusate sodium TABS	57	sildenafil citrate (pulmonary hypertension) TABS	38
SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	39	SENOKOT S TABS (Use sennosides-docusate sodium)	57	SILENOR (Use doxepin hcl (sleep))	56
SECUADO	31	SENOKOT TABS (Use sennosides)	58	SILIGENTLE FOAM DRESSING PADS	61
SECURESAFE INSULIN SYRINGE	76	SEREVENT DISKUS	10	SILIQ	45
SELECT-LITE LANCING DEVICE MISC	71	SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use quetiapine fumarate)	31	SILVADENE (Use silver sulfadiazine)	45
selegiline hcl CAPS	28	SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate)	31	silver sulfadiazine	45
selegiline hcl TABS	28	SEROQUEL XR TB24 (Use quetiapine fumarate)	31	simethicone CHEW 80 MG	52
selenium sulfide LOTN 1 %	45	SEROSTIM SC 4 MG, 5 MG, 6 MG	51	simethicone SUSP	52
selenium sulfide LOTN 2.5 %	45	sertraline hcl CONC	15	SIMLANDI (1 PEN) AJKT	3
selenium sulfide SHAM 1 %	45	sertraline hcl TABS 100 MG	16	SIMLANDI (2 PEN) AJKT	3
SELSUN BLUE CARE MENS MAX STR LOTN (Use selenium sulfide)	45	sertraline hcl TABS 25 MG, 50 MG	16	SIMPLE DIAGNOSTICS LANCING DEV MISC	71
SELSUN BLUE DAILY LOTN (Use selenium sulfide)	45	SHADE SUNBLOCK SPF45 LOTN (Use sunscreens)	48	simvastatin TABS	22
SELSUN BLUE LOTN (Use selenium sulfide)	45	SHADE UVAGUARD SPF15 LOTN (Use sunscreens)	48	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa)	28
SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)	45	SHINGRIX	97	SINGLE-LET	71
SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide)	45	SHOPKO AUTOLET LANCING DEVICE MISC	71	SINGULAIR CHEW (Use montelukast sodium)	9
SELZENTRY SOLN	34	SHOPKO ON-THE-GO LANCETS 30G	71	SINGULAIR PACK (Use montelukast sodium)	9
SELZENTRY TABS 150 MG (Use maraviroc)	34	SHOPKO UNILET LANCETS 28G	71	SINGULAIR TABS (Use montelukast sodium)	9
SELZENTRY TABS 25 MG, 75 MG	34			sirolimus SOLN	83
SELZENTRY TABS 300 MG (Use maraviroc)	34				
SENNA SYRP	58				

sirolimus TABS	83	SODIUM CHLORIDE SOLN IV 0.9 %	82	sotalol hcl TABS 80 MG, 120 MG, 160 MG	36
SITAGLIPTIN	17	sodium citrate & citric acid	53	SPIKEVAX SUSP	97
SITAGLIPTIN BASE-METFORMIN HCL TABS	17	sodium fluoride (dental) CREA	83	SPIKEVAX SUSY	97
SIVEXTRO TABS	25	sodium fluoride (dental) GEL	83	spinosad	48
SKYLA	40	sodium fluoride (dental) SOLN 0.2 %	83	SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate) ...	9
SLO-NIACIN TBCR (Use niacin) .	100	sodium fluoride CHEW	81	SPIRO PD DEVI	79
SLYND	40	sodium fluoride SOLN	81	spironolactone & hydrochlorothiazide	50
SM ADHESIVE PADS 2"X3" PADS 61		sodium hypochlorite SOLN EX	32	spironolactone TABS	50
SM IPECAC SYRUP	19	sodium phosphates ENEM	57	SPORANOX CAPS (Use itraconazole)	20
SM LANCETS 33G	71	sodium polystyrene sulfonate POWD	83	SPRYCEL (Use dasatinib)	28
SM PRENATAL VITAMINS TABS .	86	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	83	STAMARIL SUSR	97
SM STERILE PADS	61	sodium sulfate-potassium sulfate-magnesium sulfate	57	stavudine CAPS	34
SM TRUEDRAW LANCING DEVICE MISC	71	SOFOSBUVIR-VELPATASVIR TABS	35	STERILANCE TL	71
SMART DIABETES VANTAGE LANCING MISC	71	SOF-WICK PADS	61	STERILE GAUZE PADS	61
SMART SENSE COLOR LANCETS 33G	71	SOLQUA	17	STERILE PADS	61
SMART SENSE STANDARD LANCETS	71	SOLUS V2 LANCETS 28G	71	STIOLTO RESPIMAT	10
SMART SENSE SUPER THIN LANCETS	71	SOLUS V2 LANCING DEVICE MISC 71		STIVARGA	28
SMART SENSE THIN LANCETS 26G	71	SOLUS V2 TWIST LANCETS 30G 71		STRATTERA (Use atomoxetine hcl) 1	
SMARTEST LANCETS 28G	71	SOLUVITA ACD WITH FLUORIDE SOLN	85	STRIBILD	34
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	7	SOLUVITA SOLN	81	STROVITE FORTE TABS (USE MULTIPLE VITAMINS W/ MINERALS)	99
sodium chloride (gu irrigant) 0.9 %	53	sorafenib tosylate	27	SUBLOCADE SOSY	6
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	42	SORBITOL PO 70 %	57	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	6
sodium chloride SOLN IV 0.9 % ...	82	sotalol hcl (afib/afi)	36	SUBOXONE FILM SL 2 MG-8 MG, 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	6
		sotalol hcl TABS 240 MG	36		

sucralfate SUSP	95	sumatriptan succinate SOLN 6 MG/0.5ML	80	fumarate)	34
sucralfate TABS	95	sumatriptan succinate TABS	80	SYMTUZA	34
SUDAFED CHILDRENS LIQD	87	sunitinib malate	28	SYNAGIS SOLN	91
SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral))	87	sunscreens LOTN	48	SYNAREL	51
SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl)	87	SUPER THIN LANCETS	71	SYNTHROID TABS (Use levothyroxine sodium)	94
SUDAFED TABS (Use pseudoephedrine hcl)	87	SUPRAX CAPS (Use cefixime)	38	tacrolimus (topical) OINT	47
sulfacetamide sodium (acne)	43	SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate- magnesium sulfate)	57	tacrolimus CAPS	83
sulfacetamide sodium (ophth) OINT 89		SURE COMFORT INSULIN SYRINGE	76	TAFINLAR CAPS	28
sulfacetamide sodium (ophth) SOLN . 89		SURE COMFORT LANCETS 18G 71		TAGAMET HB 200 TABS (Use cimetidine)	95
sulfacetamide sodium LIQD	45	SURE COMFORT LANCETS 21G 71		TAGAMET HB TABS (Use cimetidine)	95
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	43	SURE COMFORT LANCETS 23G 71		TALTZ SOAJ	45
sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	43	SURE COMFORT LANCETS 28G 71		TALTZ SOSY	45
sulfacetamide sod-prednisolone SOLN	89	SURE COMFORT LANCETS 30G 71		TAMIFLU CAPS 30 MG (Use oseltamivir phosphate)	35
sulfamethoxazole-trimethoprim SUSP	25	SURE COMFORT LANCETS 30G 71		TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate)	35
sulfamethoxazole-trimethoprim TABS	25	SURE COMFORT LANCING PEN MISC	71	TAMIFLU SUSR (Use oseltamivir phosphate)	35
sulfasalazine TABS	53	SURELITE LANCETS	71	tamoxifen citrate TABS	27
sulfasalazine TBEC	53	SURGICAL GAUZE SPONGE PADS 61		tamsulosin hcl	53
sulindac TABS	4	SUTENT (Use sunitinib malate) ..	28	TARCEVA (Use erlotinib hcl)	27
sumatriptan	80	SYMBICORT (Use budesonide- formoterol fumarate dihydrate)	10	TARGADOX TABS (Use doxycycline hyclate)	93
sumatriptan succinate SOAJ 6 MG/0.5ML	80	SYMDEKO	93	TARGRETIN (Use bexarotene) ...	28
sumatriptan succinate SOCT 6 MG/0.5ML	80	SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate)	34	TASIGNA 150 MG, 200 MG	28
		SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil		TAYTULLA CAPS (Use norethin acet & estrad-fe)	39
				tazarotene CREA	45
				tazarotene GEL	45
				TAZORAC CREA (Use tazarotene)	

45	34	theophylline SOLN11
TAZORAC GEL (Use tazarotene) .45	TENORETIC 100 (Use atenolol & chlorthalidone)24	theophylline TB1211
TDVAX SUSP94	TENORETIC 50 (Use atenolol & chlorthalidone)24	theophylline TB2411
TECFIDERA CDPK (Use dimethyl fumarate)93	TENORMIN TABS (Use atenolol) .36	THERAGAUZE PADS61
TECFIDERA CPDR (Use dimethyl fumarate)93	terazosin hcl23	THERAMILL FORTE CAPS (USE MULTIPLE VITAMINS W/ MINERALS)99
TECHLITE AST LANCETS71	terbinafine hcl (topical) CREA44	thiamine hcl TABS100
TECHLITE INSULIN SYRINGE ...76	terbinafine hcl TABS20	thiamine mononitrate TABS 100 MG .100
TECHLITE LANCETS71	terbutaline sulfate TABS10	THINLETS GP LANCETS72
TECHLITE LANCETS 26G71	terconazole vaginal CREA 0.4 % ..98	thioridazine hcl32
TECHLITE LANCETS 30G71	terconazole vaginal CREA 0.8 % ..98	thiothixene32
TEGADERM FOAM PADS61	terconazole vaginal SUPP98	THRESHOLD PEP DEVI79
TEGRETOL SUSP (Use carbamazepine)13	teriflunomide93	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG94
TEGRETOL TABS (Use carbamazepine)13	testosterone cypionate SOLN IM 100 MG/ML6	tiagabine hcl13
TEGRETOL-XR TB12 (Use carbamazepine)13	testosterone cypionate SOLN IM 200 MG/ML6	TIAZAC (Use diltiazem hcl extended release beads)37
TEKTURNA (Use aliskiren fumarate)25	testosterone enanthate SOLN IM ...6	ticagrelor 90 MG55
TEKTURNA HCT24	TETANUS-DIPHTHERIA TOXOIDS	TICOVAC97
telmisartan23	TD SUSP94	TIKOSYN (Use dofetilide)9
telmisartan-amlodipine24	tetrabenazine92	timolol maleate (ophth) SOLG 0.5 % .88
telmisartan-hydrochlorothiazide ...24	tetracaine hcl (ophth)89	timolol maleate (ophth) SOLN 0.25 %88
temazepam 15 MG56	tetracycline hcl CAPS 500 MG94	timolol maleate (ophth) SOLN 0.5 % .88
temazepam 30 MG56	tetrahydrozoline hcl (ophth) 0.05 % 89	timolol maleate (ophth) SOLN88
temazepam 7.5 MG, 22.5 MG56	TGT LANCET MICRO THIN 33G .71	timolol maleate (ophth) SOLN88
TEMODAR SOLR26	TGT LANCET THIN 26G71	timolol maleate TABS36
temozolomide CAPS26	TGT LANCET ULTRA THIN 30G .71	TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))88
TENIVAC INJ94	TGT LANCING DEVICE MISC72	TIMOPTIC SOLN 0.25 % (Use
tenofovir disoproxil fumarate TABS	THEO-24 CP2410	
	theophylline ELIX10	

timolol maleate (ophth))88	tolterodine tartrate CP2495	TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate) 36
TIMOPTIC SOLN 0.5 % (Use timolol maleate (ophth))88	tolterodine tartrate TABS95	toremifene citrate27
TIMOPTIC-XE SOLG (Use timolol maleate (ophth))88	TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate)13	torsemide TABS50
TINACTIN CREA (Use tolnaftate) .44	TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate)13	TRACLEER TABS (Use bosentan) 37
tioconazole vaginal 6.5 %98	TOPAMAX TABS 100 MG (Use topiramate)13	TRACLEER TBSO37
tiotropium bromide monohydrate CAPS9	TOPAMAX TABS 200 MG (Use topiramate)13	tramadol hcl TABS 50 MG5
TIVICAY PD TBSO34	TOPAMAX TABS 25 MG, 50 MG (Use topiramate)13	tramadol-acetaminophen6
TIVICAY TABS34	TOPCARE LANCETS MICRO-THIN 33G72	trandolapril 1 MG, 2 MG22
tizanidine hcl TABS86	TOPCARE ULTRA COMFORT INS SYR76	trandolapril 4 MG23
TOBI NEBU (Use tobramycin)2	TOPICORT CREA 0.05 % (Use desoximetasone)46	trandolapril-verapamil hcl24
TOBI PODHALER CAPS2	TOPICORT CREA 0.25 % (Use desoximetasone)47	tranexamic acid TABS56
TOBRADEX OINT89	TOPICORT GEL (Use desoximetasone)47	tranylcypromine sulfate14
TOBRADEX SUSP (Use tobramycin-dexamethasone)89	topiramate CPSP 15 MG13	TRAVEL LANCETS72
tobramycin (ophth) SOLN89	topiramate CPSP 25 MG13	TRAVEL LANCETS ADVANCED 28G72
tobramycin NEBU2	topiramate CPSP 50 MG13	trazodone hcl TABS 300 MG16
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML2	topiramate TABS 100 MG13	trazodone hcl TABS 50 MG, 100 MG, 150 MG16
tobramycin sulfate SOLR2	topiramate TABS 200 MG13	TRECATOR26
tobramycin-dexamethasone SUSP 89	topiramate TABS 25 MG, 50 MG ..13	tretinoin (chemotherapy)28
TOBREX OINT89	TOPPER DRESSING SPONGES MISC61	tretinoin CREA 0.025 %, 0.05 %, 0.1 %43
TODAYS HEALTH LANCING DEVICE MISC72	TOPROL XL TB24 200 MG (Use metoprolol succinate)36	tretinoin GEL 0.01 %43
TODAYS HEALTH THIN LANCETS 28G72		tretinoin GEL 0.025 %43
TODAYS HEALTH THIN LANCETS 30G72		TRETEN54
tolnaftate CREA44		TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG27
		triamcinolone acetonide (mouth) ..83
		triamcinolone acetonide (nasal) AERO87

triamcinolone acetonide (topical) CREA 0.025 %47	TRINTELLIX16	72
triamcinolone acetonide (topical) CREA 0.1 %47	TRIUMEQ PD TBSO34	TRULICITY18
triamcinolone acetonide (topical) CREA 0.5 %47	TRIUMEQ TABS34	TRUMENBA96
triamcinolone acetonide (topical) LOTN47	TROJAN MAGNUM MISC61	TRUSTEX COLOR CONDOMS + LUBE MISC61
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %47	TROJAN ULTRA THIN MISC61	TRUSTEX LUB/RIBBED/STUDD ED MISC61
triamcinolone acetonide (topical) OINT 0.5 %47	TROJAN-ENZ LUBRICATED MISC 61	TRUSTEX LUB/SPERMICIDE EX ST MISC61
TRIAMINIC COLD/COUGH DAY TIME SYRP42	TROJAN-ENZ/SPERMICIDAL MISC 61	TRUSTEX LUB/SPERMICIDE XL MISC62
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG50	tropicamide SOLN88	TRUSTEX LUBRICATED EX LARGE MISC62
triamterene & hydrochlorothiazide TABS50	trospium chloride TABS95	TRUSTEX LUBRICATED EXTRA ST MISC62
triazolam56	TRUE COMFORT INSULIN SYRINGE76	TRUSTEX LUBRICATED MISC ...62
TRIBENZOR (Use olmesartan medoxomil-amlodipine- hydrochlorothiazide)24	TRUE COMFORT PRO INSULIN SYR76	TRUSTEX LUBRICATED/SPERMICIDE MISC 62
TRIDESILON CREA 0.05 % (Use desonide)47	TRUE COMFORT SAFETY LANCETS72	TRUSTEX NATURAL CONDOMS + LUBE MISC62
trifluoperazine hcl TABS32	TRUE COMFORT TWIST TOP LANCETS72	TRUSTEX RIA LUB/SPERMICIDE MISC62
trifluridine89	TRUE COVER DEVI61	TRUSTEX RIA LUBRICATED MISC . 62
trihexyphenidyl hcl SOLN28	TRUE METRIX LEVEL 1 SOLN ...72	TRUSTEX-NONOXYNOL- 9/RIB/STUD MISC62
trihexyphenidyl hcl TABS28	TRUE METRIX LEVEL 2 SOLN ...72	TRUVADA (Use emtricitabine- tenofovir disoproxil fumarate)34
TRIKAFTA TBPK93	TRUE METRIX LEVEL 3 SOLN ...72	TUDORZA PRESSAIR9
TRILEPTAL SUSP (Use oxcarbazepine)13	TRUEDRAW LANCING DEVICE MISC72	TUMS CHEW (Use calcium carbonate (antacid))8
TRILEPTAL TABS (Use oxcarbazepine)13	TRUEPLUS INSULIN SYRINGE ..76	TUMS CHEWY BITES CHEW (Use calcium carbonate (antacid))7
trimethoprim TABS25	TRUEPLUS LANCETS 26G72	TUMS CHEWY BITES ULTRA STR
trimipramine maleate CAPS16	TRUEPLUS LANCETS 28G72	
	TRUEPLUS LANCETS 30G72	
	TRUEPLUS LANCETS 33G72	
	TRUEPLUS SAFETY LANCETS 28G	

CHEW (Use calcium carbonate (antacid))	7	acetaminophen)	4	ULTRA-THIN II INSULIN SYRINGE	76
TUMS E-X 750 CHEW (Use calcium carbonate (antacid))	8	TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	4	ULTRA-THIN II LANCETS	72
TUMS EXTRA STRENGTH 750 CHEW (Use calcium carbonate (antacid))	8	TYLENOL TABS (Use acetaminophen)	4	umeclidinium-vilanterol	10
TUMS EXTRA STRENGTH CHEW (Use calcium carbonate (antacid))	8	TYMLOS	51	UNILET COMFORTOUCH LANCET	72
TUMS LASTING EFFECTS CHEW (Use calcium carbonate (antacid))	8	TYPHIM VI SOLN	96	UNILET EXCELITE	72
TUMS SMOOTHIES CHEW (Use calcium carbonate (antacid))	8	TYPHIM VI SOSY	96	UNILET EXCELITE II	72
TUMS ULTRA 1000 CHEW (Use calcium carbonate (antacid))	8	TYVASO REFILL KIT SOLN IN	37	UNILET G.P. LANCET	72
TUMS ULTRA STRENGTH CHEW (Use calcium carbonate (antacid))	8	TYVASO SOLN IN	37	UNILET G.P. SUPERLITE LANCET	72
TWINRIX SUSY	97	TYVASO STARTER KIT SOLN IN	37	UNILET GP 28 ULTRA THIN	72
TWIRLA	39	ULTICARE INSULIN SAFETY SYR	76	UNILET LANCET	72
TWIST TOP LANCETS 30G	72	ULTICARE INSULIN SYRINGE	76	UNILET MICRO-THIN 33G	72
TYBLUME CHEW	39	ULTIGUARD SAFEPACK SYR/NEEDLE	76	UNILET SUPERLITE LANCET	72
TYBOST	34	ULTI-LANCE AUTOMATIC MISC	72	UNILET SUPER-THIN 30G	72
TYKERB (Use lapatinib ditosylate) 28		ULTILET CLASSIC LANCETS	72	UNILET ULTRA-THIN 28G	72
TYLENOL CHILDRENS CHEWABLES CHEW (Use acetaminophen)	4	ULTILET LANCETS	72	UNISOM SLEEPGELS CAPS (Use diphenhydramine hcl (sleep))	56
TYLENOL CHILDRENS PAIN + FEVER SUSP (Use acetaminophen)	4	ULTILET SAFETY LANCETS	72	UNISOM SLEEPTABS (Use doxylamine succinate (sleep))	56
TYLENOL CHILDRENS SUSP (Use acetaminophen)	4	ULTILET SAFETY LANCETS 23G	72	UNISTIK 1	72
TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	4	ULTRA COMFORT INSULIN SYRINGE	76	UNISTIK 2	72
TYLENOL FOR CHILDREN + ADULTS SUSP (Use		ULTRA FLO INSULIN SYR 1/2 UNIT	76	UNISTIK 2 COMFORT	73
		ULTRA FLO INSULIN SYRINGE	76	UNISTIK 2 EXTRA	73
		ULTRA THIN LANCETS 31G	72	UNISTIK 2 NEONATAL	73
		ULTRACARE INSULIN SYRINGE	76	UNISTIK 2 NORMAL	73
		ULTRA-CARE LANCETS 30G	72	UNISTIK 2 SUPER	73
		ULTRA-THIN II AUTO LANCET	72	UNISTIK 3	73
		ULTRA-THIN II INS SYR SHORT	76	UNISTIK 3 COMFORT	73
				UNISTIK 3 EXTRA	73
				UNISTIK 3 GENTLE	73

UNISTIK 3 NEONATAL	73	UZEDY SUSY 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	30	VALUMARK LANCET ULTRA THIN 28G	73
UNISTIK 3 NORMAL	73	UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 100 MG/0.28ML, 125 MG/0.35ML	30	VANCOGIN CAPS 125 MG (Use vancomycin hcl)	25
UNISTIK CZT COMFORT	73	VAGIFEM TABS (Use estradiol vaginal)	98	VANCOGIN CAPS 250 MG (Use vancomycin hcl)	25
UNISTIK CZT NORMAL	73	valacyclovir hcl 1 GM	35	vancomycin hcl CAPS 125 MG	25
UNISTIK NORMAL	73	valacyclovir hcl 500 MG	35	vancomycin hcl CAPS 250 MG	25
UNISTIK PRO SAFETY LANCET ..	73	VALCHLOR	45	vancomycin hcl SOLR IV 1 GM ...	25
UNISTIK SAFETY LANCETS 28G 73		VALCYTE TABS (Use valganciclovir hcl)	35	VANCOMYCIN HCL SOLR IV 1 GM .	25
UNISTIK SAFETY LANCETS 30G 73		valganciclovir hcl TABS	35	vancomycin hcl SOLR IV 500 MG .	25
UNISTIK TOUCH SAFETY LANC 21G	73	VALIUM TABS (Use diazepam)	9	VANCOMYCIN HCL SOLR IV 500 MG	25
UNISTIK TOUCH SAFETY LANC 23G	73	valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	14	vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML .	25
UNISTIK TOUCH SAFETY LANC 28G	73	valproic acid CAPS	14	VANDAZOLE	98
UNISTIK TOUCH SAFETY LANC 30G	73	valsartan TABS	23	VANISHPOINT INSULIN SYRINGE .	76
UNIVERSAL 1 LANCETS THIN 26G	73	valsartan-hydrochlorothiazide	24	VAQTA	97
UNIVERSAL 1 LANCETS THIN 33G	73	VALTREX 1 GM (Use valacyclovir hcl)	35	varenicline tartrate TABS	93
UNIVERSAL 1 LANCETS ULTRA THIN	73	VALTREX 500 MG (Use valacyclovir hcl)	35	varenicline tartrate TBPK	93
urea CREA 40 %	47	VALUE HEALTH INSULIN SYRINGE	76	VARIVAX SUSR	97
urea LOTN 40 %	47	VALUE PLUS LANCET STANDARD 21G	73	VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	24
URETRON D/S TABS 81.6 MG ...	25	VALUE PLUS LANCETS SUPER THIN	73	VASOTEC TABS (Use enalapril maleate)	23
UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer))	53	VALUE PLUS LANCETS THIN 26G .	73	VAXCHORA	96
UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer))	53	MISC	73	VAXELIS SUSP	94
URSO 250 TABS (Use ursodiol) ..	52	VALUMARK LANCET SUPER THIN 30G	73	VAXELIS SUSY	94
ursodiol CAPS	52			VAXNEUVANCE	96
ursodiol TABS 250 MG	52			venlafaxine hcl CP24 150 MG	16

venlafaxine hcl CP24 37.5 MG 16	33G73	vitamin a CAPS 10000 UNIT, 3 MG, 3000 MCG, 10000 UNIT100
venlafaxine hcl CP24 75 MG 16	VERSACLOZ SUSP 31	vitamin a TABS 10000 UNIT 100
venlafaxine hcl TABS 16	VERSAPAP DEVI79	VITAMIN C POWD PO 100
venlafaxine hcl TB2416	VERSAPAP W/UNIVERSAL TUBING DEVI79	VITAMIN D3 LIQD PO 125 MCG/ML . 100
VENTAVIS IN37	VIBRAMYCIN CAPS (Use doxycycline hyclate)94	vitamin e CAPS100
VENTOLIN HFA AERS (Use albuterol sulfate) 10	VICTOZA (Use liraglutide) 18	VITAMIN E CAPS 100
verapamil hcl CP24 120 MG, 180 MG, 240 MG 37	VIDA MIA AUTOLET LANCING DEV MISC73	VITAMIN E SOLN 15 MG/0.67ML 100
verapamil hcl CP24 360 MG37	VIDA MIA UNILET LANCETS 28G 73	vitamin e SOLN100
VERAPAMIL HCL ER CP24 (Use verapamil hcl)37	VIDA MIA UNILET LANCETS 30G 73	VITAMINS ACD-FLUORIDE SOLN 85
verapamil hcl TABS37	VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))89	vitamins w/ lipotropics CAPS 86
verapamil hcl TBCR37	VIIBRYD STARTER PACK KIT16	VITAROCA PLUS TABS (USE MULTIPLE VITAMINS W/ MINERALS) 99
VERELAN CP24 120 MG, 180 MG, 240 MG (Use verapamil hcl)37	VIIBRYD TABS (Use vilazodone hcl) 16	VITAROCA PLUS TABS (Use multiple vitamins w/ minerals) 85
VERELAN CP24 360 MG (Use verapamil hcl)37	vilazodone hcl TABS16	VIVAGUARD LANCETS 73
VERELAN PM CP24 (Use verapamil hcl) 37	VIMPAT SOLN PO 10 MG/ML (Use lacosamide)13	VIVAGUARD LANCETS 30G73
VERIFINE INSULIN SYRINGE ... 76	VIMPAT TABS (Use lacosamide) ..13	VIVAGUARD LANCING DEVICE MISC73
VERIFINE SAFE LANCET MINI 21G73	VIRACEPT TABS 250 MG34	VIVAGUARD SAFETY LANCETS 28G74
VERIFINE SAFE LANCET MINI 23G73	VIRACEPT TABS 625 MG34	VIVELLE-DOT PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol) 52
VERIFINE SAFE LANCET MINI 28G73	VIREAD POWD34	VIVELLE-DOT PTTW 0.0375 MG/24HR (Use estradiol)52
VERIFINE SAFE LANCET MINI 30G73	VIREAD TABS (Use tenofovir disoproxil fumarate)34	VIVITROL19
VERIFINE UNIVERSAL LANCETS 28G73	VIREAD TABS 150 MG, 200 MG, 250 MG34	VIVOTIF96
VERIFINE UNIVERSAL LANCETS 30G73	VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))89	VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical)) .
VERIFINE UNIVERSAL LANCETS	VISTARIL CAPS (Use hydroxyzine pamoate) 8	

44	(Use bupropion hcl)	14	XOPENEX HFA (Use levalbuterol tartrate)	10
VORTEX HOLD	WELLBUTRIN SR TB12 200 MG		XYNTHA	54
CHMBR/MASK/CHILD DEVI	(Use bupropion hcl)	14	XYNTHA SOLOFUSE	54
VORTEX HOLD	WELLBUTRIN XL TB24 150 MG		XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)	21
CHMBR/MASK/TODDLER DEVI ..	(Use bupropion hcl)	14	YASMIN 28 (Use drospirenone-ethinyl estradiol)	39
VORTEX VALVE CHAMBER-PEDI MASK DEVI	WELLBUTRIN XL TB24 300 MG (Use bupropion hcl)	14	YAZ (Use drospirenone-ethinyl estradiol)	39
VORTEX VALVED HOLDING CHAMBER DEVI	white petrolatum-mineral oil	87	YF-VAX INJ	97
VOTRIENT (Use pazopanib hcl) ..	WIDE-SEAL DIAPHRAGM 60	62	YUSIMRY	3
VP INSULIN SYRINGE	WIDE-SEAL DIAPHRAGM 65	62	ZADITOR 0.035 % (Use ketotifen fumarate (ophth))	90
VPRIV	WIDE-SEAL DIAPHRAGM 70	62	zaleplon	56
VYNDAMAX	WIDE-SEAL DIAPHRAGM 75	62	ZANAFLEX TABS 4 MG (Use tizanidine hcl)	86
VYNDAQEL	WIDE-SEAL DIAPHRAGM 80	62	ZARONTIN CAPS (Use ethosuximide)	13
VYTORIN (Use ezetimibe-simvastatin)	WIDE-SEAL DIAPHRAGM 85	62	ZARONTIN SOLN (Use ethosuximide)	13
WALGREENS ADV TRAVEL LANCETS	WIDE-SEAL DIAPHRAGM 90	62	ZARXIO	55
WALGREENS LANCETS	WIDE-SEAL DIAPHRAGM 95	62	ZAVESCA (Use miglustat)	55
WALGREENS LANCETS MICRO THIN	WILATE KIT	54	ZELBORAF	28
WALGREENS LANCETS SUPER THIN	XALATAN SOLN (Use latanoprost) 90		ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide)	24
WALGREENS THIN LANCETS ...	XALKORI CAPS	28	ZESTORETIC 25 MG-20 MG (Use lisinopril & hydrochlorothiazide) ...	24
WALGREENS ULTRA THIN LANCETS	XANAX TABS (Use alprazolam)	9	ZESTRIL TABS 2.5 MG (Use lisinopril)	23
warfarin sodium TABS	XARELTO TABS 10 MG	11	ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (Use lisinopril) 23	
WATER BABIES SPF30 LOTN (Use sunscreens)	XARELTO TABS 15 MG	11	ZETIA (Use ezetimibe)	22
WATER BABIES SPF50 LOTN (Use sunscreens)	XARELTO TABS 2.5 MG (Use rivaroxaban)	11		
WELLBUTRIN SR TB12 100 MG (Use bupropion hcl)	XARELTO TABS 20 MG	11		
WELLBUTRIN SR TB12 150 MG	XELJANZ TABS	2		
	XELJANZ XR TB24	2		
	XELODA (Use capecitabine)	27		
	XENAZINE (Use tetrabenazine) ..	92		
	XIGDUO XR (Use dapagliflozin propanediol-metformin hcl)	17		

ZEVRX INSULIN SYRINGE76	ZOLADEX27	ZYPREXA TABS 15 MG, 20 MG (Use olanzapine)31
ZEVRX TWIST TOP LANCETS 30G 74	ZOLINZA28	ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)31
ZIAC 6.25 MG-10 MG, 6.25 MG-5 MG (Use bisoprolol & hydrochlorothiazide)25	zolmitriptan SOLN 5 MG80	ZYPREXA TABS 7.5 MG, 10 MG (Use olanzapine)31
ZIAC 6.25 MG-2.5 MG (Use bisoprolol & hydrochlorothiazide) ..24	zolmitriptan TABS80	ZYPREXA ZYDIS TBDP (Use olanzapine)31
ZIAGEN SOLN (Use abacavir sulfate)34	zolmitriptan TBDP80	ZYRTEC ALLERGY TABS (Use cetirizine hcl)21
ZIAGEN TABS (Use abacavir sulfate)34	ZOLOFT CONC (Use sertraline hcl) 16	ZYRTEC CHEW 10 MG (Use cetirizine hcl)21
zidovudine CAPS34	ZOLOFT TABS 100 MG (Use sertraline hcl)16	ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (Use cetirizine hcl) .21
zidovudine SYRP34	ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)16	ZYRTEC CHILDRENS ALLERGY SOLN PO (Use cetirizine hcl)21
zidovudine TABS34	zolpidem tartrate TABS56	ZYRTEC-D ALLERGY & CONGESTION (Use cetirizine- pseudoephedrine)42
zinc oxide (topical) OINT 20 %48	ZOMACTON SOLR SC51	ZYRTEC-D ALLERGY & SINUS (Use cetirizine-pseudoephedrine) .42
zinc sulfate CAPS82	ZOMIG SOLN 5 MG (Use zolmitriptan)80	ZYTIGA (Use abiraterone acetate) 27
ziprasidone hcl29	ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)13	ZZZQUIL CAPS (Use diphenhydramine hcl (sleep))56
ziprasidone mesylate29	zonisamide CAPS13	ZZZQUIL LIQD (Use diphenhydramine hcl (sleep))56
ZITHROMAX PACK58	ZORBTIVE SC51	
ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)58	ZORTRESS (Use everolimus (immunosuppressant))83	
ZITHROMAX SUSR 200 MG/5ML (Use azithromycin)58	ZOVIRAX CREA (Use acyclovir topical)45	
ZITHROMAX TABS 250 MG (Use azithromycin)58	ZOVIRAX OINT (Use acyclovir topical)45	
ZITHROMAX TABS 500 MG (Use azithromycin)58	ZUBSOLV SUBL6	
ZITHROMAX TRI-PAK TABS (Use azithromycin)58	ZYCLARA (Use imiquimod)47	
ZITHROMAX Z-PAK TABS (Use azithromycin)58	ZYCLARA PUMP (Use imiquimod) 47	
	ZYLOPRIM (Use allopurinol)54	
ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)22	ZYPREXA RELPREVV31	
	ZYPREXA SOLR (Use olanzapine) 31	