

California

AON Benefit Experience Drug List

The AON Benefit Experience Drug List (formulary) includes a list of drugs covered by Health Net. The drug list is updated at least monthly and is subject to change. All previous versions are no longer in effect. You can view the most current drug list by going to our website at <http://www.healthnet.com/myaon> or call us at 1-888-926-1692. Refer to the Evidence of Coverage for specific cost share information.

AON Benefit Experience Drug List

Go to [Drug List](#) Use the “[AON Benefit Experience](#)” Drug List - California.

NOTE: To search the drug list online, open the (pdf) document. Hold down the “Control” (Ctrl) and “F” keys. When the search box appears, type the name of your drug and press the “Enter” key. If you have questions or need more information, call us toll free.

If you have questions about your pharmacy coverage, call Customer Service at **1-888-926-1692**

Hours of Operation

8:00am – 6:00pm Monday through Friday



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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

If you have questions about your pharmacy coverage, contact Customer Service at the phone number listed on your Health Net ID card or on the cover of this book. Customer Service can help you with questions about your prescription drug benefits, including, but not limited to:

- information about drugs covered under the medical benefit.
- the processes for submitting an exception request, requesting prior authorization and step therapy exceptions.
- actual dollar amounts of cost sharing for drugs including drugs subject to coinsurance.

What is the Drug List?

The drug list is a list of covered drugs used to treat common diseases or health problems. The drug list is selected by a committee of doctors and pharmacists who meet regularly to decide which drugs should be included. The committee reviews new drugs and latest information about existing drugs and chooses drugs based on:

- Safety
- Effectiveness
- Side effects
- Value (if two drugs are equally effective, the less costly drug will be preferred)

This information is not intended as a substitute for professional medical care. Please always follow your health care provider's instructions.

How do I find a drug in the Drug List?

You can search for a drug by using the search tool, alphabetical index or by medical condition. There are three ways to find out if your drug is covered.

Search Tool: Open the List of Drugs (PDF). Hold down the “Control” (Ctrl) and “F” keys. When the search box appears, type the name of your drug. Press the “Enter” key.

Alphabetical Index: The index at the end of the (PDF) lists the names of generic and brand name drugs from A to Z. Once you find a drug name, go to the page number listed to see if the drug is covered.

Categorical list: The drugs are grouped into categorical or therapeutic categories. If you know what therapeutic category and class your drug is in, look through the list to find the category. Then look under the category and class for your drug.

If a generic equivalent for a brand name drug is not available in the market or not covered, the generic drug will not be listed separately. The presence of a drug on the drug list does not guarantee that your doctor will prescribe the drug for a particular medical condition.

How are the drugs listed in the categorical list?

A drug is listed alphabetically by its brand and generic names in its therapeutic category and class.

Example:

Drug Name	Drug Tier	Requirements/ Limits
MAVYRET (<i>glecaprevir-pibrentasvir</i>) TABS	3	PA
<i>phentermine hcl caps</i>	1	PA

The generic drug name for a brand drug is included after the brand name in parentheses and ***Bold lowercase italicized*** letters.

Brand Drug Example: MAVYRET TABS (*glecaprevir-pibrentasvir*)

If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized lowercase*** letters.

Generic Drug Example: *terbutaline sulfate tabs*

If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface in all CAPITAL letters.

Generic Drug Marketed Under a Proprietary Brand Name Example: *levothyroxine sodium* (LEVOXYL) TABS

How much will I pay for my drugs?

To see how much you will pay for a drug, check the abbreviations in the Drug Tier column on the formulary.

Drug Class	Benefit Phase	Maximum Cost Share	Days Supply
Oral Cancer Drugs	Before Deductible Is Met	\$250	30 Days
All other on-oral (cancer) Drugs	After Deductible Is Met	\$250	30 Days
Bronze Plan Members	After Deductible Is Met	\$500	30 Days

Note: For oral chemotherapy drugs - Notwithstanding any deductible, the total amount of copayment or coinsurance an enrollee is required to pay shall not exceed two hundred fifty dollars (\$250) for an individual prescription of up to a 30-day supply.

Nonpreferred Generic Drugs have been placed at Tier 2.

Tier Descriptions

Below is a description for each Tier. Refer to Evidence of Coverage for specific cost share information.

<i>Tier</i>	<i>Description</i>
1	Tier one consists of most generic drugs and low-cost preferred brand drugs.
2	Tier two consists of nonpreferred generic drugs, preferred brand name drugs, and any other drugs recommended by the Plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
3	Tier three consists of non-preferred brand drugs, brand drugs with generic equivalents on a lower tier, or drugs that have a preferred alternative at a lower tier.
5	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.

Are there any limits on my drug coverage?

Some drugs have limits on coverage. The table below provides a description of abbreviations that may appear in the Limits column on the drug list:

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.
AC	Anti-cancer	Oral cancer drugs are subject to a maximum \$250 copayment for a one-month supply, before any deductible has been met, per state law (or \$750 maximum for a three-month supply through mail order).
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons: • The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or • Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.

PA	Prior Authorization	This drug requires prior approval. This means that you or your doctor must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Prevention Drug	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.
RX/OTC	Prescription & Over-the-Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulins, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

How often does the Drug List change?

The formulary will be updated with changes monthly. The types of changes may include the following:

- Removal of a drug or dosage form of a drug from the formulary
- Any change in the tier placement of a drug results in an increase in cost sharing.
- Adding or changing utilization management procedures applicable to a drug.

If these changes occur, you will be notified at least 60 days in advance of the change, unless the drug is removed for safety reasons.

How can I get prior authorization or an exception to the rules for drug coverage?

Requests for prior authorization may be submitted electronically through **CoverMyMeds**, by phone at 1-800-548-5524, or by fax at 1-800-314-6223. Once your doctor's request is received, we will notify your doctor of our decision within 72 hours. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent

request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved, and the health insurer may not deny the request thereafter.

If your doctor believes that waiting 72 hours for a standard decision could seriously harm your health, your doctor can ask for a fast (expedited) decision. This applies only to requests for drugs that you have not already received.

We must make expedited decisions within 24 hours after we get your doctor's supporting statement.

Your doctor must submit a supporting statement to us explaining why you need the drug. You or your doctor may appeal the denial of an exception request. The denial documents provide more information on appeal rights and procedures if there is a medical need to use a non-formulary drug or a drug requiring pre-approval, an exception to coverage may be requested by the prescriber. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

If we approve your drug's exception, the approval continues until the end of the plan year. To keep the exception in place for the plan year, you must remain enrolled in our plan, your doctor must continue to prescribe your drug, and your drug must be safe for treating your condition.

If a drug is not on the drug list, and is not specifically excluded from coverage, your doctor can ask for an exception. To request an exception, your doctor can submit a prior authorization request along with a supporting statement explaining why you need the drug. Requests for prior authorization may be submitted electronically or by telephone or fax. If we approve an exception for a drug that is not on the drug list, the non-preferred brand drug tier (Tier 3) or Tier 4 (Specialty) copayment applies.

Health Net will cover all medically necessary drugs. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving an expedited request, the request will be approved, and Health Net may not deny the request thereafter.

Step Therapy Exception

In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. This is called step therapy. Step therapy is when you are required to use one drug before another, in a stepwise fashion. The required first step drug or preferred drug is a proven, cost-effective medication. Unless a step therapy exception is made, one or more preferred drugs must be tried before progressing to a drug that is subject to step therapy.

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs.

If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when enrolled in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage when criteria is met.

You or your doctor can request a step therapy exception if:

- The required prescription drug is contraindicated or is likely, or expected, to cause an adverse reaction or physical or mental harm to the member in comparison to the requested

prescription drug, based on the known clinical characteristics of the member and the known characteristics and history of the member's prescription drug regimen.

- The required prescription drug is expected to be ineffective based on the known clinical characteristics of the member and the known characteristics and history of the member's prescription drug regimen.
- The member has tried the required prescription drug while covered by their current or previous health coverage or Medicaid, and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse reaction. The health care service plan may require the submission of documentation demonstrating that the member tried the required prescription drug before it was discontinued.
- The required prescription drug is not clinically appropriate for the member because the required drug is expected to do any of the following, as determined by the member's prescribing provider:
 - Worsen a comorbid condition.
 - Decrease the capacity to maintain a reasonable functional ability in performing daily activities.
 - Poses a significant barrier to adherence to, or compliance with, the member's drug regimen or plan of care.
- The member is stable on a prescription drug selected by the member's prescribing provider for the medical condition under consideration while covered by their current or previous health coverage.

When information necessary for the health plan to make a determination is not included with a request for prior authorization or step therapy exception, the plan will notify the prescribing provider within 72 hours of receipt or within 24 hours of receipt if exigent circumstances exist.

Once the health plan receives the requested information, the applicable time period to approve or deny a prior authorization or step therapy exception request begins. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

Are all contraceptives covered?

Contraceptive benefits include coverage for a variety of U.S. Food and Drug Administration (FDA)-approved prescription contraceptive methods. If your doctor determines that none of the covered methods on the drug list or if a covered therapeutic equivalent of a drug, device, or product is not available, and is medically necessary for you, Health Net will provide coverage. OTC oral contraceptives or condoms can be provided by your pharmacy without a prescription and billed through the pharmacy claims system with a zero copay. Members obtaining OTC oral contraceptives should inform their physician.

What blood glucose supplies are covered?

Specific brands of blood glucose monitors, blood glucose testing strips, lancets, ketone testing strips, pen delivery systems for injecting insulin and insulin needles and syringes are covered on the drug list. A prescription from your doctor is required to obtain these from a pharmacy.

Insulin pumps and all related necessary supplies, podiatric devices to prevent or treat diabetes-related complications and visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin are covered under the medical benefit.

Are preventive drugs covered?

Yes, preventive drugs on the Drug List, with “A” and “B” grade recommendations of the U.S. Preventive Services Task Force (USPSTF) are covered. Included are contraceptives, male condoms, and preexposure prophylaxis (PrEP). Office administered injectable medications are provided under the medical benefit. There is no member cost share for preventive drugs on the Drug List, excluding grandfathered plans.

What drugs are under my medical benefit?

Drugs that are not considered self-injectable and are administered by your doctor will be covered under your medical benefit. If your doctor does not have the drug, your doctor will give you instructions on where you can receive the drug. Certain drugs that are self-administered are covered under your pharmacy benefit. Refer to your *Evidence of Coverage* for coverage information and exceptions.

Can I go to any pharmacy?

Except in emergency and urgent situations, Health Net does not cover drugs dispensed by non-network pharmacies. Health Net contracts with most U.S. chain pharmacies and many independent pharmacies. These pharmacies are called in-network pharmacies. To find an in-network pharmacy near you, visit our website at Find a pharmacy or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

Some injectable and high-cost drugs are considered specialty drugs. These drugs must be filled at an in-network specialty pharmacy. Specialty drugs are noted on the drug list in the Requirements/Limits column with the abbreviation “LA” or a statement indicating the drug must be dispensed from a network specialty pharmacy.

Can I use a mail order pharmacy?

For maintenance prescription drugs, you can use the CVS Caremark Mail Order Pharmacy. The drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. Specialty drugs are not available through mail order.

To use the mail order pharmacy, your doctor must provide a new prescription that allows up to a 90-day supply of each drug. Mail order forms are available on our website at [Get Forms - Pharmacy mail order](#) or you may call us at the telephone number on your Health Net ID card or on the front cover of this book to request a form.

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

- Ask your doctor about generic drugs that may work for you.
- Fill prescriptions at in-network pharmacies.
- Be sure your doctor prescribes drugs on the drug list.

- Fill your maintenance drugs through our mail order pharmacy program.
- Log into HealthNet.com to check drug coverage, your cost at a pharmacy or alternatives to your medication.

Are infertility drugs covered?

Check your plan documents for your specific coverage. A new regulation (SB 729) requires new and renewing Groups, after July 1, 2025, will pay only their Tier copayment. Many Groups currently have a 50% coinsurance, which will go away after their renewal.

Are Immunizations covered through pharmacies?

Immunizations are covered through your primary care Doctor. The following immunizations are covered at a Health Net participating pharmacy for members that have pharmacy coverage with Health Net or Ambetter;

- Covid-19
- Influenza (Flu)
- RSV

Are Weight Loss Drugs Covered?

Most plans do cover weight loss medications when prior authorization has been approved. Check your plan documents for your coverage and copayment or coinsurance. Requirements for approval include enrolling and actively participating in a weight loss behavior modification program that include diet, exercise and behavior modification for 6 months prior to going on a weight loss drug and continuing in the program while being treated with a weight loss medication. You must meet the body mass index (BMI) requirements under your plan. Covered medications include:

Weight Loss Medications	
Oral Medications	Self-injected Medications
Contrave	Wegovy
Phentermine-Topiramate (Qsymia)	Saxenda
Phentermine	Zepbound
Orlistat (Xenical)	

Definitions

Brand drug: Is a drug that is marketed under a proprietary, trademark-protected name. A brand drug is listed in this formulary in all CAPITAL letters.

Coinsurance: Is a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

Copayment: Is a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible if a deductible applies to the health care benefit.

Deductible: Is the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If the plan has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care

benefits. The plan pays for the rest.

Drug Tier: Is a group of prescription drugs that correspond to a specified cost sharing tier. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

Enrollee: Is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.

Exception request: Is a request for coverage of a non-formulary drug. If you, your designee, or your doctor submits a request for coverage of a non-formulary drug, the plan must cover the non-formulary drug when it is medically necessary for you to take the drug.

Exigent circumstances: Is when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

Formulary or prescription drug list: Is the list of drugs that is covered by the plan under the prescription drug benefit of the policy.

Generic drug: Is a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in the drug list in bold and italicized lowercase letters.

Medically Necessary: Is a health care benefit needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Plans usually do not cover health care benefits that are not medically necessary.

Non-formulary drug: Is a prescription drug that is not listed on the drug list.

Out-of-pocket costs: Are your expenses for health care benefits that are not reimbursed by the plan. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are paid by the Member and not covered by the plan.

Prescribing provider: This health care provider can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

Prescription: Is an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

Prescription drug: Is a drug that by law requires a prescription.

Prior Authorization: Is a decision by the plan that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in the drug list, your doctor must request approval from the plan to cover the drug before you fill your prescription. The plan must grant a prior authorization request when it is medically necessary for you to take the drug.

Step therapy: Is a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in the drug list, you may have to try one or more other drugs before the plan will cover that drug for your medical condition. If your doctor submits a request for an exception to the step therapy requirement, the plan must grant the request when it is medically necessary for you to take the drug.

Step therapy exception is a decision to override an applicable step therapy protocol in favor of coverage of the prescription drug prescribed by a health care provider for an individual member.

Subscriber: Means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders			CONTRACE	3	QL(4 EA daily); PA
Amphetamines			<i>liraglutide (weight management) 18 MG/3ML</i>	1	QL(15 ML per 28 day(s) retail); PA
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1		Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1		<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 EA daily)
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	1	QL(2 EA daily)	<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 EA daily)
<i>amphetamine-dextroamphetamine TABS</i>	1		<i>clonidine hcl (adhd) TB12</i>	1	QL(4 EA daily)
<i>dextroamphetamine sulfate CP24</i>	1		<i>guanfacine hcl (adhd)</i>	1	QL(1 EA daily)
<i>dextroamphetamine sulfate SOLN</i>	1		Stimulants - Misc.		
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1		<i>armodafinil</i>	1	PA
<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 EA daily)	<i>dexmethylphenidate hcl CP24</i>	1	QL(1 EA daily)
<i>lisdexamfetamine dimesylate CHEW</i>	1	QL(1 EA daily)	<i>dexmethylphenidate hcl TABS</i>	1	QL(2 EA daily)
<i>methamphetamine hcl</i>	1	PA	<i>methylphenidate hcl CHEW</i>	1	
VYVANSE CHEW	3	QL(1 EA daily)	<i>methylphenidate hcl CP24 60 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)
Analeptics			<i>methylphenidate hcl CP24</i>	1	QL(1 EA daily)
<i>caffeine citrate SOLN PO</i>	1		<i>methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG</i>	1	
Anorexiant Non-Amphetamine			<i>methylphenidate hcl CPCR 20 MG, 30 MG</i>	1	QL(2 EA daily)
(Phentermine Hcl) LOMAIRA TABS	1	QL(1 EA daily); PA	<i>methylphenidate hcl SOLN</i>	1	
<i>phentermine hcl TABS</i>	1	QL(1 EA daily); PA	<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 EA daily)
<i>phentermine hcl-topiramate</i>	1	QL(1 EA daily); PA	<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
Anti-Obesity Agents			<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 EA daily)
			<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 EA daily)
			<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 EA daily)

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit
ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl TBCR 10 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)	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	3	SP; PA
<i>methylphenidate hcl TBCR 18 MG, 20 MG, 27 MG, 36 MG, 72 MG</i>	1	QL(1 EA daily)	RASUVO SOAJ 20 MG/0.4ML	3	SP; PA
<i>methylphenidate PTCH</i>	1	QL(1 EA daily)	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, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	SP; PA
<i>modafinil</i>	1	QL(1 EA daily)	Anti-TNF-alpha - Monoclonal Antibodies		
QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 EA daily); PA	ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	3	QL(0.072 ML daily); SP; PA
QUILLICHEW ER CHER 30 MG	3	QL(2 EA daily); PA	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	3	Check Plan Documents for coverage; QL(0.143 ML daily); SP; PA
QUILLIVANT XR SRER	3	QL(12 ML daily); PA	ADALIMUMAB-ADAZ SOSY	3	QL(0.143 ML daily); SP; PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections			ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	3	Check plan documents for coverage; QL(0.143 ML daily); SP; PA
Aminoglycosides			HADLIMA PUSHTOUCH SOAJ	3	QL(0.143 ML daily); SP; PA
ARIKAYCE	3	SP; PA	HADLIMA SOSY	3	QL(0.143 ML daily); SP; PA
HUMATIN	2	SP	HUMIRA (2 PEN) AJKT	3	QL(0.143 EA daily); SP; PA
<i>neomycin sulfate TABS</i>	1		HUMIRA (2 PEN) AJKT 80 MG/0.8ML	3	Check plan documents for coverage; QL(0.072 EA daily); SP; PA
TOBI PODHALER CAPS	3	SP; PA	HUMIRA (2 SYRINGE) PSKT	3	Check plan documents for coverage; QL(0.143 EA daily); SP; PA
<i>tobramycin NEBU</i>	1	SP; PA			
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions					
Antirheumatic - Enzyme Inhibitors					
RINVOQ LQ SOLN	3	QL(12 ML daily); SP; PA			
RINVOQ TB24	3	QL(1 EA daily); SP; PA			
XELJANZ XR TB24	3	QL(1 EA daily); SP; PA			
XELJANZ SOLN	3	QL(10 ML daily); SP; PA			
XELJANZ TABS	3	QL(2 EA daily); SP; PA			
Antirheumatic Antimetabolites					

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ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	3	QL(0.143 EA daily); SP; PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	3	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA	(Flurbiprofen) LURBIPR TABS 100 MG	1	
HUMIRA-PED<40KG CROHNS STARTER PSKT	3	Check plan documents for coverage; QL(2 EA per 365 day(s) retail); SP; PA	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
HUMIRA-PED>=40KG CROHNS START PSKT	3	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA	(Indomethacin) INDOCIN SUPP	1	
HUMIRA-PED>=40KG UC STARTER AJKT	3	Check plan documents for coverage; QL(4 EA per 365 day(s) retail); SP; PA	<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 EA daily)
HUMIRA-PS/UV/ADOL HS STARTER AJKT	3	QL(0.143 EA daily); SP; PA	<i>celecoxib 400 MG</i>	1	QL(2 EA daily); PA
HUMIRA-PSORIASIS/UEIT STARTER AJKT	3	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA	<i>diclofenac potassium TABS 50 MG</i>	1	
Gold Compounds			<i>diclofenac sodium TB24</i>	1	
AURANOFIN 3 MG	3		<i>diclofenac sodium TBEC</i>	1	
RIDAURA	3		<i>diclofenac w/ misoprostol TBEC</i>	1	
Interleukin-1 Blockers			<i>etodolac CAPS</i>	1	
ARCALYST	3	SP; PA	<i>etodolac TABS</i>	1	
Interleukin-6 Receptor Inhibitors			<i>etodolac TB24</i>	1	QL(2 EA daily)
KEVZARA SOAJ	3	QL(0.082 ML daily); SP; PA	<i>fenoprofen calcium CAPS 400 MG</i>	1	
KEVZARA SOSY	3	QL(0.082 ML daily); SP; PA	<i>flurbiprofen TABS</i>	1	
			<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
			<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
			<i>indomethacin CPCR</i>	1	
			<i>indomethacin SUPP</i>	1	
			<i>indomethacin SUSP</i>	1	
			<i>ketoprofen CP24</i>	1	
			<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail)
			<i>meclofenamate sodium CAPS</i>	1	
			<i>mefenamic acid CAPS</i>	1	
			<i>meloxicam SUSP</i>	1	
			<i>meloxicam TABS 7.5 MG</i>	1	QL(2 EA daily)
			<i>meloxicam TABS 15 MG</i>	1	QL(1 EA daily)
			<i>nabumetone 500 MG</i>	1	QL(4 EA daily)

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<i>nabumetone 750 MG</i>	1	QL(3 EA daily)
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	
<i>naproxen SUSP</i>	1	
<i>naproxen TABS</i>	1	
<i>oxaprozin TABS</i>	1	
<i>piroxicam CAPS 10 MG</i>	1	
<i>piroxicam CAPS 20 MG</i>	1	QL(1 EA daily)
<i>sulindac TABS 150 MG</i>	1	QL(2 EA daily)
<i>sulindac TABS 200 MG</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	3	QL(2 EA daily); SP; PA
OTEZLA TBPk	3	QL(55 EA per 365 day(s) retail); SP; PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide 10 MG</i>	1	QL(2 EA daily)
<i>leflunomide 20 MG</i>	1	QL(1 EA daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	3	QL(0.15 ML daily); SP; PA
ENBREL SURECLICK SOAJ	3	QL(0.143 ML daily); SP; PA
ENBREL SOLN	3	QL(0.143 ML daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	3	QL(0.146 ML daily); SP; PA
ENBREL SOSY 50 MG/ML	3	QL(0.28 ML daily); SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	1	
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN-CAFF) TABS 40 MG-50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	1	
<i>butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG</i>	1	
<i>butalbital-aspirin-caffeine CAPS</i>	1	
Salicylates		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW ST, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE TBEC 81 MG	5	PV	(Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW	5	PV
			<i>aspirin CHEW</i>	5	PV
			<i>aspirin TBEC 81 MG</i>	5	PV
			<i>diflunisal TABS</i>	1	
			<i>salsalate</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
(Methadone Hcl) METHADONE HCL INTENSOL CONC				1	
<i>codeine sulfate TABS 30 MG</i>				1	
CODEINE SULFATE TABS				2	
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>				1	PA

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<i>fentanyl citrate LPOP 1600 MCG</i>	1	QL(4 EA daily); PA	<i>oxycodone hcl SOLN</i>	1	
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 EA daily)	<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 EA daily)
<i>hydrocodone bitartrate CP12</i>	1	PA	<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
<i>hydromorphone hcl LIQD</i>	1		<i>oxymorphone hcl TABS 5 MG</i>	1	
<i>hydromorphone hcl TABS</i>	1		<i>oxymorphone hcl TABS 10 MG</i>	1	QL(8 EA daily)
<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 EA daily)	<i>oxymorphone hcl TB12</i>	1	QL(2 EA daily)
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 EA daily)	<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)
<i>levorphanol tartrate TABS</i>	1	PA	<i>tramadol hcl TABS 100 MG</i>	1	
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1		<i>tramadol hcl TB24 100 MG</i>	1	QL(3 EA daily)
<i>meperidine hcl TABS 50 MG</i>	1		<i>tramadol hcl TB24</i>	1	
<i>methadone hcl CONC</i>	1		<i>tramadol hcl TB24 200 MG</i>	1	QL(1 EA daily)
<i>methadone hcl SOLN PO</i>	1		Opioid Combinations		
<i>methadone hcl TABS</i>	1	QL(12 EA daily)	(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	1	
<i>morphine sulfate beads</i>	1	QL(1 EA daily)	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 EA daily)
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 EA daily)	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 EA daily)
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1		(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	1	
<i>morphine sulfate SUPP</i>	1		<i>acetaminophen w/ codeine SOLN</i>	1	
<i>morphine sulfate TABS</i>	1		<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 EA daily)
<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)	<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1	
OXAYDO TABS 7.5 MG	3	QL(4 EA daily)			
OXAYDO TABS 5 MG	2				
<i>oxycodone hcl CAPS</i>	1				
<i>oxycodone hcl CONC 100 MG/5ML</i>	1				

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<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1		<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 EA daily)
<i>butalbital-aspirin-caffeine w/cod</i>	1		<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 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>	1		<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 EA daily)
<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 EA daily)	<i>buprenorphine PTWK</i>	1	Limit 4 patches per month; QL(4 EA per 28 day(s) retail)
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 EA per fill retail)	<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ML daily)
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1		<i>pentazocine w/ naloxone hcl</i>	1	
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	1		ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 EA daily)	Androgens		
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	1	QL(4 EA daily)	(Methyltestosterone) METHITEST TABS	1	
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1		(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML per fill retail)
<i>tramadol-acetaminophen</i>	1	QL(8 EA daily)	<i>danazol CAPS</i>	1	
Opioid Partial Agonists			<i>methyltestosterone CAPS</i>	1	
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1	QL(3 EA daily)	<i>testosterone cypionate SOLN IM</i>	1	QL(10 ML per fill retail)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)	<i>testosterone enanthate SOLN IM</i>	1	
			<i>testosterone GEL TD</i>	1	QL(10 GM daily)
			<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 GM daily)
			ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
			Intrarectal Steroids		
			<i>budesonide (intrarectal)</i>	1	PA
			CORTIFOAM EX 10 %	2	

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<i>hydrocortisone (intrarectal)</i>	1	QL(60 ML daily)	<i>isosorbide mononitrate TB24</i>	1	
Rectal Combinations			NITRO-BID OINT	2	
ANALPRAM HC LOTN EX	3		NITRO-DUR PT24	2	QL(1 EA daily)
ANALPRAM-HC LOTN EX	3		<i>nitroglycerin PT24</i>	1	QL(1 EA daily)
PROCTOFOAM HC FOAM EX	2		<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
Rectal Steroids			<i>nitroglycerin SUBL</i>	1	
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1		ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
<i>hydrocortisone (rectal) EX 2.5 %</i>	1		Antianxiety Agents - Misc.		
Vasodilating Agents			<i>buspirone hcl</i>	1	
<i>nitroglycerin (intra-anal)</i>	1		<i>hydroxyzine hcl SYRP</i>	1	
ANTHELMINTICS - Drugs to Treat Worm Infections			<i>hydroxyzine hcl TABS</i>	1	
Anthelmintics			<i>hydroxyzine pamoate CAPS</i>	1	
<i>albendazole</i>	1		<i>meprobamate</i>	1	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old); SP	Benzodiazepines		
<i>ivermectin</i>	1	QL(5 EA per fill retail); PA	(Alprazolam) ALPRAZOLAM XR TB24	1	
<i>praziquantel</i>	1		(Diazepam) DIAZEPAM INTENSOL CONC	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain			(Lorazepam) LORAZEPAM INTENSOL CONC	1	
Antianginals-Other			ALPRAZOLAM INTENSOL CONC	3	
<i>ranolazine TB12 1000 MG</i>	1		<i>alprazolam TABS</i>	1	
<i>ranolazine TB12 500 MG</i>	1	QL(4 EA daily)	<i>alprazolam TB24</i>	1	
Nitrates			<i>alprazolam TBDP</i>	1	
<i>isosorbide dinitrate TABS</i>	1		<i>chlordiazepoxide hcl CAPS</i>	1	
<i>isosorbide mononitrate TABS</i>	1		<i>clorazepate dipotassium TABS</i>	1	
ISOSORBIDE MONONITRATE TABS	2		<i>diazepam CONC</i>	1	
			<i>diazepam SOLN PO 5 MG/5ML</i>	1	
			<i>diazepam TABS 2 MG, 5 MG</i>	1	
			<i>diazepam TABS 10 MG</i>	1	QL(4 EA daily)

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<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	
NORPACE CR CP12	3	
<i>quinidine gluconate TBCR</i>	1	
<i>quinidine sulfate TABS</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	1	
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 EA daily)
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 EA daily)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	3	SP; PA
FASENRA SOSY 30 MG/ML	3	SP; PA
FASENRA SOSY 10 MG/0.5ML	3	SP; PA
NUCALA SOAJ	3	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
NUCALA SOLR	3	SP; PA
NUCALA SOSY	3	SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 GM daily)
INCRUSE ELLIPTA	2	QL(1 EA daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
<i>tiotropium bromide monohydrate CAPS</i>	1	QL(1 EA daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily)
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)
<i>montelukast sodium TABS</i>	1	QL(1 EA daily)
<i>zafirlukast 20 MG</i>	1	QL(2 EA daily)
<i>zafirlukast 10 MG</i>	1	
<i>zileuton TB12</i>	1	
ZYFLO TABS	3	
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	1	QL(1 EA daily)
Steroid Inhalants		
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ML daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)

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<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ML daily)	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	1	QL(1 EA daily)	<i>albuterol sulfate AERS</i>	1	QL(0.47 GM daily)
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)	<i>albuterol sulfate AERS</i>	1	QL(1.2 GM daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)	<i>albuterol sulfate AERS</i>	1	QL(0.57 GM daily)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)	<i>albuterol sulfate NEBU</i>	1	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 GM daily)	<i>albuterol sulfate NEBU</i>	1	
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 GM daily)	ALBUTEROL SULFATE NEBU	2	
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 EA daily)	<i>albuterol sulfate SYRP</i>	1	
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 EA daily)	<i>albuterol sulfate TABS</i>	1	
QVAR REDHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 GM daily)	<i>arformoterol tartrate</i>	1	QL(4 ML daily)
QVAR REDHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 GM daily)	BREZTRI AEROSPHERE	2	QL(0.36 GM daily)
Sympathomimetics			<i>budesonide-formoterol fumarate dihydrate</i>	1	
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1		COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 GM daily)
			<i>fluticasone furoate-vilanterol</i>	1	QL(2 EA daily)
			<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 EA daily)
			<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 GM daily)
			<i>formoterol fumarate NEBU</i>	1	QL(4 ML daily)
			<i>ipratropium-albuterol SOLN</i>	1	
			<i>levalbuterol hcl</i>	1	

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<i>levalbuterol tartrate</i>	1	QL(0.5 GM daily)	XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 EA daily)
PROAIR RESPICLICK AEPB	2	Limit 2 inhalers per month; QL(0.07 EA daily)	XARELTO TABS 2.5 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	2	QL(1 EA daily)
SEREVENT DISKUS	2	QL(2 EA daily)	Heparins And Heparinoid-Like Agents		
STIOLTO RESPIMAT	2	QL(0.14 GM daily)	<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(42 ML per 7 day(s) retail); SP; PA
STRIVERDI RESPIMAT	2	QL(0.14 GM daily)	<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1	QL(4.2 ML per 7 day(s) retail); SP; PA
<i>terbutaline sulfate TABS</i>	1		<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	1	QL(11.2 ML per 7 day(s) retail); SP; PA
TRELEGY ELLIPTA	2	QL(2 EA daily)	<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	1	QL(5.6 ML per 7 day(s) retail); SP; PA
<i>umeclidinium-vilanterol</i>	1	QL(2 EA daily)	<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	1	QL(8.4 ML per 7 day(s) retail); SP; PA
Xanthines			<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(14 ML per 7 day(s) retail); SP; PA
(Theophylline) ELIXOPHYLLIN ELIX	1		<i>fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML</i>	1	SP; PA
THEO-24 CP24	2		<i>fondaparinux sodium 2.5 MG/0.5ML</i>	1	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); SP; PA
<i>theophylline ELIX</i>	1		FRAGMIN SOLN 95000 UNIT/3.8ML	3	SP; PA
<i>theophylline SOLN</i>	1		FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	3	SP; PA
<i>theophylline TB12 300 MG</i>	1	QL(2 EA daily)	FRAGMIN SOSY 2500 UNIT/0.2ML	3	QL(7 ML per 90 day(s) retail); SP
<i>theophylline TB12 450 MG</i>	1	QL(1 EA daily)	Thrombin Inhibitors		
<i>theophylline TB24</i>	1	QL(1 EA daily)			
ANTICOAGULANTS - Blood Thinners					
Coumarin Anticoagulants					
(Warfarin Sodium) JANTOVEN TABS	1				
<i>warfarin sodium TABS</i>	1				
Direct Factor Xa Inhibitors					
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(74 EA per 30 day(s) retail)			
ELIQUIS TABS	2	QL(2 EA daily)			
<i>rivaroxaban SUSR 1 MG/ML</i>	1	QL(900 ML per 30 day(s) retail)			
<i>rivaroxaban TABS 2.5 MG</i>	1	QL(1 EA daily)			
XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)			
XARELTO TABS 10 MG	2	QL(2 EA daily)			

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<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 EA daily)	(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	1	
<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	QL(4 EA daily)	(Lamotrigine) SUBVENITE TABS	1	
ANTICONVULSANTS - Drugs to Treat Seizures			(Levetiracetam) ROWEEPRAS TABS 500 MG	1	QL(6 EA daily)
AMPA Glutamate Receptor Antagonists			<i>carbamazepine CHEW 100 MG</i>	1	
FYCOMPA SUSP	3	QL(24 ML daily)	<i>carbamazepine CP12</i>	1	
FYCOMPA TABS 2 MG	3	QL(6 EA daily)	<i>carbamazepine SUSP</i>	1	
FYCOMPA TABS 6 MG	3	QL(2 EA daily)	<i>carbamazepine TABS</i>	1	
FYCOMPA TABS 4 MG	3	QL(3 EA daily)	<i>carbamazepine TB12 200 MG</i>	1	QL(8 EA daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 EA daily)	<i>carbamazepine TB12 100 MG</i>	1	
<i>perampanel TABS 8 MG, 10 MG, 12 MG</i>	1	QL(1 EA daily)	<i>carbamazepine TB12 400 MG</i>	1	QL(4 EA daily)
<i>perampanel TABS 2 MG</i>	1	QL(6 EA daily)	DIACOMIT CAPS 250 MG	3	QL(12 EA daily); SP; PA
<i>perampanel TABS 6 MG</i>	1	QL(2 EA daily)	DIACOMIT CAPS 500 MG	3	QL(6 EA daily); SP; PA
<i>perampanel TABS 4 MG</i>	1	QL(3 EA daily)	DIACOMIT PACK 250 MG	3	QL(12 EA daily); SP; PA
Anticonvulsants - Benzodiazepines			DIACOMIT PACK 500 MG	3	QL(6 EA daily); SP; PA
<i>clobazam SUSP</i>	1		EPIDIOLEX	3	SP; PA
<i>clobazam TABS 20 MG</i>	1	QL(2 EA daily)	<i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i>	1	QL(1 EA daily); ST
<i>clobazam TABS 10 MG</i>	1	QL(1 EA daily)	<i>gabapentin CAPS</i>	1	
<i>clonazepam TABS</i>	1		<i>gabapentin SOLN</i>	1	
<i>clonazepam TBDP</i>	1		<i>gabapentin TABS 600 MG, 800 MG</i>	1	
<i>diazepam (anticonvulsant) GEL</i>	1	QL(0.14 EA daily)	<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ML daily)
NAYZILAM	3	QL(10 EA per 30 day(s) retail); PA	<i>lacosamide TABS</i>	1	QL(2 EA daily)
Anticonvulsants - Misc.			LAMICTAL XR KIT	3	PA
(Carbamazepine) EPITOL TABS	1				
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	1				

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<i>lamotrigine CHEW</i>	1		<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	1	PA
<i>lamotrigine KIT</i>	1	PA	<i>topiramate CP24 200 MG</i>	1	QL(2 EA daily); PA
<i>lamotrigine KIT 25 MG</i>	1		<i>topiramate CPSP 15 MG, 25 MG</i>	1	
<i>lamotrigine TABS</i>	1		<i>topiramate CS24 25 MG, 50 MG</i>	1	QL(2 EA daily); PA
<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	1	QL(1 EA daily); PA	<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	1	QL(1 EA daily); PA
<i>lamotrigine TB24 250 MG</i>	1	PA	<i>topiramate TABS 25 MG</i>	1	
<i>lamotrigine TB24 300 MG</i>	1	QL(2 EA daily); PA	<i>topiramate TABS 50 MG</i>	1	QL(8 EA daily)
<i>lamotrigine TBDP</i>	1	PA	<i>topiramate TABS 100 MG</i>	1	QL(4 EA daily)
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1		<i>topiramate TABS 200 MG</i>	1	QL(2 EA daily)
<i>levetiracetam TABS 1000 MG</i>	1	QL(3 EA daily)	<i>zonisamide CAPS 25 MG, 50 MG</i>	1	
<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 EA daily)	<i>zonisamide CAPS 100 MG</i>	1	QL(6 EA daily)
<i>levetiracetam TB24</i>	1	QL(4 EA daily)	Carbamates		
<i>oxcarbazepine SUSP</i>	1	QL(40 ML daily)	<i>felbamate SUSP</i>	1	
<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 EA daily)	<i>felbamate TABS</i>	1	
<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 EA daily)	GABA Modulators		
<i>oxcarbazepine TABS 150 MG</i>	1		(Vigabatrin) VIGADRONE, VIGODER PACK	1	QL(6 EA daily); SP
<i>oxcarbazepine TB24 150 MG, 300 MG</i>	1		(Vigabatrin) VIGADRONE TABS	1	SP
<i>oxcarbazepine TB24 600 MG</i>	1	QL(4 EA daily)	<i>tiagabine hcl</i>	1	
<i>pregabalin CAPS 225 MG, 300 MG</i>	1	QL(2 EA daily)	<i>vigabatrin PACK</i>	1	QL(6 EA daily); SP
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	QL(3 EA daily)	<i>vigabatrin TABS</i>	1	SP
<i>pregabalin SOLN</i>	1	QL(30 ML daily)	Hydantoins		
<i>primidone 50 MG, 250 MG</i>	1		(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
<i>rufinamide SUSP</i>	1	SP	(Phenytoin) PHENYTOIN INFATABS CHEW	1	
<i>rufinamide TABS 400 MG</i>	1	QL(8 EA daily); SP	DILANTIN 30 MG	2	
<i>rufinamide TABS 200 MG</i>	1	SP	<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	

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<i>phenytoin CHEW</i>	1	
<i>phenytoin SUSP</i>	1	
Succinimides		
<i>ethosuximide CAPS</i>	1	
<i>ethosuximide SOLN</i>	1	
<i>methsuximide</i>	1	
Valproic Acid		
<i>divalproex sodium CSDR</i>	1	
<i>divalproex sodium TB24</i>	1	
<i>divalproex sodium TBEC</i>	1	
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	
<i>valproic acid CAPS</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	
<i>mirtazapine TBDP</i>	1	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1	
<i>bupropion hcl TB12</i>	1	
<i>bupropion hcl TB24 450 MG</i>	1	QL(1 EA daily); ST
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 EA daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 EA daily)
MARPLAN	3	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	3	SP; PA
SPRAVATO (84 MG DOSE)	3	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>citalopram hydrobromide SOLN</i>	1	QL(20 ML daily)
<i>citalopram hydrobromide TABS</i>	1	QL(1 EA daily)
<i>escitalopram oxalate SOLN</i>	1	
<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 EA daily)
<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 EA daily)
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 EA daily)
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1	
<i>fluoxetine hcl CPDR</i>	1	
<i>fluoxetine hcl SOLN</i>	1	QL(15 ML daily)
<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	1	QL(1 EA daily)
<i>fluoxetine hcl TABS 10 MG</i>	1	
<i>fluvoxamine maleate CP24 150 MG</i>	1	
<i>fluvoxamine maleate CP24 100 MG</i>	1	QL(3 EA daily)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	
<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 EA daily)
<i>paroxetine hcl SUSP</i>	1	
<i>paroxetine hcl TABS</i>	1	
<i>paroxetine hcl TB24</i>	1	
<i>sertraline hcl CONC</i>	1	
<i>sertraline hcl TABS</i>	1	QL(2 EA daily)
Serotonin Modulators		
<i>nefazodone hcl</i>	1	
<i>trazodone hcl TABS</i>	1	
TRINTELLIX	3	ST

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Drug Name	Drug Tier	Requirements/ Limits
VIIBRYD STARTER PACK KIT	3	PA
<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 EA daily)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>desvenlafaxine succinate</i>	1	QL(1 EA daily)
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 EA daily)
FETZIMA TITRATION C4PK	3	ST
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 EA daily); ST
FETZIMA CP24 20 MG	3	QL(2 EA daily); ST
<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 EA daily)
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 EA daily)
<i>venlafaxine hcl TABS</i>	1	
<i>venlafaxine hcl TB24 225 MG</i>	1	
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 EA daily)
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl TABS</i>	1	
<i>doxepin hcl CAPS</i>	1	
<i>doxepin hcl CONC</i>	1	
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 EA daily)
<i>imipramine hcl TABS 10 MG, 25 MG</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl CAPS</i>	1	
<i>nortriptyline hcl SOLN</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>protriptyline hcl</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	
<i>miglitol</i>	1	
Antidiabetic Combinations		
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	1	QL(1 EA daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	1	QL(2 EA daily)
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
JANUMET TABS	2	QL(2 EA daily)
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>saxagliptin-metformin hcl</i>	1	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
SYNJARDY TABS	2	QL(2 EA daily)
TRIJARDY XR	2	
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(2 EA daily)

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XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(1 EA daily)	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	Not available through mail order; QL(3 ML per 28 day(s) retail); PA
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 EA daily)	OZEMPIC (2 MG/DOSE) SOPN	2	Not available through mail order; QL(3 ML per 28 day(s) retail); PA
Biguanides			RYBELSUS TABS	2	Not available through mail order; QL(1 EA daily); PA
<i>metformin hcl SOLN</i>	1		TRULICITY	2	Not available through mail order; QL(2 ML per 28 day(s) retail); PA
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1		Insulin		
<i>metformin hcl TB24 500 MG, 750 MG</i>	1		HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
Diabetic Other			HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ML daily)
<i>diazoxide</i>	1		HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)
<i>glucagon (rdna)</i>	3	QL(1 EA per fill retail; 2 EA per 30 day(s) retail)	HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ML daily)
<i>alogliptin benzoate 25 MG</i>	1	QL(1 EA daily); PA	HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(1.5 ML daily)
<i>alogliptin benzoate 6.25 MG, 12.5 MG</i>	1	PA	HUMALOG MIX 75/25 SUSP	2	QL(1.34 ML daily)
JANUVIA	2	QL(1 EA daily)	HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)
<i>saxagliptin hcl</i>	1	QL(1 EA daily)	HUMALOG SOLN IJ	2	QL(1.5 ML daily)
Incretin Mimetic Agents			HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
<i>liraglutide</i>	1	Not available through mail order; QL(9 ML per 28 day(s) retail); PA			
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Not available through mail order; QL(1.5 ML per 28 day(s) retail); PA			
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Not available through mail order; QL(3 ML per 28 day(s) retail); PA			

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HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN N SUSP	2	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ML daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.34 ML daily)
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN R SOLN IJ	2	QL(1.34 ML daily)
INSULIN LISPRO PROT & LISPRO SUPN	2	QL(1.5 ML daily)
LANTUS SOLOSTAR SOPN	2	QL(1.5 ML daily)
LANTUS SOLN	2	QL(1.5 ML daily)
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ML daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)
TRESIBA FLEXTOUCH SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
TRESIBA SOLN	2	QL(1.5 ML daily)
Insulin Sensitizing Agents		
<i>pioglitazone hcl 15 MG</i>	1	
<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 EA daily)
Meglitinide Analogues		

Drug Name	Drug Tier	Requirements/ Limits
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	1	QL(1 EA daily)
FARXIGA (<i>dapagliflozin propanediol</i>)	2	QL(1 EA daily)
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	
<i>glipizide TABS</i>	1	
<i>glipizide TB24</i>	1	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 EA daily); PA
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	1	SP; PA
<i>deferasirox TABS</i>	1	SP; PA
<i>deferasirox TBSO</i>	1	SP; PA
<i>deferiprone TABS</i>	1	SP

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FERRIPROX SOLN	3	Not available through mail order; SP
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	3	SP; PA
Opioid Antagonists		
(Naloxone Hcl) FT NALOXONE HCL, GNP NALOXONE HCL LIQD	1	QL(4 EA per 30 day(s) retail); RX/OTC
KLOXXADO LIQD	2	
<i>naloxone hcl LIQD</i>	1	QL(4 EA per 30 day(s) retail); RX/OTC
<i>naltrexone hcl</i>	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl TABS</i>	1	QL(2 EA daily); PA
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ML daily)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 EA daily)
<i>ondansetron TBDP 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 EA daily)
SANCUSO PTCH	3	QL(0.04 EA daily); PA
Antiemetics - Anticholinergic		
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl CAPS</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	QL(2 EA per 28 day(s) retail)
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 EA daily)
<i>dronabinol CAPS 2.5 MG, 5 MG</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>dronabinol CAPS 10 MG</i>	1	PA
SYNDROS SOLN	3	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS 40 MG</i>	1	Limit 2 per month; QL(0.07 EA daily)
<i>aprepitant CAPS 80 MG, 125 MG</i>	1	Limit 1 per year; QL(0.04 EA daily)
<i>aprepitant CAPS</i>	1	Limit 3 per month; QL(0.1 EA daily)
EMEND SUSR	3	QL(1 EA per 30 day(s) retail)
VARUBI (180 MG DOSE) TBPK	3	QL(4 EA per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>flucytosine</i>	1	
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 365 day(s) retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	Not available through mail order
<i>fluconazole SUSR</i>	1	
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1	PA
<i>itraconazole SOLN</i>	1	PA
<i>ketoconazole</i>	1	
<i>posaconazole SUSP</i>	1	
<i>posaconazole TBEC</i>	1	
TOLSURA CAPS	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	QL(2 EA daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
(Carbinoxamine Maleate) CARBZAH SOLN	1	
(Clemastine Fumarate) CLEMASZ TABS 2.68 MG	1	
<i>carbinoxamine maleate SOLN</i>	1	
<i>carbinoxamine maleate TABS 4 MG</i>	1	
<i>clemastine fumarate SYRP</i>	1	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
Antihistamines - Non-Sedating		
(Levocetirizine Dihydrochloride) ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HR TABS	1	QL(1 EA daily); RX/OTC
<i>desloratadine TABS</i>	1	QL(1 EA daily); PA
<i>desloratadine TBDP</i>	1	PA
<i>levocetirizine dihydrochloride SOLN</i>	1	PA; RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	1	QL(1 EA daily); RX/OTC
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	1	QL(3 EA daily)
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1	
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1	
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 EA daily)
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 EA daily)
<i>promethazine hcl TABS 12.5 MG</i>	1	
Antihistamines - Piperidines		
<i>ciproheptadine hcl SYRP</i>	1	
<i>ciproheptadine hcl TABS</i>	1	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	QL(1 EA daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	2	PA
<i>omega-3-acid ethyl esters</i>	1	QL(4 EA daily)
VASCEPA (<i>icosapent ethyl</i>)	2	PA
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE PACK	1	
(Cholestyramine Light) PREVALITE POWD	1	
<i>cholestyramine light PACK</i>	1	
<i>cholestyramine light POWD</i>	1	
<i>cholestyramine PACK</i>	1	
<i>cholestyramine POWD</i>	1	
<i>colesevelam hcl PACK</i>	1	QL(1 EA daily)
<i>colesevelam hcl TABS</i>	1	QL(7 EA daily)
<i>colestipol hcl GRAN</i>	1	
<i>colestipol hcl PACK</i>	1	
<i>colestipol hcl TABS</i>	1	
Fibric Acid Derivatives		

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Drug Name	Drug Tier	Requirements/ Limits
<i>choline fenofibrate 135 MG</i>	1	QL(1 EA daily)
<i>choline fenofibrate 45 MG</i>	1	
<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 EA daily)
<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
<i>fenofibrate CAPS</i>	1	
<i>fenofibrate TABS 48 MG</i>	1	
<i>fenofibrate TABS 54 MG</i>	1	QL(2 EA daily)
<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 EA daily)
<i>fenofibric acid</i>	1	
<i>gemfibrozil TABS</i>	1	
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily)
<i>fluvastatin sodium CAPS</i>	1	QL(1 EA daily)
<i>fluvastatin sodium TB24</i>	1	QL(1 EA daily)
<i>lovastatin TABS 40 MG</i>	1	QL(2 EA daily); PV
<i>lovastatin TABS 10 MG, 20 MG</i>	1	QL(1 EA daily); PV
<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	1	QL(1 EA daily)
<i>pravastatin sodium 40 MG</i>	1	QL(2 EA daily)
<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily)
<i>simvastatin TABS</i>	1	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	3	SP; PA
Nicotinic Acid Derivatives		

Drug Name	Drug Tier	Requirements/ Limits
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
<i>niacin (antihyperlipidemic) TABS</i>	1	
<i>niacin (antihyperlipidemic) TBCR</i>	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	3	SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate TABS</i>	1	QL(2 EA daily)
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS 40 MG</i>	1	QL(2 EA daily)
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS SOLN	3	QL(5 ML daily)
<i>quinapril hcl</i>	1	
<i>ramipril CAPS</i>	1	QL(2 EA daily)
<i>trandolapril</i>	1	
Agents for Pheochromocytoma		
<i>phenoxybenzamine hcl</i>	1	Not available through mail order
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil 32 MG</i>	1	QL(1 EA daily)
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
EDARBI 80 MG	3	QL(1 EA daily)
EDARBI 40 MG	3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>irbesartan</i>	1		<i>benazepril & hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1		<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1		<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 EA daily)	<i>captopril & hydrochlorothiazide</i>	1	
<i>telmisartan 80 MG</i>	1	QL(1 EA daily)	EDARBYCLOR	3	QL(1 EA daily)
<i>telmisartan 20 MG, 40 MG</i>	1		<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>valsartan TABS 160 MG</i>	1	QL(2 EA daily)	<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1		<i>irbesartan-hydrochlorothiazide</i>	1	
Antiadrenergic Antihypertensives			<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>clonidine hcl TABS</i>	1		<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)
<i>doxazosin mesylate</i>	1		<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>guanfacine hcl</i>	1		<i>metoprolol & hydrochlorothiazide TABS</i>	1	
<i>methyldopa TABS</i>	1		<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
<i>prazosin hcl CAPS</i>	1		<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 EA daily)
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1		<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
<i>terazosin hcl 10 MG</i>	1	QL(2 EA daily)	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 EA daily)
Antihypertensive Combinations			<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 EA daily)	<i>telmisartan-amlodipine</i>	1	
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1				
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 EA daily)			
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1				
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1				
<i>atenolol & chlorthalidone</i>	1				

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Drug Name	Drug Tier	Requirements/ Limits
<i>telmisartan-hydrochlorothiazide</i>	1	
<i>trandolapril-verapamil hcl</i>	1	
<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 EA daily)
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1	
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	
Vasodilators		
<i>hydralazine hcl TABS</i>	1	
<i>minoxidil 2.5 MG, 10 MG</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole CAPS</i>	1	
<i>metronidazole TABS 250 MG, 500 MG</i>	1	
<i>pentamidine isethionate IN</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim TABS</i>	1	
XIFAXAN 550 MG	3	QL(2 EA daily); PA
XIFAXAN 200 MG	3	QL(2 EA daily; 9 EA per fill retail); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) Sulfatrim Pediatric SUSP	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
<i>atovaquone</i>	1	
<i>nitazoxanide TABS</i>	1	
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1	QL(2 EA daily)
Leprostatics		
<i>dapsone 100 MG</i>	1	QL(4 EA daily)
<i>dapsone 25 MG</i>	1	
Lincosamides		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
Oxazolidinones		
<i>linezolid SUSR</i>	1	QL(210 ML per 90 day(s) retail)
<i>linezolid TABS</i>	1	QL(20 EA per 90 day(s) retail)
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
COARTEM	2	Limit 24 per month; QL(0.8 EA daily)
Antimalarials		
<i>chloroquine phosphate TABS</i>	1	
<i>hydroxychloroquine sulfate 200 MG</i>	1	
<i>mefloquine hcl</i>	1	QL(6 EA per fill retail; 6 per fill mail)
<i>primaquine phosphate TABS</i>	1	
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 EA daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	3	SP; PA
<i>pyridostigmine bromide SOLN PO</i>	1	PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	1	
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin CAPS</i>	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC
LEUKERAN	2	AC
<i>melphalan</i>	1	AC
MYLERAN TABS	2	AC
<i>temozolomide CAPS</i>	1	SP; AC
Antimetabolites		
<i>capecitabine</i>	1	SP; AC
<i>mercaptopurine SUSP 2000 MG/100ML</i>	1	AL(Up to 13 yrs old); AC
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
ONUREG TABS	3	SP; AC; PA
TABLOID	3	SP; AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN PO	3	AC; PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	3	SP; AC; PA
LENVIMA (10 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA
LENVIMA (12 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA
LENVIMA (14 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA
LENVIMA (18 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA
LENVIMA (20 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA
LENVIMA (24 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (4 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA	<i>letrozole</i>	1	AC
LENVIMA (8 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	SP; PA
Antineoplastic - Anti-HER2 Agents			LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG	3	SP; PA
TUKYSA	3	SP; AC; PA	LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	2	SP; PA
Antineoplastic - BCL-2 Inhibitors			LUPRON DEPOT (3-MONTH) KIT IM	3	SP; PA
VENCLEXTA STARTING PACK TBPK	3	SP; AC; PA	LYSODREN	2	SP; AC
VENCLEXTA TABS 10 MG	3	QL(2 EA daily); SP; AC; PA	<i>megestrol acetate SUSP</i>	1	AC
VENCLEXTA TABS 50 MG	3	SP; AC; PA	<i>megestrol acetate TABS</i>	1	AC
VENCLEXTA TABS 100 MG	3	QL(4 EA daily); SP; AC; PA	<i>nilutamide</i>	1	AC
Antineoplastic - EGFR Inhibitors			NUBEQA	3	SP; AC; PA
<i>erlotinib hcl</i>	1	SP; AC; PA	<i>tamoxifen citrate TABS</i>	1	PV; AC
<i>gefitinib</i>	1	SP; AC; PA	<i>toremifene citrate</i>	1	AC
GILOTRIF	3	SP; AC; PA	XTANDI CAPS	3	SP; AC; PA
TAGRISSO	3	SP; AC; PA	XTANDI TABS	3	SP; AC; PA
VIZIMPRO	3	SP; AC; PA	YONSA	3	SP; AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors			Antineoplastic - Immunomodulators		
DAURISMO	3	SP; PA	POMALYST	3	SP; AC; PA
ERIVEDGE	3	SP; AC; PA	Antineoplastic - PDGFR-alpha Inhibitors		
ODOMZO	3	SP; AC; PA	AYVAKIT	3	QL(1 EA daily); SP; PA
Antineoplastic - Hormonal and Related Agents			AYVAKIT	3	QL(1 EA daily); SP; AC; PA
(Abiraterone Acetate) ABIRTEGA 250 MG	1	SP; AC; PA	Antineoplastic - XPO1 Inhibitors		
<i>abiraterone acetate</i>	1	SP; AC; PA	XPOVIO (100 MG ONCE WEEKLY) 50 MG	3	SP; AC; PA
<i>anastrozole</i>	1	QL(1 EA daily); PV; AC	XPOVIO (40 MG ONCE WEEKLY) 40 MG	3	SP; AC; PA
<i>bicalutamide</i>	1	QL(1 EA daily); AC	XPOVIO (40 MG TWICE WEEKLY) 40 MG	3	SP; AC; PA
ELIGARD KIT SC 7.5 MG	3	SP; PA	XPOVIO (60 MG ONCE WEEKLY) 60 MG	3	SP; AC; PA
EMCYT	2	SP; AC	XPOVIO (60 MG TWICE WEEKLY)	3	SP; PA
ERLEADA	3	SP; AC; PA	XPOVIO (80 MG ONCE WEEKLY) 40 MG	3	SP; AC; PA
EULEXIN	2	AC			
<i>exemestane</i>	1	PV; AC			

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Drug Name	Drug Tier	Requirements/ Limits
XPOVIO (80 MG TWICE WEEKLY)	3	SP; PA
Antineoplastic Combinations		
INQOVI	3	SP; PA
KISQALI FEMARA (200 MG DOSE)	2	SP; AC; PA
KISQALI FEMARA (400 MG DOSE)	2	SP; AC; PA
KISQALI FEMARA (600 MG DOSE)	2	SP; AC; PA
LONSURF	3	SP; AC; PA
Antineoplastic Enzyme Inhibitors		
(Everolimus) TORPENZ TABS	1	QL(1 EA daily); SP; AC; PA
ALECENSA	3	SP; AC; PA
ALUNBRIG TABS	3	SP; AC; PA
ALUNBRIG TBPK	3	SP; AC; PA
BALVERSA	3	SP; AC; PA
BOSULIF CAPS	3	SP; AC; PA
BOSULIF TABS	3	SP; AC; PA
BRAFTOVI 75 MG	3	SP; AC; PA
BRUKINSA	3	SP; AC; PA
CABOMETYX TABS 40 MG	3	QL(2 EA daily); SP; AC; PA
CABOMETYX TABS 20 MG, 60 MG	3	QL(1 EA daily); SP; AC; PA
CALQUENCE	3	QL(2 EA daily); SP; AC; PA
CAPRELSA	3	SP; AC
COMETRIQ (100 MG DAILY DOSE) KIT	3	SP; AC
COMETRIQ (140 MG DAILY DOSE) KIT	3	SP; AC
COMETRIQ (60 MG DAILY DOSE) KIT	3	SP; AC
COPIKTRA	3	SP; AC; PA
COTELLIC	3	SP; AC; PA
<i>dasatinib</i>	1	SP; AC; PA
<i>everolimus TABS</i>	1	QL(1 EA daily); SP; AC; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>everolimus TBSO</i>	1	QL(1 EA daily); SP; AC; PA
IBRANCE CAPS	3	SP; AC; PA
IBRANCE TABS	3	SP; AC; PA
ICLUSIG	3	QL(1 EA daily); SP; AC; PA
IDHIFA	3	SP; AC; PA
<i>imatinib mesylate TABS 400 MG</i>	1	QL(2 EA daily); SP; AC; PA
<i>imatinib mesylate TABS 100 MG</i>	1	QL(3 EA daily); SP; AC; PA
IMBRUVICA CAPS 70 MG	3	QL(1 EA daily); SP; AC; PA
IMBRUVICA CAPS 140 MG	3	QL(3 EA daily); SP; AC; PA
IMBRUVICA SUSP	3	QL(8 ML daily); SP; AC; PA
IMBRUVICA TABS	3	QL(1 EA daily); SP; AC; PA
INREBIC	3	SP; AC; PA
JAKAFI	3	QL(2 EA daily); SP; AC
KISQALI (200 MG DOSE)	2	QL(1 EA daily); SP; AC; PA
KISQALI (400 MG DOSE)	2	QL(1 EA daily); SP; AC; PA
KISQALI (600 MG DOSE)	2	QL(1 EA daily); SP; AC; PA
KOSELUGO	3	SP; PA
<i>lapatinib ditosylate</i>	1	SP; AC; PA
LORBRENA	3	SP; AC; PA
LUMAKRAS 120 MG, 240 MG	3	QL(2 EA daily); SP; PA
LUMAKRAS 320 MG	3	QL(3 EA daily); SP; PA
LYNPARZA TABS	3	QL(4 EA daily); SP; AC; PA
MEKINIST TABS	3	SP; AC; PA
MEKTOVI	3	SP; AC; PA
NERLYNX	3	SP; AC; PA
<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	1	SP; AC; PA

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NINLARO	3	QL(0.1 EA daily); SP; AC; PA
<i>pazopanib hcl</i>	1	SP; AC; PA
PIQRAY (200 MG DAILY DOSE)	3	SP; PA
PIQRAY (250 MG DAILY DOSE)	3	SP; PA
PIQRAY (300 MG DAILY DOSE)	3	SP; PA
QINLOCK	3	SP; AC; PA
RETEVMO CAPS	3	SP; AC; PA
RUBRACA	3	SP; AC; PA
RYDAPT	3	SP; AC; PA
<i>sorafenib tosylate</i>	1	SP; AC; PA
STIVARGA	3	SP; AC; PA
<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	1	QL(1 EA daily); SP; AC; PA
<i>sunitinib malate 25 MG</i>	1	SP; AC; PA
TABRECTA	3	SP; AC; PA
TAFINLAR CAPS	3	SP; AC; PA
TAFINLAR TBSO	3	SP; AC; PA
TALZENNA	3	SP; AC; PA
TAZVERIK	3	SP; PA
TIBSOVO	3	SP; PA
VERZENIO	3	QL(2 EA daily); SP; AC; PA
VITRAKVI CAPS	3	SP; PA
VITRAKVI SOLN	3	SP; PA
VOTRIENT	3	SP; AC; PA
XALKORI CAPS	3	SP; AC; PA
XOSPATA	3	SP; PA
ZEJULA CAPS	3	SP; AC; PA
ZEJULA TABS	3	SP; PA
ZELBORAF	3	SP; AC; PA
ZOLINZA	3	SP; AC; PA
ZYDELIG	3	SP; AC; PA
ZYKADIA TABS	3	SP; AC; PA
Antineoplastics Misc.		

Drug Name	Drug Tier	Requirements/ Limits
ACTIMMUNE 100 MCG/0.5ML	3	SP; PA
<i>bexarotene</i>	1	SP; AC; PA
<i>hydroxyurea</i>	1	AC
MATULANE	3	SP; AC
<i>tretinoin (chemotherapy)</i>	1	SP; AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium TABS</i>	1	AC
<i>mesna TABS</i>	1	SP; AC
MESNEX TABS	3	SP; AC
Mitotic Inhibitors		
<i>etoposide CAPS</i>	1	SP; AC
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	3	SP; AC; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1	
<i>tolcapone</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>amantadine hcl TABS</i>	1	
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa TABS</i>	1	
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 EA daily)
<i>carbidopa-levodopa TBDP</i>	1	
DHIVY TABS	2	
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
NEUPRO	3	
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 EA daily)
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 EA daily)
<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</i>	1	
<i>pramipexole dihydrochloride TB24 3 MG</i>	1	QL(1 EA daily)
<i>ropinirole hydrochloride TABS</i>	1	
<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 EA daily)
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	
RYTARY CPCR	3	QL(10 EA daily); PA
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl CAPS</i>	1	QL(2 EA daily)
<i>selegiline hcl TABS</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
XADAGO	3	PA
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 EA daily)
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
Antipsychotics - Misc.		
EQUETRO	3	
<i>lurasidone hcl</i>	1	
NUPLAZID CAPS	3	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	3	QL(1 EA daily); PA
VRAYLAR CAPS	3	
VRAYLAR CPPK	3	
<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 EA daily)
Benzisoxazoles		
<i>paliperidone</i>	1	
<i>risperidone SOLN</i>	1	
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
<i>risperidone TABS 3 MG</i>	1	QL(2 EA daily)
<i>risperidone TBDP</i>	1	
Butyrophenones		
<i>haloperidol lactate CONC</i>	1	
<i>haloperidol TABS</i>	1	
Dibenzapines		

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Drug Name	Drug Tier	Requirements/ Limits
<i>asenapine maleate</i>	1	
<i>clozapine TABS</i>	1	
<i>clozapine TBDP</i>	1	
<i>loxapine succinate</i>	1	
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 EA daily)
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
<i>olanzapine TBDP</i>	1	
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1	
<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 EA daily)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 EA daily)
<i>quetiapine fumarate TB24</i>	1	
VERSACLOZ SUSP	3	QL(18 ML daily)
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 EA daily)
<i>chlorpromazine hcl TABS</i>	1	
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	QL(2 EA daily)
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>thioridazine hcl 50 MG</i>	1	QL(4 EA daily)
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		
<i>aripiprazole SOLN PO</i>	1	
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
<i>aripiprazole TABS 15 MG</i>	1	QL(2 EA daily)
<i>aripiprazole TABS 20 MG</i>	1	QL(1 EA daily)
<i>aripiprazole TBDP</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
REXULTI	3	
Thioxanthenes		
<i>thiothixene</i>	1	
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde SOLN 10 %</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate TABS</i>	1	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
APTIVUS CAPS	2	
<i>atazanavir sulfate CAPS</i>	1	
BIKTARVY	2	
CIMDUO	2	
<i>darunavir TABS</i>	1	
DELSTRIGO	2	
DESCOVY 120 MG-15 MG	2	
DESCOVY 200 MG-25 MG	5	PV
DOVATO	2	
EDURANT	2	
<i>efavirenz CAPS</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 EA daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>efavirenz TABS</i>	1	
<i>emtricitabine CAPS</i>	1	
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 EA daily)	RUKOBIA	3	
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	QL(1 EA daily); PV	SELZENTRY SOLN	2	
<i>etravirine</i>	1		STRIBILD	2	
EVOTAZ	2		SYMTUZA	2	
<i>fosamprenavir calcium TABS</i>	1		<i>tenofovir disoproxil fumarate TABS</i>	1	
FUZEON SOLR	3	SP; PA	TIVICAY TABS	2	
GENVOYA	2		TRIUMEQ PD TBSO	2	
INTELENCE 25 MG	2		TRIUMEQ TABS	2	
ISENTRESS HD TABS	2		TYBOST	2	
ISENTRESS CHEW	2		VIRACEPT TABS	2	
ISENTRESS PACK	2		VIREAD TABS 150 MG, 200 MG, 250 MG	2	
ISENTRESS TABS	2		<i>zidovudine CAPS</i>	1	
JULUCA	2		<i>zidovudine SYRP</i>	1	
KALETRA SOLN	2		<i>zidovudine TABS</i>	1	
<i>lamivudine SOLN</i>	1		Antiviral Combinations		
<i>lamivudine TABS</i>	1		MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
<i>lamivudine-zidovudine</i>	1		PAXLOVID (150/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
<i>lopinavir-ritonavir SOLN</i>	1		PAXLOVID (300/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
<i>lopinavir-ritonavir TABS</i>	1		CMV Agents		
<i>maraviroc TABS</i>	1		<i>valganciclovir hcl SOLR</i>	1	QL(21 ML daily)
<i>nevirapine TABS</i>	1		<i>valganciclovir hcl TABS</i>	1	
<i>nevirapine TB24 400 MG</i>	1		Hepatitis Agents		
NORVIR CAPS	2		<i>adefovir dipivoxil</i>	1	
NORVIR PACK	3		<i>entecavir TABS</i>	1	
ODEFSEY	2		EPCLUSA PACK	2	SP; PA
PIFELTRO	2				
PREZCOBIX	2				
PREZISTA SUSP	2				
PREZISTA TABS 75 MG, 150 MG	2				
REYATAZ PACK	2				
<i>ritonavir TABS</i>	1				

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Drug Name	Drug Tier	Requirements/ Limits
EPCLUSA TABS	2	SP; PA
EPCLUSA TABS	2	SP; PA
<i>lamivudine (hbv) TABS</i>	1	
MAVYRET TABS	3	SP; PA
PEGASYS SOLN	3	SP; PA
<i>ribavirin (hepatitis c) CAPS</i>	1	SP; PA
VEMLIDY	3	SP; ST
VOSEVI	2	SP; PA
Herpes Agents		
<i>acyclovir CAPS</i>	1	
<i>acyclovir SUSP</i>	1	
<i>acyclovir TABS PO 400 MG</i>	1	
<i>acyclovir TABS PO 800 MG</i>	1	QL(5 EA daily)
<i>famciclovir</i>	1	
<i>valacyclovir hcl 1 GM</i>	1	QL(4 EA daily)
<i>valacyclovir hcl 500 MG</i>	1	QL(8 EA daily)
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1	QL(10 EA per fill retail)
<i>oseltamivir phosphate SUSP</i>	1	QL(125 ML per 5 day(s) retail)
RELENZA DISKHALER	3	QL(0.67 EA daily)
<i>rimantadine hydrochloride TABS</i>	1	
Misc. Antivirals		
LAGEVRIO	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
BETA BLOCKERS - Drugs to Treat High Blood Pressure		

Drug Name	Drug Tier	Requirements/ Limits
Alpha-Beta Blockers		
<i>carvedilol 3.125 MG</i>	1	QL(2 EA daily)
<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1	
<i>carvedilol phosphate</i>	1	
<i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 EA daily)
<i>metoprolol succinate TB24</i>	1	
<i>metoprolol tartrate TABS</i>	1	
<i>nebivolol hcl</i>	1	
Beta Blockers Non-Selective		
HEMANGEOL SOLN PO	3	SP; PA
INDERAL XL	3	
INNOPRAN XL	3	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	
<i>pindolol TABS</i>	1	
<i>propranolol hcl CP24</i>	1	
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	
<i>propranolol hcl TABS</i>	1	
<i>sotalol hcl (afib/af)</i>	1	
<i>sotalol hcl TABS</i>	1	
<i>timolol maleate TABS 10 MG</i>	1	QL(6 EA daily)
<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 EA daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		

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Drug Name	Drug Tier	Requirements/ Limits
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
(Diltiazem Hcl) DILT-XR CP24	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 EA daily)
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>diltiazem hcl coated beads CP24</i>	1	QL(1 EA daily)
<i>diltiazem hcl extended release beads</i>	1	
<i>diltiazem hcl CP12</i>	1	
<i>diltiazem hcl CP24</i>	1	
<i>diltiazem hcl TABS</i>	1	
<i>diltiazem hcl TB24</i>	1	
<i>felodipine 2.5 MG, 5 MG</i>	1	
<i>felodipine 10 MG</i>	1	QL(1 EA daily)
<i>isradipine CAPS</i>	1	
<i>nicardipine hcl CAPS</i>	1	
<i>nifedipine CAPS</i>	1	
<i>nifedipine TB24</i>	1	QL(1 EA daily)
<i>nimodipine CAPS</i>	1	
<i>nimodipine SOLN</i>	1	
<i>nisoldipine</i>	1	
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
<i>verapamil hcl CP24 180 MG</i>	1	QL(2 EA daily)
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR 120 MG</i>	1	
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 EA daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1	
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1	PA
ENTRESTO CPSP	3	QL(2 EA daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
<i>sacubitril-valsartan TABS</i>	1	QL(2 EA daily); PA
Impotence Agents		
<i>sildenafil citrate</i>	1	QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
<i>tadalafil 2.5 MG</i>	1	QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA
Prostaglandin Vasodilators		

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Drug Name	Drug Tier	Requirements/ Limits
ORENITRAM MONTH 1 TEPK	3	SP; PA
ORENITRAM MONTH 2 TEPK	3	SP; PA
ORENITRAM MONTH 3 TEPK	3	SP; PA
ORENITRAM TBCR	3	SP; PA
TYVASO DPI INSTITUTIONAL KIT POWD	3	QL(4 EA daily); SP; PA
TYVASO DPI MAINTENANCE KIT POWD	3	QL(4 EA daily); SP; PA
TYVASO DPI TITRATION KIT POWD	3	QL(9 EA daily); SP; PA
TYVASO DPI TITRATION KIT POWD	3	QL(7 EA daily); SP; PA
TYVASO REFILL KIT SOLN IN	3	SP; PA
TYVASO STARTER KIT SOLN IN	3	SP; PA
TYVASO SOLN IN	3	SP; PA
VENTAVIS IN	3	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	QL(1 EA daily); SP; PA
<i>bosentan TABS</i>	1	SP; PA
<i>bosentan TBSO 32 MG</i>	1	SP; PA
OPSUMIT	3	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	1	QL(2 EA daily); SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	QL(3 EA daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>tadalafil (pulmonary hypertension) TABS</i>	1	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	3	SP; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	3	QL(2 EA daily); SP; PA
UPTRAVI TABS 200 MCG	3	SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	3	SP; PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ML daily); SP; ST
<i>ivabradine hcl TABS</i>	1	QL(2 EA daily); ST
Transthyretin Stabilizers		
VYNDAMAX	3	QL(1 EA daily); SP; PA
VYNDAQEL	3	QL(4 EA daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cephalexin CAPS</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	3	
<i>cefaclor CAPS</i>	1	

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<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV
<i>cefprozil SUSR</i>	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV
<i>cefprozil TABS</i>	1		(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV
<i>cefuroxime axetil TABS</i>	1		(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG	5	PV
Cephalosporins - 3rd Generation			(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG	5	PV
<i>cefdinir CAPS</i>	1		(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV
<i>cefdinir SUSR</i>	1				
<i>cefixime CAPS</i>	1				
<i>cefixime SUSR</i>	1				
<i>cefpodoxime proxetil SUSR</i>	1				
<i>cefpodoxime proxetil TABS</i>	1				
SUPRAX CHEW	3				
SUPRAX SUSR 500 MG/5ML	3				
CONTRACEPTIVES - Drugs to Prevent Pregnancy					
Combination Contraceptives - Oral					
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV			
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV			
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV			
(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	5	PV			

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(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAX, MINZOYA	5	PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	5	PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS	5	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSSE	5	PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	5	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSSE 0.03 MG-0.15 MG	5	PV			

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(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	5	PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.4 MG	5	PV
			(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.5 MG	5	PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	PV	(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE	5	PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	PV	(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-1 MG	5	PV	(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG	5	PV
			(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG	5	PV

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(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS	5	PV	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTec 28, VYLIBRA	5	PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG	5	PV	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINest, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	5	PV	<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7	5	PV	<i>drospirenone-ethinyl estradiol</i>	5	PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	5	PV	<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	PV
			<i>ethynodiol diacet & eth estrad</i>	5	PV
			<i>levonorgestrel & eth estradiol TABS</i>	5	PV
			<i>levonorgestrel-eth estradiol (triphasic)</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol-iron</i>	5	PV
			LO LOESTRIN FE TABS	5	PV
			NATAZIA	5	PV
			NEXTSTELLIS	5	PV
			<i>norethin acet & estrad-fe CAPS</i>	5	PV
			<i>norethin acet & estrad-fe CHEW</i>	5	PV
			<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	PV
			<i>norethindrone & ethinyl estradiol-fe</i>	5	PV

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<i>norethindrone acet & eth estra TABS</i>	5	PV
<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	PV
<i>norgestimate-ethinyl estradiol</i>	5	PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV
TYBLUME CHEW	5	PV
Combination Contraceptives - Transdermal		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV
<i>norelgestromin-ethinyl estradiol</i>	5	PV
TWIRLA	5	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV
ANNOVERA	5	PV
<i>etonogestrel-ethinyl estradiol</i>	5	PV
Emergency Contraceptives		
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	PV
ELLA	5	PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV
Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/ Limits
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL	5	PV
<i>norethindrone (contraceptive)</i>	5	PV
OPILL	5	PV
SLYND	5	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPk	1	
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPk	1	
(Prednisolone) MILLIPRED TABS	1	
AGAMREE	3	SP; PA
<i>budesonide CPEP</i>	1	QL(3 EA daily)
<i>budesonide TB24</i>	1	PA
CORTISONE ACETATE TABS	2	
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
<i>dexamethasone TBPk</i>	1	

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<i>hydrocortisone TABS</i>	1		(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
MEDROL TABS	2		(Guaifenesin-Codeine) GUAIFENESIN AC SYRP	1	
<i>methylprednisolone TABS</i>	1		(Promethazine & Phenylephrine) PROMETHAZINE VC SYRP	1	QL(30 ML daily)
<i>methylprednisolone TBPk</i>	1		(Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE	1	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML</i>	1		(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
<i>prednisolone sodium phosphate TBPk</i>	1		CODITUSSIN AC LIQD	3	
<i>prednisolone TABS</i>	1		<i>guaifenesin-codeine SOLN</i>	1	
PREDNISONE INTENSOL CONC	2		<i>hydrocodone polistirex-chlorpheniramine polistirex SUEP</i>	1	
<i>prednisone SOLN</i>	1		<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ML daily)
<i>prednisone TABS 1 MG, 2.5 MG, 5 MG, 10 MG, 20 MG</i>	1		<i>promethazine w/codeine SOLN</i>	1	QL(30 ML daily)
<i>prednisone TBPk</i>	1		<i>promethazine w/codeine SYRP</i>	1	QL(30 ML daily)
Mineralocorticoids			<i>promethazine-dm SYRP</i>	1	QL(30 ML daily)
<i>fludrocortisone acetate TABS</i>	1		PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1	
Antitussives			Expectorants		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1		<i>potassium iodide (expectorant) SOLN</i>	1	
<i>benzonatate</i>	1		Misc. Respiratory Inhalants		
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1				
<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1				
Cough/Cold/Allergy Combinations					

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(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1		(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1		(Tretinoin) AVITA CREA 0.025 %	1	
NEBUSAL NEBU	2		<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	1	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %</i>	1		<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)
Mucolytics			<i>adapalene CREA</i>	1	Limited 45gms per month; QL(1.5 GM daily)
<i>acetylcysteine SOLN</i>	1		<i>adapalene GEL 0.3 %</i>	1	QL(45 GM per fill retail; 135 per fill mail)
DERMATOLOGICALS - Drugs to Treat Skin Conditions			<i>adapalene GEL 0.1 %</i>	1	Limited 45gms per month; QL(1.5 GM daily); RX/OTC
Acne Products			<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 GM daily)
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE, GNP ADAPALENE GEL 0.1 %	1	Limited 45gms per month; QL(1.5 GM daily); RX/OTC	<i>clindamycin phosphate (topical) FOAM</i>	1	
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	1		<i>clindamycin phosphate (topical) GEL</i>	1	
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1		<i>clindamycin phosphate (topical) LOTN</i>	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1		<i>clindamycin phosphate (topical) SOLN</i>	1	
(Erythromycin (Acne Aid)) ERY PADS	1		<i>clindamycin phosphate (topical) SWAB</i>	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG, 20 MG, 30 MG, 40 MG	1	QL(2 EA daily)	<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	1		<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1	
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1		<i>clindamycin phosphate-tretinoin</i>	1	QL(1 GM daily)
			<i>dapsone (topical) 7.5 %</i>	1	QL(2 GM daily)

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<i>dapsone (topical) 5 %</i>	1	PA	<i>gentamicin sulfate (topical) CREA</i>	1	
DIFFERIN LOTN	2	Limit 59mls per month; QL(1.97 ML daily)	<i>gentamicin sulfate (topical) OINT</i>	1	
<i>erythromycin (acne aid) GEL</i>	1		<i>mupirocin OINT</i>	1	
<i>erythromycin (acne aid) SOLN</i>	1		NEO-SYNALAR	3	
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 GM daily)	Antifungals - Topical		
<i>isotretinoin</i>	1	QL(2 EA daily)	(Ciclopirox) CICLODAN SOLN	1	
<i>sulfacetamide sodium (acne)</i>	1		(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1	
<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1		(Ketoconazole (Topical)) KETODAN FOAM	1	
<i>sulfacetamide sodium w/ sulfur LOTN</i>	1		(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
SULFACETAMIDE-SULFUR IN UREA EMUL	3		<i>ciclopirox olamine CREA</i>	1	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)	<i>ciclopirox olamine SUSP</i>	1	
<i>tretinoin microsphere 0.04 %</i>	1	Limit 50gms per month; QL(1.7 GM daily)	<i>ciclopirox GEL</i>	1	
<i>tretinoin microsphere 0.1 %</i>	1	QL(1.7 GM daily)	<i>ciclopirox SHAM</i>	1	
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1		<i>ciclopirox SOLN</i>	1	
<i>tretinoin GEL 0.05 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)	<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 1 tube per month; QL(1.5 GM daily)
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1		<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ML daily)
Agents for External Genital and Perianal Warts			<i>econazole nitrate CREA</i>	1	
VEREGEN	3	QL(30 GM per fill retail)	<i>iodoquinol-hydrocortisone in aloe vehicle</i>	1	
Antibiotics - Topical			<i>ketoconazole (topical) CREA</i>	1	QL(2 GM daily)
ALTABAX	3		<i>ketoconazole (topical) FOAM</i>	1	
			<i>ketoconazole (topical) SHAM 2 %</i>	1	
			<i>naftifine hcl CREA</i>	1	
			<i>naftifine hcl GEL 2 %</i>	1	
			NAFTIN GEL 1 %	3	
			<i>nystatin (topical) CREA</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin (topical) OINT</i>	1		Topical		
<i>nystatin (topical) POWD EX</i>	1		<i>bexarotene (topical)</i>	1	SP; PA
<i>nystatin-triamcinolone CREA</i>	1		<i>diclofenac sodium (actinic keratoses) EX</i>	1	PA
<i>nystatin-triamcinolone OINT</i>	1		<i>fluorouracil (topical) CREA 0.5 %</i>	1	QL(1 GM daily)
<i>oxiconazole nitrate CREA</i>	1		<i>fluorouracil (topical) CREA 5 %</i>	1	
OXISTAT LOTN	3		<i>fluorouracil (topical) SOLN</i>	1	
<i>sulconazole nitrate CREA</i>	1		PANRETIN	3	PA
<i>sulconazole nitrate SOLN</i>	1		VALCHLOR	3	SP; PA
Anti-inflammatory Agents - Topical			Antipruritics - Topical		
(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC	<i>doxepin hcl (antipruritic)</i>	1	QL(3 GM daily)
			Antipsoriatics		
			(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)
			<i>acitretin 25 MG</i>	1	QL(2 EA daily)
			<i>acitretin 17.5 MG</i>	1	
			<i>acitretin 10 MG</i>	1	QL(1 EA daily)
			<i>calcipotriene CREA</i>	1	QL(5 GM daily)
			CALCIPOTRIENE FOAM	3	PA
			<i>calcipotriene OINT</i>	1	QL(5 GM daily)
			<i>calcipotriene SOLN</i>	1	
			<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.4 GM daily)
			COSENTYX (300 MG DOSE) SOSY	3	QL(0.72 ML daily); SP; PA
			COSENTYX SENSOREADY (300 MG) SOAJ	3	QL(0.72 ML daily); SP; PA
			COSENTYX SENSOREADY PEN SOAJ	3	QL(0.72 ML daily); SP; PA
			COSENTYX UNOREADY SOAJ	3	QL(0.72 ML daily); SP; PA
			COSENTYX SOSY 75 MG/0.5ML	3	QL(0.18 ML daily); SP; PA
Antineoplastic or Premalignant Lesion Agents -					

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COSENTYX SOSY 150 MG/ML	3	QL(0.036 ML daily); SP; PA	Burn Products		
<i>methoxsalen rapid</i>	1		(Silver Sulfadiazine) SSD	1	
SKYRIZI PEN SOAJ	3	Check plan documents for coverage; QL(1 ML per 84 day(s) retail); SP; PA	<i>silver sulfadiazine</i>	1	
SKYRIZI SOSY	3	Check plan documents for coverage; QL(1 ML per 84 day(s) retail); SP; PA	SULFAMYLON CREA	3	
SORILUX FOAM	3	PA	Corticosteroids - Topical		
STELARA SOLN 45 MG/0.5ML	3	SP; PA	(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1	
STELARA SOSY 45 MG/0.5ML	3	QL(0.012 ML daily); SP; PA	(Clobetasol Propionate Emulsion) TOVET	1	
STELARA SOSY 90 MG/ML	3	QL(1 ML per 45 day(s) retail); SP; PA	(Clobetasol Propionate) CLODAN SHAM	1	
<i>tazarotene CREA</i>	1	QL(1 GM daily)	(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	1	
<i>tazarotene GEL</i>	1	QL(1 GM daily)	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1	
TREMFYA ONE-PRESS SOAJ 100 MG/ML	3	QL(0.018 ML daily); SP; PA	<i>alclometasone dipropionate CREA</i>	1	
TREMFYA PEN SOAJ 100 MG/ML	3	QL(0.018 ML daily); SP; PA	<i>alclometasone dipropionate OINT</i>	1	
TREMFYA SOSY 100 MG/ML	3	QL(0.018 ML daily); SP; PA	APEXICON E CREA	2	
Antiseborrheic Products			<i>betamethasone dipropionate (topical) CREA</i>	1	
OVACE PLUS LOTN	3		<i>betamethasone dipropionate (topical) LOTN</i>	1	
<i>selenium sulfide LOTN 2.5 %</i>	1		<i>betamethasone dipropionate (topical) OINT</i>	1	
SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	3		<i>betamethasone dipropionate augmented CREA</i>	1	
<i>sulfacetamide sodium LIQD</i>	1		<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	
Antivirals - Topical			<i>betamethasone dipropionate augmented LOTN</i>	1	
<i>acyclovir topical CREA</i>	1				
<i>acyclovir topical OINT</i>	1	QL(1 GM daily)			

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<i>betamethasone dipropionate augmented OINT</i>	1		<i>desonide OINT</i>	1	
<i>betamethasone valerate CREA</i>	1		<i>desoximetasone CREA</i>	1	
<i>betamethasone valerate FOAM</i>	1		<i>desoximetasone GEL</i>	1	
<i>betamethasone valerate LOTN</i>	1		<i>desoximetasone LIQD</i>	1	ST
<i>betamethasone valerate OINT</i>	1		<i>desoximetasone OINT</i>	1	
<i>calcipotriene-betamethasone dipropionate OINT</i>	1	QL(2 GM daily)	<i>diflorasone diacetate CREA</i>	1	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	QL(2 GM daily); ST	<i>diflorasone diacetate OINT</i>	1	
<i>clobetasol propionate emollient base 0.05 %</i>	1		EPIFOAM FOAM	3	
<i>clobetasol propionate emulsion</i>	1		<i>fluocinolone acetonide CREA</i>	1	
<i>clobetasol propionate CREA 0.05 %</i>	1		<i>fluocinolone acetonide OIL</i>	1	
<i>clobetasol propionate FOAM</i>	1		<i>fluocinolone acetonide OINT</i>	1	
<i>clobetasol propionate GEL 0.05 %</i>	1		<i>fluocinolone acetonide SOLN</i>	1	
<i>clobetasol propionate LIQD</i>	1		<i>fluocinonide emulsified base</i>	1	
<i>clobetasol propionate LOTN</i>	1		<i>fluocinonide CREA</i>	1	
<i>clobetasol propionate OINT 0.05 %</i>	1		<i>fluocinonide GEL</i>	1	
<i>clobetasol propionate SHAM</i>	1		<i>fluocinonide OINT</i>	1	
<i>clobetasol propionate SOLN 0.05 %</i>	1		<i>fluocinonide SOLN</i>	1	
<i>clocortolone pivalate</i>	1		<i>flurandrenolide CREA</i>	1	
CORDRAN TAPE	3		<i>fluticasone propionate CREA 0.05 %</i>	1	
<i>desonide CREA</i>	1		<i>fluticasone propionate LOTN</i>	1	
<i>desonide GEL</i>	1		<i>fluticasone propionate OINT</i>	1	
<i>desonide LOTN</i>	1		<i>halobetasol propionate CREA</i>	1	
			<i>halobetasol propionate OINT</i>	1	
			<i>hydrocortisone (topical) CREA 2.5 %</i>	1	
			<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	1	
			<i>hydrocortisone (topical) OINT 2.5 %</i>	1	

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<i>hydrocortisone (topical) SOLN 2.5 %</i>	1		DUPIXENT SOSY 300 MG/2ML	3	QL(0.29 ML daily); SP; PA
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1		Emollient/Keratolytic Agents		
<i>hydrocortisone butyrate CREA</i>	1		(Urea) CEROVEL LOTN 40 %	1	
<i>hydrocortisone butyrate OINT</i>	1		(Urea) UREA NAIL GEL 45 %	1	
<i>hydrocortisone butyrate SOLN</i>	1		<i>urea LOTN 40 %</i>	1	
<i>hydrocortisone valerate CREA</i>	1		Emollients		
<i>hydrocortisone valerate OINT</i>	1		<i>lactic acid (ammonium lactate) CREA</i>	1	RX/OTC
LOCOID LIPOCREAM	3		Enzymes - Topical		
<i>mometasone furoate CREA</i>	1		SANTYL OINT	3	
<i>mometasone furoate OINT</i>	1		Immunomodulating Agents - Topical		
<i>mometasone furoate SOLN</i>	1		<i>imiquimod 5 %</i>	1	
PRAMOSONE LOTN	3		Immunosuppressive Agents - Topical		
PRAMOSONE OINT	3		<i>pimecrolimus</i>	1	QL(2 GM daily)
<i>triamcinolone acetonide (topical) AERS</i>	1		<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 GM daily); AL(At least 15 yrs old)
<i>triamcinolone acetonide (topical) CREA</i>	1		<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 GM daily); AL(At least 2 yrs old)
<i>triamcinolone acetonide (topical) LOTN</i>	1		Keratolytic/Antimitotic/Vesicant Agents		
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1		(Salicylic Acid) KERALYT SHAM 6 %	1	
Eczema Agents			PODOCON-25 SOLN	3	
DUPIXENT SOAJ 300 MG/2ML	3	QL(0.29 ML daily); SP; PA	<i>podofilox GEL</i>	1	
DUPIXENT SOAJ 200 MG/1.14ML	3	QL(0.082 ML daily); SP; PA	<i>podofilox SOLN</i>	1	
DUPIXENT SOSY 100 MG/0.67ML	3	QL(0.048 ML daily); SP; PA	<i>salicylic acid SHAM 6 %</i>	1	
DUPIXENT SOSY 200 MG/1.14ML	3	QL(0.082 ML daily); SP; PA	SALIMEZ CREA	3	
			SALYCIM CREA	3	
			Local Anesthetics - Topical		
			(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	QL(3 EA daily)

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<i>lidocaine hcl SOLN</i>	1	
<i>lidocaine-prilocaine CREA</i>	1	
<i>lidocaine PTCH 5 %</i>	1	QL(3 EA daily)
PREMIUM SCAR	3	
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 GM daily); PA
Rosacea Agents		
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	1	PA
<i>doxycycline (rosacea)</i>	1	QL(1 EA daily)
FINACEA FOAM	3	
<i>ivermectin (rosacea)</i>	1	QL(1.5 GM daily); PA
<i>metronidazole (topical) CREA</i>	1	
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(1.5 GM daily)
<i>metronidazole (topical) GEL 1 %</i>	1	
<i>metronidazole (topical) LOTN</i>	1	QL(2 ML daily)
RHOFADE	3	PA
Scabicides & Pediculicides		
<i>malathion</i>	1	
<i>permethrin CREA</i>	1	QL(2 GM daily)
<i>spinosad</i>	1	AL(At least 4 yrs old)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		

Drug Name	Drug Tier	Requirements/ Limits
CHEMSTRIP K STRP	2	QL(50 EA per fill retail; 150 per fill mail)
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
FREESTYLE INSULINX TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE LITE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
KETONE TEST STRP	2	QL(50 EA per fill retail; 150 per fill mail)
KETOSTIX STRP	2	QL(50 EA per fill retail; 150 per fill mail)
ONETOUCH ULTRA BLUE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUCH ULTRA TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH VERIO STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
PRECISION XTRA KETONE	2	QL(0.36 EA daily)
RELION KETONE TEST STRP	2	QL(50 EA per fill retail; 150 per fill mail)

DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes

Digestive Enzymes

CREON CPEP	2	
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	

DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

Drug Name	Drug Tier	Requirements/ Limits
Carbonic Anhydrase Inhibitors		
(Dichlorophenamide) ORMALVI	1	SP; PA
<i>acetazolamide CP12</i>	1	QL(2 EA daily)
<i>acetazolamide TABS 250 MG</i>	1	QL(4 EA daily)
<i>acetazolamide TABS 125 MG</i>	1	
<i>dichlorophenamide</i>	1	SP; PA
<i>methazolamide TABS</i>	1	
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 EA daily)
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 EA daily)
Loop Diuretics		
<i>bumetanide TABS 2 MG</i>	1	QL(5 EA daily)
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
<i>ethacrynic acid</i>	1	ST
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	
<i>furosemide TABS</i>	1	
SOAANZ TABS 20 MG	2	
<i>torsemide TABS 100 MG</i>	1	QL(2 EA daily)
<i>torsemide TABS 5 MG, 10 MG, 20 MG</i>	1	
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1	
<i>spironolactone TABS</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>triamterene CAPS</i>	1	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	
DIURIL SUSP	3	
<i>hydrochlorothiazide CAPS</i>	1	
<i>hydrochlorothiazide TABS</i>	1	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium SOLN</i>	1	
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	Limit 4 tabs per month; QL(0.143 EA daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
BINOSTO TBEF	3	QL(0.15 EA daily)
<i>calcitonin (salmon) NA</i>	1	
<i>calcitonin (salmon) IJ</i>	1	PA
<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 EA daily)
PROLIA SOSY	3	SP; PA
<i>risedronate sodium TABS 150 MG</i>	1	Limited to 1 per month; QL(0.04 EA daily)
<i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i>	1	
<i>teriparatide SOPN</i>	3	PA
TYMLOS	3	SP; PA
Fertility Regulators		

Drug Name	Drug Tier	Requirements/ Limits
(Clomiphene Citrate) CLOMID TABS	1	QL(15 EA per fill retail; 15 EA per 30 day(s) retail)
CHORIONIC GONADOTROPIN IM	3	PA
<i>clomiphene citrate TABS</i>	1	QL(15 EA per fill retail; 15 EA per 30 day(s) retail)
FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	3	PA
GONAL-F RFF REDIJECT SOPN 300 UNT/0.48ML, 450 UNT/0.72ML	3	PA
GONAL-F SOLR IJ 450 UNIT	3	PA
MENOPUR SC	3	PA
NOVAREL IM	3	PA
OVIDREL SOSY	3	PA
PREGNYL IM	3	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	3	SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	3	SP; PA
Growth Hormones		
HUMATROPE CART IJ	3	SP; PA
NORDITROPIN FLEXPPO SOPN	3	SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	3	SP; PA
Hormone Receptor Modulators		
OSPHENA	3	QL(1 EA daily)
<i>raloxifene hcl</i>	1	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	3	SP; PA
LHRH/GnRH Agonist Analog Pituitary		

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Drug Name	Drug Tier	Requirements/ Limits
Suppressants		
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	SP; PA
LUPRON DEPOT-PED (1-MONTH) 11.25 MG, 15 MG	3	SP; PA
LUPRON DEPOT-PED (3-MONTH)	3	SP; PA
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR, ZELVYSIA PACK	1	SP
(Sapropterin Dihydrochloride) JAVYGTOR TABS	1	SP
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 EA daily)
<i>calcitriol CAPS 0.25 MCG</i>	1	
<i>calcitriol SOLN PO</i>	1	
<i>cinacalcet hcl</i>	1	SP; PA
<i>doxercalciferol CAPS</i>	1	
GALAFOLD	3	QL(0.5 EA daily); SP; PA
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	
<i>levocarnitine (metabolic modifiers) TABS</i>	1	
MYALEPT	3	SP; PA
<i>nitisinone CAPS</i>	1	SP; PA
ORFADIN SUSP	3	SP; PA
PALYNZIQ	3	SP; PA
<i>paricalcitol CAPS</i>	1	
<i>sapropterin dihydrochloride PACK</i>	1	SP
<i>sapropterin dihydrochloride TABS</i>	1	SP
<i>sodium phenylbutyrate POWD</i>	1	SP
<i>sodium phenylbutyrate TABS</i>	1	SP

Drug Name	Drug Tier	Requirements/ Limits
STRENSIQ	3	SP; PA
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1	
DESMOPRESSIN ACETATE SOLN NA	3	SP
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 EA daily)
<i>desmopressin acetate TABS 0.1 MG</i>	1	
Progesterone Receptor Antagonists		
<i>mifepristone</i>	5	PV
Prolactin Inhibitors		
<i>cabergoline</i>	1	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	1	SP; PA
<i>octreotide acetate SOSY</i>	1	SP; PA
SIGNIFOR	3	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS	1	
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
ANGELIQ	3	
CLIMARA PRO	2	Limit 4 per month; QL(0.14 EA daily)
COMBIPATCH PTTW	3	
DUAVEE	3	
estradiol & norethindrone acetate TABS	1	
norethindrone acetate-ethinyl estradiol	1	
ORIAHNN	3	PA
PREMPHASE	2	QL(1 EA daily)
PREMPRO	2	QL(1 EA daily)
Estrogens		
(Estradiol) DOTI, LYLANA PTTW	1	QL(0.29 EA daily)
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)
ELESTRIN GEL	3	QL(1.74 GM daily)
estradiol valerate	1	QL(5 ML per fill retail)
estradiol GEL	1	Limit 50gms per month; QL(1.67 GM daily)
estradiol GEL	1	
estradiol PTTW	1	QL(0.29 EA daily)
estradiol PTWK	1	Limit 4 per month; QL(0.14 EA daily)
estradiol TABS	1	
EVAMIST SOLN	3	QL(0.27 ML daily)
MENEST 2.5 MG	2	QL(3 EA daily)
MENOSTAR PTWK	3	Limit 4 per month; QL(0.14 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
PREMARIN TABS	2	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
ciprofloxacin hcl TABS	1	
CIPRO SUSR	2	
levofloxacin SOLN PO	1	
levofloxacin TABS	1	QL(14 EA per fill retail)
moxifloxacin hcl TABS	1	
ofloxacin 400 MG	1	QL(28 EA per 90 day(s) retail; 28 EA per 90 days mail)
ofloxacin 300 MG	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	3	QL(1 EA daily); SP; PA
Gallstone Solubilizing Agents		
(Chenodiol) CHENODAL	1	SP; PA
CTEXTI 250 MG	3	SP; PA
ursodiol CAPS	1	
ursodiol TABS	1	
Gastrointestinal Chloride Channel Activators		
lubiprostone	1	
Gastrointestinal Stimulants		
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	1	
metoclopramide hcl TABS	1	
metoclopramide hcl TDP	1	
Inflammatory Bowel Agents		
balsalazide disodium CAPS	1	QL(9 EA daily; 280 EA per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
DIPENTUM	2	
<i>mesalamine CP24</i>	1	QL(4 EA daily); PA
<i>mesalamine CPCR</i>	1	QL(8 EA daily); PA
<i>mesalamine CPDR</i>	1	QL(6 EA daily)
<i>mesalamine ENEM</i>	1	QL(60 ML daily)
<i>mesalamine SUPP</i>	1	QL(1 EA daily)
<i>mesalamine TBEC 800 MG</i>	1	
<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 EA daily)
PENTASA CPCR 500 MG	3	QL(8 EA daily); PA
PENTASA CPCR 250 MG	3	PA
SFROWASA ENEM	2	
SKYRIZI SOCT	3	1 package(s) per fill retail; SP; PA
<i>sulfasalazine TABS</i>	1	QL(8 EA daily)
<i>sulfasalazine TBEC</i>	1	QL(8 EA daily)
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	3	QL(0.072 ML daily); SP; PA
TREMFYA PEN SOAJ SC 200 MG/2ML	3	QL(0.072 ML daily); SP; PA
TREMFYA SOSY SC 200 MG/2ML	3	QL(0.072 ML daily); SP; PA
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1	
LINZESS	2	QL(1 EA daily)
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		
MOVANTIK	3	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
<i>calcium acetate (phosphate binder) CAPS</i>	1	
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
<i>ferric citrate</i>	1	PA
FOSRENOL PACK	3	
<i>lanthanum carbonate CHEW 750 MG</i>	1	QL(4 EA daily)
<i>lanthanum carbonate CHEW 1000 MG</i>	1	QL(3 EA daily)
<i>lanthanum carbonate CHEW 500 MG</i>	1	
<i>sevelamer carbonate PACK 0.8 GM</i>	1	
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 EA daily)
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl 800 MG</i>	1	QL(16 EA daily); PA
<i>sevelamer hcl 400 MG</i>	1	PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	3	SP; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	3	SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
CYTRA-3 SYRP	3	
<i>pot & sod citrates w/citric ac SOLN</i>	1	
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
<i>sodium citrate & citric acid</i>	1	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	3	SP
PROCYSBI CPDR	3	SP
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 EA daily); PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 EA daily)
CARDURA XL	3	
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride</i>	1	QL(1 EA daily); AL(At least 40 yrs old)
<i>silodosin 8 MG</i>	1	QL(1 EA daily)
<i>silodosin 4 MG</i>	1	
<i>tamsulosin hcl</i>	1	QL(2 EA daily)
Urinary Stone Agents		
(Tiopronin) VENXXIVA TBEC	1	SP
LITHOSTAT	3	
<i>tiopronin TABS</i>	1	SP
<i>tiopronin TBEC</i>	1	SP
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		

Drug Name	Drug Tier	Requirements/ Limits
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 100 MG</i>	1	QL(3 EA daily)
<i>allopurinol 300 MG</i>	1	QL(2 EA daily)
<i>colchicine CAPS</i>	1	
<i>colchicine TABS</i>	1	
<i>febuxostat 40 MG</i>	1	QL(2 EA daily)
<i>febuxostat 80 MG</i>	1	QL(1 EA daily)
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE 250 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	3	SP; PA
ADYNOVATE 3000 UNIT	3	SP; PA
BENEFIX KIT	3	SP; PA
ELOCTATE 250 UNIT, 4000 UNIT, 5000 UNIT, 6000 UNIT	3	SP; PA
FEIBA 500 UNIT, 1000 UNIT	3	SP; PA
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML, 300 MG/2ML	3	SP; PA
HEMLIBRA 12 MG/0.4ML	3	SP
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	3	SP; PA
KOVALTRY 250 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	3	SP; PA
NOVOEIGHT 250 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	3	SP; PA
NUWIQ KIT	3	SP; PA

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NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	3	SP; PA	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV
OBIZUR	3	SP; PA	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV
Complement Inhibitors			(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
FABHALTA	3	SP; PA	folic acid TABS 1 MG	1	RX/OTC
HAEGARDA SOLR SC	3	SP; PA	folic acid TABS 400 MCG, 800 MCG	5	PV
Hematorheologic Agents			Hematopoietic Growth Factors		
pentoxifylline	1	QL(3 EA daily)	eltrombopag olamine PACK 12.5 MG, 25 MG	1	QL(1 EA daily); SP; PA
Platelet Aggregation Inhibitors			eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	1	QL(1 EA daily); SP; PA
anagrelide hcl	1		MULPLETA	3	SP; PA
aspirin-dipyridamole	1		NYVEPRIA	3	SP; PA
cilostazol	1	QL(2 EA daily)	RETACRIT 20000 UNIT/ML	3	SP; PA
clopidogrel bisulfate	1	QL(2 EA daily)	RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	3	SP; PA
dipyridamole	1		UDENYCA ONBODY SOSY	3	SP; PA
prasugrel hcl	1		UDENYCA SOAJ	3	SP; PA
ticagrelor 60 MG, 90 MG	1	QL(2 EA daily)			
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders					
Agents for Gaucher Disease					
CERDELGA	3	SP; PA			
Agents for Sick Cell Disease					
DROXIA CAPS	2				
glutamine (sickle cell)	1	SP; PA			
SIKLOS TABS	3	AC; PA			
Folic Acid/Folates					
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV			

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Drug Name	Drug Tier	Requirements/ Limits
UDENYCA SOSY	3	SP; PA
ZARXIO	3	SP; PA
Hematopoietic Mixtures		
FOLIVANE-F	2	
INTEGRA F	2	
IRON FOLATE-F	2	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	1	SP
<i>aminocaproic acid TABS</i>	1	SP
<i>tranexamic acid TABS</i>	1	QL(6 EA daily)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL(1 EA daily)
<i>flurazepam hcl</i>	1	QL(1 EA daily)
<i>midazolam hcl SYRP</i>	1	
<i>temazepam 15 MG</i>	1	QL(2 EA daily)
<i>temazepam 7.5 MG</i>	1	
<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 EA daily)
<i>triazolam 0.125 MG</i>	1	
<i>triazolam 0.25 MG</i>	1	QL(1 EA daily)
<i>zaleplon</i>	1	QL(1 EA daily)
<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)
<i>zolpidem tartrate TBCR</i>	1	QL(1 EA daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 EA daily); ST

Drug Name	Drug Tier	Requirements/ Limits
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	QL(1 EA daily); ST
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBAT	5	PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	5	QL(4000 ML per fill retail); PV
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	5	PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	5	QL(4000 ML per fill retail); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	PV
PEG-PREP	5	QL(1 EA per fill retail); PV
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	1	Limit 528gms per month; QL(17.6 GM daily)	(Bisacodyl) ALOPHEN, BISACODYL EC, CVS C- LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX- WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	5	AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>lactulose SOLN</i>	1				
<i>polyethylene glycol 3350 POWD</i>	1	Limit 528gms per month; QL(17.6 GM daily)			
Stimulant Laxatives			(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, PROCTOZONE-B, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP	5	AL(At least 50 yrs old - Up to 74 yrs old); PV

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<i>bisacodyl SUPP</i>	5	AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>bisacodyl TBEC</i>	5	AL(At least 50 yrs old - Up to 74 yrs old); PV
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	1	
<i>azithromycin SUSR</i>	1	
<i>azithromycin TABS 500 MG</i>	1	QL(3 EA daily)
<i>azithromycin TABS 250 MG</i>	1	QL(6 EA per fill retail)
<i>azithromycin TABS 600 MG</i>	1	QL(10 EA per fill retail)
ZITHROMAX PACK	2	
Clarithromycin		
<i>clarithromycin SUSR</i>	1	
<i>clarithromycin TABS</i>	1	
<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail; 14 per fill mail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	1	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
<i>erythromycin base CPEP</i>	1	
<i>erythromycin base TABS</i>	1	
<i>erythromycin base TBEC</i>	1	
<i>erythromycin ethylsuccinate SUSR</i>	1	
<i>erythromycin ethylsuccinate TABS</i>	1	
Fidaxomicin		

Drug Name	Drug Tier	Requirements/ Limits
<i>fidaxomicin TABS 200 MG</i>	1	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
CAYA DPRH	5	QL(1 EA per 365 day(s) retail); PV
CONDOMS	5	PV
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX TROPICAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED/SPERMICI DE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FC2 FEMALE CONDOM	5	PV
FEMCAP DEVI	5	PV
KAMELEON LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO COLORS DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MAXX-LARGE FLARE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV

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KIMONO MICRO THIN PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	MAXX MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MICRO THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	REALITY LATEX CONDOMS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO PS PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO PS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN ENZ MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SENSATION PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN MAGNUM MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SENSATION MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN ULTRA THIN/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SPECIAL DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN ULTRA THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN-ENZ LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN-ENZ/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
K-Y ME & YOU INTENSE DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUE COVER DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
MAXX PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV

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TRUSTEX LUB/RIBBED/STUDDERED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX-NONNOXYNOL-9/RIB/STUD MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUB/SPERMICIDE EX ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 60	5	PV
TRUSTEX LUB/SPERMICIDE XL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 65	5	PV
TRUSTEX LUBRICATED EX LARGE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 70	5	PV
TRUSTEX LUBRICATED EXTRA ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 75	5	PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 80	5	PV
TRUSTEX LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 85	5	PV
TRUSTEX NATURAL CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 90	5	PV
TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 95	5	PV
TRUSTEX RIA LUB/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	Diabetic Supplies		
TRUSTEX RIA LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	FREESTYLE LITE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUSTEX RIA NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	FREESTYLE PRECISION NEO SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
			ONETOUCH ULTRA 2 KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
			ONETOUCH VERIO FLEX SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
			ONETOUCH VERIO REFLECT KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Parenteral Therapy Supplies			AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
ASSURE ID INSULIN SAFETY SYR	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER MINI CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
BD AUTOSHIELD DUO	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER MV MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	2	QL(6.67 EA daily)	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
BD PEN NEEDLE MINI ULTRAFINE	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	2	QL(6.67 EA daily)	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
BD PEN NEEDLE SHORT ULTRAFINE	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
BD VEO INSULIN SYR U/F 1/2UNIT	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
BD VEO INSULIN SYR ULTRAFINE	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU W/MASK MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
COMFORT EZ INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
DROPLET INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER W/FLOWSIGNAL MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	2	QL(6.67 EA daily); RX/OTC			
GLOBAL EASY GLIDE INSULIN SYR	2	QL(6.67 EA daily); RX/OTC			
POLY HUB NEEDLE	2	RX/OTC			
RELION INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC			
TECHLITE INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC			
Respiratory Therapy Supplies					

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AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	EASIVENT MASK LARGE MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	EASIVENT MASK MEDIUM MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	EASIVENT MASK SMALL MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER2GO ANTI-STATIC DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EASIVENT MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROVENT PLUS DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EASY FLOW BLACK/BLUE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EASY FLOW BLACK/ORANGE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EASY FLOW BLACK/RED DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
BREATHE EASE LARGE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EASY FLOW BLACK/WHITE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
BREATHE EASE MEDIUM DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EASY FLOW BLACK/YELLOW DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
BREATHE EASE SMALL DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EASY FLOW WHITE/BLUE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
BREATHRITE VALVED MDI CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EASY FLOW WHITE/GREEN DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EASY FLOW WHITE/PINK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EASY FLOW WHITE/WHITE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EASY FLOW WHITE/YELLOW DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC L DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC

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EQ SPACE CHAMBER ANTI-STATIC M DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	PRO COMFORT SPACER CHILD MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	PRO COMFORT SPACER INFANT DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	PROCARE SPACER/ADULT MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
FLEXICHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	PROCARE SPACER/CHILD MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
INSPIREASE MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	PROCHAMBER VHC DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
MICROCHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	PURE COMFORT SPACER CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
MICROCHAMBER MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	RITEFLO DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
MICROSPACER MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
OPTICHAMBER DIAMOND-SM MASK MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
POCKET CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	AJOVY SOAJ	2	SP; PA
POCKET SPACER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	AJOVY SOSY	2	SP; PA
PRO COMFORT SPACER ADULT MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	EMGALITY SOAJ	2	SP; PA
			EMGALITY SOSY	2	SP; PA
			UBRELVY	3	QL(10 EA per 30 day(s) retail); ST

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Drug Name	Drug Tier	Requirements/ Limits
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
<i>ergotamine w/ caffeine TABS</i>	1	
Migraine Products		
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1	PA
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	QL(0.27 ML daily)
ERGOMAR SUBL	3	
Serotonin Agonists		
(Zolmitriptan) ZOMIG TABS	1	Limit 6 tabs per month; QL(0.2 EA daily)
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>eletriptan hydrobromide</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)
<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 EA daily)
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 EA daily)
<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)
<i>rizatriptan benzoate TBDP</i>	1	Limit 12 tabs per month; QL(0.4 EA daily)
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 EA daily)
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	1	PA
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	1	QL(0.14 ML daily; 2 ML per fill retail); PA
<i>sumatriptan succinate SOCT</i>	1	PA
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	Limit 2mls per month; QL(0.07 ML daily); PA
<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 EA daily)
<i>zolmitriptan SOLN</i>	1	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)
<i>zolmitriptan TABS</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)
<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)
MINERALS & ELECTROLYTES		
Fluoride		
<i>sodium fluoride CHEW</i>	5	AL(Up to 6 yrs old); PV
<i>sodium fluoride SOLN 0.5 MG/ML</i>	5	AL(Up to 6 yrs old); PV; RX/OTC
<i>sodium fluoride TABS</i>	5	AL(Up to 6 yrs old); PV
SOLUVITA SOLN	5	AL(Up to 6 yrs old); PV; RX/OTC
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	

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(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
Potassium		
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 20 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 10 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 15 MEQ	2	
(Potassium Chloride) Klor-Con, Klor-Con 10 TBCr 8 MEQ	1	
(Potassium Chloride) Klor-Con, Klor-Con 10 TBCr 10 MEQ	1	
(Potassium Chloride) Klor-Con Pack PO 20 MEQ	1	
EFFER-K	3	
<i>potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ</i>	1	
<i>potassium chloride CPCR</i>	1	
<i>potassium chloride PACK PO 20 MEQ</i>	1	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	
<i>potassium chloride TBCr 8 MEQ, 10 MEQ, 20 MEQ</i>	1	
Zinc		

Drug Name	Drug Tier	Requirements/ Limits
GALZIN	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine TABS</i>	1	
<i>trientine hcl 500 MG</i>	1	SP; PA
<i>trientine hcl 250 MG</i>	1	SP; PA
Immunomodulators		
<i>lenalidomide</i>	1	QL(1 EA daily); SP; AC; PA
REVLIMID	3	QL(1 EA daily); SP; AC; PA
THALOMID	3	SP; AC
Immunosuppressive Agents		
(Azathioprine) AZASAN TABS 75 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24	3	PA
<i>azathioprine TABS</i>	1	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
<i>cyclosporine CAPS</i>	1	
<i>everolimus (immunosuppressant)</i>	1	
<i>mycophenolate mofetil CAPS</i>	1	
<i>mycophenolate mofetil SUSR</i>	1	
<i>mycophenolate mofetil TABS</i>	1	
<i>mycophenolate sodium</i>	1	
PROGRAF PACK	3	PA
<i>sirolimus SOLN</i>	1	

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<i>sirolimus TABS</i>	1		(Multiple Vitamins W/ Minerals) A THRU Z ADVANCED, A THRU Z ADVANCED ADULT, A THRU Z HIGH POTENCY, A THRU Z SELECT, A THRU Z SELECT 50+ ADVANCED, A THRU Z SELECT 50+ MENS, A THRU Z SELECT ADVANCED, A THRU Z SELECT ULTIMATE WOMEN, A THRU Z ULTIMATE MENS, ANTIOXIDANT A/C/E/SELENIUM, ANTIOXIDANT VITAMINS, CENTAVITE A-Z COMPLETE-MINERAL, CENTRAVITES, CENTRAVITES 50 PLUS, CENTURY, CENTURY MATURE, CEROVITE SENIOR, CERTAVITE/ANTIOXIDANTS, COMPANION, COMPETE, CVS DAILY MULTIPLE FOR MEN, CVS DAILY MULTIPLE WOMEN 50+, CVS EYE HEALTH & LUTEIN, CVS ONE DAILY ESSENTIAL, CVS ONE DAILY MENS FORMULA, CVS ONE DAILY WOMENS FORMULA, CVS SPECTRAVITE ADVANCED, CVS SPECTRAVITE MEN, CVS SPECTRAVITE MEN 50+, CVS SPECTRAVITE SENIOR, CVS SPECTRAVITE ULTRA MENS, CVS SPECTRAVITE WOMEN, CVS SPECTRAVITE WOMEN 50+, CVS SPECTRAVITE WOMENS SENIOR, CVS WOMENS	1	RX/OTC
<i>tacrolimus CAPS</i>	1				
Potassium Removing Agents					
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1				
LOKELMA	3	QL(1 EA daily); PA			
<i>sodium polystyrene sulfonate POWD</i>	1				
MOUTH/THROAT/DENTAL AGENTS					
Anesthetics Topical Oral					
FIRST-MOUTHWASH BLM	3				
<i>lidocaine hcl (mouth-throat)</i>	1				
Anti-infectives - Throat					
<i>clotrimazole</i>	1				
<i>nystatin (mouth-throat)</i>	1				
ORAVIG	3				
Steroids - Mouth/Throat/Dental					
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1				
<i>triamcinolone acetonide (mouth)</i>	1				
Throat Products - Misc.					
<i>cevimeline hcl</i>	1	QL(3 EA daily)			
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 EA daily)			
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)			
MULTIVITAMINS					
Multiple Vitamins w/ Minerals					

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ACTIVE DAILY, DAILY BETIC, DAILY COMBO MULTI VITAMINS, DAILY MULTIPLE VITAMINS/MIN, DIABETES HEALTH FORMULA, DIALYVITE 800/ULTRA D, EQ COMPLETE MULTIVIT ADULT 50+, EQ ONE DAILY WOMENS HEALTH, EQL CENTURY, EQL CENTURY MATURE, EQL CENTURY MATURE MEN 50+, EQL CENTURY MATURE WOMEN 50+, EQL ONE DAILY MENS 50+ ADVANCE, EQL ONE DAILY MENS HEALTH, EQL ONE DAILY WOMENS 50+ ADV, EQL VISION FORMULA, ESSENTIA, ESSENTIAL BALANCE, EYE-VITES, GERIVITE COMPLETE, GNP CENTURY ADULT FORMULA, GNP CENTURY MATURE MEN'S 50+, GNP CENTURY MATURE WOMEN'S 50+, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE DAILY MAXIMUM, GNP ONE DAILY MENS HEALTH 50+, GNP ONE DAILY MENS/LYCOPENE, GNP ONE DAILY WOMENS, GNP ONE DAILY WOMENS 50+, GNP THERAPEUTIC-M, HAIR SKIN AND NAILS FORMULA, HAIR/SKIN/NAILS, HEALTHY EYES, HI-KOVITE 2-PART			FORMULA, HM COMPLETE WOMEN, HM WOMENS 50+ ADVANCED DAILY, I-VITE, ICAPS MV, KP ADULTS 50+ DAILY FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION FORMULA/LUTEIN, KP WOMENS 50+ DAILY FORMULA, KP WOMENS DAILY FORMULA, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MEIJER ADVANCED FORMULA, MENS LIFE PACK, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR HER 50+, MULTI FOR HIM, MULTI FOR HIM 50+, MULTI-VITAMIN/MINERALS, MULTIPLE VIT/MINERALS/NO IRON, MULTIPLE VITAMINS/WOMENS, MULTIVITAMIN ADULTS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN WOMEN, MULTIVITAMIN WOMEN 50+, MULTIVITAMIN WOMENS 50+ ADV, MYAMULTI, OCUTABS, OCUTABS-LUTEIN, OCUVITE EXTRA, OCUVITE EYE + MULTI, OCUVITE-LUTEIN, ONE DAILY 50 PLUS, ONE DAILY CALCIUM/IRON, ONE DAILY COMPLETE, ONE		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DAILY COMPLETE FOR MEN, ONE DAILY FOR MEN 50+ ADVANCED, ONE DAILY FOR MEN/LYCOPENE, ONE DAILY FOR WOMEN, ONE DAILY FOR WOMEN 50+ ADV, ONE DAILY HEALTHY WEIGHT, ONE DAILY HEALTHY WEIGHT ADV, ONE DAILY MAXIMUM, ONE DAILY MENS, ONE DAILY MENS 50+ MULTIVIT, ONE DAILY MENS 50+/LYCOPENE, ONE DAILY MENS HEALTH, ONE DAILY MULTIVIT/IRON-FREE, ONE DAILY MULTIVITAMIN MEN, ONE DAILY MULTIVITAMIN WOMEN, ONE DAILY WOMENS, ONE DAILY WOMENS 50 PLUS, ONE DAILY WOMENS 50+, ONE DAILY/MINERALS, ONE-A-DAY TEEN ADVANTAGE/HER, ONE-DAILY MULTI-VIT/MINERAL, OPTIC-VITES, OPTIC-VITES WITH LUTEIN, OPTIMUM PMS, OSTEOPRIME ULTRA, PROSIGHT, PX ADVANCED FORMULA MULTIVITS, PX COMPLETE SENIOR MULTIVITS, PX MENS MULTIVITAMINS, QC DAILY MULTIVIT/MULTIMINERAL, QC HAIR SKIN & NAILS, QC MENS DAILY MULTIVITAMIN, QC MULTI-VITE, QC MULTI-VITE 50 & OVER, QC THERIN-M, QC WOMENS DAILY MULTIVITAMIN,			QUINTABS-M, RA CENTRAL-VITE MENS MATURE, RA CENTRAL-VITE WOMENS MATURE, RA ONE DAILY MAXIMUM, RA ONE DAILY MENS 50+ W/VIT D3, RA ONE DAILY MENS MULTI, RA ONE DAILY MENS/VIT D-3, RENAPLEX, SENIOR TABS, SENTRY, SENTRY SENIOR, SM ANTIOXIDANT VITAMINS, SM COMPLETE, SM COMPLETE 50+, SM COMPLETE 50+ ULTIMATE MENS, SM COMPLETE 50+ ULTIMATE WOMEN, SM COMPLETE ADVANCED FORMULA, SM COMPLETE SENIOR FORMULA, SM DAILY DIET SUPPORT, SM OPTI-VITAMINS, STRESS B COMPLEX/ANTIOXID/ZIN C, STRESSTABS ADVANCED, SUPER AYTINAL, SUPER AYTINAL 50 PLUS, SUPER MULTIPLE, SUPER THERA VITE M, SUPER VITA-MINS, ...(23) TABS		
			ABC COMPLETE ADULT TABS	3	RX/OTC
			ABC COMPLETE MENS TABS	3	RX/OTC
			ABC COMPLETE SENIOR 50+ TABS	3	RX/OTC
			ABC COMPLETE SENIOR MENS 50+ TABS	3	RX/OTC
			ABC COMPLETE SENIOR WOMENS 50+ TABS	3	RX/OTC

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ABC COMPLETE WOMENS TABS	3	RX/OTC	AZO HORMONAL HEALTH HAPPY CYCL TABS	3	RX/OTC
AFLOA TABS	3	RX/OTC	BACMIN TABS	3	RX/OTC
ALIVE CALCIUM BONE SUPPORT TABS	3	RX/OTC	BARIATRIC MULTIVITAMINS TABS	3	RX/OTC
ALIVE DAILY ENERGY TABS	3	RX/OTC	BASIC AM TABS	3	RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	3	RX/OTC	BASIC PM TABS	3	RX/OTC
ALIVE ENERGY 50+ TABS	3	RX/OTC	BLOOD SUGAR MANAGER TABS	3	RX/OTC
ALIVE GARDEN GOODNESS TABS	3	RX/OTC	BONEUP VEGETARIAN TABS	3	RX/OTC
ALIVE MENS 50+ ULTRA TABS	3	RX/OTC	CENTRAVITES 50 PLUS TABS	3	RX/OTC
ALIVE MENS 50+ TABS	3	RX/OTC	CENTRAVITES ADULTS TABS	3	RX/OTC
ALIVE MENS COMPLETE MULTI TABS	3	RX/OTC	CENTRUM CARDIO TABS	3	RX/OTC
ALIVE MENS ENERGY TABS	3	RX/OTC	CENTRUM MENOPAUSE HOT FLASH TABS	3	RX/OTC
ALIVE MENS ULTRA TABS	3	RX/OTC	CENTRUM MEN TABS	3	RX/OTC
ALIVE ONCE DAILY WOMENS TABS	3	RX/OTC	CENTRUM MINIS ADULTS 50+ TABS	3	RX/OTC
ALIVE ULTRA POTENCY ADULT TABS	3	RX/OTC	CENTRUM MINIS MEN 50+ TABS	3	RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	3	RX/OTC	CENTRUM MINIS WOMEN 50+ TABS	3	RX/OTC
ALIVE WOMENS 50+ COMPLETE MV TABS	3	RX/OTC	CENTRUM MINIS WOMEN IMMUNE SUP TABS	3	RX/OTC
ALIVE WOMENS 50+ TABS	3	RX/OTC	CENTRUM SILVER ULTRA WOMENS TABS	3	RX/OTC
ALIVE WOMENS ENERGY TABS	3	RX/OTC	CENTRUM SPECIALIST HEART TABS	3	RX/OTC
ALPHA BETIC TABS	3	RX/OTC	CENTRUM SPECIALIST IMMUNE TABS	3	RX/OTC
ANTIOXIDANT FORMULA TABS	3	RX/OTC	CENTRUM SPECIALIST VISION TABS	3	RX/OTC
AZO HORMONAL HEALTH CYCLE CARE TABS	3	RX/OTC	CENTRUM ULTRA WOMENS TABS	3	RX/OTC

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CERTAVITE SENIOR/ANTIOXIDANT TABS	3	RX/OTC	EQ COMPLETE MULTIVITAMIN-ADULT TABS	3	RX/OTC
CERTAVITE SENIOR TABS	3	RX/OTC	EQ ONE DAILY MENS 50+ TABS	3	RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	3	RX/OTC	EQ ONE DAILY MENS HEALTH TABS	3	RX/OTC
CITRACAL +D3 TABS	3	RX/OTC	EQ ONE DAILY WOMENS 50+ TABS	3	RX/OTC
CVS DAILY MULTIV/MINERAL MENS TABS	3	RX/OTC	EQ ONE DAILY WOMENS HEALTH TABS	3	RX/OTC
CVS DAILY MULTIVITAMIN MENS TABS	3	RX/OTC	EQL CENTURY MATURE ADULTS 50+ TABS	3	RX/OTC
CVS DAILY MULTIVITAMIN WOMENS TABS	3	RX/OTC	EQL CENTURY MENS TABS	3	RX/OTC
CVS ONE DAILY MENS 50+ ADV TABS	3	RX/OTC	EQL CENTURY WOMENS TABS	3	RX/OTC
CVS ONE DAILY WOMENS 50+ ADV TABS	3	RX/OTC	EQL ONE DAILY MENS TABS	3	RX/OTC
CVS SPECTRAVITE ADULT 50+ TABS	3	RX/OTC	ESTROVEN MENOPAUSE SUPPLEMENT TABS	3	RX/OTC
CVS SPECTRAVITE ADULTS TABS	3	RX/OTC	EYE HEALTH + LUTEIN TABS	3	RX/OTC
CVS SPECTRAVITE ULTRA MEN 50+ TABS	3	RX/OTC	EYE MULTIVITAMIN/SODIUM TABS	3	RX/OTC
CVS SPECTRAVITE ULTRA MENS TABS	3	RX/OTC	FINAZOL TABS	3	RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	3	RX/OTC	FITNESS TABS FOR MEN AM/PM TABS	3	RX/OTC
DAYAVITE TABS	3	RX/OTC	FITNESS TABS FOR WOMEN AM/PM TABS	3	RX/OTC
DERMACINRX MULTITAM TABS	3	RX/OTC	FLORRAVITE TABS	3	RX/OTC
DERMACINRX RIBOTIN-E TABS	3	RX/OTC	FLORRAXYL TABS	3	RX/OTC
DERMACINRX ZINTREXYL-C TABS	3	RX/OTC	FOLAMAX TABS	3	RX/OTC
DERMAVITE TABS	3	RX/OTC	FOLAPRIME TABS	3	RX/OTC
DIALYVITE SUPREME D TABS	3	RX/OTC	FOLIFLEX TABS	3	RX/OTC
DIATROL TABS	3	RX/OTC	FOLITIN-Z TABS	3	RX/OTC
			FREEDAVITE TABS	3	RX/OTC
			FT CENTURY 50+ TABS	3	RX/OTC

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FT CENTURY ADULTS TABS	3	RX/OTC	HIGH POTENCY MULTIVIT/FA TABS	3	RX/OTC
FT CENTURY MEN 50+ TABS	3	RX/OTC	HM COMPLETE MEN TABS	3	RX/OTC
FT CENTURY MEN TABS	3	RX/OTC	HM HAIR/SKIN/NAILS TABS	3	RX/OTC
FT CENTURY WOMEN 50+ TABS	3	RX/OTC	HYLAZINC TABS	3	RX/OTC
FT CENTURY WOMEN TABS	3	RX/OTC	ICAPS AREDS FORMULA TABS	3	RX/OTC
FT EYE HEALTH TABS	3	RX/OTC	JOINT HEALTH & BONE STRENGTH TABS	3	RX/OTC
FT HAIR SKIN & NAILS EXTRA STR TABS	3	RX/OTC	KEYFOLIC TABS	3	RX/OTC
FT ONE DAILY MENS 50+ TABS	3	RX/OTC	KEYLOSA TABS	3	RX/OTC
FT ONE DAILY MENS TABS	3	RX/OTC	K-PAX IMMUNE PROFESSIONAL ST TABS	3	RX/OTC
FT ONE DAILY WOMENS 50+ TABS	3	RX/OTC	LIVER DETOX TABS	3	RX/OTC
FT ONE DAILY WOMENS TABS	3	RX/OTC	LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	3	RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	3	RX/OTC	MEDI TAB TABS	3	RX/OTC
GNP CENTURY ADULTS MEN TABS	3	RX/OTC	MEGA MULTI FOR WOMEN TABS	3	RX/OTC
GNP CENTURY ADULTS WOMEN TABS	3	RX/OTC	MEGA MULTI MEN TABS	3	RX/OTC
GNP CENTURY ADULT TABS	3	RX/OTC	MEGAVITE FRUITS & VEGGIES TABS	3	RX/OTC
GNP CENTURY MATURE ADULTS 50+ TABS	3	RX/OTC	MEGAVITE GOLDEN YEARS 55+ TABS	3	RX/OTC
GNP THERAPEUTIC-M TABS	3	RX/OTC	MENS 50+ MULTIVITAMIN TABS	3	RX/OTC
HAIR SKIN & NAILS ADVANCED TABS	3	RX/OTC	MENS MULTI HEALTH FORMULA TABS	3	RX/OTC
HAIR SKIN & NAILS TABS	3	RX/OTC	MENS MULTIVITAMIN TABS	3	RX/OTC
HEAD CARE PROACTIVE HEALTH TABS	3	RX/OTC	<i>multiple vitamins w/ minerals TABS</i>	1	RX/OTC
HIGH POT MULTIVITAMIN/BETA-CAR TABS	3	RX/OTC	MULTITOL-M TABS	3	RX/OTC
			MULTIVITAMIN ADULT (MINERALS) TABS	3	RX/OTC
			MULTIVITAMIN HEALTH FORM/CA/FE TABS	3	RX/OTC

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MULTIVITAMIN MEN TABS	3	RX/OTC	ONE DAILY WOMENS TABS	3	RX/OTC
MULTI-VITAMIN MONOCAPS TABS	3	RX/OTC	ONE-A-DAY ENERGY TABS	3	RX/OTC
MULTIVITAMIN WOMEN TABS	3	RX/OTC	ONE-A-DAY MENOPAUSE FORMULA TABS	3	RX/OTC
MULTIVITAMIN/ZINC STRESS TABS	3	RX/OTC	ONE-A-DAY MENS (MINERALS) TABS	3	RX/OTC
MULTIVITAMIN-MINERALS TABS	3	RX/OTC	ONE-A-DAY MENS 50+ ADVANTAGE TABS	3	RX/OTC
NAT-RUL THERAVITE-M TABS	3	RX/OTC	ONE-A-DAY MENS 50+ TABS	3	RX/OTC
NATRUL-VITES TABS	3	RX/OTC	ONE-A-DAY MENS HEALTH FORMULA TABS	3	RX/OTC
NEOVITE TABS	3	RX/OTC	ONE-A-DAY MENS PRO EDGE TABS	3	RX/OTC
NICADAN TABS	3	RX/OTC	ONE-A-DAY PROACTIVE 65+ TABS	3	RX/OTC
NICAZEL FORTE TABS	3	RX/OTC	ONE-A-DAY TEEN ADVANTAGE/HIM TABS	3	RX/OTC
NICAZEL TABS	3	RX/OTC	ONE-A-DAY WOMENS 50+ TABS	3	RX/OTC
NO IRON MULT VITAMIN-MINERALS TABS	3	RX/OTC	ONE-A-DAY WOMENS TABS	3	RX/OTC
NUTRALYN TABS	3	RX/OTC	ONEVITE TABS	3	RX/OTC
NUTRICAP TABS	3	RX/OTC	OPURITY TABS	3	RX/OTC
OCULAR VITAMINS TABS	3	RX/OTC	OSTEOPRIME PLUS TABS	3	RX/OTC
ONCOVITE TABS	3	RX/OTC	PARVLEX TABS	3	RX/OTC
ONE A DAY ENERGY TABS	3	RX/OTC	PHYTOMULTI TABS	3	RX/OTC
ONE A DAY MEN 50 PLUS TABS	3	RX/OTC	PRESERVISION AREDS TABS	3	RX/OTC
ONE A DAY TRIPLE IMMUNE SUPPRT TABS	3	RX/OTC	PREV-RX TABS	3	RX/OTC
ONE A DAY WOMEN 50 PLUS TABS	3	RX/OTC	PRO-CAL TABS	3	RX/OTC
ONE DAILY MEN FORMULA W/O IRON TABS	3	RX/OTC	PROCERV HP TABS	3	RX/OTC
ONE DAILY MENS 50+ MULTIVIT TABS	3	RX/OTC	PROFOLA TABS	3	RX/OTC
ONE DAILY MULTIVITAMIN WOMEN TABS	3	RX/OTC	PRORENAL + D TABS	3	RX/OTC
			PROVIT TABS	3	RX/OTC
			QC MULTI-VITE TABS	3	RX/OTC

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QUIN B STRONG TABS	3	RX/OTC	THERA-VITE MAX-M TABS	3	RX/OTC
QUINTABS-M TABS	3	RX/OTC	THEREMS-M TABS	3	RX/OTC
RA CENTRAL-VITE TABS	3	RX/OTC	T-VITES TABS	3	RX/OTC
RAYAVIT TABS	3	RX/OTC	UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	3	RX/OTC
RENAL MULTIVITAMIN TABS	3	RX/OTC	ULTRA BONEUP TABS	3	RX/OTC
RENAPLEX-D TABS	3	RX/OTC	VENEXA FE TABS	3	RX/OTC
SENTRY SENIOR MENS 50+ TABS	3	RX/OTC	VENEXA TABS	3	RX/OTC
SENTRY SENIOR/LUTEIN TABS	3	RX/OTC	VENTRIXYL FE TABS	3	RX/OTC
SENTRY TABS	3	RX/OTC	VENTRIXYL TABS	3	RX/OTC
SIDEROL TABS	3	RX/OTC	VITABASIC COMPLETE TABS	3	RX/OTC
SOLO TABS	3	RX/OTC	VITABASIC SENIOR TABS	3	RX/OTC
SPECTRAVITE TABS	3	RX/OTC	VITACORE TABS	3	RX/OTC
STROVITE ONE TABS	3	RX/OTC	VITAMIN D3 COMPLETE TABS	3	RX/OTC
SUPER D-ZINC-SELENIUM-COPPER TABS	3	RX/OTC	VITASANA TABS	3	RX/OTC
SUPERIOR MENS MULTI TABS	3	RX/OTC	VITATRUM TABS	3	RX/OTC
SUPERIOR WOMENS MULTI TABS	3	RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	3	RX/OTC
SYSTANE ICAPS AREDS2 TABS	3	RX/OTC	VITEYES OPTIC NERVE SUPPORT TABS	3	RX/OTC
THERA M PLUS TABS	3	RX/OTC	VITRAMYN TABS	3	RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	3	RX/OTC	VITRANOL FE TABS	3	RX/OTC
THERAGRAN-M ADVANCED TABS	3	RX/OTC	VITRANOL TABS	3	RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	3	RX/OTC	VITREXATE FE TABS	3	RX/OTC
THERAGRAN-M PREMIER TABS	3	RX/OTC	VITREXATE TABS	3	RX/OTC
THERAGRAN-M TABS	3	RX/OTC	VITREXYL + IRON TABS	3	RX/OTC
THERA-M PLUS MV W/BETA-CAROT TABS	3	RX/OTC	VITREXYL TABS	3	RX/OTC
THERA-M TABS	3	RX/OTC	VITRUM 50+ ADULT-MULTI TABS	3	RX/OTC
THERA-TABS M TABS	3	RX/OTC	VITRUM 50+ SENIOR MULTI TABS	3	RX/OTC
			WELLFOLA TABS	3	RX/OTC

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WOMENS 50+ MULTI VITAMIN TABS	3	RX/OTC	MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 5 yrs old); RX/OTC
YELETS TEENAGE FORMULA TABS	3	RX/OTC	MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	3	AL(Up to 5 yrs old)
Ped Multi Vitamins w/FI & FE			MULTI-VIT-FLOR CHEW	2	AL(Up to 5 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	AL(Up to 5 yrs old); RX/OTC	<i>pediatric multivitamins w/fi CHEW</i>	1	AL(Up to 5 yrs old); RX/OTC
<i>ped multivitamins w/fi & iron SOLN</i>	1	AL(Up to 5 yrs old); RX/OTC	POLY-VI-FLOR CHEW	2	AL(Up to 5 yrs old); RX/OTC
POLY-VI-FLOR/IRON SUSP	3	AL(Up to 5 yrs old); RX/OTC	POLY-VI-FLOR SUSP	3	AL(Up to 5 yrs old)
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 5 yrs old)	QUFLORA PEDIATRIC CHEW	2	AL(Up to 5 yrs old); RX/OTC
Ped MV w/ Fluoride			QUFLORA PEDIATRIC SOLN	2	AL(Up to 5 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 5 yrs old); RX/OTC	SOLUVITA ACD WITH FLUORIDE SOLN	2	AL(Up to 5 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE SOLN	1	AL(Up to 5 yrs old); RX/OTC	SOLUVITA WITH FLUORIDE SOLN	2	AL(Up to 5 yrs old); RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 5 yrs old); RX/OTC	TRI-VI-FLOR SUSP 0.25 MG/ML	3	AL(Up to 5 yrs old)
FLORAFOL PEDIATRIC CHEW	2	AL(Up to 5 yrs old); RX/OTC	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	3	AL(Up to 5 yrs old)
FLORAFOL PEDIATRIC SOLN	2	AL(Up to 5 yrs old); RX/OTC	VITAMINS ACD-FLUORIDE SOLN	2	AL(Up to 5 yrs old); RX/OTC
FLORIVA PLUS SOLN	2	AL(Up to 5 yrs old); RX/OTC	Pediatric Multiple Vitamins & Minerals w/ Fluoride		
FLOTREX CHEW 0.25 MG, 0.5 MG, 1 MG	2	AL(Up to 5 yrs old); RX/OTC	FLORIVA 0.25 MG	3	AL(Up to 5 yrs old)
MULTIVITAMIN/FLUORIDE CHEW	2	AL(Up to 5 yrs old); RX/OTC	Prenatal Vitamins		
			(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
			(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
			(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1	

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(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG- 100 MG-15 MG-3 MG- 4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC	NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG- 12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG- 400 UNIT-3.4 MG-20 MG- 50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2		NEONATAL PLUS TABS	2	RX/OTC
CITRANATAL ASSURE	3		NESTABS	3	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3		NESTABS DHA	2	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3		NESTABS ONE	3	
CITRANATAL MEDLEY	3		NIVA-PLUS TABS	2	RX/OTC
COMPLETENATE CHEW	2		OB COMPLETE ONE	3	
CONCEPT DHA	2		OB COMPLETE PETITE	3	
CONCEPT OB	2		OB COMPLETE/DHA	3	
DUET DHA 400 MISC	3		ONE VITE WOMENS PLUS TABS	2	RX/OTC
FOLIVANE-OB	2		PNV 27-CA/FE/FA TABS	2	
M-NATAL PLUS TABS	2	RX/OTC	PNV-DHA+DOCUSATE	3	
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3		PNV-OMEGA	3	
NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3		PREMESISRX	3	
			PRENA 1 TRUE	2	
			PRENA1	3	
			PRENA1 PEARL	3	
			PRENAISSANCE	3	
			PRENAISSANCE PLUS CAPS	3	
			PRENATAL 19 CHEW	2	
			PRENATAL 19 TABS	3	RX/OTC
			PRENATAL PLUS VITAMIN/MINERAL TABS	2	RX/OTC
			PRENATAL PLUS TABS	2	RX/OTC
			PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG- 200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC
			PRENATAL-U CAPS	2	
			PRENATE	3	

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PRENATE AM	3		TRINATAL RX 1 TABS	2	
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3		TRISTART DHA	3	
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	3		VINATE DHA RF	3	
PRENATE ENHANCE	3		VINATE ONE TABS	2	
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3		VITAFOL GUMMIES	3	
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	3		VITAFOL-NANO	3	
PRENATE PIXIE	3		VITAFOL-ONE CAPS	3	
PRENATE RESTORE	3		VITAMEDMD ONE RX/QUATREFOLIC	3	
PRENATRIX TABS	2	RX/OTC	VITAMEDMD REDICHEW RX	3	
PRENATRYL TABS	2	RX/OTC	VITAPEARL	3	
PROVIDA OB	2		VITATHELY WITH GINGER TABS	2	RX/OTC
SELECT-OB+DHA MISC	3		VITATRUE	2	
SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2		WESCAP-C DHA	2	
SE-NATAL 19 CHEW	2		WESTAB PLUS TABS	2	RX/OTC
SE-NATAL 19 TABS	3	RX/OTC	WESTGEL DHA	3	
THERANATAL CORE NUTRITION TABS	2	RX/OTC	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
THRIVITE RX TABS	2	RX/OTC	Central Muscle Relaxants		
TRICARE TABS	2	RX/OTC	(Carisoprodol) VANADOM TABS 350 MG	1	
			(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
			(Cyclobenzaprine Hcl) FEXMID TABS 7.5 MG	1	
			baclofen TABS 15 MG	1	QL(3 EA daily); PA
			baclofen TABS 10 MG	1	QL(6 EA daily)
			baclofen TABS 5 MG	1	
			baclofen TABS 20 MG	1	QL(4 EA daily)
			carisoprodol TABS	1	
			chlorzoxazone TABS 375 MG, 500 MG, 750 MG	1	
			cyclobenzaprine hcl TABS	1	
			metaxalone 800 MG	1	QL(4 EA daily)

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<i>methocarbamol TABS 500 MG, 750 MG</i>	1		(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP	1	QL(1.2 ML daily); RX/OTC
<i>orphenadrine citrate TB12</i>	1				
<i>tizanidine hcl CAPS</i>	1				
<i>tizanidine hcl TABS 2 MG</i>	1				
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 EA daily)			
Direct Muscle Relaxants					
<i>dantrolene sodium CAPS</i>	1				
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus					
Nasal Agent Combinations					
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 inhaler per month; QL(0.77 GM daily)	(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY (MOMET) SUSP	1	QL(1.22 ML daily); RX/OTC
Nasal Antiallergy					
(Azelastine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ML daily); RX/OTC	(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, FT 24 HOUR NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	1	QL(1.2 ML daily)
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)			
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	QL(1 ML daily); RX/OTC			
<i>olopatadine hcl (nasal)</i>	1		<i>fluticasone propionate (nasal) SUSP</i>	1	QL(1.2 GM daily); RX/OTC
Nasal Anticholinergics			<i>mometasone furoate (nasal) SUSP</i>	1	QL(1.22 GM daily); RX/OTC
<i>ipratropium bromide (nasal)</i>	1		<i>triamcinolone acetonide (nasal) AERO</i>	1	QL(1.2 ML daily)
Nasal Steroids			XHANCE EXHU	3	QL(1.07 ML daily); ST
			NEUROMUSCULAR AGENTS - Drugs to		

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Relax/Paralyze Muscles			(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1	
ALS Agents			<i>atropine sulfate (ophthalmic) OINT</i>	1	
RADICAVA ORS STARTER KIT SUSP	3	SP; PA	<i>atropine sulfate (ophthalmic) SOLN</i>	1	
RADICAVA ORS SUSP	3	SP; PA	ATROPINE SULFATE SOLN 1 %	2	
<i>riluzole TABS</i>	1		CYCLOGYL	2	
Spinal Muscular Atrophy Agents (SMA)			CYCLOMYDRIL	3	
EVRYSDI	3	SP; PA	<i>cyclopentolate hcl 1 %</i>	1	
NUTRIENTS			ISOPTO ATROPINE SOLN	2	
Lipids			<i>phenylephrine hcl (mydriatic) SOLN</i>	1	
DOJOLVI	3	SP; PA	<i>tropicamide SOLN</i>	1	
OPHTHALMIC AGENTS - Drugs to Treat the Eye			Miotics		
Beta-blockers - Ophthalmic			<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ML daily)
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	1		Ophthalmic Adrenergic Agents		
<i>betaxolol hcl (ophth) SOLN</i>	1		<i>apraclonidine hcl</i>	1	
BETIMOL 0.25 %	2		<i>brimonidine tartrate</i>	1	
BETOPTIC-S SUSP	2		IOPIDINE	3	
<i>brimonidine tartrate-timolol maleate</i>	1		Ophthalmic Anti-infectives		
<i>carteolol hcl (ophth)</i>	1		(Bacitracin-Polymyxin B (Ophth)) POLYCIN	1	
DORZOLAMIDE HCL-TIMOLOL MAL	2		(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	
<i>dorzolamide hcl-timolol maleate</i>	1		AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
<i>levobunolol hcl 0.5 %</i>	1		<i>bacitracin (ophthalmic)</i>	1	
<i>timolol</i>	1		<i>bacitracin-polymyxin b (ophth)</i>	1	
<i>timolol maleate (ophth) SOLG</i>	1		BESIVANCE	3	
<i>timolol maleate (ophth) SOLN</i>	1		CILOXAN OINT	2	
Cycloplegic Mydriatics					
(Homatropine Hbr) HOMATROPAIRE	1				

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<i>ciprofloxacin hcl (ophth) SOLN</i>	1		Ophthalmic Steroids		
ERYTHROMYCIN	2		(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail; 4 per fill mail)
<i>erythromycin (ophth)</i>	1		<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 GM per fill retail; 4 per fill mail)
<i>gatifloxacin (ophth)</i>	1		<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>gentamicin sulfate (ophth) SOLN</i>	1		<i>difluprednate</i>	1	
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)	FLAREX	2	
<i>levofloxacin (ophth) 1.5 %</i>	1		<i>fluorometholone (ophth) SUSP</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ML per fill retail; 3 per fill mail)	FML FORTE SUSP	2	
NATACYN	2		LOTEMAX OINT	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1		<i>loteprednol etabonate GEL</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1		<i>loteprednol etabonate SUSP 0.2 %</i>	1	
<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail; 5 per fill mail)	<i>loteprednol etabonate SUSP 0.5 %</i>	1	QL(0.17 ML daily)
<i>polymyxin b-trimethoprim</i>	1		MAXIDEX SUSP OP	2	
<i>sulfacetamide sodium (ophth) OINT</i>	1		<i>neomycin-polymy-dexameth OINT</i>	1	
<i>sulfacetamide sodium (ophth) SOLN</i>	1		<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1	
<i>tobramycin (ophth) SOLN</i>	1		<i>neomycin-polymyxin-hc (ophth)</i>	1	
TOBREX OINT	2		PRED MILD	2	
<i>trifluridine</i>	1		<i>prednisolone acetate (ophth)</i>	1	
ZIRGAN GEL	3		PREDNISOLONE SODIUM PHOSPHATE	3	
Ophthalmic Immunomodulators			PREDNISOLONE-MOXIFLOXACIN SOLN	3	
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 EA daily; 64 EA per fill retail)	<i>sulfacetamide sod-prednisolone SOLN</i>	1	
Ophthalmic Local Anesthetics			TOBRADEX ST SUSP	3	
(Tetracaine Hcl (Ophth)) ALTACAINE	1		TOBRADEX OINT	3	
<i>proparacaine hcl</i>	1				
<i>tetracaine hcl (ophth)</i>	1				

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<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail; 5 per fill mail)
ZYLET	3	QL(5 ML per fill retail)
Ophthalmics - Misc.		
(Olopatadine Hcl) ADVANCED EYE RELIEF, CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %	1	Limit 2.5mls per month; QL(0.09 ML daily); RX/OTC
(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
ACUVAIL	3	
ALOCRIL	3	
ALOMIDE	2	
<i>azelastine hcl (ophth)</i>	1	
<i>bepotastine besilate</i>	1	QL(0.34 ML daily); ST
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ML daily)
<i>bromfenac sodium (ophth)</i>	1	
<i>cromolyn sodium (ophth)</i>	1	
CYSTARAN	3	Limit 1 bottle per month; QL(2.15 ML daily); SP
<i>diclofenac sodium (ophth)</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>dorzolamide hcl</i>	1	
DORZOLAMIDE HCL	2	
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	1	
LASTACFT	3	ST
NEVANAC	3	
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
<i>olopatadine hcl 0.2 %</i>	1	Limit 2.5mls per month; QL(0.09 ML daily); RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
<i>latanoprost SOLN</i>	1	QL(0.0949 ML daily)
LATANOPROST SOLN	2	QL(0.0949 ML daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ML daily)
<i>tafluprost</i>	1	QL(1 EA daily)
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	
Otic Combinations		

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Drug Name	Drug Tier	Requirements/ Limits
(Pramoxine-HC-Chloroxylenol) CORTIC-ND	1	
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ML per fill retail; 8 per fill mail)
<i>ciprofloxacin-fluocinolone acetonide</i>	1	QL(0.5 EA daily)
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ML per fill retail; 30 per fill mail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		

Drug Name	Drug Tier	Requirements/ Limits
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS</i>	1	
<i>amoxicillin & pot clavulanate TB12</i>	1	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 EA daily)
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>megestrol acetate (appetite)</i>	1	AC
<i>norethindrone acetate TABS</i>	1	
<i>progesterone CAPS</i>	1	QL(1 EA daily)
<i>progesterone OIL</i>	1	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	

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<i>lofexidine hcl</i>	1	QL(224 EA per 14 day(s) retail); PA
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	3	SP; PA
XYREM SOLN	3	SP; PA
Antidementia Agents		
<i>donepezil hydrochloride TABS</i>	1	QL(1 EA daily)
<i>donepezil hydrochloride TBDP</i>	1	QL(1 EA daily)
<i>galantamine hydrobromide CP24</i>	1	QL(1 EA daily)
<i>galantamine hydrobromide SOLN</i>	1	
<i>galantamine hydrobromide TABS</i>	1	
<i>memantine hcl CP24</i>	1	PA
<i>memantine hcl SOLN</i>	1	
<i>memantine hcl TABS 5 MG</i>	1	QL(4 EA daily)
<i>memantine hcl TABS 10 MG</i>	1	QL(2 EA daily)
<i>memantine hcl TABS</i>	1	
NAMZARIC C4PK	3	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate CAPS</i>	1	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	1	
<i>olanzapine-fluoxetine hcl</i>	1	
<i>perphenazine-amitriptyline</i>	1	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	3	QL(2 EA daily); PA
SAVELLA TABS	3	QL(2 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
Hypoactive Sexual Desire Disorder (HSDD) Agents		
ADDYI	3	QL(1 EA daily); PA
VYLEESI	3	SP; PA
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	3	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
AUSTEDO XR TB24	3	QL(1 EA daily); SP; PA
AUSTEDO TABS 6 MG, 9 MG	3	QL(2 EA daily); SP; PA
AUSTEDO TABS 12 MG	3	QL(4 EA daily); SP; PA
INGREZZA CAPS 60 MG	3	QL(1 EA daily); SP; PA
INGREZZA CAPS 40 MG, 80 MG	3	QL(1 EA daily); SP; PA
INGREZZA CPPK	3	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
INGREZZA CPSP	3	QL(1 EA daily); SP; PA
<i>tetrabenazine</i>	1	SP
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ML per 28 day(s) retail); SP
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ML daily); SP
AVONEX PEN AJKT	3	SP; PA
AVONEX PREFILLED PSKT	3	SP; PA
BETASERON KIT	3	SP; PA
<i>dalfampridine</i>	1	SP; PA

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<i>dimethyl fumarate CDPK</i>	1	QL(60 EA per 365 day(s) retail); SP	Misc.		
<i>dimethyl fumarate CPDR</i>	1	QL(2 EA daily); SP	<i>ergoloid mesylates TABS</i>	1	
<i>fingolimod hcl</i>	1	QL(1 EA daily); SP	<i>pimozide</i>	1	
<i>glatiramer acetate SOSY 40 MG/ML</i>	1	QL(12 ML per 28 day(s) retail); SP	Smoking Deterrents		
<i>glatiramer acetate SOSY 20 MG/ML</i>	1	QL(1 ML daily); SP	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 4 MG	5	PV
MAYZENT STARTER PACK TBPk 0.25 MG	3	QL(12 EA per 5 day(s) retail); SP; PA			
MAYZENT STARTER PACK TBPk 0.25 MG	3	SP; PA			
MAYZENT TABS 0.25 MG	3	QL(4 EA daily); SP; PA			
MAYZENT TABS 2 MG	3	QL(1 EA daily); SP; PA			
MAYZENT TABS 1 MG	3	SP; PA			
PLEGRIDY STARTER PACK SOAJ	3	SP; PA			
PLEGRIDY STARTER PACK SOSY SC	3	SP; PA			
PLEGRIDY SOAJ	3	SP; PA			
PLEGRIDY SOSY IM	3	SP; PA			
PLEGRIDY SOSY SC	3	SP; PA			
REBIF REBIDOSE TITRATION PACK SOAJ	3	SP; PA			
REBIF REBIDOSE SOAJ	3	SP; PA			
REBIF TITRATION PACK SOSY	3	SP; PA			
REBIF SOSY	3	SP; PA			
<i>teriflunomide</i>	1	QL(1 EA daily); SP	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 2 MG	5	PV
Premenstrual Dysphoric Disorder (PMDD) Agents					
<i>fluoxetine hcl (pmdd) TABS</i>	1				
Pseudobulbar Affect (PBA) Agents					
NUDEXTA	3	PA			
Psychotherapeutic and Neurological Agents -					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG	5	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	5	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	5	PV
			(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	5	PV

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 21 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR	5	PV	APO-VARENICLINE TABS	5	QL(2 EA daily); PV
			<i>bupropion hcl (smoking deterrent)</i>	5	PV
			<i>nicotine polacrilex GUM</i>	5	PV
			<i>nicotine polacrilex LOZG</i>	5	PV
			NICOTINE KIT	5	PV
			<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	PV
			NICOTROL NS SOLN	5	PV
			NICOTROL INHA	5	PV
			<i>varenicline tartrate TABS</i>	5	QL(2 EA daily); PV
			<i>varenicline tartrate TBPk</i>	5	QL(53 EA per 365 day(s) retail); PV
Transthyretin Amyloidosis Agents					
			TEGSEDI	3	SP; PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat					

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Drug Name	Drug Tier	Requirements/ Limits
Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	3	SP; PA
KALYDECO TABS	3	SP; PA
ORKAMBI PACK 94 MG-75 MG	3	SP; PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	3	SP; PA
PULMOZYME	3	QL(5 ML daily); SP; PA
SYMDEKO	3	SP; PA
TRIKAFTA TBPK 50 MG-25 MG	3	QL(3 EA daily); SP; PA
TRIKAFTA TBPK 100 MG-50 MG	3	QL(3 EA daily); SP; PA
TRIKAFTA THPK	3	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	3	QL(2 EA daily); SP; PA
<i>pirfenidone CAPS</i>	1	QL(3 EA daily); SP; PA
<i>pirfenidone TABS</i>	1	QL(3 EA daily); SP; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1	
<i>demeclocycline hcl TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline (monohydrate) CAPS</i>	1	
<i>doxycycline (monohydrate) SUSR</i>	1	
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG</i>	1	
<i>doxycycline (monohydrate) TABS 150 MG</i>	1	ST
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate TABS 75 MG, 100 MG, 150 MG</i>	1	
<i>minocycline hcl CAPS</i>	1	
<i>minocycline hcl CP24</i>	3	
<i>minocycline hcl TABS</i>	1	
<i>tetracycline hcl CAPS</i>	1	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1	
<i>propylthiouracil</i>	1	QL(3 EA daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
(Liothyronine Sodium) LIOMNY TABS 25 MCG, 50 MCG	1	QL(2 EA daily)	SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	2	
(Liothyronine Sodium) LIOMNY TABS 5 MCG	1		SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 EA daily)
ADTHYZA TABS	2		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
ARMOUR THYROID TABS	2		TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	2	
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 EA daily)	Antispasmodics		
<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG</i>	1		(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG	1	
<i>levothyroxine sodium CAPS 125 MCG</i>	1	QL(1 EA daily)	(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	
<i>levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>	1	QL(1 EA daily)	(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
<i>levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG</i>	1		BELLADONNA ALKALOIDS-OPIUM	3	
<i>liothyronine sodium TABS 25 MCG, 50 MCG</i>	1	QL(2 EA daily)	<i>chlordiazepoxide hcl- clidinium bromide</i>	1	
<i>liothyronine sodium TABS 5 MCG</i>	1		<i>dicyclomine hcl CAPS</i>	1	
NIVA THYROID TABS	2		<i>dicyclomine hcl SOLN PO</i>	1	
NP THYROID TABS	2		<i>dicyclomine hcl TABS</i>	1	
			GLYCATATE TABS	3	
			<i>glycopyrrolate SOLN PO 1 MG/5ML</i>	1	
			<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	
			GLYCOPYRROLATE TABS	3	

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<i>hyoscyamine sulfate</i> <i>SUBL 0.125 MG</i>	1		(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)
<i>hyoscyamine sulfate</i> <i>TABS 0.125 MG</i>	1				
<i>hyoscyamine sulfate</i> <i>TBDP 0.125 MG</i>	1				
<i>methscopolamine</i> <i>bromide</i>	1				
H-2 Antagonists					
<i>cimetidine hcl PO 300</i> <i>MG/5ML</i>	1		(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 EA daily)
<i>cimetidine TABS 400 MG</i>	1	QL(4 EA daily)			
<i>cimetidine TABS 300 MG,</i> <i>800 MG</i>	1				
<i>famotidine SUSR</i>	1				
<i>famotidine TABS 40 MG</i>	1	QL(2 EA daily)			
<i>nizatidine CAPS</i>	1				
Misc. Anti-Ulcer					
<i>sucralfate SUSP</i>	1		(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)
<i>sucralfate TABS</i>	1	QL(4 EA daily)			
Proton Pump Inhibitors					
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	1	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC	<i>lansoprazole CPDR</i>	1	QL(1 EA daily); RX/OTC
(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 EA daily); RX/OTC	<i>lansoprazole TBDD 30</i> <i>MG</i>	1	QL(1 EA daily); AL(Up to 12 yrs old)
			<i>lansoprazole TBDD 15</i> <i>MG</i>	1	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
			<i>omeprazole magnesium</i> <i>CPDR</i>	1	QL(1 EA daily)
			<i>omeprazole CPDR 20</i> <i>MG, 40 MG</i>	1	QL(1 EA daily)
			<i>omeprazole CPDR 10 MG</i>	1	

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<i>pantoprazole sodium PACK</i>	1	QL(1 EA daily)
<i>pantoprazole sodium TBEC</i>	1	QL(1 EA daily)
PRILOSEC PACK	3	PA
RABEPRAZOLE SODIUM CPSP	3	PA
<i>rabeprazole sodium TBEC</i>	1	QL(1 EA daily); PA
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail
HELIDAC THERAPY	3	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1	
<i>fesoterodine fumarate</i>	1	QL(1 EA daily)
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 EA daily)
<i>oxybutynin chloride TB24</i>	1	
<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 EA daily)
<i>solifenacin succinate TABS 5 MG</i>	1	
<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)
<i>trospium chloride CP24</i>	1	
<i>trospium chloride TABS</i>	1	QL(2 EA daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
VACCINES		
Viral Vaccines		
COVID VACCINES	5	
VAGINAL AND RELATED PRODUCTS		
Spermicides		
OPTIONS GYNOL II CONTRACEPTIVE GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM	5	PV
VCF VAGINAL CONTRACEPTIVE FOAM	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal CREA</i>	1	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	1	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING 7.5 MCG/24HR	2	QL(1 EA per fill retail; 1 per fill mail); PV
FEMRING	3	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
PREMARIN	2	QL(2 GM daily)

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Vaginal Progestins		
CRINONE GEL	3	PA
ENDOMETRIN INST	3	PA
FIRST-PROGESTERONE VGS SUPP	3	PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	1	SP; PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>ergocalciferol CAPS</i>	1	PV
<i>phytonadione TABS 5 MG</i>	1	

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(Abiraterone Acetate) ABIRTEGA 250 MG24	BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW5	WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC54
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	(Azelastrine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY74	(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN- CAFF) TABS 40 MG-50 MG-325 MG 4
	(Bacitracin-Polymyxin B (Ophth)) POLYCIN75	(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG4
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(Ciclopirox) CICLODAN SOLN 40	(Dextroamphetamine Sulfate) PROCENTRA SOLN 1	(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG 83
(Clemastine Fumarate) CLEMASZ TABS 2.68 MG 19	(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG 1	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG .83
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB 39	(Diazepam) DIAZEPAM INTENSOL CONC 8	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG 33
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM 39	(Dichlorphenamide) ORMALVI 46	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG 33
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC ... 39	(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS	(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG 33
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 % 42	DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP	(Ergotamine W/ Caffeine) MIGERGOT SUPP 61
(Clobetasol Propionate Emulsion) TOVET 42	DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS	(Erythromycin (Acne Aid)) ERY PADS 39
(Clobetasol Propionate) CLODAN SHAM 42	DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE	(Erythromycin Base) ERY-TAB TBEC 55
(Clomiphene Citrate) CLOMID TABS 47	DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX 41	(Erythromycin Ethylsuccinate) E.E.S. 400 TABS 55
(Cyclobenzaprine Hcl) FEXMID TABS 7.5 MG 73		
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG 62		
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN 62		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE,		

(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG55	FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP 74	MG/5ML-100 MG/5ML38
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS 1 MG-0.5 MG 48	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT10	(Guaifenesin-Codeine) GUAIFENESIN AC SYRP 38
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS48	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG52	(Homatropine Hbr) HOMATROPAIRE75
(Estradiol Vaginal) YUVAFEM TABS . 86	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG52	(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN . 38
(Estradiol) DOTTI, LYLLANA PTTW . 49	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG52	(Hydrocortisone (Rectal)) PROCTO- MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 % 8
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) ...33	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG52	(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %42
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG33	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG52	(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG84
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG33	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG52	(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG84
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE37	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG52	(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG84
(Everolimus) TORPENZ TABS 25	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG52	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG3
(Fluocinolone Acetonide (Otic)) FLAC78	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG52	(Indomethacin) INDOCIN SUPP 3
(Flurbiprofen) LURBIPR TABS 100 MG3	(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG52	(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC40
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP	(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML79	(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG, 20 MG, 30 MG, 40 MG39
	(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML79	(Ketoconazole (Topical)) KETODAN FOAM40
	(Glipizide) GLIPIZIDE XL TB2417	(Lactulose (Encephalopathy)) ENULOSE, GENERLAC 50
	(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10	(Lactulose) CONSTULOSE SOLN 10 GM/15ML53
		(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE

STARTER KIT-ORANGE KIT 25 MG 12	AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG34	TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG83
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT12	(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG ...37	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG83
(Lamotrigine) SUBVENITE TABS . 12	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28) 34	(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %44
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG .. 85	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE34	(Liothyronine Sodium) LIOMNY TABS 25 MCG, 50 MCG84
(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG ..85	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG34	(Liothyronine Sodium) LIOMNY TABS 5 MCG84
(Levetiracetam) ROWEEPRA TABS 500 MG12	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG34	(Lorazepam) LORAZEPAM INTENSOL CONC8
(Levocetirizine Dihydrochloride) ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HR TABS19	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG34	(Methadone Hcl) METHADONE HCL INTENSOL CONC5
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG34	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG34	(Methylgonovine Maleate) METHERGINE TABS78
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG 33	(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEAX, MINZOYA34	(Methyltestosterone) METHITEST TABS7
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG 33	(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEAX, MINZOYA34	(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG ..86
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG 33	(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEAX, MINZOYA34	(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY (MOMET) SUSP74
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG 33	(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEAX, MINZOYA34	(Multiple Vitamins W/ Minerals) A THRU Z ADVANCED, A THRU Z ADVANCED ADULT, A THRU Z HIGH POTENCY, A THRU Z SELECT, A THRU Z SELECT 50+ ADVANCED, A THRU Z SELECT 50+ MENS, A THRU Z SELECT ADVANCED, A THRU Z SELECT ULTIMATE WOMEN, A THRU Z ULTIMATE MENS, ANTIOXIDANT A/C/E/SELENIUM, ANTIOXIDANT VITAMINS, CENTAVITE A-Z COMPLETE-MINERAL,

CENTRAVITES, CENTRAVITES 50 PLUS, CENTURY, CENTURY MATURE, CEROVITE SENIOR, CERTAVITE/ANTIOXIDANTS, COMPANION, COMPETE, CVS DAILY MULTIPLE FOR MEN, CVS DAILY MULTIPLE WOMEN 50+, CVS EYE HEALTH & LUTEIN, CVS ONE DAILY ESSENTIAL, CVS ONE DAILY MENS FORMULA, CVS ONE DAILY WOMENS FORMULA, CVS SPECTRAVITE ADVANCED, CVS SPECTRAVITE MEN, CVS SPECTRAVITE MEN 50+, CVS SPECTRAVITE SENIOR, CVS SPECTRAVITE ULTRA MENS, CVS SPECTRAVITE WOMEN, CVS SPECTRAVITE WOMEN 50+, CVS SPECTRAVITE WOMENS SENIOR, CVS WOMENS ACTIVE DAILY, DAILY BETIC, DAILY COMBO MULTI VITAMINS, DAILY MULTIPLE VITAMINS/MIN, DIABETES HEALTH FORMULA, DIALYVITE 800/ULTRA D, EQ COMPLETE MULTIVIT ADULT 50+, EQ ONE DAILY WOMENS HEALTH, EQL CENTURY, EQL CENTURY MATURE, EQL CENTURY MATURE MEN 50+, EQL CENTURY MATURE WOMEN 50+, EQL ONE DAILY MENS 50+ ADVANCE, EQL ONE DAILY MENS HEALTH, EQL ONE DAILY WOMENS 50+ ADV, EQL VISION FORMULA, ESSENTIA, ESSENTIAL BALANCE, EYE-VITES, GERIVITE COMPLETE, GNP CENTURY ADULT FORMULA, GNP CENTURY MATURE MEN'S 50+, GNP CENTURY MATURE WOMEN'S 50+, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE DAILY MAXIMUM, GNP ONE DAILY MENS

HEALTH 50+, GNP ONE DAILY MENS/LYCOPENE, GNP ONE DAILY WOMENS, GNP ONE DAILY WOMENS 50+, GNP THERAPEUTIC-M, HAIR SKIN AND NAILS FORMULA, HAIR/SKIN/NAILS, HEALTHY EYES, HI-KOVITE 2-PART FORMULA, HM COMPLETE WOMEN, HM WOMENS 50+ ADVANCED DAILY, I-VITE, ICAPS MV, KP ADULTS 50+ DAILY FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION FORMULA/LUTEIN, KP WOMENS 50+ DAILY FORMULA, KP WOMENS DAILY FORMULA, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MEIJER ADVANCED FORMULA, MENS LIFE PACK, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR HER 50+, MULTI FOR HIM, MULTI FOR HIM 50+, MULTI-VITAMIN/MINERALS, MULTIPLE VIT/MINERALS/NO IRON, MULTIPLE VITAMINS/WOMENS, MULTIVITAMIN ADULTS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN WOMEN, MULTIVITAMIN WOMEN 50+, MULTIVITAMIN WOMENS 50+ ADV, MYAMULTI, OCUTABS, OCUTABS-LUTEIN, OCUVITE EXTRA, OCUVITE EYE + MULTI, OCUVITE-LUTEIN, ONE DAILY 50 PLUS, ONE DAILY CALCIUM/IRON, ONE DAILY COMPLETE, ONE DAILY COMPLETE FOR MEN, ONE DAILY FOR MEN 50+ ADVANCED, ONE DAILY FOR MEN/LYCOPENE, ONE DAILY FOR WOMEN, ONE DAILY FOR WOMEN 50+ ADV, ONE DAILY

HEALTHY WEIGHT, ONE DAILY HEALTHY WEIGHT ADV, ONE DAILY MAXIMUM, ONE DAILY MENS, ONE DAILY MENS 50+ MULTIVIT, ONE DAILY MENS 50+/LYCOPENE, ONE DAILY MENS HEALTH, ONE DAILY MULTIVIT/IRON-FREE, ONE DAILY MULTIVITAMIN MEN, ONE DAILY MULTIVITAMIN WOMEN, ONE DAILY WOMENS, ONE DAILY WOMENS 50 PLUS, ONE DAILY WOMENS 50+, ONE DAILY/MINERALS, ONE-A-DAY TEEN ADVANTAGE/HER, ONE-DAILY MULTI-VIT/MINERAL, OPTIC-VITES, OPTIC-VITES WITH LUTEIN, OPTIMUM PMS, OSTEOPRIME ULTRA, PROSIGHT, PX ADVANCED FORMULA MULTIVITS, PX COMPLETE SENIOR MULTIVITS, PX MENS MULTIVITAMINS, QC DAILY MULTIVIT/MULTIMINERAL, QC HAIR SKIN & NAILS, QC MENS DAILY MULTIVITAMIN, QC MULTI-VITE, QC MULTI-VITE 50 & OVER, QC THERIN-M, QC WOMENS DAILY MULTIVITAMIN, QUINTABS-M, RA CENTRAL-VITE MENS MATURE, RA CENTRAL-VITE WOMENS MATURE, RA ONE DAILY MAXIMUM, RA ONE DAILY MENS 50+ W/VIT D3, RA ONE DAILY MENS MULTI, RA ONE DAILY MENS/VIT D-3, RENAPLEX, SENIOR TABS, SENTRY, SENTRY SENIOR, SM ANTIOXIDANT VITAMINS, SM COMPLETE, SM COMPLETE 50+, SM COMPLETE 50+ ULTIMATE MENS, SM COMPLETE 50+ ULTIMATE WOMEN, SM COMPLETE ADVANCED FORMULA, SM COMPLETE SENIOR FORMULA, SM DAILY DIET SUPPORT, SM

OPTI-VITAMINS, STRESS B
COMPLEX/ANTIOXID/ZINC,
STRESSTABS ADVANCED, SUPER
AYTINAL, SUPER AYTINAL 50
PLUS, SUPER MULTIPLE, SUPER
THERA VITE M, SUPER VITA-MINS,
...(23) TABS63

(Multiple Vitamins W/ Minerals) A
THRU Z ADVANCED, A THRU Z
ADVANCED ADULT, A THRU Z
HIGH POTENCY, A THRU Z
SELECT, A THRU Z SELECT 50+
ADVANCED, A THRU Z SELECT
50+ MENS, A THRU Z SELECT
ADVANCED, A THRU Z SELECT
ULTIMATE WOMEN, A THRU Z
ULTIMATE MENS, ANTIOXIDANT
A/C/E/SELENIUM, ANTIOXIDANT
VITAMINS, CENTAVITE A-Z
COMPLETE-MINERAL,
CENTRAVITES, CENTRAVITES 50
PLUS, CENTURY, CENTURY
MATURE, CEROVITE SENIOR,
CERTAVITE/ANTIOXIDANTS,
COMPANION, COMPETE, CVS
DAILY MULTIPLE FOR MEN, CVS
DAILY MULTIPLE WOMEN 50+,
CVS EYE HEALTH & LUTEIN, CVS
ONE DAILY ESSENTIAL, CVS ONE
DAILY MENS FORMULA, CVS ONE
DAILY WOMENS FORMULA, CVS
SPECTRAVITE ADVANCED, CVS
SPECTRAVITE MEN, CVS
SPECTRAVITE MEN 50+, CVS
SPECTRAVITE SENIOR, CVS
SPECTRAVITE ULTRA MENS, CVS
SPECTRAVITE WOMEN, CVS
SPECTRAVITE WOMEN 50+, CVS
SPECTRAVITE WOMENS SENIOR,
CVS WOMENS ACTIVE DAILY,
DAILY BETIC, DAILY COMBO
MULTI VITAMINS, DAILY MULTIPLE
VITAMINS/MIN, DIABETES HEALTH
FORMULA, DIALYVITE 800/ULTRA
D, EQ COMPLETE MULTIVIT

ADULT 50+, EQ ONE DAILY
WOMENS HEALTH, EQL
CENTURY, EQL CENTURY
MATURE, EQL CENTURY MATURE
MEN 50+, EQL CENTURY MATURE
WOMEN 50+, EQL ONE DAILY
MENS 50+ ADVANCE, EQL ONE
DAILY MENS HEALTH, EQL ONE
DAILY WOMENS 50+ ADV, EQL
VISION FORMULA, ESSENTIA,
ESSENTIAL BALANCE, EYE-VITES,
GERIVITE COMPLETE, GNP
CENTURY ADULT FORMULA, GNP
CENTURY MATURE MEN'S 50+,
GNP CENTURY MATURE
WOMEN'S 50+, GNP
HAIR/SKIN/NAILS, GNP HEALTHY
EYES, GNP MEGA MULTI FOR
MEN, GNP MEGA MULTI FOR
WOMEN, GNP ONE DAILY
MAXIMUM, GNP ONE DAILY MENS
HEALTH 50+, GNP ONE DAILY
MENS/LYCOPENE, GNP ONE
DAILY WOMENS, GNP ONE DAILY
WOMENS 50+, GNP
THERAPEUTIC-M, HAIR SKIN AND
NAILS FORMULA,
HAIR/SKIN/NAILS, HEALTHY EYES,
HI-KOVITE 2-PART FORMULA, HM
COMPLETE WOMEN, HM
WOMENS 50+ ADVANCED DAILY,
I-VITE, ICAPS MV, KP ADULTS 50+
DAILY FORMULA, KP ADULTS
DAILY FORMULA, KP MENS 50+
DAILY FORMULA, KP MENS DAILY
FORMULA, KP VISION FORMULA,
KP VISION FORMULA/LUTEIN, KP
WOMENS 50+ DAILY FORMULA,
KP WOMENS DAILY FORMULA,
MACUVITE, MACUVITE EYE CARE,
MACUVITE/LUTEIN, MAXIMUM
DAILY GREEN, MEIJER
ADVANCED FORMULA, MENS LIFE
PACK, MULTI COMPLETE/IRON,
MULTI FOR HER, MULTI FOR HER
50+, MULTI FOR HIM, MULTI FOR

HIM 50+, MULTI-
VITAMIN/MINERALS, MULTIPLE
VIT/MINERALS/NO IRON,
MULTIPLE VITAMINS/WOMENS,
MULTIVITAMIN ADULTS,
MULTIVITAMIN ADULTS 50+,
MULTIVITAMIN MEN 50+,
MULTIVITAMIN WOMEN,
MULTIVITAMIN WOMEN 50+,
MULTIVITAMIN WOMENS 50+ ADV,
MYAMULTI, OCUTABS, OCUTABS-
LUTEIN, OCUVITE EXTRA,
OCUVITE EYE + MULTI, OCUVITE-
LUTEIN, ONE DAILY 50 PLUS, ONE
DAILY CALCIUM/IRON, ONE DAILY
COMPLETE, ONE DAILY
COMPLETE FOR MEN, ONE DAILY
FOR MEN 50+ ADVANCED, ONE
DAILY FOR MEN/LYCOPENE, ONE
DAILY FOR WOMEN, ONE DAILY
FOR WOMEN 50+ ADV, ONE DAILY
HEALTHY WEIGHT, ONE DAILY
HEALTHY WEIGHT ADV, ONE
DAILY MAXIMUM, ONE DAILY
MENS, ONE DAILY MENS 50+
MULTIVIT, ONE DAILY MENS
50+/LYCOPENE, ONE DAILY MENS
HEALTH, ONE DAILY
MULTIVIT/IRON-FREE, ONE DAILY
MULTIVITAMIN MEN, ONE DAILY
MULTIVITAMIN WOMEN, ONE
DAILY WOMENS, ONE DAILY
WOMENS 50 PLUS, ONE DAILY
WOMENS 50+, ONE
DAILY/MINERALS, ONE-A-DAY
TEEN ADVANTAGE/HER, ONE-
DAILY MULTI-VIT/MINERAL,
OPTIC-VITES, OPTIC-VITES WITH
LUTEIN, OPTIMUM PMS,
OSTEOPRIME ULTRA, PROSIGHT,
PX ADVANCED FORMULA
MULTIVITS, PX COMPLETE
SENIOR MULTIVITS, PX MENS
MULTIVITAMINS, QC DAILY
MULTIVIT/MULTIMINERAL, QC
HAIR SKIN & NAILS, QC MENS

DAILY MULTIVITAMIN, QC MULTI-VITE, QC MULTI-VITE 50 & OVER, QC THERIN-M, QC WOMENS DAILY MULTIVITAMIN, QUINTABS-M, RA CENTRAL-VITE MENS MATURE, RA CENTRAL-VITE WOMENS MATURE, RA ONE DAILY MAXIMUM, RA ONE DAILY MENS 50+ W/VIT D3, RA ONE DAILY MENS MULTI, RA ONE DAILY MENS/VIT D-3, RENAPLEX, SENIOR TABS, SENTRY, SENTRY SENIOR, SM ANTIOXIDANT VITAMINS, SM COMPLETE, SM COMPLETE 50+, SM COMPLETE 50+ ULTIMATE MENS, SM COMPLETE 50+ ULTIMATE WOMEN, SM COMPLETE ADVANCED FORMULA, SM COMPLETE SENIOR FORMULA, SM DAILY DIET SUPPORT, SM OPTI-VITAMINS, STRESS B COMPLEX/ANTIOXID/ZINC, STRESSTABS ADVANCED, SUPER AYTINAL, SUPER AYTINAL 50 PLUS, SUPER MULTIPLE, SUPER THERA VITE M, SUPER VITA-MINS, ... (23) TABS64

(Multiple Vitamins W/ Minerals) A THRU Z ADVANCED, A THRU Z ADVANCED ADULT, A THRU Z HIGH POTENCY, A THRU Z SELECT, A THRU Z SELECT 50+ ADVANCED, A THRU Z SELECT 50+ MENS, A THRU Z SELECT ADVANCED, A THRU Z SELECT ULTIMATE WOMEN, A THRU Z ULTIMATE MENS, ANTIOXIDANT A/C/E/SELENIUM, ANTIOXIDANT VITAMINS, CENTAVITE A-Z COMPLETE-MINERAL, CENTRAVITES, CENTRAVITES 50 PLUS, CENTURY, CENTURY MATURE, CEROVITE SENIOR, CERTAVITE/ANTIOXIDANTS,

COMPANION, COMPETE, CVS DAILY MULTIPLE FOR MEN, CVS DAILY MULTIPLE WOMEN 50+, CVS EYE HEALTH & LUTEIN, CVS ONE DAILY ESSENTIAL, CVS ONE DAILY MENS FORMULA, CVS ONE DAILY WOMENS FORMULA, CVS SPECTRAVITE ADVANCED, CVS SPECTRAVITE MEN, CVS SPECTRAVITE MEN 50+, CVS SPECTRAVITE SENIOR, CVS SPECTRAVITE ULTRA MENS, CVS SPECTRAVITE WOMEN, CVS SPECTRAVITE WOMEN 50+, CVS SPECTRAVITE WOMENS SENIOR, CVS WOMENS ACTIVE DAILY, DAILY BETIC, DAILY COMBO MULTI VITAMINS, DAILY MULTIPLE VITAMINS/MIN, DIABETES HEALTH FORMULA, DIALYVITE 800/ULTRA D, EQ COMPLETE MULTIVIT ADULT 50+, EQ ONE DAILY WOMENS HEALTH, EQL CENTURY, EQL CENTURY MATURE, EQL CENTURY MATURE MEN 50+, EQL CENTURY MATURE WOMEN 50+, EQL ONE DAILY MENS 50+ ADVANCE, EQL ONE DAILY MENS HEALTH, EQL ONE DAILY WOMENS 50+ ADV, EQL VISION FORMULA, ESSENTIA, ESSENTIAL BALANCE, EYE-VITES, GERIVITE COMPLETE, GNP CENTURY ADULT FORMULA, GNP CENTURY MATURE MEN'S 50+, GNP CENTURY MATURE WOMEN'S 50+, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE DAILY MAXIMUM, GNP ONE DAILY MENS HEALTH 50+, GNP ONE DAILY MENS/LYCOPENE, GNP ONE DAILY WOMENS, GNP ONE DAILY WOMENS 50+, GNP

THERAPEUTIC-M, HAIR SKIN AND NAILS FORMULA, HAIR/SKIN/NAILS, HEALTHY EYES, HI-KOVITE 2-PART FORMULA, HM COMPLETE WOMEN, HM WOMENS 50+ ADVANCED DAILY, I-VITE, ICAPS MV, KP ADULTS 50+ DAILY FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION FORMULA/LUTEIN, KP WOMENS 50+ DAILY FORMULA, KP WOMENS DAILY FORMULA, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MEIJER ADVANCED FORMULA, MENS LIFE PACK, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR HER 50+, MULTI FOR HIM, MULTI FOR HIM 50+, MULTI-VITAMIN/MINERALS, MULTIPLE VIT/MINERALS/NO IRON, MULTIPLE VITAMINS/WOMENS, MULTIVITAMIN ADULTS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN WOMEN, MULTIVITAMIN WOMEN 50+, MULTIVITAMIN WOMENS 50+ ADV, MYAMULTI, OCUTABS, OCUTABS-LUTEIN, OCUVITE EXTRA, OCUVITE EYE + MULTI, OCUVITE-LUTEIN, ONE DAILY 50 PLUS, ONE DAILY CALCIUM/IRON, ONE DAILY COMPLETE, ONE DAILY COMPLETE FOR MEN, ONE DAILY FOR MEN 50+ ADVANCED, ONE DAILY FOR MEN/LYCOPENE, ONE DAILY FOR WOMEN, ONE DAILY FOR WOMEN 50+ ADV, ONE DAILY HEALTHY WEIGHT, ONE DAILY HEALTHY WEIGHT ADV, ONE DAILY MAXIMUM, ONE DAILY MENS, ONE DAILY MENS 50+

MULTIVIT, ONE DAILY MENS 50+/LYCOPENE, ONE DAILY MENS HEALTH, ONE DAILY	PLUS, SUPER MULTIPLE, SUPER THERA VITE M, SUPER VITA-MINS, ...(23) TABS	POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE
MULTIVIT/IRON-FREE, ONE DAILY		POLACRILEX, GOODSENSE
MULTIVITAMIN MEN, ONE DAILY	(Naloxone Hcl) FT NALOXONE HCL, GNP NALOXONE HCL LIQD	NICOTINE, HM NICOTINE
MULTIVITAMIN WOMEN, ONE		POLACRILEX, KLS QUIT2, KLS
DAILY WOMENS, ONE DAILY	(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	QUIT4, NICOTINE MINI, NICOTINE
WOMENS 50 PLUS, ONE DAILY		POLACRILEX MINI, PX STOP
WOMENS 50+, ONE		SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM
DAILY/MINERALS, ONE-A-DAY	(Niacin (Antihyperlipidemic)) NIACOR TABS	NICOTINE POLACRILEX LOZG .. 81
TEEN ADVANTAGE/HER, ONE-		
DAILY MULTI-VIT/MINERAL,	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ
OPTIC-VITES, OPTIC-VITES WITH	NICOTINE, EQ NICOTINE	NICOTINE, EQ NICOTINE
LUTEIN, OPTIMUM PMS,	POLACRILEX, FT NICOTINE, FT	POLACRILEX, FT NICOTINE, GNP
OSTEOPRIME ULTRA, PROSIGHT,	NICOTINE MINI, GNP NICOTINE	NICOTINE, GNP NICOTINE
PX ADVANCED FORMULA	MINI, GNP NICOTINE	POLACRILEX, GOODSENSE
MULTIVITS, PX COMPLETE	POLACRILEX, GOODSENSE	NICOTINE, KLS QUIT2, KLS QUIT4,
SENIOR MULTIVITS, PX MENS	NICOTINE, HM NICOTINE	PX STOP SMOKING AID, RA
MULTIVITAMINS, QC DAILY	POLACRILEX, KLS QUIT2, KLS	NICOTINE, RA NICOTINE GUM, SM
MULTIVIT/MULTIMINERAL, QC	QUIT4, NICOTINE MINI, NICOTINE	NICOTINE, SM NICOTINE
HAIR SKIN & NAILS, QC MENS	POLACRILEX MINI, PX STOP	POLACRILEX, THRIVE GUM 2 MG
DAILY MULTIVITAMIN, QC MULTI-	SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM	81
VITE, QC MULTI-VITE 50 & OVER,	NICOTINE POLACRILEX LOZG 2	
QC THERIN-M, QC WOMENS	MG	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ
DAILY MULTIVITAMIN, QUINTABS-		NICOTINE, EQ NICOTINE
M, RA CENTRAL-VITE MENS	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ	POLACRILEX, FT NICOTINE, GNP
MATURE, RA CENTRAL-VITE	NICOTINE, EQ NICOTINE	NICOTINE, GNP NICOTINE
WOMENS MATURE, RA ONE DAILY	POLACRILEX, FT NICOTINE, FT	POLACRILEX, GOODSENSE
MAXIMUM, RA ONE DAILY MENS	NICOTINE MINI, GNP NICOTINE	NICOTINE, KLS QUIT2, KLS QUIT4,
50+ W/VIT D3, RA ONE DAILY	MINI, GNP NICOTINE	PX STOP SMOKING AID, RA
MENS MULTI, RA ONE DAILY	POLACRILEX, GOODSENSE	NICOTINE, RA NICOTINE GUM, SM
MENS/VIT D-3, RENAPLEX,	NICOTINE, HM NICOTINE	NICOTINE, SM NICOTINE
SENIOR TABS, SENTRY, SENTRY	POLACRILEX, KLS QUIT2, KLS	POLACRILEX, THRIVE GUM 4 MG
SENIOR, SM ANTIOXIDANT	QUIT4, NICOTINE MINI, NICOTINE	81
VITAMINS, SM COMPLETE, SM	POLACRILEX MINI, PX STOP	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ
COMPLETE 50+, SM COMPLETE	SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM	NICOTINE, EQ NICOTINE
50+ ULTIMATE MENS, SM	NICOTINE POLACRILEX LOZG 4	POLACRILEX, FT NICOTINE, GNP
COMPLETE 50+ ULTIMATE	MG	NICOTINE, GNP NICOTINE
WOMEN, SM COMPLETE		POLACRILEX, GOODSENSE
ADVANCED FORMULA, SM	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ	NICOTINE, KLS QUIT2, KLS QUIT4,
COMPLETE SENIOR FORMULA,	NICOTINE, EQ NICOTINE	PX STOP SMOKING AID, RA
SM DAILY DIET SUPPORT, SM		NICOTINE, RA NICOTINE GUM, SM
OPTI-VITAMINS, STRESS B		
COMPLEX/ANTIOXID/ZINC,		
STRESSTABS ADVANCED, SUPER		
AYTINAL, SUPER AYTINAL 50		

NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 81	NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR82	FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 35
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR 82	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR 82	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS ... 34
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR82	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY37	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 35
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 21 MG/24HR82	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG 34	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS35
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR 81	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.4 MG35
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE,		(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.5 MG35

(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-1 MG35	MICROGESTIN 1/20 TABS 1.5 MG- 30 MCG36	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 40
(Norethindrone & Ethinyl Estradiol- Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE35	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS36	(Olopatadine Hcl) ADVANCED EYE RELIEF, CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %77
(Norethindrone & Ethinyl Estradiol- Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG35	(Norethindrone Acetate) GALLIFREY TABS78	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 % . 77
(Norethindrone & Ethinyl Estradiol- Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG35	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI48	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 % . 77
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL37	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG49	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 % . 77
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL37	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE36	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG85
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/736	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI- LINYAH, TRI-LO-ESTARYLLA, TRI- LO-MARZIA, TRI-LO-MILI, TRI-LO- SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO .36	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR85
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG35	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA36	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR85
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30,	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG36	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG6
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30,	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG36	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG .6
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30,	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG36	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ...6

(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML71	POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD54	(Prenatal Vit W/ Ferrous Fumarate- Folic Acid) PRENATAL 19 CHEW .71
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW 71	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL61	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT71
(Pediatric Multivitamins W/FI) MULTI- VITAMIN/FLUORIDE SOLN71	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ62	(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT- 8 MCG-3 MG-20 MG-7 MG-3 MG- 100 MG-15 MG-3 MG-4000 UNIT- 200 MG-150 MCG-30 UNIT-29 MG 72
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN71	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ62	(Prochlorperazine) COMPRO28
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT53	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ62	(Promethazine & Phenylephrine) PROMETHAZINE VC SYRP38
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM53	(Potassium Chloride) Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ62	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG19
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK 53	(Potassium Chloride) KLOR-CON PACK PO 20 MEQ62	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG19
(Phentermine Hcl) LOMAIRA TABS 1	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ62	(Promethazine-Phenylephrine- Codeine) PROMETHAZINE VC/CODEINE38
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN75	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ62	(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML- 30 MG/5ML-2 MG/5ML38
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG13	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK50	(Salicylic Acid) KERALYT SHAM 6 %44
(Phenytoin) PHENYTOIN INFATABS CHEW13	(Potassium Citrate-Citric Acid) CYTRA-K SOLN51	(Sapropterin Dihydrochloride) JAVYGTOR TABS48
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS62	(Sapropterin Dihydrochloride) JAVYGTOR, ZELVYSIA PACK48
	(Pramoxine-HC-Chloroxylenol) CORTIC-ND78	(Silver Sulfadiazine) SSD42
	(Prednisolone) MILLIPRED TABS .37	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 39
	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS71	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 39

(Sodium Citrate & Citric Acid) CYTRA-2	51	HOUR NASAL ALLERGY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO74 (Triamcinolone Acetonide (Topical)) TRIDERMA CREA 0.5 %42 (Urea) CEROVEL LOTN 40 %44 (Urea) UREA NAIL GEL 45 %44 (Vigabatrin) VIGADRONE TABS .. 13 (Vigabatrin) VIGADRONE, VIGOPDER PACK13 (Warfarin Sodium) JANTOVEN TABS11 (Zolmitriptan) ZOMIG TABS 61 abacavir sulfate TABS 28 abacavir sulfate-lamivudine28 ABC COMPLETE ADULT TABS ..65 ABC COMPLETE MENS TABS ... 65 ABC COMPLETE SENIOR 50+ TABS65 ABC COMPLETE SENIOR MENS 50+ TABS65 ABC COMPLETE SENIOR WOMENS 50+ TABS65 ABC COMPLETE WOMENS TABS 66 abiraterone acetate24 acamprosate calcium78 acarbose15 acebutolol hcl CAPS30 acetaminophen w/ codeine SOLN .. 6 acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG6 acetaminophen w/ codeine TABS 60	MG-300 MG6 acetazolamide CP1246 acetazolamide TABS 125 MG46 acetazolamide TABS 250 MG46 acetic acid (otic)77 acetylcysteine SOLN39 acitretin 10 MG41 acitretin 17.5 MG41 acitretin 25 MG41 ACTIMMUNE 100 MCG/0.5ML26 ACUVAIL77 acyclovir CAPS30 acyclovir SUSP30 acyclovir TABS PO 400 MG30 acyclovir TABS PO 800 MG30 acyclovir topical CREA42 acyclovir topical OINT42 ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML2 ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML2 ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML2 ADALIMUMAB-ADAZ SOSY2 adapalene CREA39 adapalene GEL 0.1 %39 adapalene GEL 0.3 %39 adapalene-benzoyl peroxide GEL 2.5 %-0.1 %39 adapalene-benzoyl peroxide GEL 2.5 %-0.3 %39 ADDYI79
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	63		
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	39		
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	39		
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	39		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ..	22		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	32		
(Testosterone Cypionate) DEPO- TESTOSTERONE SOLN IM	7		
(Tetracaine Hcl (Ophth)) ALTACAINE	76		
(Theophylline) ELIXOPHYLLIN ELIX . 11			
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 % 75			
(Tiopronin) VENXXIVA TBEC	51		
(Tretinoin) AVITA CREA 0.025 % .	39		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	63		
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, FT 24 HOUR NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, HM 24			

adefovir dipivoxil	29	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	58	alfuzosin hcl	51
ADEMPAS	32	AEROCHAMBER Z-STAT PLUS MISC	59	ALINIA SUSR	22
ADTHYZA TABS	84	AEROCHAMBER Z-STAT PLUS/LARGE MISC	59	aliskiren fumarate	22
ADVATE 250 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	51	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	59	ALIVE CALCIUM BONE SUPPORT TABS	66
ADYNOVATE 3000 UNIT	51	AEROCHAMBER Z-STAT PLUS/SMALL MISC	59	ALIVE DAILY ENERGY TABS	66
AEROCHAMBER HOLDING CHAMBER DEVI	58	AEROCHAMBER2GO ANTI-STATIC DEVI	59	ALIVE DIABETIC MULTIVITAMIN TABS	66
AEROCHAMBER MINI CHAMBER DEVI	58	AEROVENT PLUS DEVI	59	ALIVE ENERGY 50+ TABS	66
AEROCHAMBER MV MISC	58	AFLORA TABS	66	ALIVE GARDEN GOODNESS TABS 66	
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	58	AGAMREE	37	ALIVE MENS 50+ TABS	66
AEROCHAMBER PLUS FLO-VU INTERM DEVI	58	AIMSCO LUBRICATED MISC	55	ALIVE MENS 50+ ULTRA TABS ..	66
AEROCHAMBER PLUS FLO-VU LARGE DEVI	58	AJOVY SOAJ	60	ALIVE MENS COMPLETE MULTI TABS	66
AEROCHAMBER PLUS FLO-VU LARGE MISC	58	AJOVY SOSY	60	ALIVE MENS ENERGY TABS	66
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	58	AKYNZEO	18	ALIVE MENS ULTRA TABS	66
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	58	albendazole	8	ALIVE ONCE DAILY WOMENS TABS	66
AEROCHAMBER PLUS FLO-VU MISC	58	albuterol sulfate AERS	10	ALIVE ULTRA POTENCY ADULT TABS	66
AEROCHAMBER PLUS FLO-VU SMALL DEVI	58	albuterol sulfate NEBU	10	ALIVE ULTRA POTENCY WOMENS 50+ TABS	66
AEROCHAMBER PLUS FLO-VU SMALL MISC	58	ALBUTEROL SULFATE NEBU ...	10	ALIVE WOMENS 50+ COMPLETE MV TABS	66
AEROCHAMBER PLUS FLO-VU W/MASK MISC	58	albuterol sulfate SYRP	10	ALIVE WOMENS 50+ TABS	66
AEROCHAMBER PLUS FLOW VU MISC	58	albuterol sulfate TABS	10	ALIVE WOMENS ENERGY TABS	66
AEROCHAMBER W/FLOWSIGNAL MISC	58	alclometasone dipropionate CREA	42	allopurinol 100 MG	51
		alclometasone dipropionate OINT	42	allopurinol 300 MG	51
		ALECENSA	25	almotriptan malate	61
		alendronate sodium SOLN	47	ALOCRIIL	77
		alendronate sodium TABS 35 MG, 70 MG	47	alogliptin benzoate 25 MG	16
		alendronate sodium TABS 5 MG, 10 MG	47	alogliptin benzoate 6.25 MG, 12.5	

MG	16	5 MG, 40 MG-10 MG, 40 MG-5 MG	ANDEXXA 200 MG	18
ALOMIDE	77	21	ANGELIQ	49
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	49	amlodipine besylate-valsartan 10 MG-160 MG	ANNOVERA	37
alosetron hcl	50	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG- 320 MG	ANTIOXIDANT FORMULA TABS .	66
ALPHA BETIC TABS	66	21	APEXICON E CREA	42
ALPRAZOLAM INTENSOL CONC .	8	amlodipine-valsartan- hydrochlorothiazide	APO-VARENICLINE TABS	82
alprazolam TABS	8	21	apraclonidine hcl	75
alprazolam TB24	8	amoxapine	aprepitant CAPS 40 MG	18
alprazolam TBDP	8	15	aprepitant CAPS 80 MG, 125 MG .	18
ALTABAX	40	amoxicillin & pot clavulanate CHEW . 78	aprepitant CAPS	18
ALUNBRIG TABS	25	amoxicillin & pot clavulanate SUSR 78	APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	28
ALUNBRIG TBPK	25	amoxicillin & pot clavulanate TABS 78	APTIVUS CAPS	28
amantadine hcl CAPS	26	78	ARCALYST	3
amantadine hcl TABS	26	amoxicillin & pot clavulanate TB12 78	arformoterol tartrate	10
ambrisentan	32	amoxicillin CAPS	ARIKAYCE	2
amiloride & hydrochlorothiazide ...	46	78	aripiprazole SOLN PO	28
amiloride hcl TABS	46	amoxicillin CHEW 125 MG, 250 MG . 78	aripiprazole TABS 15 MG	28
aminocaproic acid SOLN PO 0.25 GM/ML	53	amoxicillin SUSR	aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	28
aminocaproic acid TABS	53	78	aripiprazole TABS 20 MG	28
amiodarone hcl TABS	9	amoxicillin-clarithromycin w/ lansoprazole THPK	aripiprazole TBDP	28
amitriptyline hcl TABS	15	86	armodafinil	1
amlodipine besylate TABS 2.5 MG 31		amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	ARMOUR THYROID TABS	84
amlodipine besylate TABS 5 MG, 10 MG	31	1	asenapine maleate	28
amlodipine besylate-atorvastatin calcium	31	amphetamine-dextroamphetamine TABs	aspirin CHEW	5
amlodipine besylate-benazepril hcl 10 MG-2.5 MG	21	1	aspirin TBEC 81 MG	5
amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-		ampicillin CAPS 500 MG	aspirin-dipyridamole	52
		78	ASSURE ID INSULIN SAFETY SYR 58	
		anagrelide hcl	ASTAGRAF XL CP24	62
		52		
		ANALPRAM HC LOTN EX		
		8		
		ANALPRAM-HC LOTN EX		
		8		
		anastrozole		
		24		

atazanavir sulfate CAPS	28	azelastine hcl 0.15 %, 205.5 MCG/SPRAY	74	BD PEN NEEDLE NANO 2ND GEN	58
atenolol & chlorthalidone	21	azelastine hcl-fluticasone propionate SUSP	74	BD PEN NEEDLE NANO ULTRAFINE	58
atenolol TABS	30	azithromycin PACK	55	BD PEN NEEDLE ORIG ULTRAFINE	58
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	azithromycin SUSR	55	BD PEN NEEDLE SHORT ULTRAFINE	58
atomoxetine hcl 60 MG, 80 MG, 100 MG	1	azithromycin TABS 250 MG	55	BD SAFETYGLIDE INSULIN SYRINGE	58
atorvastatin calcium TABS	20	azithromycin TABS 500 MG	55	BD VEO INSULIN SYR U/F 1/2UNIT	58
atovaquone	22	azithromycin TABS 600 MG	55	BD VEO INSULIN SYR ULTRAFINE	58
atovaquone-proguanil hcl	22	AZO HORMONAL HEALTH CYCLE CARE TABS	66	BELLADONNA ALKALOIDS-OPIMUM	84
atropine sulfate (ophthalmic) OINT	75	AZO HORMONAL HEALTH HAPPY CYCL TABS	66	BELSOMRA	53
atropine sulfate (ophthalmic) SOLN 75		bacitracin (ophthalmic)	75	benazepril & hydrochlorothiazide	21
ATROPINE SULFATE SOLN 1 %	75	bacitracin-polymyxin b (ophth)	75	benazepril hcl	20
ATROVENT HFA	9	bacitracin-poly-neomycin-hc	76	BENEFIX KIT	51
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	78	baclofen TABS 10 MG	73	BENZNIDAZOLE	8
AURANOFIN 3 MG	3	baclofen TABS 15 MG	73	benzonatate	38
AUSTEDO TABS 12 MG	79	baclofen TABS 20 MG	73	benzoyl peroxide-erythromycin GEL	39
AUSTEDO TABS 6 MG, 9 MG	79	baclofen TABS 5 MG	73	benztropine mesylate TABS	26
AUSTEDO XR PATIENT TITRATION TEPK	79	BACMIN TABS	66	bepotastine besilate	77
AUSTEDO XR TB24	79	balsalazide disodium CAPS	49	BESIVANCE	75
AVONEX PEN AJKT	79	BALVERSA	25	betamethasone dipropionate (topical) CREA	42
AVONEX PREFILLED PSKT	79	BARIATRIC MULTIVITAMINS TABS	66	betamethasone dipropionate (topical) LOTN	42
AYVAKIT	24	BASIC AM TABS	66	betamethasone dipropionate (topical) OINT	42
AZASITE	75	BASIC PM TABS	66	betamethasone dipropionate	
azathioprine TABS	62	BD AUTOSHIELD DUO	58		
azelaic acid GEL	45	BD PEN NEEDLE MICRO ULTRAFINE	58		
azelastine hcl (ophth)	77	BD PEN NEEDLE MINI ULTRAFINE	58		
azelastine hcl 0.1 %, 137 MCG/SPRAY	74				

augmented CREA	42	bosentan TBSO 32 MG	32	budesonide-formoterol fumarate dihydrate	10
betamethasone dipropionate augmented GEL 0.05 %	42	BOSULIF CAPS	25	bumetanide TABS 0.5 MG, 1 MG ..	46
betamethasone dipropionate augmented LOTN	42	BOSULIF TABS	25	bumetanide TABS 2 MG	46
betamethasone dipropionate augmented OINT	43	BRAFTOVI 75 MG	25	buprenorphine hcl SUBL 2 MG	7
betamethasone valerate CREA	43	BREATHE COMFORT CHAMBER/ADULT DEVI	59	buprenorphine hcl SUBL 8 MG	7
betamethasone valerate FOAM	43	BREATHE COMFORT CHAMBER/CHILD DEVI	59	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	7
betamethasone valerate LOTN	43	BREATHE EASE LARGE DEVI ...	59	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	7
betamethasone valerate OINT	43	BREATHE EASE MEDIUM DEVI ..	59	buprenorphine hcl-naloxone hcl dihydrate SUBL	7
BETASERON KIT	79	BREATHE EASE SMALL DEVI ...	59	buprenorphine PTWK	7
betaxolol hcl (ophth) SOLN	75	BREATHERITE VALVED MDI CHAMBER DEVI	59	bupropion hcl (smoking deterrent) 82	
betaxolol hcl	30	BREZTRI AEROSPHERE	10	bupropion hcl TABS	14
bethanechol chloride	86	brimonidine tartrate (topical)	45	bupropion hcl TB12	14
BETIMOL 0.25 %	75	brimonidine tartrate	75	bupropion hcl TB24 150 MG, 300 MG	14
BETOPTIC-S SUSP	75	brimonidine tartrate-timolol maleate . 75		bupropion hcl TB24 450 MG	14
bexarotene (topical)	41	brinzolamide	77	buspirone hcl	8
bexarotene	26	bromfenac sodium (ophth)	77	butalbital-acetaminophen CAPS 50 MG-300 MG	4
bicalutamide	24	bromocriptine mesylate CAPS	26	butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG	4
BIKTARVY	28	bromocriptine mesylate TABS 2.5 MG	26	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	4
bimatoprost SOLN	77	BRUKINSA	25	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	4
BINOSTO TBEF	47	budesonide (inhalation) SUSP 0.25 MG/2ML	10	butalbital-acetaminophen-caffeine w/ codeine	7
bisacodyl SUPP	55	budesonide (inhalation) SUSP 0.5 MG/2ML	9	butalbital-aspirin-caffeine CAPS	4
bisacodyl TBEC	55	budesonide (inhalation) SUSP 1 MG/2ML	9	butalbital-aspirin-caffeine w/cod	7
bisoprolol & hydrochlorothiazide ..	21	budesonide (intrarectal)	7		
bisoprolol fumarate	30	budesonide CPEP	37		
BLOOD SUGAR MANAGER TABS 66		budesonide TB24	37		
BONEUP VEGETARIAN TABS	66				
bosentan TABS	32				

CENTRUM SPECIALIST IMMUNE TABS66	CHORIONIC GONADOTROPIN IM 47	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 72
CENTRUM SPECIALIST VISION TABS66	ciclopirox GEL40	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG72
CENTRUM ULTRA WOMENS TABS 66	ciclopirox olamine CREA40	CITRANATAL MEDLEY72
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cephalexin SUSR32	ciclopirox SHAM40	clarithromycin TABS55
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CERTAVITE SENIOR TABS67	cilostazol52	clemastine fumarate SYRP19
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CHEMSTRIP K STRP45	cimetidine TABS 400 MG85	clindamycin hcl22
chlordiazepoxide hcl CAPS8	cinacalcet hcl48	clindamycin palmitate hydrochloride . 22
chlordiazepoxide hcl-clidinium bromide84	CIPRO HC78	clindamycin phosphate (topical) FOAM39
chlordiazepoxide-amitriptyline79	CIPRO SUSR49	clindamycin phosphate (topical) GEL 39
chloroquine phosphate TABS23	ciprofloxacin hcl (ophth) SOLN76	clindamycin phosphate (topical) LOTN39
chlorpromazine hcl TABS28	ciprofloxacin hcl (otic)77	clindamycin phosphate (topical) SOLN39
chlorthalidone 25 MG, 50 MG47	ciprofloxacin hcl TABS49	clindamycin phosphate (topical) SWAB39
chlorzoxazone TABS 375 MG, 500 MG, 750 MG73	ciprofloxacin-dexamethasone78	clindamycin phosphate vaginal CREA86
cholestyramine light PACK19	ciprofloxacin-fluocinolone acetone . 78	clindamycin phosphate-benzoyl peroxide (refrigerate)39
cholestyramine light POWD19	citalopram hydrobromide SOLN ...14	clindamycin phosphate-benzoyl
cholestyramine PACK19	citalopram hydrobromide TABS ...14	
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choline fenofibrate 135 MG20	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG- 20 MG-50 MG-25 MG-2 MG-159 MG- 90 MG-150 MCG-30 UNIT-0.75 MG- 300 MG72	
choline fenofibrate 45 MG20	CITRANATAL ASSURE72	

peroxide GEL 5 %-1 %	39	LOTN	40	COMPLETENATE CHEW	72
clindamycin phosphate-tretinoin	39	clozapine TABS	28	CONCEPT DHA	72
clobazam SUSP	12	clozapine TBDP	28	CONCEPT OB	72
clobazam TABS 10 MG	12	COARTEM	23	CONDOMS	55
clobazam TABS 20 MG	12	codeine sulfate TABS 30 MG	5	CONTRACE	1
clobetasol propionate CREA 0.05 %	43	CODEINE SULFATE TABS	5	COPIKTRA	25
clobetasol propionate emollient base 0.05 %	43	CODITUSSIN AC LIQD	38	CORDRAN TAPE	43
clobetasol propionate emulsion	43	colchicine CAPS	51	CORLANOR SOLN	32
clobetasol propionate FOAM	43	colchicine TABS	51	CORTIFOAM EX 10 %	7
clobetasol propionate GEL 0.05 %	43	colchicine w/ probenecid	51	CORTISONE ACETATE TABS	37
clobetasol propionate LIQD	43	colesevelam hcl PACK	19	CORTISPORIN-TC	78
clobetasol propionate LOTN	43	colesevelam hcl TABS	19	COSENTYX (300 MG DOSE) SOSY	41
clobetasol propionate OINT 0.05 %	43	colestipol hcl GRAN	19	COSENTYX SENSOREADY (300 MG) SOAJ	41
clobetasol propionate SHAM	43	colestipol hcl PACK	19	COSENTYX SENSOREADY PEN SOAJ	41
clobetasol propionate SOLN 0.05 %	43	colestipol hcl TABS	19	COSENTYX SOSY 150 MG/ML	42
clocortolone pivalate	43	COMBIPATCH PTTW	49	COSENTYX SOSY 75 MG/0.5ML	41
clomiphene citrate TABS	47	COMBIVENT RESPIMAT AERS	10	COSENTYX UNOREADY SOAJ	41
clomipramine hcl	15	COMETRIQ (100 MG DAILY DOSE) KIT	25	COTELLIC	25
clonazepam TABS	12	COMETRIQ (140 MG DAILY DOSE) KIT	25	COVID VACCINES	86
clonazepam TBDP	12	COMETRIQ (60 MG DAILY DOSE) KIT	25	COVID-19 AT HOME TEST KITS	45
clonidine hcl (adhd) TB12	1	COMFORT EZ INSULIN SYRINGE	58	CREON CPEP	46
clonidine hcl TABS	21	COMPACT SPACE CHAMBER DEVI	59	CRESEMBA CAPS 186 MG	18
clopidogrel bisulfate	52	COMPACT SPACE CHAMBER/LG MASK DEVI	59	CRINONE GEL	87
clorazepate dipotassium TABS	8	COMPACT SPACE CHAMBER/MED MASK DEVI	59	cromolyn sodium (ophth)	77
clotrimazole	63	COMPACT SPACE CHAMBER/SM MASK DEVI	59	cromolyn sodium NEBU	9
clotrimazole w/ betamethasone CREA	40			CTEXLI 250 MG	49
clotrimazole w/ betamethasone				CVS DAILY MULTIV/MINERAL MENS TABS	67

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CVS ONE DAILY WOMENS 50+ ADV TABS67	CYTRA-3 SYRP51	DERMACINRX RIBOTIN-E TABS .67
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	deferasirox TBSO17	desoximetasone LIQD43
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	DELSTRIGO28	

desoximetasone OINT	43	diclofenac sodium (actinic keratoses) EX	41	diltiazem hcl extended release beads	31
desvenlafaxine succinate	15	diclofenac sodium (ophth)	77	diltiazem hcl TABS	31
dexamethasone ELIX	37	diclofenac sodium (topical) GEL EX 41		diltiazem hcl TB24	31
DEXAMETHASONE INTENSOL CONC	37	diclofenac sodium (topical) SOLN EX 1.5 %	41	dimethyl fumarate CDPK	80
dexamethasone sodium phosphate (ophth)	76	diclofenac sodium (topical) SOLN EX 2 %	41	dimethyl fumarate CPDR	80
dexamethasone SOLN	37	diclofenac sodium TB24	3	DIPENTUM	50
dexamethasone TABS	37	diclofenac sodium TBEC	3	diphenoxylate w/ atropine LIQD ...	17
dexamethasone TBPk	37	diclofenac w/ misoprostol TBEC	3	diphenoxylate w/ atropine TABS ...	17
dexmethylphenidate hcl CP24	1	dicloxacillin sodium	78	dipyridamole	52
dexmethylphenidate hcl TABS	1	dicyclomine hcl CAPS	84	disopyramide phosphate CAPS	9
dextroamphetamine sulfate CP24 ...	1	dicyclomine hcl SOLN PO	84	disulfiram	78
dextroamphetamine sulfate SOLN ..	1	dicyclomine hcl TABS	84	DIURIL SUSP	47
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	DIFFERIN LOTN	40	divalproex sodium CSDR	14
DHIVY TABS	27	diflorasone diacetate CREA	43	divalproex sodium TB24	14
DIACOMIT CAPS 250 MG	12	diflorasone diacetate OINT	43	divalproex sodium TBEC	14
DIACOMIT CAPS 500 MG	12	diflunisal TABS	5	dofetilide	9
DIACOMIT PACK 250 MG	12	difluprednate	76	DOJOLVI	75
DIACOMIT PACK 500 MG	12	digoxin SOLN PO 0.05 MG/ML	31	donepezil hydrochloride TABS	79
DIALYVITE SUPREME D TABS ...	67	digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	31	donepezil hydrochloride TBDP	79
DIATROL TABS	67	dihydroergotamine mesylate SOLN IJ 1 MG/ML	61	dorzolamide hcl	77
diazepam (anticonvulsant) GEL ...	12	dihydroergotamine mesylate SOLN NA 4 MG/ML	61	DORZOLAMIDE HCL	77
diazepam CONC	8	DILANTIN 30 MG	13	DORZOLAMIDE HCL-TIMOLOL MAL	75
diazepam SOLN PO 5 MG/5ML	8	diltiazem hcl coated beads CP24 ...	31	dorzolamide hcl-timolol maleate ..	75
diazepam TABS 10 MG	8	diltiazem hcl CP12	31	DOVATO	28
diazepam TABS 2 MG, 5 MG	8	diltiazem hcl CP24	31	doxazosin mesylate	21
diazoxide	16			doxepin hcl (antipruritic)	41
dichlorphenamide	46			doxepin hcl CAPS	15
diclofenac potassium TABS 50 MG .3				doxepin hcl CONC	15
				doxercalciferol CAPS	48

doxycycline (monohydrate) CAPS .83	44	EDURANT	28
doxycycline (monohydrate) SUSR .83	DUPIXENT SOSY 300 MG/2ML ...44	efavirenz CAPS	28
doxycycline (monohydrate) TABS	DUREX EXTRA SENSITIVE THIN	efavirenz TABS	28
150 MG	DEVI	efavirenz-emtricitabine-tenofovir	
doxycycline (monohydrate) TABS 50	DUREX EXTRA SENSITIVE THIN	disoproxil fumarate	28
MG, 75 MG, 100 MG	MISC	efavirenz-lamivudine-tenofovir	
doxycycline (rosacea)	DUREX TROPICAL MISC	disoproxil fumarate	28
doxycycline hyclate CAPS	dutasteride	EFFER-K	62
doxycycline hyclate TABS 75 MG,	dutasteride-tamsulosin hcl	EGRIFTA SV	47
100 MG, 150 MG	EASIVENT MASK LARGE MISC ..	ELESTRIN GEL	49
doxylamine-pyridoxine TBEC	EASIVENT MASK MEDIUM MISC	eletriptan hydrobromide	61
dronabinol CAPS 10 MG	59	ELIGARD KIT SC 7.5 MG	24
dronabinol CAPS 2.5 MG, 5 MG ...	EASIVENT MASK SMALL MISC ..	ELIQUIS DVT/PE STARTER PACK	
DROPLET INSULIN SYRINGE ...	59	TBPK	11
DROPSAFE SAFETY	EASIVENT MISC	ELIQUIS TABS	11
SYRINGE/NEEDLE	EASY FLOW BLACK/BLUE DEVI .	ELLA	37
drospirenone-ethinyl estradiol	59	ELMIRON CAPS	51
drospirenone-ethinyl estradiol-	EASY FLOW BLACK/RED DEVI ..	ELOCTATE 250 UNIT, 4000 UNIT,	
levomefolate calcium	59	5000 UNIT, 6000 UNIT	51
DROXIA CAPS	EASY FLOW BLACK/WHITE DEVI	eltrombopag olamine PACK 12.5	
droxidopa	59	MG, 25 MG	52
DRYSOL SOLN	EASY FLOW BLACK/YELLOW DEVI	eltrombopag olamine TABS 12.5 MG,	
DUAVEE	59	25 MG, 50 MG, 75 MG	52
DUET DHA 400 MISC	EASY FLOW WHITE/BLUE DEVI .	EMBECTA INS SYR U/F 1/2 UNIT	
duloxetine hcl CPEP 20 MG, 30 MG,	59	58	
60 MG	EASY FLOW WHITE/GREEN DEVI	EMBECTA INSULIN SYR	
DUOPA SUSP	59	ULTRAFINE	58
DUPIXENT SOAJ 200 MG/1.14ML	EASY FLOW WHITE/PINK DEVI ..	EMCYT	24
44	59	EMEND SUSR	18
DUPIXENT SOAJ 300 MG/2ML ...	EASY FLOW WHITE/WHITE DEVI	EMGALITY SOAJ	60
44	59	EMGALITY SOSY	60
DUPIXENT SOSY 100 MG/0.67ML	econazole nitrate CREA	EMSAM	14
44	40	emtricitabine CAPS	28
DUPIXENT SOSY 200 MG/1.14ML	EDARBI 40 MG		
	20		
	EDARBI 80 MG		
	20		
	EDARBYCLOR		
	21		

emtricitabine-rilpivirine-tenofovir disoproxil fumarate	28	EPIFOAM FOAM	43	erlotinib hcl	24
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	29	epinastine hcl (ophth)	77	erythromycin (acne aid) GEL	40
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	29	epinephrine (anaphylaxis) SOAJ ..	87	erythromycin (acne aid) SOLN	40
enalapril maleate & hydrochlorothiazide	21	eplerenone	22	erythromycin (ophth)	76
enalapril maleate TABS	20	EQ COMPLETE MULTIVITAMIN- ADULT TABS	67	ERYTHROMYCIN	76
ENBREL MINI SOCT	4	EQ ONE DAILY MENS 50+ TABS ..	67	erythromycin base CPEP	55
ENBREL SOLN	4	EQ ONE DAILY MENS HEALTH TABS	67	erythromycin base TABS	55
ENBREL SOSY 25 MG/0.5ML	4	EQ ONE DAILY WOMENS 50+ TABS	67	erythromycin base TBEC	55
ENBREL SOSY 50 MG/ML	4	EQ ONE DAILY WOMENS HEALTH TABS	67	erythromycin ethylsuccinate SUSR 55	
ENBREL SURECLICK SOAJ	4	EQ SPACE CHAMBER ANTI- STATIC DEVI	60	erythromycin ethylsuccinate TABS	55
ENDOMETRIN INST	87	EQ SPACE CHAMBER ANTI- STATIC L DEVI	59	escitalopram oxalate SOLN	14
enoxaparin sodium SOLN IJ 300 MG/3ML	11	EQ SPACE CHAMBER ANTI- STATIC M DEVI	60	escitalopram oxalate TABS 10 MG, 20 MG	14
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	11	EQ SPACE CHAMBER ANTI- STATIC S DEVI	60	escitalopram oxalate TABS 5 MG .	14
enoxaparin sodium SOSY 30 MG/0.3ML	11	EQL CENTURY MATURE ADULTS 50+ TABS	67	eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	12
enoxaparin sodium SOSY 40 MG/0.4ML	11	EQL CENTURY MENS TABS	67	estazolam	53
enoxaparin sodium SOSY 60 MG/0.6ML	11	EQL CENTURY WOMENS TABS ..	67	estradiol & norethindrone acetate TABS	49
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	11	EQL ONE DAILY MENS TABS	67	estradiol GEL	49
entacapone	26	EQUETRO	27	estradiol PTTW	49
entecavir TABS	29	ergocalciferol CAPS	87	estradiol PTWK	49
ENTRESTO CPSP	31	ergoloid mesylates TABS	80	estradiol TABS	49
EPCLUSA PACK	29	ERGOMAR SUBL	61	estradiol vaginal CREA	86
EPCLUSA TABS	30	ergotamine w/ caffeine TABS	61	estradiol vaginal TABS	86
EPIDIOLEX	12	ERIVEDGE	24	estradiol valerate	49
		ERLEADA	24	ESTRING RING 7.5 MCG/24HR ..	86
				ESTROVEN MENOPAUSE SUPPLEMENT TABS	67
				eszopiclone	53
				ethacrynic acid	46

ethambutol hcl TABS	23	FANTASY		fentanyl PT72 12 MCG/HR, 25	
ethosuximide CAPS	14	LUBRICATED/SPERMICIDE MISC		MCG/HR, 37.5 MCG/HR, 50	
ethosuximide SOLN	14	55		MCG/HR, 62.5 MCG/HR, 75	
ethynodiol diacet & eth estrad	36	FARXIGA (dapagliflozin propanediol)		MCG/HR, 87.5 MCG/HR, 100	
etodolac CAPS	3		17	MCG/HR	6
etodolac TABS	3	FASENRA PEN SOAJ	9	ferric citrate	50
etodolac TB24	3	FASENRA SOSY 10 MG/0.5ML	9	FERRIPROX SOLN	18
etonogestrel-ethinyl estradiol	37	FASENRA SOSY 30 MG/ML	9	fesoterodine fumarate	86
etoposide CAPS	26	FC2 FEMALE CONDOM	55	FETZIMA CP24 20 MG	15
etravirine	29	febuxostat 40 MG	51	FETZIMA CP24 40 MG, 80 MG, 120	
EUCRISA	45	febuxostat 80 MG	51	MG	15
EULEXIN	24	FEIBA 500 UNIT, 1000 UNIT	51	FETZIMA TITRATION C4PK	15
EVAMIST SOLN	49	felbamate SUSP	13	fidaxomicin TABS 200 MG	55
everolimus (immunosuppressant) .	62	felbamate TABS	13	FINACEA FOAM	45
everolimus TABS	25	felodipine 10 MG	31	finasteride	51
everolimus TBSO	25	felodipine 2.5 MG, 5 MG	31	FINAZOL TABS	67
EVOTAZ	29	FEMCAP DEVI	55	finbolimod hcl	80
EVRYSDI	75	FEMRING	86	FIRDAPSE	23
exemestane	24	fenofibrate CAPS	20	FIRST-MOUTHWASH BLM	63
EYE HEALTH + LUTEIN TABS	67	fenofibrate micronized 130 MG, 200		FIRST-PROGESTERONE VGS	
EYE MULTIVITAMIN/SODIUM TABS		MG	20	SUPP	87
.....	67	fenofibrate micronized 43 MG, 67		FITNESS TABS FOR MEN AM/PM	
ezetimibe	20	MG, 134 MG	20	TABS	67
ezetimibe-simvastatin	19	fenofibrate TABS 145 MG, 160 MG		FITNESS TABS FOR WOMEN	
FABHALTA	52	20		AM/PM TABS	67
FABIOR FOAM	40	fenofibrate TABS 48 MG	20	FLAREX	76
famciclovir	30	fenofibrate TABS 54 MG	20	flavoxate hcl	86
famotidine SUSR	85	fenofibric acid	20	flecainide acetate	9
famotidine TABS 40 MG	85	fenoprofen calcium CAPS 400 MG .	3	FLEXICHAMBER DEVI	60
FANTASY LUBRICATED MISC ...	55	fentanyl citrate LPOP 1600 MCG ...	6	FLORAFOL PEDIATRIC CHEW ...	71
		fentanyl citrate LPOP 200 MCG, 400		FLORAFOL PEDIATRIC SOLN ...	71
		MCG, 600 MCG, 800 MCG, 1200		FLORIVA 0.25 MG	71
		MCG	5	FLORIVA PLUS SOLN	71

FLORRAVITE TABS	67	fluphenazine hcl TABS	28	fluvoxamine maleate CP24 150 MG	14
FLORRAXYL TABS	67	flurandrenolide CREA	43	fluvoxamine maleate TABS 100 MG .	14
FLOTREX CHEW 0.25 MG, 0.5 MG, 1 MG	71	flurazepam hcl	53	fluvoxamine maleate TABS 25 MG, 50 MG	14
fluconazole SUSR	18	flurbiprofen sodium	77	FML FORTE SUSP	76
fluconazole TABS	18	flurbiprofen TABS	3	FOLAMAX TABS	67
flucytosine	18	fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	10	FOLAPRIME TABS	67
fludrocortisone acetate TABS	38	fluticasone furoate-vilanterol	10	folic acid TABS 1 MG	52
fluocinolone acetonide (otic)	78	fluticasone propionate (inhalation) AEPB 100 MCG/ACT	10	folic acid TABS 400 MCG, 800 MCG .	52
fluocinolone acetonide CREA	43	fluticasone propionate (inhalation) AEPB 250 MCG/ACT	10	FOLIFLEX TABS	67
fluocinolone acetonide OIL	43	fluticasone propionate (inhalation) AEPB 50 MCG/ACT	10	FOLITIN-Z TABS	67
fluocinolone acetonide OINT	43	fluticasone propionate (nasal) SUSP .	74	FOLIVANE-F	53
fluocinolone acetonide SOLN	43	fluticasone propionate CREA 0.05 %	43	FOLIVANE-OB	72
fluocinonide CREA	43	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	10	FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	47
fluocinonide emulsified base	43	fluticasone propionate hfa 44 MCG/ACT	10	fondaparinux sodium 2.5 MG/0.5ML .	11
fluocinonide GEL	43	fluticasone propionate LOTN	43	fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML	11
fluocinonide OINT	43	fluticasone propionate OINT	43	formaldehyde SOLN 10 %	28
fluocinonide SOLN	43	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	10	formoterol fumarate NEBU	10
fluorometholone (ophth) SUSP	76	fluticasone-salmeterol AERO	10	fosamprenavir calcium TABS	29
fluorouracil (topical) CREA 0.5 % ..	41	fluvastatin sodium CAPS	20	fosfomycin tromethamine	22
fluorouracil (topical) CREA 5 % ...	41	fluvastatin sodium TB24	20	fosinopril sodium & hydrochlorothiazide	21
fluorouracil (topical) SOLN	41	fluvoxamine maleate CP24 100 MG	14	fosinopril sodium	20
fluoxetine hcl (pmdd) TABS	80			FOSRENOL PACK	50
fluoxetine hcl CAPS 10 MG, 20 MG	14			FRAGMIN SOLN 95000 UNIT/3.8ML	11
fluoxetine hcl CAPS 40 MG	14				
fluoxetine hcl CPDR	14				
fluoxetine hcl SOLN	14				
fluoxetine hcl TABS 10 MG	14				
fluoxetine hcl TABS 20 MG, 60 MG	14				

FRAGMIN SOSY 2500 UNIT/0.2ML 11	furosemide TABS 46	GLEOSTINE 10 MG, 40 MG, 100 MG23
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML ..11	FUZEON SOLR29	glimepiride 1 MG, 2 MG, 4 MG 17
FREEDAVITE TABS67	FYCOMPA SUSP12	glipizide TABS 17
FREESTYLE INSULINX TEST STRP45	FYCOMPA TABS 2 MG12	glipizide TB2417
FREESTYLE LITE KIT57	FYCOMPA TABS 4 MG12	glipizide-metformin hcl 15
FREESTYLE LITE TEST STRP ...45	FYCOMPA TABS 6 MG12	GLOBAL EASY GLIDE INSULIN SYR58
FREESTYLE PRECISION NEO SYSTEM KIT57	FYCOMPA TABS 8 MG, 10 MG, 12 MG 12	glucagon (rdna)16
FREESTYLE PRECISION NEO TEST STRP45	gabapentin CAPS12	glutamine (sickle cell) 52
FREESTYLE TEST STRP45	gabapentin SOLN12	glyburide micronized 1.5 MG, 3 MG, 6 MG 17
frovatriptan succinate 61	gabapentin TABS 600 MG, 800 MG 12	glyburide TABS 17
FT CENTURY 50+ TABS67	GALAFOLD48	glyburide-metformin15
FT CENTURY ADULTS TABS68	galantamine hydrobromide CP24 ..79	GLYCATE TABS84
FT CENTURY MEN 50+ TABS68	galantamine hydrobromide SOLN .79	glycopyrrolate SOLN PO 1 MG/5ML . 84
FT CENTURY MEN TABS68	galantamine hydrobromide TABS .79	glycopyrrolate TABS 1 MG, 2 MG .84
FT CENTURY WOMEN 50+ TABS 68	GALZIN62	GLYCOPYRROLATE TABS84
FT CENTURY WOMEN TABS68	gatifloxacin (ophth)76	GLYXAMBI 15
FT EYE HEALTH TABS 68	GATTEX50	GNP CENTURY ADULT TABS68
FT HAIR SKIN & NAILS EXTRA STR TABS68	gefitinib24	GNP CENTURY ADULTS MEN TABS68
FT ONE DAILY MENS 50+ TABS .68	gemfibrozil TABS20	GNP CENTURY ADULTS WOMEN TABS68
FT ONE DAILY MENS TABS68	gentamicin sulfate (ophth) SOLN ..76	GNP CENTURY MATURE ADULTS 50+ TABS68
FT ONE DAILY WOMENS 50+ TABS68	gentamicin sulfate (topical) CREA .40	GNP THERAPEUTIC-M TABS 68
FT ONE DAILY WOMENS TABS ..68	gentamicin sulfate (topical) OINT .40	GONAL-F RFF REDIJECT SOPN 300 UNT/0.48ML, 450 UNT/0.72ML 47
furosemide SOLN PO 8 MG/ML, 10 MG/ML 46	GENVOYA29	GONAL-F SOLR IJ 450 UNIT 47
	GERI-FREEDA SENIOR FORMULA TABS68	granisetron hcl TABS 18
	GILOTRIF 24	
	glatiramer acetate SOSY 20 MG/ML . 80	
	glatiramer acetate SOSY 40 MG/ML . 80	

griseofulvin microsize SUSP18	HUMALOG KWIKPEN SOPN 100 UNIT/ML16	HUMULIN N KWIKPEN SUPN 17
griseofulvin microsize TABS18	HUMALOG KWIKPEN SOPN 200 UNIT/ML16	HUMULIN N SUSP 17
griseofulvin ultramicrosize18	HUMALOG MIX 50/50 KWIKPEN SUPN16	HUMULIN R SOLN IJ17
guaifenesin-codeine SOLN38	HUMALOG MIX 50/50 SUSP16	HUMULIN R U-500 (CONCENTRATED) SOLN SC17
guanfacine hcl (adhd)1	HUMALOG MIX 75/25 KWIKPEN SUPN16	HUMULIN R U-500 KWIKPEN SOPN SC17
guanfacine hcl21	HUMALOG MIX 75/25 SUSP16	HYCANTIN CAPS 26
HADLIMA PUSHTOUCH SOAJ2	HUMALOG SOCT16	hydralazine hcl TABS22
HADLIMA SOSY 2	HUMALOG SOLN IJ 16	hydrochlorothiazide CAPS47
HAEGARDA SOLR SC52	HUMATIN2	hydrochlorothiazide TABS47
HAIR SKIN & NAILS ADVANCED TABS68	HUMATROPE CART IJ47	hydrocodone bitartrate CP12 6
HAIR SKIN & NAILS TABS68	HUMIRA (2 PEN) AJKT 80 MG/0.8ML 2	hydrocodone bitartrate-homatropine methylbromide SOLN38
halobetasol propionate CREA43	HUMIRA (2 PEN) AJKT2	hydrocodone bitartrate-homatropine methylbromide TABS 38
halobetasol propionate OINT43	HUMIRA (2 SYRINGE) PSKT2	hydrocodone polistirex- chlorpheniramine polistirex SUER .38
haloperidol lactate CONC27	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML3	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 7
haloperidol TABS 27	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML3	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG7
HEAD CARE PROACTIVE HEALTH TABS68	HUMIRA-PED<40KG CROHNS STARTER PSKT3	hydrocodone-acetaminophen TABS 300 MG-7.5 MG7
HELIDAC THERAPY86	HUMIRA-PED>=40KG CROHNS START PSKT3	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG7
HEMANGEOL SOLN PO30	HUMIRA-PED>=40KG UC STARTER AJKT3	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG 7
HEMLIBRA 12 MG/0.4ML 51	HUMIRA-PS/UV/ADOL HS STARTER AJKT3	hydrocortisone (intrarectal)8
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML, 300 MG/2ML51	HUMIRA-PSORIASIS/UEIT STARTER AJKT3	hydrocortisone (rectal) EX 2.5 %8
HIGH POT MULTIVITAMIN/BETA- CAR TABS68	HUMULIN 70/30 KWIKPEN SUPN 16	hydrocortisone (topical) CREA 2.5 %
HIGH POTENCY MULTIVIT/FA TABS68	HUMULIN 70/30 SUSP17	
HM COMPLETE MEN TABS68		
HM HAIR/SKIN/NAI LS TABS68		
HUMALOG JUNIOR KWIKPEN SOPN 16		

43	85	indomethacin SUSP3
hydrocortisone (topical) LOTN 2 %, 2.5 %43	ibandronate sodium TABS47	INGREZZA CAPS 40 MG, 80 MG .79
hydrocortisone (topical) OINT 2.5 % . 43	IBRANCE CAPS25	INGREZZA CAPS 60 MG79
hydrocortisone (topical) SOLN 2.5 % 44	IBRANCE TABS25	INGREZZA CPPK79
hydrocortisone butyrate CREA44	ibuprofen TABS 400 MG, 600 MG, 800 MG3	INGREZZA CPSP79
hydrocortisone butyrate hydrophilic lipo base44	ICAPS AREDS FORMULA TABS .68	INLYTA23
hydrocortisone butyrate OINT44	ICLUSIG25	INNOPRAN XL30
hydrocortisone butyrate SOLN44	icosapent ethyl19	INQOVI25
hydrocortisone TABS38	IDHIFA25	INREBIC25
hydrocortisone valerate CREA44	ILEVRO77	INSPIREASE MISC60
hydrocortisone valerate OINT44	imatinib mesylate TABS 100 MG ..25	INSULIN LISPRO PROT & LISPRO SUPN17
hydrocortisone w/acetic acid78	imatinib mesylate TABS 400 MG ..25	INTEGRA F53
hydromorphone hcl LIQD6	IMBRUVICA CAPS 140 MG25	INTELENCE 25 MG29
hydromorphone hcl TABS6	IMBRUVICA CAPS 70 MG25	iodoquinol-hydrocortisone in aloe vehicle40
hydromorphone hcl TB24 32 MG ...6	IMBRUVICA SUSP25	IOPIDINE75
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG6	IMBRUVICA TABS25	ipratropium bromide (nasal)74
hydroxychloroquine sulfate 200 MG 23	imipramine hcl TABS 10 MG, 25 MG .15	ipratropium bromide SOLN 0.02 % .9
hydroxyurea26	imipramine hcl TABS 50 MG15	ipratropium-albuterol SOLN10
hydroxyzine hcl SYRP8	imipramine pamoate15	irbesartan21
hydroxyzine hcl TABS8	imiquimod 5 %44	irbesartan-hydrochlorothiazide21
hydroxyzine pamoate CAPS8	INBRIJA CAPS27	IRON FOLATE-F53
HYLAZINC TABS68	INCRELEX47	ISENTRESS CHEW29
hyoscyamine sulfate SUBL 0.125 MG85	INCRUSE ELLIPTA9	ISENTRESS HD TABS29
hyoscyamine sulfate TABS 0.125 MG85	indapamide TABS 1.25 MG, 2.5 MG .47	ISENTRESS PACK29
hyoscyamine sulfate TBDP 0.125 MG	INDERAL XL30	ISENTRESS TABS29
	indomethacin CAPS 25 MG, 50 MG 3	isoniazid SYRP23
	indomethacin CPCP3	isoniazid TABS23
	indomethacin SUPP3	ISOPTO ATROPINE SOLN75
		isosorbide dinitrate TABS8

isosorbide dinitrate-hydralazine hcl 31	ketoconazole (topical) CREA 40	25
isosorbide mononitrate TABS 8	ketoconazole (topical) FOAM 40	KISQALI FEMARA (400 MG DOSE) . 25
ISOSORBIDE MONONITRATE TABS 8	ketoconazole (topical) SHAM 2 % . 40	KISQALI FEMARA (600 MG DOSE) . 25
isosorbide mononitrate TB24 8	ketoconazole 18	KLARITY-A 76
isotretinoin 40	KETONE TEST STRP 45	KLOXXADO LIQD 18
isradipine CAPS 31	ketoprofen CP24 3	KOSELUGO 25
itraconazole CAPS 18	ketorolac tromethamine (ophth) ... 77	KOVALTRY 250 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT 51
itraconazole SOLN 18	ketorolac tromethamine TABS 3	K-PAX IMMUNE PROFESSIONAL ST TABS 68
ivabradine hcl TABS 32	KETOSTIX STRP 45	K-PHOS NO 2 50
ivermectin (rosacea) 45	KEVZARA SOAJ 3	K-Y ME & YOU EXTRA LUBRICATED DEVI 56
ivermectin 8	KEVZARA SOSY 3	K-Y ME & YOU INTENSE DEVI ... 56
JAKAFI 25	KEYFOLIC TABS 68	labetalol hcl TABS 100 MG, 200 MG, 300 MG 30
JANUMET TABS 15	KEYLOSA TABS 68	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML 12
JANUMET XR TB24 1000 MG-100 MG 15	KIMONO COLORS DEVI 55	lacosamide TABS 12
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG 15	KIMONO MAXX-LARGE FLARE MISC 55	lactic acid (ammonium lactate) CREA 44
JANUVIA 16	KIMONO MICRO THIN MISC 56	lactulose (encephalopathy) 50
JARDIANCE 17	KIMONO MICRO THIN PLUS MISC . 56	lactulose SOLN 54
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT 51	KIMONO MISC 56	LAGEVRIO 30
JOINT HEALTH & BONE STRENGTH TABS 68	KIMONO PLUS MISC 56	LAMICTAL XR KIT 12
JULUCA 29	KIMONO PS MISC 56	lamivudine (hbv) TABS 30
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG 20	KIMONO PS PLUS MISC 56	lamivudine SOLN 29
KALETRA SOLN 29	KIMONO SENSATION MISC 56	lamivudine TABS 29
KALYDECO PACK 83	KIMONO SENSATION PLUS MISC 56	lamivudine-zidovudine 29
KALYDECO TABS 83	KIMONO SPECIAL DEVI 56	lamotrigine CHEW 13
KAMELEON LUBRICATED MISC .55	KISQALI (200 MG DOSE) 25	lamotrigine KIT 25 MG 13
	KISQALI (400 MG DOSE) 25	
	KISQALI (600 MG DOSE) 25	
	KISQALI FEMARA (200 MG DOSE) .	

lamotrigine KIT	13	LENVIMA (4 MG DAILY DOSE) ..	24	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	36
lamotrigine TABS	13	LENVIMA (8 MG DAILY DOSE) ..	24	levonorgestrel-ethinyl estradiol (continuous)	36
lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	13	letrozole	24	levonorgestrel-ethinyl estradiol-iron	36
lamotrigine TB24 250 MG	13	leucovorin calcium TABS	26	levorphanol tartrate TABS	6
lamotrigine TB24 300 MG	13	LEUKERAN	23	levothyroxine sodium CAPS 125 MCG	84
lamotrigine TBDP	13	leuprolide acetate KIT IJ 1 MG/0.2ML	24	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	84
lansoprazole CPDR	85	levalbuterol hcl	10	levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	84
lansoprazole TBDD 15 MG	85	levalbuterol tartrate	11	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	84
lansoprazole TBDD 30 MG	85	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	13	lidocaine hcl (mouth-throat)	63
lanthanum carbonate CHEW 1000 MG	50	levetiracetam TABS 1000 MG	13	lidocaine hcl SOLN	45
lanthanum carbonate CHEW 500 MG	50	levetiracetam TABS 250 MG, 500 MG, 750 MG	13	lidocaine PTCH 5 %	45
lanthanum carbonate CHEW 750 MG	50	levetiracetam TB24	13	lidocaine-prilocaine CREA	45
LANTUS SOLN	17	levobunolol hcl 0.5 %	75	linezolid SUSR	22
LANTUS SOLOSTAR SOPN	17	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	48	linezolid TABS	22
lapatinib ditosylate	25	levocarnitine (metabolic modifiers) TABS	48	LINZESS	50
LASTACRAFT	77	levocetirizine dihydrochloride SOLN 19	19	liothyronine sodium TABS 25 MCG, 50 MCG	84
latanoprost SOLN	77	levocetirizine dihydrochloride TABS 19	19	liothyronine sodium TABS 5 MCG	84
LATANOPROST SOLN	77	levofloxacin (ophth) 1.5 %	76	liraglutide (weight management) 18 MG/3ML	1
leflunomide 10 MG	4	levofloxacin SOLN PO	49	liraglutide	16
leflunomide 20 MG	4	levofloxacin TABS	49	lisdexafetamine dimesylate CAPS 1	
lenalidomide	62	levonorgestrel & eth estradiol TABS 36	36		
LENVIMA (10 MG DAILY DOSE) ..	23	levonorgestrel (emergency oc) 1.5 MG	37		
LENVIMA (12 MG DAILY DOSE) ..	23	levonorgestrel-eth estradiol (triphasic)	36		
LENVIMA (14 MG DAILY DOSE) ..	23				
LENVIMA (18 MG DAILY DOSE) ..	23				
LENVIMA (20 MG DAILY DOSE) ..	23				
LENVIMA (24 MG DAILY DOSE) ..	23				

lisdexamphetamine dimesylate CHEW . 1	loteprednol etabonate SUSP 0.2 % 76	MAVYRET TABS 30
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG 21	loteprednol etabonate SUSP 0.5 % 76	MAXIDEX SUSP OP 76
lisinopril & hydrochlorothiazide 25 MG-20 MG 21	lovastatin TABS 10 MG, 20 MG ... 20	MAXX MISC 56
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG 20	lovastatin TABS 40 MG 20	MAXX PLUS MISC 56
lisinopril TABS 40 MG 20	loxapine succinate 28	MAYZENT STARTER PACK TBPk 0.25 MG 80
lithium 27	lubiprostone 49	MAYZENT TABS 0.25 MG 80
lithium carbonate CAPS 150 MG, 600 MG 27	LUMAKRAS 120 MG, 240 MG 25	MAYZENT TABS 1 MG 80
lithium carbonate CAPS 300 MG .. 27	LUMAKRAS 320 MG 25	MAYZENT TABS 2 MG 80
lithium carbonate TABS 27	LUMIGAN SOLN 0.01 % 77	meclofenamate sodium CAPS 3
lithium carbonate TBCR 27	LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG 24	MEDI TAB TABS 68
LITHOSTAT 51	LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG 24	MEDROL TABS 38
LIVER DETOX TABS 68	LUPRON DEPOT (3-MONTH) KIT IM 24	medroxyprogesterone acetate 10 MG 78
LO LOESTRIN FE TABS 36	LUPRON DEPOT-PED (1-MONTH) 11.25 MG, 15 MG 48	medroxyprogesterone acetate 2.5 MG, 5 MG 78
LOCOID LIPOCREAM 44	LUPRON DEPOT-PED (1-MONTH) 7.5 MG 48	mefenamic acid CAPS 3
lofexidine hcl 79	LUPRON DEPOT-PED (3-MONTH) . 48	mefloquine hcl 23
LOKELMA 63	lurasidone hcl 27	MEGA MULTI FOR WOMEN TABS 68
LONSURF 25	LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG 68	MEGA MULTI MEN TABS 68
lopinavir-ritonavir SOLN 29	LYNPARZA TABS 25	MEGAVITE FRUITS & VEGGIES TABS 68
lopinavir-ritonavir TABS 29	LYSODREN 24	MEGAVITE GOLDEN YEARS 55+ TABS 68
lorazepam CONC 9	malathion 45	megestrol acetate (appetite) 78
lorazepam TABS 9	maraviroc TABS 29	megestrol acetate SUSP 24
LORBRENA 25	MARPLAN 14	megestrol acetate TABS 24
losartan potassium & hydrochlorothiazide 21	MATULANE 26	MEKINIST TABS 25
losartan potassium 21		MEKTOVI 25
LOTEMAX OINT 76		meloxicam SUSP 3
loteprednol etabonate GEL 76		meloxicam TABS 15 MG 3

meloxicam TABS 7.5 MG 3	metformin hcl SOLN 16	methylphenidate hcl TABS 20 MG ..1
melphalan 23	metformin hcl TABS 500 MG, 850 MG, 1000 MG 16	methylphenidate hcl TABS 5 MG, 10 MG 1
memantine hcl CP24 79	metformin hcl TB24 500 MG, 750 MG 16	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG 1
memantine hcl SOLN 79	methadone hcl CONC 6	methylphenidate hcl TB24 36 MG ..1
memantine hcl TABS 10 MG 79	methadone hcl SOLN PO 6	methylphenidate hcl TBCR 10 MG ..2
memantine hcl TABS 5 MG 79	methadone hcl TABS 6	methylphenidate hcl TBCR 18 MG, 20 MG, 27 MG, 36 MG, 72 MG 2
memantine hcl TABS 79	methamphetamine hcl 1	methylphenidate hcl TBCR 54 MG ..1
MENEST 2.5 MG 49	methazolamide TABS 46	methylphenidate PTCH 2
MENOPUR SC 47	methenamine hippurate 22	methylprednisolone TABS 38
MENOSTAR PTWK 49	methenamine mandelate 22	methylprednisolone TBPk 38
MENS 50+ MULTIVITAMIN TABS .68	methimazole TABS 83	methyltestosterone CAPS 7
MENS MULTI HEALTH FORMULA TABS 68	methocarbamol TABS 500 MG, 750 MG 74	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML 49
MENS MULTIVITAMIN TABS 68	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML 23	metoclopramide hcl TABS 49
meperidine hcl SOLN PO 50 MG/5ML 6	methotrexate sodium TABS 2.5 MG 23	metoclopramide hcl TBDP 49
meperidine hcl TABS 50 MG 6	methoxsalen rapid 42	metolazone 47
meprobamate 8	methscopolamine bromide 85	METOPIRONE 45
mercaptopurine SUSP 2000 MG/100ML 23	methsuximide 14	metoprolol & hydrochlorothiazide TABS 21
mercaptopurine TABS 23	methylidopa TABS 21	metoprolol succinate TB24 30
mesalamine CP24 50	methylergonovine maleate TABS ..78	metoprolol tartrate TABS 30
mesalamine CPCR 50	methylphenidate hcl CHEW 1	metronidazole (topical) CREA 45
mesalamine CPDR 50	methylphenidate hcl CP24 60 MG ..1	metronidazole (topical) GEL 0.75 % 45
mesalamine ENEM 50	methylphenidate hcl CP24 1	metronidazole (topical) GEL 1 % ..45
mesalamine SUPP 50	methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG 1	metronidazole (topical) LOTN 45
mesalamine TBEC 1.2 GM 50	methylphenidate hcl CPCR 20 MG, 30 MG 1	metronidazole CAPS 22
mesalamine TBEC 800 MG 50	methylphenidate hcl SOLN 1	metronidazole TABS 250 MG, 500 MG 22
mesna TABS 26		
MESNEX TABS 26		
metaxalone 800 MG 73		

metronidazole vaginal	86	MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	6	mupirocin OINT	40
mexiletine hcl	9			MYALEPT	48
MICROCHAMBER DEVI	60	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	6	mycophenolate mofetil CAPS	62
MICROCHAMBER MISC	60			mycophenolate mofetil SUSR	62
MICROSPACER MISC	60	morphine sulfate SUPP	6	mycophenolate mofetil TABS	62
midazolam hcl SYRP	53	morphine sulfate TABS	6	mycophenolate sodium	62
midodrine hcl	87	morphine sulfate TBCR	6	MYLERAN TABS	23
mifepristone	48	MOVANTIK	50	MYTESI	17
miglitol	15	moxifloxacin hcl (ophth) SOLN OP	76	nabumetone 500 MG	3
minocycline hcl CAPS	83	moxifloxacin hcl TABS	49	nabumetone 750 MG	4
minocycline hcl CP24	83	MULPLETA	52	nadolol TABS 20 MG, 40 MG, 80 MG	30
minocycline hcl TABS	83	multiple vitamins w/ minerals TABS 68		naftifine hcl CREA	40
minoxidil 2.5 MG, 10 MG	22	MULTITOL-M TABS	68	naftifine hcl GEL 2 %	40
mirtazapine TABS	14	MULTIVITAMIN ADULT (MINERALS) TABS	68	NAFTIN GEL 1 %	40
mirtazapine TBDP	14	MULTIVITAMIN HEALTH FORM/CA/FE TABS	68	naloxone hcl LIQD	18
misoprostol	86	MULTIVITAMIN MEN TABS	69	naltrexone hcl	18
M-NATAL PLUS TABS	72	MULTI-VITAMIN MONOCAPS TABS 69		NAMZARIC C4PK	79
modafinil	2	MULTIVITAMIN WOMEN TABS	69	naproxen sodium TABS 275 MG, 550 MG	4
moexipril hcl	20	MULTIVITAMIN/FLUORIDE CHEW 71		naproxen SUSP	4
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	29	MULTIVITAMIN/FLUORIDE SOLN 71		naproxen TABS	4
mometasone furoate (nasal) SUSP 74		MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	71	naratriptan hcl	61
mometasone furoate CREA	44	MULTIVITAMIN/ZINC STRESS TABS	69	NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG 72	
mometasone furoate OINT	44			NATACYN	76
mometasone furoate SOLN	44			NATAZIA	36
montelukast sodium CHEW	9			nateglinide	17
montelukast sodium PACK	9			NAT-RUL THERAVITE-M TABS	69
montelukast sodium TABS	9			NATRUL-VITES TABS	69
morphine sulfate beads	6				
morphine sulfate CP24 10 MG, 20					

NAYZILAM	12	nevirapine TABS	29	nitrofurantoin monohyd macro	22
nebivolol hcl	30	nevirapine TB24 400 MG	29	nitroglycerin (intra-anal)	8
NEBUSAL NEBU	39	NEXTSTELLIS	36	nitroglycerin PT24	8
NEEVO DHA 85 MG-25 MG-15 MG- 5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	72	niacin (antihyperlipidemic) TABS ..	20	nitroglycerin SOLN TL 0.4 MG/SPRAY	8
nefazodone hcl	14	niacin (antihyperlipidemic) TBCR ..	20	nitroglycerin SUBL	8
neomycin sulfate TABS	2	NICADAN TABS	69	NIVA THYROID TABS	84
neomycin-bacitracin zn-polymyxin	76	nicardipine hcl CAPS	31	NIVA-PLUS TABS	72
neomycin-polymy-dexameth OINT	76	NICAZEL FORTE TABS	69	nizatidine CAPS	85
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	76	NICAZEL TABS	69	NO IRON MULT VITAMIN- MINERALS TABS	69
neomycin-polymyxin-gramicidin ...	76	NICOTINE KIT	82	NORDITROPIN FLEXPPO SOPN	47
neomycin-polymyxin-hc (ophth) ...	76	nicotine polacrilex GUM	82	norelgestromin-ethinyl estradiol ...	37
neomycin-polymyxin-hc (otic) SOLN .	78	nicotine polacrilex LOZG	82	norethin acet & estrad-fe CAPS ...	36
neomycin-polymyxin-hc (otic) SUSP .	78	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	82	norethin acet & estrad-fe CHEW ..	36
NEONATAL COMPLETE TABS	120	NICOTROL INHA	82	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	36
MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG- 27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	72	NICOTROL NS SOLN	82	norethindrone & ethinyl estradiol-fe 36	
NEONATAL PLUS TABS	72	nifedipine CAPS	31	norethindrone (contraceptive)	37
NEO-SYNALAR	40	nifedipine TB24	31	norethindrone acet & eth estra TABS 37	
NEOVITE TABS	69	nilotinib hcl 50 MG, 150 MG, 200 MG	25	norethindrone acetate TABS	78
NERLYNX	25	nilutamide	24	norethindrone acetate-ethinyl estradiol	49
NESTABS	72	nimodipine CAPS	31	norethindrone acetate-ethinyl estradiol-fe	37
NESTABS DHA	72	nimodipine SOLN	31	norgestimate-ethinyl estradiol (triphasic)	37
NESTABS ONE	72	NINLARO	26	norgestimate-ethinyl estradiol ...	37
NEUPRO	27	nisoldipine	31	NORPACE CR CP12	9
NEVANAC	77	nitazoxanide TABS	22	nortriptyline hcl CAPS	15
		nitisinone CAPS	48		
		NITRO-BID OINT	8		
		NITRO-DUR PT24	8		
		nitrofurantoin	22		
		nitrofurantoin macrocrystal	22		

nortriptyline hcl SOLN15	OB COMPLETE/DHA72	omega-3-acid ethyl esters19
NORVIR CAPS29	OBIZUR52	omeprazole CPDR 10 MG85
NORVIR PACK29	OCALIVA49	omeprazole CPDR 20 MG, 40 MG 85
NOVAREL IM47	octreotide acetate SOLN48	omeprazole magnesium CPDR ...85
NOVOEIGHT 250 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT 51	octreotide acetate SOSY48	ONCOVITE TABS69
NP THYROID TABS84	OCULAR VITAMINS TABS69	ondansetron hcl SOLN PO 4 MG/5ML18
NUBEQA24	ODEFSEY29	ondansetron hcl TABS 4 MG, 8 MG 18
NUCALA SOAJ9	ODOMZO24	ondansetron TBDP 4 MG, 8 MG ...18
NUCALA SOLR9	OFEV83	ONE A DAY ENERGY TABS69
NUCALA SOSY9	ofloxacin (ophth)76	ONE A DAY MEN 50 PLUS TABS .69
NUEDEXTA80	ofloxacin (otic)77	ONE A DAY TRIPLE IMMUNE SUPPRT TABS69
NUPLAZID CAPS27	ofloxacin 300 MG49	ONE A DAY WOMEN 50 PLUS TABS69
NUPLAZID TABS 10 MG27	ofloxacin 400 MG49	ONE DAILY MEN FORMULA W/O IRON TABS69
NUTRALYN TABS69	olanzapine TABS 15 MG, 20 MG .28	ONE DAILY MENS 50+ MULTIVIT TABS69
NUTRICAP TABS69	olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG28	ONE DAILY MULTIVITAMIN WOMEN TABS69
NUWIQ KIT51	olanzapine TBDP28	ONE DAILY WOMENS TABS69
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT52	olanzapine-fluoxetine hcl79	ONE VITE WOMENS PLUS TABS 72
nystatin (mouth-throat)63	olmesartan medoxomil 40 MG21	ONE-A-DAY ENERGY TABS69
nystatin (topical) CREA40	olmesartan medoxomil 5 MG, 20 MG 21	ONE-A-DAY MENOPAUSE FORMULA TABS69
nystatin (topical) OINT41	olmesartan medoxomil-amlodipine- hydrochlorothiazide21	ONE-A-DAY MENS (MINERALS) TABS69
nystatin (topical) POWD EX41	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG . 21	ONE-A-DAY MENS 50+ ADVANTAGE TABS69
nystatin TABS18	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG21	ONE-A-DAY MENS 50+ TABS69
nystatin-triamcinolone CREA41	olopatadine hcl (nasal)74	ONE-A-DAY MENS HEALTH
nystatin-triamcinolone OINT41	olopatadine hcl 0.1 %77	
NYVEPRIA52	olopatadine hcl 0.2 %77	
OB COMPLETE ONE72		
OB COMPLETE PETITE72		

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ONE-A-DAY MENS PRO EDGE TABS69	ORAVIG 63	oxcarbazepine TABS 600 MG13
ONE-A-DAY PROACTIVE 65+ TABS69	ORENITRAM MONTH 1 TEPK ...32	oxcarbazepine TB24 150 MG, 300 MG 13
ONE-A-DAY TEEN ADVANTAGE/HIM TABS69	ORENITRAM MONTH 2 TEPK ...32	oxcarbazepine TB24 600 MG13
ONE-A-DAY WOMENS 50+ TABS 69	ORENITRAM MONTH 3 TEPK ...32	oxiconazole nitrate CREA 41
ONE-A-DAY WOMENS TABS69	ORENITRAM TBCR 32	OXISTAT LOTN41
ONETOUCH ULTRA 2 KIT57	ORFADIN SUSP48	oxybutynin chloride TABS 5 MG ...86
ONETOUCH ULTRA BLUE TEST STRP45	ORIAHNN 49	oxybutynin chloride TB2486
ONETOUCH ULTRA STRP45	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG83	oxycodone hcl CAPS6
ONETOUCH ULTRA TEST STRP .45	ORKAMBI PACK 94 MG-75 MG ..83	oxycodone hcl CONC 100 MG/5ML 6
ONETOUCH VERIO FLEX SYSTEM KIT57	orphenadrine citrate TB1274	oxycodone hcl SOLN6
ONETOUCH VERIO REFLECT KIT 57	oseltamivir phosphate CAPS 30	oxycodone hcl TABS 30 MG6
ONETOUCH VERIO STRP46	oseltamivir phosphate SUSR30	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG6
ONEVITE TABS69	OSPHENA47	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ...7
ONUREG TABS23	OSTEOPRIME PLUS TABS69	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG7
OPILL37	OTEZLA TABS4	oxycodone w/ acetaminophen TABS 325 MG-5 MG7
OPSUMIT32	OTEZLA TBPk4	oxymorphone hcl TABS 10 MG6
OPTICHAMBER DIAMOND DEVI .60	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/0.4ML2	oxymorphone hcl TABS 5 MG6
OPTICHAMBER DIAMOND MISC .60	OVACE PLUS LOTN42	oxymorphone hcl TB126
OPTICHAMBER DIAMOND-LG MASK DEVI60	OVIDREL SOSY47	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 16
OPTICHAMBER DIAMOND-MD MASK MISC60	oxaprozin TABS4	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML16
OPTICHAMBER DIAMOND-SM MASK MISC60	OXAYDO TABS 5 MG6	OZEMPIC (2 MG/DOSE) SOPN ...16
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	oxazepam CAPS 10 MG, 15 MG ...9	PALYNZIQ48
	oxazepam CAPS 30 MG9	PANCREAZE CPEP 149900 UNIT- 97300 UNIT-37000 UNIT, 15200
	oxcarbazepine SUSP13	
	oxcarbazepine TABS 150 MG13	

UNIT-8800 UNIT-2600 UNIT, 24600	PENTASA CPCR 250 MG50	pilocarpine hcl SOLN 1 %, 2 %, 4 % .75
UNIT-14200 UNIT-4200 UNIT, 61500	PENTASA CPCR 500 MG50	pimecrolimus44
UNIT-35500 UNIT-10500 UNIT, 83900	pentazocine w/ naloxone hcl7	pimozide80
UNIT-54700 UNIT-21000 UNIT, 98400	pentoxifylline52	pindolol TABS30
UNIT-56800 UNIT-16800 UNIT46	perampanel TABS 2 MG12	pioglitazone hcl 15 MG17
PANRETIN41	perampanel TABS 4 MG12	pioglitazone hcl 30 MG, 45 MG17
pantoprazole sodium PACK86	perampanel TABS 6 MG12	pioglitazone hcl-glimepiride15
pantoprazole sodium TBEC86	perampanel TABS 8 MG, 10 MG, 12 MG12	pioglitazone hcl-metformin hcl TABS .15
paricalcitol CAPS48	perindopril erbumine20	PIQRAY (200 MG DAILY DOSE) .26
paroxetine hcl SUSP14	permethrin CREA45	PIQRAY (250 MG DAILY DOSE) .26
paroxetine hcl TABS14	perphenazine TABS28	PIQRAY (300 MG DAILY DOSE) .26
paroxetine hcl TB2414	perphenazine-amitriptyline79	pirfenidone CAPS83
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PAXLOVID (150/100)29	phenobarbital ELIX53	piroxicam CAPS 10 MG4
PAXLOVID (300/100)29	phenobarbital TABS53	piroxicam CAPS 20 MG4
pazopanib hcl26	phenoxybenzamine hcl20	PLEGRIDY SOAJ80
ped multivitamins w/fl & iron SOLN 71	phentermine hcl TABS1	PLEGRIDY SOSY IM80
pediatric multivitamins w/fl CHEW .71	phentermine hcl-topiramate1	PLEGRIDY SOSY SC80
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid53	phenylephrine hcl (mydriatic) SOLN 75	PLEGRIDY STARTER PACK SOAJ .80
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 53	phenytoin CHEW14	PLEGRIDY STARTER PACK SOSY SC80
peg 3350-potassium chloride-sod bicarbonate-sod chloride53	phenytoin sodium extended 100 MG, 200 MG, 300 MG13	PNV 27-CA/FE/FA TABS72
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PEG-PREP53	PHEXXI86	PNV-OMEGA72
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penicillin v potassium SOLR78	phytonadione TABS 5 MG87	POCKET SPACER DEVI60
penicillin v potassium TABS78	PIFELTRO29	PODOCON-25 SOLN44
pentamidine isethionate IN22	pilocarpine hcl (oral) 5 MG63	podofilox GEL44
	pilocarpine hcl (oral) 7.5 MG63	

podofilox SOLN	44	MG	27	prednisone TABS 1 MG, 2.5 MG, 5 MG, 10 MG, 20 MG	38
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VENCLEXTA STARTING PACK TBPK	24	vigabatrin PACK	13	VITRAKVI SOLN	26
VENCLEXTA TABS 10 MG	24	vigabatrin TABS	13	VITRAMYN TABS	70
VENCLEXTA TABS 100 MG	24	VIIBRYD STARTER PACK KIT ...	15	VITRANOL FE TABS	70
VENCLEXTA TABS 50 MG	24	vilazodone hcl TABS 10 MG, 40 MG . 15		VITRANOL TABS	70
VENEXA FE TABS	70	vilazodone hcl TABS 20 MG	15	VITREXATE FE TABS	70
VENEXA TABS	70	VINATE DHA RF	73	VITREXATE TABS	70
venlafaxine hcl CP24 150 MG	15	VINATE ONE TABS	73	VITREXATE TABS	70
venlafaxine hcl CP24 37.5 MG, 75 MG	15	VIRACEPT TABS	29	VITREXYL + IRON TABS	70
venlafaxine hcl TABS	15	VIREAD TABS 150 MG, 200 MG, 250 MG	29	VITREXYL TABS	70
venlafaxine hcl TB24 225 MG	15	VITABASIC COMPLETE TABS ...	70	VITRUM 50+ ADULT-MULTI TABS 70	
venlafaxine hcl TB24 37.5 MG, 75		VITABASIC SENIOR TABS	70	VITRUM 50+ SENIOR MULTI TABS . 70	
		VITACORE TABS	70	VIZIMPRO	24
		VITAFOL GUMMIES	73		

voriconazole SUSR	19	WOMENS 50+ MULTI VITAMIN TABS	71	XPOVIO (40 MG TWICE WEEKLY) 40 MG	24
voriconazole TABS	19	XADAGO	27	XPOVIO (60 MG ONCE WEEKLY) 60 MG	24
VORTEX HOLD CHMBR/MASK/CHILD DEVI	60	XALKORI CAPS	26	XPOVIO (60 MG TWICE WEEKLY) . 24	
VORTEX HOLD CHMBR/MASK/TODDLER DEVI ..	60	XARELTO STARTER PACK TBPK 11		XPOVIO (80 MG ONCE WEEKLY) 40 MG	24
VORTEX VALVE CHAMBER-PEDI MASK DEVI	60	XARELTO TABS 10 MG	11	XPOVIO (80 MG TWICE WEEKLY) . 25	
VORTEX VALVED HOLDING CHAMBER DEVI	60	XARELTO TABS 2.5 MG, 15 MG, 20 MG (rivaroxaban)	11	XTANDI CAPS	24
VOSEVI	30	XARELTO TABS 2.5 MG, 15 MG, 20 MG	11	XTANDI TABS	24
VOTRIENT	26	XATMEP SOLN PO	23	XYREM SOLN	79
VRAYLAR CAPS	27	XELJANZ SOLN	2	YELETS TEENAGE FORMULA TABS	71
VRAYLAR CPPK	27	XELJANZ TABS	2	YONSA	24
VYLEESI	79	XELJANZ XR TB24	2	zafirlukast 10 MG	9
VYNDAMAX	32	XERAC AC	45	zafirlukast 20 MG	9
VYNDAQEL	32	XERMELO	50	zaleplon	53
VYVANSE CHEW	1	XHANCE EXHU	74	ZARXIO	53
warfarin sodium TABS	11	XIFAXAN 200 MG	22	ZEJULA CAPS	26
WELLFOLA TABS	70	XIFAXAN 550 MG	22	ZEJULA TABS	26
WESCAP-C DHA	73	XIGDUO XR (dapagliflozin propanediol-metformin hcl)	15	ZELAPAR TBDP	27
WESTAB PLUS TABS	73	XIGDUO XR (dapagliflozin propanediol-metformin hcl)	16	ZELBORAF	26
WESTGEL DHA	73	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	15	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT- 63000 UNIT-20000 UNIT	46
WIDE-SEAL DIAPHRAGM 60	57	XOSPATA	26	zidovudine CAPS	29
WIDE-SEAL DIAPHRAGM 65	57	XPOVIO (100 MG ONCE WEEKLY) 50 MG	24		
WIDE-SEAL DIAPHRAGM 70	57	XPOVIO (40 MG ONCE WEEKLY) 40 MG	24		
WIDE-SEAL DIAPHRAGM 75	57				
WIDE-SEAL DIAPHRAGM 80	57				
WIDE-SEAL DIAPHRAGM 85	57				
WIDE-SEAL DIAPHRAGM 90	57				
WIDE-SEAL DIAPHRAGM 95	57				

zidovudine SYRP	29
zidovudine TABS	29
zileuton TB12	9
ziprasidone hcl 20 MG, 40 MG	27
ziprasidone hcl 60 MG, 80 MG	27
ZIRGAN GEL	76
ZITHROMAX PACK	55
ZOLINZA	26
zolmitriptan SOLN	61
zolmitriptan TABS	61
zolmitriptan TBDP	61
zolpidem tartrate TABS	53
zolpidem tartrate TBCR	53
zonisamide CAPS 100 MG	13
zonisamide CAPS 25 MG, 50 MG .	13
ZYDELIG	26
ZYFLO TABS	9
ZYKADIA TABS	26
ZYLET	77